



**For information
on 19.12.2024**

AOM-P2015

Hospital Authority

Report on Key Performance Indicators **(KPI Report No. 64, up to September 2024)**

Advice Sought

Members are invited to note 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 September 2024¹. Detailed reports on the KPI performance of clinical services and HR were respectively reported to the Medical Services Development Committee (**MSDC**) and Human Resources Committee (**HRC**)², while that of finance will be reported to Finance Committee (**FC**) in January 2025³.

Background

2. 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. The period covered in this report is from **October 2023 to September 2024**, unless otherwise specified.

3. With Hong Kong returning to complete normalcy after the Coronavirus Disease 2019 (**COVID-19**) epidemic, HA started out 2024-25 with an increase in throughput for most service areas. Initiatives to drive improvement in service and care quality have also been reflected in the KPI performance of some indicators, for instance, access to cardiac care and stroke care services. In the midst of escalating demand amid the ageing population and tight manpower situation in some specific disciplines, some services, including treatment of total joint replacement (**TJR**), are experiencing greater stress, for which HA is taking various measures to support the patients and monitoring the situation. The ensuing paragraphs summarise the KPI performance of the key service areas, together with the highlights of improvement initiatives being implemented.

¹ The last quarterly report on KPIs (up to June 2024) was submitted to the Board by circulation on 12 September 2024 via Administrative and Operational Meeting Paper No. 1973.

² Via HRC Paper No. 786 on 6 November 2024 and MSDC Paper No. 752 on 9 December 2024.

³ The FC meeting originally scheduled for 17 December 2024 was deferred to 25 January 2025 due to unforeseen circumstances.

Key Observations

Clinical Services (Appendix 1)

4. Carrying the momentum from 2023-24 where resumption took place expeditiously after the lifting of anti-epidemic measures, HA's overall service throughput for most items from the Controlling Officer's Report (COR) had increased and remained within the normal range of variation (i.e. $\pm 5\%$ against year-to-date (YTD) estimates⁴) in the first half of 2024-25, marking full recovery in services in general. Some services showed larger service growth, with number of attendances exceeding the YTD estimates by over 5%. Among them, the number of allied health (outpatient) attendances; number of allied health (community) attendances; number of day inpatient discharges and deaths, and number of geriatric day attendances, were above YTD estimates by 9.9%, 8.1%, 7.8% and 6.2% respectively.

5. The throughput on day hospital services, which was the most affected service area during the epidemic due to the stringent infection control measures to protect the respective groups of vulnerable patients, continued to improve considerably from the record low levels⁵. In the first six months of 2024-25, the numbers of rehabilitation day and palliative care day attendances, geriatric day attendances and psychiatric day attendances showed a double-digit growth when compared with prior year. HA will continue to identify suitable patients to participate in various day programmes and enhance the service delivery (e.g. through telehealth) to better serve patients' needs.

6. HA has been suitably **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. For instance, HA has been actively applying telehealth to suitable clinical services under different settings, including specialist outpatient (SOP), allied health, day and outreach services, through the digitalised platform HA Go mobile application, to allow patients to receive remote healthcare services and to empower them for self-care. In addition, HA has implemented a series of Public-Private Partnership (PPP) Programmes⁶ 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.

⁴ Refer to "estimates" reported in the 2024-25 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 2024-25 estimates included (a) full-year effect of programmes implemented in part of 2023-24, (b) activities generated by new programmes in 2024-25, and (c) estimated demand growth for acute inpatient services arising from population growth, taking into account the cross-cluster utilisation.

⁵ Under the substantial service adjustments on day hospital services during COVID-19 epidemic, the lowest variances against estimates (being formulated under the assumption of "no COVID-19" effect) 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.

⁶ Examples include the General Outpatient Clinic (GOPC) PPP Programme, Haemodialysis PPP Programme, Project on Enhancing Radiological Investigation Services through Collaboration with Private Sector, 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**⁷ met the targets for Triage I (critical) and II (emergency), but fell short of the target by 15.2% points (74.8% vs. target 90%) for Triage III (urgent). Compared with prior year, improvement of 3.7% points on Triage III was observed. The rising number of A&E attendances for Triage I to III cases in the recent quarters had brought much pressure to the A&E departments. HA would continue to closely monitor the situation, and introduce suitable measures to better manage the waiting time.

Waiting time for SOP new case bookings

8. Despite the growing service demand, HA has put in efforts along the **three-pronged strategy (narrowing upstream, diverting midstream and collaborating downstream)**⁸ to improve SOP waiting time. 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. On the **90th percentile waiting time for Routine cases**, HA overall's waiting time for the specialties being monitored were all below 100 weeks, except Ophthalmology (OPH) at 107 weeks. The waiting time for OPH, having improved from the record high of 143 weeks⁹, was lengthened by nine weeks as compared to prior year in this reporting cycle amid the high attrition rate of ophthalmologists. Clusters have taken remedial measures, including implementation of SHS, to reduce its impact on service capacity.

9. As announced in the Hong Kong Special Administrative Region (HKSAR) 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, which would be monitored and reflected under the KPI of 90th percentile waiting time of Routine cases. With Clusters' concerted efforts, this target for MED was achieved in 2023-24. To further demonstrate HA's determination to improve SOP waiting time, the 2023 PA announced that HA would 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 &

⁷ 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%).

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 GOPCs, and download of stable cases to private General Practitioners for further management.

⁹ HA's overall SOP new case bookings for OPH routine cases at 90th percentile was at 143 weeks in the reporting period from July 2021 to June 2022.

Traumatology (**ORT**), by 10% in 2024-25¹⁰. In this reporting period, HA overall's 90th percentile waiting time of Routine cases for ENT and ORT had further reduced by 11 weeks as compared with prior year to 81 weeks and 78 weeks respectively. The targets as promulgated in the 2023 PA have been achieved at corporate level. 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 TJR treatment** was 74 months for HA overall, which was shortened by two months 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 throughput. To address the growing service demand brought by the ageing population, HA has implemented an Annual Plan programme in the Hong Kong East Cluster from the fourth quarter of 2022 to further increase its capacity of TJR surgery. HA's overall number of TJR surgeries performed has exceeded the 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 (also known as OA knee) has been test run in Pok Oi Hospital since May 2024 and extended to Yan Chai Hospital and United Christian Hospital later this year, under which integrated clinics have 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 outcome 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 either improved or maintained when compared with 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 substantial progress in improving the access of primary PCI services. HA's overall **percentage of ST-elevation myocardial infarction patients receiving primary PCI** was 62.4%, with an improvement of 6.7% points when compared with prior year. A significant increase of 31.0% points was also noted for this indicator when compared with the pre-epidemic level in 2018-19. On stroke service, HA's overall **percentage of acute**

¹⁰ 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 83 weeks and 81 weeks respectively by 2024-25.

ischaemic stroke patients received intravenous (IV) thrombolysis¹¹ was 14.9%, representing a considerable improvement from 9.9% in 2018-19.

12. Surgery-related waiting time indicators, including cancer treatment, were affected by the shortage of anaesthetists. For **colorectal cancer** and **breast cancer**, the respective waiting times at **90th percentile for patients receiving first treatment after diagnosis** (April 2023 to March 2024) were at 98 days and 82 days respectively, which were lengthened by seven days and four days respectively when compared with prior year. Apart from surgical treatment being impacted by the shortage of anaesthetists, high attrition rate of radiation therapists also limited the service capacity of radiotherapy. HA had taken a series of actions 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 operating theatre (**OT**) sessions, including the inter-hospital support mechanism of anaesthetists as a short-term measure to mitigate the anaesthetist manpower shortage 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, recruitment of non-locally trained doctors, and technology adoption to facilitate treatment planning. 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 30 September 2024, HA had a **staffing position of 92 580**, which represented a growth of 1.9% when compared with the prior year. As for the **attrition (wastage) rate**¹² **of full-time staff**, the HA overall rate was 9.9%, in which the “Others” staff group had the highest rate (12.6%). Nevertheless, the attrition (wastage) rates of full-time doctors in some specialties, such as Ophthalmology, were still high, which had exerted pressure on the respective clinical services.

14. The overall **average sick leave days taken per staff** was 8.9 days, representing a decrease of 21.9% when compared with the prior year. There was also a significant decrease of 34.4% for “Medical” staff group when compared with the prior year. The **proportion of staff taken long sick leave (≥ 50 days)** in HA (2.3%) had slightly decreased.

15. The overall **number of injury on duty (IOD) cases per 100 FTE staff** had slightly increased from 3.4 cases to 3.5 cases when compared with the prior year. “Allied Health” staff group had the lowest rate (1.6 cases), whereas “Supporting (Care-related)” staff group had the highest rate (6.0 cases). As for the **number of IOD leave days per 100 FTE staff**, HA overall was 54.7 days, representing a decrease of 14.1 days. “Medical”,

¹¹ With effect from 1 April 2023, the KPI on stroke has started to include IV tenecteplase, in addition to IV alteplase (**tPA**). The KPI has therefore 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.

¹² 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.

“Nursing”, “Supporting (Care-related)” and “Others” staff groups had a reduction of 4.5 days, 15.8 days, 23.0 days and 15.8 days respectively, while that of “Allied Health” staff group had an increase of 7.4 days.

Finance

16. For the six months ended 30 September 2024, HA reported a YTD underspending position, primarily owing to the higher-than-expected interest income and most of its spending is incurred towards later part of the year given its business/operation cycle.

17. Based on latest review, and taking into account the full-year effect of the above-mentioned factors, it was projected that HA would remain in an overall underspending position by the end of the year. HA will continue to closely monitor its latest projected financial results with consideration of potential impact of factors such as the anticipated demand surges over the upcoming winter months and the ongoing development of HA’s manpower situation.

Way Forward

18. 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. While the tight manpower condition in some service areas, such as shortage of ophthalmologists, still poses a challenge on service delivery, 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.

Report on Key Performance Indicators - Clinical Services
For reporting to the Administrative and Operational Meeting in December 2024
(KPI Report No. 64, up to September 2024)

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

Reporting Period : YTD Sep 2024 (unless specified) for Service Growth in response to Population Change & Ageing Effect ;

1.10.2023 - 30.9.2024 (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	
		YTD Sep 2024	YTD Sep 2024	Variance	YTD Sep 2023	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	* No. of hospital beds (overall)	30 683	30 683	-	30 584	+ 99
(as at 30 Sep 2024)					(as at 30 Sep 2023)	
	* No. of geriatric day places	787	N.A.	N.A.	757	+ 30
					(as at 30 Sep 2023)	
	* No. of psychiatric day places	909	N.A.	N.A.	909	-
					(as at 30 Sep 2023)	
Inpatient Services	No. of inpatient discharges and deaths					
	* Overall	580 764	635 459	- 8.6%	572 463	+ 1.5%
	* General (acute and convalescent)	568 529	624 225	- 8.9%	560 905	+ 1.4%
	No. of inpatient patient days					
	* Overall	4 417 120	4 507 956	- 2.0%	4 361 066	+ 1.3%
	* General (acute and convalescent)	3 591 974	3 690 697	- 2.7%	3 556 968	+ 1.0%
	* No. of day inpatient discharges and deaths	431 242	400 219	+ 7.8%	396 258	+ 8.8%
Accident & Emergency (A&E) Services	* No. of A&E attendances	1 027 061	1 111 035	- 7.6%	1 094 142	- 6.1%
	No. of A&E first attendances					
	* triage I (Critical cases)	12 533	N.A.	N.A.	13 704	- 8.5%
	* triage II (Emergency cases)	27 735	N.A.	N.A.	28 483	- 2.6%
	* triage III (Urgent cases)	399 653	N.A.	N.A.	414 024	- 3.5%
Specialist Outpatient (SOP) Services	* No. of SOP (clinical) first attendances	459 010	N.A.	N.A.	437 211	+ 5.0%
	* No. of SOP (clinical) follow-up attendances	3 877 476	N.A.	N.A.	3 697 636	+ 4.9%
	* Total no. of SOP (clinical) attendances	4 336 486	4 148 021	+ 4.5%	4 134 847	+ 4.9%
Primary Care Services	* No. of general outpatient attendances	3 155 141	3 174 391	- 0.6%	2 929 558	+ 7.7%
	* No. of family medicine specialist clinic attendances	186 259	179 088	+ 4.0%	168 107	+ 10.8%
	* Total no. of primary care attendances	3 341 400	3 353 479	- 0.4%	3 097 665	+ 7.9%
Allied Health Outpatient Services	* No. of allied health (outpatient) attendances	1 783 003	1 621 946	+ 9.9%	1 584 895	+ 12.5%
Day Hospital Services	* No. of rehabilitation day and palliative care day attendances	55 967	59 002	- 5.1%	48 473	+ 15.5%
	* No. of geriatric day attendances	92 556	87 191	+ 6.2%	80 247	+ 15.3%
	* No. of psychiatric day attendances	117 432	119 224	- 1.5%	89 531	+ 31.2%
Community & Outreach Services	* No. of community nurse attendances	479 034	476 305	+ 0.6%	445 727	+ 7.5%
	* No. of allied health (community) attendances	19 049	17 629	+ 8.1%	14 692	+ 29.7%
	* No. of geriatric outreach attendances	401 277	398 689	+ 0.6%	387 651	+ 3.5%
	* No. of geriatric elderly persons assessed for infirmary care service	916	N.A.	N.A.	943	- 2.9%
	* No. of psychiatric outreach attendances	181 291	175 944	+ 3.0%	158 199	+ 14.6%
	* No. of psychogeriatric outreach attendances	60 174	57 698	+ 4.3%	57 536	+ 4.6%

Blue

> 5% above estimate / prior year

Green

> 5% below estimate / prior year

Remark:

* COR item

Current period (R64)								Previous period		
HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Overall HA		
Oct 2023 - Sep 2024								Oct 2022 - Sep 2023	Variance	
A								B	C = (A - B)	

Quality Improvement

		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Oct 2022 - Sep 2023	Variance
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%	98.5%	99.3%	94.9%	95.1%	95.5%	97.6%	96.9%	96.7%	+ 0.2%pt
	* triage III (urgent cases : < 30 minutes, 90%)	65.7%	72.6%	85.7%	69.7%	69.5%	67.1%	86.4%	74.8%	71.1%	+ 3.7%pt
	trriage IV (semi-urgent cases : < 120 minutes, 75%)	45.5%	51.1%	60.4%	44.4%	52.3%	48.2%	39.5%	48.3%	49.7%	- 1.4%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%	99.4%	99.0%	99.7%	98.8%	98.6%	99.5%	99.2%	99.0%	+ 0.2%pt
	% of P2 cases at SOPCs with waiting time within 8 weeks	98.5%	98.7%	98.7%	98.8%	97.3%	97.5%	99.1%	98.2%	98.3%	- 0.1%pt
	90 th percentile waiting time (weeks) of Routine cases at SOPCs	59	56	75	91	95	81	58	81	92	- 11
Gynaecology											
	% of P1 cases at SOPCs with waiting time within 2 weeks	99.7%	96.6%	99.8%	98.9%	99.4%	97.8%	97.4%	98.2%	98.4%	- 0.3%pt
	% of P2 cases at SOPCs with waiting time within 8 weeks	98.9%	98.7%	99.5%	98.7%	99.0%	95.8%	95.8%	98.6%	97.8%	+ 0.9%pt
	90 th percentile waiting time (weeks) of Routine cases at SOPCs	32	50	88	82	95	85	61	84	83	+ 1
Medicine											
	% of P1 cases at SOPCs with waiting time within 2 weeks	98.8%	96.8%	98.7%	97.0%	96.6%	97.8%	97.8%	97.5%	96.8%	+ 0.8%pt
	% of P2 cases at SOPCs with waiting time within 8 weeks	99.0%	94.2%	99.3%	96.5%	98.0%	98.0%	98.3%	97.8%	96.5%	+ 1.4%pt
	90 th percentile waiting time (weeks) of Routine cases at SOPCs	91	80	93	93	94	85	75	92	93	- 1
Ophthalmology											
	% of P1 cases at SOPCs with waiting time within 2 weeks	98.8%	98.8%	99.7%	99.5%	99.9%	98.7%	99.3%	99.3%	99.4%	- 0.1%pt
	% of P2 cases at SOPCs with waiting time within 8 weeks	97.7%	98.9%	99.3%	99.0%	62.6%	98.7%	99.3%	93.3%	96.0%	- 2.7%pt
	90 th percentile waiting time (weeks) of Routine cases at SOPCs	90	66	101	103	184	110	89	107	98	+ 9
Orthopaedics and Traumatology											
	% of P1 cases at SOPCs with waiting time within 2 weeks	99.6%	98.7%	99.3%	99.3%	98.9%	98.9%	99.0%	99.1%	98.6%	+ 0.5%pt
	% of P2 cases at SOPCs with waiting time within 8 weeks	98.9%	99.5%	99.8%	97.8%	99.0%	96.2%	98.4%	98.7%	98.6%	+ 0.1%pt
	90 th percentile waiting time (weeks) of Routine cases at SOPCs	71	82	96	75	75	87	63	78	89	- 11
Paediatrics and Adolescent Medicine											
	% of P1 cases at SOPCs with waiting time within 2 weeks	95.6%	96.5%	98.5%	98.9%	99.0%	98.9%	99.0%	98.7%	99.1%	- 0.4%pt
	% of P2 cases at SOPCs with waiting time within 8 weeks	97.3%	98.2%	98.2%	98.5%	96.4%	96.3%	98.6%	97.8%	96.7%	+ 1.1%pt
	90 th percentile waiting time (weeks) of Routine cases at SOPCs	24	21	45	48	24	49	30	43	36	+ 7
Psychiatry											
	% of P1 cases at SOPCs with waiting time within 2 weeks	100.0%	99.4%	100.0%	100.0%	100.0%	99.6%	99.2%	99.7%	99.7%	- 0.1%pt
	% of P2 cases at SOPCs with waiting time within 8 weeks	99.7%	100.0%	100.0%	100.0%	99.2%	98.9%	99.9%	99.6%	98.8%	+ 0.8%pt
	90 th percentile waiting time (weeks) of Routine cases at SOPCs	86	85	90	86	92	104	84	92	93	- 1
Surgery											
	% of P1 cases at SOPCs with waiting time within 2 weeks	99.1%	98.5%	96.8%	98.8%	96.2%	95.5%	98.3%	97.4%	96.7%	+ 0.7%pt
	% of P2 cases at SOPCs with waiting time within 8 weeks	98.9%	99.6%	91.6%	98.8%	96.1%	96.2%	90.8%	95.7%	95.0%	+ 0.7%pt
	90 th percentile waiting time (weeks) of Routine cases at SOPCs	85	72	110	99	99	90	79	95	99	- 4

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

Remark:

* COR item

Current period (R64)								Previous period		
HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Overall HA		
Oct 2023 - Sep 2024								Oct 2022 - Sep 2023	Variance	
								A	B	C = (A - B)

Quality Improvement (continued)

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%	100.0%	96.5%	96.4%	99.8%	97.6%	97.2%	97.8%	98.3%	- 0.5%pt
	% of P2 cases at AHOP clinics with waiting time within 8 weeks	100.0%	100.0%	99.0%	98.5%	99.5%	98.6%	97.3%	98.9%	99.0%	-\$
	90 th percentile waiting time (weeks) of Routine cases at AHOP clinics	15	11	14	13	14	17	16	16	16	-
	Occupational Therapy										
	% of P1 cases at AHOP clinics with waiting time within 2 weeks	99.6%	98.2%	99.2%	99.3%	99.1%	99.5%	98.8%	99.2%	98.8%	+ 0.4%pt
	% of P2 cases at AHOP clinics with waiting time within 8 weeks	99.6%	98.8%	98.9%	99.6%	99.4%	99.7%	94.4%	98.7%	96.6%	+ 2.1%pt
	90 th percentile waiting time (weeks) of Routine cases at AHOP clinics	24	17	20	23	24	31	21	25	28	- 3
	Physiotherapy										
	% of P1 cases at AHOP clinics with waiting time within 2 weeks	98.7%	97.2%	98.2%	98.1%	98.0%	98.1%	99.0%	98.2%	97.8%	+ 0.4%pt
	% of P2 cases at AHOP clinics with waiting time within 8 weeks	99.2%	97.9%	97.8%	97.9%	99.0%	98.6%	99.0%	98.5%	97.1%	+ 1.4%pt
	90 th percentile waiting time (weeks) of Routine cases at AHOP clinics	27	19	49	38	35	30	37	36	37	- 1

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

	Current period (R64)								Previous period		
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Overall HA		
	Oct 2023 - Sep 2024								Oct 2022 - Sep 2023	Variance	
	A								B	C = (A - B)	
Quality Improvement (continued)											
Waiting Time for Elective Surgery	Total Joint Replacement										
	Waiting time (months) at 90 th percentile for patients receiving the treatment of total joint replacement	83	77	56	71	80	70	80	74	76	- 2
	Benign Prostatic Hyperplasia										
	% of patients provided with surgery within 2 months for P1 patients <i>(Jul 2023 - Jun 2024)</i>	100.0%	45.8%	52.5%	17.6%	53.3%	63.3%	34.3%	55.8%	41.8%	+ 14.0%pt <i>(Jul 2022 - Jun 2023)</i>
	% of patients provided with surgery within 12 months for P2 patients <i>(Oct 2022 - Sep 2023)</i>	100.0%	96.2%	66.2%	89.9%	96.4%	45.0%	78.0%	82.5%	66.5%	+ 16.0%pt <i>(Oct 2021 - Sep 2022)</i>
Waiting Time for Diagnostic Radiological Investigations	CT										
	% of urgent cases with examination done within 24 hours	95.9%	99.7%	99.3%	98.4%	99.5%	99.2%	99.4%	98.9%	98.8%	+ 0.1%pt
	Median waiting time (weeks) of P1 cases	3	3	1	2	1	2	5	3	3	-
	Median waiting time (weeks) of P2 cases	16	25	38	32	41	25	30	26	33	- 7
	90 th percentile waiting time (weeks) of Routine cases	104	167	213	199	197	191	194	195	207	- 12
	MRI										
	% of urgent cases with examination done within 24 hours	98.1%	98.3%	96.0%	100.0%	95.9%	97.9%	97.8%	97.8%	97.4%	+ 0.4%pt
	Median waiting time (weeks) of P1 cases	3	<1	2	1	3	2	17	3	3	-
	Median waiting time (weeks) of P2 cases	32	6	37	19	34	29	68	33	33	-
	90 th percentile waiting time (weeks) of Routine cases	136	201	240	119	128	173	125	194	178	+ 16
	Ultrasonography										
	% of urgent cases with examination done within 24 hours	99.6%	97.5%	97.1%	96.7%	98.9%	90.8%	98.5%	96.3%	95.8%	+ 0.5%pt
	Median waiting time (weeks) of P1 cases	1	<1	1	2	<1	3	2	1	1	-
	Median waiting time (weeks) of P2 cases	14	16	32	16	43	33	27	26	29	- 3
	90 th percentile waiting time (weeks) of Routine cases	75	132	216	216	174	151	255	182	173	+ 9
	Mammogram										
	Median waiting time (weeks) of P1 cases	1	2	2	<1	1	1	2	1	1	-
	Median waiting time (weeks) of P2 cases	12	14	40	11	16	16	15	17	18	- 1
	90 th percentile waiting time (weeks) of Routine cases	87	211	281	126	181	167	134	179	186	- 7

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

Quality Improvement (continued)

Access Block
MonitoringNumber / 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

Jul - Sep 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.	%
Prince of Wales Hospital	1 680	10.7%	-	-
Queen Elizabeth Hospital	1 541	7.4%	89	0.4%
United Christian Hospital	685	5.5%	25	0.2%

Previous period

Apr - Jun 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	493	6.3%	-	-
North District Hospital	804	9.5%	-	-
Prince of Wales Hospital	1 900	11.1%	-	-
Queen Elizabeth Hospital	2 258	10.0%	196	0.9%
United Christian Hospital	892	6.8%	22	0.2%

Remark:

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

Current period (R64)								Previous period	
HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Overall HA	
Oct 2023 - Sep 2024								Oct 2022 - Sep 2023	Variance
								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) (%)	99.9%	84.1%	87.8%	68.3%	96.3%	85.2%	88.4%	88.0%	94.7%	- 6.7%pt
Appropriateness of Care	Standardised admission rate for A&E patients (%)	44.9%	46.4%	39.6%	33.0%	37.0%	39.8%	33.7%	38.1%	38.0%	+ 0.1%pt
	* Unplanned readmission rate within 28 days for general inpatients (%) (Sep 2023 - Aug 2024)	10.1%	9.5%	10.1%	11.1%	12.4%	10.4%	11.7%	10.9%	10.9%	+§ (Sep 2022 - Aug 2023)
Breastfeeding Rate	Breastfeeding rate on discharge (%) (Sep 2023 - Aug 2024)	85.8%	86.5%	74.8%	71.9%	72.7%	86.9%	75.5%	78.8%	80.1%	- 1.4%pt (Sep 2022 - Aug 2023)
Infection Rate	MRSA bacteraemia in acute beds per 1 000 acute patient days	0.1527	0.1360	0.1279	0.1545	0.1542	0.1367	0.1493	0.1436	0.1390	+ 3.4%

Blue > 5% / 5%pt above previous period

Green > 5% / 5%pt below previous period

Remark:

* COR item

Current period (R64)								Previous period			
HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Overall HA			
Oct 2023 - Sep 2024									Oct 2022 - Sep 2023	Variance	
								A	B	C = (A - B)	

Quality Improvement (continued)

Disease Specific Quality Indicators	Stroke										
Δ % of acute ischaemic stroke patients received IV thrombolysis	12.2%	13.8%	15.8%	12.9%	14.9%	14.8%	17.3%	14.9%	13.3%	+ 1.5%pt	
Hip Fracture											
% of patients indicated for surgery on hip fracture with surgery performed ≤ 2 days after admission through A&E	63.5%	89.9%	28.0%	47.3%	40.6%	23.0%	60.6%	45.0%	42.8%	+ 2.3%pt	
Cancer											
Waiting time (days) at 90 th percentile from decision to treat to start of radiotherapy (RT) for cancer patients requiring radical RT	28	28	28	N.A.	27	31	31	28	28	-	
Waiting time (days) at 90 th percentile for patients with colorectal cancer receiving first treatment after diagnosis (Apr 2023 - Mar 2024)	85	101	99	95	96	107	83	98	91	+ 7	
Waiting time (days) at 90 th percentile for patients with breast cancer receiving first treatment after diagnosis (Apr 2023 - Mar 2024)	66	66	86	57	74	111	83	82	78	+ 4	
Waiting time (days) at 90 th percentile for patients with nasopharynx cancer receiving first treatment after diagnosis	95	65	66	N.A.	61	76	64	69	68	+ 1	
Diabetes Mellitus											
% of diabetes mellitus patients with HbA1c < 7%	63.0%	64.4%	57.4%	56.5%	53.9%	59.6%	57.9%	58.2%	59.6%	- 1.4%pt	
Hypertension											
% of hypertension patients treated in GOPCs with blood pressure < 140/90 mmHg	66.9%	70.6%	74.4%	70.4%	79.4%	79.3%	75.3%	75.0%	76.9%	- 2.0%pt	
Mental Health Services											
Average length of stay (LOS) (days) of acute inpatient care (with LOS ≤ 90 days)	30.8	34.5	31.9	34.6	30.0	36.1	32.3	32.1	32.6	- 0.6	
% of compulsory psychiatric admissions under the Mental Health Ordinance via AED for patients receiving active Personalised Care Programme care	1.1%	1.9%	1.8%	1.2%	3.0%	1.8%	2.5%	2.2%	1.8%	+ 0.4%pt	
Cardiac Services											
% of acute myocardial infarction patients prescribed with Statin at discharge	94.0%	90.6%	87.4%	91.0%	89.0%	87.4%	87.1%	88.9%	87.1%	+ 1.7%pt	
% of ST-elevation myocardial infarction patients received primary percutaneous coronary intervention	30.4%	70.9%	79.9%	50.4%	61.4%	55.2%	69.9%	62.4%	55.7%	+ 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.

Current period (R64)								Previous period	
HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Overall HA	
Oct 2023 - Sep 2024								Oct 2022 - Sep 2023	Variance
A								B	C = (A - B) or (A - B) / B

Efficiency in Use of Resources

Capacity and Throughput of Specialist Outpatient (SOP) Services	Throughput for SOP services / Waiting list management	Current period (R64)								Previous period	
		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Oct 2022 - Sep 2023	Variance
	Ear, Nose and Throat										
	No. of SOP first attendances per doctor	778	438	785	679	764	745	787	715	643	+ 11.2%
	No. of SOP follow-up attendances per doctor	3 627	1 983	2 253	2 812	2 532	2 444	2 158	2 488	2 490	- 0.1%
	Growth of waiting list against throughput (%)	- 4.1%	- 0.9%	4.1%	13.1%	- 6.0%	- 2.8%	1.8%	0.4%	7.5%	- 7.1%pt
	Gynaecology										
	No. of SOP first attendances per doctor	182	142	153	187	239	223	137	177	181	- 2.2%
	No. of SOP follow-up attendances per doctor	1 009	1 115	1 040	1 031	767	764	705	925	932	- 0.7%
	Growth of waiting list against throughput (%)	2.3%	- 1.0%	11.5%	- 1.3%	11.5%	7.1%	1.9%	5.6%	1.4%	+ 4.2%pt
	Medicine										
	No. of SOP first attendances per doctor	68	65	78	109	79	88	59	79	80	- 1.4%
	No. of SOP follow-up attendances per doctor	1 554	1 445	1 188	1 044	1 705	1 469	1 508	1 409	1 417	- 0.6%
	Growth of waiting list against throughput (%)	6.3%	- 7.1%	5.9%	- 2.5%	- 4.1%	- 10.0%	5.7%	- 1.4%	- 11.1%	+ 9.7%pt
	Ophthalmology										
	No. of SOP first attendances per doctor	624	482	542	842	722	695	804	671	679	- 1.2%
	No. of SOP follow-up attendances per doctor	5 291	4 610	6 378	5 558	6 607	5 319	6 978	5 913	5 818	+ 1.6%
	Growth of waiting list against throughput (%)	2.7%	- 4.9%	11.0%	7.8%	- 0.2%	8.9%	2.6%	5.0%	4.7%	+ 0.3%pt
	Orthopaedics and Traumatology										
	No. of SOP first attendances per doctor	201	208	168	223	197	203	194	198	197	+ 0.4%
	No. of SOP follow-up attendances per doctor	1 644	1 301	1 420	1 473	1 579	1 407	1 476	1 470	1 444	+ 1.8%
	Growth of waiting list against throughput (%)	- 10.9%	- 2.2%	- 2.0%	4.8%	- 5.0%	3.2%	1.2%	- 1.0%	- 4.6%	+ 3.6%pt
	Paediatrics and Adolescent Medicine										
	No. of SOP first attendances per doctor	39	66	28	99	74	55	77	53	48	+ 10.6%
	No. of SOP follow-up attendances per doctor	474	502	432	789	566	513	753	530	488	+ 8.7%
	Growth of waiting list against throughput (%)	10.0%	7.7%	7.6%	- 5.8%	13.1%	19.9%	0.5%	7.2%	12.7%	- 5.5%pt
	Psychiatry										
	No. of SOP first attendances per doctor	74	74	66	135	135	99	82	98	90	+ 9.2%
	No. of SOP follow-up attendances per doctor	1 990	2 017	1 619	2 612	3 092	2 021	2 064	2 254	2 286	- 1.4%
	Growth of waiting list against throughput (%)	11.7%	2.3%	5.7%	3.5%	4.7%	10.5%	- 4.5%	4.5%	10.2%	- 5.7%pt
	Surgery										
	No. of SOP first attendances per doctor	204	139	198	264	199	230	233	207	208	- 0.6%
	No. of SOP follow-up attendances per doctor	1 466	1 187	1 142	1 370	1 200	1 008	1 199	1 195	1 187	+ 0.7%
	Growth of waiting list against throughput (%)	4.8%	4.1%	7.1%	7.4%	20.7%	7.3%	7.3%	8.8%	3.5%	+ 5.3%pt
Operating Theatre (OT) Utilisation	Ratio of scheduled to expected elective OT session hours (%)	101.8%	98.6%	95.2%	98.8%	96.8%	98.7%	99.8%	98.1%	97.8%	+ 0.3%pt
	Utilisation rate of scheduled elective OT sessions (%)	98.5%	104.0%	96.5%	92.7%	94.2%	99.0%	93.9%	97.1%	95.6%	+ 1.4%pt

Blue > 5% / 5%pt above previous period

Green > 5% / 5%pt below previous period

Current period (R64)								Previous period		
HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Overall HA		
Oct 2023 - Sep 2024								Oct 2022 - Sep 2023	Variance	
								A	B	C = (A - B)

Efficiency in Use of Resources (continued)

		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Oct 2022 - Sep 2023	Variance
Bed Management	Inpatient bed occupancy rate (%)										
	* Overall	84.0%	74.0%	86.8%	94.1%	92.9%	91.3%	87.5%	87.9%	86.5%	+ 1.4%pt
	* General (acute and convalescent)	87.9%	73.1%	87.3%	94.4%	97.1%	93.1%	99.5%	90.7%	89.9%	+ 0.8%pt
	* Average length of stay (days) for general inpatients	5.9	5.7	6.6	6.8	5.8	6.7	6.4	6.3	6.5	- 0.2
Day and Same Day Surgery Services	Rate of day surgery plus same day surgery (%)										
	Surgery	67.5%	55.7%	57.4%	82.7%	59.4%	58.7%	68.0%	63.4%	62.1%	+ 1.3%pt
	Orthopaedics and Traumatology	75.5%	45.4%	57.5%	83.9%	53.5%	63.9%	66.4%	62.4%	58.7%	+ 3.7%pt
	Ophthalmology	72.5%	82.4%	90.2%	83.3%	41.9%	81.7%	48.9%	74.9%	75.7%	- 0.7%pt

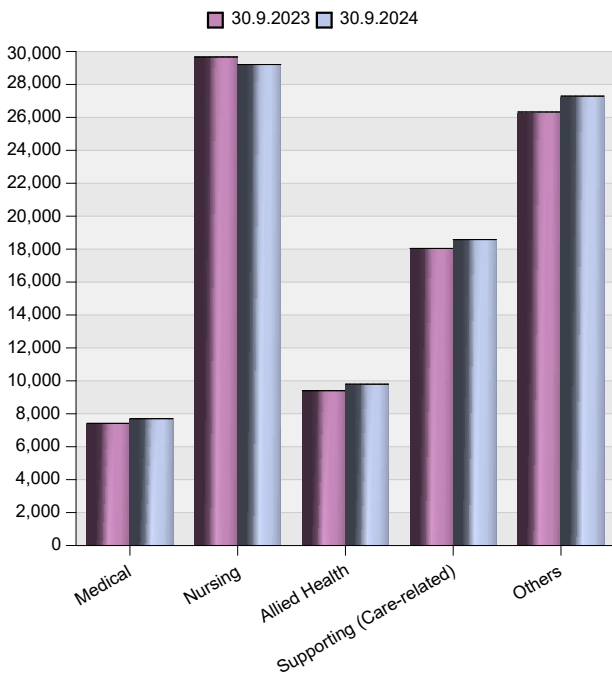
Blue > 5% / 5%pt above previous period
Green > 5% / 5%pt below previous period

Remark:

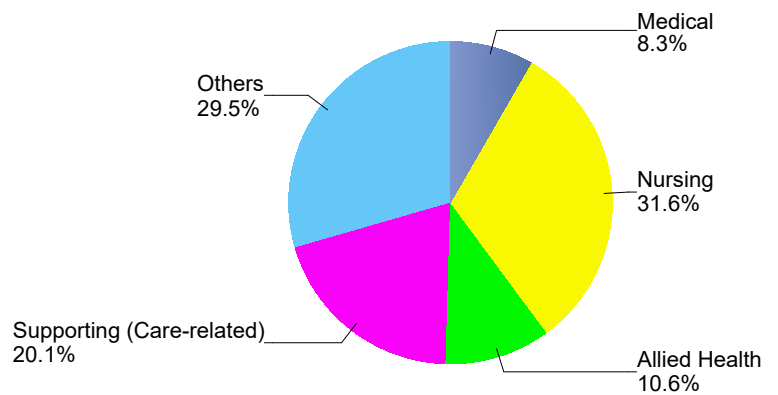
* COR item

Staff group	Prior year	Current year	COR Estimate as at 31.03.2025 ⁽³⁾	Variance from			
	30.09.2023	30.09.2024 ⁽²⁾		COR estimate		prior year	
	A	B		C	D = B - C	D / C	E = B - A
Medical ⁽⁴⁾	7,418	7,703	7,589	+ 114	+ 1.5%	+ 285	+ 3.8%
Nursing	29,671	29,210	30,220	- 1,010	- 3.3%	- 461	- 1.6%
Allied Health	9,403	9,797	9,930	- 133	- 1.3%	+ 394	+ 4.2%
Supporting (Care-related)	18,042	18,580	46,450	- 580	- 1.2%	+ 538	+ 3.0%
Others	26,326	27,290				+ 964	+ 3.7%
Total⁽⁵⁾	90,859	92,580	94,189	- 1,609	- 1.7%	+ 1,721	+ 1.9%

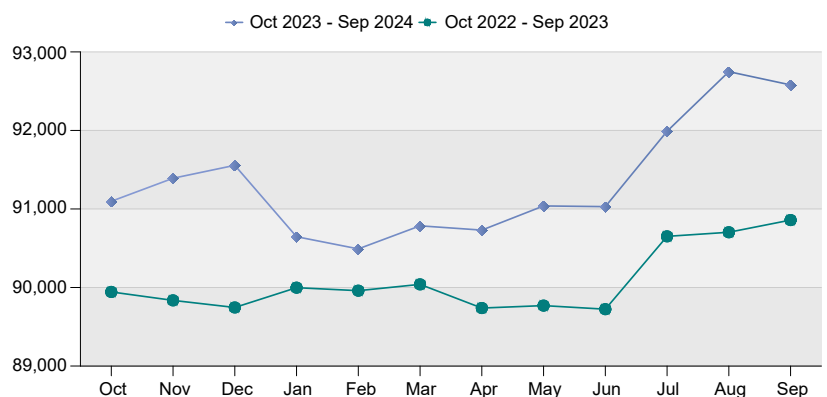
Blue >3% above COR estimate/prior year
Green >3% below COR estimate/prior year



Distribution % by Staff Group (as at 30.09.2024)



HA Total

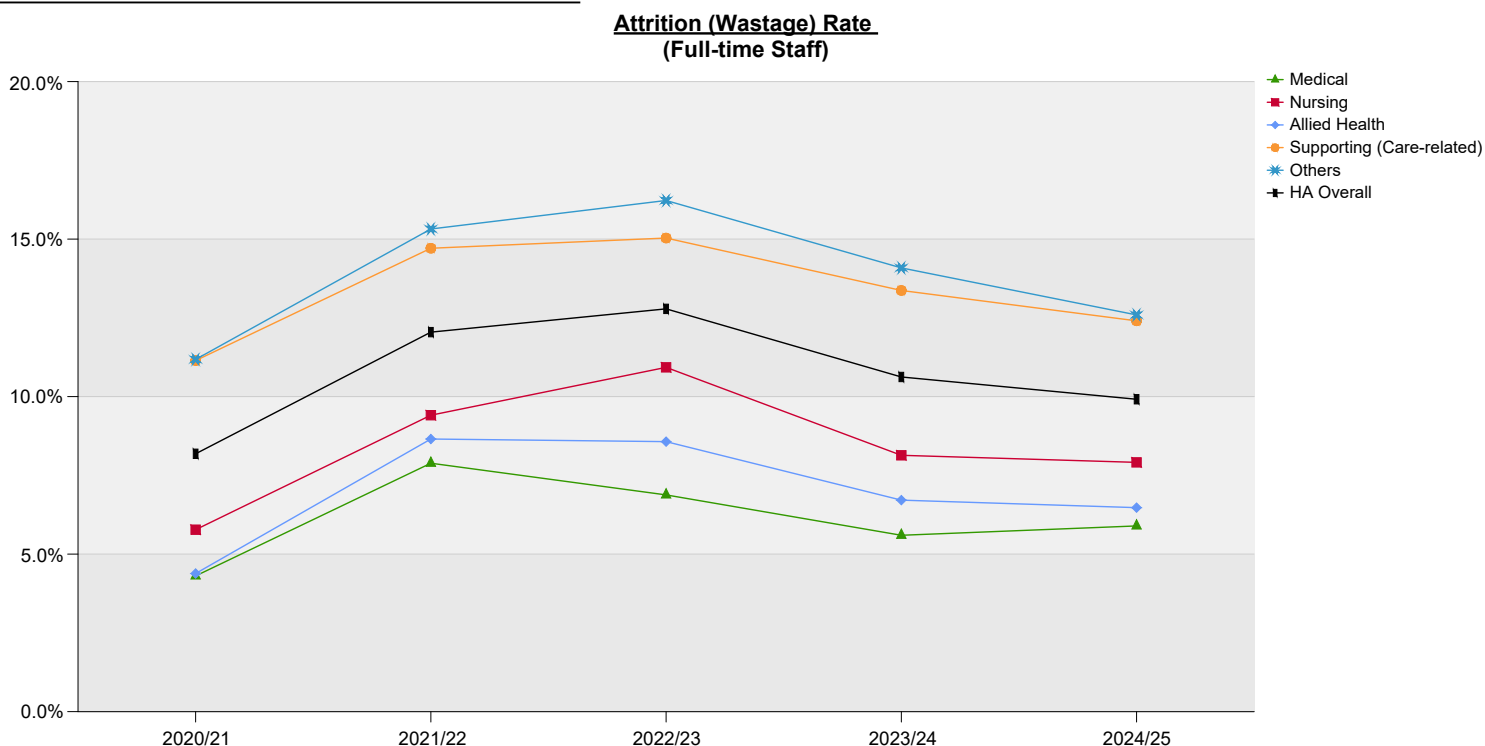


	Medical	Nursing	Allied Health	Supporting (Care-related)	Others
Prior Year 30.09.2023	7,418	29,671	9,403	18,042	26,326
Current Year 30.09.2024	7,703	29,210	9,797	18,580	27,290

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



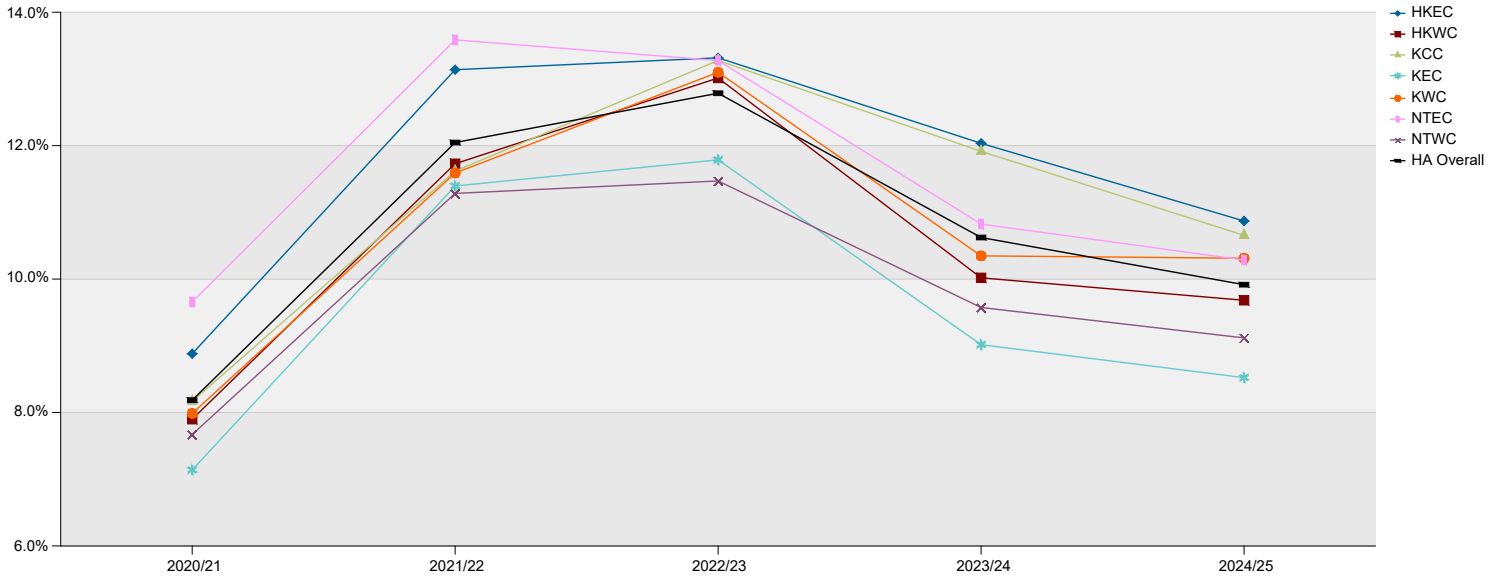
Staff Group	Full-time ⁽³⁾ (6)					Part-time ⁽³⁾ (4)(5)				
	2020/21	2021/22	2022/23	2023/24	2024/25 (Rolling from Oct 23 to Sep 24) ⁽⁶⁾	2020/21	2021/22	2022/23	2023/24	2024/25 (Rolling from Oct 23 to Sep 24) ⁽⁶⁾
Medical ⁽²⁾	4.3%	7.9%	6.9%	5.6%	5.9%	11.5%	17.8%	12.8%	10.4%	9.8%
Nursing	5.8%	9.4%	10.9%	8.1%	7.9%	15.0%	26.2%	17.2%	10.8%	10.8%
Allied Health	4.4%	8.7%	8.6%	6.7%	6.5%	8.3%	21.8%	25.6%	21.4%	16.2%
Supporting (Care-related)	11.1%	14.7%	15.0%	13.4%	12.4%	10.2%	20.3%	22.4%	22.0%	21.9%
Others	11.2%	15.3%	16.2%	14.1%	12.6%	31.4%	34.8%	42.7%	21.5%	26.4%
HA Overall	8.2%	12.0%	12.8%	10.6%	9.9%	13.9%	22.5%	18.3%	13.3%	13.0%

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) 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
- (6) Rolling Attrition (Wastage) Rate = Total no. of staff left HA in the past 12 months / Average strength in the past 12 months x 100%

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

**Attrition (Wastage) Rate
(Full-time Staff)**



Cluster	Full-time ⁽²⁾⁽⁴⁾					Part-time ⁽²⁾⁽³⁾⁽⁴⁾				
	2020/21	2021/22	2022/23	2023/24	2024/25 (Rolling from Oct 23 to Sep 24) ⁽⁵⁾	2020/21	2021/22	2022/23	2023/24	2024/25 (Rolling from Oct 23 to Sep 24) ⁽⁵⁾
HKEC	8.9%	13.1%	13.3%	12.0%	10.9%	16.8%	21.8%	20.6%	19.4%	16.1%
HKWC	7.9%	11.7%	13.0%	10.0%	9.7%	17.5%	31.1%	24.7%	16.4%	9.0%
KCC	8.2%	11.6%	13.3%	11.9%	10.7%	9.3%	16.7%	14.3%	10.2%	13.8%
KEC	7.1%	11.4%	11.8%	9.0%	8.5%	13.4%	23.9%	22.8%	17.6%	17.1%
KWC	8.0%	11.6%	13.1%	10.3%	10.3%	11.4%	22.6%	10.5%	10.3%	12.6%
NTEC	9.7%	13.6%	13.3%	10.8%	10.3%	20.3%	22.0%	24.8%	10.3%	11.3%
NTWC	7.7%	11.3%	11.5%	9.6%	9.1%	10.3%	16.1%	11.2%	8.5%	9.5%
HA Overall	8.2%	12.0%	12.8%	10.6%	9.9%	13.9%	22.5%	18.3%	13.3%	13.0%

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) 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
- (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%

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
		4Q	1Q	2Q	3Q	(Oct22 - Sep23)	(Oct23 - Sep24)	(Oct22 - Sep23) %	(Oct23 - Sep24) %	
Doctor	Senior Staff ⁽¹⁾	32	43	29	41	170	145	5.7%	4.7%	- 1.0
	Junior Staff ⁽²⁾	22	46	20	42	129	130	3.8%	3.6%	- 0.2
	Overall	54	89	49	83	299	275	4.7%	4.2%	- 0.5
Nursing	Senior Staff ⁽³⁾	44	44	60	48	225	196	3.1%	2.6%	- 0.5
	Junior Staff ⁽⁴⁾	417	390	311	339	1,751	1,457	8.9%	7.5%	- 1.4
	Overall	461	434	371	387	1,976	1,653	7.4%	6.1%	- 1.3
Allied Health ⁽⁵⁾ Overall		93	88	99	109	437	389	4.9%	4.2%	- 0.7
Supporting (Care-related) Overall		376	389	375	516	1,921	1,656	10.9%	9.2%	- 1.7

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	Current period	Variance from previous period
	Oct 22 - Sep 23	Oct 23 - Sep 24	
	A	B	$C = (B - A) / A$
Medical	6.1	4.0	- 34.4%
Nursing	12.4	9.4	- 24.2%
Allied Health	9.5	7.4	- 22.1%
Supporting (Care-related)	13.6	10.8	- 20.6%
Others	10.9	8.8	- 19.3%
HA Overall	11.4	8.9	- 21.9%

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

Staff Group	Previous period	Current period	Variance from previous period
	Oct 22 - Sep 23	Oct 23 - Sep 24	
	A	B	$C = B - A$
	%	%	% pt
Medical	0.7	0.9	+ 0.2
Nursing	3.1	2.6	- 0.5
Allied Health	1.6	1.6	0
Supporting (Care-related)	3.3	3.0	- 0.3
Others	2.5	2.2	- 0.3
HA Overall	2.6	2.3	- 0.3

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	Current period	Variance from previous period
	Oct 22 - Sep 23	Oct 23 - Sep 24	
	A	B	
Medical	3.7	3.9	+ 0.2
Nursing	3.6	3.5	- 0.1
Allied Health	1.3	1.6	+ 0.3
Supporting (Care-related)	5.5	6.0	+ 0.5
Others	2.4	2.3	- 0.1
HA Overall	3.4	3.5	+ 0.1

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

Staff Group	Previous period	Current period	Variance from previous period
	Oct 22 - Sep 23	Oct 23 - Sep 24	
	A	B	
Medical	9.3	4.8	- 4.5
Nursing	59.2	43.4	- 15.8
Allied Health	15.9	23.3	+ 7.4
Supporting (Care-related)	121.9	98.9	- 23.0
Others	76.8	61.0	- 15.8
HA Overall	68.8	54.7	- 14.1

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