



**For information
via circulation**

AOM-P1882

Hospital Authority

Report on Key Performance Indicators **(KPI Report No. 59, up to June 2023)**

Advice Sought

Members are invited to note 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 June 2023¹. Detailed reports on the KPI performance of clinical services, HR and finance were submitted to the **Medical Services Development Committee (MSDC)**, **Human Resources Committee (HRC)** and **Finance Committee (FC)** respectively via circulation in August 2023².

Background

2. The period covered in this report is mainly from **July 2022 to June 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 July 2022 to June 2023**, HA's services had been adjusted in accordance with the epidemic situation. In the second half of 2022, some non-emergency services were adjusted in light of the occasional resurgence in **Coronavirus Disease 2019 (COVID-19)** cases and the demand surge for other non-COVID-19 services. With all anti-epidemic measures being lifted in March 2023, resumption of HA's services further accelerated. Nonetheless, impact of the intermittent service adjustments and transitioning towards full recovery was still observed in the current reporting period under the 12-month rolling effect.

¹ The last quarterly report on KPIs (up to March 2023) was submitted to the Board on 29 June 2023 via Administrative and Operational Meeting Paper No. 1870.

² Via MSDC Paper No. 703; HRC Paper No. 739; and FC Paper No. 964.

Key Observations

Clinical Services (Appendix 1)

4. With the society resuming to normalcy since the first quarter of 2023, HA has been progressively resuming its services. HA's overall service throughput for most items from the **Controlling Officer's Report (COR)** demonstrated tangible signs of recovery in the first quarter of 2023-24, with throughput levels edging close to **year-to-date (YTD)** estimates³ (less than 10% negative variance against YTD estimates for most items). The throughput on day hospital services was mostly affected during the COVID-19 epidemic due to more stringent infection control measures to protect the respective groups of vulnerable patients. This had improved significantly from the record low levels⁴, albeit still having larger negative variance against YTD estimates in rehabilitation day and palliative care day attendances (-18.6%), and psychiatric day attendances (-31.5%) amid the transition towards full recovery. HA will continue to drive patient re-engagement in recovering these services in full.

5. Apart from day hospital services, the number of allied health (community) attendances also had negative variance of 15.9% against YTD estimate. Some community occupational therapy services have been provided in telehealth mode, but these activities have not been captured under COR / KPI reporting from the reporting period to now. The expansion in delivery mode via telehealth has drawn positive feedback from patients and caregivers. The service offered in telehealth mode is regarded as comparable and complementary to on-site mode. As such, HA is working on the integration of telehealth mode into its patient care protocol. It is expected that the telehealth activities on community occupational therapy will be reflected in allied health (community) throughput by the last quarter of 2023-24.

6. HA has been suitably **re-engineering the service models** where practicable to enhance service quality and improve patient experience. Different types of workflows have been explored to provide and enhance patient care through the use of information technology. HA has been actively applying telehealth to suitable clinical services under different settings, including **specialist outpatients (SOP)**, allied health, day and outreach services. The aforementioned telehealth service of community occupational is one of the many that are welcomed by patients. To further enhance patient experience, the medication delivery service for **SOP clinics (SOPCs)** providing telehealth service commenced on 30 March 2023, and patients can opt for their medications to be delivered to the designated addresses in Hong Kong after SOP consultation via telehealth mode with a delivery service charge. HA will continue to promote the application of telehealth to appropriate healthcare services progressively so as to benefit more patients. In addition, HA has implemented a series of **Public-Private Partnership (PPP)** Programmes⁵ with a view to diverting suitable HA patients to receive treatment or taking diagnostic investigation

³ Estimates for 2023-24, as reported in COR, were formulated under the assumption of "no COVID-19" effect.

⁴ Under the substantial service adjustments on day hospital services during COVID-19 epidemic, the lowest variances against estimates for rehabilitation day and palliative care day attendances, geriatric day attendances and psychiatric day attendances were -68.9% (2020-21), -75.4% (2020-21) and -85.2% (2021-22) respectively.

⁵ Examples include Haemodialysis PPP Programme, Project on Enhancing Radiological Investigation Services through Collaboration with Private Sector, Radiation Therapy Service PPP Programme, Trauma Operative Service Collaboration Programme, and Breast Cancer Operative Service Collaboration Programme.

in the private sector. Low-charge Beds referral mechanism is also in place for transferring suitable HA patients to private hospitals for treatment.

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

7. HA's overall **percentage of A&E patient attendances seen within target waiting time**⁶ 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 18.3% points (71.7% vs. target 90%) and 21.5% points (53.5% vs. target 75%) respectively. Compared with the prior year, drops of 1.9% points and 9.1% points were observed on Triage III and IV respectively for HA overall in meeting the target waiting time. The rising number of A&E attendances had brought pressure to the A&E departments in the recent quarter.

Waiting time for SOP new case bookings

8. 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. Amongst the eight specialties being monitored, HA's overall **90th percentile waiting time of Routine cases for Surgery (SUR)** was 101 weeks. It was the only specialty with waiting time at 100 weeks or above in this reporting cycle. The waiting time for SUR had lengthened by three weeks as compared with prior year, which was mainly attributed to the growth in service demand, particularly in urology clinics, alongside manpower shortage.

9. Despite the growing service demand, HA has put in efforts along the **three-pronged strategy (narrowing upstream, diverting midstream and collaborating downstream) to improve SOP waiting time**. With the implementation of a basket of initiatives⁷, the waiting time for **Medicine (MED)** and **Ophthalmology (OPH)** had considerably shortened by 23 weeks and 47 weeks respectively as compared with prior year. 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% (i.e. from 122 weeks to 97 weeks or less) in 2023-24, in consideration of the large patient volume and the relatively long waiting time in MED. With HA's concerted efforts, the waiting time of MED has been steadily improving in recent quarters (95 weeks) and the target was reached

⁶ 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%).

⁷ 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 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 allied health 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 **general outpatient clinics (GOPCs)**, and download of stable cases to private General Practitioners for further management via the Co-care Service Model under GOPC PPP Programme.

in this reporting cycle. Meanwhile, SOP waiting time of all specialties would be continuously monitored at various platforms in HA.

Waiting time for elective surgery

10. In earlier months of 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 manpower 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 77 months for HA overall, which was lengthened by five months when compared with the 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 2022⁸. 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

11. Performance on the majority of disease specific indicators, including stroke, diabetes mellitus, hypertension, mental health and cardiac services, was maintained in general when compared with prior year and was comparable to the pre-epidemic levels. In particular, on cardiac service, following the phased expansion and rollout of extended hours in primary **percutaneous coronary intervention (PCI)** service via Annual Plan programmes in recent years, HA has made major inroads in improving the access of primary PCI services. HA's overall **percentage of ST-elevation myocardial infarction patients receiving primary PCI** was 54.7%, with an increase of 9.4% points when compared with prior year.

12. Surgery-related waiting time indicators, including cancer and hip fracture, were being impacted by the anaesthetic manpower shortage and reduction in elective OT sessions amid elective service adjustments. For **colorectal cancer** and **breast cancer**, while the reporting period (January to December 2022) still covers the hard-hit fifth wave, their respective waiting times at **90th percentile for patients receiving first treatment after diagnosis** were at 91 days and 77 days respectively, which were lengthened by seven days and one day 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 control 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 rates of clinical oncologist and radiation therapists also limited the service capacity to start chemotherapy and RT. Apart from the implementation of SHS

⁸ Hong Kong East Cluster increased its capacity of TJR surgery by 300 surgeries annually under an annual plan programme in 2022-23.

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. For RT services, PPP programme was also implemented for HA's oncology centres to refer suitable patients to receive RT treatment in private hospitals. Individual hospitals are exploring measures to reduce the waiting time through streamlining of workflow so as to start planning and treatment earlier. Clusters and grade management offices have been monitoring the manpower situation and taking measures to tackle the issue.

Human Resources (Appendix 2)

13. As at 30 June 2023, HA had a **staffing position of 89 665**, which represented a growth of 0.4% when compared with prior year. There was a general increase in workforce in all staff groups except "Nursing" staff group which had a decrease of 0.7%. As for the **attrition (wastage) rate of full-time staff**, the HA overall rate was 12.9%, in which the "Others"⁹ staff group had the highest rate (16.8%).

14. The overall **average sick leave days taken per staff** was 11.7 days, representing an increase of 48.1% when compared with prior year. There was also a significant increase of 91.2% for "Medical" staff group when compared with that of the prior year. The **proportion of staff taken long sick leave (≥ 50 days)** in HA (2.6%) had slightly increased.

15. The overall **number of injury on duty (IOD) cases per 100 full time equivalent (FTE) staff** had decreased from 4.0 cases to 3.5 cases when compared with prior year. "Allied Health" staff group had the lowest rate (1.4 cases), whereas "Supporting (Care-related)" staff group had the highest rate (5.5 cases). As for the **number of IOD leave days per 100 FTE staff**, HA overall was 62.8 days, representing a decrease of 11.1 days. "Allied Health", "Supporting (Care-related)" and "Others" staff groups had significant reduction of 29.3 days, 27.4 days, and 10.5 days respectively, while that of "Medical" and "Nursing" staff groups had increased by 0.5 day and 1.6 days respectively.

Finance

16. Every year, HA receives Government subvention in 12 monthly instalments while most of its spending is incurred towards later part of the year given its business/operation cycle. Thus, a YTD underspending position is often reported by HA during earlier months of the financial year. For the quarter ended 30 June 2023, HA recorded an YTD underspending of \$2.3 billion in its recurrent operating results.

17. HA's full-year financial position for 2023-24 remains uncertain and may be further revised subject to the continued development of HA's manpower situation and on-going impact of demand surge during the year.

⁹ Staff group of "Others" includes management/administrative staff as well as other supporting staff, e.g. clerks, secretaries, workmen, operation assistants, executive assistants, etc.

Way Forward

18. As the society is returning to full normalcy, service throughput is expected to increase further in 2023-24. HA will continue to drive various initiatives to enhance access to service and improve care quality, including actively managing and improving the waiting time of various services through a multi-pronged approach. While the tight manpower condition still poses a challenge on service delivery, compounded by the continued growing demand, there remains a certain degree of uncertainty in the performance of some indicators as reflected in the coming rounds of reporting.

Hospital Authority
AOM/PAPER/1882
11 September 2023

Report on Key Performance Indicators - Clinical Services
For reporting to the Administrative and Operational Meeting in September 2023
(KPI Report No. 59, up to June 2023)

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

Reporting Period : YTD Jun 2023 (unless specified) for Service Growth in response to Population Change & Ageing Effect ;

1.7.2022 - 30.6.2023 (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	
		YTD Jun 2023	YTD Jun 2023	Variance	YTD Jun 2022	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)	30 574	30 574	-	30 171	+ 403
(as at 30 Jun 2023)					(as at 30 Jun 2022)	
	* No. of geriatric day places	757	N.A.	N.A.	703	+ 54
					(as at 30 Jun 2022)	
	* No. of psychiatric day places	909	N.A.	N.A.	899	+ 10
					(as at 30 Jun 2022)	
Inpatient Services	No. of inpatient discharges and deaths					
	* Overall	283 718	312 563	-9.2%	223 010	+ 27.2%
	* General (acute and convalescent)	278 070	307 169	-9.5%	218 129	+ 27.5%
	No. of inpatient patient days					
	* Overall	2 165 881	2 212 765	-2.1%	1 880 962	+ 15.1%
	* General (acute and convalescent)	1 770 478	1 813 474	-2.4%	1 515 202	+ 16.8%
	* No. of day inpatient discharges and deaths	192 526	192 867	-0.2%	168 134	+ 14.5%
Accident & Emergency (A&E) Services	* No. of A&E attendances	552 758	551 561	+0.2%	382 322	+ 44.6%
	No. of A&E first attendances					
	* triage I (Critical cases)	7 033	N.A.	N.A.	5 751	+ 22.3%
	* triage II (Emergency cases)	14 580	N.A.	N.A.	11 469	+ 27.1%
	* triage III (Urgent cases)	206 721	N.A.	N.A.	149 349	+ 38.4%
Specialist Outpatient (SOP) Services	* No. of SOP (clinical) first attendances	209 973	N.A.	N.A.	189 584	+ 10.8%
	* No. of SOP (clinical) follow-up attendances	1 786 422	N.A.	N.A.	1 721 535	+ 3.8%
	* Total no. of SOP (clinical) attendances	1 996 395	1 980 059	+0.8%	1 911 119	+ 4.5%
Primary Care Services	* No. of general outpatient attendances	1 417 360	1 530 808	-7.4%	1 196 562	+ 18.5%
	* No. of family medicine specialist clinic attendances	80 185	82 335	-2.6%	77 576	+ 3.4%
	* Total no. of primary care attendances	1 497 545	1 613 143	-7.2%	1 274 138	+ 17.5%
Allied Health Outpatient Services	* No. of allied health (outpatient) attendances	763 629	766 199	-0.3%	687 859	+ 11.0%
Day Hospital Services	* No. of rehabilitation day and palliative care day attendances	22 578	27 754	-18.6%	8 305	+ 171.9%
	* No. of geriatric day attendances	37 533	40 227	-6.7%	11 220	+ 234.5%
	* No. of psychiatric day attendances	39 445	57 566	-31.5%	6 177	+ 538.6%
Community & Outreach Services	* No. of community nurse attendances	220 747	229 050	-3.6%	216 390	+ 2.0%
	* No. of allied health (community) attendances	6 781	8 066	-15.9%	6 638	+ 2.2%
	* No. of geriatric outreach attendances	194 697	187 620	+3.8%	185 474	+ 5.0%
	* No. of geriatric elderly persons assessed for infirmary care service	342	N.A.	N.A.	351	-2.6%
	* No. of psychiatric outreach attendances	76 502	79 748	-4.1%	54 016	+ 41.6%
	* No. of psychogeriatric outreach attendances	28 080	27 781	+1.1%	19 231	+ 46.0%

Blue

> 5% above estimate / prior year

Green

> 5% below estimate / prior year

Remark:

* COR item

Current period (R59)								Previous period			
HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Overall HA			
Jul 2022 - Jun 2023								Jul 2021 - Jun 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	Jul 2021 - Jun 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%	97.5%	95.4%	99.3%	96.4%	95.7%	95.8%	96.7%	96.0%	+ 0.7%pt
*	triage III (urgent cases : < 30 minutes, 90%)		72.3%	78.9%	76.2%	63.5%	67.8%	68.0%	80.5%	71.7%	73.6%	- 1.9%pt
	triage IV (semi-urgent cases : < 120 minutes, 75%)		53.7%	53.1%	62.8%	42.0%	53.4%	61.6%	46.2%	53.5%	62.6%	- 9.1%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	Jul 2021 - Jun 2022	Variance
*	Priority 1 (P1) cases		<1	<1	<1	<1	<1	<1	<1	<1	<1	-
*	Priority 2 (P2) cases		5	5	4	5	5	5	5	5	5	-
Ear, Nose and Throat												
	% of P1 cases at SOPCs with waiting time within 2 weeks		99.8%	99.0%	98.1%	99.5%	98.8%	98.6%	99.7%	99.0%	99.1%	- 0.1%pt
	% of P2 cases at SOPCs with waiting time within 8 weeks		98.9%	97.9%	98.6%	99.2%	97.0%	97.6%	99.1%	98.3%	97.8%	+ 0.5%pt
Δ	90 th percentile waiting time (weeks) of Routine cases at SOPCs		65	83	108	92	97	91	76	93	100	- 7
Gynaecology												
	% of P1 cases at SOPCs with waiting time within 2 weeks		99.6%	98.8%	98.6%	98.7%	96.3%	98.3%	95.3%	98.1%	98.3%	- 0.2%pt
	% of P2 cases at SOPCs with waiting time within 8 weeks		98.4%	98.6%	99.0%	99.0%	98.7%	92.2%	93.9%	97.8%	97.5%	+ 0.3%pt
Δ	90 th percentile waiting time (weeks) of Routine cases at SOPCs		29	50	65	80	92	86	65	81	77	+ 4
Medicine												
	% of P1 cases at SOPCs with waiting time within 2 weeks		99.4%	97.3%	98.8%	92.5%	95.4%	97.6%	98.1%	96.7%	97.8%	- 1.1%pt
	% of P2 cases at SOPCs with waiting time within 8 weeks		99.1%	94.2%	99.5%	92.7%	94.6%	97.5%	98.5%	96.3%	97.2%	- 0.9%pt
Δ	90 th percentile waiting time (weeks) of Routine cases at SOPCs		94	89	98	94	95	108	80	95	118	- 23
Ophthalmology												
	% of P1 cases at SOPCs with waiting time within 2 weeks		99.6%	99.3%	99.6%	99.7%	99.7%	98.9%	99.3%	99.5%	99.3%	+ 0.1%pt
	% of P2 cases at SOPCs with waiting time within 8 weeks		98.5%	99.5%	99.2%	99.0%	72.6%	98.3%	99.2%	94.6%	85.7%	+ 8.8%pt
Δ	90 th percentile waiting time (weeks) of Routine cases at SOPCs		58	61	86	97	218	95	89	96	143	- 47
Orthopaedics and Traumatology												
	% of P1 cases at SOPCs with waiting time within 2 weeks		99.4%	91.0%	99.8%	99.2%	99.2%	98.3%	99.0%	98.3%	99.0%	- 0.6%pt
	% of P2 cases at SOPCs with waiting time within 8 weeks		99.0%	97.2%	99.7%	98.2%	98.6%	96.9%	99.4%	98.5%	98.1%	+ 0.4%pt
Δ	90 th percentile waiting time (weeks) of Routine cases at SOPCs		92	87	99	95	86	86	80	89	94	- 5
Paediatrics and Adolescent Medicine												
	% of P1 cases at SOPCs with waiting time within 2 weeks		100.0%	100.0%	99.0%	98.8%	99.3%	96.7%	97.2%	98.9%	98.7%	+ 0.2%pt
	% of P2 cases at SOPCs with waiting time within 8 weeks		98.3%	99.0%	98.1%	96.0%	97.5%	88.5%	95.9%	96.8%	96.0%	+ 0.8%pt
Δ	90 th percentile waiting time (weeks) of Routine cases at SOPCs		15	19	29	54	20	34	31	31	26	+ 5
Psychiatry												
	% of P1 cases at SOPCs with waiting time within 2 weeks		100.0%	99.4%	100.0%	100.0%	100.0%	99.5%	99.7%	99.7%	99.7%	-§
	% of P2 cases at SOPCs with waiting time within 8 weeks		99.9%	100.0%	100.0%	100.0%	99.8%	96.5%	99.9%	99.1%	99.7%	- 0.6%pt
Δ	90 th percentile waiting time (weeks) of Routine cases at SOPCs		66	85	57	95	93	93	95	93	92	+ 1
Surgery												
	% of P1 cases at SOPCs with waiting time within 2 weeks		98.3%	97.1%	96.4%	98.2%	95.8%	95.7%	96.7%	96.7%	97.7%	- 1.0%pt
	% of P2 cases at SOPCs with waiting time within 8 weeks		98.6%	98.8%	90.7%	98.6%	97.4%	95.8%	89.4%	95.2%	95.9%	- 0.7%pt
Δ	90 th percentile waiting time (weeks) of Routine cases at SOPCs		84	77	111	106	101	77	82	101	98	+ 3

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 (R59)								Previous period		
HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Overall HA		
<i>Jul 2022 - Jun 2023</i>								<i>Jul 2021 - Jun 2022</i>	<i>Variance</i>	
								A	B	C = (A - B)

Quality Improvement (continued)

Waiting Time for Allied Health Outpatient (AHOP) New Case Bookings	Dietetics	Current period (R59)							Previous period		
		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Jul 2021 - Jun 2022	Variance
	% of P1 cases at AHOP clinics with waiting time within 2 weeks	99.9%	100.0%	97.0%	97.2%	99.6%	98.3%	98.6%	98.4%	97.4%	+ 1.0%pt
	% of P2 cases at AHOP clinics with waiting time within 8 weeks	99.9%	99.3%	99.2%	97.1%	99.5%	98.6%	99.4%	99.0%	97.0%	+ 2.0%pt
	90 th percentile waiting time (weeks) of Routine cases at AHOP clinics	10	13	13	15	11	17	17	16	16	-
	Occupational Therapy										
	% of P1 cases at AHOP clinics with waiting time within 2 weeks	98.1%	97.6%	98.9%	99.2%	97.6%	99.5%	98.9%	98.7%	98.6%	+ \$
	% of P2 cases at AHOP clinics with waiting time within 8 weeks	99.3%	96.8%	96.0%	98.3%	98.0%	99.5%	91.6%	97.3%	97.5%	- 0.2%pt
	90 th percentile waiting time (weeks) of Routine cases at AHOP clinics	21	21	30	43	34	32	19	29	29	-
	Physiotherapy										
	% of P1 cases at AHOP clinics with waiting time within 2 weeks	98.9%	98.1%	97.4%	98.4%	97.7%	97.3%	97.9%	97.8%	97.6%	+ 0.1%pt
	% of P2 cases at AHOP clinics with waiting time within 8 weeks	99.2%	98.2%	97.1%	96.1%	94.5%	97.8%	95.7%	96.5%	96.1%	+ 0.5%pt
	90 th percentile waiting time (weeks) of Routine cases at AHOP clinics	28	22	40	33	40	27	41	36	35	+ 1

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

	Current period (R59)								Previous period		
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Overall HA		
	Jul 2022 - Jun 2023								Jul 2021 - Jun 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	81	71	50	68	62	64	90	77	72	+ 5
	Benign Prostatic Hyperplasia										
	% of patients provided with surgery within 2 months for P1 patients (Apr 2022 - Mar 2023)	96.7%	47.3%	34.6%	31.4%	44.4%	39.5%	17.1%	44.8%	41.6%	+ 3.2%pt (Apr 2021 - Mar 2022)
	% of patients provided with surgery within 12 months for P2 patients (Jul 2021 - Jun 2022)	99.1%	89.3%	54.1%	70.0%	61.7%	43.8%	64.8%	69.3%	85.7%	- 16.4%pt (Jul 2020 - Jun 2021)
Waiting Time for Diagnostic Radiological Investigations	CT										
	% of urgent cases with examination done within 24 hours	96.0%	99.6%	99.0%	98.0%	99.5%	99.2%	99.2%	98.7%	98.9%	- 0.2%pt
	Median waiting time (weeks) of P1 cases	4	3	13	3	1	<1	3	3	5	- 2
	Median waiting time (weeks) of P2 cases	23	29	65	38	26	59	17	34	38	- 4
	90 th percentile waiting time (weeks) of Routine cases	208	305	225	229	212	186	123	217	220	- 3
	MRI										
	% of urgent cases with examination done within 24 hours	100.0%	99.3%	96.7%	95.8%	94.3%	98.2%	93.1%	97.2%	97.2%	+ 5
	Median waiting time (weeks) of P1 cases	2	<1	5	1	3	2	4	3	5	- 2
	Median waiting time (weeks) of P2 cases	21	8	70	28	19	31	47	33	31	+ 2
	90 th percentile waiting time (weeks) of Routine cases	107	192	199	133	161	144	105	172	151	+ 21
	Ultrasonography										
	% of urgent cases with examination done within 24 hours	99.7%	98.0%	97.2%	96.0%	95.3%	91.6%	98.1%	95.8%	95.8%	+ 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	23	25	52	26	44	25	61	33	29	+ 4
	90 th percentile waiting time (weeks) of Routine cases	154	128	305	196	187	143	167	169	190	- 21
	Mammogram										
	Median waiting time (weeks) of P1 cases	2	2	3	<1	2	1	2	1	1	-
	Median waiting time (weeks) of P2 cases	16	17	52	15	16	16	17	23	23	- 1
	90 th percentile waiting time (weeks) of Routine cases	132	221	231	107	203	171	123	185	201	- 16

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

Apr - Jun 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	1 508	21.3%	-	-
Caritas Medical Centre	611	5.0%	4	§
Kwong Wah Hospital	1 993	16.9%	53	0.5%
North District Hospital	547	6.9%	-	-
Prince of Wales Hospital	2 836	17.7%	-	-
Pamela Youde Nethersole Eastern Hospital	747	5.4%	29	0.2%
Queen Elizabeth Hospital	3 417	15.6%	277	1.3%
United Christian Hospital	2 032	15.3%	211	1.6%

Previous 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%

Remark:

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

Current period (R59)								Previous period		
HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Overall HA		
Jul 2022 - Jun 2023								Jul 2021 - Jun 2022	Variance	
								A	B	C = (A - B) or (A - B) / B

Quality Improvement (continued)

Access to General Outpatient Clinic (GOPC) Episodic Illness Service	GOPC quota availability (for elders) (%)	99.2%	98.3%	95.1%	97.8%	95.5%	93.8%	99.5%	96.5%	96.5%	+§
Appropriateness of Care	Standardised admission rate for A&E patients (%)	44.5%	46.5%	38.8%	33.6%	38.4%	39.3%	33.7%	38.3%	38.0%	+ 0.2%pt
	* Unplanned readmission rate within 28 days for general inpatients (%) (Jun 2022 - May 2023)	10.2%	9.6%	10.3%	11.4%	11.3%	10.2%	11.2%	10.7%	10.9%	- 0.2%pt (Jun 2021 - May 2022)
Breastfeeding Rate	Breastfeeding rate on discharge (%) (Jun 2022 - May 2023)	87.2%	87.7%	78.7%	80.9%	75.2%	85.2%	71.0%	80.1%	81.1%	- 0.9%pt (Jun 2021 - May 2022)
Infection Rate	MRSA bacteraemia in acute beds per 1 000 acute patient days	0.1714	0.0985	0.1299	0.1785	0.1526	0.1231	0.1649	0.1452	0.1640	- 11.5%
Access to Outreach Service	% of residential care home for the elderly covered by Community Geriatric Assessment Service (CGAS) (as at 31 Mar 2023)	77.9%	87.3%	82.3%	86.4%	80.4%	91.2%	90.2%	84.5%	87.0%	- 2.5%pt (as at 31 Mar 2022)

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 (R59)							Previous period		
		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Overall HA	
		Jul 2022 - Jun 2023								Jul 2021 - Jun 2022	Variance
									A	B	C = (A - B)
Quality Improvement (continued)											
Disease Specific Quality Indicators	Stroke										
	Δ % of acute ischaemic stroke patients received IV thrombolysis	11.6%	9.7%	12.0%	13.0%	16.1%	12.4%	12.8%	12.9%	12.7%	+ 0.2%pt
	Hip Fracture										
	% of patients indicated for surgery on hip fracture with surgery performed ≤ 2 days after admission through A&E	65.3%	86.8%	17.0%	34.6%	43.6%	34.1%	55.7%	43.0%	48.6%	- 5.7%pt
	Cancer										
	Waiting time (days) at 90 th percentile from decision to treat to start of radiotherapy (RT) for cancer patients requiring radical RT	29	28	28	N.A.	28	29	28	28	28	-
	Waiting time (days) at 90 th percentile for patients with colorectal cancer receiving first treatment after diagnosis (Jan - Dec 2022)	73	106	98	77	91	98	84	91	84	+ 7
	Waiting time (days) at 90 th percentile for patients with breast cancer receiving first treatment after diagnosis (Jan - Dec 2022)	60	57	91	53	68	105	79	77	76	+ 1
	Waiting time (days) at 90 th percentile for patients with nasopharynx cancer receiving first treatment after diagnosis	68	81	69	N.A.	59	70	56	68	67	+ 1
	Diabetes Mellitus										
	% of diabetes mellitus patients with HbA1c < 7%	56.2%	61.4%	60.4%	53.3%	55.2%	58.7%	60.2%	57.8%	55.5%	+ 2.3%pt
	Hypertension										
	% of hypertension patients treated in GOPCs with blood pressure < 140/90 mmHg	76.1%	75.4%	78.6%	71.4%	75.4%	75.7%	75.2%	75.7%	76.3%	- 0.7%pt
	Mental Health Services										
	Average length of stay (LOS) (days) of acute inpatient care (with LOS ≤ 90 days)	30.4	37.9	32.4	34.5	31.1	34.6	32.7	32.5	31.0	+ 1.5
	% 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%	1.0%	2.1%	1.6%	2.2%	1.8%	1.7%	+ 0.1%pt
	Cardiac Services										
	% of acute myocardial infarction patients prescribed with Statin at discharge	95.5%	92.0%	87.5%	90.8%	91.9%	80.8%	86.8%	88.3%	87.9%	+ 0.3%pt
	% of ST-elevation myocardial infarction patients received primary percutaneous coronary intervention	30.4%	65.1%	82.4%	34.6%	35.0%	52.6%	62.2%	54.7%	45.3%	+ 9.4%pt
Technology	% of medical equipment with age beyond the expected life (as at 31 Mar 2023)	23.3%	26.4%	26.8%	25.4%	27.1%	30.2%	25.7%	26.6%	25.5%	+ 1.2%pt (as at 31 Mar 2022)

Blue > 5% / 5%pt above previous period

Green > 5% / 5%pt below previous period

Remark:

- Δ With effect from 1 April 2023, the percentage of acute ischaemic stroke patients received IV treatment has started to include IV tenecteplase, in addition to IV alteplase. The KPI has been renamed from "percentage of acute ischaemic stroke patients received IV tPA treatment" to "percentage of acute ischaemic stroke patients received IV thrombolysis" since Report No. 59.

Current period (R59)								Previous period		
HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Overall HA		
Jul 2022 - Jun 2023								Jul 2021 - Jun 2022		
A								B	Variance 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 (R59)								Previous period	
		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Jul 2021 - Jun 2022	Variance
	Ear, Nose and Throat										
	No. of SOP first attendances per doctor	792	376	749	606	629	704	675	648	676	- 4.2%
	No. of SOP follow-up attendances per doctor	3 949	1 897	2 274	2 647	2 300	2 846	2 204	2 520	2 514	+ 0.3%
	Growth of waiting list against throughput (%)	- 5.7%	11.6%	7.6%	3.6%	- 6.1%	9.0%	14.6%	5.0%	- 7.3%	+ 12.3%pt
	Gynaecology										
	No. of SOP first attendances per doctor	193	151	154	190	269	221	143	183	182	+ 0.4%
	No. of SOP follow-up attendances per doctor	1 071	1 217	1 042	933	883	738	721	941	900	+ 4.6%
	Growth of waiting list against throughput (%)	4.7%	- 5.9%	9.5%	5.4%	12.5%	0.5%	- 2.6%	4.1%	0.1%	+ 4.0%pt
	Medicine										
	No. of SOP first attendances per doctor	64	65	77	120	76	92	59	80	77	+ 3.6%
	No. of SOP follow-up attendances per doctor	1 628	1 450	1 206	1 059	1 684	1 430	1 500	1 414	1 387	+ 1.9%
	Growth of waiting list against throughput (%)	18.4%	- 8.6%	- 1.8%	- 20.8%	- 0.7%	- 17.2%	- 6.0%	- 7.5%	- 3.4%	- 4.1%pt
	Ophthalmology										
	No. of SOP first attendances per doctor	671	455	647	850	742	686	707	685	635	+ 7.9%
	No. of SOP follow-up attendances per doctor	5 212	4 420	6 517	5 164	6 421	5 232	6 740	5 789	5 660	+ 2.3%
	Growth of waiting list against throughput (%)	- 5.4%	14.9%	- 7.5%	1.0%	1.0%	14.7%	9.0%	3.0%	- 0.9%	+ 3.9%pt
	Orthopaedics and Traumatology										
	No. of SOP first attendances per doctor	196	182	181	220	176	219	210	198	198	- 0.3%
	No. of SOP follow-up attendances per doctor	1 558	1 271	1 452	1 409	1 503	1 377	1 462	1 433	1 401	+ 2.3%
	Growth of waiting list against throughput (%)	- 17.1%	5.5%	- 0.5%	- 4.0%	7.8%	- 1.0%	- 22.8%	- 3.8%	- 12.5%	+ 8.6%pt
	Paediatrics and Adolescent Medicine										
	No. of SOP first attendances per doctor	33	62	26	75	73	49	58	47	43	+ 7.4%
	No. of SOP follow-up attendances per doctor	424	462	406	647	503	473	605	476	447	+ 6.5%
	Growth of waiting list against throughput (%)	9.9%	11.9%	10.3%	11.2%	5.1%	19.7%	9.4%	10.8%	4.4%	+ 6.4%pt
	Psychiatry										
	No. of SOP first attendances per doctor	72	70	66	126	126	90	63	90	91	- 1.1%
	No. of SOP follow-up attendances per doctor	2 043	1 983	1 699	2 708	3 143	1 915	2 211	2 293	2 323	- 1.3%
	Growth of waiting list against throughput (%)	24.9%	6.1%	23.3%	6.0%	10.0%	13.5%	35.2%	15.6%	1.9%	+ 13.7%pt
	Surgery										
	No. of SOP first attendances per doctor	200	138	198	262	192	244	237	207	202	+ 2.6%
	No. of SOP follow-up attendances per doctor	1 328	1 203	1 180	1 364	1 148	1 042	1 195	1 190	1 149	+ 3.6%
	Growth of waiting list against throughput (%)	2.9%	3.2%	11.9%	13.3%	16.0%	0.5%	- 3.1%	6.8%	2.6%	+ 4.2%pt
Operating Theatre (OT) Utilisation	Ratio of scheduled to expected elective OT session hours (%)	101.2%	97.5%	96.2%	100.3%	96.0%	96.8%	98.6%	97.7%	97.4%	+ 0.3%pt
	Utilisation rate of scheduled elective OT sessions (%)	96.9%	103.0%	96.2%	88.3%	91.6%	99.0%	97.0%	96.2%	94.8%	+ 1.4%pt

Blue	> 5% / 5%pt above previous period
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Green	> 5% / 5%pt below previous period
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Current period (R59)								Previous period			
HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Overall HA			
Jul 2022 - Jun 2023								Jul 2021 - Jun 2022	Variance		
								A	B	C = (A - B)	

Efficiency in Use of Resources (continued)

Bed Management		Inpatient bed occupancy rate (%)									
*	Overall	81.9%	69.7%	83.2%	92.3%	94.8%	84.6%	82.3%	84.7%	81.0%	+ 3.7%pt
*	General (acute and convalescent)	87.2%	69.0%	84.1%	93.0%	101.5%	87.2%	92.5%	88.1%	83.6%	+ 4.5%pt
*	Average length of stay (days) for general inpatients	6.9	5.5	7.0	6.7	6.0	6.9	6.6	6.5	6.7	- 0.1
Day and Same Day Surgery Services		Rate of day surgery plus same day surgery (%)									
	Surgery	64.1%	53.9%	48.0%	81.2%	59.3%	64.5%	62.9%	60.7%	58.5%	+ 2.2%pt
	Orthopaedics and Traumatology	69.4%	30.1%	50.8%	84.8%	51.5%	65.3%	58.2%	57.7%	56.0%	+ 1.7%pt
	Ophthalmology	78.4%	66.1%	88.8%	84.8%	71.2%	82.2%	29.8%	74.7%	69.2%	+ 5.5%pt

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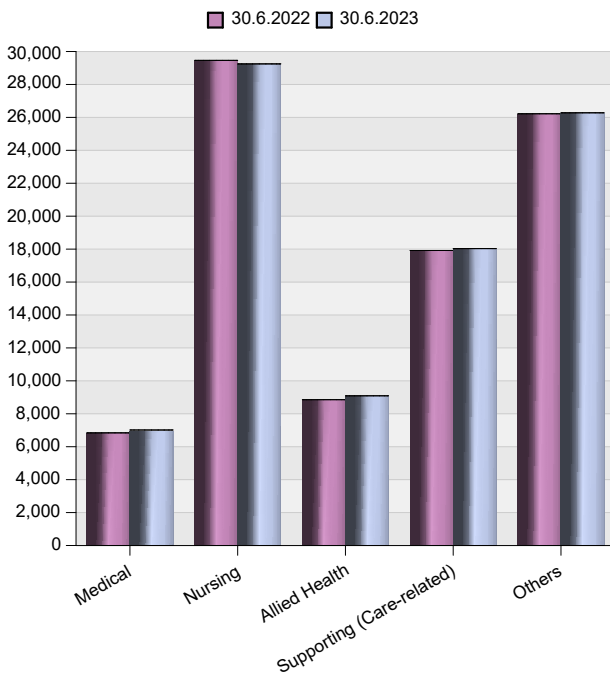
Green	> 5% / 5%pt below previous period
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Remark:

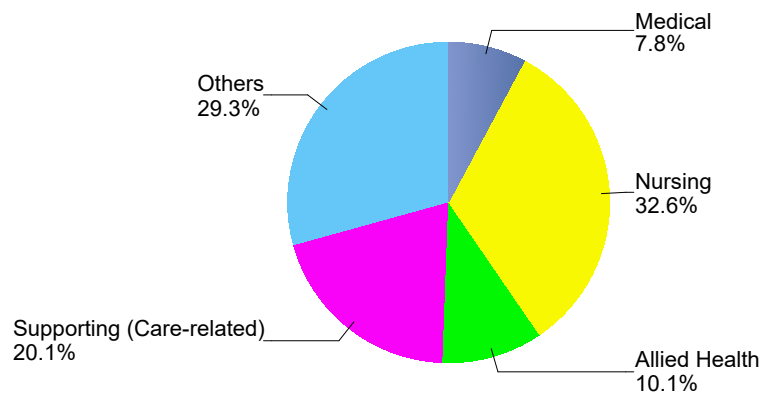
* COR item

Staff group	Prior year	Current year	COR Estimate as at 31.03.2024 ⁽²⁾	Variance from			
	30.06.2022	30.06.2023 ⁽¹⁾		COR estimate		prior year	
	A	B		D = B - C	D / C	E = B - A	E / A
Medical ⁽³⁾	6,842	7,014	7,111	- 97	- 1.4%	+ 172	+ 2.5%
Nursing	29,462	29,248	29,020	+ 228	+ 0.8%	- 214	- 0.7%
Allied Health	8,857	9,092	9,410	- 318	- 3.4%	+ 235	+ 2.7%
Supporting (Care-related)	17,915	18,032	46,780	- 2,469	- 5.3%	+ 117	+ 0.7%
Others	26,221	26,279				+ 58	+ 0.2%
Total⁽⁴⁾	89,296	89,665	92,321	- 2,656	- 2.9%	+ 369	+ 0.4%

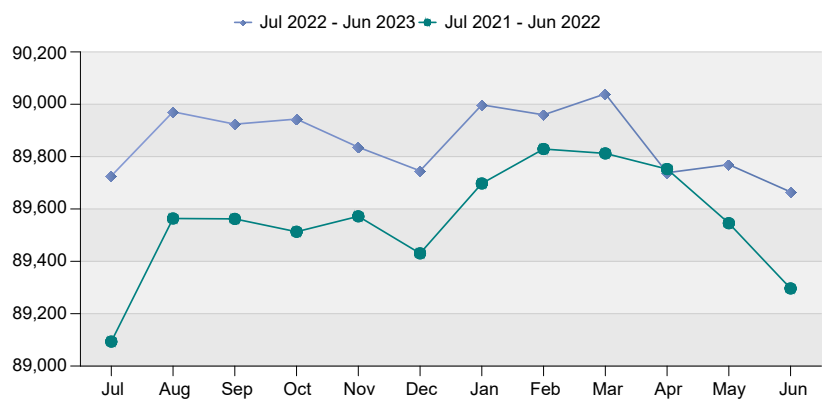
Blue >3% above COR estimate/prior year
Green >3% below COR estimate/prior year



Distribution % by Staff Group (as at 30.06.2023)



HA Total

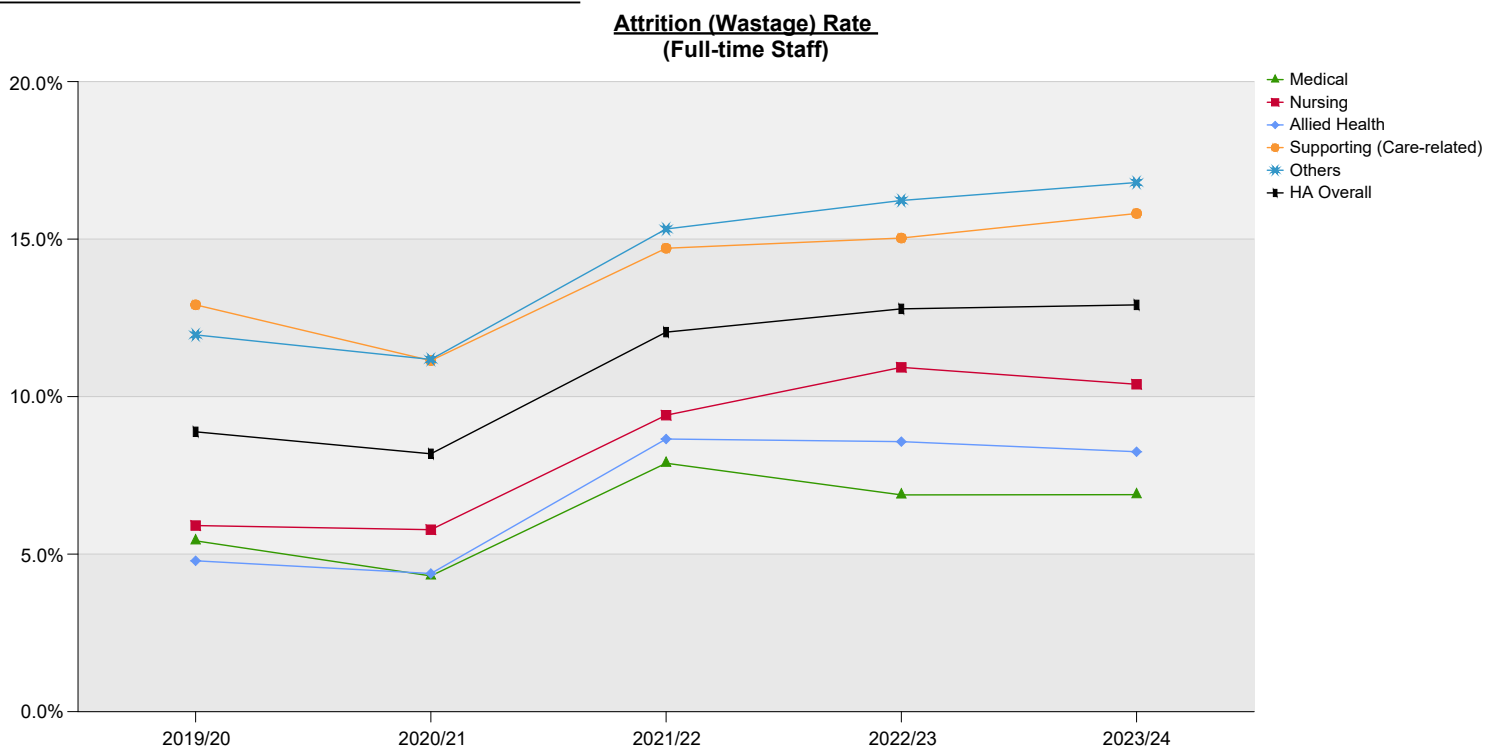


	Medical	Nursing	Allied Health	Supporting (Care-related)	Others
Prior Year 30.06.2022	6,842	29,462	8,857	17,915	26,221
Current Year 30.06.2023	7,014	29,248	9,092	18,032	26,279

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

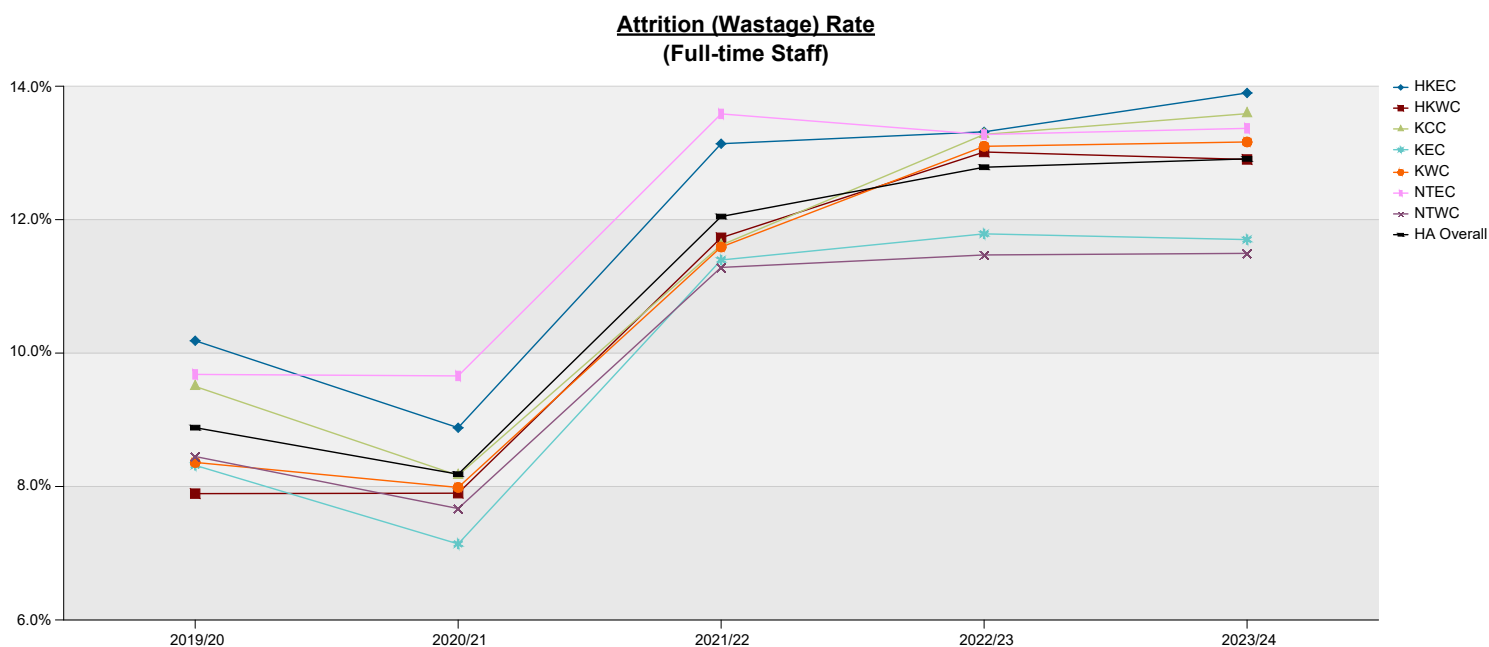


Staff Group	Full-time ⁽⁴⁾					Part-time ⁽⁴⁾⁽⁵⁾				
	2019/20	2020/21	2021/22	2022/23	2023/24 (Rolling from Jul 22 to Jun 23) ⁽³⁾	2019/20	2020/21	2021/22	2022/23	2023/24 (Rolling from Jul 22 to Jun 23) ⁽³⁾
Medical ⁽²⁾	5.4%	4.3%	7.9%	6.9%	6.9%	15.6%	11.5%	17.8%	12.8%	13.5%
Nursing	5.9%	5.8%	9.4%	10.9%	10.4%	15.7%	15.0%	26.2%	17.2%	12.8%
Allied Health	4.8%	4.4%	8.7%	8.6%	8.2%	13.9%	8.3%	21.8%	25.6%	24.3%
Supporting (Care-related)	12.9%	11.1%	14.7%	15.0%	15.8%	17.0%	10.2%	20.3%	22.4%	27.0%
Others	12.0%	11.2%	15.3%	16.2%	16.8%	28.3%	31.4%	34.8%	42.7%	36.5%
HA Overall	8.9%	8.2%	12.0%	12.8%	12.9%	16.4%	13.9%	22.5%	18.3%	16.9%

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



Cluster	Full-time ⁽³⁾					Part-time ⁽³⁾⁽⁴⁾				
	2019/20	2020/21	2021/22	2022/23	2023/24 (Rolling from Jul 22 to Jun 23) ⁽²⁾	2019/20	2020/21	2021/22	2022/23	2023/24 (Rolling from Jul 22 to Jun 23) ⁽²⁾
HKEC	10.2%	8.9%	13.1%	13.3%	13.9%	18.0%	16.8%	21.8%	20.6%	21.6%
HKWC	7.9%	7.9%	11.7%	13.0%	12.9%	21.0%	17.5%	31.1%	24.7%	23.8%
KCC	9.5%	8.2%	11.6%	13.3%	13.6%	19.1%	9.3%	16.7%	14.3%	11.9%
KEC	8.3%	7.1%	11.4%	11.8%	11.7%	14.6%	13.4%	23.9%	22.8%	20.4%
KWC	8.4%	8.0%	11.6%	13.1%	13.2%	8.5%	11.4%	22.6%	10.5%	10.8%
NTEC	9.7%	9.7%	13.6%	13.3%	13.4%	19.4%	20.3%	22.0%	24.8%	19.8%
NTWC	8.4%	7.7%	11.3%	11.5%	11.5%	11.1%	10.3%	16.1%	11.2%	11.3%
HA Overall	8.9%	8.2%	12.0%	12.8%	12.9%	16.4%	13.9%	22.5%	18.3%	16.9%

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
		3Q	4Q	1Q	2Q	(Jul21 - Jun22)	(Jul22 - Jun23)	(Jul21 - Jun22) %	(Jul22 - Jun23) %	
Doctor	Senior Staff ⁽¹⁾	52	51	50	29	265	182	9.1%	6.1%	- 3.0
	Junior Staff ⁽²⁾	49	32	33	17	149	131	4.4%	3.9%	- 0.5
	Overall	101	83	83	46	414	313	6.6%	4.9%	- 1.7
Nursing	Senior Staff ⁽³⁾	75	64	54	52	312	245	4.6%	3.4%	- 1.2
	Junior Staff ⁽⁴⁾	488	523	513	333	1,801	1,857	8.8%	9.4%	+ 0.6
	Overall	563	587	567	385	2,113	2,102	7.7%	7.8%	+ 0.1
Allied Health ⁽⁵⁾ Overall		155	117	99	106	561	477	6.4%	5.4%	- 1.0
Supporting (Care-related) Overall		543	424	467	495	1,833	1,929	10.5%	11.0%	+ 0.5

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
	Jul 21 - Jun 22	Jul 22 - Jun 23	
	A	B	$C = (B - A) / A$
Medical	3.4	6.5	+ 91.2%
Nursing	8.7	12.8	+ 47.1%
Allied Health	5.4	9.6	+ 77.8%
Supporting (Care-related)	9.7	13.9	+ 43.3%
Others	7.7	11.2	+ 45.5%
HA Overall	7.9	11.7	+ 48.1%

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

Staff Group	Previous period	Current period	Variance from previous period
	Jul 21 - Jun 22	Jul 22 - Jun 23	
	A	B	$C = B - A$
	%	%	% pt
Medical	1.0	0.8	- 0.2
Nursing	3.1	3.2	+ 0.1
Allied Health	1.5	1.5	0
Supporting (Care-related)	3.0	3.3	+ 0.3
Others	2.3	2.4	+ 0.1
HA Overall	2.5	2.6	+ 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 C = B - A
	Jul 21 - Jun 22	Jul 22 - Jun 23	
	A	B	
Medical	4.1	4.2	+ 0.1
Nursing	4.4	3.6	- 0.8
Allied Health	1.4	1.4	0
Supporting (Care-related)	6.9	5.5	- 1.4
Others	2.6	2.4	- 0.2
HA Overall	4.0	3.5	- 0.5

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

Staff Group	Previous period	Current period	Variance from previous period C = B - A
	Jul 21 - Jun 22	Jul 22 - Jun 23	
	A	B	
Medical	8.8	9.3	+ 0.5
Nursing	48.8	50.4	+ 1.6
Allied Health	45.8	16.5	- 29.3
Supporting (Care-related)	133.3	105.9	- 27.4
Others	87.1	76.6	- 10.5
HA Overall	73.9	62.8	- 11.1

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.