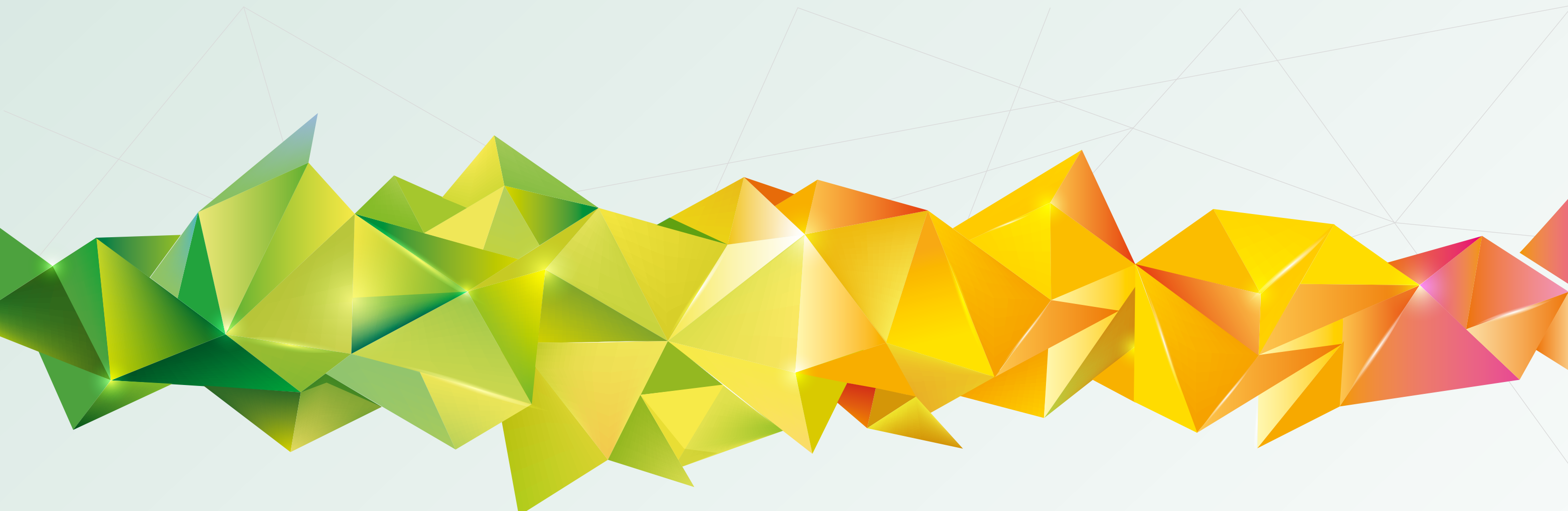




醫院管理局
HOSPITAL
AUTHORITY

ANNUAL PLAN 2024-25





ABOUT THIS DOCUMENT

The annual plan is the action plan of the Hospital Authority (HA) for a specific financial year. It sets out the major goals, work plans and programme targets of the Head Office and seven Clusters.

Our service targets and activity throughput are delineated in the plan to facilitate the public in monitoring HA's performance. Also included is an overview of manpower estimates and budget allocation, illustrating the resources required for carrying out our work plan.

Vision

- Healthy People
- Happy Staff
- Trusted by the Community

Mission

- Helping People Stay Healthy

Values

- People-centred Care
- Professional Service
- Committed Staff
- Teamwork



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- Nurture Smart Workforce
- Enhance Service Supply

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INTRODUCTION FROM CHIEF EXECUTIVE

Over the past year, Hong Kong has gradually returned to a state of normalcy following the COVID-19 pandemic under the leadership of the HKSAR Government. Hospital Authority (HA), being the major public healthcare provider in Hong Kong, will continue to provide the community with comprehensive, affordable, professional and people-centred healthcare services. I would like to express our gratitude for the unwavering support we have received from the Government, our healthcare professionals and the community. It is through their support that we have been able to provide high quality care to our community.

The financial year 2023-24 marks an end to the second triennium funding cycle. We are grateful for the Government's commitment to providing continuous financial support to HA, which enables us to further enhance the service capacity and improve the quality of public healthcare services. The recurrent subvention for HA in 2024-25 amounts to \$93.5 billion, which will support the implementation of over two-hundred initiatives through this Annual Plan. HA is committed to exercising prudence in utilising the resources to meet the rising service demand from the growing and ageing population.

To address the challenges of growing service demand from demographic change and increased prevalence of chronic diseases, HA will continue to enhance the service supply through the Hospital Development Plans and commissioning of the Kwong Wah Hospital and Hospital Authority Supporting Services Centre, as well as phased service commencement of the community health centre at North District and Tuen Mun District. A total of approximately 150 additional hospital beds will be provided across Clusters. The capacity for general and specialist outpatient clinics, endoscopies, surgical, diagnostic radiology and pathology services will also be increased.

Besides capacity building, service model change and innovative ideas are incorporated to provide "Smart Care" in order to work towards sustainable healthcare. The smart resuscitation project will be scaled up to improve workflow efficiency and quality of care in resuscitation rooms. Telehealth will be enhanced to improve accessibility of care and medication delivery service in Specialist Outpatient Clinics will be further rolled out to improve patient experience. HA will continue to implement alternative options for specialist outpatient service. This includes the expansion of nurse clinic services and setting up a pharmacist-led clinic to manage patients with suspected penicillin allergy. The Integrated

Chinese-Western Medicine Programme will be further promoted and regularised by expanding services to more hospitals and disease areas. Community-based care including community psychiatric services, medical social collaboration and Community Geriatric Assessment Team will be further enhanced to provide additional support to patients in the community.

Meanwhile, healthcare manpower shortage continues to be one of the major challenges for sustaining healthcare services in Hong Kong. The recruitment of non-locally trained doctors under the schemes of Limited Registration and Special Registration will be continued as one of the manpower enhancement measures. We will also continue our effort in fostering the career prospect of our staff, by providing additional promotion opportunities for our doctors, nurses and allied health professionals. The HA Academy is established to consolidate the existing professional training programmes of different institutes under the HA and to strengthen professional training in order to nurture sustainable workforce. Various training opportunities, including clinical simulation trainings and training programmes for management and other professionals, will be delivered to enhance the skills and competency of clinical and non-clinical staff. Driving digital workplace and incorporating technologies to enhance operational efficiency and quality improvement are our other smart initiatives.

In order to contend with the major sustainability challenges facing HA, we would continue to build up service capacity and drive efficiency and quality improvement to safeguard patients' health in coming years. I would like to take this opportunity to express my appreciation to all our colleagues for their collaborative efforts in formulating and implementing the HA Annual Plan 2024-25.



Tony KO
Chief Executive

PLANNING PROCESS

Annual planning refers to the service and budget planning process where proposals undergo prioritisation, resource bidding and allocation.

Programmes or initiatives delineated in Annual Plan 2024-25 are the syntheses of detailed service and budget planning conducted throughout the HA. The annual planning process involves a broadly participative approach. Clusters and Head Office Divisions converge and plan prospectively for HA's service provision for the coming financial year.

Taking reference to the priorities set out in the Strategic Plan, HA Task Group on Sustainability, recommendations in the Review Committee on Medical Equipment and Facility Maintenance, Coordinating Committees and Central Committees (COC/CCs) of the different clinical specialties, Clusters' management and Head Office executives identified service gaps and pressure areas. From this, service enhancement programmes were formulated and endorsement was sought at their respective platforms; including the Service Management Meeting, Medical Policy Group, Directors' Meeting, Hospital Governing Committee, and Clusters' internal forum.

All proposals were submitted to the Service and Budget Planning Committee (SBPC) for prioritisation and budget consideration. The SBPC was chaired by the Chief Executive with all the Directors, Heads and Cluster Chief Executives acting as members. Prioritisation was guided by HA's strategic priorities and service directions, the operational readiness of the proposals, and the Government's healthcare priorities. Advice was also sought from the following advisory platforms as input to the prioritisation:

PLANNING CONTEXT

This Annual Plan outlines the specific actions for the third year implementation of HA Strategic Plan 2022-2027.

Strategic Plan 2022-2027

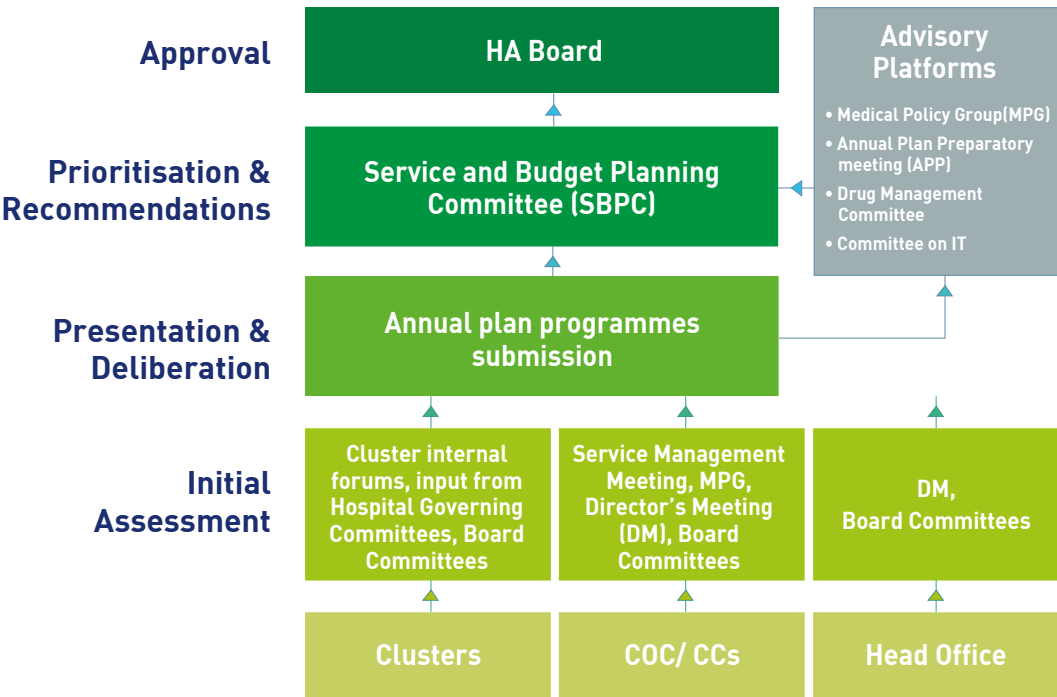
The Strategic Plan 2022-2027 sets out the strategies and directions for addressing our key challenges over the five-year period. It is the overarching document for service and development planning throughout HA. This five-year plan is translated into action through five Annual Plans developed annually over that period.

The Annual Plan 2024-25 is the third action plan derived from the HA Strategic Plan 2022-2027. The planning process for this Annual Plan began in April 2023. The priorities of this Annual Plan are guided by the strategic directions outlined in the HA Strategic Plan and are aligned with the key directions set out by the HA Task Group on Sustainability, HA Strategic Service Frameworks and Clusters' Clinical Services Plans. Resources will be allocated to specific programmes through the process.

- **Medical Policy Group (MPG)** advised on the clinical merits of the clinical proposals, in terms of evidence as well as clinical needs and impact. The MPG comprised the chairmen of all the COCs.
- **Annual Plan Preparatory (APP) meeting** advised on the proposals’ feasibility and readiness for implementation. Participants of the meeting were subject officers of the COC/CCs, Head Office Chief Managers and executives, as well as Cluster management.
- **Drug Management Committee (DMC)** advised on the drug components in those proposals that involved the repositioning of drugs or widening the use of drugs in the HA Drug Formulary.
- **Committee on IT** advised on proposals that required IT support.

After thorough deliberation and prioritisation by the SBPC, approved new programmes were incorporated in the Annual Plan along with programme targets established for 2024-25. Following endorsement by the HA Board, the Annual Plan was approved, published and disseminated. Programme targets will be monitored by the Board on a quarterly basis between April 2024 and March 2025.

The overall process and governance structure of the annual planning exercise are illustrated in the diagram below.



Policy directions and consensus for the Annual Plan were also obtained from the HA Board Functional Committees. They provided inputs in various forms to the development of the programmes. Examples included:

- The clinical programmes were formulated according to the developmental priorities recommended by the **Medical Services Development Committee**.
- Business support programmes that included equipment and capital works projects were advised by the **Supporting Services Development Committee**.
- Programmes related to IT development were endorsed by the **Information Technology Services Governing Committee**.
- Staff-related initiatives were deliberated by the **Human Resources Committee**.
- Clusters’ programmes were developed under the guidance of the various **Hospital Governing Committees**.

Views of patient groups were collected from representatives of HA and various non-governmental organisations through the Patient Advisory Committee (PAC). The PAC provided written comments on the Annual Plan for consideration.

ANNUAL PLAN FRAMEWORK

The framework of Annual Plan 2024-25 comprises strategic goals, strategic directions, strategies and programme targets.

The strategic goals, strategic directions and strategies are as delineated in Strategic Plan 2022-2027. Strategic goals set out the objective goals of the HA. Strategic directions outline the broad directions for achieving the intended goals. Strategies map out what plan of action to achieve the goals. Specific programme outlines the actions for carrying out the strategies. Targets represent the measurable outcomes for programme monitoring and accountability reporting.

There are four strategic goals in the **Annual Plan 2024-25**:


- Provide smart care
- Develop smart hospitals
- Nurture smart workforce
- Enhance service supply

Framework of Annual Plan 2024-25		
Strategic Goals (What we want to achieve)	Strategic Directions (Where we are going)	Strategies (How we get there)
Provide Smart Care	Leverage on big data and advanced technology	Develop personalised care
		Build up telemedicine and telecare
	Re-orientate service models	Promote ambulatory care
		Enhance community-based care
		Empower patients for self-care
	Explore care options for high demand services	Implement alternative options for specialist outpatient service
		Enhance and develop different Public-Private Partnership (PPP) options
Develop Smart Hospitals	Enable smart care provision	Provide AI support for data-driven care
		Develop smart ward, smart clinic and smart pharmacy
		Roll out “Mobile Patient” initiatives
	Enable smart hospital support and management	Automate services via IT tools / solutions and robotics
		Establish IT platforms to facilitate operational efficiency
Nurture Smart Workforce	Attract and retain staff	Conduct long-term manpower planning of healthcare staff
		Enhance staff recruitment and employment options
		Foster staff’s career prospects
		Strengthen staff relations, management and recognition
		Drive Digital Workplace
	Enhance training and development	Reinforce staff training programmes
		Facilitate staff to attend training
Enhance Service Supply	Increase healthcare capacity	Implement Hospital Development Plans
		Bolster the capability of healthcare facilities in meeting demand
	Ensure financial sustainability	Work out a viable funding arrangement with the Government



STRATEGIC GOALS AND PROGRAMME TARGETS

In **Annual Plan 2024-25**, we map out four Strategic Goals and 22 Strategies with the corresponding Programme Targets that reflect the work we do to implement the five-year Strategic Plan.

This chapter delineates part of our programme targets. Other programme targets, specific to individual Cluster or Head Office division, are presented in the sections under Cluster Plans and Head Office Plan, respectively. Some of the programmes listed here are new initiatives, while others are ongoing programmes or a continuation of previous years' initiatives. New initiatives are highlighted with the symbol  for easy reference.

Provide Smart Care

Our strategies for 2024-25

- Develop personalised care
- Build up telemedicine and telecare
- Promote ambulatory care
- Enhance community-based care
- Empower patients for self-care
- Implement alternative options for specialist outpatient service
- Enhance and develop different PPP options

Develop personalised care

Action	Target for 2024-25
Continue to enhance inborn errors of metabolism (IEM) services.	Build up an updated database for 11 types of uncommon disorders, establish diseases-related nursing team and set up nurse-led case management approach at HKCH, and expand the transferal of existing adult IEM patients from HKEC, HKWC and KEC to the adult IEM service at PMH by 1Q25.
Enhance the assisted reproductive services.	Build capacity for providing a total of 100 additional in-vitro fertilisation services at KWH and PWH by 1Q25.
Commence ovarian tissue cryopreservation services to serve children and adolescents requiring cancer treatment.	Provide ovarian tissue cryopreservation services for five additional patients at PWH by 1Q25.
Provide faecal microbiota transplantation (FMT) services for patients with clostridium difficile infection.	Build capacity for providing 50 FMT cases in PWH, PMH, TMH and hospitals with gastrointestinal team by 1Q25.

Action	Target for 2024-25
Enhance medical device management.	Provide additional medical devices used in interventional procedures under specific clinical indications by 2Q24.
Enhance the prenatal diagnosis by providing Whole Exome Sequencing (WES) or Whole Genome Sequencing (WGS).	Provide services for WES or WGS to 60 prenatal cases by 1Q25.
Improve clinical outcome by adopting medical three-dimensional printing for personalised care.	Provide medical three-dimensional printing services at HKEC by 1Q25.

Build up telemedicine and telecare

Action	Target for 2024-25
Enhance patient experience by using telehealth consultation at Special Outpatient Clinic (SOPC).	Continue the service of patient service ambassadors to provide additional telehealth activities and new HA Go registrations by 1Q25.

Promote ambulatory care

Action	Target for 2024-25
Enhance the ambulatory care for urology services.	Enhance urology services by providing 75 additional ambulatory procedures at HKEC and 340 additional day surgeries at HKWC by 1Q25.
Enhance the ambulatory care for urogynaecology services.	Strengthen nurse manpower to provide 125 additional SOP new case attendances at the one-stop urogynaecology clinic of PYNEH by 1Q25.

Action	Target for 2024-25
Enhance the haematology services at Medical Ambulatory Care Centre.	Provide an additional total of 1 620 day inpatient attendances at Medical Ambulatory Care Centre at YCH by 1Q25.
Strengthen manpower support for ambulatory gynaecology centre (AGC).	Provide services for 400 additional day inpatient attendances in AGC at POH by 1Q25.

Enhance community-based care

Action	Target for 2024-25
Enhance community psychiatric services to strengthen the support for mental health patients in the community.	Recruit additional case managers at all clusters to provide services for 22 200 additional psychiatric outreach attendances by 1Q25.
Continue to enhance the Community Geriatric Assessment Team support for patients in Residential Care Homes for the Elderly.	Provide 12 800 additional geriatric outreach attendances at HKEC, HKWC, KCC and KWC by 1Q25.
Enhance psycho-social rehabilitation for psychiatric out-patient.	Provide 600 additional allied health outpatient attendances at TKOH by 1Q25.
Enhance collaboration between medical and social sectors for supporting community care.	Strengthen the manpower support for the development of medical social collaboration at KEC and NTCW by 1Q25.

Empower patients for self-care

Action	Target for 2024-25
Enhance quality of self-care through provision of additional capacity of home haemodialysis.	Enhance renal services by providing additional patient capacities for home automated peritoneal dialysis and haemodialysis at KEC and NTEC by 1Q25.
Enhance peer support services for patients with mental health illness.	Recruit additional peer support workers to organise small group activities for patients at Adult Psychiatric and Psychogeriatric Day Hospitals at HKEC by 1Q25.

Implement alternative options for specialist outpatient service

Action	Target for 2024-25
Set up designated clinics to manage referrals under the Chronic Disease Co-Care (CDCC) Pilot Scheme.	Set up one designated medical clinic in each cluster to provide one-off specialist consultations to patients referred from the CDCC Pilot Scheme by 1Q25.
Enhance pharmacist clinic services to provide more options for SOPC and improve patient care.	Enhance pharmacist clinic services by providing 47 250 additional pharmacist clinic attendances across clusters; set up a Pharmacist Diabetes Mellitus Clinic and provide 700 additional Pharmacist Clinic attendances at HKEC; set up a pharmacist-led clinic at HKWC for patients with suspected penicillin allergy to provide 300 additional pharmacist clinic attendances by 1Q25.

Action	Target for 2024-25
Provide nurse clinic and pharmacist clinic services for systemic anti-cancer therapy and breast cancer survivorship.	Enhance breast cancer survivorship care by providing 560 additional nurse clinic attendances in SOPC at KWC; implement systemic anti-cancer therapy by providing 540 additional nurse clinic attendances in SOPC and 675 pharmacist clinic attendances at NTWC by 1Q25.
Enhance nurse clinic services to provide options for cataract surgery, perioperative care, osteoporosis and inflammatory bowel disease management.	Enhance cataract surgery services, perioperative care services, osteoporosis care services and inflammatory bowel disease care services by providing 2 460 additional nurse clinic attendances in SOPC at HKWC, KCC, KEC and NTEC by 1Q25.
Enhance Family Medicine Specialist Clinic (FMSC) services under the collaborative model for Family Medicine (FM) and Orthopaedics & Traumatology (O&T).	Provide 2 000 additional FMSC attendances under the collaborative model of FM and O&T departments at KCC by 1Q25.
Enhance viral hepatitis management by formulating action plan and strategies for 2025-2030.	Develop action plan and strategies on viral hepatitis management for 2025-2030 in HA and implement the collaborative model on chronic hepatitis B management between Internal Medicine and FM by 1Q25.

Enhance and develop different PPP options

Action	Target for 2024-25
<p>Provide additional patient choices and service capacities through selected Public-Private Partnership (PPP) programmes. These programmes are:</p> <ul style="list-style-type: none">● Cataract Surgeries Programme (CSP),● Haemodialysis Public-Private Partnership Programme (HD PPP),● Project on Enhancing Radiological Investigation Services through Collaboration with the Private Sector (Radi Collaboration),● General Outpatient Clinic Public-Private Partnership Programme (GOPC PPP) and Co-care Service Model,● Colon Assessment Public-Private Partnership Programme (Colon PPP),● Glaucoma Public-Private Partnership Programme (Glaucoma PPP),● Trauma Operative Service Collaboration Programme (Trauma Collaboration),● Breast Cancer Operative Service Collaboration Programme (Breast Cancer Collaboration),● Investigation Public-Private Partnership Programme (Investigation PPP).	Provide services quota for PPP programmes including 5 000 CSP surgeries, 441 HD places, 56 000 Radi Collaboration scans, 56 280 GOPC patient capacities, 2 200 colonoscopies, 2 700 glaucoma patient capacities, 100 radiation therapy cases, 700 case capacities for trauma operative services, 430 case capacities for breast cancer operative services and 112 560 case capacities for Investigation PPP by 1Q25.

Develop Smart Hospitals

Our strategies for 2024-25

- Provide AI support for data-drive care
- Develop smart ward, smart clinic and smart pharmacy
- Roll out “Mobile Patient” initiatives
- Automate services via IT tools / solutions and robotics
- Establish IT platforms to facilitate operational efficiency

Provide AI support for data-driven care

Action	Target for 2024-25
Enhance clinical system capabilities to support the data-driven care.	Further develop the HA Artificial Intelligence and data analytics platform to support the development of data driven intelligence to improve clinical efficiency and effectiveness by 1Q25.

Develop smart ward, smart clinic and smart pharmacy

Action	Target for 2024-25
Continue to support the development and implementation of smart hospital initiatives.	Implement various smart hospital initiatives and strengthen the related manpower by 1Q25.
Establish command centres to enhance efficiency and operational workflow.	Set up command centres in PYNEH and RTSKH, and strengthen manpower of command centre at HKWC by 1Q25.

Action	Target for 2024-25
Develop smart hospital initiatives.	Continue the development and implementation of initiatives for Smart Hospital, including the hospital command centre, Queue Management System, smart payment kiosks, electronic bed panels, smart vital signs charting and hospital navigation, to improve the efficiency of patient services at public hospitals; and further develop and support the implementation of initiatives for Smart Hospital to improve both patient and staff experience through more efficient and effective workflow, leveraging automation and integration technologies for clinical care, hospital support and hospital management processes by 1Q25.

Roll out “Mobile Patient” initiatives

Action	Target for 2024-25
Enhance Medical Fee Assistance App in HA Go Platform to optimise users' experience in Samaritan Fund / Community Care Fund application.	Develop the function of self-service application in Medical Fee Assistance App by 1Q25.
Enhance clinical system capabilities for mobile application.	Develop HA Go to further digitalize HA's services so that the public can easily access to these services with a new experience through innovative approaches on their smart phones by 1Q25.

Automate services via IT tools / solutions and robotics

Action	Target for 2024-25
Improve safety and effectiveness for surgery by implementing robotic-arm assisted system.	Install the robotic-arm assisted system and provide services for 15 additional robotic surgeries for joint replacement at POH by 1Q25.

Establish IT platforms to facilitate operational efficiency

Action	Target for 2024-25
Launch smart resuscitation project to improve workflow efficiency in resuscitation rooms.	Roll-out phase two eResus service model to PYNEH, SJH, QEH and TKOH by 1Q25. Carry out system enhancement at NLTH and RTSKH by 1Q25.
Optimise medication safety and efficiency through extending the Inpatient Medication Order Entry (IPMOE) system to more hospitals in a phased approach.	Roll out the IPMOE system to Intensive Care Unit of UCH by 1Q25.
Establish a systemic outcomes monitoring system for neurosurgical services to enhance the efficiency of statistical analysis.	Roll out Neurosurgical Outcomes Monitoring and Improvement Programme to perform risk-adjusted analysis by 1Q25.
Design and setup of Digital Health Platform (DHP).	Complete the design and setup of DHP including technical and infrastructure building blocks, acquisition and setup of hardware and software for DHP Cloud, complete development of essential shared services and frameworks to support revamp of clinical and non-clinical applications to replace vulnerable aging technologies by 1Q25.

Action	Target for 2024-25
IT support for technology adoption.	Continue to develop and introduce innovative solutions such as mobile payment (e-payment) capabilities; and explore, source and test potential technology solutions to support IT Innovation initiatives comprising cloud services, mobile, tele-medicine and Internet of Things, as well as Artificial Intelligence and Big Data prototyping by 1Q25.
Continue to develop the Clinical Management System to support the Strategic Plans of HA.	Continue the extension of the Closed-Loop Inpatient Medication Order Entry project to KCH, and continue system enhancement service to support more complicated clinical workflows; and further develop the HA clinical system capabilities for the fourth generation of Clinical Management System, including new functions on paperless, protocol-enabled, closed-loop, personalised and patient-centred clinical services by 1Q25.
Enhance clinical system capabilities to facilitate the clinical functions.	Continue the development of mobile apps and devices for clinical staff to carry out clinical functions in patient care by 1Q25.

Nurture Smart Workforce

Our strategies for 2024-25

- Conduct long-term manpower planning of healthcare staff
- Enhance staff recruitment and employment options
- Foster staff's career prospects
- Strengthen staff relations, management and recognition
- Drive Digital Workplace
- Reinforce staff training programmes
- Facilitate staff to attend training

Conduct long-term manpower planning of healthcare staff

Action	Target for 2024-25
Strengthen manpower for prosthetics and orthotics services.	Recruit additional graduate prosthetist-orthotist at HKEC and KEC by 1Q25.
Enhance nursing manpower for psychiatric inpatient wards.	Enhance nursing manpower for psychiatric inpatient wards at HKEC, KCC, KWC, NTEC and NTWC by 1Q25.
Strengthen diagnostic radiographer manpower through Overseas Training Sponsorship Scheme.	Sponsor 10 additional scholars under the training scheme by 1Q25.

Enhance staff recruitment and employment options

Action	Target for 2024-25
Attract more retired staff who are willing to take up further employment after their retirement age to address manpower shortage and succession gaps.	Continue to implement the policy of “Extending Employment Beyond Retirement” for retiring or retired staff to work in HA beyond retirement age by 1Q25.
Alleviate the workload of frontline doctors by recruiting additional, non-locally trained doctors under Limited and Special Registration.	Continue the Limited and Special Registration recruitment scheme to attract and recruit more qualified, non-locally trained doctors to work in public hospitals on an ongoing basis.

Foster staff's career prospects

Action	Target for 2024-25
Continue to enhance career progression and promotion opportunities for doctors.	Provide additional promotion opportunities for residents and associate consultants by 1Q25.
Strengthen the career structure of nurses.	Strengthen the career structure for nurses by providing additional positions of associate nurse consultants and nurse consultants by 1Q25.
Enhance promotion opportunities for allied health professionals.	Provide additional promotion opportunities for advanced practice occupational therapists, physiotherapists and diagnostic radiographers by 1Q25.
Increase throughput of HA nursing schools, conduct 18-month Midwifery programmes and encourage Enrolled Nurses (ENs) to upgrade their skills and competency to Registered Nurses (RNs) level by offering training sponsorship to the clinical practicum part of their enrolled RN Conversion Programmes.	Provide pre-registration training by enrolling 300 RN students for the HA Professional Diploma in Nursing and offer pre-enrolment training places for 100 EN students; offer midwifery programmes to around 80 trainees; and offer 280 training sponsorship quotas to support ENs to enroll the voluntary RN Conversion Programme by 1Q 2025.

Strengthen staff relations, management and recognition

Action	Target for 2024-25
Recognise the experienced resident  allied health professions who complete new recruit training and recognisable specialty qualifications.	Introduce a specialty allowance for experienced resident allied health professions by 1Q25.

Drive Digital Workplace

Action	Target for 2024-25
Enhance operational efficiency through automation and digital workflows.	Continue to implement paperless pharmacy workflow and digitalise human resources process by 1Q25.
Provide IT support for people and resource management.	Continue to develop and implement digital workplace initiatives focusing upon increasing automation and facilitating more communication and collaboration by 1Q25.

Reinforce staff training programmes

Action	Target for 2024-25
Provide cardiotocography training to obstetricians and midwives.	Provide mandatory cardiotocography training to all newly recruited and existing midwives and obstetricians by 1Q25.
Provide Infectious Disease and Infection Control (IDIC) training programmes in Mainland and other Asian or overseas countries.	Provide training opportunity for IDIC health care professionals including six quotas for the attachment programmes and 30 quotas for international conferences or short courses by 1Q25.
Continue to reinforce the internship training at HA for local medical graduates and NLTD who passed the Licensing Examination of the Medical Council of Hong Kong.	Provide internship training to all local medical graduates and NLTD who passed the Licensing Examination of the Medical Council of Hong Kong and to organise mandatory intern training programme for all intake of interns by 1Q25.
Continue to implement the Training Sponsorship Programme for supporting staff to undergo ENs (General) training to enhance their career development.	Select qualified supporting staff to undergo the two-year ENs (General) training programme by 1Q25.

Action	Target for 2024-25
Continue to enhance the proficiency and competency of junior nurses.	Recruit 120 Full-Time Equivalent of part-time APNs and 30 full-time APNs as clinical preceptors for junior nurses by 1Q25.
Strengthen the clinical training for pharmaceutical staff.	Provide three core clinical training programmes for pharmaceutical staff by 1Q25.
Continue to provide more training opportunities for clinical staff to facilitate service advancement and professional development.	Sponsor around 620 simulation training classes, including crew resources management training for clinical staff, provide 26 specialty training and around 50 enhancement programmes for nurses, 65 specialty training / enhancement programmes for allied health professionals and one specialty training and 11 competency enhancement programmes for pharmacy staff by 1Q25.
Enhance training and development of professional and work competency for non-clinical staff.	Provide opportunity for legal and finance professional staff to attend continuing professional development courses; continue the finance graduate trainee programme; provide funding support for professional staff to attend local / outside Hong Kong attachment / placement / training; enhance EO grade training curriculum; provide additional local or outside Hong Kong training programmes for Occupational Safety and Health staff by 1Q25.
Continue to provide IT trainings to HA staff.	Provide additional trainings for IT and non-IT HA staff at different clusters by 1Q25.

Action	Target for 2024-25
Continue to provide executive partnership programme to enhance the capability of staff on emergency response.	Provide 12-month rotation programmes for related executives by 1Q25.
Reinforce basic resuscitation capabilities of HA staff.	Provide around 5 160 training places for formal resuscitation training for clinical staff and formal first aid training for security staff by 1Q25.
Continue to support the clinical placement for allied health students related to undergraduate programmes or taught postgraduate programmes.	Provide clinical placement for up to 15 allied health related programmes and coordinate the overall clinical placement arrangement by 1Q25.

Facilitate staff to attend training

Action	Target for 2024-25
Provide additional training opportunities through the extension of Advanced Specialty Programme (ASP) to the resident diagnostic radiographers, occupational therapists and physiotherapists.	Provide three additional ASPs for eligible diagnostic radiographers, occupational therapists and physiotherapists by 1Q25.
Enhance opportunities of training outside Hong Kong for cluster healthcare professional staff in HA.	Provide 1 420 additional training places for healthcare professionals to attend training outside Hong Kong by 1Q25.
Provide training subsidy to nurses, allied health and pharmacy staff for participating in recognized service-related programmes.	Offer training subsidies to around 600 nurses and around 225 allied health and pharmacy staff by 1Q25.
Continue to sponsor corporate training outside Hong Kong for doctors, nurses and allied health professionals.	Offer a total of around 270 outside Hong Kong training scholarships to clinical staff by 1Q25.

Enhance Service Supply

Our strategies for 2024-25

- Implement Hospital Development Plans
- Bolster the capability of healthcare facilities in meeting demand
- Work out a viable funding arrangement with the Government

Implement Hospital Development Plans

Action	Target for 2024-25
Commence the phased operation of the new Ambulatory Block of UCH.	Provide 10 additional day beds for Orthopaedics & Traumatology at UCH by 4Q24. Enhance renal haemodialysis service by addition of two haemodialysis stations to provide 620 additional haemodialysis sessions at UCH. Strengthen manpower to support the preparation for the commissioning of new Ambulatory Block of UCH by 1Q25.
Prepare for the services commencement of redevelopment of KWH, Phase 1.	Provide 16 additional acute surgery beds by 4Q24, 10 additional Operating Theatre (OT) sessions, five additional Pre-anaesthetic assessment clinic (PAAC) sessions and four additional endoscopy sessions per week, build capacity for providing 1 000 microbiology tests and implement pharmacy auto-refill services for selected drugs and location by 1Q25.
Prepare for the commissioning of redevelopment of KWH, Phase 2.	Strengthen manpower to support the redevelopment project of KWH by 1Q25.

Action	Target for 2024-25
Prepare for the services commencement of redevelopment of QMH, Phase 1.	Strengthen the manpower support for commencing the commissioning plan of redevelopment of QMH; enhance the radiology services by commissioning of four new intraoperative imaging equipment including intraoperative computed tomography, Magnetic Resonance Imaging, single-plane and bi-plane Angiography systems; enhance burn services by providing care to 65 burn cases by 1Q25.
Prepare for the commissioning of NAH.	Commence operation planning and transition planning (Phase 1) for NAH at Kai Tak Development Area by Transition and Activation consultant; strengthen the manpower support for the planning and commissioning works for clinical and other supporting services by 1Q25.
Commission the operation of the extension of Operating Theatre (OT) Block for TMH.	Provide 10 additional OT sessions per week, two additional pre-anaesthetic consultation sessions per week, as well as 2 550 additional allied health outpatient attendances at OT Extension Block of TMH by 1Q25.
Prepare for the commissioning and expansion of GOPC services.	Increase the GOPC quota by 9 500 at the Nam Cheong Family Medicine Clinic by 1Q25; provide services for a total of 6 000 additional FMSC attendances at Community Health Centres at North District and Tuen Mun Area 29 West by 1Q25.

Action	Target for 2024-25
Strengthen manpower support for the hospital development planning team.	Strengthen manpower to support the redevelopment of OLMH, prepare for the services commencement of the New Kwai Chung Hospital, Hospital Authority Supporting Services Centre, expansion of Lai King Building, and Phase 2 redevelopment of PWH by 1Q25.
Provide IT infrastructure and systems to support new hospitals, hospital blocks and wards.	Provide IT planning for the first 10-year Hospital Development Plan. Set up IT infrastructure and implement corporate IT systems for the extension of Operating Theatre Block for TMH, expansion of UCH and Lai King Building in PMH, development of Tseung Kwan O Joint-user Government Office Building Clinic, North District CHC, Tuen Mun Area 29W CHC, NAH and NLTH Hospital Authority Supporting Services Centre, and redevelopment of KCH, GH and QMH by 1Q25.

Bolster the capability of healthcare facilities in meeting demand

Action	Target for 2024-25
Enhance the capacity of inpatient services at KEC.	Provide 10 acute beds and two intensive care unit beds at TKOH by 3Q24.
Enhance the capacity of inpatient services at KWC.	Provide 20 acute inpatient beds and 8 acute day beds by 1Q25 at PMH, two high dependency unit beds at YCH and one intensive care unit bed at CMC by 4Q24.

Action	Target for 2024-25
Enhance the capacity of inpatient services at NTEC.	Provide 14 additional acute beds at PWH, 20 additional acute beds at AHNH, 10 additional acute beds at NDH and 10 extended care beds at SH by 4Q24.
Enhance the capacity of inpatient services at NTWC.	Provide 27 acute beds at TMH by 4Q24.
Enhance neuroscience services at HA.	Provide one High Dependence Unit bed at QEH; and provide intravenous thrombolysis services for acute ischaemic stroke patients at NTWC and provide two high dependency unit beds at TMH by 4Q24.
Enhance the coordination and treatments for the patients with acute chest pain.	Establish the chest pain centre at HKWC and designate eight acute beds for emergency admission of patients with ischaemic heart disease or chest pain by 1Q25.
Enhance the capacity of OT services.	Provide two additional emergency OT sessions for radiological interventions, intra-arterial mechanical thrombectomy and desperate emergency operations at PYNEH by 2Q24.
Enhance the capacity of endoscopy services.	Provide seven additional endoscopy sessions per week at NLTH by 4Q24.
Enhance SOPC service capacity in various Clusters.	Provide additional SOPC new case attendances to enhance services of various specialties by 1Q25.

Action	Target for 2024-25
Set up Antidote Coordination Centre and Drug of Abuse Early Warning Centre at Hong Kong Poison Control Centre (HKPCC).	Establish Antidotes Coordination Centre for enhancing the collaboration with neighbouring areas and form a Drug of Abuse Early Warning Centre for enhancing surveillance on emergence of novel drugs of abuse or new psychoactive substance at HKPCC by 1Q25.
Expand the Chinese Medicine services.	Expand the existing Integrated Chinese-Western Medicine (ICWM) programmes on three disease areas (i.e., stroke care, cancer palliative care and musculoskeletal pain management) from existing eight hospital sites to all relevant hospital sites, continue to provide chemotherapy and radiation induced care for cancer patients at two hospital sites and pilot new ICWM service model on respiratory care and integrated clinic for osteoarthritis knee patients by 1Q25.
Support the planning of Chinese Medicine Hospital project.	Strengthen the manpower to support the development of Chinese Medicine Hospital by 1Q25.
Expand the drug access in HA by improving the alignment of the HA Drug Formulary with current clinical evidence and international guidelines on the use of drugs.	Widen the indications of Special Drugs and repositioning Self-financed Drugs as Special Drugs for managing renal diseases, musculoskeletal and joint disorders, cardiovascular diseases, respiratory diseases, diabetes mellitus and cancer by 2Q24.
Support the medication delivery services in SOPC of all clusters.	Continue to build capacity to support the medication delivery services in SOPC of all clusters by 1Q25.

Action	Target for 2024-25
Enhance the capacity for ophthalmology services.	Provide 1 375 additional allied health outpatient attendances and set up multidisciplinary integrated clinic for ophthalmology services to provide 825 additional pre-assessment attendances at HKEH by 1Q25.
Modernise the treatments of ophthalmology services by providing intravitreal injection services.	Enhance ophthalmology services by providing a total of 1 980 additional intravitreal injections at HKEC and NTEC by 1Q25.
Commence services for the KEC oncology centre.	Enhance oncology services by providing 350 additional SOPC new case attendances and 3 660 additional allied health outpatient attendances by 1Q25.
Enhance service capacity for cancer treatment.	Provide 15 additional operations for colorectal cancer at PYNEH. Enhance liver cancer services by providing liver surgery to 15 additional patients at QMH. Enhance clinical oncology services for additional chemotherapy and SOPC new case attendances. Build capacity for providing a total of 726 additional plasma Epidermal Growth Factor Receptor (EGFR) tests for newly diagnosed lung cancer patients with metastasis or recurrent cases at all clusters by 1Q25.
Enhance radiotherapy services for cancer treatment.	Prepare for the installation of an additional Linear Accelerator at TMH by 1Q25.

Action	Target for 2024-25
Continue to enhance the diagnostic radiology services.	Enhance the radiology services by installing a new angiography system and provide 660 additional attendances for Magnetic Resonance Imaging scan at YCH; by providing an additional of 4 250 attendances for computed tomography scan at RH; by installing an additional high-end Computed Tomography machine at TKOH. Strengthen manpower to provide 1 500 additional patient attendances at Radiology departments in TKOH and HHH by 1Q25.
Enhance service capacity of Electrographic Diagnostic Unit (EDU).	Provide 10 additional EDU sessions per week to enhance EDU services for cardiology, neurology and respirology at TSWH by 1Q25.
Improve the standard of care for acute ischaemic stroke patients by providing intra-arterial mechanical thrombectomy in a phased approach.	Provide 24-hour intra-arterial mechanical thrombectomy services for acute ischaemic stroke patients in KCC and NTEC by 1Q25.
Enhance neurophysiology services for patients with spine surgery.	Strengthen manpower in KEC to provide nerve conduction studies services and intraoperative neuro-monitoring for Orthopaedics and Traumatology patients, and enhance neurophysiology services in HKEC for additional 60 spine surgery with the support of intraoperative neuro-monitoring, and perform 155 additional nerve conduction studies by 1Q25.
Enhance the transition care for adult patients with congenital heart disease.	Provide 1 010 non-invasive procedures for congenital heart disease at QMH by 1Q25.

Action	Target for 2024-25
Enhance the services for cardiac surgery services.	Provide left ventricular assist device implant services for three additional patients with end-stage heart failure at QMH; provide 12 additional intra-vascular ultrasound system cases at QEH by 1Q25.
Provide initial diagnostic services for patients with clinical features suggestive of heart failure.	Provide NT-proBNP services to identify patients with potential heart failure at HKEC, KCC, KEC, KWC, NTEC and NTWC by 1Q25.
Enhance the service capacity of the laboratory testing of HA.	Build laboratory capacity for pathology services by providing additional of 72 tests for cerebrospinal fluid neurotransmitters and 14 serum chitotriosidase tests at HKWC and additional 3 085 tests, including bloodstream and respiratory infection tests, and molecular diagnostic services at NTEC by 1Q25.
Enhance the laboratory capacity for respiratory viruses testing.	Build capacity for providing 113 900 additional polymerase chain reaction tests for respiratory viruses across clusters by 1Q25.
Introduce the use of plasma Epstein-Barr Virus (EBV) DNA assay to enhance the management of nasopharyngeal carcinoma and other EBV related haematological malignancy.	Build capacity for providing 10 800 additional plasma EBV DNA tests across all clusters by 1Q25.
Continue to enhance the non-emergency ambulance services.	Strengthen manpower to support non-emergency ambulance services by 1Q25.

Action	Target for 2024-25
Continue to maintain and improve the quality of the healthcare facilities of HA.	Set up a new division of Capital Planning to address the challenges in planning and delivering the Hospital development Plans by 1Q25.
Enhance the role and duties of facility management staff according to the Review Committee on Medical Equipment and Facility Maintenance.	Strengthen the manpower to enhance the facility inspections and management by 1Q25.
Provide IT support for clinical systems to cater for electronic Health Record (eHR) project.	Continue to enhance HA's clinical systems and provide IT support to facilitate data sharing between public and private healthcare sectors under Electronic Health Record Sharing System (eHRSS); continue to expand the scope of data sharing including Chinese Medicine information and radiological images under eHR programme by 1Q25.
Implement IT technology refresh to support hospital services.	Continue to replace ageing IT network, servers, PC workstations, related equipment and obsolete software by 1Q25.

Action	Target for 2024-25
Provide IT support to community partners and Government departments in support of various PPP and eHealth initiatives.	Provide IT on-going support and enhancements to existing PPP programmes, and perform related IT enhancements to provide integrated support for various clinical PPP programmes; and continue to provide agency support for the implementation and ongoing operation of eHRSS and its further enhancement / development initiatives collectively named as eHealth+ programme; also support other eHealth related initiatives including various PPP programmes and Chronic Disease Co-care Pilot Scheme led by the Government; continue to provide IT support services to Health Bureau and DH for other eHealth systems, e.g. Health Care Voucher Scheme, Vaccination Scheme, Primary Care Directory Scheme, Colorectal Cancer Screening Programme, the Electronic Platform for Regulation of Private Healthcare Facilities, Laboratory Information System, and interface with the Communicable Disease Information System; continue to provide agency support to DH for the development and maintenance of Stage 2 Clinical Information Management System by 1Q25.

Work out a viable funding arrangement with the Government

Action	Target for 2024-25
Reassess HA's future funding needs and advise the Government of HA's future resource requirements through conducting a medium-term financial projection, using the latest available information.	Provide the Government with the projected needs and resources required for public healthcare services provided by HA by 1Q25.

SERVICE AND RESOURCE ESTIMATES

HA planned to provide 30 671 hospital beds as at 31 March 2024 and managed about 9.73 million patient days in 2023-24¹.

HA delivers a comprehensive range of preventive, curative and rehabilitative medical services to ensure every citizen has access to affordable healthcare. As at 31 December 2023, we managed 43 public hospitals or institutions, 49 SOPCs and 74 GOPCs. The facilities are organised into seven Clusters according to geographical locations.

Service Estimates

Service Estimates for 2024-25¹

- 2.07 million inpatient and day inpatient discharge episodes*
- 2.20 million Accident & Emergency (A&E) attendances
- 8.26 million SOP (clinical) attendances
- 3.24 million allied health (outpatient) attendances
- 6.69 million primary care attendances
- 2.25 million community outreach visits, which include outreach medical, nursing and allied health services to support our discharged patients, in particular geriatric and psychiatric patients for rehabilitation in the community

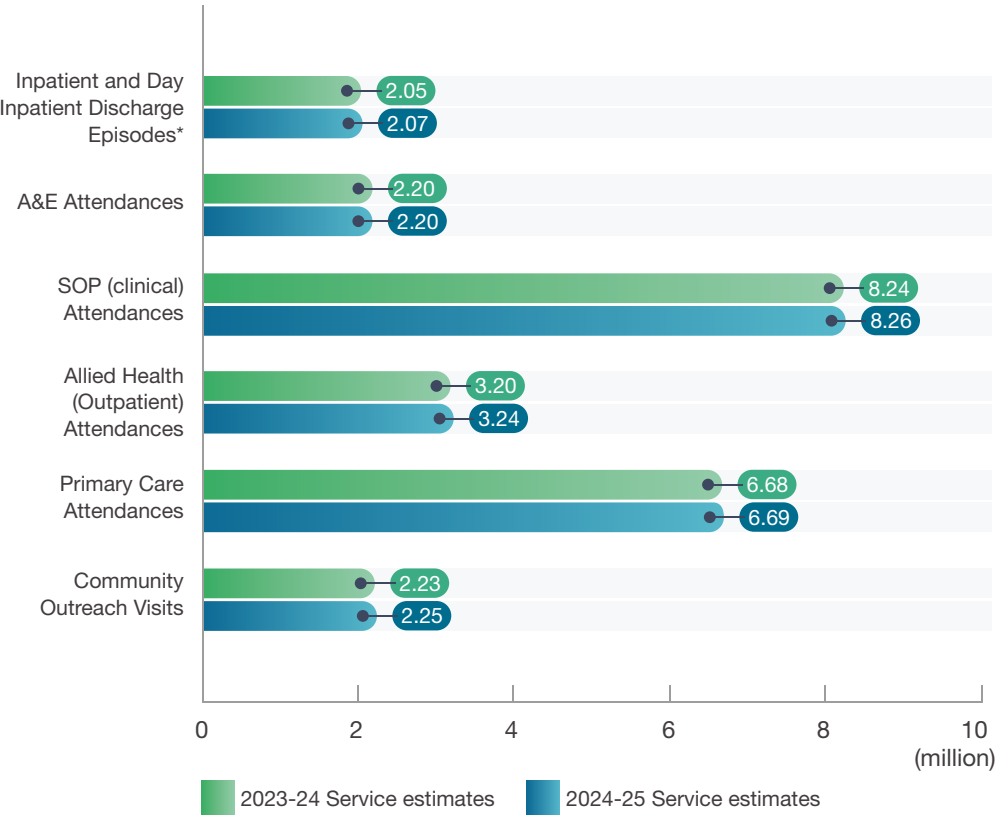
¹ In view of the emergence of the COVID-19 pandemic in Hong Kong since early 2020, HA has adjusted its services in response to the pandemic. This should be taken into account when comparing the throughput of services provided by HA across the years.

* Refers to discharges and deaths in the Controlling Officer's Report (COR). This applies to all "discharge episodes".

To meet escalating service demand arising from an ageing and growing population, HA plans to increase inpatient and day inpatient service throughput by around 0.8% in 2024-25, as compared to 2023-24². This translates into an additional of 16 800 inpatient and day inpatient discharge episodes. It is estimated that HA will increase the throughput for primary care services by 0.2%, which is an increase of 15 000 attendances to enhance medical care and disease management for the elderly and patients with chronic diseases.

A comparison of HA’s estimated service throughput for 2024-25 and 2023-24 is shown in Figure 1². These and other key service statistics are delineated in Appendix 1, while Appendix 2 provides a breakdown of the service estimates by Cluster.

Figure 1 Comparison of Service Estimates for 2024-25 and 2023-24²



² Following the subsiding of local COVID-19 epidemic situation, full service resumption is assumed for 2024-25 service estimates.

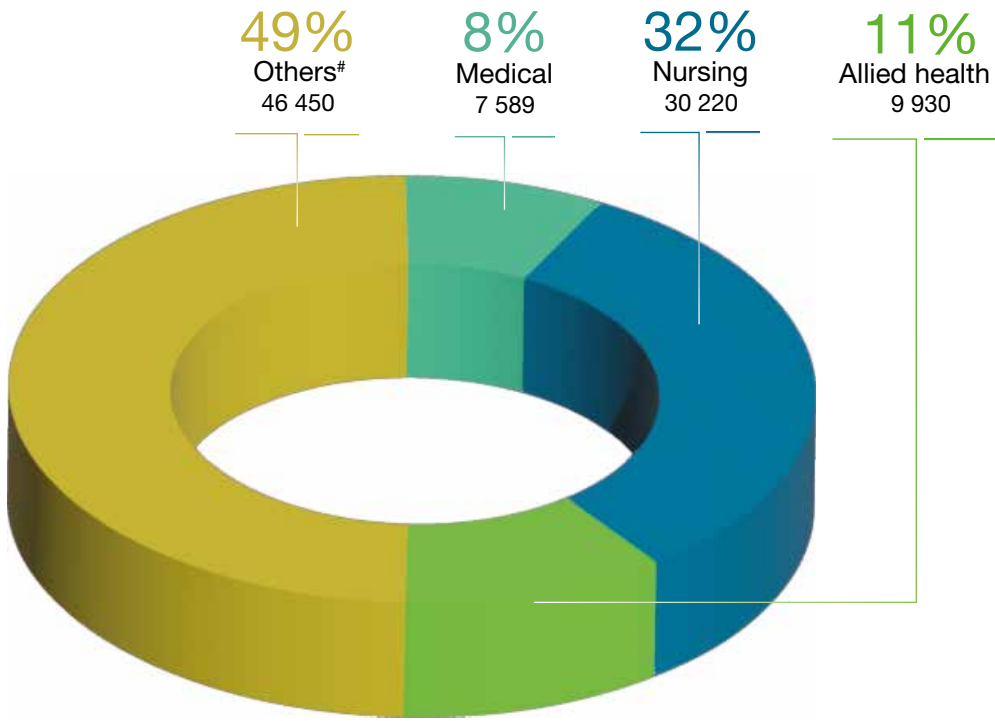
Manpower Estimates

HA’s existing staff strength is more than 91 000 full-time equivalents. Around 70% of them are providing direct patient care, while others provide essential supporting services such as managing patient records and maintaining the proper functioning of patient amenities.

It is estimated that we need to increase our workforce by 1.8% in the coming year. The manpower increase, which is expected for all staff groups, is intended for delivering new service programmes, service enhancements and quality improvement measures. At the same time, new recruits are also needed to replace staff members who have resigned or retired.

The planned recruitment level for healthcare professionals in 2024-25 will be around 660 doctors, 2 840 nurses and 950 allied health professionals. Figure 2 provides a breakdown of estimated staff strength for the coming year. A detailed comparison of the manpower estimates for 2024-25 and 2023-24 is provided in Appendix 1.

Figure 2 Estimated Staff Strength in 2024-25



[#] Comprise supporting staff and managerial / administrative staff

Note: The percentages may not add up to 100% due to rounding.

Budget

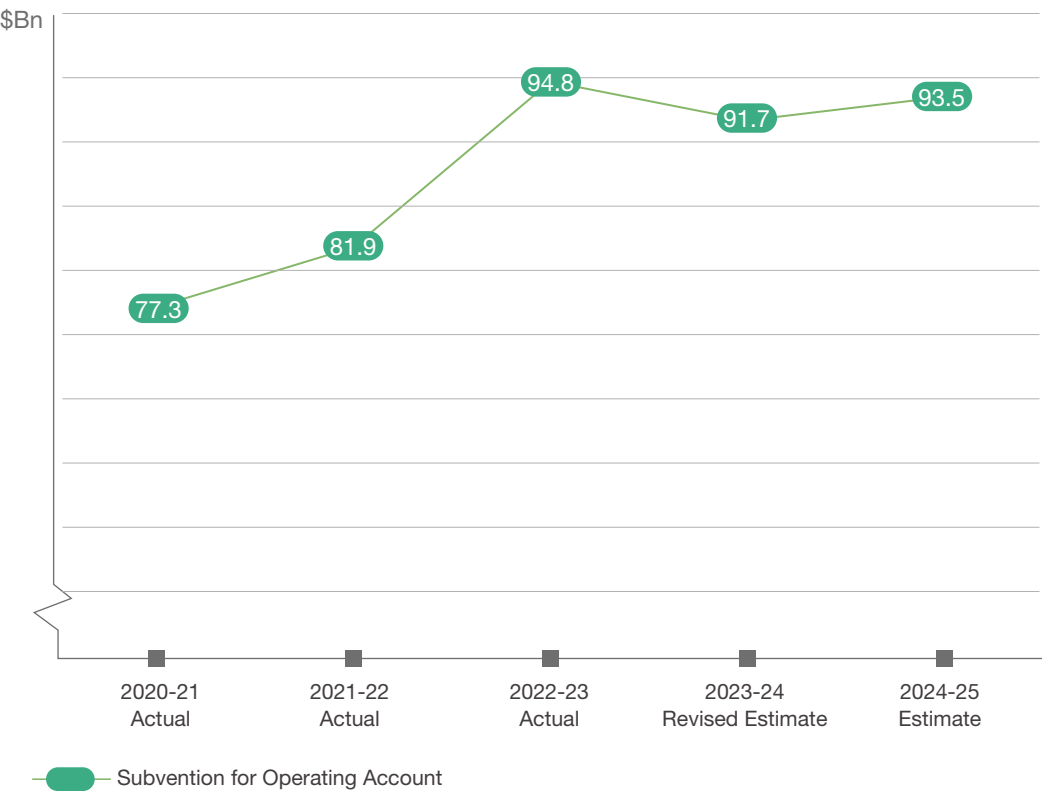
The Government Subvention

The Government has been increasing the recurrent funding for HA progressively on a triennium basis from 2018-19 having regard to population growth and demographic changes. Its firm commitment on the first and second triennium funding arrangement to HA has given HA the solid foundation in establishing a sound financial position. With the second triennium funding cycle ending in 2023-24, the Government supported the third triennium funding arrangement for HA. In 2024-25, the recurrent Government subvention for the HA will be \$93.5 billion, representing a 2% increase as compared to the baseline allocation in 2023-24. The increase is mainly contributed by:

- (a) **\$2.4 billion** being the funding growth of 2024-25 under the third triennium funding arrangement; and
- (b) **\$0.3 billion** to support the staff retention measures for 2024-25; partly offset by
- (c) reduction of **\$0.9 billion** under the Productivity Enhancement Programme (PEP) for 2024-25.

In 2024-25, the Government will launch the PEP requiring all bureaux and departments to contribute one percent of their baseline recurrent resources. HA, as a subvented organisation under the Health Bureau, is therefore required to contribute a recurrent funding reduction of \$0.9 billion in 2024-25 accordingly.

The graph below demonstrates the trend of Government subvention to HA in recent years:



Note: Included one-off provision of \$7.5 billion for tackling the Coronavirus-Disease 2019 epidemic

The resources will be deployed to carry out a series of initiatives in 2024-25 to achieve the strategic goals and programme targets as delineated in preceding chapters.

Capital Expenditure

In 2013, the Government provided a one-off grant of \$13 billion to HA to implement minor works projects from 2014-15 onwards for about ten years. Upon depletion of the one-off grant in 2024-25, the Government will be providing a new grant of \$8 billion to HA to continue the implementation of minor works projects in the coming five years. The funding provision is pending approval of the Finance Committee of Legislative Council.

In addition, other types of capital expenditure funded by the Capital subvention are as follows:

1. Procurement of equipment and development of information systems for modernising hospital services (\$1.91 billion);
2. Major capital works for HA's future development, such as construction of new hospitals and re-development of existing hospitals (\$8.1 billion).

Looking Ahead

With the second triennium funding cycle ending in 2023-24, the Government continues to demonstrate strong commitment to HA with the provision of addition funding in 2024-25. HA will continue to exercise prudence in the utilisation of public money and make the best use of its available financial resources to address rising service demand from the growing and ageing population in a sustained manner.

HEAD OFFICE PLAN

This section sets out the work plans of the HA Head Office for 2024-25.

This section covers the work plans of the Head Office with respect to three key enablers of HA services: Capital Works, Business Support Services, and Information Technology and Health Informatics Services. It also sets out HA's approach on corporate governance, which is coordinated by the Head Office.

Head Office Plan Components

- Corporate Governance
- Capital Works
- Business Support Services
- Information Technology and Health Informatics Services

Corporate Governance

Good governance is at the heart of HA and will continue to be of the highest importance as the Authority continues to develop. The HA Board has developed a formal schedule of matters specifically reserved for its decision in order to ensure that the direction and control of HA is specifically and demonstrably in the hands of the Board. It also ensures institutional sustainability by working with the Management to set HA's strategies and Annual Plan. Appropriate steps are taken to deliver service plans and programmes under the Annual Plan, and to ensure that there are effective systems of control and risk management.

Stewardship of the Board

Like many healthcare organisations around the world, HA is facing various challenges in the midst of escalating service demand from a growing and ageing population along with the rising prevalence of chronic diseases while at the same time experiencing resource constraints in essential areas like manpower, physical space and funding which deeply affect the service supply. To cope with the challenges, HA Board has set up a Task Group on Sustainability (TG) to examine different major challenges facing HA amid the constantly changing environment and evolving service needs to drive for the sustainable development of HA and the public healthcare system. Key initiatives to tackle major sustainability issues facing HA include strategies to drive performance and efficiency as well as to enhance manpower recruitment and retention. Other initiatives to enhance HA services include the management of specialist out-patient clinic waiting time, development of smart hospital initiatives as well as new service models to provide patient-centric care. Regular progress report of the work of the TG will continue to be made to the Board and its Executive Committee (EC).

HA's participation in healthcare related collaborations in Guangdong – Hong Kong – Macao Greater Bay Area (GBA) will help address the key sustainability challenges faced by HA. HA will continue to strengthen the two-way training and exchange program of healthcare talents between Hong Kong and GBA, as well as other Mainland regions / cities

The Board's EC continues to advise the Board on changes to the Board and Functional Committee structure to address the service evolvement and development such as the upgrading of the Capital Works Subcommittee to the Development and Works Committee in January 2024 to serve as a dedicated functional committee for works experts to advise on the planning and delivery of the substantially increased capital projects undertaken by HA under the two Hospital Development Plans. EC also continues to be engaged at early stages in the formulation of strategies, directions and policies. The Board and its functional committees conduct annual agenda forecast along different strategic and functional dimensions for guiding their operations throughout the year, and extra steps are taken to proactively and specifically align the agenda planning with their respective Terms of Reference. The role and participation of the functional committees in setting key standards, driving best practices and monitoring performance are also strengthened. We will continue to build on the robust corporate governance framework to ensure proper management of the public hospitals for the provision of quality hospital services in Hong Kong.

To ensure accountability, the HA Board has established a mechanism to monitor the progress of the initiatives implemented in regard to the specific indicators set for specified tasks as announced in the HKSAR Chief Executive's 2022 and 2023 Policy Addresses. Progress of action plans will continue to be regularly reported to the Board and EC.

The Hospital Governing Committees (HGCs) appointed by the HA Board under the HA Ordinance are serving important functions in enhancing community participation in the governance of public hospitals. Over the years, the role of HGCs in hospital governance has also been much enhanced. Through their steering and active participation over the years, many enhancements in different fronts of hospital services, such as service development, construction of new facilities, introduction of smart initiatives, solicitation and management of donation, etc. have been made. We will continue to count on HGCs' steer in the continuous development and enhancement of hospital services. In late 2022, Task Groups on Enhancing Patient-centric Services were established in respective HGCs to look into possible areas in hospitals for improving patient centric services and staff convenience, and enhancing experience of patients and visitors. Under the steer of HGCs, various enhancement initiatives for the benefits of patients were formulated and implemented at respective hospitals, and HGCs will continue to drive for implementation of more initiatives. We will also count on HGCs' contributions and suggestions on different ways to enhance safety of patients / staff / visitors in hospitals through their participation in the Hospital Safety Committees formed in hospitals. Moreover, dedicated efforts will be continued to enhance communication between HGCs and various stakeholders in HA including the HA Board, HA Head Office, Clusters and hospital management and frontline staff.

Risk Management

Risk management is a fundamental part of HA’s overall approach to good corporate governance. The HA is committed to the management of risks and to continuously improving the risk management process across the whole organisation. As such, the Organisation-wide Risk Management (ORM) Policy and Strategy was overseen and approved by the HA Board. It provides a holistic and standardised approach to risk management, incorporating both clinical and non-clinical risks across HA. Based on the ORM Framework, HA will continue to reinforce the key structures, systems, processes for ORM and promote risk awareness across HA.

Through ORM, HA has established a risk governance structure for identifying and reporting risks, and designating roles and responsibilities for risk management in HA from the hospitals, Cluster and Head Office level through to the Audit and Risk Committee and HA Board. On an annual basis, risk profiles are developed by the Head Office and Clusters to identify the top risks across major functions, both clinical and non-clinical. According to their risk profiles, major risks and challenges are addressed by mitigation measures by Head Office Divisions and Clusters. Additional resources for risk mitigation activities will be sought through the annual planning process as appropriate.

As part of governance reporting process, risk profiles for Clusters and hospitals are reported annually to Cluster Management Committees and Hospital Governing Committees respectively while the risk profiles for Head Office are reported to the Directors’ Meeting and Board Functional Committees respectively. This mechanism facilitates communication about risk up and down the organisation. In addition, it allows for escalation of the highest risks to senior management, and facilitates execution and monitoring of mitigation measures to minimise risk occurrence.

Capital Works

Capital works in HA are coordinated by the Development and Works Division of the HA Head Office. To manage the different aspects of capital works, the Division is organised into the following eight sections:

- Capital Projects
- Building Works
- Engineering
- Planning and Development
- Quality Management
- Contract Management
- Lands
- Administration and Operation

The Division is responsible for the planning, development and maintenance of quality healthcare facilities through multidisciplinary professional teamwork. Its functions are as follows:

- To plan and develop safe and efficient facilities, with designs that are flexible, environmentally friendly and conducive to optimal care delivery.
- To plan, organise and manage resources to ensure that capital works projects are completed on schedule and within budget.
- To provide and maintain quality facilities and infrastructure to facilitate the delivery of patient-centred, high quality healthcare services to the community.
- To ensure the provision of safe, reliable, practical, cost-effective, quality and modern healthcare engineering facilities and infrastructure in a timely manner.

To address the challenges encountered by HA in planning and delivering the two Hospital Development Plans (HDPs), and to enable HA to better execute its organisational strategies and priorities now and going forward, the Development and Works Division was set up in March 2024 and took over the management of the former Capital Planning Department.

Major Risks and Challenges

In the 2016 Policy Address, the Government announced that \$200 billion would be set aside for HA to implement a Ten-year HDP. This comprises the construction of a new acute hospital, the redevelopment or expansion of 11 hospitals, as well as the construction of three community health centres and a new supporting services centre. Upon completion of the First Ten-year HDP, there will be over 6 000 additional public hospital beds and over 90 additional operating theatres. In parallel with the implementation of projects under the First Ten-year HDP, as announced in the 2018-19 Budget Speech, the Government has invited HA to commence planning for the Second HDP. In view of the Northern Metropolis Development Strategy announced in the 2021 Policy Address, the Health Bureau (HHB) and HA are proactively reviewing and planning the Second HDP. These are massive projects that require meticulous planning and management to ensure they progress according to schedule and within budget.

Even prior to the First Ten-year HDP, HA already has one of the largest and most complex building stocks in Hong Kong, comprising a total of around 3 100 000 m² floor space in over 300 buildings. It is a challenge for the Division in managing resources to renew, upgrade and maintain these facilities. Upon completion of the First Ten-year HDP, the floor space will increase to about 5 000 000 m².

As at November 2023, 16 major capital works projects under the First Ten-year HDP, with a total project cost of \$188.8 billion, have been initiated and are currently at various stages of planning and development. Of these, 14 projects with a budget of \$186.3 billion have been approved by the Government.

In addition, an annual budget of around \$2.2 billion has been set aside for carrying out about 2 100 minor works projects for the improvement and maintenance of existing premises in 2023-24.

Major Initiatives in 2024-25

Capital works is one of the key enablers of clinical services. In 2024-25, the Division will undertake the following major initiatives to ensure that HA's healthcare facilities are able to meet the demands of quality service provision:

- Facilitate capacity increase by commencing the main works for expansion of NDH; and by carrying out the main works for NAH at Kai Tak Development Area, expansion of UCH, Lai King Building in PMH, redevelopment of PWH (Phase 2, Stage 1), GH (Phase 1), KWH (Phase 2) and OLMH.
- Modernise HA's facilities by completing the main works for redevelopment of QMH (Phase 1), construction works for redevelopment of KCH (Phase 2) and HA Supporting Services Centre.
- Enhance safety performance of HA capital works projects by expanded use of Independent Safety Audit Scheme for all major capital works projects irrespective of the contract value; include Site Safety Cycle as standard contract requirements to promote site safety awareness; conduct regular seminars on site safety requirements for HA managers, consultants and site supervisory staff; and conduct random site safety inspections with sharing on findings to minimise recurrence of similar non-conformances. Enhance supervision of site safety by implementing Smart Site Safety System in major capital works projects.
- Ensure the quality of HA facilities by conducting curtailed checking on all major capital works projects once every six months.
- Improve awareness of integrity management through in-house trainings and seminars conducted by Independent Commission Against Corruption.
- Improve and maintain existing premises by carrying out about 2 100 minor works projects with the annual budget of around \$2.1 billion.

The capital works targets for 2024-25 are outlined in the following section.

Capital Works Targets	
• Complete superstructure works for redevelopment of QMH (Phase 1).	3Q24
• Commence superstructure works for the expansion of NDH.	3Q24
• Commence foundation works for the redevelopment of KWH (Phase 2).	3Q24
• Commence substructure works for the redevelopment of OLMH.	3Q24
• Commence refurbishment and associated works for the expansion of UCH.	4Q24
• Topping out of the Clinical Block and University Block for the redevelopment of GH (Phase 1).	1Q25
• Commence demolition works for redevelopment of KCH (Phase 3).	2Q25
• Topping out of the new block for the expansion of Lai King Building in PMH.	2Q25

Business Support Services

Business Support Services Department (BSSD) is a corporate, multi-skilled team within the Cluster Services Division of the HA Head Office. Core functions of the BSSD encompass a wide portfolio of non-clinical support activities and operational systems integral to the smooth operation of hospitals and clinics. These functions include:

- Hospital support services – including patient food, patient transport, laundry, security, waste management, etc.
- Procurement and supply management
- Equipment management
- Biomedical engineering services

Major Risks and Challenges

Equipment Replacement

As at April 2023, the total asset of medical equipment items in HA is valued at approximately \$18 billion. Of these, around 35% are major equipment items with unit costs of over \$1 million, while 27% are minor equipment items with unit costs ranging from \$0.2 million to \$1 million.

Additional funding of \$5 billion has been earmarked by the Government to expedite the upgrading and acquisition of medical equipment since 2019-20. The planning of upgrading and additional medical equipment is carried out in close liaison with the Central Technology Office, through the engagement of clinical specialties via Coordinating Committees / Central Committees, to modernise medical technology.

Hospital Authority Supporting Services Centre

The Hospital Authority Supporting Services Centre (HASSC) at North Lantau is being built, which consists of laundry service, a Central Food Production Unit, an Information Technology Corporate Data Centre, and central emergency stores for critical personal protective equipment and key linen items. Upon its anticipated handover and testing & commissioning in 2024, HASSC is set to begin its service in 2025. It is expected that the capacity of business support services will meet the expansion in clinical services under the First Ten-year HDP for HA.

Biomedical Engineering Services

Along with the progress of the First Ten-year HDP, the demand of biomedical engineering services for new medical equipment will be significantly increased in coming years. Enhanced biomedical engineering support will be provided to facilitate timely planning, acquisition and commissioning of new medical equipment. To upkeep the quality and safety of medical equipment in HA, the quality assurance on outsourced maintenance services for medical equipment will be enhanced.

Major Initiatives in 2024-25

- Replace existing and provide additional equipment that are critical to clinical services, including radiological equipment, surgical equipment, endoscopic equipment, laboratory analyser or pathology equipment, and physiological equipment. The plan involves an estimated total of around 800 pieces of equipment at a total budget of around \$1,200 million.
- Continue to work with the Project Team on construction and to conduct the service commission of the HASSC in North Lantau.
- Continue to provide biomedical engineering services to support additional planning and acquisition of new medical equipment in the First Ten-year HDP.
- Enhance supervision and monitoring of outsourced maintenance services for medical equipment.

The BSSD targets for 2024-25 are outlined in the following section.

BSSD Targets	
• Complete the acquisition of around 800 pieces of equipment under Capital Block Vote.	1Q25
• Continue to work on the construction works and to conduct the service commission for the HASSC, including testing of systems and to coordinate the procurement, delivery and installation of furniture and equipment.	1Q25
• Continue to provide biomedical engineering services to support additional medical equipment planning and acquisition activities.	1Q25
• Enhance supervision and monitoring of outsourced maintenance services for medical equipment.	1Q25

Information Technology and Health Informatics Services

Information Technology and Health Informatics Division (IT&HID) is a strategic enabler and solution provider, with multiple roles to support daily hospital operations, service enhancement and ensure the long-term sustainability of HA's services:

- **Serve as a business enabler for providing quality patient care services** – maintaining 24-hour support for clinical and corporate IT systems to enable HA-wide critical hospital operational services.
- **Act as a change agent for transforming service provision** – enabling HA to adopt an information-driven and patient-centred service model through innovative application of proven technology in IT services.
- **Sustain information technology services and infrastructure** – supporting end-to-end clinical and enterprise user IT requirements, maintaining a scalable infrastructure, and formulating IT policies, standards, governance and other control mechanisms.

Aligning with HA Strategic Plan 2022-2027, IT&HID maintains an IT Strategy Framework to support the realisation of HA's strategic directions over the five years, which comprises six core portfolios:

- **Digital hospital and community care** – to improve access, efficiency and risk management for clinical service through workflow streamlining, information sharing and cross-team coordination.
- **Digital patient experience** – to facilitate patient-centred care within the community and patient empowerment, enable insights and data visualisation for clinical and management decision-making via innovative use of telehealth, mobile applications and data analytics.
- **Digital workplace and smart hospital operation** – to support strategic human resources and financial management, empower staff with self-service and easy access digital workspace and improve hospital efficiency and operational intelligence.

- **Innovative and data driven enterprise** – to integrate data analysis into the core of HA business process, and cultivate continuous improvement of business processes and services via technology innovation.
- **Future ready digital platform** – to transform IT infrastructure, processes and tools to uplift IT capability in supporting HA's digital transformation.
- **World class IT organisation** – to optimise the IT professional workforce to product-centric and value-driven teams, including collaboration with external IT professional communities to increase capability and efficiency whilst maintaining a high level of productivity.

Leveraging these portfolios, IT&HID will continue to play a critical role in managing and coordinating the implementation of Smart Hospital, which is one of the key sustainability strategies for HA. Through working closely with the hospital teams by using a co-delivery methodology, IT&HID will launch pilot programmes in selected hospitals to implement smart wards and smart clinics, facilitate the introduction of smart hospital management and hospital support initiatives.

A robust governance structure is in place to ensure IT investments are prioritised and aligned with clinical and business needs. The services of IT&HID are governed by the HA Board through the Information Technology Services Committee (ITSC), and supported by the IT Technical Advisory Sub-Committee for advice on information technology and infrastructure directions.

In addition, programmes related to IT development are prioritised according to their business needs by the Committee on IT, and endorsed by the ITSC before implementation. Programme targets with key performance indicators for major development initiatives are reported for progress monitoring together with regular progress updates to the ITSC.

Major Risks and Challenges

Given the increasing reliance on information technology to improve service quality and patient outcome, there is a need for IT&HID to ensure system integrity and guard against patient data breach and interruption (i.e. downtime) of IT systems. Overall, IT&HID faces a number of key challenges as follows:

- Minimising the likelihood and impact of a cybersecurity breach through improvements in the overall cybersecurity resilience, staff security awareness, detection and response capability.
- Further strengthening management of agency services to meet the needs of increased service demand, system stability and availability.
- Improving system availability and performance levels to ensure HA business continuity.
- Monitoring and enhancing the effectiveness of controls to safeguard the security and privacy protection of HA's sensitive information assets, including patient data.
- Maintaining the IT&HID organisational structure and the skill and competency mix to combat local IT resource and skills shortfall.
- Maximising the use of advanced architectural design to upgrade legacy systems and reduce technology debts.
- Ensuring sustainability of project management capabilities to facilitate efficient and effective delivery of projects in accordance with stakeholder requirements.
- Implementing multi-vendor strategy to ensure the supply of IT products for critical services provision.
- Ensuring adequate IT human resources with the latest skillsets through internal talents development and sourcing of external supplies.
- Secure necessary funding to support technical revamp of aging major IT systems thereby ensuring the reliable operation of mission critical systems and support digital transformation of HA services.

Major Initiatives in 2024-25

IT&HID has responsibility for a number of initiatives in 2024-25, including support for the service plans of both internal and external stakeholders. The majority of these are multi-year projects and the key initiatives are highlighted below:

Internal Service Provision

IT Product Delivery for Service Transformation and Provision

- Develop further on the HA clinical system capabilities for the fourth generation of Clinical Management System (CMS), including new functions on paperless, protocol-enabled, closed-loop, personalised and patient-centred clinical services.
- Further develop and support the implementation of initiatives for Smart Hospital to improve both patient and staff experience through more efficient and effective workflow, leveraging automation and integration technologies for clinical care, hospital support and hospital management processes.
- Develop the HA patient mobile app platform (HA Go) to further digitalise HA's services so that the public can easily access these services with a new experience through innovative approaches on their smart phones.
- Strategically plan and develop the HA Artificial Intelligence (AI) and data analytics platform to improve clinical efficiency and effectiveness through the use of data driven services such as using AI on radiological diagnosis and performing concurrent safety check for complicated clinical situations.
- Commence development of Digital Health Platform (DHP) and major overhaul of existing critical systems to enhance reliability, efficiency and enable development of new capabilities to support HA's digital transformation initiatives.
- Provide IT planning for the new hospital buildings in the First Ten-year HDP. Set up network infrastructure and implement corporate information systems for the extension of Operating Theatre Block for TMH, expansion of UCH and Lai King Building in PMH, development of Tseung Kwan O Joint-user Government Office Building Clinic, North District CHC, Tuen Mun Area 29W CHC, New Acute Hospital and NLTH HASSC, and redevelopment of KCH, GH and QMH.

IT Service for Improving Service Standards

- Continue the extension of the closed-loop Inpatient Medication Order Entry (IPMOE) project to KCH, and continue system enhancement service.
- Continue to enhance cybersecurity resilience, quality assurance and risk management controls for all IT services and systems through standardisation and automation of processes, monitoring of compliance and proactive risk mitigations.
- Replace ageing IT equipment and obsolete software to reduce operational risks in supporting hospital services.

IT Innovation for Technology Adoption

- Explore, source and test potential technology solutions to support IT Innovation initiatives comprising cloud services, mobile, telehealth and Internet of Things (IoT), as well as AI and big data prototyping.
- Continue the development and implementation of initiatives for Smart Hospital, including the hospital command centre, Queue Management System, smart payment kiosks, electronic bed panels, smart vital signs charting and hospital navigation, to improve the efficiency of patient services at public hospitals.
- Continue the development of mobile apps and devices for clinical staff to carry out clinical functions in patient care.
- Continue to develop and introduce innovative solutions such as mobile payment (e-payment) capabilities to support the transformation of service provision.

IT Product Delivery for Community Partnerships

- Provide ongoing IT support and enhancements to existing Public Private Partnership (PPP) programmes, and perform related IT enhancements for the development of Integrated Management Framework for clinical PPP programmes.
- Continue to enhance clinical systems and provide IT service support to cater for the data needs of the territory-wide eHealth initiative.

IT Product Delivery for People and Resources Management

- Continue the enhancement of corporate IT systems to improve the efficiency of various administrative and management functions.
- Leverage technology to develop and implement digital workplace initiatives focusing upon increasing employee experience, providing tools to ease and automate their workload and increasing their productivity automation, and facilitating more communication and collaboration.

External Service Provision

eHealth Programme

- Continue the provision of technical agency services for the implementation and ongoing operation of Electronic Health Record Sharing System (eHRSS) and its further enhancement / development initiatives collectively named as eHealth+ programme; and also support other eHealth related initiatives including various PPP programmes and Chronic Disease Co-care Pilot Scheme led by the Government.

eHealth and Information Systems for Department of Health

- Continue the provision of technical agency support for the Department of Health (DH) to develop and maintain Stage 2 Clinical Information Management System (CIMS 2) as a major initiative for their Clinical Service Improvement.
- Continue to provide ongoing IT support for the Health Care Voucher, Vaccination, and Primary Care Directory schemes.
- Continue to provide ongoing IT support for the system interfaces with the DH's Communicable Disease Information System.
- Continue to provide ongoing IT support for the Laboratory Information System for the DH's Clinical Pathology Laboratory Centre.
- Continue to provide ongoing IT support to DH for the Colorectal Cancer Screening Programme and the Electronic Platform for Regulation of Private Healthcare Facilities.

The IT&HI targets for 2024-25 are outlined in the following section.

IT&HID Targets	
Internal Service Provision	
IT Product Delivery for Service Transformation and Provision	1Q25
<ul style="list-style-type: none">Develop planned features to enhance the HA's clinical system capabilities for the fourth generation of CMS, including new functions on paperless, protocol-enabled, closed-loop, personalised and patient-centred clinical services.Further develop and support the implementation of initiatives for Smart Hospital to improve both patient and staff experience through more efficient and effective workflow, leveraging automation and integration technologies for clinical care, hospital support and hospital management processes.Further develop planned features for the HA patient mobile app platform (HA Go) by integrating more mobile apps to facilitate public access to HA's services.Further develop planned features for the HA data analytics and machine learning platform to support the development of data driven intelligence for improving clinical efficiency and effectiveness.Continue the planning of IT services, including network infrastructure, hospital data centres and corporate information systems for the new hospital buildings in the First Ten-year HDP. Set up network infrastructure and implement corporate information systems for the extension of Operating Theatre Block for TMH, expansion of UCH and Lai King Building in PMH, development of Tseung Kwan O Joint-user Government Office Building Clinic, North District CHC, Tuen Mun Area 29W CHC, New Acute Hospital and NLTH HASSC, and redevelopment of KCH, GH and QMH.	

IT&HID Targets

Internal Service Provision

- Complete the design and setup of DHP including technical and infrastructure building blocks, acquisition and setup of hardware and software for DHP Cloud, complete development of essential share services and frameworks sufficient to support revamp of clinical and non-clinical applications.

IT Service for Improving Service Standards

- Continue the extension of the closed-loop IPMOE project to KCH, and continue system enhancement service.
- Continue to enhance the quality assurance and risk management controls for all IT services and systems.
- Continue to replace ageing IT network, servers, PC workstations, related equipment and obsolete software.

IT Innovation for Technology Adoption

- Explore, source and test potential technology solutions to support IT Innovation initiatives comprising cloud services, mobile, telehealth and Internet of Things (IoT), as well as AI and big data prototyping.
- Continue the implementation of hospital command centres, Queue Management System, smart payment Kiosks, electronic bed panels, smart vital signs charting and hospital navigation.
- Continue to develop mobile apps and devices for clinical staff.
- Continue to develop and introduce innovative solutions such as mobile payment (e-payment) capabilities.

IT&HID Targets

Internal Service Provision

IT Product Delivery for Community Partnerships

1Q25

- Provide ongoing IT support and enhancements to existing PPP programmes, and perform IT enhancements to provide integrated support for various clinical PPP programmes.
- Continue to enhance HA's clinical systems and provide IT support to facilitate data sharing between public and private healthcare sectors under eHRSS.
- Continue to expand the scope of data sharing including Chinese Medicine information and radiological images under eHR programme.

IT Product Delivery for People and Resources Management

1Q25

- Continue to develop and implement digital workplace initiatives focusing upon increasing employee experience, providing tools to ease and automate their workload and increasing their productivity automation, and facilitating more communication and collaboration.

IT&HID Targets

External Service Provision

eHealth Programme

1Q25

- Provide agency support for the implementation and ongoing operation of eHRSS and its further enhancement / development initiatives collectively named as eHealth+ programme; and also support other eHealth related initiatives including various PPP programmes and Chronic Disease Co-care Pilot Scheme led by the Government.

eHealth and Information Systems for DH

1Q25

- Provide technical agency support for the DH to develop and maintain Stage 2 CIMS.
- Continue to provide ongoing IT support for the Health Care Voucher, Vaccination, and Primary Care Directory schemes.
- Continue to provide ongoing IT support for the Colorectal Cancer Screening Programme and the Electronic Platform for Regulation of Private Healthcare Facilities.
- Continue to provide ongoing IT support for the system interfaces with the DH's Communicable Disease Information System.
- Continue to provide ongoing IT support for the Laboratory Information System.

CLUSTER PLANS

This section contains an overview of the work plans of the seven Clusters for 2024-25.

The front page of each Cluster Plan contains a map showing the distribution of hospitals, specialist outpatient clinics and general outpatient clinics in the Cluster. Hospitals with A&E service are marked with the symbol **+** for easy identification. Following the Cluster map are the summary of healthcare facilities available and a table showing the distribution of patients served in 2022-23 by district of residence in the Cluster. Major risks and challenges faced by the Cluster, as well as the key initiatives and targets in 2024-25 are also included in the respective Cluster Plan.

Sequence of the Plans

- Hong Kong East Cluster (HKEC)
- Hong Kong West Cluster (HKWC)
- Kowloon Central Cluster (KCC)
- Kowloon East Cluster (KEC)
- Kowloon West Cluster (KWC)
- New Territories East Cluster (NTEC)
- New Territories West Cluster (NTWC)

Hong Kong East Cluster



As at 31 March 2023		Hospital / Institution	Specialist Outpatient Clinic	General Outpatient Clinic
1	Cheshire Home, Chung Hom Kok	✓	✓	
2	Pamela Youde Nethersole Eastern Hospital +	✓	✓	
3	Ruttonjee Hospital +	✓	✓	
4	St. John Hospital +	✓	✓	✓
5	Tang Shiu Kin Hospital / Tang Shiu Kin Hospital Community Ambulatory Care Centre / Violet Peel General Out-patient Clinic	✓	✓	✓
6	Tung Wah Eastern Hospital	✓	✓	✓
7	Wong Chuk Hang Hospital	✓		
8	Sai Wan Ho General Out-patient Clinic		✓	✓
9	Anne Black General Out-patient Clinic			✓
10	Chai Wan General Out-patient Clinic			✓
11	North Lamma General Out-patient Clinic			✓
12	Peng Chau General Out-patient Clinic			✓
13	Shau Kei Wan Jockey Club General Out-patient Clinic			✓
14	Sok Kwu Wan General Out-patient Clinic			✓

As at 31 March 2023		Hospital / Institution	Specialist Outpatient Clinic	General Outpatient Clinic
15	Stanley General Out-patient Clinic			✓
16	Wan Tsui General Out-patient Clinic			✓

+ Hospital with A&E service

Healthcare Facilities

There are seven hospitals or institutions in the Hong Kong East Cluster (HKEC). There are also seven specialist outpatient clinics and 12 general outpatient clinics. As at 31 March 2023, HKEC provided a total of 3 310 beds; of which 2 283 were for acute, convalescent and rehabilitation care; 627 for infirmary care and 400 for psychiatric care.

Actual Patients Served

In 2022-23, approximately 385 900 patients had utilised services in HKEC. Approximately 73% of them resided in the Eastern, Wan Chai and Islands Districts, whereas 6% were from the neighbouring Southern District.

Number and percentage distribution of patients ever utilised HKEC services in 2022-23 according to district of residence

District of residence	No. of patients^#	Distribution#
Eastern	215 500	56%
Wan Chai	45 100	12%
Southern	21 300	6%
Islands	19 300	5%
Others*	84 700	22%
HKEC Total	385 900	100%

* It also includes patients from places outside Hong Kong or with unknown addresses.
^ Figures are rounded to the nearest hundred.
There may be a slight discrepancy between the sum of individual items and the total as shown in the table owing to rounding.

Major Risks and Challenges

Having one of the fastest growing ageing population in seven clusters, HKEC is grappling with the increasing service demand from the elderly population. To meet these needs, HKEC will, on the one hand, enhance the coverage of the Community Geriatric Assessment Service (CGAS) and end-of-life care in Residential Care Homes for the Elderly (RCHE) in the catchment area, and on the other hand, implement programmes to increase service capacity and efficiency supported by technology advancement. In 2024-25, HKEC will establish a medical three-dimensional Printing Office to facilitate the service development. Command centres will be set up in PYNEH and RTSKH respectively to optimize patient and resources management. Through acquisition of an additional linear accelerator in PYNEH and an additional computed tomography scanner in RH, as well as preparation for additional operating theatre sessions in the Hybrid Operating Theatre in PYNEH, HKEC will be better equipped to address the pressing needs.

While gradually experiencing a more stable workforce, shortages in nursing and supporting staff manpower persisted over the past year and remained a significant challenge for service resumption in the post-COVID-19 era. Despite an anticipated budget constraint, HKEC will continue to adopt strategic measures for staff retention and improvement in the working environment through the application of smart initiatives.

In addition, HKEC will participate in the Hospital Accreditation Programme with PYNEH as one of the piloting HA hospitals. Building on the solid foundation and culture to promote quality and safety, we look for continuous improvement during the process. Together with other measures for quality improvement, such as the establishment of Hospital Safety Committees and Hospital Governing Committee (HGC) Task Groups on Enhancing Patient Centric Services, effective communication with all stakeholders, including staff, HGC members and community partners would be vital to achieve fruitful outcomes.

By optimising resources, embracing technology and fostering collaboration, HKEC endeavors to enhance service delivery and provide quality patient care in the face of evolving healthcare demands.

HKEC Targets

Provide Smart Care	
Provide medical three-dimensional printing services at HKEC.	1Q25
Enhance urology service by providing 75 additional ambulatory procedures.	1Q25
Strengthen nurse manpower to provide 125 additional SOP new case attendances at the one-stop urogynaecology clinic of PYNEH.	1Q25
Recruit additional case managers at HKEC to provide services for 3 900 additional psychiatric outreach attendances.	1Q25
Provide 4 040 additional geriatric outreach attendances at HKEC.	1Q25
Recruit additional peer support workers to organise small group activities for patients at adult psychiatric and psychogeriatric day hospitals.	1Q25
Set up one designated medical clinic at HKEC to provide one-off specialist consultations to patients referred from the Chronic Disease Co-Care Pilot Scheme.	1Q25
Enhance pharmacist clinic services by providing 7 000 additional pharmacist clinic attendances at HKEC.	1Q25
Set up a Pharmacist Diabetes Mellitus Clinic and provide 700 additional pharmacist clinic attendances at HKEC.	1Q25
Develop Smart Hospital	
Set up command centres in PYNEH and RTSKH.	1Q25
Roll-out phase two eResus service model to PYNEH and SJH.	1Q25

Nurture Smart Workforce

Enhance nursing manpower for psychiatric inpatient wards at HKEC.	1Q25
Provide additional promotion opportunities for advanced practice occupational therapists, physiotherapists and diagnostic radiographers.	1Q25
Strengthen nursing career structure by providing additional positions of associate nurse consultants.	1Q25
Strengthen doctor career structure by providing additional promotion opportunities for residents and associate consultants.	1Q25

Enhance Service Supply

Designate four acute neurosurgical beds for ventilator assisted care at PYNEH.	4Q24
Provide two additional emergency operating theatre sessions for radiological interventions, intra-arterial mechanical thrombectomy and desperate emergency operations at PYNEH.	2Q24
Provide 4 120 additional allied health inpatient and outpatient attendances.	1Q25
Enhance critical care services by providing Intensive Care Unit (ICU) care to 20 additional patients.	1Q25
Enhance vascular services for patients with varicose vein by providing early assessment and early intervention by occupational therapist.	1Q25
Provide 15 additional operations for colorectal cancer at PYNEH.	1Q25
Enhance the radiology services by providing an additional of 4 250 attendances for computed tomography scan at RH.	1Q25

Enhance Service Supply

Enhance orthopaedics and traumatology services by providing 230 additional SOPC new case attendances at PYNEH.	1Q25
Enhance neurophysiology services for additional 60 spine surgery with the support of intraoperative neuro-monitoring, and perform 155 additional nerve conduction studies.	1Q25
Enhance ophthalmology services by providing 990 additional intravitreal injections at HKEC.	1Q25
Continue to support the medication delivery services in SOPC.	1Q25
Provide NT-proBNP service to identify patients with potential heart failure at HKEC.	1Q25
Build capacity for providing 9 544 additional polymerase chain reaction tests for respiratory viruses at HKEC.	1Q25
Build capacity for providing 1 135 plasma Epstein-Barr virus DNA tests at HKEC.	1Q25
Build capacity for providing 52 additional plasma Epidermal Growth Factor Receptor tests for newly diagnosed lung cancer patients with metastasis or recurrent cases at HKEC.	1Q25
Enhance the laboratory capacity and infection control service by providing 34 720 additional Multi-Drug Resistant Organisms screening.	1Q25

Hong Kong West Cluster



As at 31 March 2023		Hospital / Institution	Specialist Outpatient Clinic	General Outpatient Clinic
1	Grantham Hospital	✓	✓	
2	MacLehose Medical Rehabilitation Centre	✓	✓	
3	Queen Mary Hospital +	✓	✓	
4	The Duchess of Kent Children's Hospital at Sandy Bay	✓	✓	
5	Tsan Yuk Hospital	✓	✓	
6	Tung Wah Group of Hospitals Fung Yiu King Hospital	✓	✓	
7	Tung Wah Hospital	✓	✓	✓
8	David Trench Rehabilitation Centre		✓	
9	Aberdeen Jockey Club General Out-patient Clinic			✓
10	Ap Lei Chau General Out-patient Clinic			✓
11	Central District Health Centre General Out-patient Clinic			✓
12	Kennedy Town Jockey Club General Out-patient Clinic			✓

As at 31 March 2023		Hospital / Institution	Specialist Outpatient Clinic	General Outpatient Clinic
13	Sai Ying Pun Jockey Club General Out-patient Clinic			✓

+ Hospital with A&E service

Healthcare Facilities

There are seven hospitals or institutions in the Hong Kong West Cluster (HKWC). There are also eight specialist outpatient clinics and six general outpatient clinics. As at 31 March 2023, HKWC provided a total of 3 079 beds; of which 2 797 were for acute, convalescent and rehabilitation care, 200 for infirmary care and 82 for psychiatric care.

Actual Patients Served

In 2022-23, approximately 326 900 patients had utilised services in HKWC. Approximately 55% of them resided in the Sothern and Central Western Districts, whereas 18% were from the neighbouring Eastern, Islands and Wan Chai Districts.

Number and percentage distribution of patients ever utilised HKWC services in 2022-23 according to district of residence

District of residence	No. of patients^#	Distribution#
Southern	105 800	32%
Central & Western	73 600	23%
Eastern	31 200	10%
Islands	13 300	4%
Wan Chai	13 000	4%
Others*	90 000	28%
HKWC Total	326 900	100%

* It also includes patients from places outside Hong Kong or with unknown addresses.
^ Figures are rounded to the nearest hundred.
There may be a slight discrepancy between the sum of individual items and the total as shown in the table owing to rounding.

Major Risks and Challenges

By October 2024, the Phase 1 Queen Mary Hospital Redevelopment project will be embarked in a new phase with service commissioning in the new Clinical Block 1 (CB1). The project involved the conversion of Senior Staff Quarters into a laboratory and amenity building and the demolition of three buildings located at the north end of the QMH campus for the construction of the CB1. The commissioning of CB1, which is to start after the building handover, is to convert the construction into a functional facility with staff, equipment, medication and other supplies ready to receive patients. The service commissioning will be at least eight months in duration with extensive testing, fitting out and cleansing. There will also be training programmes for staff on the advanced technology infrastructure, new equipment and smart systems in place.

The new CB1 will be 34-storey high with a rooftop helipad. Amongst the clinical facilities, there will be the Hong Kong’s first Chest Pain Centre set up in accordance with national accreditation standards. The Centre will provide an integrated cardiac service to improve the triage and timely management of patients presented with acute chest pain. A pilot program will be launched at the existing A&E Department and an English version of the National Chest Pain Centre Database will be available by 3Q 2025 to collect data for accreditation assessment. With the real-time location system available at CB1, patients’ movement will be tracked to measure patient care times and waiting time for better management of the workflow during medical emergency. Apart from that, CB1 will accommodate clinical departments or facilities including the Accident and Emergency Department with Emergency Medicine Ward, Diagnostic Radiology Department, Operating Theatres and Cardiac Catheterization Laboratories. Besides, there are also enhanced critical care floors for both adult and children; a Neuroscience floor composite of both Neurology and Neurosurgical wards, a Burn Unit and Surgical admission wards. The existing Haematology ward and Bone Marrow Transplantation and Haemodialysis Centre will be relocated to CB1 too.

On the other hand, superstructure work on the Phase 1 Grantham Hospital (GH) Redevelopment project is also in full swing. With a tentative target completion date in 2025, GH will be redeveloped as an academic ambulatory care centre, with strong presence of cancer service, integrating clinical services, teaching and research.

HKWC Targets

Provide Smart Care	
Enhance urology services by providing 340 additional day surgeries.	1Q25
Provide 3 180 additional geriatric outreach attendances at HKWC.	1Q25
Recruit additional case managers at HKWC to provide services for 3 800 additional psychiatric outreach attendances.	1Q25
Set up a pharmacist-led clinic at HKWC for patients with suspected penicillin allergy to provide 300 additional pharmacist clinic attendances.	1Q25
Set up one designated medical clinic at HKWC to provide one-off specialist consultations to patients referred from the Chronic Disease Co-Care Pilot Scheme.	1Q25
Enhance SOP services by providing 175 nursing procedures and 500 case result screening.	1Q25
Enhance cataract surgery services by providing 720 additional nurse clinic attendances in SOPC at HKWC.	1Q25
Enhance pharmacist clinic services by providing 7 000 additional pharmacist clinic attendances at HKWC.	1Q25
Develop Smart Hospital	
Strengthen manpower of command centre at HKWC.	1Q25

Nurture Smart Workforce

Provide additional promotion opportunities for advanced practice diagnostic radiographers.	1Q25
Strengthen nursing career structure by providing additional positions of associate nurse consultants.	1Q25
Strengthen doctor career structure by providing additional promotion opportunities for residents and associate consultants.	1Q25

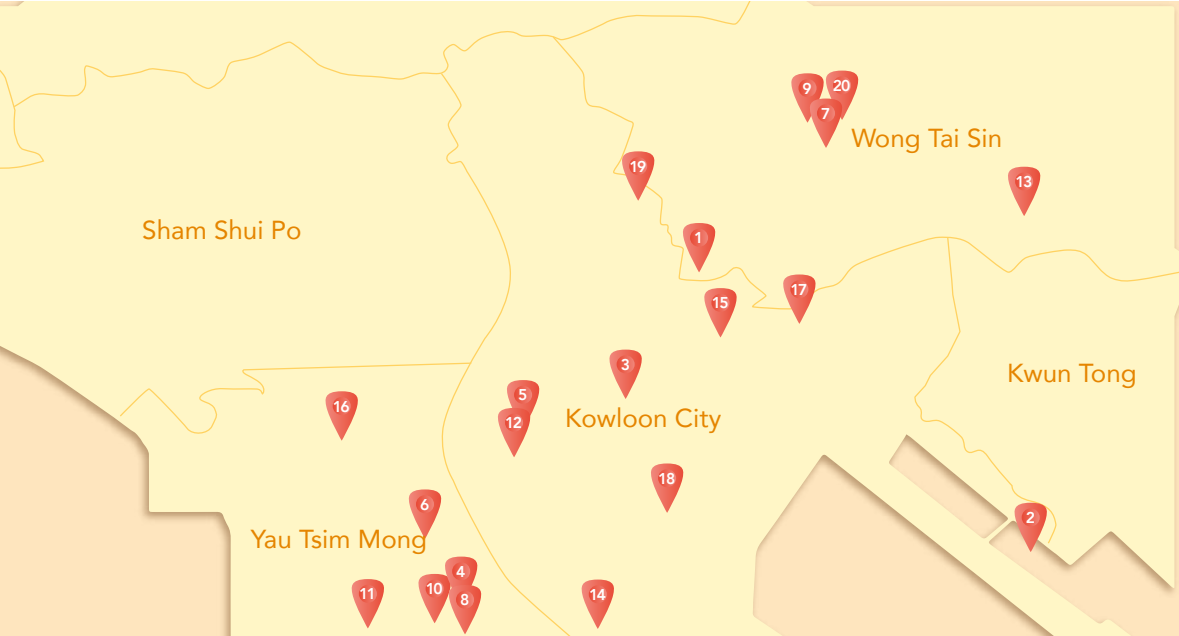
Enhance Service Supply

Strengthen manpower for the Redevelopment of QMH.	1Q25
Enhance medicine service by providing 1 660 additional SOPC new case attendances.	1Q25
Enhance burn services by providing care to 65 burn cases.	1Q25
Enhance the radiology services by commissioning of four new intraoperative imaging equipment including intraoperative computed tomography, Magnetic Resonance Imaging, single-plane and bi-plane Angiography systems.	1Q25
Enhance clinical oncology services for additional chemotherapy and SOPC new case attendances.	1Q25
Enhance liver cancer service by providing liver surgery to additional patients at QMH.	1Q25
Establish the chest pain centre at HKWC and designate eight acute beds for emergency admission of patients with ischaemic heart disease or chest pain.	1Q25
Provide left ventricular assist device implant services for three additional patients with end-stage heart failure at QMH.	1Q25
Provide 1 010 non-invasive procedures for congenital heart disease at QMH.	1Q25

Enhance Service Supply

Continue to support the medication delivery services in SOPC.	1Q25
Build laboratory capacity for providing 72 tests for cerebrospinal fluid neurotransmitters and 14 serum chitotriosidase tests.	1Q25
Build capacity for providing 8 846 additional polymerase chain reaction tests for respiratory viruses at HKWC.	1Q25
Build capacity for providing 1 770 plasma Epstein-Barr virus DNA tests at HKWC.	1Q25
Build capacity for providing 84 additional plasma Epidermal Growth Factor Receptor tests for newly diagnosed lung cancer patients with metastasis or recurrent cases at HKWC.	1Q25
Build laboratory capacity for providing 1 200 Burkholderia pseudomallei antibody tests.	1Q25

Kowloon Central Cluster



As at 31 March 2023		Hospital / Institution	Specialist Outpatient Clinic	General Outpatient Clinic
1	Hong Kong Buddhist Hospital	✓	✓	✓
2	Hong Kong Children's Hospital	✓	✓	
3	Hong Kong Eye Hospital	✓	✓	
4	Hong Kong Red Cross Blood Transfusion Service	✓		
5	Kowloon Hospital	✓	✓	
6	Kwong Wah Hospital +	✓	✓	✓
7	Our Lady of Maryknoll Hospital / Our Lady of Maryknoll Hospital Family Medicine Clinic	✓	✓	✓
8	Queen Elizabeth Hospital +	✓	✓	
9	Tung Wah Group of Hospitals Wong Tai Sin Hospital	✓	✓	
10	Community Rehabilitation Service Support Centre, Hospital Authority		✓	
11	Yau Ma Tei Jockey Club General Out-patient Clinic		✓	✓
12	Central Kowloon Health Centre			✓

As at 31 March 2023		Hospital / Institution	Specialist Outpatient Clinic	General Outpatient Clinic
13	East Kowloon General Out-patient Clinic			✓
14	Hung Hom Clinic			✓
15	Lee Kee Memorial Dispensary			✓
16	Li Po Chun General Out-patient Clinic			✓
17	Robert Black General Out-patient Clinic			✓
18	Shun Tak Fraternal Association Leung Kau Kui Clinic			✓
19	Wang Tau Hom Jockey Club General Out-patient Clinic			✓
20	Wu York Yu General Out-patient Clinic			✓

+ Hospital with A&E service

Healthcare Facilities

There are nine hospitals or institutions in Kowloon Central Cluster (KCC). There are also 10 specialist outpatient clinics and 13 general outpatient clinics. As at 31 March 2023, KCC provided a total of 6 068 beds; of which 5 353 were for acute, convalescent and rehabilitation care, 250 for infirmary care and 465 for psychiatric care.

Actual Patients Served

In 2022-23, approximately 732 300 patients had utilised services in KCC. Approximately 57% of them resided in the Wong Tai Sin, Kowloon City and Yau Tsim Mong Districts, whereas 19% were from the neighbouring Kwun Tong and Sham Shui Po Districts.

Number and percentage distribution of patients ever utilised KCC services in 2022-23 according to district of residence

District of residence	No. of patients^#	Distribution#
Wong Tai Sin	169 100	23%
Kowloon City	140 600	19%
Yau Tsim Mong	104 100	14%
Kwun Tong	80 100	11%
Sham Shui Po	58 700	8%
Others*	179 700	25%
KCC Total	732 300	100%

* It also includes patients from places outside Hong Kong or with unknown addresses.
^ Figures are rounded to the nearest hundred.
There may be a slight discrepancy between the sum of individual items and the total as shown in the table owing to rounding.

Major Risks and Challenges

Centrally located in the densely populated Kowloon region with ease of access, KCC has been providing quality service to residents in the Kowloon area. Due to population ageing, KCC faces the challenge of increasing service demand and case complexity.

With the escalating demand for hospital beds, overcrowding in wards during surge periods and cross-cluster demand for SOPC services, the service capacity of the KCC is subjected to certain limitations. Furthermore, manpower shortage and turnover of experienced workforce have also exerted pressure on service provision.

Concerted efforts were made to streamline the provision of medical services and enhance operation efficiency in KCC hospitals. In addition to scaling up the inpatient, day and out-patient services in 2024-25, KCC will further explore the use of smart hospital initiatives to improve clinical workflow and hospital operational efficiency. KCC will further develop patient-centric services and integrate the latest advanced technology in designing new hospital and facilities.

KCC will continue to improve its hospital facilities via major capital projects as stipulated in the HA 10-year Hospital Development Plan. In 2023, Phase I of the KWH redevelopment project has been completed and commenced operation. The demolition works of the OLMH redevelopment project had been completed in July 2023. The excavation and lateral support works for the construction and substructure had also commenced as scheduled. Preparation work for commissioning the New Acute Hospital (NAH) in the Kai Tak Development Area is ongoing, preparing for the construction works of site B.

KCC Targets

Provide Smart Care	
Build capacity for providing 50 additional in-vitra fertilisation services at KWH.	1Q25
Build up an updated database for 11 types of uncommon disorders, establish diseases-related nursing team to provide support for diagnosis, treatment, manual curation on the validity of data at HKCH.	1Q25
Provide 10 additional Operating Theatre (OT) sessions, five additional Pre-anaesthetic assessment clinic (PAAC) sessions and four additional endoscopy sessions per week. Build capacity for providing 1 000 microbiology tests and implement pharmacy auto-refill services for selected drugs and location at KWH.	1Q25
Recruit additional case managers at KCC to provide services for 1 200 additional psychiatric outreach attendances.	1Q25
Provide 1 160 additional geriatric outreach attendances at KCC.	1Q25
Enhance pharmacist clinic services by providing 7 000 additional pharmacist clinic attendances at KCC.	1Q25
Enhance perioperative care services for 600 additional nurse clinic attendances in SOPC at KCC.	1Q25
Set up one designated medical clinic at KCC to provide one-off specialist consultations to patients referred from the Chronic Disease Co-Care Pilot Scheme.	1Q25
Provide 2 000 additional Family Medicine Specialist Clinics attendances under the collaborative model of Family Medicine and Orthopaedics & Traumatology departments at KCC.	1Q25
Enhance SOP services by providing 275 additional SOPC new case attendances of Surgery and nursing support for 2 500 additional examinations & procedures at QEH.	1Q25

Develop Smart Hospital

Roll-out phase two eResus service model to QEH.	1Q25
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Nurture Smart Workforce

Enhance nursing manpower for psychiatric inpatient wards at KCC.	1Q25
Provide additional promotion opportunities for advanced practice physiotherapists and diagnostic radiographers.	1Q25
Strengthen nursing career structure by providing additional positions of associate nurse consultants.	1Q25
Strengthen doctor career structure by providing additional promotion opportunities for residents and associate consultants.	1Q25

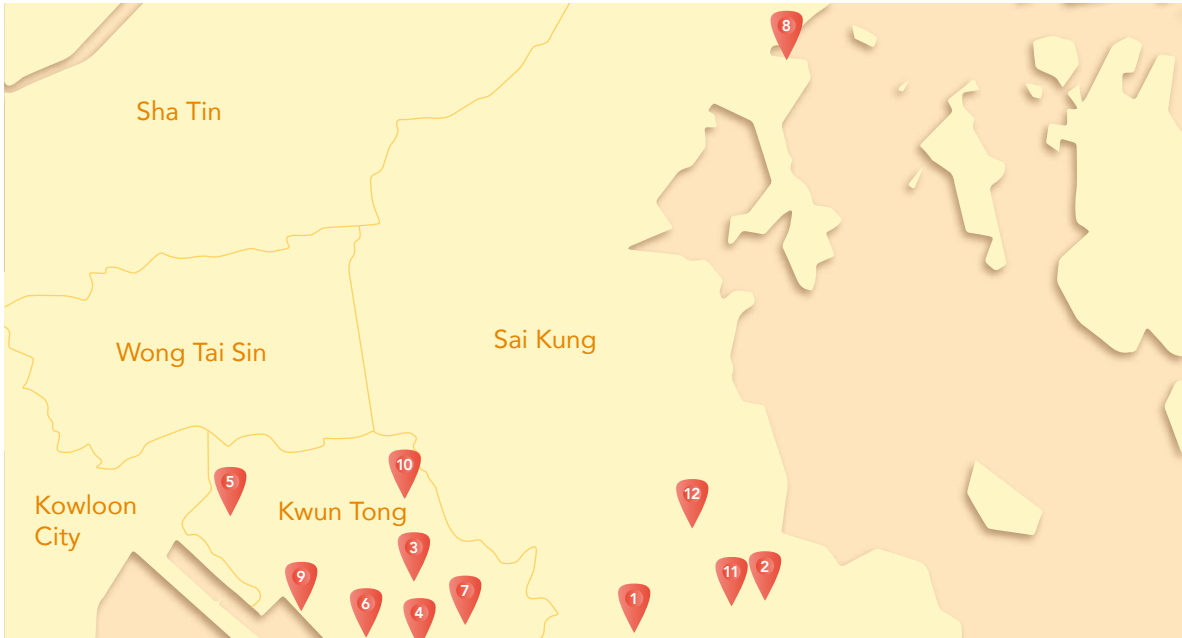
Enhance Service Supply

Commence operation planning and transition planning (Phase 1) for NAH at Kai Tak Development Area by Transition and Activation consultant; strengthen the manpower support for the planning and commissioning works for clinical and other supporting services.	1Q25
Provide 16 additional acute surgery day beds at KWH.	4Q24
Strengthen manpower to support the redevelopment project of OLMH.	1Q25
Strengthen manpower to support the redevelopment project of KWH.	1Q25
Enhance podiatry service by providing 510 additional allied health outpatient attendances at KCC.	1Q25
Set up multidisciplinary integrated clinic for ophthalmology services to provide 825 additional pre-assessment attendances at HKEH.	1Q25

Enhance Service Supply

Establish integrated neuroscience centre at KCC; and provide one High Dependence Unit bed at QEH.	4Q24
Provide 24-hour intra-arterial mechanical thrombectomy service for acute ischaemic stroke patients at KCC.	1Q25
Strengthen manpower to enhance central ventilator services at QEH.	1Q25
Build laboratory capacity to provide 2 000 additional pathogen reduction-treated apheresis platelet in HKRCBTS.	1Q25
Provide 12 additional intra-vascular ultrasound system cases at QEH.	1Q25
Enhance ophthalmology services and provide 1 375 additional allied health outpatient attendances at HKEH.	1Q25
Implement the drug refill services for selected high-risk elderly patient groups in SOPCs at HKBH and KH.	1Q25
Continue to support the medication delivery services in SOPC.	1Q25
Provide NT-proBNP service to identify patients with potential heart failure at KCC.	1Q25
Build capacity for providing 19 541 additional polymerase chain reaction tests for respiratory viruses at KCC.	1Q25
Build capacity for providing 1 740 plasma Epstein-Barr virus DNA tests at KCC.	1Q25
Build capacity for providing 130 additional plasma Epidermal Growth Factor Receptor tests for newly diagnosed lung cancer patients with metastasis or recurrent cases at KCC.	1Q25
Set up a discharge support team in KH to support difficult discharge patients.	1Q25
Strengthen the manpower to enhance the facility inspections and management at KCC.	1Q25

Kowloon East Cluster



As at 31 March 2023		Hospital / Institution	Specialist Outpatient Clinic	General Outpatient Clinic
1	Haven of Hope Hospital	✓	✓	
2	Tseung Kwan O Hospital +	✓	✓	
3	United Christian Hospital +	✓	✓	
4	Yung Fung Shee Memorial Centre		✓	
5	Kowloon Bay Health Centre General Out-patient Clinic			✓
6	Kwun Tong Community Health Centre			✓
7	Lam Tin Polyclinic General Out-patient Clinic			✓
8	Mona Fong General Out-patient Clinic			✓
9	Ngau Tau Kok Jockey Club General Out-patient Clinic			✓
10	Shun Lee General Out-patient Clinic			✓
11	Tseung Kwan O (Po Ning Road) General Out-patient Clinic			✓
12	Tseung Kwan O Jockey Club General Out-patient Clinic			✓

+ Hospital with A&E service

Healthcare Facilities

There are three hospitals or institutions in the Kowloon East Cluster (KEC). There are also four specialist outpatient clinics and eight general outpatient clinics. As at 31 March 2023, KEC provided a total of 3 000 beds; of which 2 844 were for acute, convalescent and rehabilitation care, 76 for infirmary care and 80 for psychiatric care.

Actual Patients Served

In 2022-23, approximately 506 500 patients had utilised services in KEC. Approximately 84% of them resided in the Kwun Tong and Sai Kung Districts.

Number and percentage distribution of patients ever utilised KEC services in 2022-23 according to district of residence

District of residence	No. of patients [^] #	Distribution [#]
Kwun Tong	256 700	51%
Sai Kung	169 800	34%
Others*	80 000	16%
KEC Total	506 500	100%

* It also includes patients from places outside Hong Kong or with unknown addresses.
[^] Figures are rounded to the nearest hundred.
[#] There may be a slight discrepancy between the sum of individual items and the total as shown in the table owing to rounding.

Major Risks and Challenges

In tandem with the aging trend of the population, KEC continues facing formidable challenges from elevating service demand and increasing prevalence of chronic diseases. Apart from the unwavering pursuit to optimise the capacity for inpatient and outpatient services, the Cluster endeavours to promote community care and expedite sustainable collaborative network with community partners to develop co-care model for stable patients. Remarkable effort has been made to facilitate patient access to the community resources as well as enhancing patient empowerment and peer support particularly for mentally ill patients who participate in our psychosocial rehabilitation services throughout their recovery journey.

Apart from service capacity augmentation and optimisation of patient services, KEC attaches great importance to hospital safety, thereby setting up a committee to identify and address potential safety hazards related to various aspects including facility management, environment and medical equipment in the three KEC hospitals. In addition to seminars and training workshops for hospital safety promulgation, the Cluster has fostered a speak up culture in which staff feel comfortable and convenient to report hospital safety issues or concerns round-the-clock.

Visioning for smart hospital development, the Cluster is incentivised to innovate clinical and administrative workflows and bolster resources utilisation with advanced healthcare technologies. Coupled with new facilities built under the capital works projects in KEC and stepping forward to the completion of the UCH capital works project, it is envisaged that KEC will make great strides in modernising the healthcare facilities and unfolding sustainable smart healthcare services in the near future.

KEC Targets

Provide Smart Care	
Provide 10 additional day beds for Orthopaedics & Traumatology (O&T) at UCH.	4Q24
Strengthen manpower for the development of medical social collaboration at KEC.	1Q25
Provide 600 additional allied health outpatient attendances for psychiatric patients at TKOH.	1Q25
Recruit additional case managers at KEC to provide services for 2 600 additional psychiatric outreach services attendances.	1Q25
Enhance renal services by providing additional patient capacities for home automated peritoneal dialysis and haemodialysis.	1Q25
Set up one designated medical clinic at KEC to provide one-off specialist consultations to patients referred from the Chronic Disease Co-Care Pilot Scheme.	1Q25
Enhance osteoporosis care services for 520 additional nurse clinic attendances in SOPC at KEC.	1Q25
Enhance pharmacist clinic services by providing 5 250 additional pharmacist clinic attendances at KEC.	1Q25
Develop Smart Hospital	
Roll out the In-Patient Medication Order Entry System to Intensive Care Unit (ICU) of UCH.	1Q25
Roll-out phase two eResus service model to the A&E department of TKOH.	1Q25

Nurture Smart Workforce

Provide additional promotion opportunities for advanced practice occupational therapists, physiotherapists and diagnostic radiographers.	1Q25
Strengthen nursing career structure by providing additional positions of Associate Nurse Consultants.	1Q25
Strengthen doctor career structure by providing additional promotion opportunities for residents and associate consultants.	1Q25

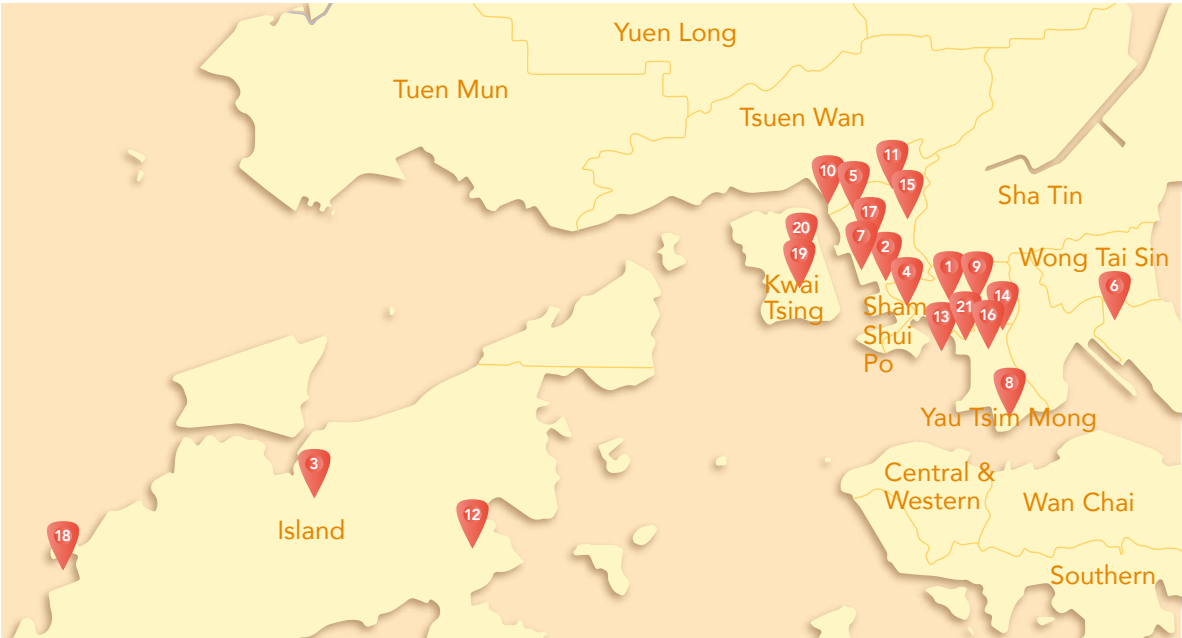
Enhance Service Supply

Provide an additional 10 acute beds and two ICU beds at TKOH.	3Q24
Set up Antidote Coordination Centre and Drug of Abuse Early Warning Centre at Hong Kong Poison Control Centre.	1Q25
Strengthen manpower to support the preparation for the commissioning of new Ambulatory Block of UCH.	1Q25
Enhance renal hemodialysis service by addition of two hemodialysis stations to provide 620 additional hemodialysis sessions at UCH.	1Q25
Provide services for 275 additional SOPC new case attendances for surgery services at UCH.	1Q25
Enhance oncology service by providing 350 additional SOPC new case attendances and 3 660 additional allied health outpatient attendance.	1Q25
Enhance the radiology services by installing an additional high-end Computed Tomography machine at TKOH.	1Q25
Strengthen manpower to provide 1 500 additional patient attendances at Radiology departments in TKOH and HHH.	1Q25

Enhance Service Supply

Strengthen manpower to provide nerve conduction studies services and intraoperative neuro-monitoring for O&T patients.	1Q25
Continue to support the medication delivery services in SOPC.	1Q25
Provide NT-proBNP service to identify patients with potential heart failure at KEC.	1Q25
Build capacity for providing 15 761 additional polymerase chain reaction tests for respiratory viruses at KEC.	1Q25
Build capacity for providing 1 385 plasma Epstein-Barr virus DNA tests at KEC.	1Q25
Build capacity for providing 74 additional plasma Epithelial Growth Factor Receptor tests for newly diagnosed lung cancer patients with metastasis or recurrent cases at KEC.	1Q25
Strengthen the manpower to enhance facilities management.	1Q25

Kowloon West Cluster



As at 31 March 2023		Hospital / Institution	Specialist Outpatient Clinic	General Outpatient Clinic
1	Caritas Medical Centre + / Caritas Medical Centre Family Medicine Clinic	✓	✓	✓
2	Kwai Chung Hospital	✓	✓	
3	North Lantau Hospital + / North Lantau Community Health Centre	✓	✓	✓
4	Princess Margaret Hospital +	✓	✓	
5	Yan Chai Hospital + / Yan Chai Hospital General Practice Clinic	✓	✓	✓
6	East Kowloon Psychiatric Centre		✓	
7	Kwai Chung - Psychogeriatric Out-patient Department cum Carers Support Centre / Ha Kwai Chung General Out-patient Clinic		✓	✓
8	Yaumatei Child and Adolescent Mental Health Service		✓	
9	Cheung Sha Wan Jockey Club General Out-patient Clinic			✓
10	Lady Trench General Out-patient Clinic			✓
11	Mrs Wu York Yu General Out-patient Clinic			✓

As at 31 March 2023		Hospital / Institution	Specialist Outpatient Clinic	General Outpatient Clinic
12	Mui Wo General Out-patient Clinic			✓
13	Nam Cheong Family Medicine Clinic			✓
14	Nam Shan General Out-patient Clinic			✓
15	North Kwai Chung General Out-patient Clinic			✓
16	Shek Kip Mei General Out-patient Clinic			✓
17	South Kwai Chung Jockey Club General Out-patient Clinic			✓
18	Tai O Jockey Club General Out-patient Clinic			✓
19	Tsing Yi Cheung Hong General Out-patient Clinic			✓
20	Tsing Yi Town General Out-patient Clinic			✓
21	West Kowloon General Out-patient Clinic			✓

✚ Hospital with A&E service

Healthcare Facilities

There are five hospitals or institutions in Kowloon West Cluster (KWC). There are also eight specialist outpatient clinics and 17 general outpatient clinics. As at 31 March 2023, KWC provided a total of 5 024 beds; of which 3 753 were for acute, convalescent and rehabilitation care, 196 for infirmary care, 155 for mentally handicapped care and 920 for psychiatric care.

Actual Patients Served

In 2022-23, approximately 687 100 patients had utilised services in KWC. Approximately 78% of them resided in the Kwai Tsing, Sham Shui Po, Tsuen Wan and Islands Districts.

Number and percentage distribution of patients ever utilised KWC services in 2022-23 according to district of residence

District of residence	No. of patients^#	Distribution#
Kwai Tsing	219 500	32%
Sham Shui Po	147 800	22%
Tsuen Wan	108 800	16%
Islands	60 700	9%
Others*	150 300	22%
KWC Total	687 100	100%

- * It also includes patients from places outside Hong Kong or with unknown addresses.
- ^ Figures are rounded to the nearest hundred.
- # There may be a slight discrepancy between the sum of individual items and the total as shown in the table owing to rounding.

Major Risks and Challenges

With a greater proportion of the elderly population in the catchment area, KWC faces significant challenges in meeting the escalating service demand, particularly in managing chronic diseases. To effectively respond to these changes, KWC is committed to rationalising service provision through multi-disciplinary collaboration and coordination among hospitals within the cluster, with the aim of optimising bed capacity and ensuring efficient resource allocation.

KWC aims to deliver high-quality healthcare services in a sustainable manner. To achieve this, the Cluster will strengthen ambulatory services and enhance medical-social collaboration to provide community-based care, thereby minimising unnecessary hospitalisation. Additionally, KWC will continue to leverage digital transformation to enhance both clinical and non-clinical support.

Staff attrition, space constraints and aging facilities are other challenges faced by KWC. KWC will align with corporate direction to enhance staff training and development to ensure the sustainability of professional workforce; and continue to upgrade hospital infrastructure and facilities whenever feasible.

Several major capital projects are in progress, including the Expansion of the Lai King Building at PMH, the Redevelopment of KCH, and the planning and commissioning of the Hospital Authority Supporting Services Centre under the development of NLTH. Smart components and patient-centric services would be integrated into the design and implementation of these capital projects to align with corporate direction.

KWC Targets

Provide Smart Care	
Expand the transferal of existing adult inborn errors of metabolism patients from HKEC, HKWC and KEC to the adult inborn errors of metabolism service at PMH.	1Q25
Provide an additional total of 1 620 day inpatient attendances at Medical Ambulatory Care Centre at YCH.	1Q25
Provide 4 420 additional geriatric outreach attendances at KWC.	1Q25
Recruit additional case managers at KWC to provide services for 1 200 additional psychiatric outreach services attendances.	1Q25
Set up one designated medical clinic at KWC to provide one-off specialist consultations to patients referred from the Chronic Disease Co-Care Pilot Scheme.	1Q25
Enhance pharmacist clinic services by providing 7 000 additional pharmacist clinic attendances at KWC.	1Q25
Enhance breast cancer survivorship care by providing 560 additional nurse clinic attendances in SOPC at KWC.	1Q25
Develop Smart Hospital	
Enhance the radiology services by installing a new angiography system and provide 660 additional attendances for Magnetic Resonance Imaging scan at YCH.	1Q25

Nurture Smart Workforce

Enhance nursing manpower for psychiatric inpatient wards at KWC.	1Q25
Provide additional promotion opportunities for advanced practice occupational therapists, physiotherapists and diagnostic radiographers.	1Q25
Strengthen nursing career structure by providing additional positions of Associate Nurse Consultants.	1Q25
Strengthen doctor career structure by providing additional promotion opportunities for residents and associate consultants.	1Q25

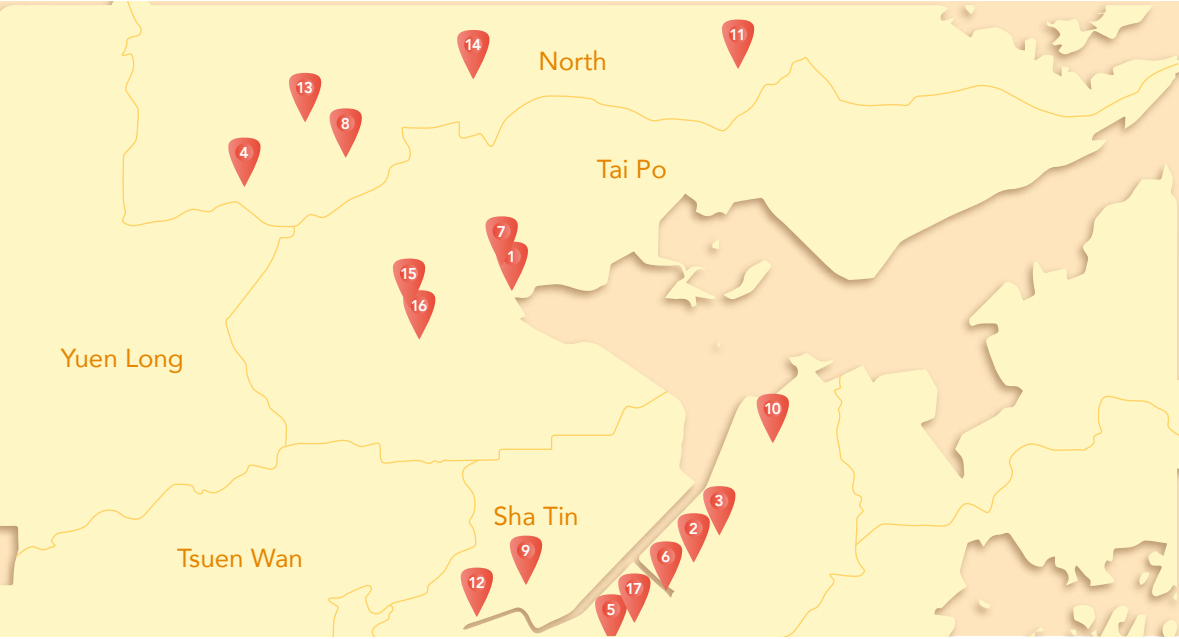
Enhance Service Supply

Provide 20 acute inpatient beds and eight acute day beds at PMH, two high dependency unit beds at YCH and one intensive care unit bed at CMC.	4Q24
Strengthen manpower to support the central food production unit and central laundry centre at Hospital Authority Supporting Services Centre.	1Q25
Strengthen the manpower to prepare for the service commencement of the New Kwai Chung Hospital.	1Q25
Strengthen manpower to support the expansion of Lai King Building in PMH.	1Q25
Provide seven additional endoscopy sessions per week at NLTH.	4Q24
Increase the GOPC quota by 9 500 at the Nam Cheong Family Medicine Clinic.	1Q25
Continue to support the medication delivery services in SOPC.	1Q25
Provide NT-proBNP service to identify patients with potential heart failure at KWC.	1Q25

Enhance Service Supply

Build capacity for providing 22 777 additional polymerase chain reaction tests for respiratory viruses at KWC.	1Q25
Build capacity for providing 1 580 plasma Epstein-Barr virus DNA tests at KWC.	1Q25
Build capacity for providing 126 additional plasma Epidermal Growth Factor Receptor tests for newly diagnosed lung cancer patients with metastasis or recurrent cases at KWC.	1Q25
Strengthen manpower to support non-emergency ambulance services.	1Q25

New Territories East Cluster



As at 31 March 2023		Hospital / Institution	Specialist Outpatient Clinic	General Outpatient Clinic
1	Alice Ho Miu Ling Nethersole Hospital +	✓	✓	
2	Bradbury Hospice	✓	✓	
3	Cheshire Home, Shatin	✓	✓	
4	North District Hospital +	✓	✓	
5	Prince of Wales Hospital +	✓	✓	
6	Shatin Hospital	✓	✓	
7	Tai Po Hospital	✓	✓	
8	Fanling Family Medicine Centre			✓
9	Lek Yuen General Out-patient Clinic			✓
10	Ma On Shan Family Medicine Centre			✓
11	Sha Tau Kok General Out-patient Clinic			✓
12	Shatin (Tai Wai) General Out-patient Clinic			✓
13	Shek Wu Hui Jockey Club General Out-patient Clinic			✓
14	Ta Kwu Ling General Out-patient Clinic			✓
15	Tai Po Jockey Club General Out-patient Clinic			✓

As at 31 March 2023		Hospital / Institution	Specialist Outpatient Clinic	General Outpatient Clinic
16	Wong Siu Ching Family Medicine Centre			✓
17	Yuen Chau Kok General Out-patient Clinic			✓

+ Hospital with A&E service

Healthcare Facilities

There are seven hospitals or institutions in the New Territories East Cluster (NTEC). There are also seven specialist outpatient clinics and 10 general outpatient clinics. As at 31 March 2023, NTEC provided a total of 5 196 beds; of which 4 167 were for acute, convalescent and rehabilitation care, 477 for infirmary care and 552 for psychiatric care.

Actual Patients Served

In 2022-23, approximately 632 300 patients had utilised services in NTEC. Approximately 85% of them resided in the Sha Tin, North and Tai Po Districts.

Number and percentage distribution of patients ever utilised NTEC services in 2022-23 according to district of residence

District of residence	No. of patients^#	Distribution#
Sha Tin	268 600	42%
North	140 600	22%
Tai Po	127 200	20%
Others*	95 900	15%
NTEC Total	632 300	100%

* It also includes patients from places outside Hong Kong or with unknown addresses.
^ Figures are rounded to the nearest hundred.
There may be a slight discrepancy between the sum of individual items and the total as shown in the table owing to rounding.

Major Risks and Challenges

Persistent rising service demand derived from the population growth and ageing population had posed pressures on both our inpatient and outpatient services and continued to be the major challenge of NTEC.

As the largest HA cluster in terms of geographic coverage, NTEC hospitals strive to deliver quality patient-centric services to over 1.3 million Shatin, Tai Po, and North District populations which have a combined population that accounts for around 18.3%¹ of the overall Hong Kong population. Unremitted efforts have been made to expand its service capacity and strengthen service efficiency by introducing new service models and ambulatory care to tackle the challenges.

In 2024-25, NTEC will commission 44 acute inpatient beds and 10 convalescent and rehabilitation inpatient beds to address the inpatient service demand. Besides, four psychiatric rehabilitation beds would be upgraded to admission beds in order to enhance capacity and elevate the quality of care for psychiatric patients. To increase the healthcare capacity and improve patient accessibility, on-site Haematology consultation sessions would be provided in AHNH and NDH. Meanwhile, additional SOPC capacity would be strengthened in PWH and AHNH Medical department and NTEC Ear, Nose & Throat and Ophthalmology & Visual Sciences departments. Our dedicated staff has been one of the most valuable assets. The cluster will nurture and retain talents by strengthening staff career structure and prospects. In line with the corporate strategy, NTEC will beef up manpower to implement smart hospital initiatives and support local IT operation in NTEC hospitals.

Apart from reprovisioning the general outpatient clinics (GOPCs) and mobile medical services in the North District Community Health Centre, two family medicine specialist clinics will be implemented to alleviate the demand for NTEC Medical SOPC services.

NTEC will continue to coordinate various capital projects including the PWH redevelopment project, and NDH expansion project. Integrating smart hospital elements into the new designs of these projects aims to enhance both patient and staff experience.

¹ Based on “Hong Kong Monthly Digest of Statistics” published by Census and Statistics Department

NTEC Targets

Provide Smart Care	
Provide ovarian tissue cryopreservation service for five young female cancer patients with age below 18 at PWH.	1Q25
Build capacity for providing 50 additional in-vitro fertilisation services at PWH.	1Q25
Recruit additional case managers at NTEC to provide services for 5 200 additional psychiatric outreach attendances.	1Q25
Enhance renal services by providing additional patient capacities for home automated peritoneal dialysis and haemodialysis.	1Q25
Set up one designated medical clinic at NTEC to provide one-off specialist consultations to patients referred from the Chronic Disease Co-Care Pilot Scheme.	1Q25
Enhance inflammatory bowel disease care services for 620 additional nurse clinic attendances in SOPC at NTEC.	1Q25
Enhance pharmacist clinic services by providing 3 500 additional pharmacist clinic attendances at NTEC.	1Q25
Nurture Smart Workforce	
Enhance nursing manpower for psychiatric inpatient wards at NTEC.	1Q25
Provide additional promotion opportunities for advanced practice occupational therapists, physiotherapists and diagnostic radiographers.	1Q25
Strengthen nursing career structure by providing additional positions of Associate Nurse Consultants.	1Q25
Strengthen doctor career structure by providing additional promotion opportunities for residents and associate consultants.	1Q25

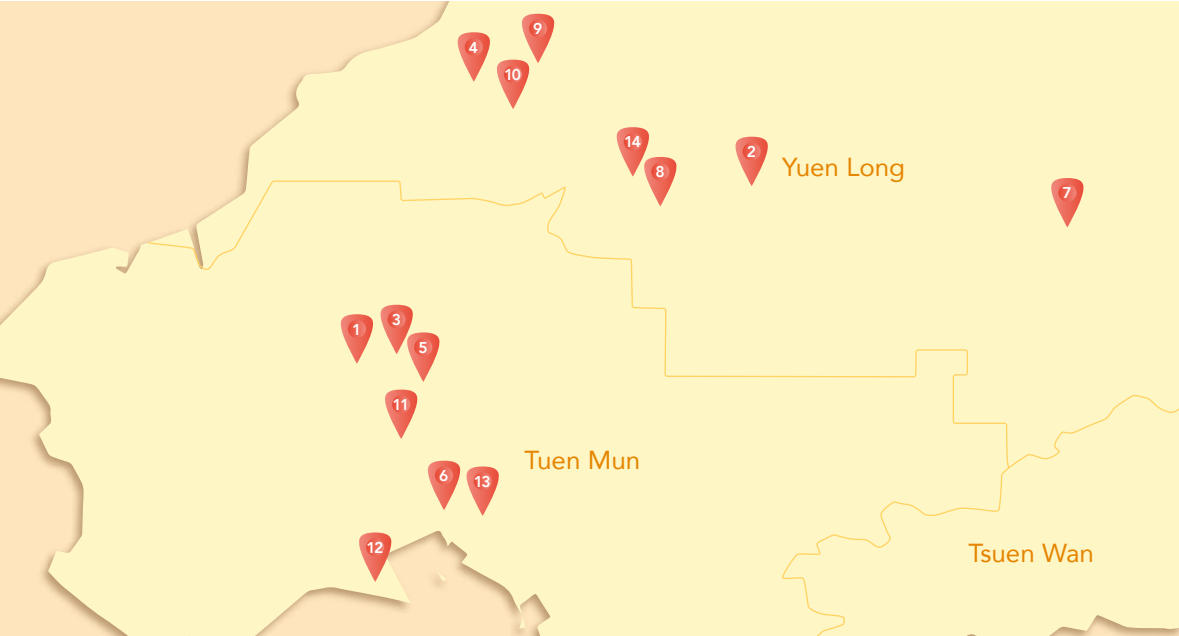
Enhance Service Supply

Provide 14 additional acute beds at PWH, 20 additional acute beds at AHNH, 10 additional acute beds at NDH and 10 extended care beds at SH.	4Q24
Upgrade four psychiatric rehabilitation beds to admission beds at SH.	4Q24
Strengthen manpower to support the Phase II redevelopment of PWH.	1Q25
Provide 375 additional SOPC new case attendances for internal medicine services at PWH and AHNH.	1Q25
Provide 465 additional SOPC new case attendances for Ear, Nose & Throat and Ophthalmology and Visual Sciences.	1Q25
Provide services for a total of 4 000 additional FMSC attendances at Community Health Centres at North District.	1Q25
Enhance speech therapy outpatient service at PWH and speech therapy support in Intensive Care Unit (ICU) at NDH.	1Q25
Support paediatric sleep study service by providing 110 sleep study cases.	1Q25
Provide 590 consultations for haematology service at AHNH and NDH.	1Q25
Enhance ophthalmology services by providing 990 additional intravitreal injections at NTEC.	1Q25
Provide 24-hour intra-arterial mechanical thrombectomy service for acute ischaemic stroke patients at NTEC.	1Q25
Continue to support the medication delivery services in SOPC.	1Q25
Provide NT-proBNP service to identify patients with potential heart failure at NTEC.	1Q25

Enhance Service Supply

Build capacity for providing 19 808 additional polymerase chain reaction tests for respiratory viruses at NTEC.	1Q25
Build capacity for providing 1 770 plasma Epstein-Barr virus DNA tests at NTEC.	1Q25
Build capacity for providing 160 additional plasma Epidermal Growth Factor Receptor tests for newly diagnosed lung cancer patients with metastasis or recurrent cases at NTEC.	1Q25
Build laboratory capacity by providing additional 3 085 tests, including bloodstream and respiratory infection tests, and molecular diagnostic service at NTEC.	1Q25

New Territories West Cluster



As at 31 March 2023		Hospital / Institution	Specialist Outpatient Clinic	General Outpatient Clinic
1	Castle Peak Hospital	✓	✓	
2	Pok Oi Hospital +	✓	✓	
3	Siu Lam Hospital	✓		
4	Tin Shui Wai Hospital +	✓	✓	
5	Tuen Mun Hospital +	✓	✓	
6	Tuen Mun Eye Centre		✓	
7	Kam Tin Clinic			✓
8	Madam Yung Fung Shee Health Centre			✓
9	Tin Shui Wai (Tin Yip Road) Community Health Centre			✓
10	Tin Shui Wai Health Centre (Tin Shui Road)			✓
11	Tuen Mun Clinic			✓
12	Tuen Mun Wu Hong Clinic			✓
13	Yan Oi General Out-patient Clinic			✓
14	Yuen Long Jockey Club Health Centre			✓

+ Hospital with A&E service

Healthcare Facilities

There are five hospitals or institutions in the New Territories West Cluster (NTWC). There are also five specialist outpatient clinics and eight general outpatient clinics. As at 31 March 2023, NTWC provided a total of 4 891 beds; of which 3 060 were for acute, convalescent and rehabilitation care, 135 for infirmary care, 520 for mentally handicapped care and 1 176 for psychiatric care.

Actual Patients Served

In 2022-23, approximately 543 200 patients had utilised services in NTWC. Approximately 91% of the patients resided in the Yuen Long and Tuen Mun Districts.

Number and percentage distribution of patients ever utilised NTWC services in 2022-23 according to district of residence

District of residence	No. of patients^#	Distribution#
Yuen Long	273 000	50%
Tuen Mun	220 800	41%
Others*	49 400	9%
NTWC Total	543 200	100%

* It also includes patients from places outside Hong Kong or with unknown addresses.
^ Figures are rounded to the nearest hundred.
There may be a slight discrepancy between the sum of individual items and the total as shown in the table owing to rounding.

Major Risks and Challenges

NTWC continuously faces the challenges of coping with soaring service demand for a wide range of medical specialties. These are posed by the growing population in the catchment area, which is projected to increase from 1.17 million in 2022^{note 1} to 1.29 million in 2029^{note 2}, with particular significant increase in the elderly population (increased by 47% to 0.31 million). In addition, the lack of private hospital in the area had led to heavy reliance on public healthcare service. NTWC adopts multi-pronged approach to cope with the rising service demand and aging population.

With the commissioning of the new extension of Operating Theatre Block of Tuen Mun Hospital, the capacity of elective and emergency OT would increase significantly in the coming years. NTWC will provide 27 additional acute surgical inpatient beds in 2024-25 to commensurate with commencement of new operation theatres. In addition, NTWC will establish the Integrated Neuroscience Centre to provide a comprehensive integrated neuroscience service to patients requiring multi-disciplinary care.

To align with the corporate strategy to strengthen ambulatory care and community-based care service models, NTWC will enhance ambulatory care by providing additional day procedure sessions in the Ambulatory Gynaecology Centre of Pok Oi Hospital. Following the expected completion of Tuen Mun 29 West Area Community Health Centre in 2024-25, general out-patient quota would increase gradually. Along with collaboration with the District Health Centre, primary health care services provided to citizens in the catchment area would be continuously enhanced.

By adopting various Smart Hospital Initiatives in NTWC, clinical staff would be able to provide quality patient care more effectively and efficiently. In addition, advanced technology and automation in clinical workflow would enhance patient experience and patient safety.

NTWC Targets

Provide Smart Care	
Provide 400 additional day inpatient attendances in Ambulatory Gynaecology Centre at POH.	1Q25
Strengthen manpower for the development of medical social collaboration at NTWC.	1Q25
Recruit additional case managers at NTWC to provide services for 4 300 additional psychiatric outreach attendances.	1Q25
Set up one designated medical clinic at NTWC to provide one-off specialist consultations to patients referred from the Chronic Disease Co-Care Pilot Scheme.	1Q25
Enhance pharmacist clinic services by providing 10 500 additional pharmacist clinic attendances at NTWC.	1Q25
Develop Smart Hospital	
Implement health monitoring system with location tracking function in Accident & Emergency Department at TMH and POH.	1Q25
Install the robotic-arm assisted system and provide services for 15 additional robotic surgeries for joint replacement at POH.	1Q25

Note 1: Based on population estimates released by Census & Statistics Department on 16-Feb-2023, and mid-2022 Distribution of Population by District Council District provided by Planning Department

Note 2: Based on Projections of Population Distribution 2021-2029, published by Planning Department

Nurture Smart Workforce

Enhance nursing manpower for psychiatric inpatient wards at NTWC.	1Q25
Provide additional promotion opportunities for advanced practice occupational therapists, physiotherapists and diagnostic radiographers.	1Q25
Strengthen nursing career structure by providing additional positions of Associate Nurse Consultants.	1Q25
Strengthen doctor career structure by providing additional promotion opportunities for residents and associate consultants.	1Q25

Enhance Service Supply

Provide 27 acute beds at TMH.	4Q24
Establish an integrated neuroscience centre at NTWC and provide two high dependency unit beds at TMH; provide intravenous thrombolysis services for acute ischaemic stroke patients at NTWC.	4Q24
Provide 10 additional Operating Theatre (OT) sessions per week, two additional pre-anaesthetic consultation session per week, as well as 2 550 additional allied health outpatient attendances at OT Extension Block of Tuen Mun Hospital.	1Q25
Implement systemic anti-cancer therapy by providing 540 additional nurse clinic attendances in SOPC and 675 pharmacist clinic attendances at NTWC.	1Q25
Provide services for 2 000 additional FMSC attendances at Community Health Centres at Tuen Mun Area 29 West.	1Q25
Strengthen manpower to enhance pharmacy service.	1Q25
Provide 10 additional electro-diagnostic unit (EDU) sessions per week to enhance EDU service for cardiology, neurology and respirology at TSWH.	1Q25

Enhance Service Supply

Prepare for the installation of an additional Linear Accelerator at TMH.	1Q25
Continue to support the medication delivery services in SOPC.	1Q25
Strengthen the laboratory and infection control service to provide 28 000 additional Multi-Drug Resistant Organisms tests.	1Q25
Provide NT-proBNP service to identify patients with potential heart failure at NTWC.	1Q25
Build capacity for providing 17 623 additional polymerase chain reaction tests for respiratory viruses at NTWC.	1Q25
Build capacity for providing 1 420 plasma Epstein-Barr virus DNA tests at NTWC.	1Q25
Build capacity for providing 100 additional plasma Epidermal Growth Factor Receptor tests for newly diagnosed lung cancer patients with metastasis or recurrent cases at NTWC.	1Q25
Strengthen the manpower to enhance the facility inspections and management.	1Q25

ABBREVIATIONS

A&E	Accident & Emergency
ACIS	Anaesthesia Clinical Information System
AI	Artificial Intelligence
ANC	Associate Nurse Consultant
APN	Advanced Practice Nurse
CAR-T	Chimeric Antigen Receptor T
CC	Central Committee
CIMS	Clinical Information Management System
CMS	Clinical Management System
COC	Coordinating Committee
COS	Chief of Services
DH	Department of Health
eHR	Electronic Health Record
EN	Enrolled Nurse
ENT	Ear, Nose & Throat
FM	Family Medicine
FMSC	Family Medicine Specialist Clinic
GBA	Greater Bay Area
GBM	Glioblastoma Multiforme
GDH	Geriatric Day Hospital
GOPC	General Outpatient Clinic
HA	Hospital Authority
HDP	Hospital Development Plan
ICWM	Integrated Chinese-Western Medicine
ICU	Intensive Care Unit
IEM	Inborn Errors of Metabolism
IPMOE	Inpatient Medication Order Entry
IT	Information Technology
Med	Medicine
MRI	Magnetic Resonance Imaging
NBS	Newborn Screening
NC	Nurse Consultant
NEATS	Non-Emergency Ambulance Transfer Service
NGS	Next-Generation Sequencing
O&T	Orthopaedics & Traumatology
OT	Operating Theatre
PC	Palliative Care
PPP	Public-Private Partnership
RN	Registered Nurse
SCID	Severe Combined Immune Deficiency
SMA	Spinal Muscular Atrophy
SOPC	Specialist Outpatient Clinic
TTF	Tumor Treating Field

Clusters	
HKEC	Hong Kong East Cluster
HKWC	Hong Kong West Cluster
KCC	Kowloon Central Cluster
KEC	Kowloon East Cluster
KWC	Kowloon West Cluster
NTEC	New Territories East Cluster
NTWC	New Territories West Cluster
Hospitals and Institutions	
AHNH	Alice Ho Miu Ling Nethersole Hospital
CMC	Caritas Medical Centre
CHC	Community Health Centre
CPH	Castle Peak Hospital
CRSSC	Community Rehabilitation Service Support Centre
GH	Grantham Hospital
HASSC	Hospital Authority Supporting Services Centre
HHH	Haven of Hope Hospital
HKCH	Hong Kong Children's Hospital
HKRCBTS	Hong Kong Red Cross Blood Transfusion Service
KCH	Kwai Chung Hospital
KH	Kowloon Hospital
KWH	Kwong Wah Hospital
NAH	New Acute Hospital
NDH	North District Hospital
NLTH	North Lantau Hospital
OLMH	Our Lady of Maryknoll Hospital
PMH	Princess Margaret Hospital
POH	Pok Oi Hospital
PWH	Prince of Wales Hospital
PYNEH	Pamela Youde Nethersole Eastern Hospital
QEH	Queen Elizabeth Hospital
QMH	Queen Mary Hospital
RH	Ruttonjee Hospital
SH	Shatin Hospital
SLH	Siu Lam Hospital
TKOH	Tseung Kwan O Hospital
TMH	Tuen Mun Hospital
TSWH	Tin Shui Wai Hospital
TWH	Tung Wah Hospital
TWEH	Tung Wah Eastern Hospital
UCH	United Christian Hospital
YCH	Yan Chai Hospital

APPENDIX 1 Key Service Statistics

Targets	As at 31 March 2023	As at 31 March 2024 (Estimate)	As at 31 March 2025 (Plan/Estimate)
I. Access to services			
Inpatient services			
no. of hospital beds			
general (acute and convalescent)	24 257	24 325	24 478
mentally ill	3 675	3 710	3 710
mentally handicapped	675	675	675
infirmary	1 961	1 961	1 961
overall	30 568	30 671	30 824
Ambulatory and outreach services			
accident and emergency (A&E) services			
percentage of A&E patient attendances seen within target waiting time			
triage I (critical cases – 0 minute) (%)	100	100	100
triage II (emergency cases – 15 minutes) (%)	97	95	95
triage III (urgent cases – 30 minutes) (%)	74	90	90
specialist outpatient services			
median waiting time for first appointment at specialist outpatient clinics			
priority 1 cases	< 1 week	2 weeks	2 weeks
priority 2 cases	5 weeks	8 weeks	8 weeks
rehabilitation and geriatric services			
no. of geriatric day places	757	787	787
psychiatric services			
no. of psychiatric day places	909	909	909

Indicators	Actual for 2022-23	Estimate for 2023-24	Estimate for 2024-25
II. Delivery of services			
Inpatient services			
overall			
no. of patient days	7 975 641	8 933 000	9 006 000
bed occupancy rate (%)	82	82	82
no. of discharge episodes ^[Note 1]	994 539	1 257 770	1 268 670
general (acute and convalescent)			
no. of patient days	6 498 776	7 326 000	7 379 000
bed occupancy rate (%)	85	85	85
no. of discharge episodes ^[Note 1]	974 192	1 235 900	1 246 400
average length of stay (days) ^[Note 2]	6.7	6.7	6.7
mentally ill			
no. of patient days	868 536	947 000	967 000
bed occupancy rate (%)	66	66	66
no. of discharge episodes ^[Note 1]	16 577	18 000	18 400
average length of stay (days) ^[Note 2]	60	60	60
mentally handicapped			
no. of patient days	168 371	186 000	186 000
bed occupancy rate (%)	68	68	68
infirmary			
no. of patient days	439 958	474 000	474 000
bed occupancy rate (%)	81	81	81
Ambulatory and outreach services			
day inpatient services			
no. of discharge episodes ^[Note 1]	731 487	795 700	801 600
A&E services			
no. of A&E attendances	1 741 091	2 203 000	2 203 000
no. of A&E first attendances			
triage I	26 825	28 000	28 000
triage II	50 852	52 800	52 800
triage III	673 998	748 600	748 600

Indicators	Actual for 2022-23	Estimate for 2023-24	Estimate for 2024-25
specialist outpatient services			
no. of specialist outpatient (clinical) first attendances	829 584	885 000	891 000
no. of specialist outpatient (clinical) follow-up attendances	7 214 160	7 353 000	7 369 000
total no. of specialist outpatient (clinical) attendances	8 043 744	8 238 000	8 260 000
primary care services			
no. of general outpatient attendances	4 995 348	6 327 000	6 329 000
no. of family medicine specialist clinic attendances	322 262	348 300	361 300
total no. of primary care attendances	5 317 610	6 675 300	6 690 300
rehabilitation and palliative care services			
no. of rehabilitation day and palliative care day attendances	64 514	116 400	118 200
no. of community nurse attendances	869 158	950 000	953 000
no. of allied health (community) attendances	27 058	34 200	35 000
no. of allied health (outpatient) attendances	3 009 437	3 202 000	3 236 000
geriatric services			
no. of geriatric outreach attendances	770 143	787 300	800 100
no. of geriatric elderly persons assessed for infirmary care service	1 880	1 880	1 880
no. of geriatric day attendances	89 271	170 300	173 400
psychiatric services			
no. of psychiatric outreach attendances	272 345	339 300	351 900
no. of psychiatric day attendances	79 620	237 100	237 100
no. of psychogeriatric outreach attendances	99 835	114 700	114 700
III. Quality of services			
no. of hospital deaths per 1 000 population ^[Note 3]	2.8	2.8	2.8
unplanned readmission rate within 28 days for general inpatients (%)	10.8	10.8	10.8

Indicators	Actual for 2022-23	Estimate for 2023-24	Estimate for 2024-25
IV. Cost of services			
Cost distribution			
cost distribution by service types (%)			
inpatient	54.2	54.0	54.0
ambulatory and outreach	45.8	46.0	46.0
cost of services for persons aged 65 or above			
share of cost of services (%)	54.1	54.5	54.5
cost of services per 1 000 population (\$m)	30.9	30.9	31.3
Unit costs			
inpatient services			
cost per patient day (\$)			
general (acute and convalescent)	7,390	6,920	7,140
mentally ill	3,870	3,740	3,830
mentally handicapped	2,420	2,300	2,360
infirmary	2,320	2,220	2,300
ambulatory and outreach services			
cost per A&E attendance (\$)	2,430	2,020	2,080
cost per specialist outpatient attendance (\$)	1,620	1,660	1,720
cost per general outpatient attendance (\$)	690	680	695
cost per family medicine specialist clinic attendance (\$)	1,410	1,440	1,570
cost per community nurse attendance (\$)	760	730	750
cost per psychiatric outreach attendance (\$)	2,220	1,930	2,050
cost per geriatric day attendance (\$)	3,480	2,520	2,590
Fee waivers			
total amount of waived fees (\$m)	1,112.0	1,164.3	1,293.6
percentage of Comprehensive Social Security Assistance fee waiver (%) ^[Note 4]	14.1	14.5	14.7
percentage of Old Age Living Allowance (OALA) fee waiver (%) ^[Note 4]	13.7 ^[Note 5]	14.7	13.6
percentage of other fee waiver (%) ^[Note 4]	9.9	7.7	7.8

Indicators	Actual for 2022-23	Estimate for 2023-24	Estimate for 2024-25
V. Manpower (no. of full time equivalent staff as at 31 March)			
Medical			
doctor	6 542	6 780	7 040
specialist	3 453	3 500	3 570
non-specialist	3 089	3 280	3 470
intern	499	535	535
dentist	14	14	14
medical total	7 055	7 329	7 589
Nursing			
nurse	27 572	27 680	28 020
trainee	2 027	2 100	2 200
nursing total	29 599	29 780	30 220
Allied health	9 131	9 600	9 930
Others	44 255	45 780	46 450
total	90 040	92 489	94 189

- Note 1

Refers to discharges and deaths in the Controlling Officer’s Report (COR)
- Note 2

Derived by dividing the sum of length of stay of inpatients by the corresponding number of inpatients discharged and treated.
- Note 3

Refers to the age-standardised hospital death rate covering inpatient and day inpatient deaths in HA hospitals in a particular year. The standardised rate, as a standard statistical technique to facilitate comparison over years, is calculated by applying the HA age-specific hospital death rate in that particular year to the “standard” population in mid-2001.
- Note 4

Refers to the amount waived as percentage to total charge.
- Note 5

As announced in the 2021 Policy Address, the merging of Normal and Higher OALA would be effective from 1 September 2022. Against this background, 2022-23 (Actual) covers Higher OALA recipients aged 75 or above before the merger and all eligible OALA recipients aged 75 or above upon the merger.

APPENDIX 2 Service Estimates by Cluster

Service Estimates for 2024-25	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC
Inpatient services							
general (acute and convalescent)							
no. of patient days	648 500	664 700	1 628 800	895 500	1 182 600	1 323 700	1 035 200
no. of discharge episodes ^[Note 1]	121 170	115 960	244 470	150 520	223 930	214 350	176 000
mentally ill							
no. of patient days	102 700	22 600	129 000	20 400	258 400	162 800	271 100
no. of discharge episodes ^[Note 1]	1 770	700	3 200	530	4 820	4 510	2 870
mentally handicapped							
no. of patient days	-	-	-	-	19 900	-	166 100
infirmary							
no. of patient days	163 900	43 000	79 400	26 600	44 900	86 000	30 200
Ambulatory and outreach services							
day inpatient services							
no. of discharge episodes ^[Note 1]	77 310	106 170	158 050	84 690	112 400	149 840	113 140
accident and emergency services							
no. of A&E attendances	214 700	123 900	312 400	282 600	473 900	356 300	439 200
specialist outpatient services							
no. of specialist outpatient (clinical) attendances	877 300	955 400	1 545 600	944 900	1 421 800	1 364 500	1 150 500
primary care services							
no. of primary care attendances	653 560	418 790	1 221 750	1 088 030	1 138 850	1 143 200	1 026 120
rehabilitation and palliative care services							
no. of rehabilitation day and palliative care day attendances	45 580	32 230	11 600	8 470	5 020	9 550	5 750
no. of community nurse attendances	101 100	57 500	190 600	185 400	167 600	144 900	105 900
no. of allied health (community) attendances	1 600	1 530	5 370	1 090	5 680	12 510	7 220
no. of allied health (outpatient) attendances	377 300	251 000	709 900	459 000	474 500	512 700	451 600

Service Estimates for 2024-25	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC
geriatric services							
no. of geriatric outreach attendances	114 740	71 120	171 140	58 850	155 500	104 860	123 890
no. of geriatric day attendances	29 510	8 270	31 840	18 040	30 710	33 370	21 660
psychiatric services							
no. of psychiatric outreach attendances	29 690	26 530	22 020	38 200	111 600	52 580	71 280
no. of psychiatric day attendances	29 400	22 760	13 050	34 190	69 160	48 010	20 530
no. of psychogeriatric outreach attendances	12 740	18 320	10 690	11 490	31 890	14 810	14 760
Quality of services							
unplanned readmission rate within 28 days for general inpatients (%)	10.4	9.7	10.4	11.5	11.3	10.3	11.4

Note 1 Refers to discharges and deaths in the Controlling Officer’s Report (COR).

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We welcome your suggestions on the
Hospital Authority Annual Plan.
Please forward your suggestions to:

Hospital Authority
Hospital Authority Building
147B Argyle Street
Kowloon, Hong Kong
Tel: (852) 2300 6555
Email: enquiry@ha.org.hk
Website: www.ha.org.hk
This Annual Plan can also be downloaded
from the Hospital Authority website.

