



**For information
on 21.12.2023**

AOM-P1921

Hospital Authority

Report on Key Performance Indicators **(KPI Report No. 60, up to September 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 September 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 at their meetings held in November / December 2023².

Background

2. The period covered in this report is mainly from **October 2022 to September 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 October 2022 to September 2023**, HA's services had been adjusted in accordance with the stabling Coronavirus Disease 2019 (**COVID-19**) epidemic situation in the last quarter of 2022 and service resumption took place expeditiously upon the lifting of anti-epidemic measures in March 2023. In the past six months, resumption of HA's services further accelerated. Nevertheless, impact of the service adjustments in earlier months 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 June 2023) was submitted to the Board on 21 September 2023 via Administrative and Operational Meeting Paper No. 1882.

² Via HRC Paper No. 751 on 8 November 2023; MSDC Paper No. 710 on 4 December 2023; and FC Paper No. 972 on 5 December 2023.

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 half 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 (-16.7%), and psychiatric day attendances (-24.9%) 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 12.5% against YTD estimate. Some community occupational therapy services have been provided in telehealth mode, but these activities are yet to be captured under COR / KPI reporting. In the consideration of the positive feedback from patients and caregivers towards the expansion in delivery mode via telehealth which is regarded as comparable and complementary to on-site mode, HA is working on the integration of telehealth mode into the 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 therapy is one of the many that are welcomed by patients. To further enhance patient experience, HA has extended the medication delivery service to all patients attending SOP clinics (SOPCs), discharged from hospital and receiving Accident and Emergency (A&E) services of all public hospitals⁵, including SOP consultations conducted via telehealth mode. 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) Programmes⁶ with a view to diverting suitable HA patients to receive treatment or

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 Except St. John Hospital at Cheung Chau.

⁶ 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.

taking diagnostic investigation 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 A&E services

7. HA's overall **percentage of A&E patient attendances seen within target waiting time**⁷ 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 18.9% points (71.1% vs. target 90%) and 25.3% points (49.7% vs. target 75%) respectively. Compared with prior year, drops of 2.6% points and 15.4% 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 much pressure to the A&E departments in the recent quarters.

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. HA's overall **90th percentile waiting time of Routine cases for all eight specialties being monitored** were below 100 weeks.

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 initiatives⁸, the waiting time for Medicine (**MED**) and Ophthalmology had considerably shortened by 18 weeks and 42 weeks respectively as compared with prior year. As announced in the Hong Kong Special Administrative Region Chief Executive's 2022 Policy Address, HA aims to reduce the waiting time of stable new case bookings for MED by 20% in 2023-24, in consideration of the large patient volume and the relatively long waiting time in MED. This would be monitored and reflected under the KPI of 90th percentile waiting time of Routine cases (target 97 weeks⁹). With HA's concerted efforts, the waiting time of MED has been steadily improving in recent quarters (93 weeks) and the target was reached in this reporting cycle. To further demonstrate HA's determination on improving SOP waiting time, the 2023 Policy Address announced that HA will continue its effort to reduce

⁷ 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%).

⁸ 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.

⁹ Taking 2021-22 12-month rolling HA overall 90th percentile waiting time of stable new case bookings for MED of 122 weeks as baseline, the target would be 97 weeks by 2023-24.

the waiting time of Routine (stable) new case bookings for two specialties, namely Ear, Nose and Throat, and Orthopaedics & Traumatology, by 10% in 2024-25. HA will strive to achieve the targets as promulgated in the two Policy Addresses. Meanwhile, SOP waiting time of all specialties would be continuously monitored at various platforms in HA and appropriate actions will be taken to manage the waiting time of new case bookings.

Waiting time for elective surgery

10. Waiting time at **90th percentile for patients receiving the total joint replacement (TJR) treatment** was 76 months for HA overall, which was lengthened by four months when compared with the prior year. In the face of an ageing population, the number of patients requiring TJR surgery continues to rise. In the past three years, HA had adjusted non-emergency and non-essential services from time to time, including some of the TJR surgeries, to conserve manpower and resource in managing emergency cases during the COVID-19 epidemic. Meanwhile, the shortage of anaesthetists has also affected the service level. As a consequence, the waiting time for patients receiving TJR surgery has noticeably increased in the past few years. To address the growing service demand brought by the ageing population, HA has implemented an Annual Plan programme in Hong Kong East Cluster from the fourth quarter of 2022 to further increase its capacity of TJR surgery. Following the resumption in services, the number of TJR surgeries performed has rebounded to pre-epidemic level. 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 progress in improving the access of primary PCI services. HA's overall **percentage of ST-elevation myocardial infarction patients receiving primary PCI showed signs of improvement** was 54.5%, with an increase of 6.8% points when compared with prior year. A significant increase of 19% points was noted for this indicator on primary PCI service in the past five years.

12. Surgery-related waiting time indicators, including cancer treatment, were affected during the COVID-19 period when elective Operating Theatre (**OT**) sessions were reduced coupled with shortage of anaesthetists. For **colorectal cancer** and **breast cancer**, while the reporting period (April 2022 to March 2023) 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 78 days respectively, which were slightly lengthened by four days and shortened by three 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 control measures during the epidemic, especially in the first half 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 oncologists and radiation therapists also limited the service capacity to start chemotherapy and RT. HA had taken a series of action to address the service gap. 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. 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 September 2023, HA had a **staffing position of 90 774**, which represented a growth of 0.9% when compared with prior year. There was a general increase in the workforce of all staff groups, except "Nursing" staff group which had slightly decreased by 0.1%. As for the **attrition (wastage) rate of full-time staff**, the HA overall rate was 12.6%, in which the "Others"¹⁰ staff group had the highest rate (16.4%). Nevertheless, the attrition (wastage) rate of full-time doctors in some specialties, such as Anaesthesia and Clinical Oncology were still high, and the resignation rate of senior doctors¹¹ also remained at a high rate when compared with junior doctors¹² and the overall resignation rate of doctors, which had exerted pressure on the respective clinical services.

14. The overall **average sick leave days taken per staff** was 11.2 days, representing an increase of 24.4% when compared with prior year. With the Employment (Amendment) Ordinance 2022 which came into operation since 17 June 2022, staff with Isolation Order (IO), Quarantine Order (QO) or restriction-testing declaration were granted sick leave until the cessation of issuance of QO and IO by end of December 2022 and January 2023 respectively, and the sick leave taken by the infected and close contact cases had contributed to the increase in overall average sick leave taken per staff during the reporting period. There was also a significant increase of 35.3% for "Allied Health" staff group when compared with prior year. The **proportion of staff taken long sick leave (≥ 50 days)** in HA (2.6%) had remained unchanged.

15. The overall **number of injury on duty (IOD) cases per 100 full time equivalent (FTE) staff** had decreased from 4.0 cases to 3.3 cases when compared with prior year. The "Allied Health" staff group had the lowest rate (at 1.3 cases), whereas the

¹⁰ Staff group of "Others" includes management / administrative staff as well as other supporting staff, e.g. clerks, secretaries, workmen, operation assistants, executive assistants, etc.

¹¹ Senior doctors include permanent and contract full-time staff in the rank group of Consultant, Associate Consultant and Senior Medical Officer.

¹² Junior doctors include permanent and contract full-time staff in the rank group of Medical Officer / Resident and Medical Officer (Specialist) / Resident (Specialist).

“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 60.1 days, representing a decrease of 14.6 days. The “Medical”, “Allied Health”, “Supporting (Care-related)” and “Others” staff groups had a reduction of 1 day, 25.8 days, 29.8 days and 23.4 days respectively, while that of the “Nursing” staff group had an increase of 4.1 days.

Finance

16. For the six months ended 30 September 2023, HA recorded an overall underspending of \$4.3 billion in its recurrent operating results. This YTD underspending was primarily owing to the increase in medical fee and interest income and lower-than-expected operating expenditure for infection control measures following the cessation of COVID-19 measures, as well as the end-loaded nature of HA’s spending cycle.

17. While HA has originally anticipated full year budget underspending of \$1.2 billion at the start of 2023-24, such projection is likely to be further revised subject to the future trend of global interest rates, the ongoing development of HA’s manpower situation and the impending impact of the flu / COVID-19 cycles over the next six months. All in all, an overall underspending position for HA is well anticipated for the year. To this end, HA will liaise with the Government to further set aside its unutilised resources in 2023-24.

Way Forward

18. 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 in some service areas, such as shortage in anaesthetists and oncologists, still poses a challenge on service delivery, compounded by the continued growing service demand, there remains a certain degree of uncertainty in the performance of some indicators as anticipated in the coming rounds of reporting.

Report on Key Performance Indicators - Clinical Services
For reporting to the Administrative and Operational Meeting in December 2023
(KPI Report No. 60, up to September 2023)

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

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

1.10.2022 - 30.9.2023 (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 Sep 2023	YTD Sep 2023	Variance	YTD Sep 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)	30 584	30 584	-	30 254	+ 330
(as at 30 Sep 2023)					(as at 30 Sep 2022)	
	* No. of geriatric day places	757	N.A.	N.A.	703	+ 54
					(as at 30 Sep 2022)	
	* No. of psychiatric day places	909	N.A.	N.A.	904	+ 5
					(as at 30 Sep 2022)	
Inpatient Services	No. of inpatient discharges and deaths					
	* Overall	572 457	629 144	-9.0%	475 031	+ 20.5%
	* General (acute and convalescent)	560 900	618 297	-9.3%	465 094	+ 20.6%
	No. of inpatient patient days					
	* Overall	4 361 055	4 426 692	- 1.5%	3 852 837	+ 13.2%
	* General (acute and convalescent)	3 556 958	3 623 695	- 1.8%	3 118 493	+ 14.1%
	* No. of day inpatient discharges and deaths	396 265	401 537	- 1.3%	355 058	+ 11.6%
Accident & Emergency (A&E) Services	* No. of A&E attendances	1 094 142	1 105 474	- 1.0%	828 548	+ 32.1%
	No. of A&E first attendances					
	* triage I (Critical cases)	13 704	N.A.	N.A.	11 839	+ 15.8%
	* triage II (Emergency cases)	28 485	N.A.	N.A.	24 018	+ 18.6%
	* triage III (Urgent cases)	414 022	N.A.	N.A.	318 519	+ 30.0%
Specialist Outpatient (SOP) Services	* No. of SOP (clinical) first attendances	437 185	N.A.	N.A.	409 002	+ 6.9%
	* No. of SOP (clinical) follow-up attendances	3 697 535	N.A.	N.A.	3 564 553	+ 3.7%
	* Total no. of SOP (clinical) attendances	4 134 720	4 122 515	+ 0.3%	3 973 555	+ 4.1%
Primary Care Services	* No. of general outpatient attendances	2 929 377	3 177 887	- 7.8%	2 489 772	+ 17.7%
	* No. of family medicine specialist clinic attendances	168 107	171 898	- 2.2%	160 467	+ 4.8%
	* Total no. of primary care attendances	3 097 484	3 349 785	- 7.5%	2 650 239	+ 16.9%
Allied Health Outpatient Services	* No. of allied health (outpatient) attendances	1 583 994	1 598 088	- 0.9%	1 450 072	+ 9.2%
Day Hospital Services	* No. of rehabilitation day and palliative care day attendances	48 473	58 203	- 16.7%	25 197	+ 92.4%
	* No. of geriatric day attendances	80 248	84 015	- 4.5%	32 196	+ 149.2%
	* No. of psychiatric day attendances	89 530	119 231	- 24.9%	23 083	+ 287.9%
Community & Outreach Services	* No. of community nurse attendances	445 727	473 933	- 6.0%	433 553	+ 2.8%
	* No. of allied health (community) attendances	14 687	16 794	- 12.5%	13 232	+ 11.0%
	* No. of geriatric outreach attendances	387 651	386 809	+ 0.2%	370 007	+ 4.8%
	* No. of geriatric elderly persons assessed for infirmary care service	941	N.A.	N.A.	1 023	- 8.0%
	* No. of psychiatric outreach attendances	158 138	165 219	- 4.3%	124 470	+ 27.0%
	* No. of psychogeriatric outreach attendances	57 532	57 602	- 0.1%	44 260	+ 30.0%

Blue

> 5% above estimate / prior year

Green

> 5% below estimate / prior year

Remark:

* COR item

Current period (R60)								Previous period			
HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Overall HA			
Oct 2022 - Sep 2023								Oct 2021 - Sep 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	Oct 2021 - Sep 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%)		98.8%	97.2%	94.4%	99.2%	97.1%	95.5%	95.8%	96.7%	96.1%	+ 0.6%pt
*	triage III (urgent cases : < 30 minutes, 90%)		72.7%	69.5%	74.6%	64.7%	67.8%	67.0%	81.2%	71.1%	73.7%	- 2.6%pt
	triage IV (semi-urgent cases : < 120 minutes, 75%)		52.8%	41.2%	56.1%	40.3%	51.0%	56.2%	44.1%	49.7%	65.1%	- 15.4%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	Oct 2021 - Sep 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%	98.8%	98.2%	99.4%	98.7%	98.3%	99.6%	99.0%	99.2%	- 0.2%pt
	% of P2 cases at SOPCs with waiting time within 8 weeks		98.8%	97.5%	98.8%	99.3%	96.7%	97.9%	99.4%	98.3%	97.6%	+ 0.8%pt
Δ	90 th percentile waiting time (weeks) of Routine cases at SOPCs		58	83	107	91	97	92	76	92	96	- 4
Gynaecology												
	% of P1 cases at SOPCs with waiting time within 2 weeks		99.4%	99.1%	98.9%	98.8%	96.0%	98.6%	96.0%	98.4%	97.9%	+ 0.5%pt
	% of P2 cases at SOPCs with waiting time within 8 weeks		98.4%	98.3%	99.0%	99.2%	98.2%	93.6%	93.6%	97.8%	97.5%	+ 0.3%pt
Δ	90 th percentile waiting time (weeks) of Routine cases at SOPCs		30	50	69	83	93	86	64	83	78	+ 5
Medicine												
	% of P1 cases at SOPCs with waiting time within 2 weeks		99.1%	97.2%	98.7%	92.4%	95.9%	96.7%	98.7%	96.7%	97.5%	- 0.8%pt
	% of P2 cases at SOPCs with waiting time within 8 weeks		99.2%	94.0%	99.6%	93.3%	95.1%	97.4%	98.4%	96.5%	96.7%	- 0.2%pt
Δ	90 th percentile waiting time (weeks) of Routine cases at SOPCs		93	86	96	93	94	92	67	93	111	- 18
Ophthalmology												
	% of P1 cases at SOPCs with waiting time within 2 weeks		99.4%	99.0%	99.6%	99.6%	99.8%	98.8%	99.3%	99.4%	99.3%	+§
	% of P2 cases at SOPCs with waiting time within 8 weeks		98.3%	99.4%	99.2%	99.0%	80.1%	98.3%	99.3%	96.0%	83.7%	+ 12.3%pt
Δ	90 th percentile waiting time (weeks) of Routine cases at SOPCs		55	62	99	97	219	96	90	98	140	- 42
Orthopaedics and Traumatology												
	% of P1 cases at SOPCs with waiting time within 2 weeks		99.3%	93.0%	99.7%	99.1%	99.2%	98.4%	99.1%	98.6%	98.8%	- 0.2%pt
	% of P2 cases at SOPCs with waiting time within 8 weeks		99.5%	97.8%	99.7%	98.3%	98.7%	96.6%	99.3%	98.6%	98.0%	+ 0.6%pt
Δ	90 th percentile waiting time (weeks) of Routine cases at SOPCs		88	89	100	77	90	88	57	89	93	- 4
Paediatrics and Adolescent Medicine												
	% of P1 cases at SOPCs with waiting time within 2 weeks		98.3%	99.0%	99.2%	99.6%	99.5%	94.6%	97.5%	99.2%	98.5%	+ 0.7%pt
	% of P2 cases at SOPCs with waiting time within 8 weeks		98.1%	98.4%	98.0%	95.6%	97.3%	88.0%	96.7%	96.8%	95.7%	+ 1.1%pt
Δ	90 th percentile waiting time (weeks) of Routine cases at SOPCs		17	18	35	56	20	41	26	36	27	+ 9
Psychiatry												
	% of P1 cases at SOPCs with waiting time within 2 weeks		99.6%	99.4%	100.0%	100.0%	99.6%	99.6%	100.0%	99.7%	99.7%	-§
	% of P2 cases at SOPCs with waiting time within 8 weeks		99.9%	100.0%	100.0%	100.0%	99.6%	95.3%	99.9%	98.8%	99.7%	- 0.9%pt
Δ	90 th percentile waiting time (weeks) of Routine cases at SOPCs		73	86	63	95	94	93	94	93	92	+ 1
Surgery												
	% of P1 cases at SOPCs with waiting time within 2 weeks		98.0%	96.7%	96.9%	97.8%	96.1%	95.2%	96.6%	96.6%	97.6%	- 1.0%pt
	% of P2 cases at SOPCs with waiting time within 8 weeks		98.6%	98.7%	91.4%	98.5%	97.0%	96.0%	87.2%	94.9%	95.8%	- 1.0%pt
Δ	90 th percentile waiting time (weeks) of Routine cases at SOPCs		84	68	111	109	100	80	88	99	99	-

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 (R60)								Previous period	
HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Overall HA	
Oct 2022 - Sep 2023								Oct 2021 - Sep 2022	Variance
A								B	C = (A - B)

Quality Improvement (continued)

Waiting Time for Allied Health Outpatient (AHOP) New Case Bookings	Dietetics										
	% of P1 cases at AHOP clinics with waiting time within 2 weeks	100.0%	99.9%	97.2%	96.4%	99.5%	97.8%	98.6%	98.3%	98.0%	+ 0.2%pt
	% of P2 cases at AHOP clinics with waiting time within 8 weeks	99.9%	99.8%	99.0%	97.6%	99.2%	98.8%	99.2%	99.0%	97.7%	+ 1.3%pt
	90 th percentile waiting time (weeks) of Routine cases at AHOP clinics	10	12	14	15	11	17	17	16	16	-
	Occupational Therapy										
	% of P1 cases at AHOP clinics with waiting time within 2 weeks	98.6%	97.1%	98.9%	99.0%	98.4%	99.6%	99.3%	98.8%	98.6%	+ 0.2%pt
	% of P2 cases at AHOP clinics with waiting time within 8 weeks	99.4%	96.8%	96.5%	98.9%	97.7%	99.8%	85.7%	96.6%	97.7%	- 1.1%pt
	90 th percentile waiting time (weeks) of Routine cases at AHOP clinics	21	19	31	41	32	32	19	28	30	- 2
	Physiotherapy										
	% of P1 cases at AHOP clinics with waiting time within 2 weeks	99.1%	97.7%	97.4%	98.0%	97.9%	97.2%	98.3%	97.8%	97.6%	+ 0.2%pt
	% of P2 cases at AHOP clinics with waiting time within 8 weeks	99.4%	98.0%	97.0%	95.9%	96.8%	97.9%	96.7%	97.1%	95.5%	+ 1.7%pt
	90 th percentile waiting time (weeks) of Routine cases at AHOP clinics	27	21	41	35	39	28	41	37	35	+ 2

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

	Current period (R60)								Previous period		
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Overall HA		
	Oct 2022 - Sep 2023								Oct 2021 - Sep 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	82	75	53	72	66	65	89	76	72	+ 4
	Benign Prostatic Hyperplasia										
	% of patients provided with surgery within 2 months for P1 patients (Jul 2022 - Jun 2023)	96.7%	41.1%	39.6%	32.3%	44.1%	38.2%	9.9%	41.8%	43.5%	- 1.8%pt (Jul 2021 - Jun 2022)
	% of patients provided with surgery within 12 months for P2 patients (Oct 2021 - Sep 2022)	100.0%	93.3%	36.6%	71.1%	44.3%	47.6%	73.7%	66.5%	83.1%	- 16.6%pt (Oct 2020 - Sep 2021)
Waiting Time for Diagnostic Radiological Investigations	CT										
	% of urgent cases with examination done within 24 hours	96.0%	99.6%	99.1%	98.1%	99.4%	99.2%	99.3%	98.8%	98.9%	- 0.1%pt
	Median waiting time (weeks) of P1 cases	5	3	5	3	1	<1	3	3	4	- 1
	Median waiting time (weeks) of P2 cases	23	26	60	39	26	57	17	33	38	- 5
	90 th percentile waiting time (weeks) of Routine cases	200	318	227	226	191	190	142	208	227	- 19
	MRI										
	% of urgent cases with examination done within 24 hours	100.0%	99.3%	97.1%	96.4%	94.6%	98.1%	94.3%	97.4%	97.3%	+ 5
	Median waiting time (weeks) of P1 cases	3	<1	3	1	3	2	4	3	5	- 2
	Median waiting time (weeks) of P2 cases	25	9	54	23	21	32	43	33	33	-
	90 th percentile waiting time (weeks) of Routine cases	113	193	198	129	160	156	105	177	157	+ 20
	Ultrasonography										
	% of urgent cases with examination done within 24 hours	99.8%	98.0%	97.3%	96.4%	96.4%	90.6%	98.0%	95.8%	96.0%	- 0.2%pt
	Median waiting time (weeks) of P1 cases	1	<1	2	1	1	2	1	1	1	-
	Median waiting time (weeks) of P2 cases	23	26	48	38	47	23	38	29	30	- 1
	90 th percentile waiting time (weeks) of Routine cases	148	128	216	205	188	147	178	173	184	- 11
	Mammogram										
	Median waiting time (weeks) of P1 cases	2	1	3	<1	2	1	2	1	1	-
	Median waiting time (weeks) of P2 cases	16	16	50	9	16	16	19	18	25	- 7
	90 th percentile waiting time (weeks) of Routine cases	132	224	245	101	206	168	118	186	205	- 19

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

Jul - Sep 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	1 089	15.0%	-	-
Kwong Wah Hospital	919	6.9%	6	§
North District Hospital	547	7.2%	-	-
Prince of Wales Hospital	2 326	14.4%	-	-
Queen Elizabeth Hospital	2 757	12.5%	158	0.7%
United Christian Hospital	1 497	11.8%	124	1.0%

Previous 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%

Remark:

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

Current period (R60)								Previous period		
HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Overall HA		
Oct 2022 - Sep 2023										
								A	B	C = (A - B) or (A - B) / B
								Oct 2021 - Sep 2022	Variance	

Quality Improvement (continued)

<p>Access to General Outpatient Clinic (GOPC) Episodic Illness Service</p>	<p>GOPC quota availability (for elders) (%)</p>	99.0%	97.7%	93.5%	93.3%	95.0%	88.9%	98.6%	94.7%	96.3%	- 1.6%pt
<p>Appropriateness of Care</p>	<p>Standardised admission rate for A&E patients (%)</p>	44.3%	46.4%	38.6%	33.6%	38.0%	38.9%	33.4%	38.0%	38.6%	- 0.6%pt
	<p>* Unplanned readmission rate within 28 days for general inpatients (%) <i>(Sep 2022 - Aug 2023)</i></p>	10.4%	9.8%	10.6%	11.6%	11.6%	10.2%	11.4%	10.9%	10.8%	+ 0.1%pt <i>(Sep 2021 - Aug 2022)</i>
<p>Breastfeeding Rate</p>	<p>Breastfeeding rate on discharge (%) <i>(Sep 2022 - Aug 2023)</i></p>	88.1%	87.0%	78.9%	80.9%	74.0%	86.0%	70.2%	80.1%	80.6%	- 0.5%pt <i>(Sep 2021 - Aug 2022)</i>
<p>Infection Rate</p>	<p>MRSA bacteraemia in acute beds per 1 000 acute patient days</p>	0.1565	0.0835	0.1319	0.1647	0.1638	0.1140	0.1461	0.1390	0.1614	- 13.9%

Blue > 5% / 5%pt above previous period

Green > 5% / 5%pt below previous period

Remark:

* COR item

Current period (R60)								Previous period		
HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Overall HA		
Oct 2022 - Sep 2023								Oct 2021 - Sep 2022	Variance	
								A	B	C = (A - B)

Quality Improvement (continued)

Disease Specific Quality Indicators	Stroke										
Δ % of acute ischaemic stroke patients received IV thrombolysis	12.9%	8.5%	13.5%	12.9%	16.5%	12.9%	12.7%	13.3%	12.5%	+ 0.9%pt	
Hip Fracture											
% of patients indicated for surgery on hip fracture with surgery performed ≤ 2 days after admission through A&E	64.3%	87.4%	19.4%	32.6%	43.8%	32.9%	55.1%	42.8%	47.8%	- 5.0%pt	
Cancer											
Waiting time (days) at 90 th percentile from decision to treat to start of radiotherapy (RT) for cancer patients requiring radical RT	28	28	29	N.A.	28	29	29	28	28	-	
Waiting time (days) at 90 th percentile for patients with colorectal cancer receiving first treatment after diagnosis (Apr 2022 - Mar 2023)	72	100	97	70	93	102	84	91	87	+ 4	
Waiting time (days) at 90 th percentile for patients with breast cancer receiving first treatment after diagnosis (Apr 2022 - Mar 2023)	60	62	92	52	71	105	77	78	81	- 3	
Waiting time (days) at 90 th percentile for patients with nasopharynx cancer receiving first treatment after diagnosis	68	78	62	N.A.	61	81	59	68	69	- 1	
Diabetes Mellitus											
% of diabetes mellitus patients with HbA1c < 7%	60.1%	62.4%	62.4%	56.6%	56.8%	60.4%	59.9%	59.6%	55.6%	+ 4.0%pt	
Hypertension											
% of hypertension patients treated in GOPCs with blood pressure < 140/90 mmHg	76.8%	75.9%	79.7%	72.7%	76.2%	77.2%	77.2%	76.9%	74.6%	+ 2.3%pt	
Mental Health Services											
Average length of stay (LOS) (days) of acute inpatient care (with LOS ≤ 90 days)	30.1	37.9	32.6	35.0	31.3	35.4	32.8	32.7	31.6	+ 1.1	
% of compulsory psychiatric admissions under the Mental Health Ordinance via AED for patients receiving active Personalised Care Programme care	1.2%	2.2%	1.3%	1.1%	2.2%	1.4%	2.3%	1.8%	1.7%	+ 0.2%pt	
Cardiac Services											
% of acute myocardial infarction patients prescribed with Statin at discharge	94.3%	93.2%	86.7%	89.2%	91.3%	79.3%	85.0%	87.1%	89.0%	- 1.9%pt	
% of ST-elevation myocardial infarction patients received primary percutaneous coronary intervention	31.1%	66.9%	77.7%	30.1%	39.8%	50.0%	66.4%	54.5%	47.7%	+ 6.8%pt	

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 (R60)								Previous period		
HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Overall HA		
Oct 2022 - Sep 2023								Oct 2021 - Sep 2022	Variance	
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 (R60)								Previous period	
		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Oct 2021 - Sep 2022	Variance
	Ear, Nose and Throat										
	No. of SOP first attendances per doctor	791	382	748	587	634	676	684	643	665	- 3.2%
	No. of SOP follow-up attendances per doctor	3 845	1 927	2 335	2 581	2 332	2 672	2 168	2 490	2 474	+ 0.7%
	Growth of waiting list against throughput (%)	- 5.2%	13.3%	17.0%	9.4%	- 3.1%	12.5%	20.1%	9.5%	- 8.9%	+ 18.4%pt
	Gynaecology										
	No. of SOP first attendances per doctor	191	147	154	186	257	222	142	181	179	+ 1.0%
	No. of SOP follow-up attendances per doctor	1 059	1 205	1 049	919	850	722	717	932	889	+ 4.7%
	Growth of waiting list against throughput (%)	2.2%	- 7.2%	10.2%	6.0%	11.4%	§	- 1.2%	3.8%	- 3.0%	+ 6.9%pt
	Medicine										
	No. of SOP first attendances per doctor	63	67	76	118	77	94	59	80	76	+ 5.7%
	No. of SOP follow-up attendances per doctor	1 628	1 435	1 200	1 047	1 702	1 455	1 512	1 417	1 379	+ 2.7%
	Growth of waiting list against throughput (%)	19.1%	- 13.7%	0.9%	- 18.0%	- 1.5%	- 24.9%	- 1.5%	- 8.2%	- 11.8%	+ 3.6%pt
	Ophthalmology										
	No. of SOP first attendances per doctor	655	459	589	849	726	701	752	679	639	+ 6.2%
	No. of SOP follow-up attendances per doctor	5 099	4 476	6 620	5 163	6 414	5 319	6 778	5 820	5 584	+ 4.2%
	Growth of waiting list against throughput (%)	- 3.7%	10.3%	9.3%	4.0%	- 4.5%	15.5%	7.3%	5.7%	- 4.2%	+ 9.9%pt
	Orthopaedics and Traumatology										
	No. of SOP first attendances per doctor	195	189	182	222	179	210	205	197	199	- 1.0%
	No. of SOP follow-up attendances per doctor	1 568	1 298	1 457	1 424	1 517	1 385	1 466	1 445	1 378	+ 4.9%
	Growth of waiting list against throughput (%)	- 16.1%	6.9%	- 2.8%	- 2.4%	5.6%	3.4%	- 17.7%	- 2.4%	- 16.2%	+ 13.7%pt
	Paediatrics and Adolescent Medicine										
	No. of SOP first attendances per doctor	36	64	27	76	72	50	63	48	43	+ 10.6%
	No. of SOP follow-up attendances per doctor	442	477	412	668	516	483	634	488	440	+ 11.0%
	Growth of waiting list against throughput (%)	14.0%	14.9%	12.6%	16.0%	6.4%	28.7%	17.0%	15.2%	0.4%	+ 14.8%pt
	Psychiatry										
	No. of SOP first attendances per doctor	73	71	67	123	125	90	67	90	90	+ 0.2%
	No. of SOP follow-up attendances per doctor	2 048	1 991	1 670	2 703	3 115	1 938	2 186	2 285	2 304	- 0.8%
	Growth of waiting list against throughput (%)	24.8%	7.9%	19.5%	7.9%	12.4%	12.6%	19.1%	14.1%	- 0.5%	+ 14.6%pt
	Surgery										
	No. of SOP first attendances per doctor	198	141	204	254	193	241	238	208	199	+ 4.4%
	No. of SOP follow-up attendances per doctor	1 338	1 183	1 183	1 343	1 151	1 028	1 214	1 187	1 140	+ 4.1%
	Growth of waiting list against throughput (%)	3.2%	1.1%	9.9%	18.4%	14.1%	0.4%	- 2.1%	6.7%	- 0.1%	+ 6.9%pt
Operating Theatre (OT) Utilisation	Ratio of scheduled to expected elective OT session hours (%)	100.8%	97.4%	96.0%	100.3%	96.2%	97.1%	99.2%	97.8%	97.5%	+ 0.3%pt
	Utilisation rate of scheduled elective OT sessions (%)	96.2%	102.3%	96.0%	89.2%	90.8%	97.7%	95.7%	95.6%	94.1%	+ 1.5%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 (R60)								Previous period		
HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Overall HA		
Oct 2022 - Sep 2023								Oct 2021 - Sep 2022	Variance	
								A	B	C = (A - B)

Efficiency in Use of Resources (continued)

Bed Management	Inpatient bed occupancy rate (%)										
	*	Overall	84.4%	71.5%	85.1%	94.9%	94.6%	87.2%	84.6%	86.5%	80.7% + 5.8%pt
	*	General (acute and convalescent)	90.0%	70.6%	85.9%	95.6%	100.4%	89.7%	95.6%	89.9%	83.5% + 6.5%pt
	*	Average length of stay (days) for general inpatients	6.7	5.6	6.8	6.7	5.9	6.9	6.6	6.5	6.8 - 0.3
Day and Same Day Surgery Services	Rate of day surgery plus same day surgery (%)										
		Surgery	63.7%	56.9%	52.8%	81.9%	59.4%	63.5%	63.3%	62.1%	58.2% + 3.9%pt
		Orthopaedics and Traumatology	70.8%	33.1%	54.0%	84.5%	51.8%	63.3%	59.9%	58.7%	55.7% + 3.0%pt
		Ophthalmology	78.4%	77.4%	90.1%	82.8%	60.9%	83.9%	33.0%	75.6%	70.1% + 5.6%pt

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

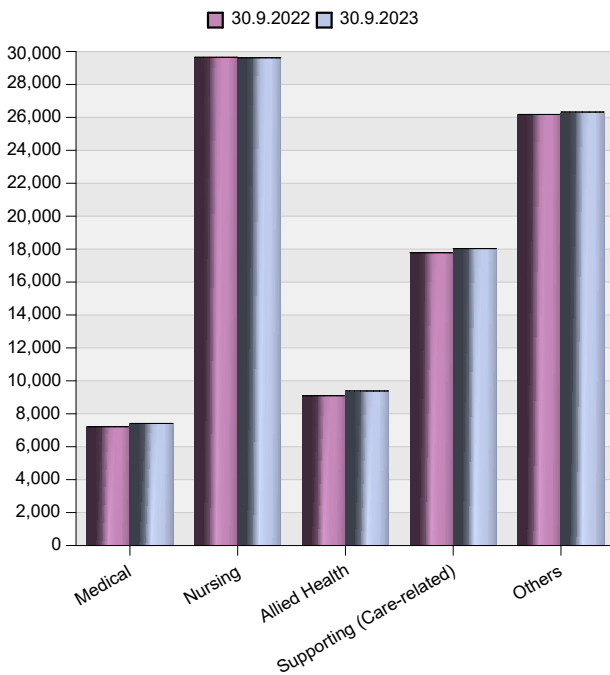
Remark:

* COR item

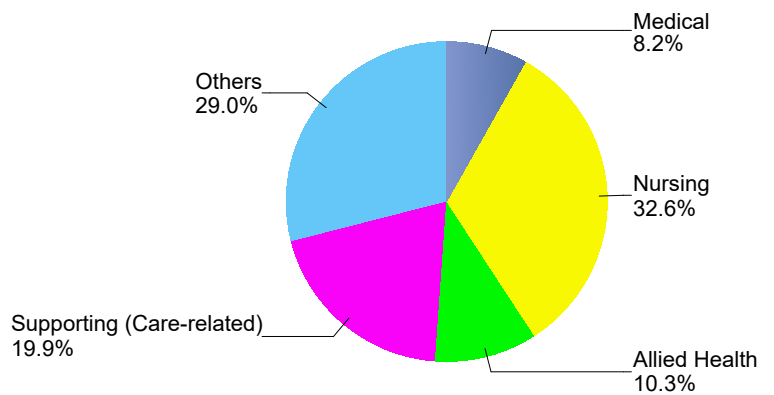
Manpower position by Staff Group (as at 30.09.2023)

Staff group	Prior year	Current year	COR Estimate as at 31.03.2024 ⁽²⁾	Variance from			
	30.09.2022	30.09.2023 ⁽¹⁾		COR estimate		prior year	
	A	B		C	D = B - C	D / C	E = B - A
Medical ⁽³⁾	7,216	7,412	7,111	+ 301	+ 4.2%	+ 196	+ 2.7%
Nursing	29,649	29,621	29,020	+ 601	+ 2.1%	- 28	- 0.1%
Allied Health	9,098	9,383	9,410	- 27	- 0.3%	+ 285	+ 3.1%
Supporting (Care-related)	17,782	18,033	46,780	- 2,423	- 5.2%	+ 251	+ 1.4%
Others	26,178	26,324				+ 146	+ 0.6%
Total⁽⁴⁾	89,924	90,774	92,321	- 1,547	- 1.7%	+ 850	+ 0.9%

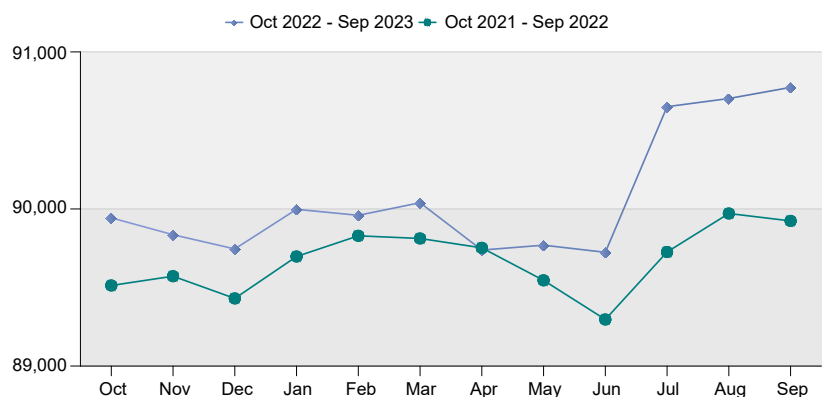
Blue >3% above COR estimate/prior year
Green >3% below COR estimate/prior year



Distribution % by Staff Group (as at 30.09.2023)



HA Total

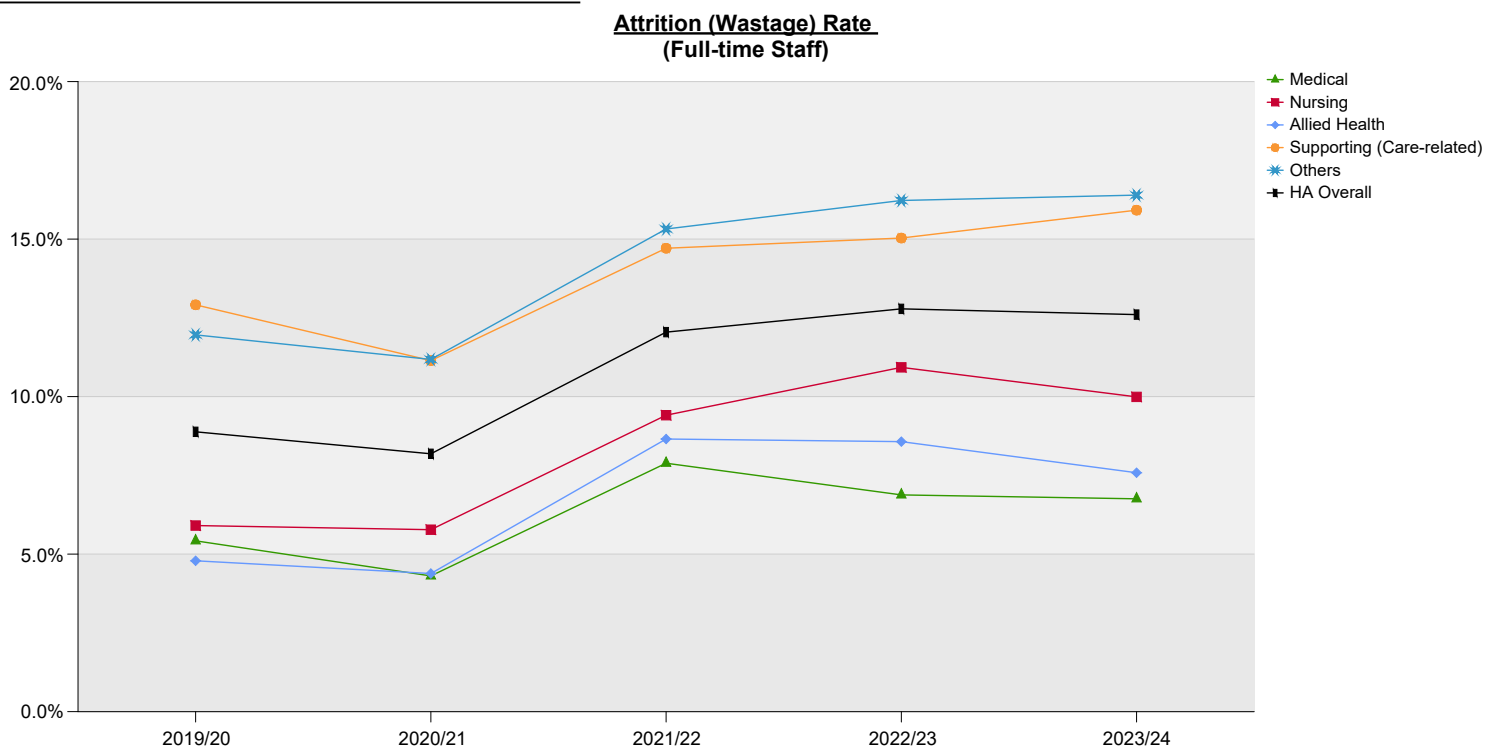


	Medical	Nursing	Allied Health	Supporting (Care-related)	Others
Prior Year 30.09.2022	7,216	29,649	9,098	17,782	26,178
Current Year 30.09.2023	7,412	29,621	9,383	18,033	26,324

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



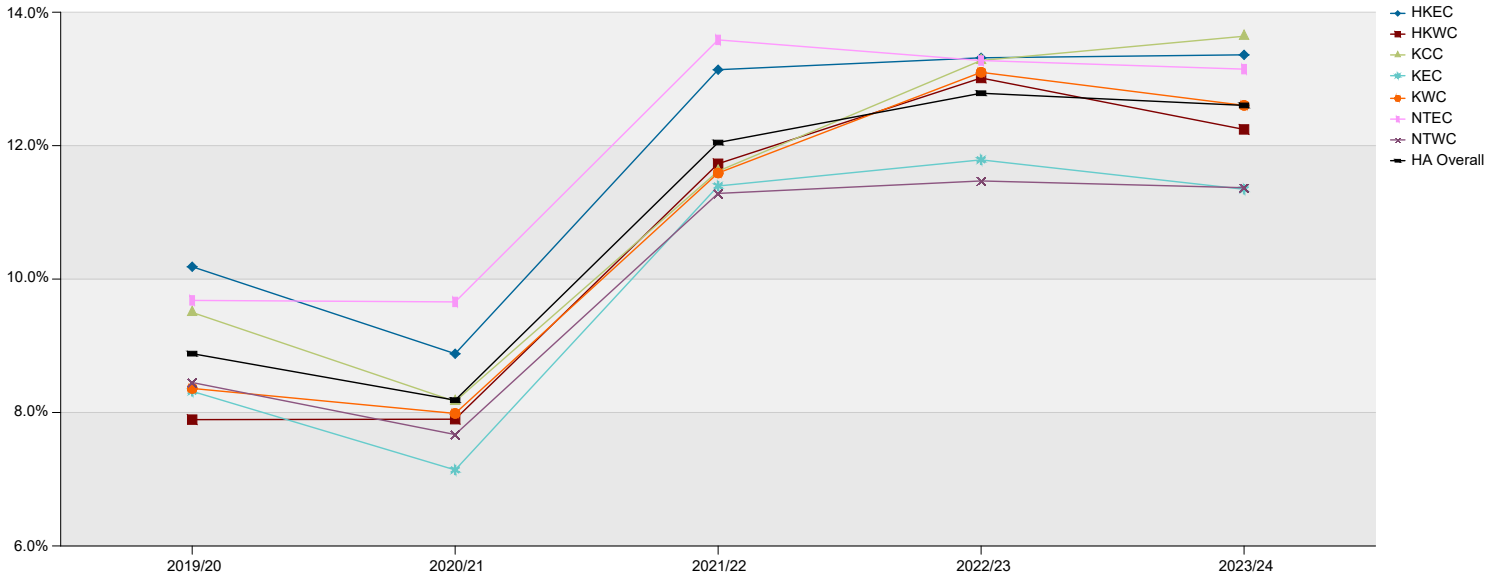
Staff Group	Full-time ⁽⁴⁾					Part-time ⁽⁴⁾⁽⁵⁾				
	2019/20	2020/21	2021/22	2022/23	2023/24 (Rolling from Oct 22 to Sep 23) ⁽³⁾	2019/20	2020/21	2021/22	2022/23	2023/24 (Rolling from Oct 22 to Sep 23) ⁽³⁾
Medical ⁽²⁾	5.4%	4.3%	7.9%	6.9%	6.8%	15.6%	11.5%	17.8%	12.8%	12.5%
Nursing	5.9%	5.8%	9.4%	10.9%	10.0%	15.7%	15.0%	26.2%	17.2%	12.4%
Allied Health	4.8%	4.4%	8.7%	8.6%	7.6%	13.9%	8.3%	21.8%	25.6%	24.9%
Supporting (Care-related)	12.9%	11.1%	14.7%	15.0%	15.9%	17.0%	10.2%	20.3%	22.4%	27.9%
Others	12.0%	11.2%	15.3%	16.2%	16.4%	28.3%	31.4%	34.8%	42.7%	30.0%
HA Overall	8.9%	8.2%	12.0%	12.8%	12.6%	16.4%	13.9%	22.5%	18.3%	16.0%

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⁾				
	2019/20	2020/21	2021/22	2022/23	2023/24 (Rolling from Oct 22 to Sep 23) ⁽²⁾	2019/20	2020/21	2021/22	2022/23	2023/24 (Rolling from Oct 22 to Sep 23) ⁽²⁾
HKEC	10.2%	8.9%	13.1%	13.3%	13.4%	18.0%	16.8%	21.8%	20.6%	20.2%
HKWC	7.9%	7.9%	11.7%	13.0%	12.2%	21.0%	17.5%	31.1%	24.7%	24.0%
KCC	9.5%	8.2%	11.6%	13.3%	13.6%	19.1%	9.3%	16.7%	14.3%	11.5%
KEC	8.3%	7.1%	11.4%	11.8%	11.3%	14.6%	13.4%	23.9%	22.8%	22.1%
KWC	8.4%	8.0%	11.6%	13.1%	12.6%	8.5%	11.4%	22.6%	10.5%	8.6%
NTEC	9.7%	9.7%	13.6%	13.3%	13.1%	19.4%	20.3%	22.0%	24.8%	14.3%
NTWC	8.4%	7.7%	11.3%	11.5%	11.4%	11.1%	10.3%	16.1%	11.2%	9.5%
HA Overall	8.9%	8.2%	12.0%	12.8%	12.6%	16.4%	13.9%	22.5%	18.3%	16.0%

- 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
		4Q	1Q	2Q	3Q	(Oct21 - Sep22)	(Oct22 - Sep23)	(Oct21 - Sep22) %	(Oct22 - Sep23) %	
Doctor	Senior Staff ⁽¹⁾	51	50	29	40	248	170	8.5%	5.7%	- 2.8
	Junior Staff ⁽²⁾	32	33	17	47	154	129	4.6%	3.8%	- 0.8
	Overall	83	83	46	87	402	299	6.4%	4.7%	- 1.7
Nursing	Senior Staff ⁽³⁾	64	54	52	55	320	225	4.6%	3.1%	- 1.5
	Junior Staff ⁽⁴⁾	523	513	333	382	1,905	1,751	9.4%	8.9%	- 0.5
	Overall	587	567	385	437	2,225	1,976	8.2%	7.4%	- 0.8
Allied Health ⁽⁵⁾ Overall		117	99	106	115	583	437	6.7%	4.9%	- 1.8
Supporting (Care-related) Overall		424	467	496	532	1,878	1,919	10.8%	10.9%	+ 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
	Oct 21 - Sep 22	Oct 22 - Sep 23	
	A	B	$C = (B - A) / A$
Medical	4.5	5.8	+ 28.9%
Nursing	9.8	12.2	+ 24.5%
Allied Health	6.8	9.2	+ 35.3%
Supporting (Care-related)	10.9	13.5	+ 23.9%
Others	8.7	10.8	+ 24.1%
HA Overall	9.0	11.2	+ 24.4%

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

Staff Group	Previous period	Current period	Variance from previous period
	Oct 21 - Sep 22	Oct 22 - Sep 23	
	A	B	$C = B - A$
	%	%	% pt
Medical	1.0	0.7	- 0.3
Nursing	3.1	3.0	- 0.1
Allied Health	1.6	1.6	0
Supporting (Care-related)	3.2	3.3	+ 0.1
Others	2.4	2.4	0
HA Overall	2.6	2.6	0

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
	Oct 21 - Sep 22	Oct 22 - Sep 23	
	A	B	
Medical	4.1	3.6	- 0.5
Nursing	4.3	3.6	- 0.7
Allied Health	1.5	1.3	- 0.2
Supporting (Care-related)	6.8	5.4	- 1.4
Others	2.6	2.3	- 0.3
HA Overall	4.0	3.3	- 0.7

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

Staff Group	Previous period	Current period	Variance from previous period C = B - A
	Oct 21 - Sep 22	Oct 22 - Sep 23	
	A	B	
Medical	9.3	8.3	- 1.0
Nursing	47.3	51.4	+ 4.1
Allied Health	41.0	15.2	- 25.8
Supporting (Care-related)	137.0	107.2	- 29.8
Others	90.1	66.7	- 23.4
HA Overall	74.7	60.1	- 14.6

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.