For information on 27.6.2024

AOM-P1963

Hospital Authority

Report on Key Performance Indicators (KPI Report No. 62, up to March 2024)

Advice Sought

Members are invited to comment on the quarterly report on Key Performance Indicators **(KPI)** of the Hospital Authority **(HA)**, covering KPIs of clinical services, human resources **(HR)** and financial performance for the period ended March 2024[1]. Detailed reports on the KPI performance of clinical services, HR and finance were reported to the Medical Services Development Committee **(MSDC)**, Human Resources Committee **(HRC)** and Finance Committee **(FC)** respectively via circulation or at their meetings held in May / June 2024[2].

Background

2. The period covered in this report is mainly from **April 2023 to March 2024**, 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. Following the lifting of anti-epidemic measures in the first quarter of 2023 amid the subsiding Coronavirus Disease 2019 **(COVID-19)** epidemic, service resumption took place expeditiously. During the reporting period from April 2023 to March 2024, with the throughput for most services seeing a sustained pick-up, impact of transition towards full recovery especially in earlier months was still observed in some services under the 12-month rolling effect.

Key Observations

Clinical Services (Appendix 1)

4. With the society resuming to normalcy since the first quarter of 2023, HA has been progressively resuming its services. HA's overall service throughput for most items

[1] The last quarterly report on KPIs (up to December 2023) was submitted to the Board by circulation on 12 March 2024 via Administrative and Operational Meeting **(AOM)** Paper No. 1938.

[2] Via HRC Paper No. 769 on 14 May 2024; MSDC Paper No. 733 on 3 June 2024; and FC Paper No. 984 via circulation in May 2024.

from the Controlling Officer's Report **(COR)** demonstrated tangible signs of recovery in 2023-24, with throughput levels edging close to yearly estimates[3] (less than 5% negative variance against 2023-24 estimates for most items). The throughput on day hospital services was mostly affected during the COVID-19 epidemic due to more stringent infection control measures to protect the respective groups of vulnerable patients. This had improved significantly from the record low levels[4], albeit still having larger negative variance against estimates in psychiatric day attendances (-18.1%), and rehabilitation day and palliative care day attendances (-13.2%) amid the transition towards full recovery. HA will continue to drive patient re-engagement and increase patient referrals to various day programmes in recovering these services in full.

5. Apart from day hospital services, the number of allied health (community) attendances also had negative variance of 5.7% against estimate. Some community occupational therapy services have been provided in telehealth mode, but these activities were not captured under COR / KPI reporting in earlier months. In the consideration of the positive feedback from patients and caregivers towards the expansion in delivery mode via telehealth which is regarded as comparable and complementary to on-site mode, the telehealth mode has been integrated into the patient care protocol recently, with the telehealth activities on community occupational therapy being captured since November 2023. The throughput of allied health (community) in the second half of 2023-24 increased by 19.6% as compared with the first six months.

6. HA has been **re-engineering the service models** where practicable to enhance service quality and improve patient experience. Different types of workflows have been explored to provide and enhance patient care through the use of information technology. HA has been actively applying telehealth to suitable clinical services under different settings, including specialist outpatients **(SOP)**, allied health, day and outreach services. HA will continue to promote the application of telehealth to appropriate healthcare services progressively so as to benefit more patients. In addition, HA has implemented a series of Public-Private Partnership **(PPP)** Programmes[5] with a view to diverting suitable HA patients to receive treatment or taking diagnostic investigation in the private sector. Low-charge Beds referral mechanism is also in place for transferring suitable HA patients to private hospitals for treatment.

---

[3] Refer to "estimates" reported in the 2023-24 COR under "Programme (2) Subvention: HA" of "Head 140 - Government Secretariat: Health Bureau". COR summarises the aim, key areas of work, targets, performance, as well as expenditure estimates of the respective bureau/department. In projecting the estimates, HA always pursues the strategy of increasing service capacity and enhancing service quality to meet the growing service needs, while adopting a prudent approach in projecting the activity growth alongside consideration of manpower situation. Factors taken into account in the projection of 2023-24 estimates included (a) full-year effect of programmes implemented in part of 2022-23, (b) activities generated by new programmes in 2023-24, and (c) estimated demand growth for acute inpatient services arising from population growth, taking into account the cross-cluster utilisation. In addition, the 2023-24 estimates were formulated under the assumption of "no COVID-19" effect.

[4] Under the substantial service adjustments on day hospital services during COVID-19 epidemic, the lowest variances against estimates for rehabilitation day and palliative care day attendances, geriatric day attendances and psychiatric day attendances were -68.9% (2020-21), -75.4% (2020-21) and -85.2% (2021-22) respectively.

[5] Examples include Haemodialysis PPP Programme, Project on Enhancing Radiological Investigation Services through Collaboration with Private Sector, Radiation Therapy Service PPP Programme, Trauma Operative Service Collaboration Programme, and Breast Cancer Operative Service Collaboration Programme.

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

7. HA's overall **percentage of A&E patient attendances seen within target waiting time**[6] met the targets for Triage I (critical) and II (emergency), but fell short of the target by 18.8% points (71.2% vs. target 90%) for Triage III (urgent). Compared with prior year, a drop of 3.1% points on Triage III was observed. The rising number of A&E attendances for Triage I to III cases in the recent quarters had bought much pressure to the A&E departments. HA would closely monitor the situation and introduce suitable measures to better manage the waiting time.

Waiting time for SOP new case bookings

8. HA's overall **median waiting time for first appointment for Priority 1 and Priority 2 cases** were within the respective targets of two weeks and eight weeks. On the **90th percentile waiting time for Routine cases**, amongst the eight specialties being monitored, HA overall's waiting time for **Ophthalmology**, being slightly increased by two weeks as compared to prior year to 102 weeks, was the only specialty at 100 weeks or above.

9. Despite the growing service demand, HA has put in efforts along the **three-pronged strategy (narrowing upstream, diverting midstream and collaborating downstream) to improve SOP waiting time**. As announced in the Hong Kong Special Administrative Region Chief Executive's 2022 Policy Address **(PA)**, HA aimed to reduce the waiting time of stable new case bookings for Medicine **(MED)** by 20% in 2023-24, in consideration of the large patient volume and the relatively long waiting time in MED. This was monitored and reflected under the KPI of 90th percentile waiting time of Routine cases (target 97 weeks[7]). With the implementation of a basket of initiatives[8], the waiting time of MED had improved by 10 weeks as compared with prior year to 92 weeks, and the target announced in 2022 PA was achieved. To further demonstrate HA's determination on improving SOP waiting time, the 2023 PA announced that HA will continue its effort to reduce the waiting time of Routine (stable) new case bookings for two specialties, namely Ear, Nose and Throat **(ENT)** and Orthopaedics & Traumatology **(ORT)**, by 10% in

---

[6] Being the pledges in COR, performance indicators on waiting time for A&E services for different triage categories are Triage I (critical cases: 0 minute, 100%); Triage II (emergency cases: < 15 minutes, 95%) and Triage III (urgent cases: < 30 minutes, 90%).

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

[8] Short-term measures implemented by the clusters to improve the SOP waiting time include (a) Special Honorarium Scheme **(SHS)** to devote extra hours to see SOP new cases; (b) demand management by diverting cases from a SOPC with longer waiting time to another SOPC within the same cluster with a shorter waiting time to even service demand; (c) review of booking pattern to ensure SOPC quotas are well utilised; and (d) internal referral management, such as regular monitoring and gatekeeping by Triage Clinics. Other medium-and long-term measures implemented include (i) on narrowing upstream: enhancement of gatekeeping and monitoring on SOPC referrals, establishment of Secondary Consultation of Family Medicine and specialty to discuss case management and keep the stable cases in Family Medicine Specialist Clinics **(FMSCs)**, enhancement of FMSC Triage Clinics to see and manage stable cases in FMSCs; (ii) on diverting midstream: enhancement of demand management and review of booking patterns, and development of more integrated clinics involving nurses and allied health professions; (iii) on collaborating downstream: enhancement of case close by having seniors to monitor case close and review stable cases and enhance mechanism for case review to facilitate case close, enhancement of download of stable cases to FMSCs or general outpatient clinics **(GOPCs)**, and download of stable cases to private General Practitioners for further management via the Co-care Service Model under GOPC PPP Programme.

2024-25[9]. HA will continue to strive for achieving the ENT and ORT targets as promulgated in the 2023 PA. Meanwhile, SOP waiting time of all specialties would be continuously monitored at various platforms in HA and appropriate actions will be taken to manage the waiting time of new case bookings.

Waiting time for elective surgery

10. Waiting time at **90th percentile for patients receiving the total joint replacement (TJR) treatment** maintained at 74 months for HA overall when compared with the prior year. In the face of an ageing population, the number of patients requiring TJR surgery continues to rise. The shortage of anaesthetists has also affected the service level. To address the growing service demand brought by the ageing population, HA has implemented an Annual Plan programme in Hong Kong East Cluster from the fourth quarter of 2022 to further increase its capacity of TJR surgery. Following the resumption in services after COVID-19 epidemic, the number of TJR surgeries performed has picked up to pre-epidemic level and the rise in waiting time had been contained. In addition, to enhance the management of patients waiting or with potential need for TJR surgery, HA has started the implementation of structured non-surgical treatment programme in phases since 2020-21, which aims to facilitate regular monitoring of patients by case management approach and optimise physical functions of patients with structured physiotherapy programme. Moreover, to dovetail with the 2023 PA for exploring extension of Integrated Chinese-Western Medicine **(ICWM)** services to cover more disease areas, such as elderly degenerative disease, a pilot ICWM programme for knee osteoarthritis (a.k.a. OA knee) has been test run in Pok Oi Hospital since May 2024, under which an integrated clinic has been set up to provide Chinese Medicine treatment to patients for improving their joint functionality and relieving pain while waiting for TJR surgery. Subject to the result of the pilot programme, it would be rolled out to more hospitals to benefit more patients.

Disease specific quality indicators

11. Performance on the majority of disease specific indicators, including stroke, diabetes mellitus, hypertension, mental health and cardiac services, was maintained in general when compared with prior year and was comparable to the pre-epidemic levels. In particular, on cardiac service, following the phased expansion and rollout of extended hours in primary **percutaneous coronary intervention (PCI)** service via Annual Plan programmes in recent years, HA has made major progress in improving the access of primary PCI services. HA's overall **percentage of ST-elevation myocardial infarction patients receiving primary PCI** was 58.9%, with a considerable improvement of 6.7% points when compared with prior year. A significant increase of 22.3% points was also noted for this indicator on primary PCI service in the past five years.

12. Surgery-related waiting time indicators, including cancer treatment, were affected by the shortage of anaesthetists. For **colorectal cancer** and **breast cancer**, while impact of COVID-19 was still seen in earlier months of the reporting period from October 2022 to September 2023 before the cessation of anti-epidemic measures, their

[9] Taking the respective 2022-23 12-month rolling HA overall 90th percentile waiting time of stable new case bookings for ENT and ORT of 93 weeks and 91 weeks as baseline, the target for ENT and ORT would be 84 weeks and 82 weeks respectively by 2024-25.

respective waiting times at **90th percentile for patients receiving first treatment after diagnosis** were at 95 days and 79 days respectively, which were lengthened by five days and shortened by one day respectively when compared with prior year. Apart from surgical treatment being impacted by the shortage of anaesthetists, high attrition rates of clinical oncologists and radiation therapists also limited the service capacity to start chemotherapy and radiotherapy. HA had taken a series of action to address the service gap. Apart from the implementation of SHS to augment the manpower resources for cancer treatment and the Breast Cancer Operative Service Collaboration PPP programme to divert eligible patients to receive specific Breast Cancer Operative Service at the private sector since 2020-21, HA had adopted mitigation measures to maintain the OT sessions, including the inter-hospital support mechanism of anaesthetists as a short-term measure to mitigate the anaesthetist manpower crisis, and special SHS programme to increase the elective OT sessions. Additionally, individual clusters have also reviewed the service to identify bottlenecks for focused enhancement, such as streamlining of cluster-based referrals. Clusters and grade management offices have been monitoring the manpower situation and taking measures to tackle the issue.

Human Resources (Appendix 2)

13. As at 31 March 2024, HA had a **staffing position of 90 595**, which represented a growth of 555 staff (+0.6%) when compared with the prior year. There was a general increase in the workforce in the "Medical", "Allied Health", "Supporting (Care-related)" and "Others" staff groups, whereas that in the "Nursing" staff group had decreased. Regarding the number of full-time staff, there was an increase across all staff groups. There was an overall decrease in the number of part-time staff. With system enhancement in auto-calculation of temporary part-time staff working hours with effect from January 2024[10], the FTE for temporary part-time staff is calculated based on their actual working hours and replaced the previous calculation method based on committed working hours agreed in the employment contract, and hence the FTE number of part-time staff was affected. As for the **attrition (wastage) rate**[11] **of full-time staff**, the HA overall rate for 2023-24 was 10.6%, in which the "Others" staff group had the highest rate (14.1%). Nevertheless, the attrition (wastage) rates of full-time doctors in some specialties, such as Anaesthesia and Ophthalmology were still high, which had exerted pressure on the respective clinical services.

14. The overall **average sick leave days taken per staff** was 9.8 days, representing a decrease of 10.9% when compared with the previous period. There was also a significant decrease of 32.3% for "Medical" staff group when compared with the previous period. The **proportion of staff taken long sick leave (≥ 50 days)** in HA (2.5%) remained unchanged.

---

[10] Starting from January 2024, full-time equivalent **(FTE)** for temporary part-time staff of all staff groups is calculated based on their actual working hours, while the data for previous periods was based on the estimated working hours agreed in the employment contract. Hence the FTE number for part-time staff was affected. For "Nursing" staff group, while the number of temporary part-time staff was larger, the impact of the system enhancement in "Nursing" manpower was therefore greater.

[11] Attrition (Wastage) excludes staff retired and rehired under "Extending Employment Beyond Retirement" with effective from January 2024. The attrition information of the previous years, if provided, is for reference only and cannot be directly compared with the data under the revised compilation method.

15. The overall **number of injury on duty (IOD) cases per 100 FTE staff** had increased from 3.4 cases to 3.5 cases when compared with the previous period. "Allied Health" staff group had the lowest rate (1.4 cases), whereas "Supporting (Care-related)" staff group had the highest rate (5.8 cases). As for the **number of IOD leave days per 100 FTE staff**, HA overall was 55.3 days, representing a decrease of 17.3 days. "Medical", "Nursing", "Allied Health", "Supporting (Care-related)" and "Others" staff groups had a reduction of 4 days, 8.8 days, 8.7 days, 21.7 days and 29.4 days respectively.

16. During the period from April 2023 to March 2024, the **total training days attended** by permanent and contract full-time and part-time staff on headcount basis were 509 053.9 days, which increased by 14.7% when compared with the prior year, including physical training (face-to-face training) and non-physical training (online lecture/webinar as well as e-Learning courseware (i.e. those e-courses available in the HA e-Learning Centre)). The **average training days per staff** were 5.8 days (5.1 days in prior year) and there was an increase in the total training days for all staff groups. Among the staff groups, the total training days attended by "Medical" staff group was increased significantly by 19 531.1 days (56.3%), with the average training days per staff increased by 2.5 days.

17. It was observed that training activities in 2023-24, including clinical attachments as well as local training and training outside Hong Kong, had gradually resumed normal with lessened impact of the COVID-19 epidemic since the first quarter of 2023, which in turn contributed to the increase in the above-mentioned total training days and average training days. In addition, as reported to AOM in December 2023[12], study time of e-Learning courseware had been included in the measurement unit of training days in the existing Training KPIs starting from 2023-24 to reflect a full picture of training opportunities for staff. For comparison purpose, the training days of e-Learning courseware were also included in the 2022-23 data of this report. It was noted that the training days of physical training and non-physical training (viz. online lecture/webinar and e-Learning courseware) were increased in 2023-24. Amongst the non-physical training, the training days of online lecture/webinar was higher than those of e-Learning courseware.

Finance

18. Under HA's 2023-24 original budget, an overall budget underspending of $1.2 billion was expected for the year. This budgeted underspending was mainly attributable to the unutilised resources anticipated from the ongoing manpower challenges of limited supply of healthcare professionals, high attrition and long recruitment lead time.

19. During the year, HA had received higher-than-expected medical fee income as HA's services resumed normal, coupled with the increase in investment income under the global interest rate hike cycle. Additional designated funding was also received from the Government to support the operations of the North Lantau Hospital Hong Kong Infection Control Centre and the Central Government Aided Emergency Hospital. Moreover, operating costs of HA was lower than expected following the cessation of COVID-19 measures. All of these have contributed to an overall underspending position for HA in the year. The final 2023-24 operating results of HA is now under review by the external auditor,

[12] Via AOM Paper No. 1922 on "2023 Key Performance Indicator Annual Review".

and the Audited Financial Statements for 2023-24 will be presented to the HA Board later in 2024.

Way Forward

20. HA will continue to drive various initiatives to enhance access to service and improve care quality, including actively managing and improving the waiting time of various services through a multi-pronged approach. That said, in view of the tight manpower condition in some service areas, such as shortage of anaesthetists, compounded by the continued growing service demand, there remains a certain degree of uncertainty in the performance of some indicators as anticipated in the coming rounds of reporting.

Hospital Authority
AOM\PAPER\1963
20 June 2024

Report on Key Performance Indicators - Clinical Services

For reporting to the Administrative and Operational Meeting in June 2024

(KPI Report No. 62, up to March 2024)

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

Reporting Period : 2023/24 (unless specified) for Service Growth in response to Population Change & Ageing Effect ;

1.4.2023 - 31.3.2024 (unless specified) for other items

==========

Special note

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

Rounding of figures

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

The following symbols are used throughout the report

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

==========

			Current Year	Estimate		Prior Year	
			2023/24	*2023/24*	*Variance*	*2022/23*	*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 31 Mar 2024)	*	**No. of hospital beds (overall)**	**30 671**	**30 671**	**-**	**30 568** (as at 31 Mar 2023)	**+ 103**
	*	**No. of geriatric day places**	**787**	**787**	**-**	**757** (as at 31 Mar 2023)	**+ 30**
	*	**No. of psychiatric day places**	**909**	**909**	**-**	**909** (as at 31 Mar 2023)	**-**
Inpatient Services		**No. of inpatient discharges and deaths**					
	*	Overall	**1 146 493**	**1 255 970**	**- 8.7%**	**994 539**	**+ 15.3%**
	*	General (acute and convalescent)	**1 123 107**	**1 234 400**	**- 9.0%**	**974 192**	**+ 15.3%**
		No. of inpatient patient days					
	*	Overall	**8 750 454**	**8 857 000**	**- 1.2%**	**7 975 641**	**+ 9.7%**
	*	General (acute and convalescent)	**7 137 216**	**7 256 000**	**- 1.6%**	**6 498 776**	**+ 9.8%**
	*	**No. of day inpatient discharges and deaths**	**809 505**	**795 700**	**+ 1.7%**	**731 487**	**+ 10.7%**
Accident & Emergency (A&E) Services	*	**No. of A&E attendances**	**2 142 831**	**2 203 000**	**- 2.7%**	**1 741 091**	**+ 23.1%**
		No. of A&E first attendances					
	*	triage I (Critical cases)	**28 138**	**27 100**	**+ 3.8%**	**26 825**	**+ 4.9%**
	*	triage II (Emergency cases)	**56 566**	**52 200**	**+ 8.4%**	**50 852**	**+ 11.2%**
	*	triage III (Urgent cases)	**820 353**	**748 600**	**+ 9.6%**	**673 998**	**+ 21.7%**
Specialist Outpatient (SOP) Services	*	**No. of SOP (clinical) first attendances**	**878 906**	**885 000**	**- 0.7%**	**829 584**	**+ 5.9%**
	*	**No. of SOP (clinical) follow-up attendances**	**7 489 143**	**7 304 000**	**+ 2.5%**	**7 214 160**	**+ 3.8%**
	*	**Total no. of SOP (clinical) attendances**	**8 368 049**	**8 189 000**	**+ 2.2%**	**8 043 744**	**+ 4.0%**
Primary Care Services	*	**No. of general outpatient attendances**	**6 008 009**	**6 320 000**	**- 4.9%**	**4 995 348**	**+ 20.3%**
	*	**No. of family medicine specialist clinic attendances**	**351 698**	**345 600**	**+ 1.8%**	**322 262**	**+ 9.1%**
	*	**Total no. of primary care attendances**	**6 359 707**	**6 665 600**	**- 4.6%**	**5 317 610**	**+ 19.6%**
Allied Health Outpatient Services	*	**No. of allied health (outpatient) attendances**	**3 300 546**	**3 184 000**	**+ 3.7%**	**3 009 437**	**+ 9.7%**
Day Hospital Services	*	**No. of rehabilitation day and palliative care day attendances**	**100 987**	**116 400**	**- 13.2%**	**64 514**	**+ 56.5%**
	*	**No. of geriatric day attendances**	**168 426**	**170 300**	**- 1.1%**	**89 271**	**+ 88.7%**
	*	**No. of psychiatric day attendances**	**194 070**	**237 100**	**- 18.1%**	**79 620**	**+ 143.7%**
Community & Outreach Services	*	**No. of community nurse attendances**	**916 504**	**950 000**	**- 3.5%**	**869 158**	**+ 5.4%**
	*	**No. of allied health (community) attendances**	**32 267**	**34 200**	**- 5.7%**	**27 058**	**+ 19.3%**
	*	**No. of geriatric outreach attendances**	**785 249**	**772 700**	**+ 1.6%**	**770 143**	**+ 2.0%**
	*	**No. of geriatric elderly persons assessed for infirmary care service**	**1 767**	**1 850**	**- 4.5%**	**1 880**	**- 6.0%**
	*	**No. of psychiatric outreach attendances**	**330 457**	**329 100**	**+ 0.4%**	**272 345**	**+ 21.3%**
	*	**No. of psychogeriatric outreach attendances**	**113 389**	**114 600**	**- 1.1%**	**99 835**	**+ 13.6%**

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

Remark:

* COR item

Quality Improvement

			Current period (R62)								Previous period	
			HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Overall HA	
			Apr 2023 - Mar 2024								*Apr 2022 - Mar 2023*	*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%)	99.2%	97.5%	95.6%	97.7%	94.9%	95.4%	96.4%	**96.4%**	97.3%	- 0.9%pt
	*	triage III (urgent cases : < 30 minutes, 90%)	68.2%	64.1%	76.8%	66.7%	67.1%	65.3%	84.0%	**71.2%**	74.3%	- 3.1%pt
		triage IV (semi-urgent cases : < 120 minutes, 75%)	48.0%	38.4%	52.2%	41.9%	48.2%	47.6%	36.9%	**44.9%**	62.1%	**- 17.2%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	5	5	5	4	**5**	5	-
		Ear, Nose and Throat										
		% of P1 cases at SOPCs with waiting time within 2 weeks	100.0%	99.1%	99.2%	99.4%	98.6%	98.4%	99.6%	**99.1%**	99.1%	+ 0.1%pt
		% of P2 cases at SOPCs with waiting time within 8 weeks	98.6%	97.9%	98.8%	99.1%	97.2%	97.7%	99.3%	**98.3%**	98.4%	- 0.1%pt
	Δ	90th percentile waiting time (weeks) of Routine cases at SOPCs	57	58	85	92	99	93	69	**92**	93	- 1
		Gynaecology										
		% of P1 cases at SOPCs with waiting time within 2 weeks	99.7%	97.8%	99.4%	98.9%	97.2%	98.3%	96.8%	**98.4%**	98.1%	+ 0.3%pt
		% of P2 cases at SOPCs with waiting time within 8 weeks	98.8%	98.0%	99.0%	99.3%	98.8%	96.4%	93.6%	**98.3%**	97.8%	+ 0.5%pt
	Δ	90th percentile waiting time (weeks) of Routine cases at SOPCs	32	51	78	81	94	85	62	**82**	80	+ 2
		Medicine										
		% of P1 cases at SOPCs with waiting time within 2 weeks	98.7%	97.6%	98.7%	94.5%	95.9%	97.2%	99.0%	**97.3%**	97.1%	+ 0.1%pt
		% of P2 cases at SOPCs with waiting time within 8 weeks	99.0%	93.7%	99.5%	94.4%	97.1%	97.5%	98.4%	**97.2%**	96.5%	+ 0.6%pt
	Δ	90th percentile waiting time (weeks) of Routine cases at SOPCs	91	83	94	94	94	85	65	**92**	102	**- 10**
		Ophthalmology										
		% of P1 cases at SOPCs with waiting time within 2 weeks	99.4%	98.9%	99.7%	99.5%	99.8%	98.9%	99.2%	**99.4%**	99.4%	- 0.1%pt
		% of P2 cases at SOPCs with waiting time within 8 weeks	97.9%	99.1%	99.3%	98.9%	82.9%	98.3%	99.4%	**96.5%**	91.5%	**+ 5.0%pt**
	Δ	90th percentile waiting time (weeks) of Routine cases at SOPCs	85	66	101	102	180	101	93	**102**	100	+ 2
		Orthopaedics and Traumatology										
		% of P1 cases at SOPCs with waiting time within 2 weeks	99.5%	97.7%	99.7%	99.2%	98.7%	98.6%	99.4%	**98.9%**	98.5%	+ 0.5%pt
		% of P2 cases at SOPCs with waiting time within 8 weeks	99.7%	98.3%	99.7%	98.1%	98.8%	96.7%	99.0%	**98.7%**	98.6%	+ 0.1%pt
	Δ	90th percentile waiting time (weeks) of Routine cases at SOPCs	87	89	98	75	92	90	58	**89**	91	- 2
		Paediatrics and Adolescent Medicine										
		% of P1 cases at SOPCs with waiting time within 2 weeks	97.7%	96.8%	99.4%	99.4%	99.0%	93.5%	97.6%	**98.9%**	98.9%	-§
		% of P2 cases at SOPCs with waiting time within 8 weeks	97.4%	97.7%	98.1%	97.1%	96.5%	92.2%	98.2%	**97.3%**	96.9%	+ 0.4%pt
	Δ	90th percentile waiting time (weeks) of Routine cases at SOPCs	19	18	40	59	22	45	26	**41**	29	**+ 12**
		Psychiatry										
		% of P1 cases at SOPCs with waiting time within 2 weeks	99.6%	100.0%	100.0%	100.0%	99.6%	99.4%	100.0%	**99.7%**	99.6%	+ 0.1%pt
		% of P2 cases at SOPCs with waiting time within 8 weeks	100.0%	99.9%	100.0%	100.0%	99.1%	95.5%	99.9%	**98.8%**	99.5%	- 0.7%pt
	Δ	90th percentile waiting time (weeks) of Routine cases at SOPCs	86	83	81	91	95	99	95	**94**	91	+ 3
		Surgery										
		% of P1 cases at SOPCs with waiting time within 2 weeks	98.5%	97.6%	97.8%	98.0%	96.0%	94.7%	97.9%	**97.1%**	97.0%	+ 0.1%pt
		% of P2 cases at SOPCs with waiting time within 8 weeks	98.7%	99.5%	91.7%	98.5%	96.3%	95.6%	93.0%	**95.8%**	95.4%	+ 0.5%pt
	Δ	90th percentile waiting time (weeks) of Routine cases at SOPCs	85	69	111	106	97	86	91	**98**	101	- 3

Blue > 5% / 5%pt above previous period

Green > 5% / 5%pt below previous period

Remarks:

* COR item

Δ With effect from 1 October 2022, the waiting time for new case booking at Specialist Out-patient Clinics has incorporated integrated clinics.

Quality Improvement (continued)

		Current period (R62)								Previous period	
		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Overall HA	
		Apr 2023 - Mar 2024								*Apr 2022 - Mar 2023*	*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	99.9%	99.9%	96.8%	96.1%	99.5%	97.5%	98.1%	**98.0%**	98.5%	- 0.6%pt
	% of P2 cases at AHOP clinics with waiting time within 8 weeks	100.0%	99.9%	98.9%	98.4%	98.9%	98.8%	98.5%	**99.0%**	98.7%	+ 0.3%pt
	90th percentile waiting time (weeks) of Routine cases at AHOP clinics	14	11	15	13	12	17	16	**16**	16	-
	Occupational Therapy										
	% of P1 cases at AHOP clinics with waiting time within 2 weeks	99.4%	97.0%	99.0%	99.1%	98.7%	99.6%	99.0%	**99.0%**	98.7%	+ 0.2%pt
	% of P2 cases at AHOP clinics with waiting time within 8 weeks	99.6%	97.8%	98.9%	99.6%	97.9%	99.9%	84.1%	**97.1%**	97.8%	- 0.7%pt
	90th percentile waiting time (weeks) of Routine cases at AHOP clinics	24	20	27	26	28	32	22	**28**	30	**- 2**
	Physiotherapy										
	% of P1 cases at AHOP clinics with waiting time within 2 weeks	98.9%	97.5%	98.0%	97.8%	97.4%	97.4%	99.1%	**97.9%**	97.7%	+ 0.3%pt
	% of P2 cases at AHOP clinics with waiting time within 8 weeks	99.2%	97.7%	97.5%	97.0%	96.8%	98.1%	98.7%	**97.6%**	96.0%	+ 1.6%pt
	90th percentile waiting time (weeks) of Routine cases at AHOP clinics	27	19	46	38	37	30	40	**37**	36	+ 1

Blue > 5% / 5%pt above previous period

Green > 5% / 5%pt below previous period

Quality Improvement (continued)

		Current period (R62)								Previous period	
		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Overall HA	
		Apr 2023 - Mar 2024								Apr 2022 - Mar 2023	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	83	77	53	74	75	65	83	**74**	74	-
	Benign Prostatic Hyperplasia										
	% of patients provided with surgery within 2 months for P1 patients (Jan - Dec 2023)	100.0%	40.7%	50.3%	31.7%	55.2%	59.0%	4.8%	**48.9%**	42.5% (Jan - Dec 2022)	**+ 6.4%pt**
	% of patients provided with surgery within 12 months for P2 patients (Apr 2022 - Mar 2023)	100.0%	97.7%	47.2%	81.1%	82.2%	43.1%	62.0%	**74.3%**	73.6% (Apr 2021 - Mar 2022)	+ 0.7%pt
Waiting Time for Diagnostic Radiological Investigations	**CT**										
	% of urgent cases with examination done within 24 hours	94.7%	99.6%	99.2%	98.4%	99.5%	99.3%	99.5%	**98.7%**	98.9%	- 0.1%pt
	Median waiting time (weeks) of P1 cases	5	3	2	2	2	1	4	**3**	3	-
	Median waiting time (weeks) of P2 cases	19	24	52	43	34	30	20	**29**	36	**- 7**
	90th percentile waiting time (weeks) of Routine cases	174	322	224	223	181	192	165	**192**	223	**- 31**
	MRI										
	% of urgent cases with examination done within 24 hours	100.0%	98.5%	97.2%	99.4%	94.4%	98.2%	96.0%	**97.8%**	96.9%	+ 0.9%pt
	Median waiting time (weeks) of P1 cases	4	<1	2	1	4	2	9	**3**	3	-
	Median waiting time (weeks) of P2 cases	43	7	43	19	29	30	52	**33**	34	- 1
	90th percentile waiting time (weeks) of Routine cases	119	203	215	120	125	170	112	**190**	168	**+ 22**
	Ultrasonography										
	% of urgent cases with examination done within 24 hours	99.6%	98.1%	96.6%	96.9%	98.3%	89.7%	98.7%	**95.8%**	95.8%	+§
	Median waiting time (weeks) of P1 cases	1	<1	1	6	1	2	1	**1**	1	-
	Median waiting time (weeks) of P2 cases	16	23	32	61	46	26	28	**27**	34	**- 7**
	90th percentile waiting time (weeks) of Routine cases	97	130	211	231	174	151	236	**184**	170	**+ 14**
	Mammogram										
	Median waiting time (weeks) of P1 cases	2	2	2	<1	2	1	2	**2**	1	**+ 1**
	Median waiting time (weeks) of P2 cases	15	15	45	10	17	17	20	**18**	25	**- 7**
	90th percentile waiting time (weeks) of Routine cases	127	222	266	116	190	168	130	**181**	194	**- 13**

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

Jan - Mar 2024

	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	1 000	13.0%	-	-
Kwong Wah Hospital	1 204	8.7%	69	0.5%
North District Hospital	1 206	14.4%	-	-
Prince of Wales Hospital	2 349	14.1%	-	-
Queen Elizabeth Hospital	2 999	13.8%	406	1.9%
United Christian Hospital	1 343	10.5%	106	0.8%

Previous period

Oct - Dec 2023

	No. / % of patients with access block time more than 4 hours		No. / % of patients with access block time more than 12 hours	
	No.	%	No.	%
Alice Ho Miu Ling Nethersole Hospital	897	12.6%	-	-
North District Hospital	412	5.4%	-	-
Prince of Wales Hospital	1 852	11.5%	-	-
United Christian Hospital	817	6.4%	12	0.1%

Remark:

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

		Current period (R62)								Previous period	
		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Overall HA	
		Apr 2023 - Mar 2024								*Apr 2022 - Mar 2023*	*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) (%)**	99.4%	88.1%	90.1%	73.4%	95.9%	82.1%	94.1%	**89.6%**	96.9%	**- 7.3%pt**
Appropriateness of Care	**Standardised admission rate for A&E patients (%)**	44.0%	45.9%	38.4%	32.9%	36.7%	38.7%	33.0%	**37.4%**	38.8%	- 1.4%pt
	* **Unplanned readmission rate within 28 days for general inpatients (%)** (Mar 2023 - Feb 2024)	10.2%	9.6%	10.4%	11.4%	12.3%	10.3%	11.4%	**10.9%**	10.8% (Mar 2022 - Feb 2023)	+ 0.1%pt
Breastfeeding Rate	**Breastfeeding rate on discharge (%)** (Mar 2023 - Feb 2024)	85.4%	86.6%	77.8%	77.8%	75.4%	88.9%	69.5%	**79.9%**	79.0% (Mar 2022 - Feb 2023)	+ 0.8%pt
Infection Rate	**MRSA bacteraemia in acute beds per 1 000 acute patient days**	0.1424	0.0967	0.1448	0.1517	0.1565	0.1171	0.1473	**0.1387**	0.1510	**- 8.2%**

Blue > 5% / 5%pt above previous period

Green > 5% / 5%pt below previous period

Remark:

* COR item

Quality Improvement (continued)

		Current period (R62)								Previous period	
		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Overall HA	
		Apr 2023 - Mar 2024								Apr 2022 - Mar 2023	Variance
									A	B	C = (A - B)
Disease Specific Quality Indicators	**Stroke**										
	Δ % of acute ischaemic stroke patients received IV thrombolysis	14.3%	9.4%	15.3%	11.8%	16.0%	13.9%	15.5%	**14.2%**	12.3%	+ 1.9%pt
	Hip Fracture										
	% of patients indicated for surgery on hip fracture with surgery performed ≤ 2 days after admission through A&E	65.4%	89.9%	22.6%	37.4%	44.7%	31.3%	64.2%	**45.4%**	41.9%	+ 3.5%pt
	Cancer										
	Waiting time (days) at 90th percentile from decision to treat to start of radiotherapy (RT) for cancer patients requiring radical RT	28	28	28	N.A.	27	31	30	**28**	28	-
	Waiting time (days) at 90th percentile for patients with colorectal cancer receiving first treatment after diagnosis (Oct 2022 - Sep 2023)	77	103	95	77	100	106	81	**95**	90 (Oct 2021 - Sep 2022)	**+ 5**
	Waiting time (days) at 90th percentile for patients with breast cancer receiving first treatment after diagnosis (Oct 2022 - Sep 2023)	70	68	90	55	71	103	77	**79**	80 (Oct 2021 - Sep 2022)	- 1
	Waiting time (days) at 90th percentile for patients with nasopharynx cancer receiving first treatment after diagnosis	82	77	59	N.A.	60	81	63	**68**	67	+ 1
	Diabetes Mellitus										
	% of diabetes mellitus patients with HbA1c < 7%	58.4%	62.6%	61.3%	56.7%	54.3%	59.0%	58.0%	**58.3%**	57.6%	+ 0.7%pt
	Hypertension										
	% of hypertension patients treated in GOPCs with blood pressure < 140/90 mmHg	76.8%	75.9%	79.4%	74.1%	79.1%	78.1%	78.0%	**77.8%**	73.0%	+ 4.8%pt
	End Stage Renal Disease										
	% of end stage renal disease patients receiving haemodialysis treatment (as at 31 Dec 2023)	27.5%	34.7%	30.9%	26.2%	26.1%	25.0%	21.5%	**26.9%**	26.8% (as at 31 Dec 2022)	+§
	Mental Health Services										
	Average length of stay (LOS) (days) of acute inpatient care (with LOS ≤ 90 days)	31.4	36.5	32.7	36.1	30.5	35.6	32.5	**32.5**	32.2	+ 0.3
	% of compulsory psychiatric admissions under the Mental Health Ordinance via AED for patients receiving active Personalised Care Programme care	1.1%	1.9%	1.5%	1.0%	2.6%	1.7%	2.3%	**1.9%**	1.8%	+ 0.1%pt
	Cardiac Services										
	% of acute myocardial infarction patients prescribed with Statin at discharge	93.7%	93.7%	87.2%	90.2%	89.2%	82.4%	86.2%	**87.7%**	88.3%	- 0.5%pt
	% of ST-elevation myocardial infarction patients received primary percutaneous coronary intervention	31.6%	69.5%	76.8%	38.2%	54.5%	54.7%	65.0%	**58.9%**	52.3%	**+ 6.7%pt**

Blue > 5% / 5%pt above previous period

Green > 5% / 5%pt below previous period

Remark:

Δ With effect from 1 April 2023, the percentage of acute ischaemic stroke patients received IV treatment has started to include IV tenecteplase, in addition to IV alteplase. The KPI has been renamed from "percentage of acute ischaemic stroke patients received IV tPA treatment" to "percentage of acute ischaemic stroke patients received IV thrombolysis" since Report No. 59.

Efficiency in Use of Resources

		Current period (R62)								Previous period	
		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Overall HA	
		Apr 2023 - Mar 2024								*Apr 2022 - Mar 2023*	*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	801	410	791	591	689	690	720	**671**	646	+ 3.9%
	No. of SOP follow-up attendances per doctor	3 744	1 970	2 372	2 578	2 425	2 511	2 149	**2 481**	2 523	- 1.7%
	Growth of waiting list against throughput (%)	- 5.0%	9.5%	12.0%	13.2%	- 0.4%	6.9%	13.5%	**7.1%**	1.6%	**+ 5.6%pt**
	Gynaecology										
	No. of SOP first attendances per doctor	184	135	151	182	238	220	140	**175**	183	- 4.0%
	No. of SOP follow-up attendances per doctor	1 024	1 147	1 039	935	778	716	705	**910**	937	- 2.9%
	Growth of waiting list against throughput (%)	4.2%	- 0.6%	12.5%	- 0.3%	11.0%	0.8%	- 2.9%	**4.2%**	0.7%	+ 3.5%pt
	Medicine										
	No. of SOP first attendances per doctor	66	67	77	115	78	95	59	**80**	77	+ 4.7%
	No. of SOP follow-up attendances per doctor	1 604	1 435	1 184	1 045	1 705	1 468	1 517	**1 413**	1 410	+ 0.3%
	Growth of waiting list against throughput (%)	11.5%	- 12.8%	4.6%	- 9.6%	- 4.1%	- 25.0%	1.5%	**- 6.5%**	- 8.5%	+ 2.0%pt
	Ophthalmology										
	No. of SOP first attendances per doctor	633	485	561	834	679	704	786	**672**	670	+ 0.3%
	No. of SOP follow-up attendances per doctor	5 186	4 612	6 783	5 178	6 433	5 425	6 710	**5 888**	5 779	+ 1.9%
	Growth of waiting list against throughput (%)	4.0%	5.2%	17.8%	7.5%	- 3.3%	14.4%	5.1%	**7.9%**	0.9%	**+ 7.0%pt**
	Orthopaedics and Traumatology										
	No. of SOP first attendances per doctor	197	200	176	224	194	201	191	**197**	198	- 0.7%
	No. of SOP follow-up attendances per doctor	1 610	1 312	1 440	1 468	1 525	1 390	1 485	**1 459**	1 421	+ 2.7%
	Growth of waiting list against throughput (%)	- 15.5%	5.1%	- 4.0%	2.6%	- 4.6%	6.9%	- 6.5%	**- 1.5%**	- 7.7%	**+ 6.2%pt**
	Paediatrics and Adolescent Medicine										
	No. of SOP first attendances per doctor	38	64	27	85	74	53	72	**50**	46	**+ 10.8%**
	No. of SOP follow-up attendances per doctor	458	491	423	720	546	500	698	**510**	472	**+ 8.0%**
	Growth of waiting list against throughput (%)	9.7%	6.9%	10.0%	7.2%	8.2%	25.8%	9.0%	**11.3%**	4.5%	**+ 6.8%pt**
	Psychiatry										
	No. of SOP first attendances per doctor	74	73	64	132	131	93	79	**95**	90	+ 4.9%
	No. of SOP follow-up attendances per doctor	2 024	2 013	1 596	2 643	3 089	1 980	2 083	**2 253**	2 322	- 3.0%
	Growth of waiting list against throughput (%)	17.8%	6.2%	6.0%	0.7%	5.4%	12.3%	- 6.0%	**5.2%**	11.2%	**- 6.0%pt**
	Surgery										
	No. of SOP first attendances per doctor	197	141	205	261	201	231	236	**208**	203	+ 2.6%
	No. of SOP follow-up attendances per doctor	1 412	1 185	1 152	1 339	1 190	995	1 216	**1 188**	1 181	+ 0.6%
	Growth of waiting list against throughput (%)	7.1%	0.9%	5.1%	11.8%	15.5%	5.7%	0.7%	**6.9%**	3.9%	+ 2.9%pt
Operating Theatre (OT) Utilisation	**Ratio of scheduled to expected elective OT session hours (%)**	101.4%	98.2%	95.6%	100.2%	96.6%	98.2%	100.2%	**98.2%**	97.5%	+ 0.7%pt
	Utilisation rate of scheduled elective OT sessions (%)	96.8%	102.7%	96.3%	90.7%	92.4%	96.9%	93.5%	**95.8%**	95.9%	- 0.1%pt

Blue > 5% / 5%pt above previous period

Green > 5% / 5%pt below previous period

			Current period (R62)								Previous period	
			HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Overall HA	
						Apr 2023 - Mar 2024					*Apr 2022 - Mar 2023*	*Variance*
										A	**B**	**C =** (A - B)
Efficiency in Use of Resources (continued)												
Bed Management		**Inpatient bed occupancy rate (%)**										
	*	Overall	85.7%	73.5%	86.7%	95.9%	93.9%	89.8%	87.3%	**88.0%**	82.1%	**+ 6.0%pt**
	*	General (acute and convalescent)	90.7%	72.6%	87.2%	96.4%	98.1%	91.9%	99.4%	**91.1%**	85.2%	**+ 5.8%pt**
	*	**Average length of stay (days) for general inpatients**	6.2	5.6	6.6	6.6	5.8	6.7	6.4	**6.3**	6.7	**- 0.4**
Day and Same Day Surgery Services		**Rate of day surgery plus same day surgery (%)**										
		Surgery	66.0%	58.3%	56.5%	82.0%	56.0%	61.0%	66.4%	**63.0%**	59.5%	+ 3.5%pt
		Orthopaedics and Traumatology	72.3%	40.6%	55.8%	84.1%	53.1%	62.5%	65.3%	**60.8%**	56.7%	+ 4.1%pt
		Ophthalmology	75.2%	81.8%	90.2%	81.7%	40.6%	83.0%	36.0%	**73.7%**	72.4%	+ 1.3%pt

Blue > 5% / 5%pt above previous period

Green > 5% / 5%pt below previous period

Remark:

* COR item

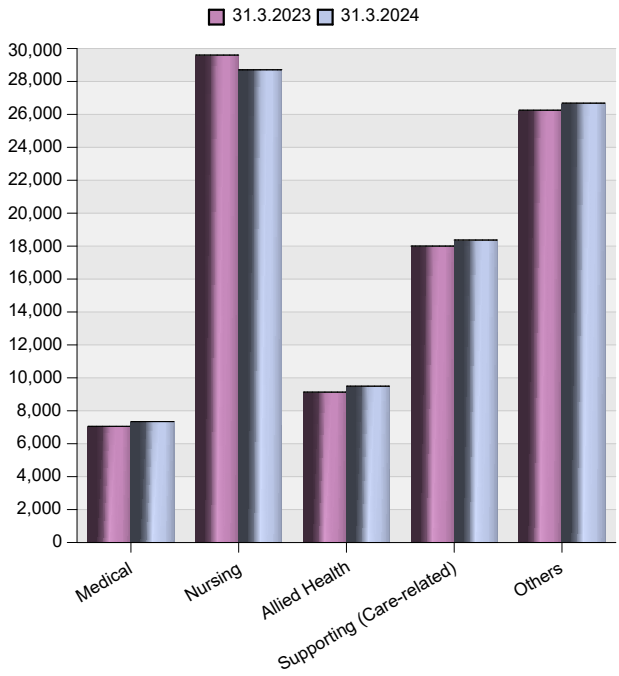
Manpower position by Staff Group (as at 31.03.2024)[1]

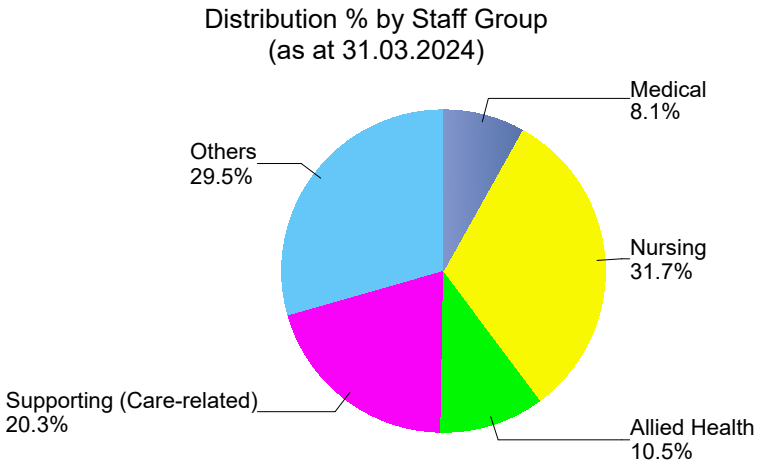
Appendix 2

Staff group	Prior year 31.03.2023 A	Current year 31.03.2024[2] B	COR Revised Estimate as at 31.03.2024[3] 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[4]	7,055	7,344	7,329	+ 15	+ 0.2%	+ 289	+ 4.1%
Nursing	29,599	28,709	29,780	- 1,071	- 3.6%	- 890	- 3.0%
Allied Health	9,131	9,493	9,600	- 107	- 1.1%	+ 362	+ 4.0%
Supporting (Care-related)	18,000	18,368	45,780	- 731	- 1.6%	+ 368	+ 2.0%
Others	26,254	26,681				+ 427	+ 1.6%
Total[5]	**90,040**	**90,595**	**92,489**	**- 1,894**	**- 2.0%**	**+ 555**	**+ 0.6%**

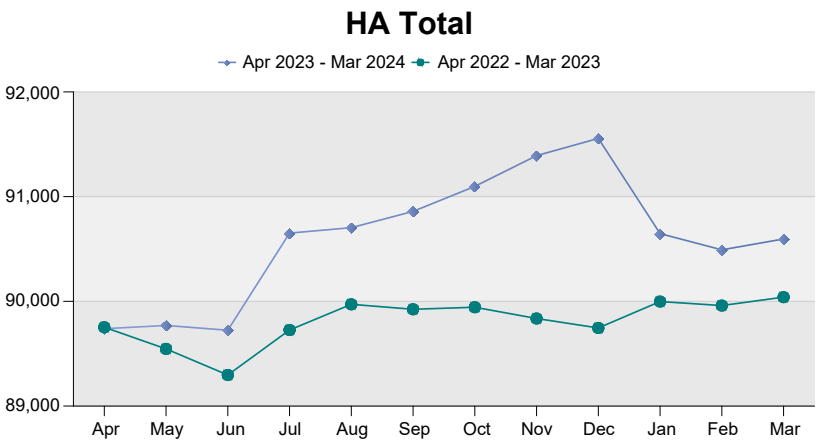
Blue >3% above COR estimate/prior year

Green >3% below COR estimate/prior year





	Medical	Nursing	Allied Health	Supporting (Care-related)	Others
Prior Year 31.03.2023	7,055	29,599	9,131	18,000	26,254
Current Year 31.03.2024	7,344	28,709	9,493	18,368	26,681



Remarks:

(1) Full-time equivalent (FTE) for temporary part-time staff is calculated based on their actual working hours started from January 2024

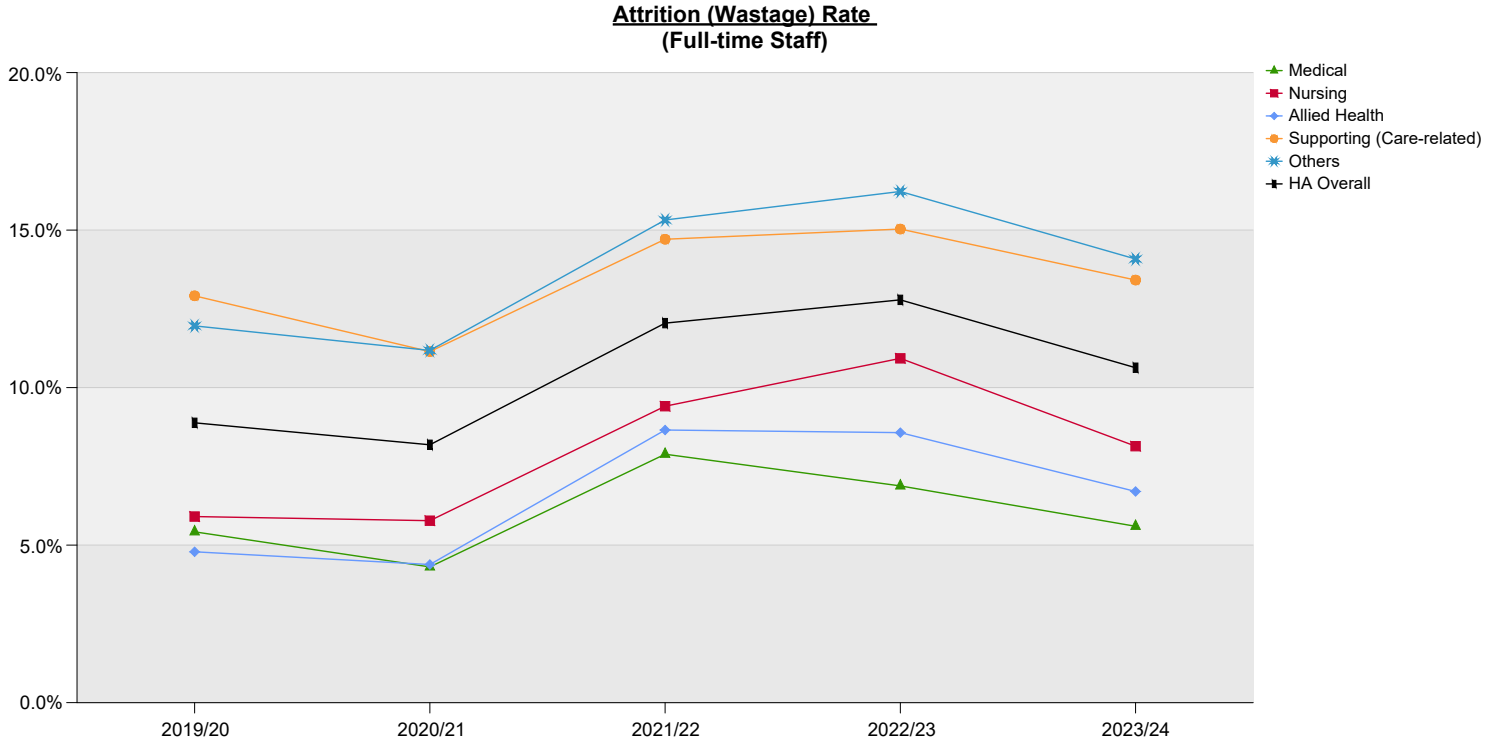
(2) Provisional data for reference only. The data will be updated in the following month to include any backdated transactions

(3) Grouping is based on COR

(4) Medical staff group includes Intern & Dental Officers

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

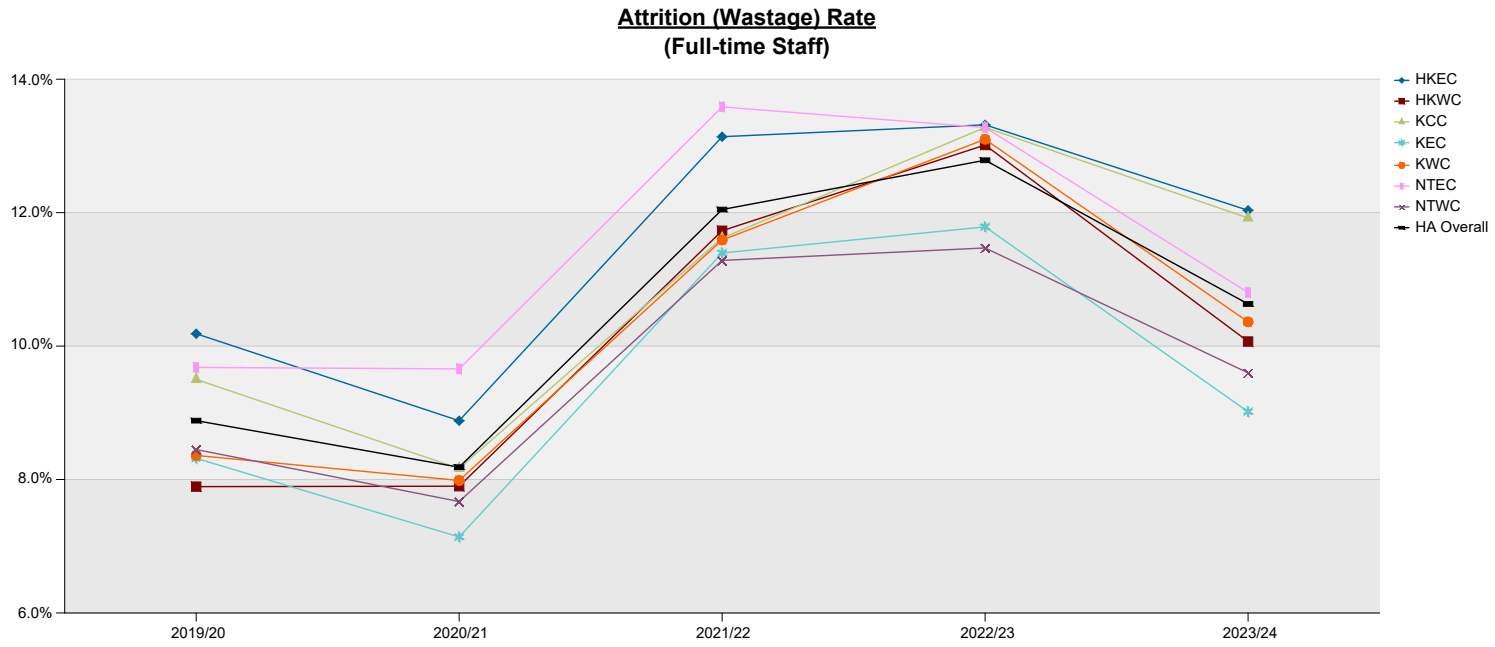
Attrition (Wastage) Rate (%)[1] by Staff Group



Staff Group	Full-time[3]					Part-time [3][4]				
	2019/20	2020/21	2021/22	2022/23	2023/24 (Rolling from Apr 23 to Mar 24)[5][6]	2019/20	2020/21	2021/22	2022/23	2023/24 (Rolling from Apr 23 to Mar 24)[5][6]
Medical[2]	5.4%	4.3%	7.9%	6.9%	5.6%	15.6%	11.5%	17.8%	12.8%	10.4%
Nursing	5.9%	5.8%	9.4%	10.9%	8.1%	15.7%	15.0%	26.2%	17.2%	10.8%
Allied Health	4.8%	4.4%	8.7%	8.6%	6.7%	13.9%	8.3%	21.8%	25.6%	21.4%
Supporting (Care-related)	12.9%	11.1%	14.7%	15.0%	13.4%	17.0%	10.2%	20.3%	22.4%	22.0%
Others	12.0%	11.2%	15.3%	16.2%	14.1%	28.3%	31.4%	34.8%	42.7%	21.5%
HA Overall	8.9%	8.2%	12.0%	12.8%	10.6%	16.4%	13.9%	22.5%	18.3%	13.3%

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) 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
(5) Rolling Attrition (Wastage) Rate = Total no. of staff left HA in the past 12 months /Average strength in the past 12 months x 100%
(6) Attrition (Wastage) excludes staff retired and rehired under "Extending Employment Beyond Retirement" (EER) with effect from January 2024. The attrition information of the previous years, if provided, is for reference only and cannot be directly compared with the data under the revised compilation method

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



Cluster	Full-time[2]					Part-time[2][3]				
	2019/20	2020/21	2021/22	2022/23	2023/24 (Rolling from Apr 23 to Mar 24)[4][5]	2019/20	2020/21	2021/22	2022/23	2023/24 (Rolling from Apr 23 to Mar 24)[4][5]
HKEC	10.2%	8.9%	13.1%	13.3%	12.0%	18.0%	16.8%	21.8%	20.6%	19.4%
HKWC	7.9%	7.9%	11.7%	13.0%	10.1%	21.0%	17.5%	31.1%	24.7%	16.4%
KCC	9.5%	8.2%	11.6%	13.3%	11.9%	19.1%	9.3%	16.7%	14.3%	10.2%
KEC	8.3%	7.1%	11.4%	11.8%	9.0%	14.6%	13.4%	23.9%	22.8%	17.6%
KWC	8.4%	8.0%	11.6%	13.1%	10.4%	8.5%	11.4%	22.6%	10.5%	10.3%
NTEC	9.7%	9.7%	13.6%	13.3%	10.8%	19.4%	20.3%	22.0%	24.8%	10.3%
NTWC	8.4%	7.7%	11.3%	11.5%	9.6%	11.1%	10.3%	16.1%	11.2%	8.5%
HA Overall	8.9%	8.2%	12.0%	12.8%	10.6%	16.4%	13.9%	22.5%	18.3%	13.3%

Remarks:
(1) Attrition (Wastage) includes all types of cessation of service from HA for permanent and contract staff on Headcount basis
(2) 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%
(3) "N/A" will be displayed when the average staff strength (part-time) is ≤ 3 staff
(4) Rolling Attrition (Wastage) Rate = Total no. of staff left HA in the past 12 months /Average strength in the past 12 months x 100%
(5) Attrition (Wastage) excludes staff retired and rehired under "Extending Employment Beyond Retirement" (EER) with effect from January 2024. The attrition information of the previous years, if provided, is for reference only and cannot be directly compared with the data under the revised compilation method

Resignation Number and Rate

Staff Group		No. of resignations						Resignation rate		
		2023			2024	Previous period	Current period	Previous period	Current period	Variance from previous period % pt
		2Q	3Q	4Q	1Q	(Apr22 - Mar23)	(Apr23 - Mar24)	(Apr22 - Mar23) %	(Apr23 - Mar24) %	
Doctor	Senior Staff (1)	29	40	32	43	199	144	6.7%	4.7%	- 2.0
	Junior Staff (2)	17	47	22	46	128	132	3.8%	3.8%	+ 0.0
	Overall	**46**	**87**	**54**	**89**	**327**	**276**	**5.2%**	**4.3%**	**- 0.9**
Nursing	Senior Staff (3)	52	55	44	44	278	195	3.9%	2.7%	- 1.2
	Junior Staff (4)	333	382	417	391	1,982	1,523	10.0%	7.8%	- 2.2
	Overall	**385**	**437**	**461**	**435**	**2,260**	**1,718**	**8.4%**	**6.4%**	**- 2.0**
Allied Health (5) Overall		**106**	**115**	**93**	**87**	**498**	**401**	**5.7%**	**4.4%**	**- 1.3**
Supporting (Care-related) Overall		**496**	**534**	**376**	**388**	**1,821**	**1,794**	**10.4%**	**10.1%**	**- 0.3**

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 Apr 22 - Mar 23 A	Current period Apr 23 - Mar 24 B	Variance from previous period C = (B - A) / A
Medical	6.5	4.4	- 32.3%
Nursing	12.2	10.5	- 13.9%
Allied Health	8.9	8.3	- 6.7%
Supporting (Care-related)	12.9	11.8	- 8.5%
Others	10.4	9.7	- 6.7%
HA Overall	**11.0**	**9.8**	**- 10.9%**

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

Staff Group	Previous period Apr 22 - Mar 23 A %	Current period Apr 23 - Mar 24 B %	Variance from previous period C = B - A % pt
Medical	0.9	0.8	- 0.1
Nursing	3.1	2.8	- 0.3
Allied Health	1.4	1.7	+ 0.3
Supporting (Care-related)	3.0	3.1	+ 0.1
Others	2.4	2.4	0
HA Overall	**2.5**	**2.5**	**0**

Remarks:

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

(2) Exclude EC (employee compensation) sick leave

Injury on Duty [1]

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

Staff Group	Previous period Apr 22 - Mar 23 A	Current period Apr 23 - Mar 24 B	Variance from previous period C = B - A
Medical	4.1	3.7	- 0.4
Nursing	3.5	3.6	+ 0.1
Allied Health	1.4	1.4	0
Supporting (Care-related)	5.6	5.8	+ 0.2
Others	2.3	2.3	0
HA Overall	**3.4**	**3.5**	**+ 0.1**

(B) No. of IOD leave days per 100 FTE staff [2]

Staff Group	Previous period Apr 22 - Mar 23 A	Current period Apr 23 - Mar 24 B	Variance from previous period C = B - A
Medical	9.9	5.9	- 4.0
Nursing	52.3	43.5	- 8.8
Allied Health	24.2	15.5	- 8.7
Supporting (Care-related)	127.4	105.7	- 21.7
Others	89.8	60.4	- 29.4
HA Overall	**72.6**	**55.3**	**- 17.3**

Remarks:

(1) Full-time HA staff on permanent & contract terms of employment and civil servants are included. Temporary, part-time and subvented staff are excluded

(2) 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

Training Day [1][2]

(A) Total Training Days

Staff Group	Previous period [3] Apr 22 - Mar 23 A	Current period [4] Apr 23 - Mar 24 B	Variance from previous period C = (B - A) / A
Medical	34,693.8	54,224.9	+ 56.3%
Nursing	305,932.4	317,770.1	+ 3.9%
Allied Health	41,411.8	55,426.4	+ 33.8%
Supporting (Care-related)	36,949.3	46,372.9	+ 25.5%
Others	25,017.8	35,259.5	+ 40.9%
HA Overall [5]	**444,005.1**	**509,053.9**	**+ 14.7%**

(B) Average Training Days per Staff

Staff Group	Previous period [3] Apr 22 - Mar 23 A	Current period [4] Apr 23 - Mar 24 B	Variance from previous period C = B - A
Medical	4.8	7.3	+ 2.5
Nursing	11.2	11.7	+ 0.5
Allied Health	4.7	6.1	+ 1.4
Supporting (Care-related)	2.1	2.6	+ 0.5
Others	1.0	1.4	+ 0.4
HA Overall	**5.1**	**5.8**	**+ 0.7**

Remarks

(1) Include Permanent and Contract staff on headcount basis

(2) Include training activities with reference to the prevailing Human Resources policies of HA; and exclude on-the-job training and fellowship training organised by HKAM for HA doctors (records not available within HA)

(3) The figures include e-Learning courseware in order to have the same basis for comparison under the revised data coverage

(4) Include e-Learning courseware with effect from 1 April 2023

(5) Individual figures may not add up to the HA Overall/ Overall due to rounding