For information via circulation

AOM-P1779

Hospital Authority

Report on Key Performance Indicators (KPI Report No. 55, up to June 2022)

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 2022[1]. Detailed reports on the KPI performance of clinical services, HR and finance were submitted to the Medical Services Development Committee (MSDC), Human Resources Committee (HRC) and Finance Committee (FC) respectively via circulation in August 2022[2].

Background

2. The period covered in this report is mainly from **July 2021 to June 2022**, unless otherwise specified. Key observations on KPI performance are highlighted in the ensuing paragraphs, while the detailed statistical reports are available electronically at the Members' Corner for reference.

3. In the face of a geometric growth of COVID-19 cases during the fifth wave since January 2022, HA implemented a series of measures, including substantial service adjustment, to conserve its capacity to tackle the crisis arising from the sharp increase in number of patients with imminent medical needs. Following the stabilisation of the fifth wave in the second quarter of 2022, HA had begun service resumption in a gradual and risk controlled manner. **During the reporting period from July 2021 to June 2022, there had been a mix of service adjustment and service resumption.** With the challenges and uncertainties arising from unpredictable evolvement of the epidemic, impact on HA's services, such as reduction in the volume of activities in the majority of services, is observed and expected to continue reflecting in the coming reports on KPI performance.

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[1] The last quarterly report on KPIs (up to March 2022) was submitted to the Board on 23 June 2022 via Administrative and Operational Meeting Paper No. 1765.

[2] Via MSDC Paper No. 674; HRC Paper No. 700; and FC Paper No. 935.

Key Observations

Clinical Services (Appendix 1)

4. The impact of COVID-19 epidemic on HA's service volume is still observed across a wide spectrum of services during the reporting period. Despite services being gradually resumed amid the stabilisation of epidemic situation in the second quarter of 2022, HA overall service throughput was below the YTD estimates for most of the Controlling Officer's Report (COR) reported items, including inpatient, outpatient, day hospital, community and outreach services. Among these, day hospital services (including rehabilitation day and palliative care day attendances, geriatric day attendances and psychiatric day attendances) had more than 70% negative variance against the YTD estimates, where more stringent infection control measures have been taken in day hospitals for the respective groups of vulnerable patients. When compared with prior year, drop in service volume was observed in most of the items, except for psychiatric day attendances where psychiatric day hospital (PDH) services [3] were largely adjusted in prior year. Separately, specialist outpatient (SOP), community nursing and geriatric outreach services had generally resumed to activity levels before COVID-19 epidemic and their YTD throughput was very close to estimates.

5. Since the emergence of COVID-19, HA has suitably adjusted its service models where practicable to continue to serve patients. Some services were provided with the use of video conferencing technologies. On the other hand, to **support the service adjustments**, HA has expanded the service scope of some of the existing Public-Private Partnership (PPP) Programmes[4] and launched new public-private collaboration initiatives[5] with a view to diverting suitable patients from public hospitals to receive treatment in the private sector. Specifically, in response to the exponential growth of COVID-19 cases in the fifth wave, HA strengthened the collaboration with private hospitals under the existing Low Charge Beds referral mechanism and new contingency PPP initiatives to refer suitable HA patients to private hospitals for treatment.

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[3] Under the COVID-19 epidemic situation, provision of PDH services was limited to patients requiring supervision of medication since July 2020 and were gradually resumed by phases from late July 2021 until another round of suspension amid the fifth wave outbreak. During the service suspension, some PDH services were delivered via telehealth, but the activities could not be fully captured under COR/KPI reporting initially until system enhancement on data capture for services delivered under telehealth mode with effect from the fourth quarter of 2021. With the improving epidemic situation of the fifth wave, moderate service resumption had started by phases from June 2022 onwards.

[4] Examples on expanding service scope of existing PPP Programmes include Cataract Surgeries Programme, Haemodialysis PPP Programme, Project on Enhancing Radiological Investigation Services through Collaboration, and Colon Assessment PPP Programme.

[5] Examples on new public-private collaboration initiatives include Trauma Operative Service Collaboration Programme, Breast Cancer Operative Service Collaboration Programme, Oseophago-Gastro-Duodenoscopy Collaboration Programme.

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

6. HA's overall **percentage of A&E patient attendances seen within target waiting time**[6] for Triage I (critical) and II (emergency) met the targets. For Triage III (urgent) and IV (semi-urgent), HA overall fell short of the targets by 16.4% points (73.6% vs. target 90%) and 12.4% points (62.6% vs. target 75%) respectively. Compared with prior year, drop of 4.8% points and 4.0% points for Triage III and IV was observed respectively for HA overall in meeting the target waiting time. Some may attribute this to long waits at A&E at the peak of the fifth wave outbreak.

- *Waiting time for SOP new case bookings*

7. HA's overall **median waiting time for first appointment for Priority 1 (P1) and Priority 2 (P2) cases** were within the respective targets of two weeks and eight weeks.

8. 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** (MED) and **Ophthalmology** (OPH) were equal to or above 100 weeks, i.e. at 100 weeks, 118 weeks and 143 weeks respectively. Comparing with prior year, waiting time for ENT and MED had shortened by five weeks and 15 weeks respectively while that for OPH had lengthened by 12 weeks.

9. Despite the COVID-19 epidemic, clusters have put in efforts along the **three-pronged strategy (narrowing upstream, diverting midstream and collaborating downstream) to improve the SOP waiting time**. *Short-term* and *medium-and long-term measures*[7] implemented by the clusters include Special Honorarium Scheme (SHS), demand management initiatives, internal referral management, enhancement of Family Medicine-Specialty Collaboration, development of more integrated clinics, enhancement of case close mechanism and the rollout of Co-care PPP to download stable cases to private General Practitioners for further management. With the easing local epidemic situation in the second quarter of 2022, number of new case bookings for SOP services rebounded, and the effect of implementation of these measures is expected to take some time to reflect fully. SOP waiting time would be continuously monitored at various platforms in HA.

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[6] Performance indicators for different triage categories are Triage I (critical cases: 0 minute, 100%); Triage II (emergency cases: < 15 minutes, 95%); Triage III (urgent cases: < 30 minutes, 90%); and Triage IV (semi urgent cases: < 120 minutes, 75%).

[7] Short-term measures implemented by the clusters to improve the SOP waiting time include (a) SHS to devote extra hours to see SOP new cases; (b) demand management by diverting cases from an specialist outpatient clinic (SOPC) with longer waiting time to another SOPC within the same cluster with a shorter waiting time to even service demand; (c) review of booking pattern to ensure SOPC quotas are well utilised; and (d) internal referral management, such as regular monitoring and gatekeeping by Triage Clinics. Other medium-and long-term measures implemented include (a) establishment of secondary consultation to control internal referrals by developing Family Medicine's (FM) special interests and ability; (b) enhancement of FM-Specialty Collaboration to divert defined referrals from SOPC to Family Medicine Specialist Clinics for management; () development of more integrated clinics involving nurses and allied health professionals; (iv) enhancement of case close by having seniors to monitor case close, review stable cases and enhance mechanism for case review to facilitate case close; and (v) expedite the rollout of Co-care PPP to all clusters to download stable cases to private General Practitioners for further management.

- *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. With the reduction in elective Operating Theatre (OT) sessions and conversion of some hospitals to designated hospitals for COVID-19 patients during the epidemic, some elective surgeries have been rescheduled to support service adjustment. Among the two KPIs on elective surgery, **waiting time at 90th percentile for patients receiving the treatment of total joint replacement** was 72 months for HA overall, which was lengthened by 16 months when compared with prior year.

- *Disease specific quality indicators*

11. While non-emergency and non-essential medical services have been adjusted during the COVID-19 epidemic, OT capacity is adversely impacted. For example, 48.6% of patients indicated for **surgery on hip fracture with surgery performed within two days after admission through A&E**, with a drop of 7.7% points when compared with prior year.

12. 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 2021) was at 84 days and 77 days, which was lengthened by 11 days and 13 days respectively when compared with prior year. Apart from surgical treatment, service capacity for chemotherapy and radiotherapy was also limited under the enhanced infection control measures during the epidemic. High attrition rate of radiation therapists further limited the capacity of radiotherapy services. As a result, the **90th percentile waiting time for patients with nasopharynx cancer receiving first treatment**, normally radiotherapy or chemotherapy, also lengthened by eight days to 67 days. To maintain cancer treatment, HA has implemented PPP programme[8], together with the planned SHS to manage cancelled cases.

Human Resources (<u>Appendix 2</u>)

13. As at 30 June 2022, HA had a **staffing position of 89 237**, which represented a growth of 0.8% when compared with prior year. There was a general increase in workforce in all staff groups except "Medical" staff group which had decreased by 0.3%. As for the **attrition (wastage) rate of full-time staff**, the HA overall rate was 12.4%, in which the "Others" [9]staff group had the highest rate (15.6%).

14. The overall **average sick leave days taken per staff** was 7.7 days, which represented a 11.6% increase when compared with prior year. There was also a significant increase of 18.2% for "Allied Health" (AH) staff group when compared with that of the prior year, which was attributed to the increased proportion of staff having taken long sick leave. The **proportion of staff taken long sick leave (≥ 50 days)** in HA (2.5%) had slightly increased.

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[8] Breast Cancer Operative Service Collaboration

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

15. The overall **number of injury on duty (IOD) cases per 100 full time equivalent (FTE) staff** had remained unchanged when compared with prior year. AH staff group had the lowest rate (1.4 cases), whereas "Supporting (Care-related)" staff group had the highest rate (6.7 cases). As for the **number of IOD leave days per 100 FTE staff**, HA overall was 65.7 days, representing a decrease of 8.5 days. "Nursing" and "Supporting (Care-related)" staff groups had a significant reduction of 23.4 days and 21.1 days respectively, while that of "Medical", AH and "Others" staff groups had increased by 1.2 days, 18 days and 3.1 days respectively.

Finance

16. Every year, 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 2022, HA recorded an overall underspending of $631 million in its recurrent operating results.

17. Given the volatile evolvement of the COVID-19 epidemic, its ongoing impact on HA's operation and financial position for the year is highly unpredictable. In particular, as the COVID-19 situation continues to persist, sustainability of the current designated COVID-19 funding in supporting HA's continual anti-epidemic efforts will be a challenge. On the other hand, the intensifying HA manpower situation/further rise in attritions will likely result in cashflow savings from unfilled vacancies in the year. HA will continue to closely monitor these dynamics and consider appropriate options in optimising/redeploying any unutilised recourses to address imminent needs. To this end, HA's financial operating results for the year will be subject to further adjustments as the year unfolds.

Way Forward

18. To cope with the service demand arising from the increasing number of COVID-19 patients requiring hospitalisation or treatment, HA has put in place an overall Phasic Response Plan (Response Plan) with different activation modes of HA facilities at different levels to guide preparedness for placement of patients. In response to the latest epidemic development and the continual surge in confirmed cases, HA has escalated the Response Plan to Phase Three since August 2022, with more beds being reserved and manpower being mobilised to manage COVID-19 patients. In order to focus resources on anti-epidemic work, some non-emergency services are inevitably curtailed, including elective surgeries, day and outpatient services. With the rapidly changing epidemic situation, HA will stay vigilant, and put in its utmost effort to combat the epidemic. HA will also closely monitor the epidemic situation, support the Government's overall infectious disease prevention strategy and suitably adjust the scale of service provision when necessary. In light of the challenges and uncertainties arising from the volatile epidemic situation, impact on HA's services, and hence as reflected in KPI performance, is expected to continue in coming rounds of reporting.

Report on Key Performance Indicators - Clinical Services

For reporting to the Administrative and Operational Meeting in September 2022

(KPI Report No. 55, up to June 2022)

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

Reporting Period : YTD Jun 2022 (unless specified) for Service Growth in response to Population Change & Ageing Effect ;

1.7.2021 - 30.6.2022 (unless specified) for other items

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Special note

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

Rounding of figures

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

The following symbols are used throughout the report

- \- Figures equal zero
- N.A. Not applicable
- § Figures within 0 and 0.5 (for Service Capacity only) / within 0% and 0.05% / within 0%pt and 0.05%pt

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			Current Year	Estimate		Prior Year	
			YTD Jun 2022	*YTD Jun 2022*	*Variance*	*YTD Jun 2021*	*Variance*
			A	**B**	**C** = (A - B) or (A - B) / B	**D**	**E** = (A - D) or (A - D) / D
Service Growth in response to Population Change & Ageing Effect							
Service Capacity (as at 30 Jun 2022)	*	**No. of hospital beds (overall)**	**30 171**	**30 174**	**- 3**	**29 850** (as at 30 Jun 2021)	**+ 321**
	*	**No. of geriatric day places**	**703**	N.A.	N.A.	**703** (as at 30 Jun 2021)	**-**
	*	**No. of psychiatric day places**	**899**	N.A.	N.A.	**889** (as at 30 Jun 2021)	**+ 10**
Inpatient Services		**No. of inpatient discharges and deaths**					
	*	Overall	**223 010**	**307 735**	**- 27.5%**	**266 709**	**- 16.4%**
	*	General (acute and convalescent)	**218 129**	**302 316**	**- 27.8%**	**261 293**	**- 16.5%**
		No. of inpatient patient days					
	*	Overall	**1 880 965**	**2 190 174**	**- 14.1%**	**1 971 424**	**- 4.6%**
	*	General (acute and convalescent)	**1 515 205**	**1 788 064**	**- 15.3%**	**1 584 951**	**- 4.4%**
	*	**No. of day inpatient discharges and deaths**	**168 132**	**186 048**	**- 9.6%**	**185 238**	**- 9.2%**
Accident & Emergency (A&E) Services	*	**No. of A&E attendances**	**382 322**	**554 643**	**- 31.1%**	**483 342**	**- 20.9%**
		No. of A&E first attendances					
	*	triage I (Critical cases)	**5 750**	N.A.	N.A.	**5 488**	**+ 4.8%**
	*	triage II (Emergency cases)	**11 470**	N.A.	N.A.	**12 961**	**- 11.5%**
	*	triage III (Urgent cases)	**149 345**	N.A.	N.A.	**182 465**	**- 18.2%**
Specialist Outpatient (SOP) Services	*	**No. of SOP (clinical) first attendances**	**189 577**	N.A.	N.A.	**208 221**	**- 9.0%**
	*	**No. of SOP (clinical) follow-up attendances**	**1 721 461**	N.A.	N.A.	**1 798 409**	**- 4.3%**
	*	**Total no. of SOP (clinical) attendances**	**1 911 038**	**1 963 525**	**- 2.7%**	**2 006 630**	**- 4.8%**
Primary Care Services	*	**No. of general outpatient attendances**	**1 196 521**	**1 513 913**	**- 21.0%**	**1 482 998**	**- 19.3%**
	*	**No. of family medicine specialist clinic attendances**	**77 569**	**78 660**	**- 1.4%**	**80 436**	**- 3.6%**
	*	**Total no. of primary care attendances**	**1 274 090**	**1 592 573**	**- 20.0%**	**1 563 434**	**- 18.5%**
Allied Health Outpatient Services	*	**No. of allied health (outpatient) attendances**	**686 623**	**748 928**	**- 8.3%**	**761 753**	**- 9.9%**
Day Hospital Services	*	**No. of rehabilitation day and palliative care day attendances**	**8 305**	**28 243**	**- 70.6%**	**10 783**	**- 23.0%**
	*	**No. of geriatric day attendances**	**11 220**	**37 722**	**- 70.3%**	**19 685**	**- 43.0%**
	*	**No. of psychiatric day attendances**	**6 177**	**56 990**	**- 89.2%**	**3 469**	**+ 78.1%**
Community & Outreach Services	*	**No. of community nurse attendances**	**216 390**	**224 928**	**- 3.8%**	**228 098**	**- 5.1%**
	*	**No. of allied health (community) attendances**	**6 637**	**8 859**	**- 25.1%**	**6 992**	**- 5.1%**
	*	**No. of geriatric outreach attendances**	**185 473**	**185 814**	**- 0.2%**	**187 950**	**- 1.3%**
	*	**No. of geriatric elderly persons assessed for infirmary care service**	**351**	N.A.	N.A.	**338**	**+ 3.8%**
	*	**No. of psychiatric outreach attendances**	**54 151**	**79 197**	**- 31.6%**	**56 379**	**- 4.0%**
	*	**No. of psychogeriatric outreach attendances**	**19 231**	**27 786**	**- 30.8%**	**22 970**	**- 16.3%**

Blue	> 5% above estimate / prior year
Green	> 5% below estimate / prior year

Remark:

* COR item

Quality Improvement

		Current period (R55)								Previous period	
		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Overall HA	
		Jul 2021 - Jun 2022								Jul 2020 - Jun 2021	Variance
									A	B	C = (A - B)
Waiting Time for Accident & Emergency (A&E) Services	**% of A&E patient attendances seen within target waiting time**										
*	triage I (critical cases : 0 minute, 100%)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	**100.0%**	100.0%	-
*	triage II (emergency cases : < 15 minutes, 95%)	92.8%	98.1%	95.4%	97.6%	96.6%	95.0%	96.4%	**96.0%**	97.4%	- 1.4%pt
*	triage III (urgent cases : < 30 minutes, 90%)	69.6%	84.7%	67.5%	68.3%	74.3%	73.8%	83.6%	**73.6%**	78.4%	- 4.8%pt
	triage IV (semi-urgent cases : < 120 minutes, 75%)	53.8%	70.5%	58.4%	54.3%	67.6%	70.5%	57.1%	**62.6%**	66.6%	- 4.0%pt
Waiting Time for Specialist Outpatient (SOP) New Case Bookings	**Median waiting time (weeks) for first appointment at specialist outpatient clinics (SOPCs)**										
*	Priority 1 (P1) cases	<1	<1	<1	<1	<1	<1	<1	**<1**	<1	-
*	Priority 2 (P2) cases	6	5	4	6	6	5	5	**5**	5	-
	Ear, Nose and Throat										
	% of P1 cases at SOPCs with waiting time within 2 weeks	100.0%	99.5%	99.3%	99.5%	98.4%	98.6%	99.5%	**99.2%**	98.8%	+ 0.4%pt
	% of P2 cases at SOPCs with waiting time within 8 weeks	98.0%	97.9%	98.5%	98.7%	97.0%	96.7%	98.8%	**97.9%**	97.3%	+ 0.6%pt
	90th percentile waiting time (weeks) of Routine cases at SOPCs	98	77	79	94	104	101	89	**100**	105	- 5
	Gynaecology										
	% of P1 cases at SOPCs with waiting time within 2 weeks	99.6%	98.4%	98.2%	99.1%	98.6%	98.3%	96.8%	**98.3%**	98.5%	- 0.2%pt
	% of P2 cases at SOPCs with waiting time within 8 weeks	98.9%	98.0%	98.8%	98.1%	98.5%	94.8%	87.2%	**97.6%**	97.4%	+ 0.3%pt
	90th percentile waiting time (weeks) of Routine cases at SOPCs	31	54	58	86	77	88	72	**77**	73	**+ 4**
	Medicine										
	% of P1 cases at SOPCs with waiting time within 2 weeks	98.9%	98.9%	96.6%	96.9%	95.5%	98.6%	98.8%	**97.8%**	97.0%	+ 0.8%pt
	% of P2 cases at SOPCs with waiting time within 8 weeks	98.8%	95.7%	98.8%	97.0%	95.6%	97.6%	97.9%	**97.3%**	97.6%	- 0.3%pt
	90th percentile waiting time (weeks) of Routine cases at SOPCs	88	142	115	117	106	131	67	**118**	133	**- 15**
	Ophthalmology										
	% of P1 cases at SOPCs with waiting time within 2 weeks	99.4%	99.3%	99.6%	99.8%	99.7%	98.8%	99.1%	**99.4%**	99.2%	+ 0.1%pt
	% of P2 cases at SOPCs with waiting time within 8 weeks	98.6%	99.1%	98.7%	98.5%	45.4%	98.9%	99.3%	**85.2%**	98.6%	**- 13.3%pt**
	90th percentile waiting time (weeks) of Routine cases at SOPCs	96	82	148	108	173	96	81	**143**	131	**+ 12**
	Orthopaedics and Traumatology										
	% of P1 cases at SOPCs with waiting time within 2 weeks	99.5%	96.3%	99.9%	99.3%	99.2%	98.3%	99.0%	**98.8%**	99.0%	- 0.2%pt
	% of P2 cases at SOPCs with waiting time within 8 weeks	97.1%	99.0%	99.3%	98.3%	98.6%	96.2%	97.5%	**98.1%**	98.2%	-§
	90th percentile waiting time (weeks) of Routine cases at SOPCs	95	78	108	93	77	96	89	**94**	114	**- 20**
	Paediatrics and Adolescent Medicine										
	% of P1 cases at SOPCs with waiting time within 2 weeks	94.1%	97.7%	99.0%	98.3%	99.5%	95.3%	97.9%	**98.7%**	98.8%	- 0.1%pt
	% of P2 cases at SOPCs with waiting time within 8 weeks	95.7%	96.5%	97.6%	94.1%	97.7%	91.9%	95.1%	**96.1%**	97.5%	- 1.4%pt
	90th percentile waiting time (weeks) of Routine cases at SOPCs	18	22	21	48	17	27	27	**26**	25	+ 1
	Psychiatry										
	% of P1 cases at SOPCs with waiting time within 2 weeks	99.3%	99.7%	100.0%	100.0%	99.6%	99.8%	99.5%	**99.7%**	99.9%	- 0.1%pt
	% of P2 cases at SOPCs with waiting time within 8 weeks	99.4%	100.0%	100.0%	100.0%	99.4%	99.4%	99.9%	**99.7%**	99.7%	+§
	90th percentile waiting time (weeks) of Routine cases at SOPCs	49	81	47	97	91	95	91	**92**	88	+ 4
	Surgery										
	% of P1 cases at SOPCs with waiting time within 2 weeks	98.9%	99.0%	98.3%	98.8%	95.5%	96.6%	97.5%	**97.8%**	97.2%	+ 0.5%pt
	% of P2 cases at SOPCs with waiting time within 8 weeks	98.5%	99.7%	88.8%	97.9%	96.7%	96.0%	96.2%	**95.9%**	93.3%	+ 2.6%pt
	90th percentile waiting time (weeks) of Routine cases at SOPCs	86	103	105	99	93	76	69	**98**	87	**+ 11**

Blue > 5% / 5%pt above previous period

Green > 5% / 5%pt below previous period

Remark:

* COR item

Quality Improvement (continued)

		Current period (R55)								Previous period	
		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Overall HA	
		Jul 2021 - Jun 2022								*Jul 2020 - Jun 2021*	*Variance*
									A	B	C = (A - B)
Waiting Time for Allied Health Outpatient (AHOP) New Case Bookings	**Dietetics**										
	% of P1 cases at AHOP clinics with waiting time within 2 weeks	97.9%	100.0%	97.1%	97.2%	96.5%	96.3%	98.5%	**97.4%**	96.6%	+ 0.9%pt
	% of P2 cases at AHOP clinics with waiting time within 8 weeks	98.4%	98.6%	96.8%	97.3%	93.8%	96.9%	98.2%	**96.9%**	97.1%	- 0.1%pt
	90th percentile waiting time (weeks) of Routine cases at AHOP clinics	13	12	14	16	17	16	17	**16**	16	-
	Occupational Therapy										
	% of P1 cases at AHOP clinics with waiting time within 2 weeks	99.0%	98.3%	98.4%	99.4%	96.5%	99.5%	99.3%	**98.6%**	98.6%	+ 0.1%pt
	% of P2 cases at AHOP clinics with waiting time within 8 weeks	98.0%	96.3%	98.1%	97.8%	95.1%	99.5%	97.6%	**97.5%**	97.3%	+ 0.2%pt
	90th percentile waiting time (weeks) of Routine cases at AHOP clinics	20	52	30	34	29	43	19	**29**	25	**+ 4**
	Physiotherapy										
	% of P1 cases at AHOP clinics with waiting time within 2 weeks	98.8%	97.8%	97.2%	98.5%	97.3%	97.3%	97.7%	**97.7%**	98.0%	- 0.3%pt
	% of P2 cases at AHOP clinics with waiting time within 8 weeks	98.3%	98.2%	97.0%	97.1%	93.2%	96.5%	93.6%	**96.0%**	96.8%	- 0.8%pt
	90th percentile waiting time (weeks) of Routine cases at AHOP clinics	34	24	39	33	35	34	39	**35**	33	**+ 2**

Blue > 5% / 5%pt above previous period

Green > 5% / 5%pt below previous period

Quality Improvement (continued)

		Current period (R55)								Previous period	
		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Overall HA	
		Jul 2021 - Jun 2022								Jul 2020 - Jun 2021	Variance
									A	B	C = (A - B)
Waiting Time for Elective Surgery	**Total Joint Replacement**										
	Waiting time (months) at 90th percentile for patients receiving the treatment of total joint replacement	74	61	46	63	63	56	103	**72**	56	**+ 16**
	Benign Prostatic Hyperplasia										
	% of patients provided with surgery within 2 months for P1 patients	69.9%	31.3%	28.2%	42.4%	52.0%	42.7%	18.2%	**41.6%**	58.2%	**- 16.5%pt**
	(Apr 2021 - Mar 2022)									(Apr 2020 - Mar 2021)	
	% of patients provided with surgery within 12 months for P2 patients	100.0%	97.6%	74.0%	80.2%	78.7%	80.4%	80.0%	**85.7%**	77.8%	**+ 7.9%pt**
	(Jul 2020 - Jun 2021)									(Jul 2019 - Jun 2020)	
Waiting Time for Diagnostic Radiological Investigations	**CT**										
	% of urgent cases with examination done within 24 hours	98.4%	99.6%	98.6%	97.5%	99.2%	99.2%	99.3%	**98.9%**	99.1%	- 0.2%pt
	Median waiting time (weeks) of P1 cases	4	4	30	13	2	<1	4	**5**	4	**+ 1**
	Median waiting time (weeks) of P2 cases	23	55	58	39	33	58	17	**38**	26	**+ 12**
	90th percentile waiting time (weeks) of Routine cases	179	244	208	225	246	144	231	**221**	188	**+ 33**
	MRI										
	% of urgent cases with examination done within 24 hours	100.0%	92.9%	98.5%	97.3%	95.4%	97.9%	96.0%	**97.2%**	96.3%	+ 0.9%pt
	Median waiting time (weeks) of P1 cases	2	<1	15	14	1	6	4	**5**	4	**+ 1**
	Median waiting time (weeks) of P2 cases	17	11	60	62	18	33	28	**31**	26	**+ 5**
	90th percentile waiting time (weeks) of Routine cases	98	159	189	117	125	157	94	**151**	127	**+ 24**
	Ultrasonography										
	% of urgent cases with examination done within 24 hours	99.5%	98.2%	97.2%	96.8%	92.5%	93.1%	97.0%	**95.8%**	95.6%	+ 0.2%pt
	Median waiting time (weeks) of P1 cases	1	1	3	<1	1	2	1	**1**	1	-
	Median waiting time (weeks) of P2 cases	25	21	52	16	56	33	22	**29**	26	**+ 3**
	90th percentile waiting time (weeks) of Routine cases	153	113	205	202	267	182	123	**190**	165	**+ 25**
	Mammogram										
	Median waiting time (weeks) of P1 cases	2	2	2	<1	1	1	3	**1**	1	-
	Median waiting time (weeks) of P2 cases	21	22	20	56	12	15	9	**23**	26	**- 3**
	90th percentile waiting time (weeks) of Routine cases	133	196	194	152	140	229	190	**200**	180	**+ 20**

Blue > 5% / 5%pt above previous period

Green > 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] [N1]

Exception Reporting
*Hospitals with **more than 5% of patients with access block time above 4 hours will be listed.***
Their number and percentage of patients with access block time more than 12 hours will also be shown.

Current period

Apr - Jun 2022

	No. / % of patients with access block time more than 4 hours		No. / % of patients with access block time more than 12 hours	
	No.	%	No.	%
Alice Ho Miu Ling Nethersole Hospital	416	9.1%	-	-
Kwong Wah Hospital	803	9.3%	35	0.4%
North District Hospital	480	8.7%	-	-
Pok Oi Hospital	645	11.9%	3	0.1%
Prince of Wales Hospital	1 635	13.0%	-	-
Queen Elizabeth Hospital	1 076	7.0%	53	0.3%
Tin Shui Wai Hospital	49	5.3%	-	-
United Christian Hospital	1 497	16.1%	557	6.0%

Previous period

Jan - Mar 2022

	No. / % of patients with access block time more than 4 hours		No. / % of patients with access block time more than 12 hours	
	No.	%	No.	%
Alice Ho Miu Ling Nethersole Hospital	1 310	29.4%	628	14.1%
Caritas Medical Centre	2 416	30.3%	993	12.5%
Kwong Wah Hospital	1 314	18.8%	415	5.9%
North District Hospital	1 314	27.0%	527	10.8%
Princess Margaret Hospital	1 191	10.1%	546	4.6%
Pok Oi Hospital	692	16.3%	262	6.2%
Prince of Wales Hospital	3 009	25.9%	1 025	8.8%
Pamela Youde Nethersole Eastern Hospital	1 552	14.9%	761	7.3%
Queen Elizabeth Hospital	5 274	36.4%	1 917	13.2%
Queen Mary Hospital	724	6.7%	408	3.8%
Ruttonjee Hospital	227	6.7%	137	4.0%
Tseung Kwan O Hospital	763	12.5%	272	4.5%
Tin Shui Wai Hospital	208	19.6%	119	11.2%
United Christian Hospital	2 837	33.9%	1 257	15.0%
Yan Chai Hospital	1 075	15.8%	468	6.9%

Remark:

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

			Current period (R55)								Previous period	
			HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Overall HA	
			Jul 2021 - Jun 2022								*Jul 2020 - Jun 2021*	*Variance*
										A	B	C = (A - B) or (A - B) / B
Quality Improvement (continued)												
Access to General Outpatient Clinic (GOPC) Episodic Illness Service		**GOPC quota availability (for elders) (%)**	98.7%	99.1%	94.6%	96.1%	97.3%	93.9%	98.5%	**96.6%**	99.3%	- 2.7%pt
Appropriateness of Care		**Standardised admission rate for A&E patients (%)**	44.5%	45.2%	39.0%	32.8%	38.0%	39.0%	34.2%	**38.0%**	38.1%	- 0.1%pt
	*	**Unplanned readmission rate within 28 days for general inpatients (%)** (Jun 2021 - May 2022)	10.6%	9.8%	10.2%	11.1%	12.1%	10.2%	11.3%	**10.9%**	10.9% (Jun 2020 - May 2021)	-§
Breastfeeding Rate		**Breastfeeding rate on discharge (%)** (Jun 2021 - May 2022)	90.8%	89.8%	80.9%	68.0%	78.1%	84.9%	76.4%	**81.1%**	84.0% (Jun 2020 - May 2021)	- 2.9%pt
Infection Rate		**MRSA bacteraemia in acute beds per 1 000 acute patient days**	0.1965	0.1345	0.1626	0.1555	0.1804	0.1314	0.1841	**0.1640**	0.1613	+ 1.7%
Access to Outreach Service		**% of residential care home for the elderly covered by Community Geriatric Assessment Service (CGAS)** (as at 31 Mar 2022)	80.4%	88.6%	87.0%	84.5%	81.9%	95.0%	93.0%	**87.0%**	90.3% (as at 31 Mar 2021)	- 3.2%pt

Blue > 5% / 5%pt above previous period

Green > 5% / 5%pt below previous period

Remark:

* COR item

		Current period (R55)								Previous period	
		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Overall HA	
		Jul 2021 - Jun 2022								Jul 2020 - Jun 2021	Variance
									A	B	C = (A - B)
Quality Improvement (continued)											
Disease Specific Quality Indicators	**Stroke**										
	% of acute ischaemic stroke patients received IV tPA treatment	7.6%	10.2%	11.4%	14.2%	13.3%	13.7%	13.1%	**12.3%**	12.1%	+ 0.2%pt
	Hip Fracture										
	% of patients indicated for surgery on hip fracture with surgery performed ≤ 2 days after admission through A&E	73.5%	79.5%	28.2%	37.4%	46.2%	47.6%	57.9%	**48.6%**	56.4%	**- 7.7%pt**
	Cancer										
	Waiting time (days) at 90th percentile from decision to treat to start of radiotherapy (RT) for cancer patients requiring radical RT	30	28	28	N.A.	29	31	32	**28**	28	-
	Waiting time (days) at 90th percentile for patients with colorectal cancer receiving first treatment after diagnosis (Jan - Dec 2021)	69	98	84	83	94	86	73	**84**	73 (Jan - Dec 2020)	**+ 11**
	Waiting time (days) at 90th percentile for patients with breast cancer receiving first treatment after diagnosis (Jan - Dec 2021)	63	48	85	51	70	106	72	**77**	64 (Jan - Dec 2020)	**+ 13**
	Waiting time (days) at 90th percentile for patients with nasopharynx cancer receiving first treatment after diagnosis	56	60	67	N.A.	61	70	68	**67**	59	**+ 8**
	Diabetes Mellitus										
	% of diabetes mellitus patients with HbA1c < 7%	59.3%	59.5%	57.3%	53.2%	48.7%	57.0%	56.7%	**55.4%**	55.6%	- 0.2%pt
	Hypertension										
	% of hypertension patients treated in GOPCs with blood pressure < 140/90 mmHg	75.9%	77.8%	80.9%	73.3%	76.0%	74.0%	75.5%	**76.3%**	75.2%	+ 1.1%pt
	Mental Health Services										
	Average length of stay (LOS) (days) of acute inpatient care (with LOS ≤ 90 days)	29.0	34.8	30.7	30.5	29.8	32.8	30.8	**30.8**	30.9	- 0.1
	% of compulsory psychiatric admissions under the Mental Health Ordinance via AED for patients receiving active Personalised Care Programme care	1.4%	1.6%	1.0%	2.4%	1.7%	1.6%	1.9%	**1.7%**	1.8%	- 0.1%pt
	Cardiac Services										
	% of acute myocardial infarction patients prescribed with Statin at discharge	91.9%	92.0%	88.5%	92.9%	88.9%	82.2%	84.6%	**87.9%**	89.5%	- 1.6%pt
	% of ST-elevation myocardial infarction patients received primary percutaneous coronary intervention	23.7%	69.3%	78.8%	49.8%	20.2%	41.8%	27.1%	**44.6%**	44.0%	+ 0.6%pt
Technology	**% of medical equipment with age beyond the expected life** (as at 31 Mar 2022)	26.1%	26.2%	24.8%	25.3%	24.9%	27.9%	23.2%	**25.5%**	24.7% (as at 31 Mar 2021)	+ 0.7%pt

Blue > 5% / 5%pt above previous period

Green > 5% / 5%pt below previous period

Efficiency in Use of Resources

		Current period (R55)								Previous period	
		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Overall HA	
		Jul 2021 - Jun 2022								*Jul 2020 - Jun 2021*	*Variance*
									A	B	C = (A - B) or (A - B) / B
Capacity and Throughput of Specialist Outpatient (SOP) Services	**Throughput for SOP services / Waiting list management**										
	Ear, Nose and Throat										
	No. of SOP first attendances per doctor	675	420	871	633	598	739	738	**676**	669	+ 1.1%
	No. of SOP follow-up attendances per doctor	3 185	1 968	2 387	2 505	2 526	2 852	2 207	**2 514**	2 462	+ 2.1%
	Growth of waiting list against throughput (%)	- 8.6%	2.2%	- 24.4%	- 2.9%	4.9%	2.0%	- 3.5%	**- 5.5%**	2.4%	**- 7.9%pt**
	Gynaecology										
	No. of SOP first attendances per doctor	193	150	156	205	250	214	140	**183**	172	**+ 6.4%**
	No. of SOP follow-up attendances per doctor	992	1 195	997	1 022	790	671	666	**900**	885	+ 1.8%
	Growth of waiting list against throughput (%)	- 5.1%	- 1.8%	9.3%	4.8%	7.9%	1.0%	- 9.3%	**2.2%**	3.8%	- 1.6%pt
	Medicine										
	No. of SOP first attendances per doctor	67	71	70	99	73	88	69	**77**	69	**+ 11.4%**
	No. of SOP follow-up attendances per doctor	1 536	1 453	1 186	1 021	1 686	1 406	1 460	**1 387**	1 417	- 2.1%
	Growth of waiting list against throughput (%)	0.8%	3.5%	2.1%	- 2.3%	5.7%	-§	- 16.5%	**- 0.5%**	16.2%	**- 16.7%pt**
	Ophthalmology										
	No. of SOP first attendances per doctor	594	473	703	730	564	613	688	**635**	616	+ 3.2%
	No. of SOP follow-up attendances per doctor	5 468	4 924	6 132	5 082	6 269	4 987	6 338	**5 664**	5 424	+ 4.4%
	Growth of waiting list against throughput (%)	5.0%	7.3%	- 20.1%	- 2.5%	29.2%	6.3%	1.5%	**1.1%**	1.7%	- 0.6%pt
	Orthopaedics and Traumatology										
	No. of SOP first attendances per doctor	200	193	172	212	176	228	210	**199**	191	+ 3.8%
	No. of SOP follow-up attendances per doctor	1 576	1 218	1 431	1 439	1 430	1 332	1 418	**1 401**	1 383	+ 1.3%
	Growth of waiting list against throughput (%)	2.5%	- 6.7%	- 6.5%	- 0.7%	- 7.4%	- 19.6%	- 23.5%	**- 10.3%**	- 5.1%	**- 5.2%pt**
	Paediatrics and Adolescent Medicine										
	No. of SOP first attendances per doctor	30	59	25	71	71	42	45	**43**	40	**+ 8.0%**
	No. of SOP follow-up attendances per doctor	394	417	400	611	475	408	562	**447**	442	+ 1.2%
	Growth of waiting list against throughput (%)	- 0.3%	8.7%	5.3%	5.0%	2.9%	9.1%	11.4%	**5.9%**	- 2.9%	**+ 8.8%pt**
	Psychiatry										
	No. of SOP first attendances per doctor	70	71	56	129	130	88	70	**91**	90	+ 1.0%
	No. of SOP follow-up attendances per doctor	2 050	2 007	1 780	2 678	3 200	1 965	2 197	**2 323**	2 229	+ 4.2%
	Growth of waiting list against throughput (%)	17.2%	0.2%	5.7%	- 8.2%	7.9%	9.9%	7.2%	**5.7%**	7.1%	- 1.4%pt
	Surgery										
	No. of SOP first attendances per doctor	202	121	183	257	195	243	240	**202**	191	**+ 5.8%**
	No. of SOP follow-up attendances per doctor	1 396	1 149	1 137	1 286	1 141	1 012	1 072	**1 148**	1 117	+ 2.8%
	Growth of waiting list against throughput (%)	7.5%	13.4%	14.8%	5.5%	14.8%	- 0.5%	- 11.3%	**5.8%**	9.2%	- 3.4%pt
Operating Theatre (OT) Utilisation	**Ratio of scheduled to expected elective OT session hours (%)**	101.1%	97.8%	94.8%	99.2%	96.7%	96.7%	98.5%	**97.4%**	97.6%	- 0.2%pt
	Utilisation rate of scheduled elective OT sessions (%)	96.0%	100.4%	94.0%	85.6%	93.5%	99.0%	93.5%	**94.8%**	96.7%	- 1.9%pt

Blue > 5% / 5%pt above previous period

Green > 5% / 5%pt below previous period

			Current period (R55)								Previous period	
			HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Overall HA	
			Jul 2021 - Jun 2022								*Jul 2020 - Jun 2021*	*Variance*
										A	B	C = (A - B)
Efficiency in Use of Resources (continued)												
Bed Management		**Inpatient bed occupancy rate (%)**										
	*	Overall	78.1%	66.8%	79.7%	89.1%	88.7%	80.6%	81.1%	**81.0%**	80.5%	+ 0.6%pt
	*	General (acute and convalescent)	81.3%	65.6%	80.0%	90.1%	94.3%	82.4%	90.3%	**83.6%**	82.5%	+ 1.1%pt
	*	**Average length of stay (days) for general inpatients**	6.5	5.8	7.4	6.9	5.9	7.0	6.8	**6.7**	6.3	**+ 0.3**
Day and Same Day Surgery Services		**Rate of day surgery plus same day surgery (%)**										
		Surgery	64.9%	47.0%	39.6%	81.1%	57.5%	64.1%	66.7%	**58.5%**	55.7%	+ 2.8%pt
		Orthopaedics and Traumatology	59.8%	32.6%	39.9%	87.7%	51.4%	68.7%	58.3%	**56.0%**	53.4%	+ 2.5%pt
		Ophthalmology	72.2%	36.8%	91.1%	76.2%	69.4%	82.5%	29.7%	**69.2%**	61.8%	**+ 7.4%pt**

Blue: > 5% / 5%pt above previous period

Green: > 5% / 5%pt below previous period

Remark:

* COR item

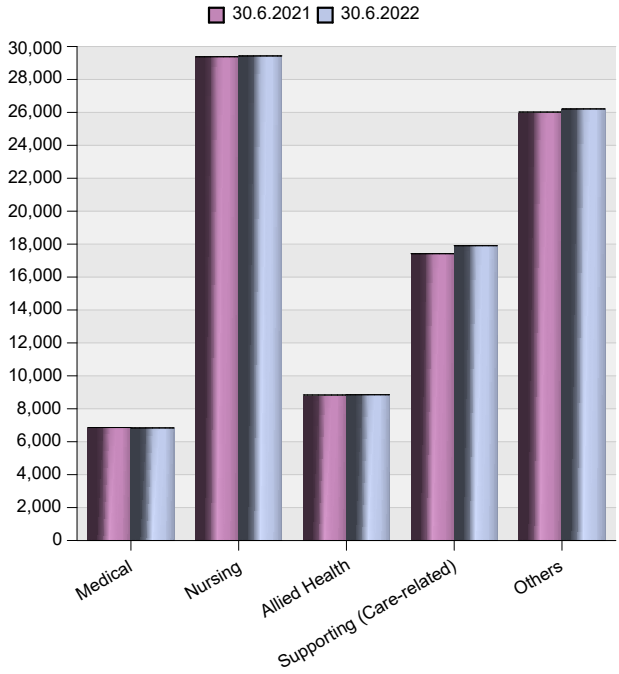
Manpower position by Staff Group (as at 30.06.2022)

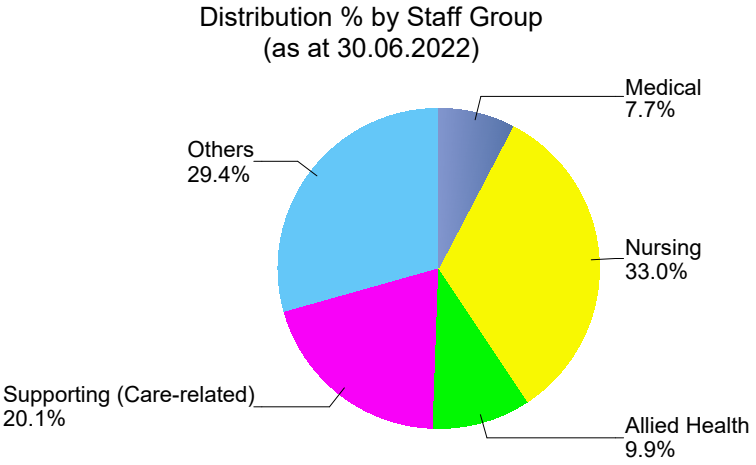
Appendix 2

Staff group	Prior year 30.06.2021 A	Current year 30.06.2022[1] B	COR Estimate as at 31.03.2023[2] C	Variance from COR estimate D = B - C	Variance from COR estimate D / C	Variance from prior year E = B - A	Variance from prior year E / A
Medical[3]	6,862	6,839	7,184	- 345	- 4.8%	- 23	- 0.3%
Nursing	29,381	29,429	30,540	- 1,111	- 3.6%	+ 48	+ 0.2%
Allied Health	8,836	8,853	9,480	- 627	- 6.6%	+ 17	+ 0.2%
Supporting (Care-related)	17,419	17,905	46,450	- 2,334	- 5.0%	+ 486	+ 2.8%
Others	26,018	26,211				+ 193	+ 0.7%
Total[4]	**88,515**	**89,237**	**93,654**	**- 4,417**	**- 4.7%**	**+ 722**	**+ 0.8%**

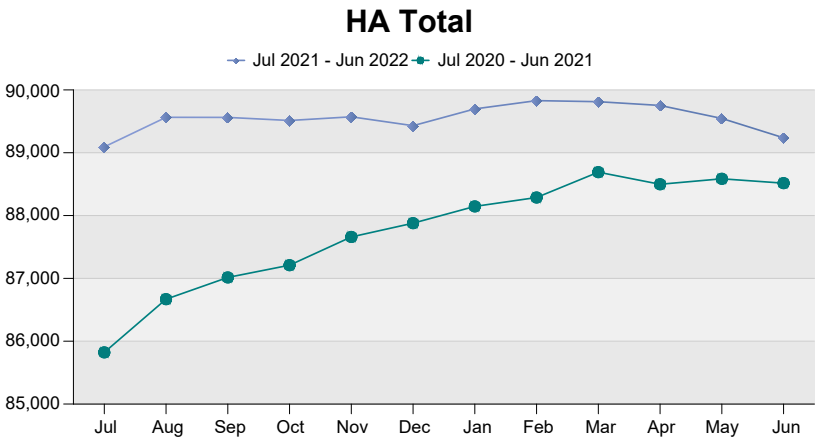
Blue >3% above COR estimate/prior year

Green >3% below COR estimate/prior year





	Medical	Nursing	Allied Health	Supporting (Care-related)	Others
Prior Year 30.06.2021	6,862	29,381	8,836	17,419	26,018
Current Year 30.06.2022	6,839	29,429	8,853	17,905	26,211



Remarks:

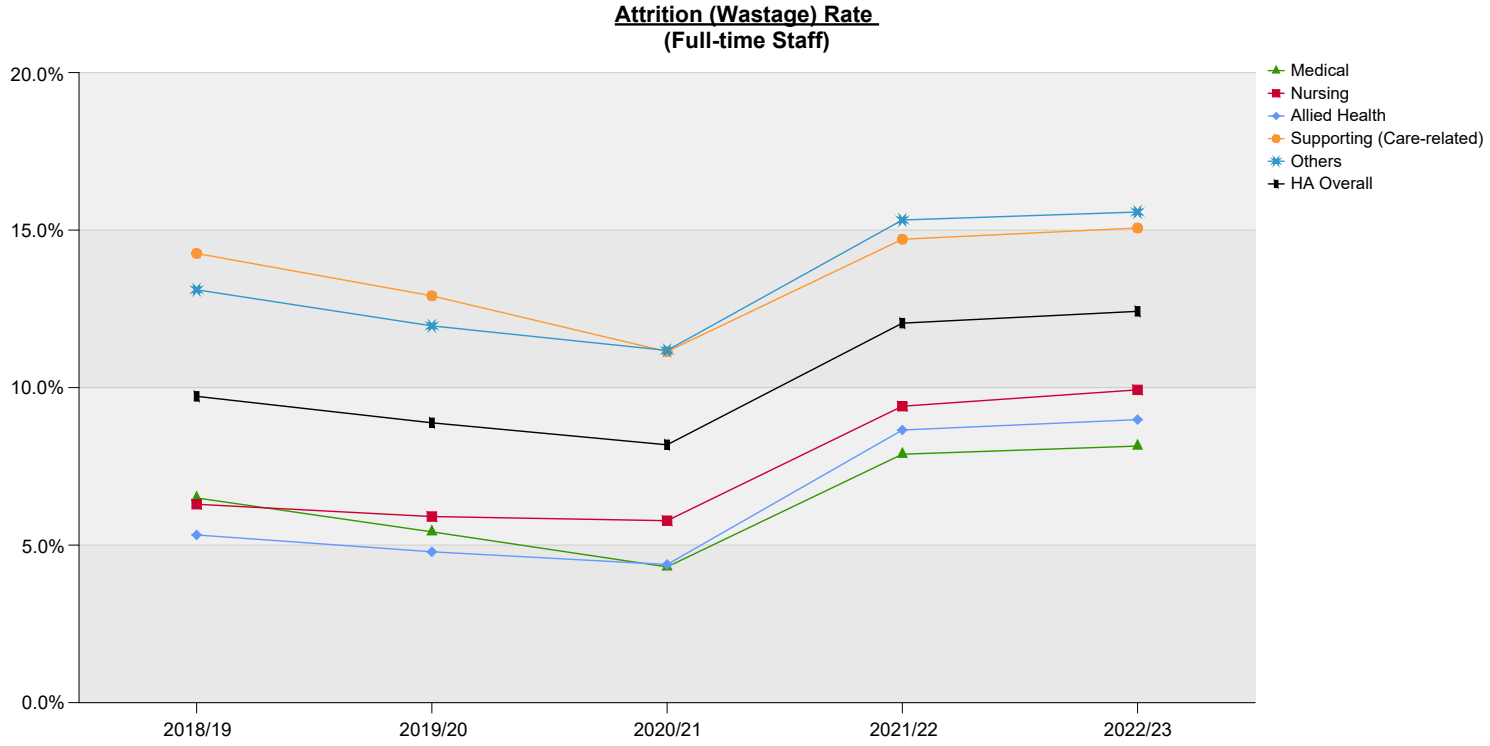
(1) Provisional data for reference only. The data will be updated in the following month to include any backdated transactions

(2) Grouping is based on COR

(3) Medical staff group includes Intern & Dental Officers

(4) Individual figures may not add up to the total due to rounding

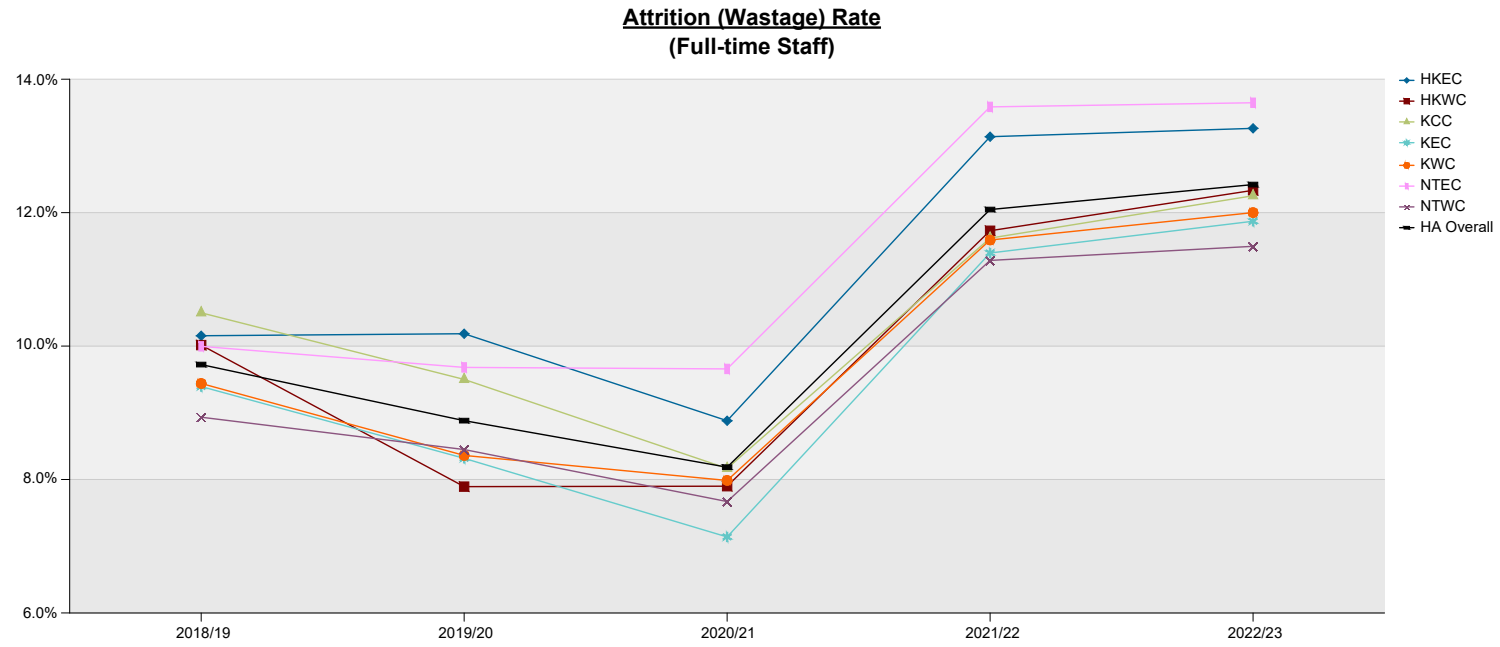
Attrition (Wastage) Rate (%)[1] by Staff Group



Staff Group	Full-time[4]					Part-time [4][5]				
	2018/19	2019/20	2020/21	2021/22	2022/23 (Rolling from Jul 21 to Jun 22)[3]	2018/19	2019/20	2020/21	2021/22	2022/23 (Rolling from Jul 21 to Jun 22)[3]
Medical[2]	6.5%	5.4%	4.3%	7.9%	8.1%	24.3%	15.6%	11.5%	17.8%	16.7%
Nursing	6.3%	5.9%	5.8%	9.4%	9.9%	15.6%	15.7%	15.0%	26.2%	27.5%
Allied Health	5.3%	4.8%	4.4%	8.7%	9.0%	15.4%	13.9%	8.3%	21.8%	22.3%
Supporting (Care-related)	14.3%	12.9%	11.1%	14.7%	15.1%	14.5%	17.0%	10.2%	20.3%	13.7%
Others	13.1%	12.0%	11.2%	15.3%	15.6%	38.5%	28.3%	31.4%	34.8%	40.9%
HA Overall	9.7%	8.9%	8.2%	12.0%	12.4%	21.0%	16.4%	13.9%	22.5%	22.5%

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

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



Cluster	Full-time[3]					Part-time[3][4]				
	2018/19	2019/20	2020/21	2021/22	2022/23 (Rolling from Jul 21 to Jun 22)[2]	2018/19	2019/20	2020/21	2021/22	2022/23 (Rolling from Jul 21 to Jun 22)[2]
HKEC	10.2%	10.2%	8.9%	13.1%	13.3%	22.8%	18.0%	16.8%	21.8%	25.0%
HKWC	10.0%	7.9%	7.9%	11.7%	12.3%	25.3%	21.0%	17.5%	31.1%	30.9%
KCC	10.5%	9.5%	8.2%	11.6%	12.3%	24.7%	19.1%	9.3%	16.7%	17.0%
KEC	9.4%	8.3%	7.1%	11.4%	11.9%	15.0%	14.6%	13.4%	23.9%	21.6%
KWC	9.4%	8.4%	8.0%	11.6%	12.0%	21.5%	8.5%	11.4%	22.6%	24.8%
NTEC	10.0%	9.7%	9.7%	13.6%	13.6%	17.8%	19.4%	20.3%	22.0%	27.3%
NTWC	8.9%	8.4%	7.7%	11.3%	11.5%	15.7%	11.1%	10.3%	16.1%	11.2%
HA Overall	9.7%	8.9%	8.2%	12.0%	12.4%	21.0%	16.4%	13.9%	22.5%	22.5%

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

Resignation Number and Rate

Staff Group		No. of resignations						Resignation rate		
		2021		2022		Previous period	Current period	Previous period	Current period	Variance from previous period % pt
		3Q	4Q	1Q	2Q	(Jul20 - Jun21)	(Jul21 - Jun22)	(Jul20 - Jun21) %	(Jul21 - Jun22) %	
Doctor	Senior Staff (1)	69	79	71	46	104	265	3.6%	9.1%	+ 5.5
	Junior Staff (2)	44	39	52	14	85	149	2.5%	4.4%	+ 1.9
	Overall	**113**	**118**	**123**	**60**	**189**	**414**	**3.0%**	**6.6%**	**+ 3.6**
Nursing	Senior Staff (3)	67	64	96	85	155	312	2.4%	4.6%	+ 2.2
	Junior Staff (4)	384	440	519	458	1,098	1,801	5.3%	8.8%	+ 3.5
	Overall	**451**	**504**	**615**	**543**	**1,253**	**2,113**	**4.6%**	**7.7%**	**+ 3.1**
Allied Health (5) Overall		**133**	**158**	**143**	**127**	**296**	**561**	**3.5%**	**6.4%**	**+ 2.9**
Supporting (Care-related) Overall		**498**	**482**	**466**	**387**	**1,224**	**1,833**	**7.3%**	**10.5%**	**+ 3.2**

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

Sick Leave [(1)(2)]

(A) Average sick leave days taken per staff

Staff Group	Previous period Jul 20 - Jun 21 A	Current period Jul 21 - Jun 22 B	Variance from previous period C = (B - A) / A
Medical	3.3	3.2	- 3.0%
Nursing	7.6	8.5	**+ 11.8%**
Allied Health	4.4	5.2	**+ 18.2%**
Supporting (Care-related)	8.7	9.6	**+ 10.3%**
Others	6.9	7.6	**+ 10.1%**
HA Overall	**6.9**	**7.7**	**+ 11.6%**

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

Staff Group	Previous period Jul 20 - Jun 21 A %	Current period Jul 21 - Jun 22 B %	Variance from previous period C = B - A % pt
Medical	1.1	1.0	- 0.1
Nursing	2.8	3.1	+ 0.3
Allied Health	1.2	1.5	+ 0.3
Supporting (Care-related)	2.9	3.1	+ 0.2
Others	2.3	2.3	0
HA Overall	**2.4**	**2.5**	**+ 0.1**

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

Staff Group	Previous period Jul 20 - Jun 21 A	Current period Jul 21 - Jun 22 B	Variance from previous period C = B - A
Medical	4.6	4.1	- 0.5
Nursing	4.2	4.3	+ 0.1
Allied Health	1.8	1.4	- 0.4
Supporting (Care-related)	6.4	6.7	+ 0.3
Others	2.7	2.5	- 0.2
HA Overall	**4.0**	**4.0**	**0**

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

Staff Group	Previous period Jul 20 - Jun 21 A	Current period Jul 21 - Jun 22 B	Variance from previous period C = B - A
Medical	4.3	5.5	+ 1.2
Nursing	66.0	42.6	- 23.4
Allied Health	25.1	43.1	+ 18.0
Supporting (Care-related)	135.0	113.9	- 21.1
Others	78.1	81.2	+ 3.1
HA Overall	**74.2**	**65.7**	**- 8.5**

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.