



For information via circulation

AOM-P1682

Hospital Authority

Report on Key Performance Indicators (KPI Report No. 51, up to June 2021)

Advice Sought

Members are invited to note for information the quarterly report on Key Performance Indicators (KPI) of the Hospital Authority (HA), covering KPIs of clinical services, human resources (HR) and financial performance for the period ended June 2021¹. Detailed reports for clinical services, HR and finance performance were submitted to the Medical Services Development Committee (MSDC), Human Resources Committee (HRC) and Finance Committee (FC) respectively² via circulation in August 2021.

Background

- 2. In this report, the reporting period is mainly from July 2020 to June 2021, unless otherwise specified. The key observations on KPI performance are highlighted in the ensuing paragraphs, while the detailed statistical reports are available electronically at the Members' Corner for reference.
- 3. In view of the emergence of the Coronavirus Disease 2019 (COVID-19) epidemic in Hong Kong since early 2020, HA has adjusted its services in response to the epidemic along with tightening up infection control measures. During the reporting period from July 2020 to June 2021, there has been a mix of service adjustments and service resumption, and the challenges have been wax and wane.

Key Observations

Clinical Services (Appendix 1)

4. With the impact of COVID-19 epidemic on HA's **service volume** across a wide spectrum of services in this reporting period, HA overall was below the year-to-date (YTD) estimates for most of the Controlling Officer's Report (COR) service throughput items, including inpatient, day hospital, community and outreach services. Among these, day hospital services (including rehabilitation day and palliative care day attendances,

¹ The last quarterly report on KPIs (up to March 2021) was submitted to the Board on 24 June 2021 via Administrative and Operational Meeting Paper No. 1668. For HR KPIs, performance on manpower situation and staff wellness are reported quarterly, while KPIs on training are reported annually and with those covering the period from 1 April 2020 to 31 March 2021 first reported to HRC on 11 May 2021 and the Board on 24 June 2021.

² Via HRC Paper No. 665; MSDC Paper No. 637 and FC Paper No. 904.

geriatric day attendances and psychiatric day attendances), where more stringent infection control is in place for the respective groups of vulnerable patients, had more than 45% negative variance against the YTD estimates.

- 5. With the continuing easing local epidemic situation, services have been gradually resumed to activity levels before the COVID-19 epidemic. YTD service throughput for all items, except for psychiatric day attendances, was higher than that of prior year, with the following items above the service throughput in prior year by more than 35%:
 - Allied health (outpatient) attendances;
 - Rehabilitation day and palliative care day attendances;
 - Geriatric day attendances;
 - Psychiatric outreach attendances; and
 - Psychogeriatric outreach attendances.
- 6. HA has suitably adjusted its service model where practicable to continue to serve patients. Some services were provided with the use of video conferencing technologies, and the activity might not be fully captured under COR / KPI reporting. For example, psychiatric consultation services were provided through telehealth. Allied health staff followed up on patients' progress via phone or video calls, or provided videos of rehabilitation exercises to patients through HA's rehabilitation mobile application under "HA Go", so as to allow patients to continue with their scheduled home training programmes. On the other hand, to support the service adjustments, HA has expanded the service scope of some of the existing Public-Private Partnership Programmes and launched new public-private collaboration initiatives, with a view to diverting suitable patients from public hospitals to receive treatment in the private sector.
- Waiting time for Accident & Emergency (A&E) services
- 7. HA's overall percentage of A&E patient attendances seen within target waiting time for Triage I (critical) and II (emergency) met the targets. For Triage III (urgent) and IV (semi-urgent), HA overall fell short of the targets by 11.6% points (78.4% vs. target 90%) and 8.4% points (66.6% vs. target 75%) respectively. Compared with prior year, respective decreases of 0.2% point and 3.4% points were observed for Triage III and Triage IV in meeting the target waiting time.
- Waiting time for SOP new case bookings
- 8. All clusters met the target overall **median waiting time for first appointment for Priority 1 (P1) and Priority 2 (P2) cases** within two weeks and eight weeks respectively.
- 9. On the **90th percentile waiting time for Routine cases**, amongst the eight specialties being monitored, HA overall's waiting time for **Ear, Nose & Throat** (ENT), **Medicine**, **Ophthalmology** (OPH) and **Orthopaedics & Traumatology** were above 100 weeks, at 105 weeks, 134 weeks, 131 weeks and 114 weeks respectively. When compared with prior year, ENT had the greatest increase in waiting time by 11 weeks from 94 weeks to 105 weeks, followed by OPH which increased nine weeks from 122 weeks to 131 weeks.

Waiting time for elective surgery

10. In response to COVID-19 epidemic, HA has adjusted non-emergency and non-essential services to conserve manpower and resource in managing emergency cases. Some elective surgeries have been rescheduled to support service adjustment. For total joint replacement (TJR), waiting time at 90th percentile for patients receiving the treatment of TJR was 56 months for HA overall, which was lengthened by four months when compared with prior year.

Disease specific quality indicators

- 11. While HA has adjusted non-emergency and non-essential medical services during the COVID-19 epidemic, emergency and essential treatment to patients are maintained. For example, for colorectal cancer and breast cancer which mainly require essential surgical treatment, their respective waiting time at 90th percentile for patients receiving first treatment after diagnosis (January to December 2020) was both at 73 days and 64 days respectively, which was two days and 13 days shorter than that of prior year.
- 12. For other diseases specific quality indicators, such as stroke, hip fracture, diabetes mellitus, hypertension and cardiac services, etc., variances in KPI performance of disease specific quality indicators against prior year were generally within 5% range of normal fluctuation.

Human Resources (Appendix 2)

- 13. As at 30 June 2021, HA had a staffing position of 88 459, which represented a growth of 4.1% when compared with prior year. The workforce in all staff groups had increased and the greatest increase was "Supporting (Care-related)" staff group (+5.1%). As for the attrition (wastage) rate of full-time staff, the HA overall rate (July 2020 to June 2021) was 8.9%, in which the "Others" ³ staff group had the highest rate (12.0%).
- During the reporting period, the HA overall average sick leave days taken per staff was 6.8 days, which represented a 8.1% reduction when compared with prior year. The average sick leave days taken per staff had decreased by 15.7% in "Allied Health (AH)" staff group. The proportion of staff taken long sick leave (\geq 50 days) in HA had slightly increased (2.4%).
- During the reporting period, the HA overall number of injury on duty (IOD) cases per 100 full time equivalent (FTE) staff decreased from 4.4 cases to 3.9 cases when compared with prior year. "AH" staff group had the lowest rate (1.8 cases), whereas "Supporting (Care-related)" staff group had the highest rate (6.2 cases). As for the number of IOD leave days per 100 FTE staff, HA overall was 65.3 days, representing a decrease of 6.0 days. All staff groups had a reduction of IOD leave days per 100 FTE staff except "AH" staff group when compared with the same period of prior year and "Supporting (Care-related)" staff group had the most significant improvement (-14.9 days).

_

³ Staff group of "Others" includes management/administrative staff as well as other supporting staff, e.g. clerks, secretaries, workmen, operation assistants, executive assistants, etc.

Finance

- 16. Every year, the HA receives Government subvention in 12 monthly instalments while most of its spending is incurred towards latter part of the year given its business / operation cycle. Thus, a year-to-date underspending position is often reported by HA during earlier months of the financial year. For the quarter ended 30 June 2021, HA recorded an overall underspending of \$2,106 million in its recurrent operating results.
- 17. HA's full-year financial position for 2021-22 remains uncertain and may be further revised subject to a number of factors, including the evolving pandemic situation of COVID-19 and its impact on HA's operation, the anticipated winter surge in late 2021, as well as the continued development of HA's manpower situation during the year.

Way Forward

18. HA will continue to closely monitor the epidemic situation, support the Government's overall infectious disease prevention strategy and suitably adjust the scale of service provision when necessary.

Hospital Authority AOM\PAPER\1682 8 September 2021

Report on Key Performance Indicators - Clinical Services For reporting to the Administrative and Operational Meeting in September 2021 (KPI Report No. 51, up to June 2021)

*** The figures serve as comparison/reference only. They are not pledged performance/target of the Hospital Authority. *** Reporting Period: YTD Jun 2021 (unless specified) for Service Growth in response to Population Change & Ageing Effect;

1.7.2020 - 30.6.2021 (unless specified) for other items

Special note

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

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

The following symbols are used throughout the report

- Figures equal zero
- Figures within 0 and 0.5 (for Service Capacity only) / within 0% and 0.05% / within 0%pt and 0.05%pt

			Current Year	Estima	ite	Prior Ye		
			YTD Jun 2021	YTD Jun 2021	Variance	YTD Jun 2020	Variance	
			A	В	C = (A - B) or (A - B) / B	D	E = (A - D) or (A - D) / D	
Service Growth i	in re	esponse to Population Change & Ageing Effect						
Service Capacity	*	No. of hospital beds (overall)	29 850	29 850	-	29 435	+ 415	
(as at 30 Jun 2021)						(as at 30 Jun 2020)		
	*	No. of geriatric day places	703	N.A.	N.A.	669	+ 34	
						(as at 30 Jun 2020)		
	*	No. of psychiatric day places	889	N.A.	N.A.	889	-	
						(as at 30 Jun 2020)		
Inpatient Services		No. of inpatient discharges and deaths						
	*	Overall	266 709	301 942	- 11.7%	231 975	+ 15.0%	
	*	General (acute and convalescent)	261 293	296 562	- 11.9%	227 106	+ 15.1%	
		No. of inpatient patient days						
	*	Overall	1 971 385	2 161 669	- 8.8%	1 812 970	+ 8.7%	
	*	General (acute and convalescent)	1 584 912	1 757 840	- 9.8%	1 429 100	+ 10.9%	
	*	No. of day inpatient discharges and deaths	185 238	182 332	+ 1.6%	154 362	+ 20.0%	
Accident &	*	No. of A&E attendances	483 343	551 795	- 12.4%	407 276	+ 18.7%	
Emergency (A&E) Services		No. of A&E first attendances						
	*	triage I (Critical cases)	5 485	N.A.	N.A.	5 258	+ 4.3%	
	*	triage II (Emergency cases)	12 958	N.A.	N.A.	11 824	+ 9.6%	
	*	triage III (Urgent cases)	182 455	N.A.	N.A.	150 121	+ 21.5%	
Specialist Outpatient	*	No. of SOP (clinical) first attendances	208 222	N.A.	N.A.	168 787	+ 23.4%	
(SOP) Services	*	No. of SOP (clinical) follow-up attendances	1 798 345	N.A.	N.A.	1 571 372	+ 14.4%	
	*	Total no. of SOP (clinical) attendances	2 006 567	1 972 956	+ 1.7%	1 740 159	+ 15.3%	
Primary Care	*	No. of general outpatient attendances	1 482 955	1 515 913	- 2.2%	1 305 612	+ 13.6%	
Services	*	No. of family medicine specialist clinic attendances	80 435	79 665	+ 1.0%	74 839	+ 7.5%	
	*	Total no. of primary care attendances	1 563 390	1 595 578	- 2.0%	1 380 451	+ 13.3%	
Allied Health Outpatient Services	*	No. of allied health (outpatient) attendances	760 425	735 492	+ 3.4%	549 661	+ 38.3%	
Day Hospital	*	No. of rehabilitation day and palliative care day attendances	10 783	27 777	- 61.2%	7 119	+ 51.5%	
Services	*	No. of geriatric day attendances	19 685	38 638	- 49.1%	11 125	+ 76.9%	
	*	No. of psychiatric day attendances	3 469	57 118	- 93.9%	21 940	- 84.2%	
Community &	*	No. of community nurse attendances	228 094	228 142		223 639	+ 2.0%	
Outreach Services	*	No. of allied health (community) attendances	6 986	8 942	-§ - 21.9%	6 738	+ 2.0%	
	*	•						
	_	No. of geriatric outreach attendances	187 950	185 626	+ 1.3%	179 038	+ 5.0%	
	*	No. of geriatric elderly persons assessed for infirmary care service	338	N.A.	N.A.	327	+ 3.4%	
	*	No. of psychiatric outreach attendances	56 349	78 950	- 28.6%	40 097	+ 40.5%	
	*	No. of psychogeriatric outreach attendances	22 970	26 400	- 13.0%	16 564	+ 38.7%	

Remark:

COR item

> 5% <u>above</u> estimate / prior year

> 5% below estimate / prior year

		i.									Appendix 1
					Current p	eriod (R51)				Previous	s period
		HKEC	нкмс	ксс	KEC	KWC	NTEC	NTWC	Overall HA	Overa	II HA
					Jul 2020 -	- Jun 2021				Jul 2019 - Jun 2020	Variance
									Α	В	C = (A - B) or (A - B) / B
Quality Improver	ment										
Waiting Time for	% of A&E patient attendances seen within target waiting time										
Accident & Emergency *	triage I (critical cases : 0 minute, 100%)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	+§
(A&E) Services *	triage II (emergency cases : < 15 minutes, 95%)	96.4%	98.6%	94.7%	99.0%	98.3%	95.6%	98.7%	97.4%	97.8%	- 0.5%pt
*	triage III (urgent cases : < 30 minutes, 90%)	79.0%	86.0%	69.0%	73.2%	85.3%	75.8%	84.5%	78.4%	78.5%	- 0.2%pt
	triage IV (semi-urgent cases : < 120 minutes, 75%)	57.4%	76.3%	63.6%	49.8%	79.9%	73.1%	56.9%	66.6%	70.0%	- 3.4%pt
Waiting Time for Specialist	Median waiting time (weeks) for first appointment at specialist outpatient clinics (SOPCs)										
Outpatient * (SOP) New Case	Priority 1 (P1) cases	<1	<1	<1	<1	<1	<1	<1	<1	<1	-
Bookings *	Priority 2 (P2) cases	6	4	4	6	5	5	5	5	5	-
	Ear, Nose and Throat										
	% of P1 cases at SOPCs with waiting time within 2 weeks	99.2%	99.5%	98.6%	99.6%	98.9%	98.2%	98.9%	98.8%	98.8%	+§
	% of P2 cases at SOPCs with waiting time within 8 weeks	95.9%	97.9%	99.2%	98.8%	97.2%	95.8%	97.5%	97.3%	96.3%	+ 0.9%pt
	90 th percentile waiting time (weeks) of Routine cases at SOPCs	107	80	154	103	106	94	80	105	94	+ 11.7%
	Gynaecology										
	% of P1 cases at SOPCs with waiting time within 2 weeks	99.7%	98.3%	98.2%	99.0%	98.4%	99.0%	96.7%	98.5%	98.9%	- 0.4%pt
	% of P2 cases at SOPCs with waiting time within 8 weeks	98.8%	98.1%	98.7%	98.6%	98.0%	96.3%	80.2%	97.4%	98.2%	- 0.8%pt
	90th percentile waiting time (weeks) of Routine cases at SOPCs	41	57	41	90	63	82	72	73	80	- 8.8%
	Medicine										
	% of P1 cases at SOPCs with waiting time within 2 weeks	98.6%	97.7%	91.8%	96.9%	97.6%	97.8%	97.7%	96.9%	97.6%	- 0.7%pt
	% of P2 cases at SOPCs with waiting time within 8 weeks	98.5%	97.5%	98.1%	96.8%	97.6%	97.8%	97.4%	97.6%	97.0%	+ 0.7%pt
	90 th percentile waiting time (weeks) of Routine cases at SOPCs	107	116	114	151	117	134	124	134	133	+ 0.8%
	Ophthalmology										
	% of P1 cases at SOPCs with waiting time within 2 weeks	99.5%	99.6%	99.1%	99.6%	99.9%	99.1%	98.6%	99.2%	99.4%	- 0.1%pt
	% of P2 cases at SOPCs with waiting time within 8 weeks	98.8%	99.5%	98.6%	98.2%	98.7%	98.6%	98.6%	98.6%	97.8%	+ 0.8%pt
	90 th percentile waiting time (weeks) of Routine cases at SOPCs	77	60	138	127	116	76	71	131	122	+ 7.4%
	Orthopaedics and Traumatology										
	% of P1 cases at SOPCs with waiting time within 2 weeks	99.2%	96.6%	99.5%	99.3%	99.3%	99.2%	98.9%	99.0%	99.0%	+ 0.1%pt
	% of P2 cases at SOPCs with waiting time within 8 weeks	96.9%	98.6%	99.4%	98.3%	98.3%	97.8%	98.0%	98.2%	97.6%	+ 0.7%pt
	90 th percentile waiting time (weeks) of Routine cases at SOPCs	118	77	142	116	103	122	98	114	122	- 6.6%
	Paediatrics and Adolescent Medicine										
	% of P1 cases at SOPCs with waiting time within 2 weeks	96.8%	98.1%	99.2%	99.2%	98.7%	95.5%	97.2%	98.7%	98.7%	+§
	% of P2 cases at SOPCs with waiting time within 8 weeks	97.2%	97.5%	99.4%	97.9%	97.3%	94.0%	96.8%	97.6%	95.9%	+ 1.7%pt
	90 th percentile waiting time (weeks) of Routine cases at SOPCs	14	14	18	51	16	27	26	25	38	- 34.2%
	Psychiatry										
	% of P1 cases at SOPCs with waiting time within 2 weeks	100.0%	100.0%	100.0%	100.0%	99.7%	99.6%	100.0%	99.9%	99.3%	+ 0.6%pt
	% of P2 cases at SOPCs with waiting time within 8 weeks	99.3%	99.8%	100.0%	99.8%	99.0%	99.7%	99.9%	99.7%	99.4%	+ 0.3%pt
	90th percentile waiting time (weeks) of Routine cases at SOPCs	35	87	35	93	80	98	70	89	99	- 10.1%
	Surgery										
	% of P1 cases at SOPCs with waiting time within 2 weeks	97.7%	97.0%	98.8%	98.6%	96.6%	95.0%	97.2%	97.2%	97.4%	- 0.1%pt
	% of P2 cases at SOPCs with waiting time within 8 weeks	97.4%	99.6%	91.8%	98.4%	96.6%	95.7%	77.0%	93.3%	93.7%	- 0.3%pt
	90^{th} percentile waiting time (weeks) of Routine cases at SOPCs	76	107	91	113	71	81	95	87	82	+ 6.1%

Remark:

k COR item

Previous period

		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Overa	all HA
			Jul 2019 - Jun 2020	Variance							
									A	В	C = (A - B) or (A - B) / B
Quality Improve	ement (continued)										
Waiting Time for Allied Health	Occupational Therapy										
Outpatient	% of P1 cases at AHOP clinics with waiting time within 2 weeks	97.6%	98.1%	98.6%	98.0%	98.5%	99.3%	98.7%	98.6%	97.9%	+ 0.6%pt
(AHOP) New Case Bookings	% of P2 cases at AHOP clinics with waiting time within 8 weeks	98.3%	95.5%	97.5%	98.6%	95.2%	99.0%	95.6%	97.3%	94.9%	+ 2.4%pt
_	90^{th} percentile waiting time (weeks) of Routine cases at AHOP clinics	19	22	20	30	24	32	16	25	25	- 2.0%
	Physiotherapy										
	% of P1 cases at AHOP clinics with waiting time within 2 weeks	98.5%	98.1%	97.4%	98.7%	98.5%	97.8%	97.7%	98.0%	98.0%	-§
	% of P2 cases at AHOP clinics with waiting time within 8 weeks	98.7%	98.3%	94.6%	97.7%	97.0%	96.8%	96.5%	96.8%	96.2%	+ 0.6%pt
	90 th percentile waiting time (weeks) of Routine cases at AHOP clinics	35	23	30	33	35	31	30	33	38	- 13.2%

Current period (R51)

Blue > 5% / 5%pt <u>above</u> previous period

Green > 5% / 5%pt <u>below</u> previous period

						Current pe	eriod (R51)				Previous period		
			HKEC	HKWC	ксс	KEC	KWC	NTEC	NTWC	Overall HA	Overa		
						Jul 2020 -	Jun 2021				Jul 2019 - Jun 2020	Variance	
										A	B	C = (A - B) or (A - B) / B	
Quality Impr	over	ment (continued)											
Waiting Time for Elective Surgery		Total Joint Replacement											
Liective Surgery	y	Waiting time (months) at 90^{th} percentile for patients receiving the treatment of total joint replacement	70	50	37	54	52	55	69	56	52	+ 7.7%	
		Benign Prostatic Hyperplasia											
		% of patients provided with surgery within 2 months for P1 patients (Apr 2020 - Mar 2021)	92.2%	70.7%	24.2%	36.7%	64.1%	61.4%	29.9%	58.2%	74.8% (Apr 2019 -	- 16.7%pt - Mar 2020)	
		% of patients provided with surgery within 12 months for	100.0%	83.3%	87.5%	60.4%	69.2%	83.1%	58.8%	77.8%	06 19/	40 20/ mt	
		70 of patients provided with surgery within 12 months for P2 patients (Jul 2019 - Jun 2020)	100.0%	63.3%	67.5%	00.4%	09.2%	63.170	36.6%	11.0%		- 18.2%pt - Jun 2019)	
Waiting Time for	r	ст	İ								<u> </u>		
Diagnostic Radiological		% of urgent cases with examination done within 24 hours	99.3%	99.6%	99.1%	97.5%	98.9%	99.2%	99.5%	99.1%	99.2%	- 0.2%pt	
Investigations	Δ	Median waiting time (weeks) of P1 cases	4	6	13	13	1	<1	4	4	N.A.	N.A.	
	Δ	Median waiting time (weeks) of P2 cases	16	59	30	39	26	28	17	26	N.A.	N.A.	
	Δ	90 th percentile waiting time (weeks) of Routine cases	146	185	170	192	209	182	213	188	N.A.	N.A.	
		MRI											
		% of urgent cases with examination done within 24 hours	100.0%	88.2%	96.9%	97.3%	94.6%	98.3%	94.2%	96.3%	97.6%	- 1.3%pt	
	Δ	Median waiting time (weeks) of P1 cases	1	<1	15	7	1	6	4	4	N.A.	N.A.	
	Δ	Median waiting time (weeks) of P2 cases	12	10	57	56	18	25	24	26	N.A.	N.A.	
	Δ	90 th percentile waiting time (weeks) of Routine cases	64	124	189	91	106	148	72	128	N.A.	N.A.	
		Ultrasonography											
		% of urgent cases with examination done within 24 hours	99.0%	98.4%	95.6%	96.3%	94.4%	94.0%	95.8%	95.6%	94.2%	+ 1.4%pt	
	Δ	Median waiting time (weeks) of P1 cases	2	1	2	<1	1	3	1	1	N.A.	N.A.	
	Δ	Median waiting time (weeks) of P2 cases	23	15	47	36	59	29	23	26	N.A.	N.A.	
	Δ	90 th percentile waiting time (weeks) of Routine cases	135	102	161	175	245	161	112	165	N.A.	N.A.	
		Mammogram											
	Δ	Median waiting time (weeks) of P1 cases	2	2	1	<1	1	1	1	1	N.A.	N.A.	
	Δ	Median waiting time (weeks) of P2 cases	13	24	18	56	15	74	12	26	N.A.	N.A.	
	Δ	90 th percentile waiting time (weeks) of Routine cases	103	112	187	164	197	150	69	181	N.A.	N.A.	
				•	-		-						

Remark:

Δ The data coverage of KPIs on waiting time for diagnostic radiological investigations has been refined with effect from April 2020 to exclude cancelled appointments from the calculation. Figures of previous period(s) straddling April 2020 with rolling 12-month data under different data coverages are not reported. Comparison against previous period(s) is not applicable.

> 5% / 5%pt below previous period

Quality Improvement (continued)

Access Block Monitoring

Number / percentage of patients with access block time more than [4 hours, 12 hours] $^{\mbox{\tiny MI}}$

Exception Reporting

Hospitals with more than 5% of patients with access block time above 4 hours will be listed.

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

Current period

Apr - Jun 2021

		vith access block time an 4 hours	No. / % of patients wi	
	No.	%	No.	%
Alice Ho Miu Ling Nethersole Hospital	1 211	19.6%	-	-
Caritas Medical Centre	578	5.3%	2	§
Kwong Wah Hospital	694	8.0%	17	0.2%
North District Hospital	561	8.6%	-	-
Prince of Wales Hospital	1 507	10.7%	-	-
Queen Elizabeth Hospital	6 788	35.3%	1 430	7.4%
United Christian Hospital	1 781	17.1%	364	3.5%

Previous period

Jan - Mar 2021

		lo. / % of patients with access block time more than 4 hours No. / % of patients with a more than 12			
	No.	%	No.	%	
Alice Ho Miu Ling Nethersole Hospital	781	13.6%	-	-	
Caritas Medical Centre	895	9.1%	5	0.1%	
Kwong Wah Hospital	1 062	13.1%	40	0.5%	
North District Hospital	526	9.1%	-	-	
Prince of Wales Hospital	1 248	9.8%	-	-	
Queen Elizabeth Hospital	6 252	37.3%	1 745	10.4%	
United Christian Hospital	2 335	24.2%	703	7.3%	

Remark:

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

				Current pe	eriod (R51)				Previous period		
	HKEC	нкис	ксс	KEC	KWC	NTEC	NTWC	Overall HA	Overa	ill HA	
				Jul 2020 -	Jun 2021				Jul 2019 - Jun 2020	Variance	
								A	В	C = (A - B) or (A - B) / B	
ent (continued)											
GOPC quota availability (for elders) (%)	99.8%	99.9%	99.5%	98.8%	99.2%	99.4%	98.7%	99.3%	97.2%	+ 2.1%pt	
Standardised admission rate for A&E patients (%)	44.9%	44.0%	38.4%	34.7%	39.0%	38.6%	33.0%	38.1%	36.3%	+ 1.9%pt	
Unplanned readmission rate within 28 days for general inpatients (%)	10.2%	9.6%	10.2%	11.0%	12.3%	10.4%	11.5%	10.9%	10.7%	+ 0.1%pt	
(Jun 2020 - May 2021)									(Jun 2019 -	May 2020)	
Breastfeeding rate on discharge (%) (Jun 2020 - May 2021)	92.3%	90.4%	83.0%	69.0%	84.5%	88.5%	81.1%	83.9%	83.1% (Jun 2019 -	+ 0.7%pt - May 2020)	
MRSA bacteraemia in acute beds per 1 000 acute patient days	0.1792	0.1434	0.1649	0.1403	0.1785	0.1498	0.1658	0.1613	0.1594	+ 1.2%	
% of residential care home for the elderly covered by Community Geriatric Assessment Service (CGAS) (as at 31 Mar 2021)	84.1%	95.4%	90.3%	86.0%	86.3%	97.5%	92.8%	90.3%	92.6%	- 2.3%pt	
	GOPC quota availability (for elders) (%) Standardised admission rate for A&E patients (%) Unplanned readmission rate within 28 days for general inpatients (%) (Jun 2020 - May 2021) Breastfeeding rate on discharge (%) (Jun 2020 - May 2021) MRSA bacteraemia in acute beds per 1 000 acute patient days % of residential care home for the elderly covered by Community Geriatric Assessment Service (CGAS)	ent (continued) GOPC quota availability (for elders) (%) Standardised admission rate for A&E patients (%) Unplanned readmission rate within 28 days for general inpatients (%) (Jun 2020 - May 2021) Breastfeeding rate on discharge (%) (Jun 2020 - May 2021) MRSA bacteraemia in acute beds per 1 000 acute patient days 0.1792 % of residential care home for the elderly covered by Community Geriatric Assessment Service (CGAS)	ent (continued) GOPC quota availability (for elders) (%) Standardised admission rate for A&E patients (%) Unplanned readmission rate within 28 days for general inpatients (%) (Jun 2020 - May 2021) Breastfeeding rate on discharge (%) (Jun 2020 - May 2021) MRSA bacteraemia in acute beds per 1 000 acute patient days 0.1792 0.1434 % of residential care home for the elderly covered by Community Geriatric Assessment Service (CGAS)	ent (continued) GOPC quota availability (for elders) (%) Standardised admission rate for A&E patients (%) Unplanned readmission rate within 28 days for general inpatients (%) (Jun 2020 - May 2021) Breastfeeding rate on discharge (%) (Jun 2020 - May 2021) MRSA bacteraemia in acute beds per 1 000 acute patient days % of residential care home for the elderly covered by Community Geriatric Assessment Service (CGAS)	### HKEC HKWC KCC KEC ### Jul 2020 - ### Continued GOPC quota availability (for elders) (%) Standardised admission rate for A&E patients (%) Unplanned readmission rate within 28 days for general inpatients (%) (Jun 2020 - May 2021) ### Breastfeeding rate on discharge (%) (Jun 2020 - May 2021) ### MRSA bacteraemia in acute beds per 1 000 acute patient days 0.1792 0.1434 0.1649 0.1403 #### Work of residential care home for the elderly covered by Community Geriatric Assessment Service (CGAS)	### Continued ### Community Geriatric Assessment Service (CGAS) ### Continued ### Community Geriatric Assessment Service (CGAS) ### Community Community Community Geriatric Assessment Service (CGAS) #### Community	### HKEC HKWC KCC KEC KWC NTEC Jul 2020 - Jun 2021 ##################################	### HKEC HKWC KCC KEC KWC NTEC NTWC ### Jul 2020 - Jun 2021 ### GOPC quota availability (for elders) (%) ### Standardised admission rate for A&E patients (%) Unplanned readmission rate within 28 days for general inpatients (%) (Jun 2020 - May 2021) ### Breastfeeding rate on discharge (%) (Jun 2020 - May 2021) ### MRSA bacteraemia in acute beds per 1 000 acute patient days ### O.1792 O.1434 O.1649 O.1403 O.1785 O.1498 O.1658 ### Word residential care home for the elderly covered by Community Geriatric Assessment Service (CGAS) ### COMMUNITY CONTROL OF THE CONT	HKEC HKWC KCC KEC KWC NTEC NTWC Overall HA Jul 2020 - Jun 2021	HKEC HKWC KCC KEC KWC NTEC NTWC Overall HA Jul 2020 - Jun 2021 ent (continued) GOPC quota availability (for elders) (%) Standardised admission rate for A&E patients (%) Unplanned readmission rate within 28 days for general inpatients (%) (Jun 2020 - May 2021) Breastfeeding rate on discharge (%) (Jun 2020 - May 2021) MRSA bacteraemia in acute beds per 1 000 acute patient days Wo fresidential care home for the elderly covered by Community Geriatric Assessment Service (CGAS) HKWC KCC KEC KWC NTEC KWC NTEC NTWC Overall HA Jul 2020 - KWC NTEC NTWC Overall HA Jul 2020 - Jun 2021 99.8% 99.9% 99.5% 98.8% 99.2% 99.4% 98.7% 99.3% 99.3% 99.3% 99.2% 99.4% 38.4% 34.7% 39.0% 38.6% 33.0% 38.1% 10.2% 11.0% 12.3% 10.4% 11.5% 10.9% 10.7% (Jun 2020 - May 2021) We fresidential care home for the elderly covered by Community Geriatric Assessment Service (CGAS)	

Remark:

COR item

Blue > 5% / 5%pt <u>above</u> previous period

Green > 5% / 5%pt <u>below</u> previous period

		Current period (R51)								Previous period		
		HKEC	нкис	ксс	KEC	KWC	NTEC	NTWC	Overall HA	Overa	all HA	
					Jul 2020 -	Jun 2021				Jul 2019 - Jun 2020	Variance	
									A	В	C = (A - B) or (A - B) / B	
Quality Improve	ement (continued)											
Disease Specific	Stroke					,						
Quality Indicators	% of acute ischaemic stroke patients received IV tPA treatment	6.0%	6.5%	12.9%	12.8%	13.9%	10.3%	14.1%	11.7%	11.2%	+ 0.4%pt	
	Hip Fracture											
	% of patients indicated for surgery on hip fracture with surgery performed ≤ 2 days after admission through A&E	77.7%	77.2%	36.3%	44.3%	52.4%	60.1%	66.8%	56.4%	58.9%	- 2.6%pt	
	Cancer											
	Waiting time (days) at 90^{th} percentile from decision to treat to start of radiotherapy (RT) for cancer patients requiring radical RT	29	28	28	N.A.	28	31	28	28	30	- 6.7%	
	Waiting time (days) at 90 th percentile for patients with colorectal cancer receiving first treatment after diagnosis (Jan - Dec 2020)	59	87	75	63	75	70	78	73	75	- 2.7% ec 2019)	
	Waiting time (days) at 90 th percentile for patients with breast cancer receiving first treatment after diagnosis (Jan - Dec 2020)	52	54	72	45	67	77	64	64	77	- 16.9%	
	Waiting time (days) at 90 th percentile for patients with nasopharynx cancer receiving first treatment after diagnosis	47	55	60	N.A.	55	62	60	59	(Jan - D 60	ec 2019) - 1.7%	
	Diabetes Mellitus											
	% of diabetes mellitus patients with HbA1c < 7%	55.5%	56.6%	59.1%	54.1%	49.8%	54.2%	60.6%	55.6%	53.8%	+ 1.8%pt	
	Hypertension											
	% of hypertension patients treated in GOPCs with blood pressure < 140/90 mmHg	74.2%	77.7%	83.3%	72.5%	73.3%	70.5%	75.2%	75.2%	77.7%	- 2.5%pt	
	Mental Health Services											
	Average length of stay (LOS) (days) of acute inpatient care (with LOS \le 90 days)	29.4	35.7	29.7	34.9	30.5	32.0	31.4	30.9	30.2	+ 2.5%	
	% of compulsory psychiatric admissions under the Mental Health Ordinance via AED for patients receiving active Personalised Care Programme care	1.1%	1.8%	1.4%	2.1%	1.9%	1.8%	2.0%	1.8%	1.8%	+ 0.1%pt	
	Cardiac Services											
	% of acute myocardial infarction patients prescribed with Statin at discharge	93.7%	90.7%	88.4%	93.4%	88.7%	85.3%	90.5%	89.5%	88.0%	+ 1.5%pt	
	% of ST-elevation myocardial infarction patients received primary percutaneous coronary intervention	26.0%	53.9%	77.2%	40.8%	17.4%	45.0%	28.6%	43.4%	37.7%	+ 5.7%pt	
Technology	% of medical equipment with age beyond the expected life	24.3%	30.2%	22.9%	23.5%	24.5%	26.2%	22.9%	24.7%	25.0%	- 0.3%pt	
	(as at 31 Mar 2021)									(as at 31	Mar 2020)	

Blue > 5% / 5%pt <u>above</u> previous period

Green > 5% / 5%pt <u>below</u> previous period

	Current period (R51)										
HKEC HKWC	Overall HA										
		Jul 2020 -	Jun 2021				Jul 2019 - Jun 2020	Variance			
						A	В	C = (A - B) o (A - B) / B			

Efficiency in Use of Resources

Capacity and Throughput of	7	Throughput for SOP services / Waiting list management										
Specialist		Ear, Nose and Throat										
Outpatient (SOP) Services	Δ	No. of SOP first attendances per doctor	619	476	800	671	558	705	812	669	603	+ 11.09
	Δ	No. of SOP follow-up attendances per doctor	3 245	2 426	2 738	2 565	1 781	2 589	2 223	2 462	2 233	+ 10.3
		Growth of waiting list against throughput (%)	8.5%	1.7%	4.1%	4.3%	11.3%	12.3%	- 14.7%	3.8%	8.0%	- 4.2%
		Gynaecology										
	Δ	No. of SOP first attendances per doctor	168	127	150	216	228	209	129	172	173	- 1.09
	Δ	No. of SOP follow-up attendances per doctor	940	1 130	1 011	1 090	722	657	639	885	869	+ 1.9
		Growth of waiting list against throughput (%)	0.9%	5.3%	8.9%	3.9%	9.9%	6.2%	- 0.5%	5.7%	- 11.1%	+ 16.8%
		Medicine										
	Δ	No. of SOP first attendances per doctor	60	77	63	83	65	80	53	69	67	+ 2.5
	Δ	No. of SOP follow-up attendances per doctor	1 582	1 472	1 243	1 086	1 767	1 354	1 466	1 418	1 480	- 4.2
		Growth of waiting list against throughput (%)	9.0%	15.0%	16.4%	32.1%	32.9%	22.7%	12.9%	21.1%	4.4%	+ 16.7%
		Ophthalmology										
	Δ	No. of SOP first attendances per doctor	587	517	533	655	717	572	734	616	626	- 1.7
	Δ	No. of SOP follow-up attendances per doctor	5 210	5 337	5 821	4 529	6 082	4 562	6 313	5 424	5 495	- 1.3
		Growth of waiting list against throughput (%)	2.7%	7.1%	13.7%	1.0%	- 5.3%	5.0%	- 3.6%	2.7%	- 6.6%	+ 9.2%
		Orthopaedics and Traumatology										
	Δ	No. of SOP first attendances per doctor	208	198	170	227	154	224	172	191	196	- 2.2
	Δ	No. of SOP follow-up attendances per doctor	1 489	1 305	1 409	1 454	1 363	1 321	1 385	1 383	1 396	- 0.9
		Growth of waiting list against throughput (%)	- 7.3%	2.4%	- 2.1%	- 4.8%	13.6%	- 16.2%	5.9%	- 2.3%	- 11.9%	+ 9.5%
		Paediatrics and Adolescent Medicine										
	Δ	No. of SOP first attendances per doctor	22	53	25	64	65	40	39	40	43	- 7.2
	Δ	No. of SOP follow-up attendances per doctor	373	447	388	578	465	407	570	442	479	- 7.6
		Growth of waiting list against throughput (%)	4.1%	- 4.8%	0.4%	-	2.6%	- 2.6%	- 19.1%	- 1.9%	- 9.1%	+ 7.2%
		Psychiatry										
	Δ	No. of SOP first attendances per doctor	72	82	61	114	124	87	69	90	91	- 1.5
	Δ	No. of SOP follow-up attendances per doctor	2 130	2 151	1 780	2 496	2 836	1 914	2 058	2 229	2 217	+ 0.6
		Growth of waiting list against throughput (%)	4.5%	18.4%	2.4%	14.5%	8.7%	10.4%	14.6%	10.7%	- 7.6%	+ 18.3%
		Surgery										
	Δ	No. of SOP first attendances per doctor	183	128	184	231	192	220	204	191	190	+ 0.3
	Δ	No. of SOP follow-up attendances per doctor	1 317	1 209	1 078	1 191	1 143	961	1 039	1 117	1 114	+ 0.3
		Growth of waiting list against throughput (%)	0.8%	9.6%	12.3%	18.9%	21.2%	9.1%	6.7%	12.0%	- 2.5%	+ 14.5%
perating heatre (OT)	F	Ratio of scheduled to expected elective OT session hours (%)	102.2%	97.5%	94.4%	99.1%	97.0%	96.9%	99.7%	97.6%	97.4%	+ 0.2%
Itilisation		Utilisation rate of scheduled elective OT sessions (%)	96.7%	99.9%	97.2%	91.5%	93.9%	100.4%	94.0%	96.7%	94.7%	+ 2.0%

Blue > 5% / 5%pt <u>above</u> previous period

Green

> 5% / 5%pt below previous period

Remark:

Δ Starting from April 2021, the calculation of "No. of SOP first/follow-up attendances per doctor" has been revised. For comparison purposes, the figures for previous period(s) have been adjusted accordingly.

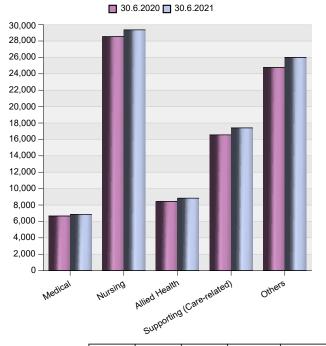
						Previou	s period					
			HKEC	нкис	ксс	KEC	KWC	NTEC	NTWC	Overall HA	Overa	all HA
						Jul 2020 -	Jun 2021				Jul 2019 - Jun 2020	Variance
										Α	В	C = (A - B) or (A - B) / B
Efficiency in	ı Use	e of Resources (continued)										
Bed Management		Inpatient bed occupancy rate (%)										
	*	Overall	78.4%	68.4%	79.6%	87.8%	83.8%	80.7%	82.3%	80.5%	82.8%	- 2.4%pt
	*	General (acute and convalescent)	80.1%	67.3%	79.7%	88.6%	87.8%	81.7%	91.9%	82.5%	85.0%	- 2.5%pt
	*	Average length of stay (days) for general inpatients	5.9	5.6	7.2	6.4	5.5	6.7	6.5	6.3	6.1	+ 2.9%
Day and Same		Rate of day surgery plus same day surgery (%)										
Day Surgery Services		Surgery	60.8%	39.9%	37.1%	79.7%	59.8%	60.9%	62.7%	55.7%	55.6%	+ 0.1%pt
		Orthopaedics and Traumatology	62.5%	23.5%	33.4%	88.1%	53.8%	68.2%	49.7%	53.4%	49.4%	+ 4.0%pt

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

Remark:

* COR item

	Prior year	Current year	COR Estimate as		Variand	ce from	
Staff group	30.06.2020	30.06.2021 ⁽¹⁾	at 31.03.2022 ⁽²⁾	COR e	stimate	prio	r year
	Α	В	С	D = B - C	D/C	E = B - A	E/A
Medical ⁽³⁾	6,661	6,862	7,149	- 287	- 4.0%	+ 201	+ 3.0%
Nursing	28,544	29,359	30,810	- 1,451	- 4.7%	+ 815	+ 2.9%
Allied Health	8,432	8,835	9,250	- 415	- 4.5%	+ 403	+ 4.8%
Supporting (Care-related)	16,556	17,405	44.670	1 269	2.90/	+ 849	+ 5.1%
Others	24,771	25,997	44,670	- 1,268	- 2.8%	+ 1,226	+ 4.9%
Total ⁽⁴⁾	84,965	88,459	91,879	- 3,420	- 3.7%	+ 3,494	+ 4.1%



		20,			
	Medical	Nursing	Allied Health	Supporting (Care- related)	Others
Prior Year 30.06.2020	6,661	28,544	8,432	16,556	24,771
Current Year 30.06.2021	6,862	29,359	8,835	17,405	25,997

Distribution % by Staff Group (as at 30.06.2021)

COR estimate/prior year

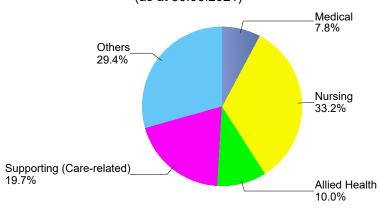
below COR estimate/prior year

<u>above</u>

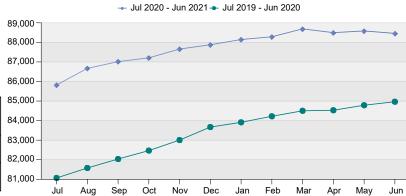
>3%

>3%

Green



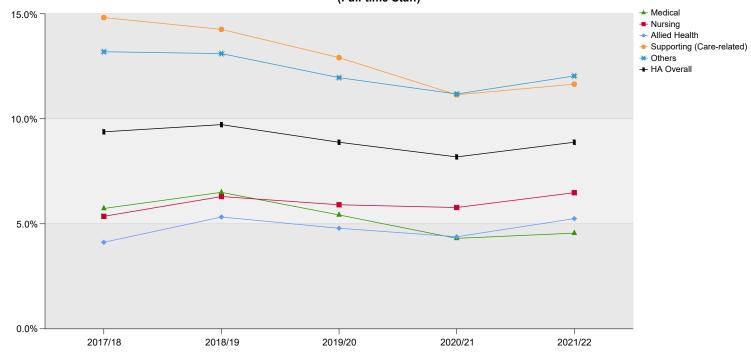
HA Total



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

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

Attrition (Wastage) Rate (Full-time Staff)



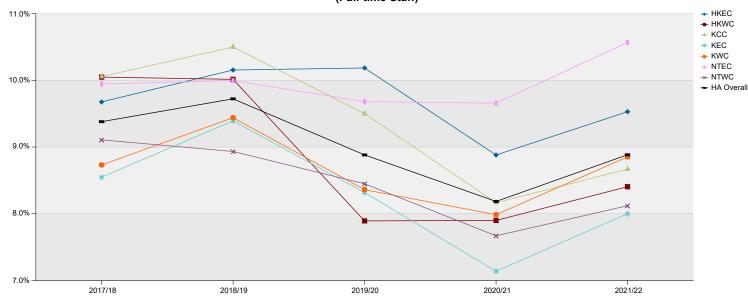
	Full-time (4)					Part-time (4)(5)				
Staff Group	2017/18	2018/19	2019/20	2020/21	2021/22 (Rolling from Jul 20 to Jun 21) ⁽³⁾	2017/18	2018/19	2019/20	2020/21	2021/22 (Rolling from Jul 20 to Jun 21) ⁽³⁾
Medical (2)	5.7%	6.5%	5.4%	4.3%	4.6%	29.4%	24.3%	15.6%	11.5%	10.5%
Nursing	5.4%	6.3%	5.9%	5.8%	6.5%	16.0%	15.6%	15.7%	15.0%	17.9%
Allied Health	4.1%	5.3%	4.8%	4.4%	5.2%	22.2%	15.4%	13.9%	8.3%	13.7%
Supporting (Care-related)	14.8%	14.3%	12.9%	11.1%	11.7%	14.9%	14.5%	17.0%	10.2%	14.8%
Others	13.2%	13.1%	12.0%	11.2%	12.0%	14.1%	38.5%	28.3%	31.4%	32.6%
HA Overall	9.4%	9.7%	8.9%	8.2%	8.9%	23.5%	21.0%	16.4%	13.9%	15.3%

- Remarks:

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

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

Attrition (Wastage) Rate (Full-time Staff)



	Full-time ⁽³⁾					Part-time ⁽³⁾⁽⁴⁾					
Cluster	2017/18	2018/19	2019/20	2020/21	2021/22 (Rolling from Jul 20 to Jun 21) ⁽²⁾	2017/18	2018/19	2019/20	2020/21	2021/22 (Rolling from Jul 20 to Jun 21) ⁽²⁾	
HKEC	9.7%	10.2%	10.2%	8.9%	9.5%	25.1%	22.8%	18.0%	16.8%	15.3%	
HKWC	10.0%	10.0%	7.9%	7.9%	8.4%	25.1%	25.3%	21.0%	17.5%	22.1%	
ксс	10.1%	10.5%	9.5%	8.2%	8.7%	15.3%	24.7%	19.1%	9.3%	13.1%	
KEC	8.5%	9.4%	8.3%	7.1%	8.0%	22.3%	15.0%	14.6%	13.4%	17.0%	
KWC	8.7%	9.4%	8.4%	8.0%	8.9%	32.7%	21.5%	8.5%	11.4%	8.3%	
NTEC	9.9%	10.0%	9.7%	9.7%	10.6%	15.0%	17.8%	19.4%	20.3%	16.9%	
NTWC	9.1%	8.9%	8.4%	7.7%	8.1%	38.0%	15.7%	11.1%	10.3%	11.3%	
HA Overall	9.4%	9.7%	8.9%	8.2%	8.9%	23.5%	21.0%	16.4%	13.9%	15.3%	

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

Resignation Number and Rate

Staff Group			No. of resignations						Resignation rate		
		2020		2021		Previous period	Current period	Previous period	Current period	Variance from	
		3Q	4Q	1Q	2Q	(Jul19 - Jun20)	(Jul20 - Jun21)	(Jul19 - Jun20) %	(Jul20 - Jun21) %	previous period % pt	
Doctor	Senior Staff (1)	17	22	38	27	126	104	4.5%	3.6%	- 0.9	
	Junior Staff (2)	29	16	26	14	98	85	3.1%	2.5%	- 0.6	
	Overall	46	38	64	41	224	189	3.7%	3.0%	- 0.7	
Nursing	Senior Staff (3)	20	32	27	76	56	155	0.9%	2.4%	+ 1.5	
	Junior Staff (4)	200	279	284	335	981	1,098	4.8%	5.3%	+ 0.5	
	Overall	220	311	311	411	1,037	1,253	3.9%	4.6%	+ 0.7	
Allied Health (5) Overall		68	56	74	98	200	296	2.4%	3.5%	+ 1.1	
Supporting (Ca	re-related) Overall	321	263	302	338	1,212	1,224	7.7%	7.3%	- 0.4	

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

Sick Leave (1)(2)

(A) Average sick leave days taken per staff

	Previous period	Current period	Variance from
Staff Group	Jul 19 - Jun 20	Jul 20 - Jun 21	previous period
	Α	В	C = (B - A)/A
Medical	3.1	3.2	+ 3.2%
Nursing	8.1	7.5	- 7.4%
Allied Health	5.1	4.3	- 15.7%
Supporting (Care-related)	8.9	8.6	- 3.4%
Others	7.4	6.8	- 8.1%
HA Overall	7.4	6.8	- 8.1%

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

	Previous period	Current period	Variance from
Staff Group	Jul 19 - Jun 20	Jul 20 - Jun 21	previous period
Clair Group	Α	В	C = B - A
	%	%	% pt
Medical	0.8	1.1	+ 0.3
Nursing	2.7	2.8	+ 0.1
Allied Health	1.3	1.2	- 0.1
Supporting (Care-related)	2.9	2.9	0
Others	2.3	2.3	0
HA Overall	2.3	2.4	+ 0.1

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

Remarks:

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

⁽²⁾ Exclude EC (employee compensation) sick leave.

Injury on Duty

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

	Previous period	Current period	Variance from
Staff Group	Jul 19 - Jun 20	Jul 20 - Jun 21	previous period
	Α	В	C = B - A
Medical	4.9	4.6	- 0.3
Nursing	4.5	4.1	- 0.4
Allied Health	1.7	1.8	+ 0.1
Supporting (Care-related)	7.0	6.2	- 0.8
Others	3.3	2.7	- 0.6
HA Overall	4.4	3.9	- 0.5

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

	Previous period	Current period	Variance from
Staff Group	Jul 19 - Jun 20	Jul 20 - Jun 21	previous period
	Α	В	C = B - A
Medical	8.9	3.4	- 5.5
Nursing	63.2	55.0	- 8.2
Allied Health	12.8	19.1	+ 6.3
Supporting (Care-related)	137.4	122.5	- 14.9
Others	73.4	70.7	- 2.7
HA Overall	71.3	65.3	- 6.0

Remarks:

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