



醫院管理局  
HOSPITAL  
AUTHORITY

# ANNUAL PLAN 2025-26



# 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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# INTRODUCTION FROM CHIEF EXECUTIVE

The Hospital Authority (HA) is the major provider of quality, comprehensive and people-centred public healthcare services and a vital safety net for citizens in Hong Kong. I would like to extend my deep appreciation for the unwavering support from the Government, our dedicated colleagues and the community. With their steadfast support, we have been able to provide high quality care services.

In 2025-26, the Government maintained their strong commitment to supporting the implementation of initiatives outlined in this Annual Plan to further strengthen the healthcare services and capacity. We are immensely grateful and HA will ensure the prudent allocation of these funds to effectively enhance our services to meet the accelerating healthcare demand.

In response to the escalating service demand driven by demographic shifts and the rising prevalence of chronic diseases, HA will continue to enhance service supply through the Hospital Development Plan. The commissioning of Queen Mary Hospital, United Christian Hospital, Kwong Wah Hospital, Grantham Hospital, the New Acute Hospital in Kai Tak Development Area, and the HA Supporting Services Centre will be implemented in phases. To align with the Government's primary healthcare development strategy, the services of Community Health Centres and General Outpatient Clinics will also be phased in to strengthen primary healthcare services at the district level.

In addition to expanding facilities and providing 330 additional hospital beds across clusters, we will enhance general and specialist outpatient clinics, as well as pre-anaesthetic assessment, diagnostic radiology, endoscopy, ophthalmology, renal and psychiatry services to increase our service capacity. To improve diagnostic efficiency and service outcomes, the second chest pain centre will be established at Prince of Wales Hospital following the first one at Queen Mary Hospital, alongside the enhancement of neuroscience services at Hong Kong West Cluster and New Territories West Cluster. HA will set up a new Breast Milk Bank at Hong Kong Children's Hospital to support preterm and critically ill infants, as well as strengthen assisted reproductive services, introduce pre-eclampsia screening services and enhance newborn screening services.

Simultaneously, we are advancing the shift in service delivery models to provide "Smart Care" and facilitate sustainable healthcare services. Ambulatory care services will be enhanced with additional day beds and operation sessions to promote efficiency and reduce reliance on inpatient care. We will strengthen multidisciplinary team clinics for patients with heart failure and enhance cardiac day rehabilitation services. Additional support will be provided for community-based medical services, such as Community Psychiatry Services and Community Geriatric Assessment Teams, along with the development of telehealth services to improve patient experience. HA will also explore and implement alternative options for specialist outpatient services, including nurse clinic services and pharmacist clinic services.

HA will address the manpower shortfall through recruitment and retention measures, facilitating professional progression and nurturing a sustainable workforce through structured and innovative training provided by HA Academy. In alignment with the "Smart Hospital" strategy, we will expand and modernise our equipment, infrastructure, and information technology platform to enable smart care and automated services. For instance, we will implement an automated process for uploading eye assessment results by leveraging smart devices and integrating systems, thereby enhancing patient safety and improving overall effectiveness.

Looking ahead, HA will continue to overcome challenges while driving efficiency and quality improvement in the delivery of sustainable healthcare services. I would like to take this opportunity to express my gratitude to all our colleagues for their commitment and collaborative efforts in formulating and implementing Annual Plan 2025-26.



**Tony KO**  
Chief Executive

# PLANNING CONTEXT

This Annual Plan outlines the specific actions for the fourth 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 to action through five Annual Plans developed annually over that period.

The Annual Plan 2025-26 is the fourth action plan derived from the HA Strategic Plan 2022-2027. The planning process for this Annual Plan began in April 2024. 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.

# 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 2025-26 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.

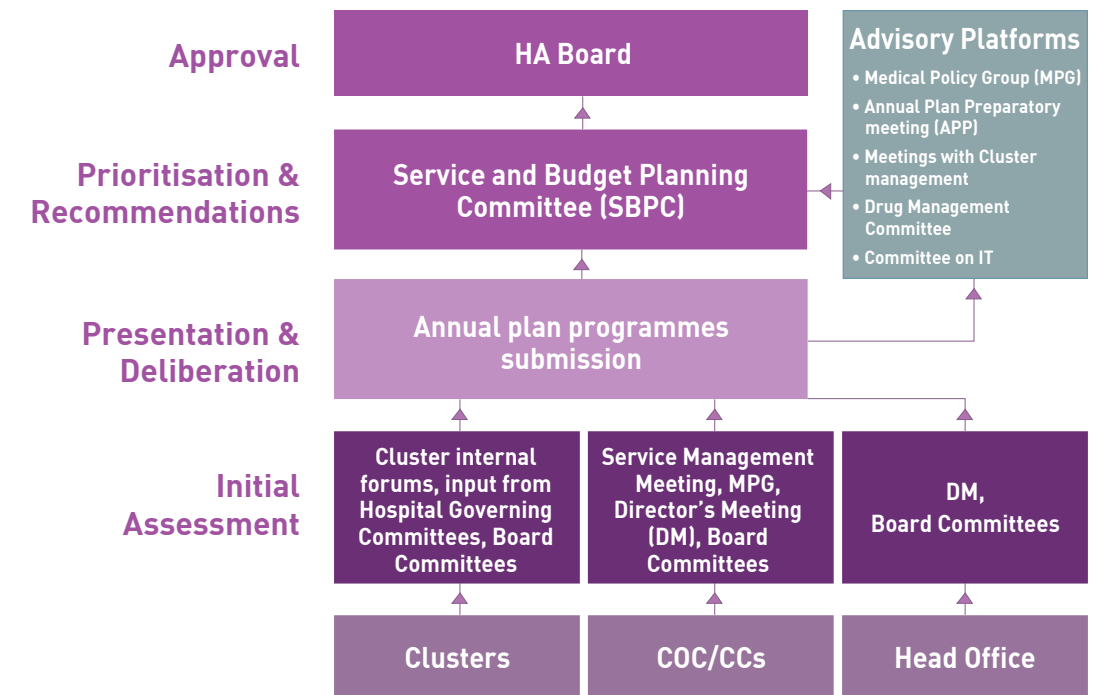
Taking reference to the priorities set out in the Strategic Plan, HA Task Group on Sustainability, Coordinating Committees and Central Committees (COC/CCs) of the different clinical specialties, Clusters' management and Head Office executives identified service gaps and pressure areas. From this, service 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 then 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:

- **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 and meetings with Cluster management** advised on the proposals' feasibility and readiness for implementation. Participants of the meetings 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 use of drugs in the HA Drug Formulary.
- **Committee on Information Technology (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 2025-26. 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 2025 and March 2026.

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 comments on the Annual Plan for consideration.

# ANNUAL PLAN FRAMEWORK

The framework of Annual Plan 2025-26 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 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 2025-26**:

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

Framework of Annual Plan 2025-26		
Strategic Goals <small>(What we want to achieve)</small>	Strategic Directions <small>(Where we are going)</small>	Strategies <small>(How we get there)</small>
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
Develop Smart Hospitals		Enhance and develop different Public-Private Partnership (PPP) options
	Enable smart care provision	Develop smart ward, smart clinic and smart pharmacy
		Roll out “Mobile Patient” initiatives
Nurture Smart Workforce	Enable smart hospital support and managementt	Automate services via IT tools / solutions and robotics
		Establish IT platforms to facilitate operational efficiency
		Attract and retain staff
	Enhance training and development	Conduct long-term manpower planning of healthcare staff
		Enhance staff recruitment and employment options
Enhance Service Supply	Increase healthcare capacity	Foster staff’s career prospects
		Strengthen staff relations, management and recognition
		Drive Digital Workplace
		Reinforce staff training programmes
		Facilitate staff to attend training
		Implement Hospital Development Plans
		Bolster the capability of healthcare facilities in meeting demand





## STRATEGIC GOALS AND PROGRAMME TARGETS

In **Annual Plan 2025-26**, we map out four Strategic Goals and 20 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 2025-26

- 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 2025-26
Enhance newborn screening services.	Build capacity for providing screening tests of 25 000 for Spinal Muscular Atrophy to all HA live births at HKCH by 1Q26.
Introduce pre-eclampsia screening to all antenatal bookings.	Set up logistics for pre-eclampsia screening positive women and provide pre-eclampsia screening to all antenatal bookings at PYNEH, QMH, UCH, PWH, KWH, QEH, PMH and TMH by 1Q26.
Enhance the assisted reproductive services.	Build capacity for providing 300 additional in-vitro fertilisation cycles at KWH and PWH by 1Q26.
Commence operation of the Breast Milk Bank in HKCH.	Build capacity for collecting 1 000 litres of breast milk per annum at HKCH by 1Q26.
Enhance genetic and genomic services.	Build up HA junior genetic talent pool, enhance capacity for genetic and genomic services, develop paediatric movement analysis by operating the motion analysis laboratory and provide 1 215 additional allied health out-patient (AHOP) attendances by 1Q26.

Action	Target for 2025-26
Enhance BRCA1/2 germline mutation testing and genetic counselling services for breast cancer patients in HA.	Build capacity for providing an additional total of 800 BRCA1/2 germline mutation tests at PYNEH, QMH and PWH and 1 040 AHOP attendances at TWH by 1Q26.
Enhance medical device management.	Provide additional medical devices used in interventional procedures under specific clinical indications by 2Q25.

#### Build up telemedicine and telecare

Action	Target for 2025-26
Enhance Mental Health Direct call centre services.	Build capacity for providing 6 300 additional calls under Mental Health Direct by 1Q26.

#### Promote ambulatory care

Action	Target for 2025-26
Provide additional day beds to relieve the reliance on inpatient care.	Set up dedicated day service facilities of 40 beds at YCH by reorganising existing physical spaces, which involves converting 20 inpatient beds to 33 day beds by 2Q25 and providing seven additional day beds at YCH by 4Q25; and provide 86 additional day beds, including five at UCH by 2Q25; five at TKOH by 3Q25; three at PYNEH, 40 at KWH, ten at QEH, three at UCH, 18 at PWH and two at TMH by 4Q25.
Enhance the ambulatory care for oncology services.	Provide two additional operating theatre (OT) sessions for image-guided brachytherapy per alternate month and 140 additional specialist out-patient clinic (SOPC) new case attendances at KWC by 1Q26.

Action	Target for 2025-26
Enhance the ambulatory care for haematology services.	Provide three additional pre-chemotherapy nurse clinic sessions per week and 125 additional SOPC new case attendances at NTWC by 1Q26.
Enhance the provision of cardiac day rehabilitation services.	Provide 945 additional rehabilitation day attendances at KWC and 65 additional new case referrals to cardiac rehabilitation programme at HKWC by 1Q26.
Enhance the ambulatory care for cardiac services.	Set up multidisciplinary heart failure teams to provide inpatient consultation services to heart failure patients; and establish heart failure transitional ambulatory care centres and provide an additional total of 30 additional day procedures, 695 non-invasive cardiac procedures and 210 capacities at HKWC, KWC and NTEC by 1Q26.
Enhance the ambulatory care for urology and ear, nose and throat (ENT) services.	Provide an additional total of four local anaesthesia (LA) OT sessions for ENT and urology at NTEC by 1Q26.
Enhance the provision of neurology day rehabilitation services.	Commence neurology day rehabilitation services in Multi-Specialty Day Centre by 4Q25 and provide 1 890 additional rehabilitation day attendances at UCH by 1Q26.

#### Enhance community-based care

Action	Target for 2025-26
Develop new service models to support Community Pharmacy Programme (CPP).	Strengthen manpower to oversee the development of the CPP and develop related information technology (IT) system by 1Q26.

Action	Target for 2025-26
Continue to enhance the Community Geriatric Assessment Team support for patients in Residential Care Homes for the Elderly.	Provide an additional total of 14 090 geriatric outreach attendances at KCC, KEC, KWC and NTEC by 1Q26.
Enhance ambulatory care for geriatric services to cater for increasing elderly service demand.	Provide 25 additional geriatric day places by 4Q25 and 2 610 geriatric day attendances at QEH by 1Q26; 12 additional geriatric day places and 620 geriatric day attendances at PYNEH by 1Q26.
Enhance community nursing services.	Strengthen manpower to provide 1 800 additional community nurse attendances and support home intravenous injection at HKEC by 1Q26.

#### Empower patients for self-care

Action	Target for 2025-26
Enhance quality of self-care through provision of additional capacity of home dialysis.	Enhance renal services by providing 25 additional patient capacities for automatic peritoneal dialysis and 20 additional patient capacities for home haemodialysis by 1Q26.

#### Implement alternative options for specialist outpatient service

Action	Target for 2025-26
Enhance nurse clinic services in Psychiatry, Orthopaedics & Traumatology and Surgery to alleviate the workload of doctors by adopting the integrated model of SOP service.	Enhance child and adolescent psychiatric, joint replacement, vascular care and colorectal care services by providing an additional total of 3 920 nurse clinic attendances in SOPC at HKEC, KCC, KEC, KWC and NTWC by 1Q26.

Action	Target for 2025-26
Enhance nurse clinic and pharmacy clinic services for systemic anti-cancer therapy.	Enhance systemic anti-cancer therapy by providing 700 additional nurse clinic attendances in SOPC at PYNEH and 900 additional pharmacist clinic attendances at PWH by 1Q26.
Enhance hepato-biliary and pancreatic (HBP) nursing services to improve patient care.	Strengthen manpower to adopt new model for HBP nursing services at NTEC by 1Q26.

### Enhance and develop different PPP options

Action	Target for 2025-26
<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"> <li>• Cataract Surgeries Programme (CSP),</li> <li>• Project on Enhancing Radiological Investigation Services through Collaboration with the Private Sector (Radi Collaboration),</li> <li>• Haemodialysis (HD) PPP Programme,</li> <li>• General Outpatient Clinic (GOPC) PPP Programme,</li> <li>• Colon Assessment PPP Programme,</li> <li>• Glaucoma PPP Programme,</li> <li>• Radiation Therapy Service PPP Programme,</li> <li>• Trauma Operative Service Collaboration Programme,</li> <li>• Breast Cancer Operative Service Collaboration Programme, and</li> <li>• Investigation PPP Programme.</li> </ul>	<p>Provide service quota for PPP programmes including 5 000 CSP surgeries, 60 000 Radi Collaboration scans, 450 HD places, 56 280 GOPC patient capacities, 2 200 colonoscopies, 2 700 glaucoma patient capacities, 100 radiation therapy cases, 700 case capacities for trauma operative service, 430 case capacities for breast cancer operative service and 112 560 case capacities for Investigation PPP by 1Q26.</p>

## Develop Smart Hospitals

### Our strategies for 2025-26

- 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

### Develop smart ward, smart clinic and smart pharmacy

Action	Target for 2025-26
Enhance pharmacy inventory management.	Develop an electronic platform for drug ward stock ordering and automate stock transfer by 1Q26.
Develop smart hospital initiatives.	Continue the development and implementation of initiatives for Smart Hospital, including Smart Hospital Products under Smart Care, Smart Hospital Support and Management by 1Q26.


### Roll out “Mobile Patient” initiatives

Action	Target for 2025-26
Upgrade smart blood donation journeys under the HK Blood Mobile Application.	Upgrade the smart donation journeys with add on Artificial Intelligence (AI) Chatbot and telemedicine function features under the HK Blood Mobile Application and implement data visualisation dashboard for blood transfusion services by 1Q26.

**Automate services via IT tools / solutions and robotics**

Action	Target for 2025-26
Improve safety and effectiveness for surgery by implementing robotic-arm assisted system.	Install a robotic-arm assisted system for joint replacement surgery at KWC by 1Q26.

**Establish IT platforms to facilitate operational efficiency**

Action	Target for 2025-26
Establish a staff immunisation registry  to record staff immunity against vaccine-preventable diseases to enhance staff and patient safety, and facilitate infectious disease outbreak management.	Develop a staff immunisation electronic central registry and provide management reports by 1Q26.
Continue the development of the Smart Ambulance Booking System (SABS).	Further develop the SABS to allow direct information exchange, proper documentation, streamlined workflow and enhanced service monitoring with smart initiatives by 1Q26.
Continue to develop the Clinical Management System (CMS) to improve the efficiency of clinical services.	Further develop the HA clinical system capabilities for the fourth generation of CMS, including new functions on paperless, protocol-enabled, closed-loop, personalised and patient-centred clinical services by 1Q26.
Continue the development and implementation of eHealth Plus to enhance the functionalities.	Implement eHealth Plus and develop an IT system to support eMedication and Health Campaign by 1Q26.

Action	Target for 2025-26
Develop an IT system for the Second Phase of Breast Cancer Screening Pilot Programme.	Develop and implement an IT System to facilitate various workflows on participants enrolment, consultation, referral and examinations services by 1Q26.
Support clinical research and innovation development in HA.	Develop IT solutions to support clinical research and enhance existing portal to support centralisation and research monitoring by 1Q26.
Provide IT support for technology adoption.	Continue to adopt the practice of using advanced technologies and processes to automate system management and application monitoring; 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 1Q26.



## Nurture Smart Workforce

### Our strategies for 2025-26

- 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 2025-26
Enhance nursing manpower for apheresis services.	Enhance nursing manpower for apheresis procedure, and the related training, accreditation and quality management at NTEC by 3Q25.

#### Enhance staff recruitment and employment options

Action	Target for 2025-26
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 who wish to continue to work in HA at or beyond retirement age by 1Q26.
Recruit qualified non-locally trained healthcare professionals (NLTPs), including medical, nursing and allied health staff.	Continuously recruit suitable NLTPs to join HA by 1Q26.
Establish channels for talent exchange.	Liaise with the Mainland and overseas institutions to establish sustainable clinical exchange programmes for doctors, nurses and allied health professionals by 1Q26.

### Foster staff's career prospects

Action	Target for 2025-26
Continue to enhance promotion opportunities for allied health professionals.	Provide additional promotion opportunities for resident occupational therapists and physiotherapists at HKEC, HKWC, KCC, KWC, NTEC and NTWC by 1Q26.
Continue to strengthen nursing career structure.	Strengthen the career structure for nurses by providing additional positions of nurse consultants by 1Q26.
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 quota to support ENs to enrol the voluntary RN Conversion Programme by 1Q26.

#### Strengthen staff relations, management and recognition

Action	Target for 2025-26
Continue to strengthen staff well-being, self-compassion and coping skills with new psychological programs.	Conduct new mindfulness and self-compassion programs for general staff (e.g. mental health promotion campaign, treatment groups and/or training programmes) by 1Q26.

**Drive Digital Workplace**

Action	Target for 2025-26
Enhance operational efficiency through automation and digital workflows.	Continue to enhance training administration automation and management reporting platform under Training Information Management System; develop and implement digital workplace initiatives through automation on different human resources systems by 1Q26.
Provide IT support for people and resource management.	Leverage digital tools such as automation platforms, paperless solutions, chatbots and mobile applications to enhance employee engagement and experience, improve effectiveness and efficiency in ward administration and clinical communication, foster collaboration, and achieve a paperless environment by 1Q26.

**Reinforce staff training programmes**

Action	Target for 2025-26
Continue to reinforce the internship training in HA for local medical graduates and non-locally trained medical graduates who passed the Licensing Examination of the Medical Council of Hong Kong.	Provide internship training to all local medical graduates and non-locally trained medical graduates who passed the Licensing Examination of the Medical Council of Hong Kong and organise mandatory intern training program for all intake of interns by 1Q26.
Reinforce basic resuscitation training for HA staff.	Provide around 5 160 training places for formal resuscitation training for doctors, nurses, pharmacists and allied health staff and formal first aid training for security staff by 1Q26.

Action	Target for 2025-26
Continue to implement the Training Scholarship 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 1Q26.
Continue training to strengthen the competency of HA nurses working beyond palliative care setting.	Continue to provide training for nurses beyond palliative care setting to provide better support for patients with terminal illness at HKWC and KEC by 1Q26.
Strengthen clinical training for pharmaceutical staff.	Provide three core clinical training programmes for pharmaceutical staff by 1Q26.
Provide Infectious Disease and Infection Control (IDIC) training programmes in Mainland and other Asian or overseas countries.	Provide training opportunity by IDIC health care professionals including six quotas for the attachment programmes and 30 quotas for international conferences or short courses by 1Q26.
Enhance training and development of the management staff.	Provide local and overseas training and development opportunities for the management staff by 1Q26.
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; provide additional local or overseas training programmes for Occupational Safety and Health staff; enhance executive officer grade training curriculum; provide training programme for staff of patient resource centres by 1Q26.
Continue to enhance the proficiency and competency of junior nurses.	Recruit additional Advanced Practice Nurses as clinical preceptors for junior nurses by 1Q26.

Facilitate staff to attend training

Action	Target for 2025-26
Continue to provide additional training opportunities through the extension of Advanced Specialty Programme (ASP) to the resident of diagnostic radiographers, occupational therapists and physiotherapists.	Provide three additional ASPs for eligible diagnostic radiographers, occupational therapists and physiotherapists by 1Q26.
Continue to sponsor corporate non-clinical training for healthcare professional staff in HA.	Offer funding support to professional staff to keep abreast of latest knowledge and market practice for service development and growth by 1Q26.
Continue to provide more training opportunities for clinical staff so as to facilitate service advancement and professional development.	Sponsor simulation training, including crew resources management training for clinical staff; provide 27 specialty training and around 50 enhancement programmes for nurses and 65 specialty training/enhancement programmes for allied health professionals and one specialty training and 11 competency enhancement programmes for pharmacy staff by 1Q26.
Continue to sponsor training outside Hong Kong of doctors, nurses, pharmacists and allied health staff.	Offer around 270 scholarships of training outside Hong Kong to doctors, nurses, pharmacists and allied health staff by 1Q26.

Enhance Service Supply

Our strategies for 2025-26

- Implement Hospital Development Plans
- Bolster the capability of healthcare facilities in meeting demand

Implement Hospital Development Plans

Action	Target for 2025-26
Commence the phased operation of redevelopment of QMH, Phase 1.	Strengthen manpower support for commencing the commissioning plan of QMH redevelopment; enhance radiology services by providing 260 additional attendances for angiography examinations; and enhance burn services by providing care to 15 burn cases or serious dermatological cases by 1Q26.
Commence the phased operation of redevelopment of KWH.	Provide 13 additional acute beds and ten additional OT sessions per week at KWH by 4Q25; provide 20 additional urology services sessions, ten additional perioperative services sessions per week and 360 additional attendances for angiography examinations by 1Q26.

Action	Target for 2025-26
Prepare for the service commencement of NAH at Kai Tak Development Area.	Strengthen manpower support for the preparation of the commissioning of NAH; commence operation of radiology and nuclear medicine services and provide 995 additional attendances for computed tomography (CT) services, 340 additional attendances for Positron Emission Tomography-Computed Tomography (PET-CT) and 420 additional attendances for Dual-energy X-ray absorptiometry services at NAH Site B; commence SOPC services for medical and clinical oncology and provide 125 additional SOPC new case attendances by 1Q26.
Commence the phased operation of the new Ambulatory Block of UCH.	Commence operation of the Oncology Centre by providing 470 additional SOPC new case attendances and 2 350 additional AHOP attendances at UCH by 1Q26; commence SOPC services at the ENT Centre in the new Ambulatory Block of UCH by providing 180 additional SOPC new case attendances at UCH by 1Q26; and strengthen manpower support for the commissioning of new Ambulatory Block of UCH by 1Q26.
Commence the operation of the new hospital block of HHH.	Provide 40 additional extended care beds at HHH by 3Q25.
Prepare for the commissioning of expansion of Lai King Building (LKB) for PMH.	Provide 32 additional extended care beds at PMH by 4Q25.

Action	Target for 2025-26
Commence the operation of the Hospital Authority Supporting Services Centre (HASSC).	Strengthen manpower support for central food production unit and laundry services at HASSC by 1Q26.
Prepare for the service commencement of PWH new In-patient Extension Block.	Provide 20 additional acute beds and one high-dependency unit (HDU) bed at PWH by 4Q25; set up an Extended Post Anaesthesia Care Unit, provide one additional General Anaesthesia (GA) OT session and one GA interventional session for neurosurgery, and 4.5 daytime emergency OT sessions per week at PWH by 1Q26.
Prepare for the commissioning of expansion of NDH.	Provide ten additional acute emergency medicine beds at NDH by 4Q25; and strengthen manpower support for the expansion project of NDH by 1Q26.
Commence the operation of and expand GOPC services.	Provide an additional total of 40 000 GOPC attendances at Community Health Centre (CHC) at NAH, GOPC at Joint-user Government Office Building in Area 67 of Tseung Kwan O, Nam Cheong Family Medicine Clinic, North District CHC and Tuen Mun Area 29 West CHC by 1Q26.
Strengthen manpower support for the hospital development planning team.	Strengthen the manpower in finance, IT and capital works to support hospital development projects; and other manpower to support the planning and commissioning for on-going and new capital projects in KCC, KEC and KWC by 1Q26.
Continue to enhance the operation of the HKBH.	Provide 20 additional extended care beds at HKBH by 4Q25.



Action	Target for 2025-26
Provide IT infrastructure and systems to support new hospitals, hospital blocks and wards.	Provide IT planning for the new hospital buildings in the First Hospital Development Plan. Set up IT network infrastructure and implement corporate IT systems for expansion of UCH, LKB for PMH, development of Tseung Kwan O Joint-user Government Office Building Clinic, North District CHC, Tuen Mun Area 29W CHC, NAH and NLTH HASSC, and redevelopment of KCH, GH, QMH, PWH and OLMH by 1Q26.

### Bolster the capability of healthcare facilities in meeting demand

Action	Target for 2025-26
Enhance the capacity of inpatient services at HKEC.	Provide one additional Intensive Care Unit (ICU) bed at PYNEH by 1Q26.
Enhance the capacity of inpatient services at HKWC.	Provide 12 additional acute beds and four additional HDU beds at QMH by 4Q25.
Enhance the capacity of inpatient services at KCC.	Provide one additional HDU bed at QEH by 4Q25.
Enhance the capacity of inpatient services at KEC.	Provide 20 additional acute beds and two ICU beds at TKOH, and two additional acute beds at UCH by 3Q25.
Enhance the capacity of inpatient services at NTEC.	Provide four additional acute beds at AHNH, ten additional acute beds at NDH and two additional coronary care unit beds at PWH by 4Q25.

Action	Target for 2025-26
Enhance the capacity of inpatient services at NTCW.	Provide two additional HDU beds and 40 additional acute beds at TMH by 4Q25.
Enhance the capacity of endoscopy services.	Provide seven additional endoscopy sessions per week at KWC by 1Q26.
Continue to enhance the service capacity of GOPC to improve the access for major service users.	Develop nurse-led preventive care services for the underprivileged by providing 15 890 GOPC attendances at selected GOPCs/CHCs; and provide 10 000 additional GOPC attendances at SJH by 1Q26.
Enhance SOPC service capacity in various Clusters.	Provide services for additional SOPC new case attendances to enhance services of various specialties by 1Q26.
Enhance the capacity of OT services.	Provide 15 additional OT sessions per week for surgery, orthopaedics, cardiothoracic surgery, neurosurgery and anaesthesia for pain/remote area procedures at QMH by 1Q26; two additional OT sessions per week for breast surgery at NDH by 1Q26; one additional LA OT session per week for ENT services at RTSKH by 4Q25; and 3.3 additional LA OT sessions per week for ophthalmology services at HKEH by 1Q26.
Enhance the anaesthesia services and perioperative care.	Establish Pre-anaesthetic Assessment Clinic at HKEC by 4Q25; strengthen manpower for Anaesthetic Department at KEC and KWC; and provide an additional total of 1 680 SOPC new case attendances at HKEC, KEC and KWC by 1Q26.

Action	Target for 2025-26
Enhance the capacity of the cardiac services.	Provide an additional total of 380 echocardiogram procedures at PWH and POH, provide integrated cardiac service for patients presented with acute chest pain and 75 patient capacities for index admission on early coronary intervention for patients with Acute Coronary Syndrome at PWH; and 90 additional Cardiac Catheterisation Laboratory procedures at POH by 1Q26.
Enhance the capacity for neuroscience services.	Provide 24/7 intravenous thrombolysis services for acute ischaemic stroke patients at TSWH by 4Q25; and establish a one-stop, multi-disciplinary, comprehensive treatment center for patients with neurogenetic disorders and provide 50 additional SOPC new case attendances at neurogenetics clinic, 45 additional electroencephalogram tests for epilepsy and 50 additional tests/ procedures for stroke programme at QMH by 1Q26.
Enhance service capacity for cancer treatment.	Set up integrated multi-disciplinary team diagnostic pathways, provide an additional total of 325 capacities for patients with suspected lung cancer, 230 diagnostic procedures and 460 SOPC new case attendances at NTEC and HKWC; and implement cancer case manager programme for lung cancer patients at PMH and provide service for 90 additional patients newly diagnosed with lung cancer by 1Q26.

Action	Target for 2025-26
Enhance radiotherapy services for cancer treatment.	Install and commence clinical operation of an additional CT simulator to support the service throughput of the Linear Accelerator (LinAc) at HKEC; provide 970 additional radiotherapy treatment attendances (in terms of low-complexity radiotherapy treatment attendances) at NTWC by 1Q26.
Continue to enhance the diagnostic radiology services.	Commence service of additional CT scanner at KEC; provide an additional total of 8 130 CT attendances at HKEC, KEC and KWC, 7 500 CT attendances for cancer patients at Central Government-Aided Emergency Hospital, 4 370 ultrasound attendances at KEC, 250 PET-CT attendances at HKEC, and 295 angiography attendances at KWC and NTEC by 1Q26.
Enhance the capacity of child and adolescent psychiatry services.	Provide an additional total of 665 SOPC new case attendances, 1 640 AHOP attendances and 1 800 psychiatric nurse consultations at KEC, NTEC and NTWC by 1Q26.
Enhance the capacity of accident and emergency services.	Provide 130 additional cross-border case consultations at NTWC; and build capacity for providing 9 125 additional blood check of troponin, 1 910 additional urgent CT brain scan and 910 additional early diagnosis of myocardial infarction for fast track cardiac intervention at HKWC by 1Q26.
Enhance the capacity for ophthalmology services.	Provide 310 additional cataract surgeries at KEC and NTEC, 1 050 additional SOPC new case attendances and 8 950 additional AHOP attendances at HKEC, KEC, KCC and NTEC by 1Q26.

Action	Target for 2025-26
Enhance the capacity of ENT services.	Provide an additional total of 600 SOPC new case attendances at HKEC and KCC and 950 AHOP attendances, 120 doctor inpatient consultations and 70 diagnostic/therapeutic procedures at KCC by 1Q26.
Enhance the capacity for renal services.	Provide 93 additional patient capacities for in-unit haemodialysis by 1Q26.
Enhance peritoneal surface malignancy services.	Provide 30 cytoreductive surgery and hyperthermic intraperitoneal chemotherapy (HIPEC) cases, 40 additional new case referrals for HIPEC cases and 240 additional SOPC new case attendances at QMH and PWH by 1Q26.
Enhance dermatology services for patients with severe dermatoses.	Provide 14 additional inpatient consultation sessions per week and 250 additional SOPC new case attendances at HKWC, KCC and NTEC by 1Q26.
Enhance the service capacity of the laboratory testing of HA.	Build up laboratory capacity by providing an additional total of 8 530 haematology tests and 28 000 mycobacterial culture by 1Q26.
Enhance the service capacity of infection control of HA.	Build laboratory and infection control team capacity for providing an additional total of 33 685 multi-drug resistant organisms screening at KWC and 47 850 C. auris testing at KCC by 1Q26.
Support the development of The Chinese Medicine Hospital of Hong Kong project.	Strengthen the manpower to support the preparation work for the service commencement of The Chinese Medicine Hospital of Hong Kong by 1Q26.

Action	Target for 2025-26
Strengthen the Integrated Chinese-Western Medicine (ICWM) services.	Strengthen the regularised ICWM services; continue to develop and pilot ICWM services in respiratory care and knee osteoarthritis care, and gradually extending the cancer care programme to all hospital clusters by 1Q26.
Enhance ICU service quality through inter-hospital transfer.	Provide 430 patient attendances in Cluster ICU at NTEC by 1Q26.
Extend Structured Non-surgical Treatment Program (SNTP) for patients waiting total joint replacement surgery.	Provide 4 020 additional patient capacities of SNTP and 18 090 additional AHOP attendances at HKEC, HKWC, KCC, KEC, KWC and NTEC by 1Q26.
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 re-positioning Self-financed Drugs as Special Drugs for managing renal, rheumatic, cardiovascular and skeletal diseases, osteoporosis, cancer, obstetrical condition and reversing neuromuscular block by 2Q25.
Enhance the management of equipment maintenance services.	Strengthen the manpower and improve processes through digitalisation to further enhance the supervision and monitoring of outsourced maintenance services for medical equipment by 1Q26.



## SERVICE AND RESOURCE ESTIMATES

HA planned to provide 30 824 hospital beds as at 31 March 2025 and managed about 10.0 million patient days in 2024-25.

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 2024, 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 2025-26

- 2.20 million inpatient and day inpatient discharge episodes\*
- 2.24 million Accident & Emergency (A&E) attendances
- 8.67 million SOP (clinical) attendances
- 3.54 million allied health (outpatient) attendances
- 6.79 million primary care attendances
- 2.32 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

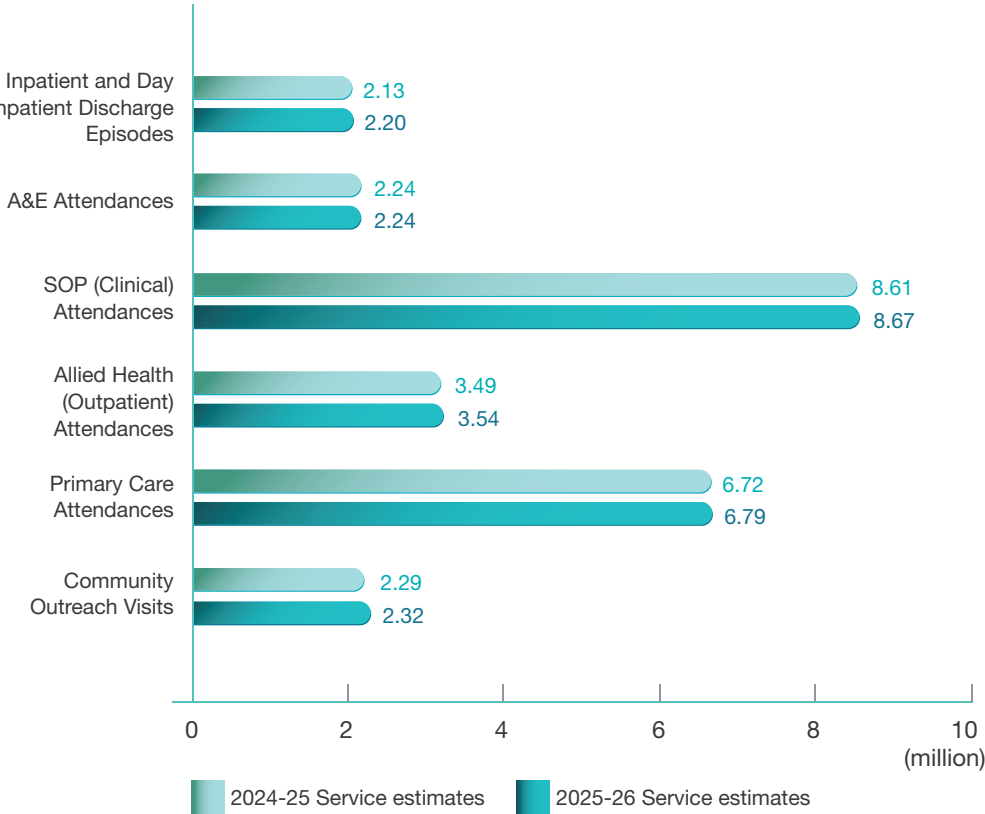
\* Refers to discharges and deaths in the Controlling Officer's Report (COR). This applies to all "discharge episodes".



To meet escalating service demand arising from an ageing and growing population, HA plans to increase inpatient and day inpatient service throughput by around 3.6% in 2025-26, as compared to 2024-25. This translates into an additional of 75 700 inpatient and day inpatient discharge episodes. It is estimated that HA will increase the throughput for primary care services by 1.1%, which is an increase of 74 000 attendances to enhance medical care and disease management for elderly and patients with chronic diseases.

A comparison of HA’s estimated service throughput for 2025-26 and 2024-25 is shown in Figure 1. 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 2025-26 and 2024-25**



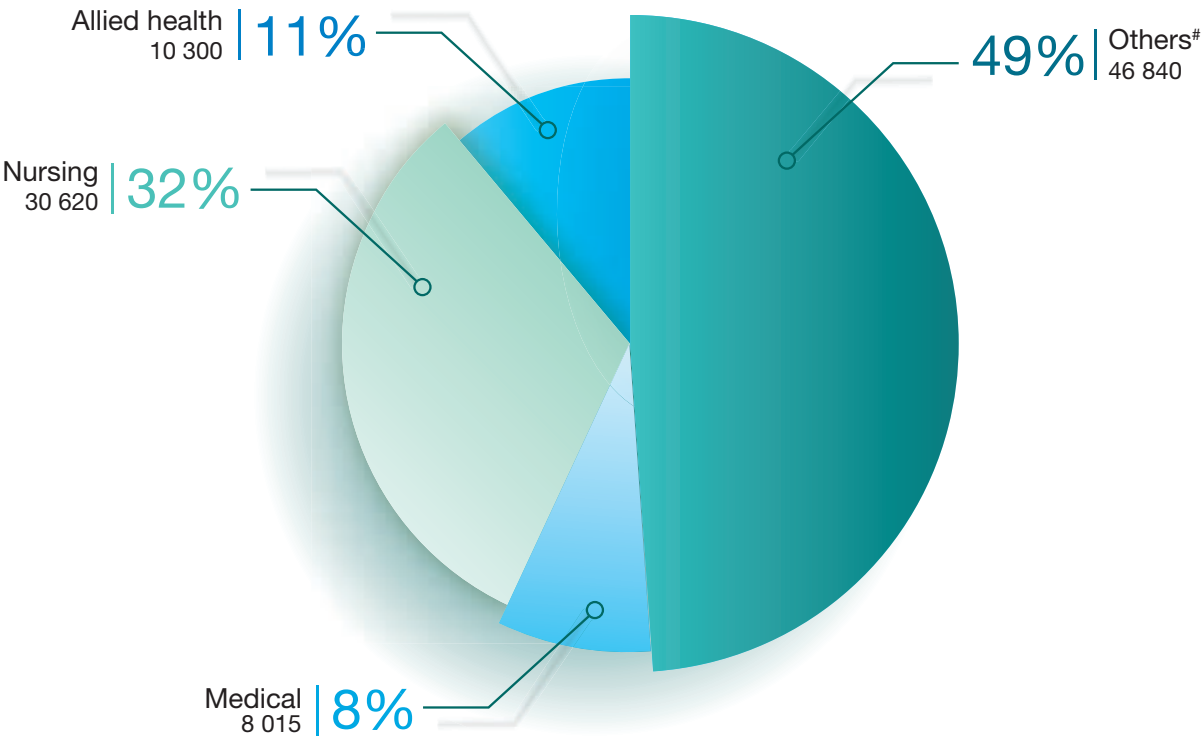
# Manpower Estimates

HA’s existing staff strength is more than 93 000 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 2.7% 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 2025-26 will be around 640 doctors, 3 170 nurses and 900 allied health professionals. Figure 2 provides a breakdown of estimated staff strength for the coming year. Details of the manpower estimates for 2024-25 and 2025-26 are provided in Appendix 1.

**Figure 2 Estimated Staff Strength in 2025-26**



<sup>#</sup> Comprise supporting staff and managerial / administrative staff

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

# Budget

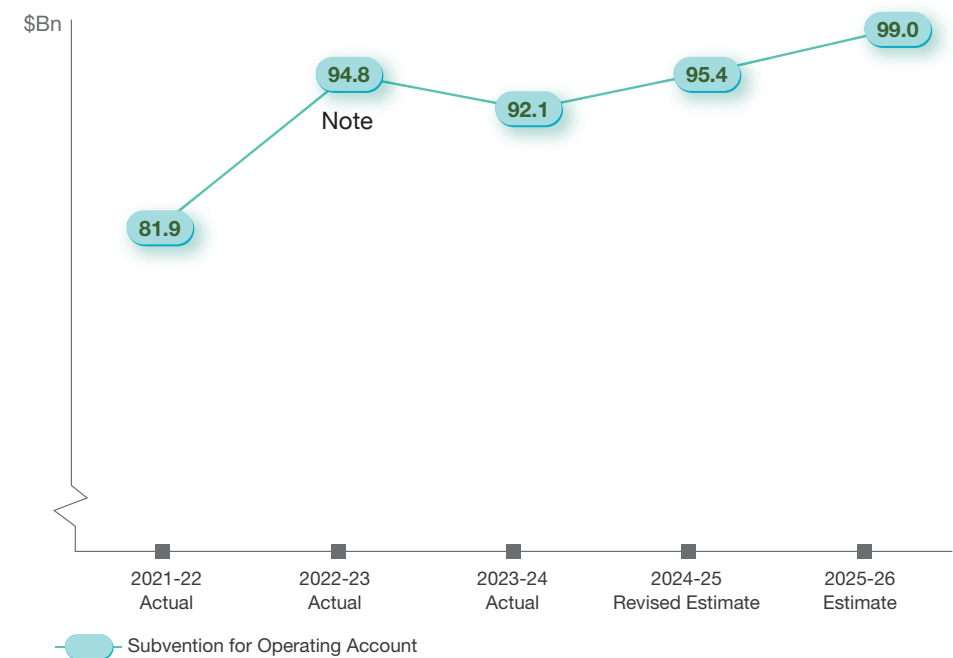
## The Government Subvention

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. With the second triennium funding cycle ended in 2023-24, the Government supported the third triennium funding arrangement for HA from 2024-25 to 2026-27. For 2025-26, the recurrent government subvention to HA amounts to about \$99.0 billion, representing a 3.7% increase as compared to the baseline allocation in 2024-25. The increase is mainly contributed by:

- (a) **\$4.7 billion** being the funding growth of 2025-26 under the third triennium funding arrangement;
- (b) **\$0.3 billion** to support HA’s clinical genomic application; and
- (c) **\$0.2 billion** to support the staff retention measures for 2025-26; and offset by
- (d) reduction of **\$1.8 billion** under the Productivity Enhancement Programme (PEP) for 2025-26.

In 2024-25, the Government launched the “Productivity Enhancement Programme” (PEP) requiring all bureaux and departments to contribute 1% of their baseline recurrent resources for each of the years in 2024-25 to 2026-27. In its 2025-26 Budget Speech in February 2025, the Government further announced to step up the PEP and increase the annual contribution to 2% in 2025-26 to 2027-28. HA, as a subvented organisation under the Health Bureau, is therefore required to contribute a recurrent funding reduction of \$1.8 billion in 2025-26 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 2025-26 to achieve the strategic goals and programme targets as delineated in preceding chapters.

## Capital Expenditure

To support the delivery of HA’s service development, different types of capital expenditure are funded by the Capital subvention as follows:

1. Procurement of equipment and development of information systems for modernising hospital services (\$1.2 billion);
2. Minor works projects including improvement works, regular maintenance, and preparatory works for major capital works projects (\$1.8 billion); and
3. Major capital works for HA’s future development, such as construction of new hospitals and re-development of existing hospitals (\$16.7 billion).

## Looking Ahead

The Government continues its staunch support to HA through its unwavering commitment on the triennium funding arrangement. In the face of pressure on public finances, the Government continues to increase the subvention to HA in 2025-26. HA will continue to exercise prudence in the utilisation of public money, endeavour to meet the required PEP contribution and exert continuous efforts in driving HA’s overall performance improvement in terms of efficiency and effectiveness, with a view to optimising resource utilisation and minimising wastage to dovetail with the Government’s directions.



# HEAD OFFICE PLAN

This section sets out the work plans of the HA Head Office for 2025-26.

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 sustainability challenges, HA Board has set up a dedicated Task Group on Sustainability (TG) to examine the major challenges facing HA with a view to devising strategic directions to achieve a sustainable public healthcare system, and drive performance and efficiency, amid the constantly changing environment and evolving service needs. Key initiatives considered by the TG cover a wide range of matters, which include enhancing service capacity, streamlining service models; enhancing workforce through staff recruitment and retention; nurturing smart workforce; providing smart care through telehealth and smart hospital products; utilising information technology tools and platforms to implement smart initiatives and facilitate service automation etc. In the recent years, TG has also paid dedicated effort in steering and driving for performance and efficiency of HA through different measures such as rationalising drug use to reduce unnecessary wastage of drugs; widening supply sources of drugs and expediting new drug listing for lower drug costs; optimising medical equipment procurement procedures for achieving cost savings; leveraging technology, smart solutions, big data analytics and artificial intelligence to support clinical management and administrative operation and enhance service quality and efficiency; establishing an environmental and sustainable healthcare system through the hospital development and redevelopment projects, and deepening energy management through various energy saving initiatives, etc. HA has also strengthened medical collaboration with the Mainland counterparts, and contribute to the national strategy of "Healthy China", through various initiatives on talent exchange, clinical research and trials.

The Board and its Functional Committees conduct annual agenda forecast along different strategic and functional dimensions for guiding their operations throughout the year, and 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 will continue to be reinforced. The Board's Executive Committee keeps reviewing the committee structure of HA to dovetail with the latest changes and development needs of HA so as to assist the Board to perform the key task in managing and leading HA.

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 been much enhanced. Through their steering and active participation over the years, enhancements in different fronts of hospital services, such as development of patient-centric service, hospital facility management and development, introduction of smart initiatives, solicitation and management of donation, etc. have been made. HGCs will continue to take forward initiatives to improve experience and safety of patients, staff and visitors at the hospital level, and at the same time, explore measures to further enhance staff welfare, patient satisfaction and patient complaints management in the year ahead. To ensure effectiveness and linkage between the corporate and hospital levels, 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.

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.



## Risk Management

Managing risk is a primary 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. As part of the ORM Framework, HA will continue to reinforce the key structures and processes for ORM Policy and Strategy and promote risk awareness across HA.

Through ORM, HA has established a risk governance structure for identifying and reporting risks, and designated risk management roles and responsibilities from the hospitals, Cluster and Head Office levels through to the Audit and Risk Committee (ARC) 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 that include both clinical and non-clinical risks. 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 HA's 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 and discussion of risks up and down the HA organisation. In addition, it allows for escalation of the highest risks to senior management, and facilitates execution and monitoring of mitigation measures to prevent and minimise risk occurrence.

## Capital Works

To address the challenges encountered by HA in developing 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 (D&WD) was set up in March 2024 and took over the management of the former Capital Planning Department. The coordination of capital works in HA is overseen by the D&WD of the HA Head Office. To manage the different aspects of capital works, the Division is organised into the following eight sections:

- Planning and Development
- Capital Projects
- Building Works
- Engineering
- 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, resources-effective, quality and modern healthcare engineering facilities and infrastructure in a timely manner.
- To ensure quality project management, smooth project implementation and sound budget control for capital works projects.

## Major Risks and Challenges

In the 2016 Policy Address, the Government announced that \$200 billion would be set aside for HA to implement a 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 progressive completion of this First 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 HDP, as announced in the 2018-19 Budget Speech, the Government invited HA to commence planning for the Second HDP involving about \$270 billion. In view of the Northern Metropolis Development Strategy announced in the 2021 Policy Address, the Health Bureau (HKB) and HA are proactively reviewing and formulating the Second HDP. These are mega projects that require meticulous planning and management to ensure they progress according to schedule and within budget.

As at November 2024, 16 major capital works projects under the First HDP, with a total project cost of \$189 billion, have been initiated and are currently at various stages of planning and implementation. Of these, 14 projects with a budget of \$186.3 billion have been approved by the Government.

Even prior to the First HDP, HA already has one of the largest and most complex building stocks in Hong Kong, comprising a total of around 3 100 000 m<sup>2</sup> floor space in over 300 buildings. It is a challenge for the Division in managing resources to renew, upgrade and maintain these facilities.

An annual budget of around \$1.8 billion has been set aside for carrying out about 1 900 minor works projects for the improvement and maintenance of these existing building in 2025-26.

## Major Initiatives in 2025-26

Capital works is one of the key enablers of clinical services. In 2025-26, 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 completing the main works for NAH at Kai Tak Development Area (Site B); carrying out the expansion of NDH, UCH, Lai King Building in PMH, redevelopment of PWH (Phase 2, Stage 1), GH (Phase 1), KWH (Phase 2) and OLMH.
- 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 (4S) in major capital works projects and also minor and maintenance works with suitable 4S packages depending on nature of works and specified risks involved.
- 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 buildings by carrying out about 1 900 minor works projects with the annual budget of around \$1.8 billion.

The capital works targets for 2025-26 are outlined in the following section.

Capital Works Targets	
• Complete superstructure works for new block (Phase 1 Occupation Permit) of expansion of UCH.	3Q25
• Complete main works for NAH at Kai Tak Development Area (Site B).	2Q25
• Topping out of the Clinical Block and University Block for the redevelopment of GH (Phase 1).	2Q25
• Commence demolition works for redevelopment of KCH (Phase 3).	4Q25
• Topping out of the new block for the expansion of Lai King Building in PMH.	4Q25
• Complete foundation works for the redevelopment of KWH (Phase 2).	4Q25
• Topping out the Main Block for the redevelopment of OLMH.	1Q26
• Topping out the In-patient Extension Block for the redevelopment of PWH (Phase 2, Stage 1).	1Q26

## 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 2024, the total asset of medical equipment items in HA is valued at approximately \$20 billion. Of these, around 38% 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.

### Equipment Procurement Strategy

In order to achieve cost efficiency and drive for performance enhancement, HA takes proactive approach in market sourcing to introduce competition, enhancing central coordination in procurement, getting the right healthcare technology and value-for-money products to align with HA's strategic directions and to meet the needs of clinical operations.

To support the Government's policy direction to enhance the protection of public health, HA will continue to implement the enhanced procurement strategies in selection of medical devices listed under the Medical Device Administrative Control System of the Department of Health.

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 (CPU), an Information Technology Corporate Data Centre, and central emergency stores for critical personal protective equipment and key linen items. Upon its 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 HDP for HA.

Biomedical Engineering Services

To upkeep the quality and safety of medical equipment in HA, the quality assurance on outsourced maintenance services for medical equipment will be enhanced with improved processes supported by digitalisation.

Major Initiatives in 2025-26

- 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.
- Rationalise strategies for procurement of medical equipment and strengthen the centrally coordinated procurement of medical equipment in order to enhance the bargaining power and to expedite, in a more proactive manner, the introduction of new equipment, meeting efficacy and cost effectiveness.
- Continue to implement the enhanced procurement strategies in granting preference to listed medical devices for all quotations and tenders.
- Monitor planned schedule of operations to ensure the fulfilment of estimated throughput for Laundry and CPU throughout the year.
- Enhance supervision and monitoring of outsourced maintenance services for medical equipment.

The BSSD targets for 2025-26 are outlined in the following section.

BSSD Targets	
• Complete the acquisition of around 800 pieces of equipment under Capital Block Vote.	1Q26
• Rationalise strategies for procurement of medical equipment and strengthen the centrally coordinated procurement of medical equipment	1Q26
• Continue to implement the enhanced procurement strategies in granting preference to listed medical devices	1Q26
• Commence services of the HASSC by phases and monitor planned schedule of operations to ensure the fulfilment of estimated throughput for Laundry and CPU throughout the year.	1Q26
• Continue the enhanced supervision and monitoring of outsourced maintenance services for medical equipment with improved processes supported by digitalisation.	1Q26



# 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 2025-26

IT&HID has responsibility for a number of initiatives in 2025-26, 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) to improve the clinical quality and efficiency, including new functions on paperless, protocol-enabled, closed-loop, personalised and patient-centred clinical services.

- Continue to develop and support the co-delivery of initiatives for Smart Hospital to improve both patient and staff experience through more efficient workflow, leveraging automation and innovative technologies for clinical care, hospital support and hospital management processes.
- Develop additional functions and features on the HA patient mobile app platform (HA Go) to further digitalise HA's services and patients' care processes through innovative approaches for enhanced accessibility and user experience on smart phones. Continue the enhancement of Artificial Intelligence (AI) and data analytics platform and development of AI products to support data-driven care, improve service quality and for automation within hospitals, as well as AI telehealth and patient empowerment for self-care beyond hospitals; while leveraging generative AI to support HA services.
- Continue to develop Digital Health Platform (DHP) and modernize the platform for 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 HDP. The IT planning will enable the Smart IT infrastructure for Smart Hospital development, for instance, Cluster Cloud computing platform and One-Network-for-All infrastructure supporting Edge Computing, Artificial Intelligence (AI) and Internet of Things (IoT) initiatives. Set up of Smart IT infrastructure and implement corporate information systems for expansion of UCH, 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 Hospital Authority Supporting Services Centre, and redevelopment of KCH, GH, QMH, PWH and OLMH.

### IT Service for Improving Service Standards

- Continue to provide 7x24 IT operation service and support to critical clinical systems and cross Hong Kong IT infrastructure for healthcare service sector by adopting the practice of using advanced technologies and processes to automate system management and application monitoring.
- 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.

- Continue to enhance and streamline IT quality assurance process by upgrading quality assurance software tools, automating repetitive tasks, shifting testing left into development, and fostering collaboration, in order to improve efficiency and catch system issues at early stage in the development process.
- 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 Paperless ECG, e-Documentation, Family Touch, Blood Taking Scheduling, Medication Delivery, Command Centres, Smart Kiosks and other hospital support services, 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 streamline administrative and business workflows, improve communication and access to information.
- Leverage digital tools such as automation platforms, paperless solutions, chatbots and mobile applications to enhance employee engagement and experience, improve effectiveness and efficiency in ward administration and clinical communication, foster collaboration, and achieve a paperless environment.

## External Service Provision

### eHealth and Information Systems for Department of Health

- Continue to serve in the Government-led eHealth programme as the technical agency for development and operation of the eHealth system, and take forward the eHealth+ development for transforming eHealth from a health record sharing system into a comprehensive healthcare information infrastructure; and also support other eHealth related initiatives including various PPP programmes, Chronic Disease Co-care Scheme, and District Health Centres led by the Government.
- Enhance citizen and private healthcare provider participation, and increase their data contributions to eHealth through initiatives such as the Data Sharing Pilot Scheme, cross-boundary healthcare services, and collaborations within the Guangdong-Hong Kong-Macao Greater Bay Area (GBA).
- Continue the provision of technical agency to support DH to develop and implement an organization-wide IT enhancement with Stage 2 Clinical Information Management System (CIMS2) to comprehensively increase the use of IT in service delivery, performance of regulatory roles and departmental management, with a view to enhancing service quality and efficiency and transforming itself into a data-driven public organization in the digital age.
- Continue to provide ongoing IT support and maintenance as reliable agency with proven sound track record to better support DH's operations and enhance its capability to meet Hong Kong's healthcare needs with streamline workflow for patient and integration with other healthcare organizations and challenges in the digital era.
- Continue to provide ongoing IT support for the Health Care Voucher, Vaccination, and Primary Care Directory schemes.
- Continue to provide ongoing IT support to DH for the Colorectal Cancer Screening Programme, Breast Cancer Screening Pilot 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 for the DH's Clinical Pathology Laboratory Centre.

The IT&HI targets for 2025-26 are outlined in the following section.

IT&HID Targets	
Internal Service Provision	
<div><b>IT Product Delivery for Service Transformation and Provision</b></div> <div><ul style="list-style-type: none"><li>Develop planned features to enhance the HA’s clinical system capabilities and improve the clinical quality and efficiency for the fourth generation of CMS, including new functions on paperless, protocol-enabled, closed-loop, personalised and patient-centred clinical services.</li><li>Further develop and support the co-delivery of initiatives for Smart Hospital to improve both patient and staff experience through more efficient and effective workflow, leveraging automation and innovative technologies for clinical care, hospital support and hospital management processes.</li><li>Further develop planned functions and features for the HA patient mobile app platform (HA Go) to further digitalise HA’s services and patients’ care processes through innovative approaches for enhanced accessibility and user experience on smart phones.</li><li>Further develop planned features for the Artificial Intelligence (AI) and data analytics platform and AI products to enhance service quality and operational efficiency.</li></ul></div>	1Q26

IT&HID Targets

Internal Service Provision

- Continue the planning of IT services, including network infrastructure, hospital data centres and corporate information systems for the new hospital buildings in the First HDP. The IT planning will enable the Smart IT infrastructure for Smart Hospital development, for instance, Cluster Cloud computing platform and One-Network-for-All infrastructure supporting Edge Computing, Artificial Intelligence (AI) and Internet of Things (IoT) initiatives. Set up Smart IT infrastructure and implement corporate information systems for the expansion of UCH, 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 Hospital Authority Supporting Services Centre, and redevelopment of KCH, GH, QMH, PWH and OLMH.
- Continue the implementation of DHP including technical and infrastructure building blocks, setup of hardware and software for DHP Cloud and pilot the implementation of dual Cloud strategy, enhance private/public Cloud integration, complete development of essential share services and frameworks sufficient to support revamp of clinical and non-clinical applications.



## IT&HID Targets

### Internal Service Provision

#### IT Service for Improving Service Standards

1Q26

- Continue to adopt the practice of using advanced technologies and processes to automate system management and application monitoring.
- 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

1Q26

- 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 Paperless ECG, e-Documentation, Family Touch, Blood Taking Scheduling, Medication Delivery, Command Centres, Smart Kiosks and other smart hospital support services.
- 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

1Q26

- 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 eHR Programme.
- Continue to expand the scope of data sharing including Chinese Medicine information, radiological images, observation and lifestyle records, dental records, medical certificate and cross boundary records under eHR Programme.

#### IT Product Delivery for People and Resources Management

1Q26

- Continue to drive digital workplace initiatives by developing and enhancing HA's digital capabilities to enhance staff engagement and experience, improve effectiveness and efficiency in Ward administration and clinical communication, foster collaboration and achieve a paperless environment.

## IT&HID Targets

### External Service Provision

#### eHealth and Information Systems for DH

1Q26

- Continue to provide agency support for the development of eHealth+ development in accordance with four strategic directions, namely One Health Record, One Care Journey, One Digital Front-door and One Health Data Repository, supporting by an integrated service platform (Strategic Health Service Operation Platform (SHSOP)).
- Continue to enhance and implement Data connectivity setup for Private Laboratory, Radiology centers. Support new data domains upload and display including Observation and lifestyle records, Medical certificate, Dental service data and cross boundary records.
- Implement IT system under the SHSOP to support various primary care and subsidised service initiatives, including the woman health and elderly service, dental programme and other subsidised services.
- Continue the development and implementation of core functions of the eHealth App, including eBooking, eIdentification, eHealth Manager, eHealth Tracker, and eHealth Life, and improvement of user experience and user interface. Enable access of one's own health records, including CM Medication and Dental records, to facilitate citizens' participation in chronic disease management subsidised programmes, and empower and engage citizens to manage their own health.
- Continue to enhance the features and provide ongoing IT support for Data Analytics Platform.

## IT&HID Targets

### External Service Provision

1Q26

- Continue to enhance eHealth Cloud Foundation and supporting services to facilitate new eHealth product development, and establish a scalable infrastructure that supports the evolution to the eHealth+ business model.
- Continue ongoing operation support of eHealth and other eHealth related initiatives including various PPP programmes, Chronic Disease Co-care Scheme, and District Health Centres led by the Government.
- Continue to 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, Breast Cancer Screening Pilot 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 PLAN

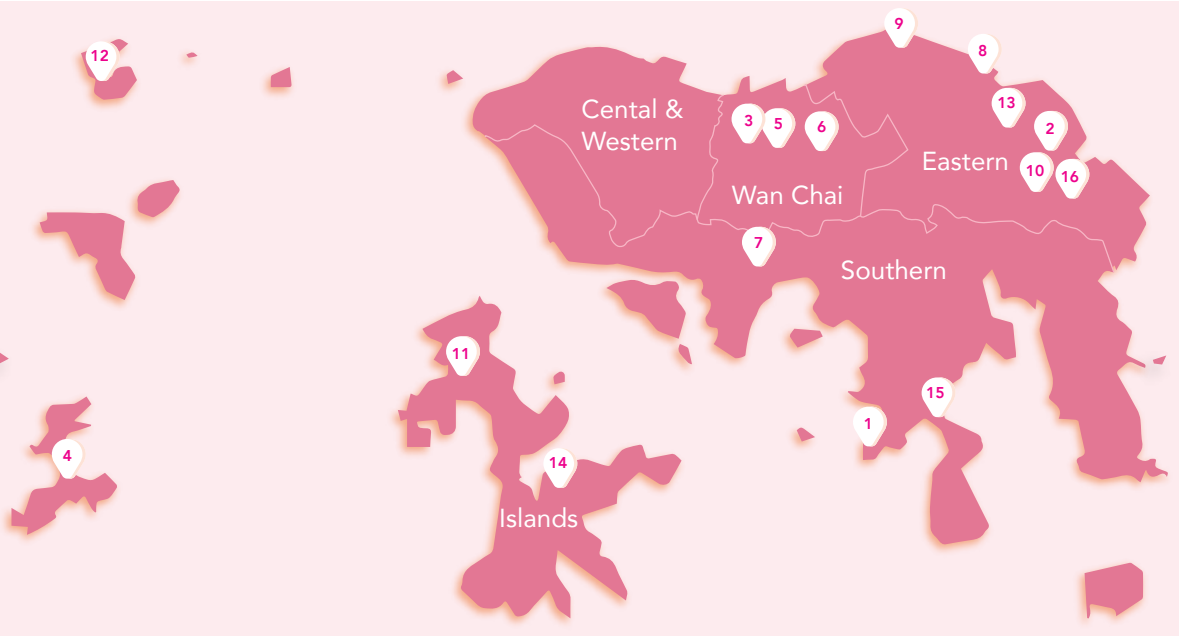
**This section contains an overview of the work plans of the seven Clusters for 2025-26.**

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 2023-24 by district of residence in the Cluster. Major risks and challenges faced by the Cluster, as well as the key initiatives and targets in 2025-26 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 2024		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 2024		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

The Hong Kong East Cluster (HKEC) consists of seven hospitals or institutions, seven specialist outpatient clinics and 12 general outpatient clinics. As at 31 March 2024, HKEC provided a total of 3 336 beds; of which 2 309 were for acute, convalescent and rehabilitation care; 627 for infirmary care and 400 for psychiatric care.

## Actual Patients Served

In 2023-24, approximately 413 600 patients had utilised services in HKEC. Approximately 72% 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 2023-24 according to district of residence

District of residence	No. of patients ^#	Distribution#
Eastern	226 500	55%
Wan Chai	48 700	12%
Southern	24 000	6%
Islands	21 900	5%
Others*	92 500	22%
HKEC Total	413 600	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 the rising proportion of elderly population with increasing co-morbidities, HKEC spares no efforts in ensuring service provision in a sustainable manner while aligning with the corporate direction. To this end, HKEC will continue to strengthen ambulatory services by increasing Geriatric Day Hospital places, day beds and service capacities in outpatient clinics and nurse clinics, and enhance community-based care such as Community Nursing Service, with an aim to keeping the population healthy in the community and minimising avoidable hospital admissions.

Another key priority of HKEC is to ensure safety of the hospital facilities. We will strengthen building maintenance inspections. Given the high utilisation of hospital facilities and limited space, HKEC will adopt a coordinated approach in arranging inspections, repairs, maintenance and modernisation of facilities so as to ensure minimal disruption to patient services.

In response to the public expectations and escalating demand in the catchment areas, HKEC will engage in meticulous planning to optimise the healthcare services to meet the community needs. HKEC will continue to embrace technology, adopt smart applications strategically in both clinical and non-clinical support, and foster collaboration with stakeholders to enhance efficiency. In addition, we will continue to nurture and retain talents by strengthening the professional development, boosting staff morale as well as supporting to junior staff through adoption of corporate measures.

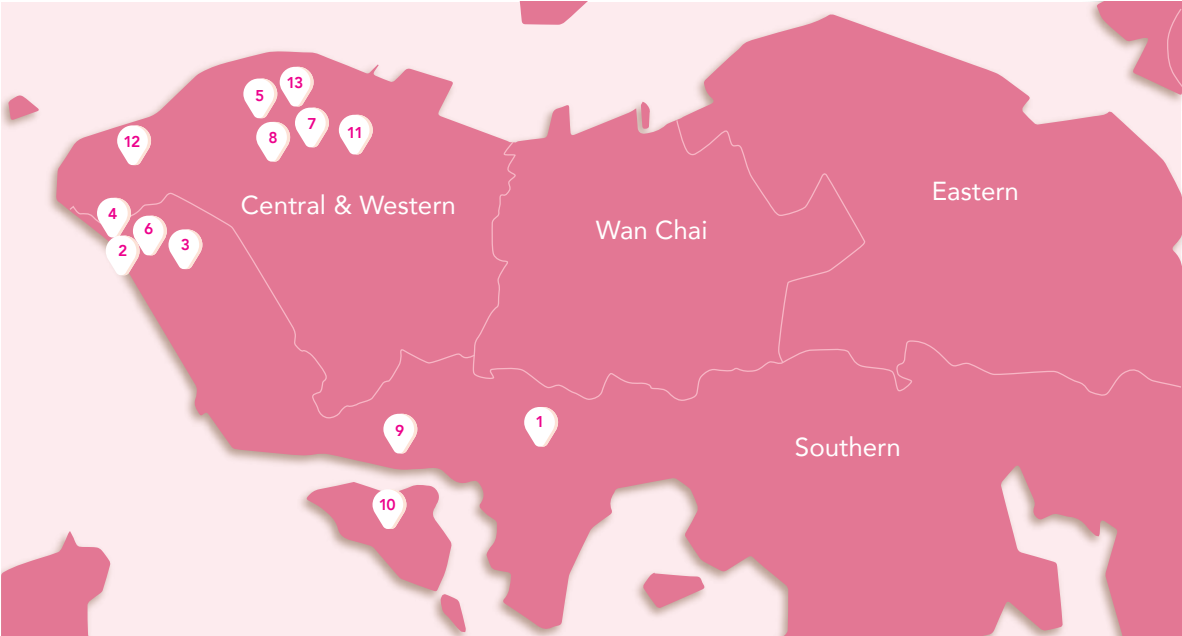
### HKEC Targets

Provide Smart Care	
Provide three additional day beds for chemotherapy services at PYNEH.	4Q25
Provide 12 additional geriatric day places and 620 geriatric day attendances at PYNEH.	1Q26
Strengthen manpower to provide 1 800 additional community nurse attendances and support home intravenous injection at SJH.	1Q26
Enhance renal services by providing two additional patient capacities for automatic peritoneal dialysis and five additional patient capacities for home haemodialysis at PYNEH.	1Q26
Enhance child and adolescent psychiatric services by providing 1 300 additional nurse clinic attendances in specialist out-patient clinic (SOPC) and one additional psychiatric day place at PYNEH.	3Q25 /1Q26
Enhance systemic anti-cancer therapy by providing 700 additional nurse clinic attendances in SOPC at PYNEH.	1Q26
Build capacity for providing 475 additional BRCA1/2 germline mutation tests at PYNEH.	1Q26
Nurture Smart Workforce	
Provide additional promotion opportunities for resident occupational therapists and physiotherapists.	1Q26

Enhance Service Supply

Provide one additional intensive care unit bed at PYNEH.	1Q26
Provide one additional local anaesthesia operating theatre session per week for ear, nose and throat (ENT) service at RTSKH.	4Q25
Enhance ENT services by providing 225 additional SOPC new case attendances at PYNEH.	1Q26
Establish Pre-anaesthetic Assessment Clinic and provide 1 450 additional SOPC new case attendances, 780 additional nurse clinic attendances in SOPC and 570 additional allied health outpatient (AHOP) attendances at PYNEH.	4Q25 / 1Q26
Extend Structured Non-surgical Treatment Programme to 240 patients waiting for total joint replacement surgery and provide 1 080 additional AHOP attendances at HKEC.	1Q26
Install and commence clinical operation of an additional Computed Tomography (CT) simulator to support the service throughput of the Linear Accelerator at PYNEH.	1Q26
Provide 250 additional Positron Emission Tomography- Computed Tomography attendances at PYNEH.	1Q26
Provide 3 080 additional CT attendances at PYNEH.	1Q26
Enhance medical services by providing 375 additional SOPC new case attendances at RTSKH.	1Q26
Enhance stroke visual rehabilitation services by providing 1 700 additional AHOP attendances in HKEC.	1Q26
Enhance renal services by providing 12 additional patient capacities for in-unit haemodialysis at PYNEH.	1Q26
Continue to enhance the service capacity of general out-patient clinic (GOPC) by providing 10 000 additional GOPC attendances at SJH.	1Q26

Hong Kong West Cluster



As at 31 March 2024		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 2024		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

The Hong Kong West Cluster (HKWC) consists of seven hospitals or institutions, eight specialist outpatient clinics and six general outpatient clinics. As at 31 March 2024, 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 2023-24, approximately 349 500 patients had utilised services in HKWC. Approximately 54% of them resided in the Sothern and Central Western Districts, whereas 18% were from the neighbouring Eastern, Wan Chai and Islands Districts.

Number and percentage distribution of patients ever utilised HKWC services in 2023-24 according to district of residence

District of residence	No. of patients <sup>^</sup>	Distribution <sup>#</sup>
Southern	111 400	32%
Central & Western	78 700	23%
Eastern	34 500	10%
Wan Chai	14 200	4%
Islands	14 100	4%
Others <sup>*</sup>	96 600	28%
HKWC Total	349 500	100%

<sup>\*</sup> It also includes patients from places outside Hong Kong or with unknown addresses.  
<sup>^</sup> Figures are rounded to the nearest hundred.  
<sup>#</sup> 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

Following the Chief Executive’s Policy Addresses of 2022 and 2023, HKWC will initiate the Hospital Accreditation Programme at Queen Mary Hospital (QMH) in 2025-26, The programme, which adopts China’s International Hospital Accreditation Standards, will ensure that hospital management, service quality, and healthcare delivery align with global benchmarks and integrate with the national healthcare system.

The accreditation process requires thorough planning and collaboration across multiple departments. To ensure effective management throughout the accreditation process, a dedicated hospital accreditation project team has been established with representatives from senior management, clinical staff and hospital administration. The cross-functional team will oversee compliance, standards implementation and progress evaluation. Considerable emphasis has been placed on staff training, focusing on accreditation standards and the roles and responsibilities of members involved in the accreditation. Regular workshops and training sessions are held to ensure staff remain up-to-date on best practices and compliance requirements. Consultancy visits are scheduled for the second and fourth quarters of 2025, with the onsite survey to take place in early 2026.

In parallel, QMH is working toward gaining accreditation as the National Stroke Centre and the National Chest Pain Centre. To facilitate rapid assessment and early treatment of stroke and chest pain patients, a Green Channel for both stroke and cardiac patients is in place to facilitate a timely intervention to enhance patient outcome reduce complications, and increase the chances of a recovery.

Besides, the new Clinical Block 1 (CB1) at QMH is expected to begin operations towards the second half of 2025. To connect CB1 with the existing QMH facilities, an air-conditioned elevated walkway has been constructed. The translocation of departments and facilities will be carried out in phases. The new A&E Department will be situated in CB1, with space and facilities optimised for better patient care, including a negative pressure waiting area amongst others. To enhance emergency rescue operations, CB1 is equipped with a helipad and direct access to the A&E Department.

In 2025-26, HKWC will continue to uphold high standards of care and deliver high-quality healthcare services to enhance QMH’s contributions to healthcare in our country and to the world.

## HKWC Targets

### Provide Smart Care

Enhance renal services by providing two additional patient capacities for automatic peritoneal dialysis.	1Q26
Set up a multidisciplinary heart failure team at QMH to provide inpatient consultation services to heart failure patients; establish heart failure transitional ambulatory care centre and provide ten additional day procedures, 230 additional non-invasive cardiac procedures and 65 additional new case referrals to cardiac rehabilitation programme.	1Q26
Build capacity for providing 100 additional BRCA1/2 germline mutation tests at QMH and 1 040 additional allied health out-patient (AHOP) attendances.	1Q26

### Nurture Smart Workforce

Continue to provide training for nurses beyond Palliative Care setting to provide better support for patients with terminal illness.	1Q26
Provide additional promotion opportunities for resident occupational therapists and physiotherapists.	1Q26

### Enhance Service Supply

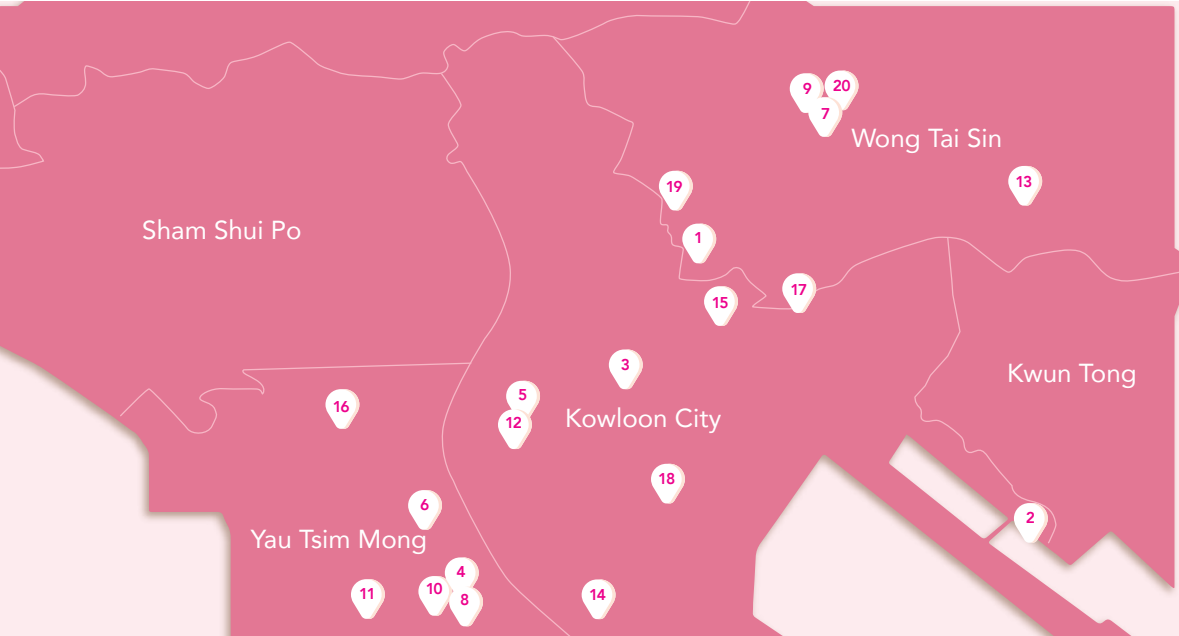
Strengthen the manpower support for commencing the commissioning plan of QMH redevelopment.	1Q26
Provide six additional acute medical beds and six additional acute neurosurgery beds at QMH.	4Q25
Establish a one-stop, multi-disciplinary, comprehensive treatment centre for patients with neurogenetic disorders and provide 50 additional specialist out-patient clinic (SOPC) new case attendances at neurogenetics clinic, 45 additional electroencephalogram tests for epilepsy and 50 additional tests/procedures for stroke programme at QMH.	1Q26

### Enhance Service Supply

Provide four additional acute medical high-dependency unit beds at QMH.	4Q25
Provide 15 additional operating theatre sessions per week for surgery, orthopaedics, cardiothoracic surgery, neurosurgery and anaesthesia for pain/remote area procedures at QMH.	1Q26
Extend Structured Non-surgical Treatment Programme to 360 patients waiting for total joint replacement surgery and provide 1 620 additional AHOP attendances at HKWC.	1Q26
Build capacity for providing 9 125 additional blood check of troponin, 1 910 additional urgent computed tomography brain scan and 910 additional early diagnoses of myocardial infarction for fast track cardiac intervention.	1Q26
Set up integrated multi-disciplinary team diagnostic pathway and provide 195 additional capacities for patients with suspected lung cancer and 125 diagnostic procedures.	1Q26
Provide 15 additional cytoreductive surgery and hyperthermic intraperitoneal chemotherapy (HIPEC) cases, 20 additional new case referrals for HIPEC cases and 120 additional SOPC new case attendances at QMH.	1Q26
Enhance dermatology services by providing seven additional inpatient consultation sessions per week and 125 additional SOPC new case attendances.	1Q26
Enhance radiology services by providing 260 additional attendances for angiography examinations.	1Q26
Enhance burn services by providing care to 15 additional burn cases or serious dermatological cases.	1Q26
Enhance renal services by providing 15 additional patient capacities for in-unit haemodialysis.	1Q26



# Kowloon Central Cluster



As at 31 March 2024		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 2024		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

The Kowloon Central Cluster (KCC) consists of nine hospitals or institutions, 10 specialist outpatient clinics and 13 general outpatient clinics. As at 31 March 2024, KCC provided a total of 6 076 beds; of which 5 361 were for acute, convalescent and rehabilitation care, 250 for infirmary care and 465 for psychiatric care.

### Actual Patients Served

In 2023-24, approximately 808 900 patients had utilised services in KCC. Approximately 56% 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 2023-24 according to district of residence

District of residence	No. of patients^#	Distribution#
Wong Tai Sin	181 600	22%
Kowloon City	153 400	19%
Yau Tsim Mong	115 000	14%
Kwun Tong	88 300	11%
Sham Shui Po	65 800	8%
Others*	204 800	25%
KCC Total	808 900	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

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

The cluster has strived to streamline the provision of medical services and enhance operation efficiency in its hospitals. In 2025-26, KWH will continue to enhance its inpatient and day bed capacity, commence OT and radiological service and other clinical services in the redeveloped Phase I building. HKBH will open additional convalescent and rehabilitation beds and HKEH will enhance its OT capacity and provide additional SOPC ophthalmic investigations. QEH will scale up its bed and SOPC capacity and enhance geriatric outreaching services to the community.

The New Acute Hospital at the Kai Tak Development Area will commence the operation of clinical services in phases in 2026, which includes SOPC, Allied Health and GOPC services in the new Community Health Centre in the SOPC Block, as well as gradual commissioning of the oncology block.

The Hong Kong Breast Milk Bank (HKBMB) has commenced operation in HKCH in January 2025. The HKBMB will accept breast milk donation and provide breast milk to premature or critically-ill newborns, which marks a milestone in neonatal medical services in Hong Kong.

KCC will further explore the use of smart hospital initiatives to improve clinical workflow and enhance operation efficiency. The HKRCBTS will upgrade its donation journey with AI Chatbot features to improve donor experience, while the cluster will also further develop patient-centric services to foster closer partnership with the public and integrate the latest technology in designing new hospital and facilities for redevelopment projects in KCC.

## KCC Targets

Provide Smart Care	
Provide 50 additional day beds, including 40 at KWH and ten at QEH.	4Q25
Enhance the assisted reproductive services by providing 150 additional in-vitro fertilisation cycles at KWH.	1Q26
Commence operation of the Breast Milk Bank and build capacity for collecting 1 000 litres of breast milk per annum at HKCH.	1Q26
Build up HA junior genetic talent pool, enhance capacity for genetic and genomic services, develop paediatric movement analysis by operating the motion analysis laboratory and provide 1 215 additional allied health out-patient (AHOP) attendances.	1Q26
Build capacity for providing screening tests of 25 000 for Spinal Muscular Atrophy to all HA live births at HKCH.	1Q26
Provide 25 additional geriatric day places, 2 610 additional geriatric day attendances and 2 430 additional geriatric outreach attendances.	4Q25 / 1Q26
Enhance renal services by providing three additional patient capacities for automatic peritoneal dialysis and five additional patient capacities for home haemodialysis.	1Q26
Enhance joint replacement services by providing 660 additional nurse clinic attendances in specialist out-patient clinic (SOPC) at KWH.	1Q26
Develop Smart Hospital	
Upgrade the smart donation journeys with add on AI Chatbot and telemedicine function features under the HK Blood Mobile Application and implement data visualisation dashboard for blood transfusion services.	1Q26

## Nurture Smart Workforce

Provide additional promotion opportunities for resident occupational therapists and physiotherapists.	1Q26
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## Enhance Service Supply

Strengthen manpower to support the preparation for the commissioning of NAH.	1Q26
Provide 13 additional acute orthopaedics beds and ten additional operating theatres (OT) sessions per week at KWH.	4Q25
Provide 20 additional urology services sessions, ten additional perioperative services sessions per week and 360 additional attendances for angiography examinations.	1Q26
Provide 20 additional extended care beds at HKBH.	4Q25
Provide one additional acute medical high-dependency unit bed at QEH.	4Q25
Provide 3.3 additional local anaesthesia OT sessions per week for ophthalmology services at HKEH.	1Q26
Extend Structured Non-surgical Treatment Programme to 780 patients waiting for total joint replacement surgery and provide 3 510 additional AHOP attendances in KCC.	1Q26
Enhance ear, nose and throat services by providing an additional total of 375 SOPC new case attendances, 950 AHOP attendances, 120 doctor inpatient consultations and 70 diagnostic/therapeutic procedures.	1Q26
Enhance dermatology services by providing 60 additional SOPC new case attendances.	1Q26
Commence services of the Community Health Centre at NAH and provide 5 000 additional general out-patient clinic (GOPC) attendances.	1Q26

Enhance Service Supply

Commence operation of radiology and nuclear medicine services and provide 995 additional attendances for computed tomography services, 340 additional attendances for Positron Emission Tomography-Computed Tomography and 420 additional attendances for Dual-energy X-ray absorptiometry services at NAH Site B.	1Q26
Commence SOPC services for medical and clinical oncology at NAH site B and provide 125 additional SOPC new case attendances.	1Q26
Build laboratory and infection control team capacity for providing 47 850 additional C. auris testing.	1Q26
Build laboratory capacity by providing 4 000 additional haematology tests.	1Q26
Enhance renal services by providing 18 additional patient capacities for in-unit haemodialysis.	1Q26

Kowloon East Cluster



As at 31 March 2024		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

The Kowloon East Cluster (KEC) consists of three hospitals or institutions, four specialist outpatient clinics and eight general outpatient clinics. As at 31 March 2024, KEC provided a total of 3 010 beds; of which 2 854 were for acute, convalescent and rehabilitation care, 76 for infirmary care and 80 for psychiatric care.

## Actual Patients Served

In 2023-24, approximately 555 800 patients had utilised services in KEC. Approximately 83% of them resided in the Kwun Tong and Sai Kung Districts.

Number and percentage distribution of patients ever utilised KEC services in 2023-24 according to district of residence

District of residence	No. of patients^#	Distribution#
Kwun Tong	276 600	50%
Sai Kung	186 700	34%
Others*	92 500	17%
KEC Total	555 800	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

KEC remains steadfast in optimizing patient services to address the evolving healthcare demands of the community, despite challenges posed by aging population. By strategically rationalizing resources for pressing needs, KEC continues to enhance inpatient and rehabilitation services while expanding outpatient capacity in both general and specialist clinics. Furthermore, KEC is advancing sustainable healthcare through innovative solutions such as smart care initiatives—including the addition of day beds for ambulatory care and the enrichment of community outreach programs for elderly residents.

Quality and patient safety is central to KEC’s mission. In 2025, United Christian Hospital (UCH) will participate in the Hospital Accreditation Programme, underscoring the Cluster’s commitment to continuous improvement in clinical care. This initiative will enable rigorous evaluation and refinement of existing practices to ensure alignment with international standards.

Recognizing the transformative potential of research, KEC established the Cluster Clinical Research Support Office in September 2024 to foster staff engagement in pioneering studies. Aligning with strategic priorities outlined in the Clinical Service Plan, research is now a cornerstone of KEC’s efforts to drive innovation and elevate healthcare delivery.

Complementing these initiatives, ongoing capital works projects—including the UCH redevelopment—are poised to significantly expand KEC’s capacity. These infrastructure advancements will bolster the Cluster’s ability to deliver sustainable, technology-driven healthcare services tailored to the needs of our community.

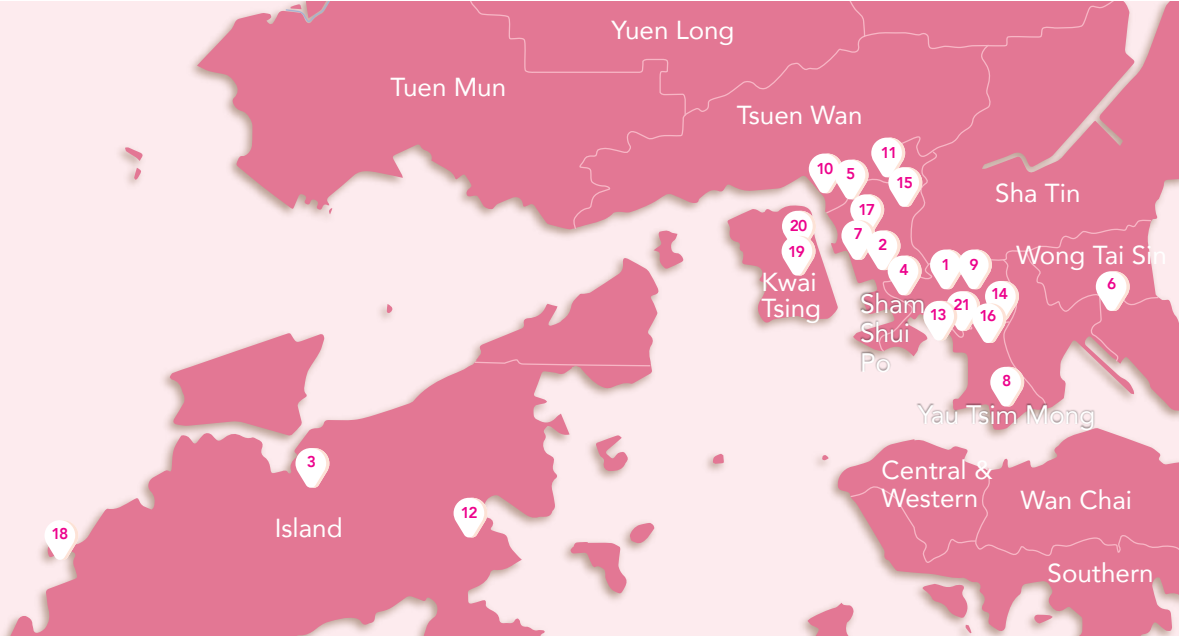
## KEC Targets

Provide Smart Care	
Enhance joint replacement services by providing 660 additional nurse clinic attendances in specialist out-patient clinic (SOPC) at TKOH.	1Q26
Enhance renal services by providing four additional patient capacities for automatic peritoneal dialysis.	1Q26
Commence neurology day rehabilitation services in Multi-Specialty Day Centre and provide 1 890 additional rehabilitation day attendances at UCH.	4Q25 / 1Q26
Provide 1 320 additional geriatric outreach attendances.	1Q26
Nurture Smart Workforce	
Continue to provide training for nurses beyond Palliative Care setting to provide better support for patients with terminal illness.	1Q26
Enhance Service Supply	
Provide 13 additional day beds, including five at TKOH and eight at UCH.	2Q25 / 3Q25/ 4Q25
Commence operation of the Oncology Centre by providing 470 additional SOPC new case attendances and 2 350 additional allied health outpatient (AHOP) attendances at UCH.	1Q26
Provide 40 additional extended care beds at HHH.	3Q25
Provide 20 additional acute medical beds and two additional intensive care unit beds at TKOH.	3Q25
Strengthen manpower support for the commissioning of new Ambulatory Block of UCH.	1Q26

## Enhance Service Supply

Extend Structured Non-surgical Treatment Programme to 720 patients waiting for total joint replacement surgery and provide 3 240 additional AHOP attendances in KEC.	1Q26
Strengthen manpower for Anaesthetic Department at UCH and TKOH and provide 80 additional SOPC new case attendances for Pre-anaesthetic Assessment Clinic.	1Q26
Commence services of additional computed tomography (CT) scanner and provide 2 885 additional CT attendances at TKOH.	1Q26
Provide 4 370 additional ultrasound attendances at TKOH.	1Q26
Enhance ophthalmology services by implementing nurse-delivery intravitreal injection services and providing 780 additional SOPC new case attendances, 4 950 additional AHOP attendances and 180 additional cataract surgeries.	1Q26
Enhance ear, nose and throat (ENT) services by providing two acute beds and commence SOPC services at the ENT Centre in New Ambulatory Block of UCH by providing 180 additional SOPC new case attendances at UCH.	3Q25 / 1Q26
Enhance child and adolescent psychiatric services by providing 285 additional SOPC new case attendances, 1 640 additional AHOP attendances and 750 additional psychiatric nurse consultations.	1Q26
Commence general out-patient clinic (GOPC) services at Joint-user Government Office Building in Area 67 of Tseung Kwan O and provide 10 000 additional GOPC attendances.	1Q26
Enhance renal services by providing 15 additional patient capacities for in-unit haemodialysis.	1Q26

# Kowloon West Cluster



As at 31 March 2024		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 2024		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

The Kowloon West Cluster (KWC) consists of five hospitals or institutions, eight specialist outpatient clinics and 17 general outpatient clinics. As at 31 March 2024, KWC provided a total of 5 059 beds; of which 3 753 were for acute, convalescent and rehabilitation care, 196 for infirmary care, 155 for mentally handicapped care and 955 for psychiatric care.

## Actual Patients Served

In 2023-24, approximately 739 500 patients had utilised services in KWC. Approximately 79% 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 2023-24 according to district of residence

District of residence	No. of patients <sup>^</sup> #	Distribution <sup>#</sup>
Kwai Tsing	236 900	32%
Sham Shui Po	161 800	22%
Tsuen Wan	117 700	16%
Islands	69 900	9%
Others*	153 200	21%
KWC Total	739 500	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 the face of escalating service demand resulting from an ageing population and rising prevalence of chronic diseases in its catchment area, KWC has been devoting all its effort to deliver patient-centred and quality medical care to the community. To deal with the potential pressing needs, continuous effort will be made to strengthen multidisciplinary coordination, ambulatory service, and service integration on a cluster-based approach. Furthermore, KWC will persist to explore opportunities on space review and facility renovation to expand service and bed capacity.

KWC attaches significant importance to developing medical-social collaboration with community partners to extend patients’ care to the community. The cluster aims to minimise unnecessary hospitalization and to provide post-discharge support for patients. Leveraging on the partnership, the cluster has fostered a safety net for patients.

With the commitment of developing smart hospitals and providing smart care, KWC strives to further enhance operational efficiency through embracing advanced technology and digital transformation, including implementation of hospital command centre, e-Vital and electronic bed panels.

To cope with increasing service demand under the challenge of manpower shortage, KWC has strengthened staff recruitment by establishing the first ever “Open Day Recruitment” programme and enhance staff retention by reinforcing staff training with cluster Patient Care Assistant training programme and enhancing career path development, as well as cultivating a harmonious working environment. In addition, KWC has simplified administration and minimized meetings to reduce administrative burden to frontline staff.

For capital works, several projects coordinated by KWC are underway, 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 (HASSC) under stage 1 of phase 2 development of the North Lantau Hospital project. The HASSC will start operation soon. Modernised physical facilities, coupled with integration of innovation and technology, will not only meet the burgeoning demand for public healthcare service, but also further enhance patient experience and health outcomes.



## KWC Targets

Provide Smart Care	
Set up dedicated day services facilities of 40 beds at YCH by reorganising existing physical spaces, which involves providing seven additional day beds at YCH and converting 20 inpatient beds to 33 day beds.	2Q25 / 4Q25
Set up a multidisciplinary heart failure team at PMH and establish heart failure transitional ambulatory care centre and provide ten additional day procedures and 230 additional non-invasive cardiac procedures.	1Q26
Provide 945 additional rehabilitation day attendances for cardiac day rehabilitation services.	1Q26
Enhance oncology services by providing two additional operating theatre (OT) sessions for image-guided brachytherapy per alternate month and 140 additional specialist out-patient clinic (SOPC) new case attendances.	1Q26
Enhance Mental Health Direct call centre services by providing 6 300 additional calls.	1Q26
Provide 4 795 additional geriatric outreach attendances.	1Q26
Enhance renal services by providing four additional patient capacities for automatic peritoneal dialysis and five additional patient capacities for home haemodialysis.	1Q26
Enhance vascular care services by providing 630 additional nurse clinic attendances in SOPC at PMH.	1Q26
Develop Smart Hospital	
Install a robotic-arm assisted system for joint replacement surgery.	1Q26

## Nurture Smart Workforce

Provide additional promotion opportunities for resident occupational therapists.	1Q26
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## Enhance Service Supply

Provide 32 additional extended care beds at PMH.	4Q25
Strengthen manpower support for central food production unit and laundry services at HASSC.	1Q26
Strengthen manpower for Anaesthesia Department at PMH and provide 12 additional sessions on cardiopulmonary exercise testing, 12 additional sessions on echocardiography, 150 additional SOPC new case attendances and 250 additional allied health outpatient (AHOP) attendances at PMH.	1Q26
Extend Structured Non-surgical Treatment Programme to 960 patients waiting for total joint replacement surgery and provide 4 320 additional AHOP attendances in KWC.	1Q26
Provide seven additional endoscopy sessions per week at PMH.	1Q26
Provide 2 160 additional computed tomography attendances at CMC.	1Q26
Commence interventional radiology services at YCH and provide 95 additional attendances for angiography examinations at YCH.	1Q26
Strengthen manpower in Accident & Emergency Departments at KWC.	1Q26
Implement cancer case manager programme for lung cancer patients at PMH and provide services for 90 additional patients newly diagnosed with lung cancer.	1Q26
Provide 10 000 additional general out-patient clinic attendances at Nam Cheong Family Medicine Clinic.	1Q26

Enhance Service Supply

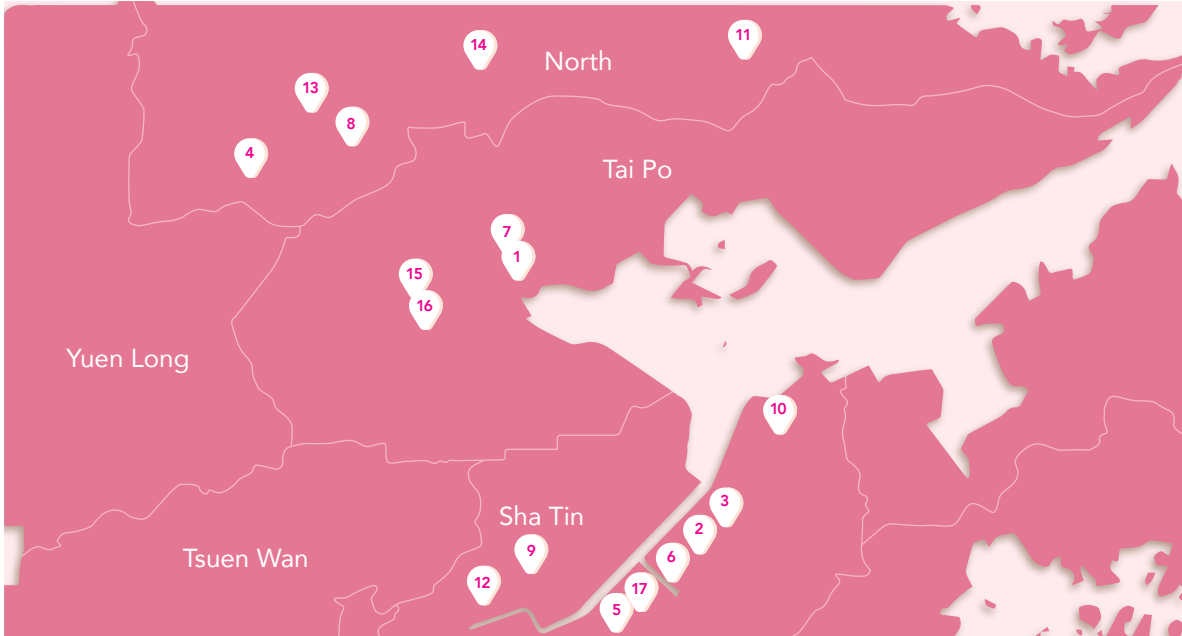
Build up laboratory capacity by providing an additional total of 28 000 additional mycobacterial culture, 2 530 additional haematology tests and 33 685 additional multi-drug resistant organisms screening.

Enhance renal services by providing 12 additional patient capacities for in-unit haemodialysis.

1Q26

1Q26

New Territories East Cluster



As at 31 March 2024		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 2024		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

The New Territories East Cluster (NTEC) consists of seven hospitals or institutions, seven specialist outpatient clinics and 10 general outpatient clinics. As at 31 March 2024, NTEC provided a total of 5 212 beds; of which 4 183 were for acute, convalescent and rehabilitation care, 477 for infirmary care and 552 for psychiatric care.

### Actual Patients Served

In 2023-24, approximately 687 200 patients had utilised services in NTEC. Approximately 84% of them resided in the Sha Tin, North and Tai Po Districts.

Number and percentage distribution of patients ever utilised NTEC services in 2023-24 according to district of residence

District of residence	No. of patients^#	Distribution#
Sha Tin	290 600	42%
North	154 100	22%
Tai Po	135 000	20%
Others*	107 500	16%
NTEC Total	687 200	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

NTEC continues to face the challenges of the ever-rising service demand for inpatient and outpatient services resulting from population growth and ageing population.

As the largest HA cluster in terms of geographic coverage, NTEC Hospitals strive to provide quality patient-centric services to over 1.3 million populations in Shatin, Tai Po and North District by expanding its service capacity and introducing new service models to enhance service efficiency.

In 2025-26, NTEC will commission 44 acute inpatient beds, 2 Coronary Care Unit (CCU) beds, one High Dependency Unit (HDU) bed to address the inpatient service demand. In addition, the Cluster will enhance ambulatory care by opening 16 medical day beds and 2 Ear, Nose and Throat (ENT) day beds to reduce hospital admission. To alleviate the long waiting time for surgeries, NTEC will provide an additional of one general anaesthesia (GA) operating theatre (OT) session and one GA interventional session for neurosurgery, 4.5 daytime emergency OT sessions, and two additional GA OT sessions for breast surgery per week. Furthermore, NTEC will open an additional of four local anaesthesia (LA) OT sessions per week for ENT and Urology surgeries.

To enhance service in cardiology, Chest Pain Centre will be established in PWH to provide integrated cardiac service to patients presented with acute chest pain. An integrated multi-disciplinary one stop clinic will also be set up at PWH to provide service to patients with suspected lung cancer.

To address long waiting time for specialist outpatient services, additional specialist outpatient attendances will be provided for ophthalmology, child & adolescent psychiatry and dermatology services. For general outpatient (GOP) services, additional GOPC attendances will be provided at North District Community Health Centre.

In line with the corporate strategy of nurturing smart workforce, the Cluster will provide additional promotion opportunities for allied health staff.

NTEC will proactively plan and prepare for the commencement of services at the New In-patient Extension Block under the PWH Redevelopment Project Phase IIA and the commissioning of the NDH Expansion Project.

## NTEC Targets

Provide Smart Care	
Provide 18 additional day beds at PWH.	4Q25
Set up a multidisciplinary heart failure team at PWH, establish heart failure transitional ambulatory care centre and provide ten additional day procedures and 230 additional non-invasive cardiac procedures.	1Q26
Provide four additional LA OT sessions for ENT and urology services per week.	1Q26
Enhance the assisted reproductive services by providing 150 additional in-vitro fertilisation cycles at PWH.	1Q26
Build capacity for providing 220 additional BRCA1/2 germline mutation tests at PWH.	1Q26
Provide 5 530 additional geriatric outreach attendances.	1Q26
Enhance renal services by providing five additional patient capacities for automatic peritoneal dialysis.	1Q26
Strengthen manpower to adopt new model for hepato-biliary and pancreatic nursing services and enhance systemic anti-cancer therapy by providing 900 pharmacist clinic attendances.	1Q26
Nurture Smart Workforce	
Enhance nursing manpower for apheresis procedure, and the related training, accreditation and quality management.	3Q25
Provide additional promotion opportunities for resident occupational therapists and physiotherapists.	1Q26

## Enhance Service Supply

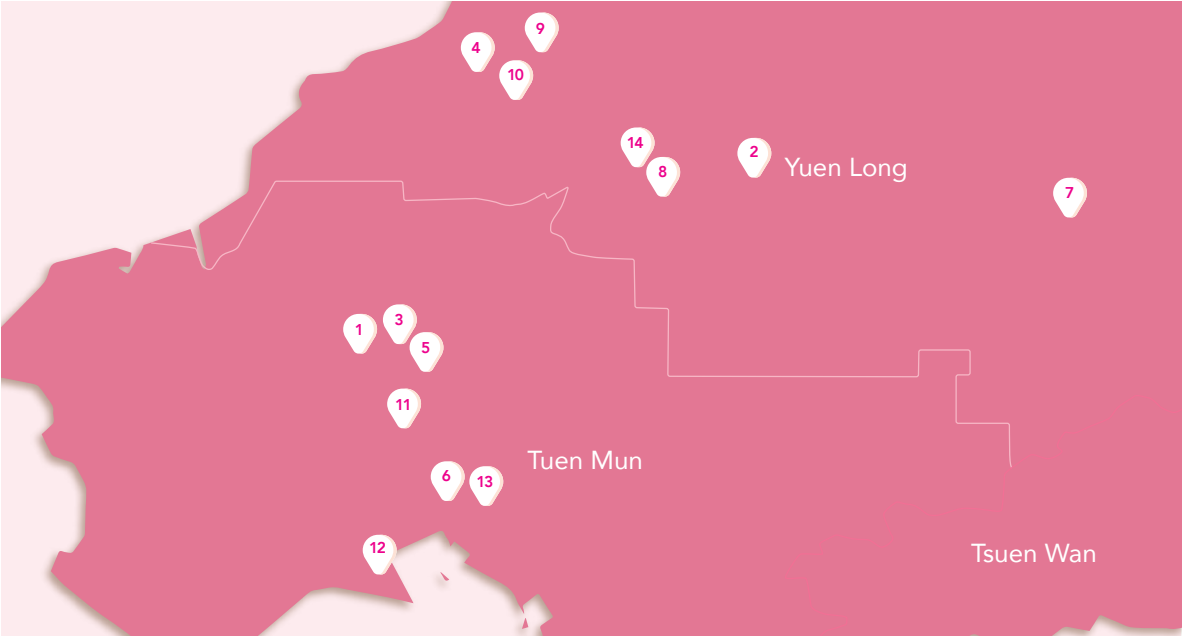
Provide ten additional acute emergency medicine beds at NDH.	4Q25
Strengthen manpower support for the expansion project of NDH.	1Q26
Provide 20 additional acute medical beds and one additional neurosurgery HDU bed at PWH.	4Q25
Set up Extended Post Anaesthesia Care Unit and provide one additional GA OT session, one additional GA interventional session for neurosurgery and 4.5 additional daytime emergency OT sessions per week at PWH.	1Q26
Provide two acute CCU beds and designate eight acute medical beds to acute cardiac beds at PWH.	4Q25
Perform 330 additional echocardiogram in acute cardiac beds and CCU beds; and provide index admission for early coronary intervention to 75 patients with acute coronary syndrome.	1Q26
Provide four additional acute medical beds at AHNH and ten additional acute medical beds at NDH.	4Q25
Provide two additional OT sessions per week for breast surgery, 340 additional specialist out-patient clinic (SOPC) new case attendances for breast cancer services and 690 additional attendances of acute pain round for acute pain services at NDH.	1Q26
Provide 15 additional cytoreductive surgery and hyperthermic intraperitoneal chemotherapy (HIPEC) cases, 20 additional new case referrals for HIPEC cases and 120 additional SOPC new case attendances at PWH.	1Q26
Set up integrated multi-disciplinary team diagnostic pathway and provide 130 additional capacities for patients with suspected lung cancer, 105 additional diagnostic procedures and 260 additional SOPC new case attendances.	1Q26



Enhance Service Supply

Enhance ophthalmology services by providing 125 additional cataract surgeries and 260 additional SOPC new case attendances.	1Q26
Provide 195 additional angiography attendances.	1Q26
Provide 7 500 additional computed tomography attendances for cancer patients at Central Government Aided Emergency Hospital.	1Q26
Enhance child and adolescent psychiatric services by providing 190 additional SOPC new case attendances and 1 050 additional psychiatric nurse consultations and assessment.	1Q26
Enhance intensive care unit services by providing 430 patient attendances in Cluster ICU.	1Q26
Provide 10 000 additional GOPC attendances at North District Community Health Centre.	1Q26
Enhance dermatology services by providing seven additional inpatient consultation sessions per week and 60 additional SOPC new case attendances.	1Q26
Build capacity for providing six additional patient capacities for apheresis services.	1Q26
Build laboratory capacity to provide 2 000 additional haematology tests.	1Q26
Enhance renal services by providing 15 additional patient capacities for in-unit haemodialysis.	1Q26

New Territories West Cluster



As at 31 March 2024		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

The New Territories West Cluster (NTWC) consists of five hospitals or institutions, five specialist outpatient clinics and eight general outpatient clinics. As at 31 March 2024, NTWC provided a total of 4 899 beds; of which 3 068 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 2023-24, approximately 596 600 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 2023-24 according to district of residence

District of residence	No. of patients <sup>^</sup> #	Distribution <sup>#</sup>
Yuen Long	301 600	51%
Tuen Mun	239 000	40%
Others*	56 000	9%
NTWC Total	596 600	100%

\* It also includes patients from places outside Hong Kong or with unknown addresses.  
<sup>^</sup> Figures are rounded to the nearest hundred.  
<sup>#</sup> 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<sup>note 1</sup> to 1.35 million in 2031<sup>note 2</sup>, with particular significant increase in the elderly population (increased by 40% to 0.45 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 (OT) Block of Tuen Mun Hospital, the capacity of elective and emergency OT would increase significantly in the coming years. Moreover, the commencement of the innovative technology including the MR-Guided Focused Ultrasound Treatment, Hybrid OT, Intra-op MRI and the Robotic Assisted Surgery System would bring the Tuen Mun Hospital surgical service into a new era.

Following the establishment of the Neuroscience Centre in Tuen Mun Hospital, NTWC would continue to enhance the service by opening additional high dependency unit and inpatient beds. NTWC would thrive to develop new service in this area through researching and training.

To align with the corporate strategy to strengthen ambulatory care and community-based care service models, NTWC continue to enhance ambulatory care by providing additional day beds in the Haematology Department and enhancing cardiac service in Pok Oi Hospital by providing additional day service and Cardiac Catheterization Laboratory sessions. Following the expected completion of Tuen Mun 29 West Area Community Health Centre in 2025-26, 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.

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 2021-2031, published by Planning Department

NTWC Targets

Provide Smart Care	
Provide two additional day beds at TMH.	4Q25
Enhance haematology services by providing three additional pre-chemotherapy nurse clinic sessions per week and 125 additional specialist out-patient clinic (SOPC) new case attendances.	1Q26
Enhance renal services by providing five additional patient capacities for automatic peritoneal dialysis and five additional patient capacities for home haemodialysis.	1Q26
Enhance colorectal care for surgery services by providing 670 additional nurse clinic attendances in SOPC at TMH.	1Q26
Nurture Smart Workforce	
Provide additional promotion opportunities for resident physiotherapists.	1Q26
Enhance Service Supply	
Provide two additional high-dependency unit beds and 40 additional acute medical beds at TMH.	4Q25
Provide 24/7 intravenous thrombolysis services for acute ischaemic stroke patients at TSWH.	4Q25
Extend Structured Non-surgical Treatment Programme to 960 patients waiting for total joint replacement surgery and provide 4 320 additional allied health outpatient attendances in NTWC.	1Q26
Enhance Linear Accelerator services by providing 970 additional radiotherapy treatment attendances (in terms of low-complexity radiotherapy treatment attendances).	1Q26

Enhance Service Supply

Provide two additional cardiac catheterisation laboratory sessions (CCL) with two additional patient assessment sessions and 90 additional CCL procedures, and 50 additional echocardiogram attendances at POH.	4Q25 / 1Q26
Enhance medical services by providing 125 additional SOPC new case attendances at POH.	1Q26
Enhance child and adolescent psychiatric services by providing 190 additional SOPC new case attendances.	1Q26
Enhance A&E services by providing 130 additional cross-border case consultations.	1Q26
Provide 5 000 additional general out-patient clinic attendances at Community Health Centre at Tuen Mun Area 29 West.	1Q26
Enhance renal services by providing six additional patient capacities for in-unit haemodialysis.	1Q26

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	
AHNSH	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 2024	As at 31 March 2025 (Estimate)	As at 31 March 2026 (Plan/Estimate)
I. Access to services			
Inpatient services			
no. of hospital beds			
general (acute and convalescent)	24 325	24 478	24 820
mentally ill	3 710	3 710	3 710
mentally handicapped	675	675	675
infirmary	1 961	1 961	1 961
overall	30 671	30 824	31 166
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) (%)	96	95	95
triage III (urgent cases – 30 minutes) (%)	71	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	787	787	824
psychiatric services			
no. of psychiatric day places	909	909	910



Indicators	Actual for 2023-24	Estimate for 2024-25	Estimate for 2025-26
II. Delivery of services			
Inpatient services			
overall			
no. of patient days	8 750 456	9 151 000	9 221 000
bed occupancy rate (%)	88	88	88
no. of discharge episodes <sup>[Note 1]</sup>	1 146 494	1 275 510	1 288 810
general (acute and convalescent)			
no. of patient days	7 137 219	7 492 000	7 562 000
bed occupancy rate (%)	91	91	91
no. of discharge episodes <sup>[Note 1]</sup>	1 123 107	1 251 200	1 264 500
average length of stay (days) <sup>[Note 2]</sup>	6.3	6.3	6.3
mentally ill			
no. of patient days	995 316	1 017 000	1 017 000
bed occupancy rate (%)	76	76	76
no. of discharge episodes <sup>[Note 1]</sup>	19 161	19 900	19 900
average length of stay (days) <sup>[Note 2]</sup>	55	55	55
mentally handicapped			
no. of patient days	166 121	166 000	166 000
bed occupancy rate (%)	67	67	67
infirmary			
no. of patient days	451 800	476 000	476 000
bed occupancy rate (%)	84	84	84
Ambulatory and outreach services			
day inpatient services			
no. of discharge episodes <sup>[Note 1]</sup>	809 505	852 300	914 700
A&E services			
no. of A&E attendances	2 142 830	2 237 000	2 237 000
no. of A&E first attendances			
triage I	28 138	29 800	29 800
triage II	56 566	57 600	57 600
triage III	820 353	822 500	822 500

Indicators	Actual for 2023-24	Estimate for 2024-25	Estimate for 2025-26
specialist outpatient services			
no. of specialist outpatient (clinical) first attendances	878 903	913 000	924 000
no. of specialist outpatient (clinical) follow-up attendances	7 489 204	7 701 000	7 743 000
total no. of specialist outpatient (clinical) attendances	8 368 107	8 614 000	8 667 000
primary care services			
no. of general outpatient attendances	6 008 083	6 341 000	6 403 000
no. of family medicine specialist clinic attendances	351 698	375 800	387 800
total no. of primary care attendances	6 359 781	6 716 800	6 790 800
rehabilitation and palliative care services			
no. of rehabilitation day and palliative care day attendances	100 987	122 200	126 000
no. of community nurse attendances	916 504	961 000	969 000
no. of allied health (community) attendances	32 268	35 900	35 900
no. of allied health (outpatient) attendances	3 301 186	3 488 000	3 542 000
geriatric services			
no. of geriatric outreach attendances	785 239	817 600	842 100
no. of geriatric elderly persons assessed for infirmary care service	1 767	1 760	1 760
no. of geriatric day attendances	168 425	178 900	182 100
psychiatric services			
no. of psychiatric outreach attendances	330 549	360 600	361 200
no. of psychiatric day attendances	194 070	239 100	239 200
no. of psychogeriatric outreach attendances	113 386	116 200	116 200
III. Quality of services			
no. of hospital deaths per 1 000 population <sup>[Note 3]</sup>	2.7	2.7	2.7
unplanned readmission rate within 28 days for general inpatients (%)	10.9	10.9	10.9

Indicators	Actual for 2023-24	Estimate for 2024-25	Estimate for 2025-26
IV. Cost of services			
Cost distribution			
cost distribution by service types (%)			
inpatient	53.1	53.4	52.8
ambulatory and outreach	46.9	46.6	47.2
cost of services for persons aged 65 or above			
share of cost of services (%)	54.4	54.6	54.6
cost of services per 1 000 population (\$m)	30.4	30.5	30.9
Unit costs			
inpatient services			
cost per patient day (\$)			
general (acute and convalescent)	6,920	6,910	7,180
mentally ill	3,580	3,740	3,870
mentally handicapped	2,430	2,530	2,610
infirmary	2,310	2,270	2,350
ambulatory and outreach services			
cost per A&E attendance (\$)	2,070	2,030	2,100
cost per specialist outpatient attendance (\$)	1,610	1,630	1,690
cost per general outpatient attendance (\$)	730	665	705
cost per family medicine specialist clinic attendance (\$)	1,450	1,550	1,590
cost per community nurse attendance (\$)	765	760	785
cost per psychiatric outreach attendance (\$)	1,990	2,010	2,080
cost per geriatric day attendance (\$)	2,670	2,630	2,700
Fee waivers			
total amount of waived fees (\$m)	1,158.4	1,265.9	1,312.2
percentage of Comprehensive Social Security Assistance fee waiver (%) <sup>[Note 4]</sup>	14.0	14.4	14.3
percentage of Old Age Living Allowance (OALA) fee waiver (%) <sup>[Note 4]</sup>	15.2	16.2	16.5
percentage of other fee waiver (%) <sup>[Note 4]</sup>	6.8	7.0	7.0

Indicators	Actual for 2023-24	Estimate for 2024-25	Estimate for 2025-26
V. Manpower (no. of full time equivalent staff as at 31 March)			
Medical			
doctor	6 807	7 140	7 430
specialist	3 526	3 630	3 740
non-specialist	3 281	3 510	3 690
intern	530	522	572
dentist	13	13	13
medical total	7 350	7 675	8 015
Nursing			
nurse	27 904	28 580	29 570
trainee	961	1 000	1 050
nursing total	28 865	29 580	30 620
Allied health	9 497	10 050	10 300
Others	45 073	45 920	46 840
total	90 785	93 225	95 775

- 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.

APPENDIX 2 Service Estimates by Cluster

Service Estimates for 2025-26	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC
Inpatient services							
general (acute and convalescent)							
no. of patient days	655 200	664 800	1 657 100	935 500	1 210 100	1 366 300	1 073 000
no. of discharge episodes <sup>[Note 1]</sup>	119 950	116 040	249 690	153 450	227 580	217 140	180 650
mentally ill							
no. of patient days	102 600	25 400	144 200	21 600	279 500	172 500	271 200
no. of discharge episodes <sup>[Note 1]</sup>	2 160	700	3 380	570	5 230	4 600	3 260
mentally handicapped							
no. of patient days	-	-	-	-	19 600	-	146 400
infirmary							
no. of patient days	163 800	42 900	79 300	28 900	45 100	85 900	30 100
Ambulatory and outreach services							
day inpatient services							
no. of discharge episodes <sup>[Note 1]</sup>	90 660	120 470	171 570	100 610	145 400	169 480	116 510
accident and emergency services							
no. of A&E attendances	214 700	123 900	334 500	286 100	474 000	364 600	439 200
specialist outpatient services							
no. of specialist outpatient (clinical) attendances	918 300	958 000	1 597 900	1 006 300	1 500 100	1 462 300	1 224 100
primary care services							
no. of primary care attendances	668 150	422 530	1 232 790	1 100 950	1 162 290	1 162 000	1 042 090
rehabilitation and palliative care services							
no. of rehabilitation day and palliative care day attendances	47 620	32 460	12 250	11 350	5 940	9 990	6 390
no. of community nurse attendances	103 200	57 400	195 300	186 700	168 400	149 600	108 400
no. of allied health (community) attendances	1 630	1 700	5 360	1 090	5 930	12 500	7 690
no. of allied health (outpatient) attendances	403 000	281 800	740 600	512 800	536 600	574 300	492 900

Service Estimates for 2025-26	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC
geriatric services							
no. of geriatric outreach attendances	120 330	72 470	179 150	65 940	164 690	111 990	127 530
no. of geriatric day attendances	31 070	8 670	34 960	19 640	31 340	34 770	21 650
psychiatric services							
no. of psychiatric outreach attendances	36 000	26 630	22 770	38 420	111 610	53 170	72 600
no. of psychiatric day attendances	30 360	22 750	13 040	34 630	69 140	48 000	21 280
no. of psychogeriatric outreach attendances	13 420	18 350	10 770	11 930	31 880	14 980	14 870
Quality of services							
unplanned readmission rate within 28 days for general inpatients (%)	10.3	9.6	10.4	11.3	12.3	10.4	11.5

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

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