For information
on 26.6.2025

AOM-P2063

Hospital Authority

Report on Key Performance Indicators (KPI Report No. 66, up to March 2025)

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 March 2025[1]. Detailed reports on the KPI performance of clinical services, HR and finance were submitted to the Medical Services Development Committee **(MSDC)**, Human Resources Committee **(HRC)** and Finance Committee **(FC)** respectively via circulation or at their meetings held in May / June 2025[2].

Background

2. This paper highlights the key observations on KPI performance and the period covered in this report is from **April 2024 to March 2025**, unless otherwise specified.

3. In 2024-25, an increase in throughput has been observed across most services when compared with the prior year. 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 certain 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.

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[1] The last quarterly report on KPIs (up to December 2024) was submitted to the Board by circulation on 17 March 2025 via Administrative and Operational Meeting **(AOM)** Paper No. 2032.

[2] Via MSDC Paper No. 769 on 9 June 2025; HRC Paper No. 808 on 14 May 2025; and FC Paper No. 1010 via circulation in May 2025.

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. ±5% against estimates[3]) in 2024-25, marking full recovery in services in general. Some services showed larger increase in throughput, with number of attendances exceeding the estimates by over 5%. Amongst them, the numbers of allied health (outpatient) attendances, day inpatient discharges and deaths, allied health (community) attendances, and specialist outpatient **(SOP)** (clinical) attendances, were above the estimates by 11.6%, 7.8%, 6.3% and 5.2% 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 levels[4]. In 2024-25, the numbers of rehabilitation day and palliative care day attendances, geriatric day attendances and psychiatric day attendances showed considerable growth of 9.3%, 8.0% and 20.7% respectively when compared with the 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 SOP, allied health, day and outreach services, through the digitalised platform - HA Go mobile application, to enable 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)** Programmes[5] with a view to diverting suitable HA patients to receive treatment or take 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.

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[3] 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.

[4] Under the substantial service adjustments on day hospital services during Coronavirus Disease 2019 **(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.

[5] 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**[6] met the targets for Triage I (critical) and II (emergency), but fell short of the target by 11.4% points (78.6% vs. target 90%) for Triage III (urgent). Compared with the prior year, improvement of 7.4% points on Triage III was observed. 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. HA's SOP clinics **(SOPCs)** have implemented a triage system to ensure patients with urgent conditions requiring early intervention are treated with priority. The overall **median waiting time for the first appointment for Priority 1 (P1) and Priority 2 (P2) cases** were within the respective targets of two weeks and eight weeks. In addition, amongst the eight major specialties with the highest patient volume, HA managed to achieve over 90% of P1 and P2 new case bookings with waiting time within these targets.

9. Despite the growing service demand, HA has put in efforts along the **three-pronged strategy (narrowing upstream, diverting midstream and collaborating downstream)**[7] **to improve SOP waiting time**. 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 weeks[8], was lengthened by five weeks as compared to the prior year in this reporting cycle amid the higher attrition rate of ophthalmologists. Clusters have taken remedial measures, including implementation of SHS, to reduce its impact on service.

10. 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, which has been 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

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[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] 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.

[8] 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.

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 2024-25[9]. These targets were achieved with HA overall's 90th percentile waiting time of Routine cases for ENT and ORT at 79 weeks and 73 weeks respectively, demonstrating an improvement of 13 weeks and 16 weeks as compared with the prior year. 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

11. Waiting time at **90th percentile for patients receiving the TJR treatment** was 72 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 also affected the service in earlier periods. To address the growing 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 has 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, United Christian Hospital, Pamela Youde Nethersole Eastern Hospital and Queen Elizabeth Hospital in the past 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. HA will continue to explore extending the pilot programme to more hospitals to benefit more patients.

Disease-specific quality indicators

12. 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 65.1%, with an improvement of 5.9% points when compared with the prior year. A significant increase of 33.7% 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**

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

ischaemic stroke patients received intravenous thrombolysis was 15.5%, representing a considerable improvement from 9.9% in 2018-19.

13. For **colorectal cancer** and **breast cancer**, the respective waiting times at **90th percentile for patients receiving the first treatment after diagnosis** (October 2023 to September 2024) were at 93 days and 79 days, which were respectively reduced by four days and lengthened by one day when compared with the prior year. Besides the impact of higher attrition rate of anaesthetists on surgical treatment especially in earlier months of the reporting period, the tight manpower situation 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 situation so as 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.

New KPIs on patient blood management and day surgery services

14. As approved at the AOM on 19 December 2024[10], new KPIs on patient blood management and day surgery services are included in the KPI report from this reporting cycle onwards.

15. The two new KPIs on patient blood management, namely the "percentage of transfusion with pre-transfuse haemoglobin level less than 7g/dL" and "percentage of transfusion with single red blood cell unit transfusion", aim at evaluating the practice of restrictive transfusion and single unit transfusion strategy respectively, which are essential components of patient blood management. As part of the strategic directions of patient blood management in HA, the new indicators would facilitate monitoring of patient outcomes and blood utilisation including its appropriateness.

16. Over the years, HA has been implementing various initiatives to promote ambulatory care, including day surgery services. In the previous KPI reports, KPIs for "rate of day surgery plus same day surgery" *(for each of OPH, ORT and Surgery **(SUR)**)* were reported. With the aim of providing more accurate information on day surgery and inpatient services for performance monitoring and service planning, as well as driving the provision of day surgery to clinically fit patients and facilitating monitoring of provision of day surgery services, a new set of KPIs on "rate of day surgery" for the five specialties *(for each of ENT, Obstetrics and Gynaecology, OPH, ORT and SUR)*, has been introduced with effect from this report onwards, covering a comprehensive set of day operations. In parallel, the previous indicators on "rate of day surgery plus same day surgery" were removed from

[10] Via AOM Paper No. 2016 on "Key Performance Indicators Annual Review for Reporting in 2025-26".

KPI reporting, and a new set of KPIs for monitoring pre-operation length of stay will be proposed in the KPI annual review exercise this year.

Human Resources (Appendix 2)

17. As at 31 March 2025, HA had a **staffing position of 94 155**, which represented a growth of 3.7% when compared with the prior year. There was a general increase in all staff groups, with percentage increase ranging from 2.3% to 5.1%. As for the **attrition (wastage) rate**[11] **of full-time staff**, the HA overall rate was 9.2%, in which the "Others" staff group had the highest rate (11.9%). Nevertheless, the attrition (wastage) rates of full-time doctors in some specialties, such as Radiology and OPH, were relatively higher, which had exerted pressure on the respective clinical services.

18. The overall **average sick leave days taken per staff** was 8.3 days, representing a decrease of 16.2% when compared with the prior year. There was also a significant decrease of 17.9% for both "Nursing" and "Allied Health" staff groups when compared with the prior year. The **proportion of staff taken long sick leave (≥ 50 days)** in HA (2.3%) had slightly decreased.

19. The overall **number of injury on duty (IOD) cases per 100 FTE staff** had slightly decreased from 3.5 cases to 3.3 cases when compared with the prior year. "Allied Health" staff group had the lowest rate (1.5 cases), whereas "Supporting (Care-related)" staff group had the highest rate (5.7 cases). As for the **number of IOD leave days per 100 FTE staff**, HA overall was 52.6 days, representing a decrease of 11.7 days. "Medical", "Nursing", "Allied Health", "Supporting (Care-related)" and "Others" staff groups had a reduction of 3.3 days, 10.3 days, 5.0 days, 11.4 days and 18.2 days respectively.

20. The **total training days attended** by permanent and contract full-time and part-time staff on headcount basis were 533 380.5 days, which increased by 6.0% when compared with the prior year, including physical training (face-to-face training) and non-physical training [online lecture/webinar; and e-Learning courseware (i.e. those e-courses available in the HA e-Learning Centre)]. The **average training days per staff** were 5.9 days (5.8 days in the prior year), with increases in the total training days for "Medical", "Nursing", "Allied Health" and "Others" staff groups. Amongst the staff groups, the total training days attended by "Medical" staff group was increased significantly by 12 712.4 days (24.0%), with the average training days per staff increased by 1.4 days.

21. In 2024-25, there was a steady increase in training activities, including clinical attachments, local training and training outside Hong Kong, which contributed to the rise in the above-mentioned total training days and average training days. During this period, there were also increases in the training days of non-physical training, viz. online lecture/webinar and e-Learning courseware, with the training days of the former higher than those of the latter.

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[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.

Finance

22. As at 31 March 2025,HA recorded an overall underspending position for 2024-25, mainly attributable to :

(a) lower staff cost caused by factors such as recruitment time lags and decreased untaken leave provision being partly offset by higher spending on temporary staff and SHS; and

(b) savings in other operating expenses mainly due to delayed site-handover of capital projects and drop in COVID-19 drugs spending, etc.

The final 2024-25 operating results of HA is now under review by the external auditor, and the audited financial statements for 2024-25 will be presented to the HA Board later in 2025.

Way Forward

23. 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.

Hospital Authority
AOM\PAPER\2063
19 June 2025

Report on Key Performance Indicators - Clinical Services

For reporting to the Administrative and Operational Meeting in June 2025

(KPI Report No. 66, up to March 2025)

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

Reporting Period : 2024/25 (unless specified) for Service Growth in response to Population Change & Ageing Effect ;

1.4.2024 - 31.3.2025 (unless specified) for other items

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Special note

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

Rounding of figures

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

The following symbols are used throughout the report

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

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			Current Year	Estimate		Prior Year	
			2024/25	*2024/25*	*Variance*	*2023/24*	*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)**	**30 824**	**30 824**	**-**	**30 671**	**+ 153**
(as at 31 Mar 2025)						(as at 31 Mar 2024)	
	*	**No. of geriatric day places**	**787**	**787**	**-**	**787**	**-**
						(as at 31 Mar 2024)	
	*	**No. of psychiatric day places**	**909**	**909**	**-**	**909**	**-**
						(as at 31 Mar 2024)	
Inpatient Services		**No. of inpatient discharges and deaths**					
	*	Overall	**1 152 079**	**1 268 670**	**- 9.2%**	**1 146 494**	**+ 0.5%**
	*	General (acute and convalescent)	**1 128 073**	**1 246 400**	**- 9.5%**	**1 123 107**	**+ 0.4%**
		No. of inpatient patient days					
	*	Overall	**8 773 115**	**9 006 000**	**- 2.6%**	**8 750 456**	**+ 0.3%**
	*	General (acute and convalescent)	**7 149 251**	**7 379 000**	**- 3.1%**	**7 137 219**	**+ 0.2%**
	*	**No. of day inpatient discharges and deaths**	**863 856**	**801 600**	**+ 7.8%**	**809 505**	**+ 6.7%**
Accident & Emergency (A&E) Services	*	**No. of A&E attendances**	**2 024 269**	**2 203 000**	**- 8.1%**	**2 142 830**	**- 5.5%**
		No. of A&E first attendances					
	*	triage I (Critical cases)	**26 311**	**28 000**	**- 6.0%**	**28 138**	**- 6.5%**
	*	triage II (Emergency cases)	**56 288**	**52 800**	**+ 6.6%**	**56 566**	**- 0.5%**
	*	triage III (Urgent cases)	**798 811**	**748 600**	**+ 6.7%**	**820 353**	**- 2.6%**
Specialist Outpatient (SOP) Services	*	**No. of SOP (clinical) first attendances**	**907 234**	**891 000**	**+ 1.8%**	**878 903**	**+ 3.2%**
	*	**No. of SOP (clinical) follow-up attendances**	**7 781 493**	**7 369 000**	**+ 5.6%**	**7 489 204**	**+ 3.9%**
	*	**Total no. of SOP (clinical) attendances**	**8 688 727**	**8 260 000**	**+ 5.2%**	**8 368 107**	**+ 3.8%**
Primary Care Services	*	**No. of general outpatient attendances**	**6 249 089**	**6 329 000**	**- 1.3%**	**6 008 083**	**+ 4.0%**
	*	**No. of family medicine specialist clinic attendances**	**375 433**	**361 300**	**+ 3.9%**	**351 698**	**+ 6.7%**
	*	**Total no. of primary care attendances**	**6 624 522**	**6 690 300**	**- 1.0%**	**6 359 781**	**+ 4.2%**
Allied Health Outpatient Services	*	**No. of allied health (outpatient) attendances**	**3 610 739**	**3 236 000**	**+ 11.6%**	**3 301 186**	**+ 9.4%**
Day Hospital Services	*	**No. of rehabilitation day and palliative care day attendances**	**110 420**	**118 200**	**- 6.6%**	**100 987**	**+ 9.3%**
	*	**No. of geriatric day attendances**	**181 978**	**173 400**	**+ 4.9%**	**168 425**	**+ 8.0%**
	*	**No. of psychiatric day attendances**	**234 198**	**237 100**	**- 1.2%**	**194 070**	**+ 20.7%**
Community & Outreach Services	*	**No. of community nurse attendances**	**949 160**	**953 000**	**- 0.4%**	**916 504**	**+ 3.6%**
	*	**No. of allied health (community) attendances**	**37 188**	**35 000**	**+ 6.3%**	**32 268**	**+ 15.2%**
	*	**No. of geriatric outreach attendances**	**801 436**	**800 100**	**+ 0.2%**	**785 239**	**+ 2.1%**
	*	**No. of geriatric elderly persons assessed for infirmary care service**	**1 630**	**1 880**	**- 13.3%**	**1 767**	**- 7.8%**
	*	**No. of psychiatric outreach attendances**	**365 128**	**351 900**	**+ 3.8%**	**330 549**	**+ 10.5%**
	*	**No. of psychogeriatric outreach attendances**	**115 253**	**114 700**	**+ 0.5%**	**113 386**	**+ 1.6%**

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

Remark:

* COR item

			Current period (R66)								Previous period	
			HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Overall HA	
						Apr 2024 - Mar 2025					*Apr 2023 - Mar 2024*	*Variance*
										A	B	C = (A - B)
Quality Improvement												
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%)	98.9%	98.1%	99.6%	95.8%	97.3%	95.6%	98.2%	**97.4%**	96.4%	+ 1.0%pt
	*	triage III (urgent cases : < 30 minutes, 90%)	75.6%	76.6%	90.0%	73.4%	74.9%	67.3%	87.9%	**78.6%**	71.2%	**+ 7.4%pt**
		triage IV (semi-urgent cases : < 120 minutes, 75%)	49.4%	54.5%	61.2%	41.7%	54.8%	51.8%	47.0%	**51.4%**	44.9%	**+ 6.5%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	6	5	5	**5**	5	-
		Ear, Nose and Throat										
		% of P1 cases at SOPCs with waiting time within 2 weeks	99.6%	99.3%	98.8%	99.6%	98.6%	99.0%	99.3%	**99.1%**	99.1%	+§
		% of P2 cases at SOPCs with waiting time within 8 weeks	98.5%	98.3%	98.8%	98.7%	96.8%	98.1%	99.2%	**98.2%**	98.3%	- 0.1%pt
		90th percentile waiting time (weeks) of Routine cases at SOPCs	54	52	72	81	80	75	54	**79**	92	**- 13**
		Gynaecology										
		% of P1 cases at SOPCs with waiting time within 2 weeks	99.7%	96.2%	99.5%	98.6%	99.5%	98.0%	98.0%	**98.1%**	98.5%	- 0.3%pt
		% of P2 cases at SOPCs with waiting time within 8 weeks	98.6%	98.4%	99.0%	98.6%	98.4%	96.2%	98.3%	**98.4%**	98.3%	+ 0.1%pt
		90th percentile waiting time (weeks) of Routine cases at SOPCs	33	51	89	86	96	87	60	**87**	82	**+ 5**
		Medicine										
		% of P1 cases at SOPCs with waiting time within 2 weeks	98.4%	97.3%	96.9%	97.5%	97.0%	97.6%	98.2%	**97.5%**	97.2%	+ 0.3%pt
		% of P2 cases at SOPCs with waiting time within 8 weeks	99.1%	95.2%	98.6%	98.0%	97.4%	98.5%	98.7%	**98.0%**	97.1%	+ 0.9%pt
		90th percentile waiting time (weeks) of Routine cases at SOPCs	91	77	94	91	92	86	70	**91**	92	- 1
		Ophthalmology										
		% of P1 cases at SOPCs with waiting time within 2 weeks	98.9%	99.0%	99.5%	99.5%	99.8%	98.7%	99.4%	**99.3%**	99.3%	- 0.1%pt
		% of P2 cases at SOPCs with waiting time within 8 weeks	97.8%	99.3%	99.2%	99.0%	46.8%	98.5%	99.2%	**90.0%**	96.5%	**- 6.5%pt**
		90th percentile waiting time (weeks) of Routine cases at SOPCs	89	65	100	100	183	115	87	**107**	102	+ 5
		Orthopaedics and Traumatology										
		% of P1 cases at SOPCs with waiting time within 2 weeks	99.3%	96.5%	99.1%	99.4%	99.1%	99.0%	98.7%	**98.9%**	99.0%	- 0.1%pt
		% of P2 cases at SOPCs with waiting time within 8 weeks	98.8%	99.1%	99.3%	96.7%	99.1%	96.4%	97.3%	**98.2%**	98.6%	- 0.5%pt
		90th percentile waiting time (weeks) of Routine cases at SOPCs	59	69	79	73	76	73	64	**73**	89	**- 16**
		Paediatrics and Adolescent Medicine										
		% of P1 cases at SOPCs with waiting time within 2 weeks	95.2%	100.0%	98.1%	98.9%	99.6%	97.9%	100.0%	**98.8%**	98.9%	-§
		% of P2 cases at SOPCs with waiting time within 8 weeks	97.1%	99.7%	98.3%	98.8%	96.4%	97.1%	98.5%	**98.0%**	97.2%	+ 0.8%pt
		90th percentile waiting time (weeks) of Routine cases at SOPCs	23	28	40	40	26	50	33	**43**	41	+ 2
		Psychiatry										
		% of P1 cases at SOPCs with waiting time within 2 weeks	100.0%	99.4%	100.0%	100.0%	100.0%	99.8%	98.7%	**99.6%**	99.8%	- 0.1%pt
		% of P2 cases at SOPCs with waiting time within 8 weeks	99.6%	100.0%	99.9%	100.0%	99.8%	99.5%	100.0%	**99.8%**	98.8%	+ 1.0%pt
		90th percentile waiting time (weeks) of Routine cases at SOPCs	78	89	88	84	91	101	82	**91**	93	- 2
		Surgery										
		% of P1 cases at SOPCs with waiting time within 2 weeks	99.3%	98.6%	96.3%	98.7%	96.2%	93.9%	98.5%	**97.1%**	97.1%	-§
		% of P2 cases at SOPCs with waiting time within 8 weeks	98.8%	99.6%	92.7%	98.9%	96.2%	96.7%	90.9%	**96.0%**	95.8%	+ 0.2%pt
		90th percentile waiting time (weeks) of Routine cases at SOPCs	86	74	101	99	100	90	69	**95**	98	- 3

Blue > 5% / 5%pt above previous period

Green > 5% / 5%pt below previous period

Remark:

* COR item

		Current period (R66)								Previous period	
		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Overall HA	
		Apr 2024 - Mar 2025								*Apr 2023 - Mar 2024*	*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%	97.7%	96.9%	99.9%	97.1%	97.0%	**98.0%**	98.0%	+§
	% of P2 cases at AHOP clinics with waiting time within 8 weeks	99.9%	99.9%	99.0%	98.3%	99.9%	98.4%	97.1%	**98.9%**	99.0%	- 0.1%pt
	90th percentile waiting time (weeks) of Routine cases at AHOP clinics	15	10	13	13	15	17	16	**16**	16	-
	Occupational Therapy										
	% of P1 cases at AHOP clinics with waiting time within 2 weeks	99.7%	99.0%	99.0%	99.5%	99.6%	99.3%	98.9%	**99.3%**	99.0%	+ 0.4%pt
	% of P2 cases at AHOP clinics with waiting time within 8 weeks	99.7%	99.4%	99.2%	99.4%	99.7%	99.4%	98.1%	**99.3%**	97.1%	+ 2.2%pt
	90th percentile waiting time (weeks) of Routine cases at AHOP clinics	24	17	18	20	16	27	20	**21**	28	**- 7**
	Physiotherapy										
	% of P1 cases at AHOP clinics with waiting time within 2 weeks	98.9%	97.6%	98.4%	98.6%	98.8%	98.8%	98.9%	**98.6%**	97.9%	+ 0.7%pt
	% of P2 cases at AHOP clinics with waiting time within 8 weeks	99.2%	98.6%	98.2%	97.1%	99.4%	99.0%	99.1%	**98.5%**	97.6%	+ 0.9%pt
	90th percentile waiting time (weeks) of Routine cases at AHOP clinics	27	17	49	33	34	29	36	**35**	37	**- 2**

Blue > 5% / 5%pt above previous period

Green > 5% / 5%pt below previous period

		Current period (R66)								Previous period	
		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Overall HA	
		Apr 2024 - Mar 2025								Apr 2023 - Mar 2024	Variance
									A	B	C = (A - B)
Quality Improvement (continued)											
Waiting Time for Elective Surgery	**Total Joint Replacement**										
	Waiting time (months) at 90th percentile for patients receiving the treatment of total joint replacement	75	66	60	78	74	69	79	**72**	74	- 2
	Benign Prostatic Hyperplasia										
	% of patients provided with surgery within 2 months for P1 patients (Jan - Dec 2024)	95.2%	42.6%	56.7%	20.6%	44.2%	68.7%	54.8%	**56.9%**	48.9% (Jan - Dec 2023)	**+ 8.0%pt**
	% of patients provided with surgery within 12 months for P2 patients (Apr 2023 - Mar 2024)	100.0%	96.7%	80.2%	93.5%	96.4%	67.8%	91.3%	**89.2%**	74.3% (Apr 2022 - Mar 2023)	**+ 14.9%pt**
Waiting Time for Diagnostic Radiological Investigations	**CT**										
	% of urgent cases with examination done within 24 hours	98.5%	99.8%	99.3%	98.1%	99.5%	99.2%	99.4%	**99.1%**	98.7%	+ 0.4%pt
	Median waiting time (weeks) of P1 cases	2	3	1	2	1	2	3	**2**	3	**- 1**
	Median waiting time (weeks) of P2 cases	14	28	28	26	43	25	73	**26**	29	**- 3**
	90th percentile waiting time (weeks) of Routine cases	95	151	199	196	204	207	229	**206**	192	**+ 14**
	MRI										
	% of urgent cases with examination done within 24 hours	97.5%	100.0%	97.1%	99.2%	96.4%	97.9%	96.3%	**97.8%**	97.8%	+§
	Median waiting time (weeks) of P1 cases	4	<1	2	1	3	3	14	**2**	3	**- 1**
	Median waiting time (weeks) of P2 cases	24	6	32	17	32	27	81	**30**	33	**- 3**
	90th percentile waiting time (weeks) of Routine cases	136	211	267	120	144	183	161	**200**	190	**+ 10**
	Ultrasonography										
	% of urgent cases with examination done within 24 hours	99.6%	97.3%	97.9%	96.0%	98.4%	93.9%	97.9%	**96.9%**	95.8%	+ 1.1%pt
	Median waiting time (weeks) of P1 cases	1	<1	1	<1	<1	4	1	**1**	1	-
	Median waiting time (weeks) of P2 cases	14	14	33	9	39	46	28	**26**	27	- 1
	90th percentile waiting time (weeks) of Routine cases	77	124	239	201	174	153	269	**174**	183	- 9
	Mammogram										
	Median waiting time (weeks) of P1 cases	1	2	2	<1	1	1	1	**1**	2	**- 1**
	Median waiting time (weeks) of P2 cases	12	14	46	13	15	14	16	**16**	18	**- 2**
	90th percentile waiting time (weeks) of Routine cases	67	210	293	128	270	175	137	**183**	181	+ 2

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 2025

	No. / % of patients with access block time more than 4 hours		No. / % of patients with access block time more than 12 hours	
	No.	%	No.	%
North District Hospital	623	7.1%	-	-
Prince of Wales Hospital	1 728	10.9%	-	-
Queen Elizabeth Hospital	2 412	11.2%	305	1.4%
United Christian Hospital	1 300	10.1%	14	0.1%

Previous period

Oct - Dec 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.	%
North District Hospital	420	5.1%	-	-
Prince of Wales Hospital	1 661	10.7%	-	-

Remark:

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

		Current period (R66)								Previous period	
		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Overall HA	
		Apr 2024 - Mar 2025								*Apr 2023 - Mar 2024*	*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) (%)**	99.6%	89.4%	87.3%	82.1%	96.3%	85.8%	86.4%	**89.9%**	89.6%	+ 0.3%pt
Appropriateness of Care	**Standardised admission rate for A&E patients (%)**	45.4%	46.2%	40.0%	33.3%	37.2%	39.7%	34.0%	**38.3%**	37.4%	+ 0.9%pt
	* **Unplanned readmission rate within 28 days for general inpatients (%)** (Mar 2024 - Feb 2025)	10.3%	9.6%	10.3%	11.6%	12.5%	10.4%	11.7%	**11.0%**	10.9% (Mar 2023 - Feb 2024)	+ 0.1%pt
Breastfeeding Rate	**Breastfeeding rate on discharge (%)** (Mar 2024 - Feb 2025)	85.2%	86.4%	73.4%	69.2%	72.0%	84.1%	80.1%	**78.2%**	79.9% (Mar 2023 - Feb 2024)	- 1.6%pt
Infection Rate	**MRSA bacteraemia in acute beds per 1 000 acute patient days**	0.1494	0.1362	0.1168	0.1743	0.1673	0.1331	0.1571	**0.1463**	0.1387	**+ 5.5%**
Patient Blood Management	**% of transfusion with pre-transfuse Hb level < 7g/dL (new)**	68.2%	47.4%	60.5%	83.8%	66.5%	62.0%	68.6%	**64.1%**	63.3%	+ 0.8%pt
	% of transfusion with single red blood cell unit transfusion (new)	66.6%	64.5%	67.1%	70.5%	59.3%	56.2%	61.9%	**62.9%**	61.6%	+ 1.3%pt

Blue > 5% / 5%pt above previous period

Green > 5% / 5%pt below previous period

Remark:

* COR item

Quality Improvement (continued)

		Current period (R66)								Previous period	
		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Overall HA	
		Apr 2024 - Mar 2025								Apr 2023 - Mar 2024	Variance
									A	B	C = (A - B)
Disease Specific Quality Indicators	**Stroke**										
	% of acute ischaemic stroke patients received IV thrombolysis	13.8%	12.5%	17.4%	14.4%	16.0%	14.8%	16.6%	**15.5%**	14.2%	+ 1.3%pt
	Hip Fracture										
	% of patients indicated for surgery on hip fracture with surgery performed ≤ 2 days after admission through A&E	58.8%	91.4%	31.6%	43.2%	38.0%	23.3%	59.9%	**44.1%**	45.4%	- 1.3%pt
	Cancer										
	Waiting time (days) at 90th percentile from decision to treat to start of radiotherapy (RT) for cancer patients requiring radical RT	27	28	28	N.A.	31	31	31	**28**	28	-
	Waiting time (days) at 90th percentile for patients with colorectal cancer receiving first treatment after diagnosis	82	101	97	92	92	108	77	**93**	97	- 4
	(Oct 2023 - Sep 2024)									(Oct 2022 - Sep 2023)	
	Waiting time (days) at 90th percentile for patients with breast cancer receiving first treatment after diagnosis	64	56	83	54	73	122	85	**79**	78	+ 1
	(Oct 2023 - Sep 2024)									(Oct 2022 - Sep 2023)	
	Waiting time (days) at 90th percentile for patients with nasopharynx cancer receiving first treatment after diagnosis	75	92	69	N.A.	63	77	59	**69**	68	+ 1
	Diabetes Mellitus										
	% of diabetes mellitus patients with HbA1c < 7%	59.4%	63.6%	55.5%	54.6%	55.0%	57.6%	56.2%	**56.8%**	58.3%	- 1.5%pt
	Hypertension										
	% of hypertension patients treated in GOPCs with blood pressure < 140/90 mmHg	55.7%	65.5%	71.2%	65.8%	78.9%	80.3%	71.2%	**71.8%**	77.8%	**- 6.1%pt**
	End Stage Renal Disease										
	% of end stage renal disease patients receiving haemodialysis treatment	26.2%	36.7%	30.2%	27.6%	26.5%	25.5%	22.7%	**27.4%**	27.2%	+ 0.1%pt
	(as at 31 Dec 2024)									(as at 31 Dec 2023)	
	Mental Health Services										
	Average length of stay (LOS) (days) of acute inpatient care (with LOS ≤ 90 days)	29.7	32.2	31.3	37.0	30.4	35.7	33.4	**32.2**	32.4	- 0.3
	% of compulsory psychiatric admissions under the Mental Health Ordinance via AED for patients receiving active Personalised Care Programme care	0.8%	2.1%	1.8%	1.2%	3.0%	1.4%	2.7%	**2.2%**	1.9%	+ 0.2%pt
	Cardiac Services										
	% of acute myocardial infarction patients prescribed with Statin at discharge	94.6%	87.5%	87.3%	91.4%	90.0%	89.0%	85.5%	**89.2%**	87.7%	+ 1.4%pt
	% of ST-elevation myocardial infarction patients received primary percutaneous coronary intervention	31.3%	70.0%	81.1%	56.8%	67.4%	59.0%	75.1%	**65.1%**	59.3%	**+ 5.9%pt**

Blue > 5% / 5%pt above previous period

Green > 5% / 5%pt below previous period

		Current period (R66)								Previous period	
		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Overall HA	
		Apr 2024 - Mar 2025								*Apr 2023 - Mar 2024*	*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**										
	Ear, Nose and Throat										
	No. of SOP first attendances per doctor	707	436	732	733	773	748	805	**709**	671	**+ 5.7%**
	No. of SOP follow-up attendances per doctor	3 542	1 950	2 142	2 982	2 609	2 471	2 129	**2 484**	2 481	+ 0.1%
	Growth of waiting list against throughput (%)	4.7%	- 4.8%	5.2%	17.9%	- 3.4%	- 0.6%	- 0.2%	**2.2%**	5.2%	- 2.9%pt
	Gynaecology										
	No. of SOP first attendances per doctor	185	149	151	207	242	221	132	**180**	175	+ 2.4%
	No. of SOP follow-up attendances per doctor	1 039	1 133	1 008	1 083	771	789	699	**933**	910	+ 2.6%
	Growth of waiting list against throughput (%)	2.0%	2.2%	10.5%	- 4.9%	9.5%	8.8%	8.1%	**5.8%**	1.9%	+ 3.8%pt
	Medicine										
	No. of SOP first attendances per doctor	66	64	77	102	76	86	59	**76**	80	**- 5.1%**
	No. of SOP follow-up attendances per doctor	1 484	1 406	1 162	1 041	1 679	1 458	1 499	**1 384**	1 413	- 2.0%
	Growth of waiting list against throughput (%)	7.8%	- 3.1%	6.0%	- 0.4%	§	- 1.5%	7.3%	**2.0%**	- 9.4%	**+ 11.4%pt**
	Ophthalmology										
	No. of SOP first attendances per doctor	594	437	535	899	720	689	819	**663**	672	- 1.3%
	No. of SOP follow-up attendances per doctor	5 166	4 361	5 904	5 847	6 955	5 178	7 272	**5 846**	5 888	- 0.7%
	Growth of waiting list against throughput (%)	1.8%	- 13.9%	2.4%	1.5%	5.9%	6.9%	0.2%	**2.0%**	6.7%	- 4.8%pt
	Orthopaedics and Traumatology										
	No. of SOP first attendances per doctor	206	209	168	228	186	211	193	**198**	197	+ 0.6%
	No. of SOP follow-up attendances per doctor	1 602	1 265	1 374	1 471	1 603	1 389	1 471	**1 454**	1 459	- 0.4%
	Growth of waiting list against throughput (%)	- 6.6%	- 3.0%	- 7.1%	1.1%	1.5%	- 4.4%	1.3%	**- 2.3%**	- 3.6%	+ 1.4%pt
	Paediatrics and Adolescent Medicine										
	No. of SOP first attendances per doctor	42	64	37	96	69	54	72	**55**	50	**+ 8.5%**
	No. of SOP follow-up attendances per doctor	496	513	443	822	561	507	781	**541**	510	**+ 6.1%**
	Growth of waiting list against throughput (%)	4.9%	13.9%	2.6%	- 4.2%	13.6%	16.7%	6.3%	**6.5%**	8.5%	- 2.0%pt
	Psychiatry										
	No. of SOP first attendances per doctor	74	72	68	132	130	100	76	**96**	95	+ 0.9%
	No. of SOP follow-up attendances per doctor	1 919	2 016	1 679	2 651	3 139	2 025	2 078	**2 268**	2 253	+ 0.7%
	Growth of waiting list against throughput (%)	5.5%	2.1%	5.8%	4.3%	7.3%	10.0%	3.5%	**6.2%**	2.4%	+ 3.8%pt
	Surgery										
	No. of SOP first attendances per doctor	205	132	195	247	196	233	233	**203**	208	- 2.7%
	No. of SOP follow-up attendances per doctor	1 453	1 145	1 151	1 370	1 155	1 034	1 125	**1 178**	1 187	- 0.7%
	Growth of waiting list against throughput (%)	1.5%	2.3%	7.8%	7.1%	13.7%	5.0%	- 0.1%	**5.9%**	4.1%	+ 1.8%pt
Operating Theatre (OT) Utilisation	**Ratio of scheduled to expected elective OT session hours (%)**	102.6%	98.8%	94.9%	98.2%	96.8%	98.3%	99.2%	**97.9%**	98.2%	- 0.3%pt
	Utilisation rate of scheduled elective OT sessions (%)	99.1%	105.9%	95.5%	94.5%	94.1%	100.4%	94.9%	**97.8%**	95.8%	+ 2.0%pt

Blue > 5% / 5%pt above previous period

Green > 5% / 5%pt below previous period

			Current period (R66)								Previous period	
			HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Overall HA	
						Apr 2024 - Mar 2025					*Apr 2023 - Mar 2024*	*Variance*
										A	B	C = (A - B)
Efficiency in Use of Resources (continued)												
Bed Management		**Inpatient bed occupancy rate (%)**										
	*	Overall	82.4%	73.3%	86.9%	93.9%	92.2%	91.3%	86.4%	**87.4%**	88.0%	- 0.7%pt
	*	General (acute and convalescent)	86.1%	72.5%	87.6%	94.1%	96.2%	93.0%	97.9%	**90.1%**	91.1%	- 0.9%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**	6.3	+§
Day Surgery Services		**Rate of day surgery (%) (new)**										
		Ear, Nose and Throat	61.5%	46.5%	63.8%	76.2%	58.5%	74.4%	64.5%	**65.4%**	65.7%	- 0.4%pt
		Obstetrics and Gynaecology	76.3%	69.9%	66.6%	78.2%	78.4%	79.3%	88.8%	**77.6%**	77.5%	+ 0.1%pt
		Ophthalmology	88.5%	92.2%	95.8%	95.0%	74.5%	94.4%	90.3%	**91.6%**	91.6%	-§
		Orthopaedics and Traumatology	42.6%	31.9%	40.7%	36.8%	43.5%	46.7%	55.4%	**42.4%**	43.6%	- 1.2%pt
		Surgery	54.8%	65.6%	74.0%	68.2%	71.5%	78.4%	71.7%	**70.7%**	70.4%	+ 0.3%pt

Blue > 5% / 5%pt above previous period

Green > 5% / 5%pt below previous period

Remark:

* COR item

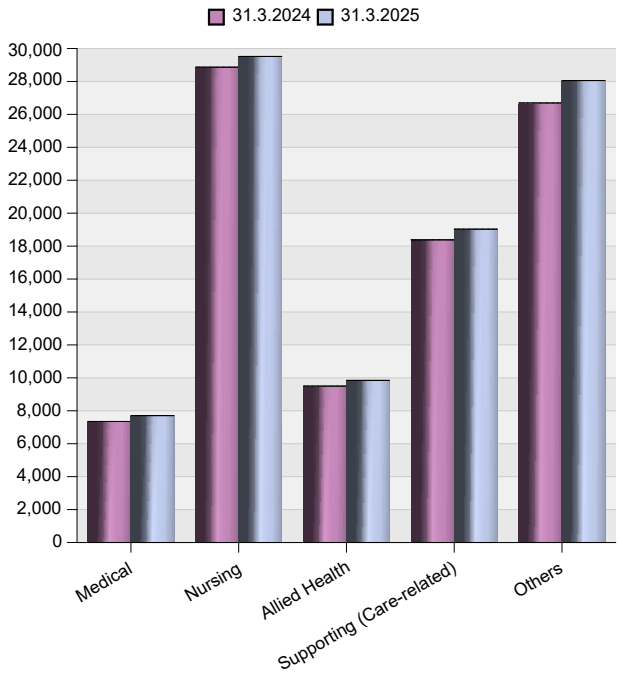
Manpower position by Staff Group (as at 31.03.2025)[1]

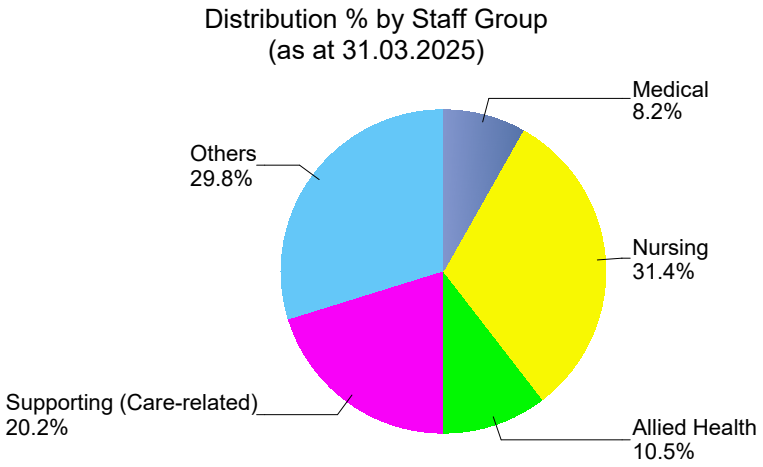
Appendix 2

Staff group	Prior year 31.03.2024 A	Current year 31.03.2025[2] B	COR Revised Estimate as at 31.03.2025[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]	7,350	7,707	7,675	+ 32	+ 0.4%	+ 357	+ 4.9%
Nursing	28,865	29,519	29,580	- 61	- 0.2%	+ 654	+ 2.3%
Allied Health	9,497	9,845	10,050	- 205	- 2.0%	+ 348	+ 3.7%
Supporting (Care-related)	18,382	19,030	45,920	+ 1,165	+ 2.5%	+ 648	+ 3.5%
Others	26,691	28,055				+ 1,364	+ 5.1%
Total[5]	**90,785**	**94,155**	**93,225**	**+ 930**	**+ 1.0%**	**+ 3,370**	**+ 3.7%**

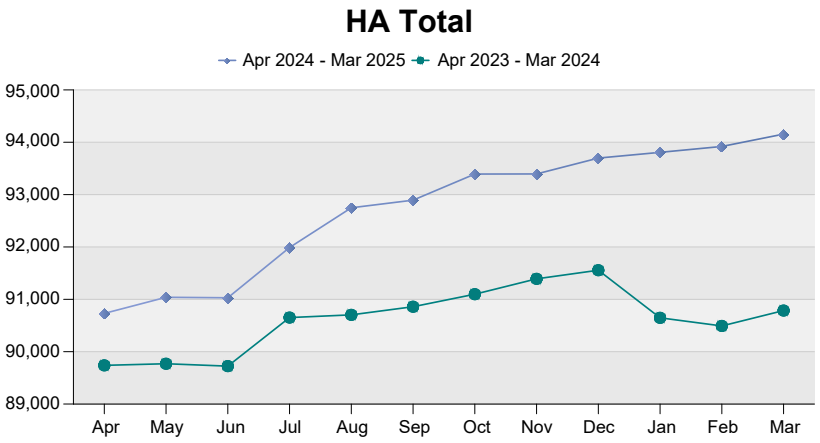
Blue >3% above COR estimate/prior year

Green >3% below COR estimate/prior year





	Medical	Nursing	Allied Health	Supporting (Care-related)	Others
Prior Year 31.03.2024	7,350	28,865	9,497	18,382	26,691
Current Year 31.03.2025	7,707	29,519	9,845	19,030	28,055



Remarks:

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

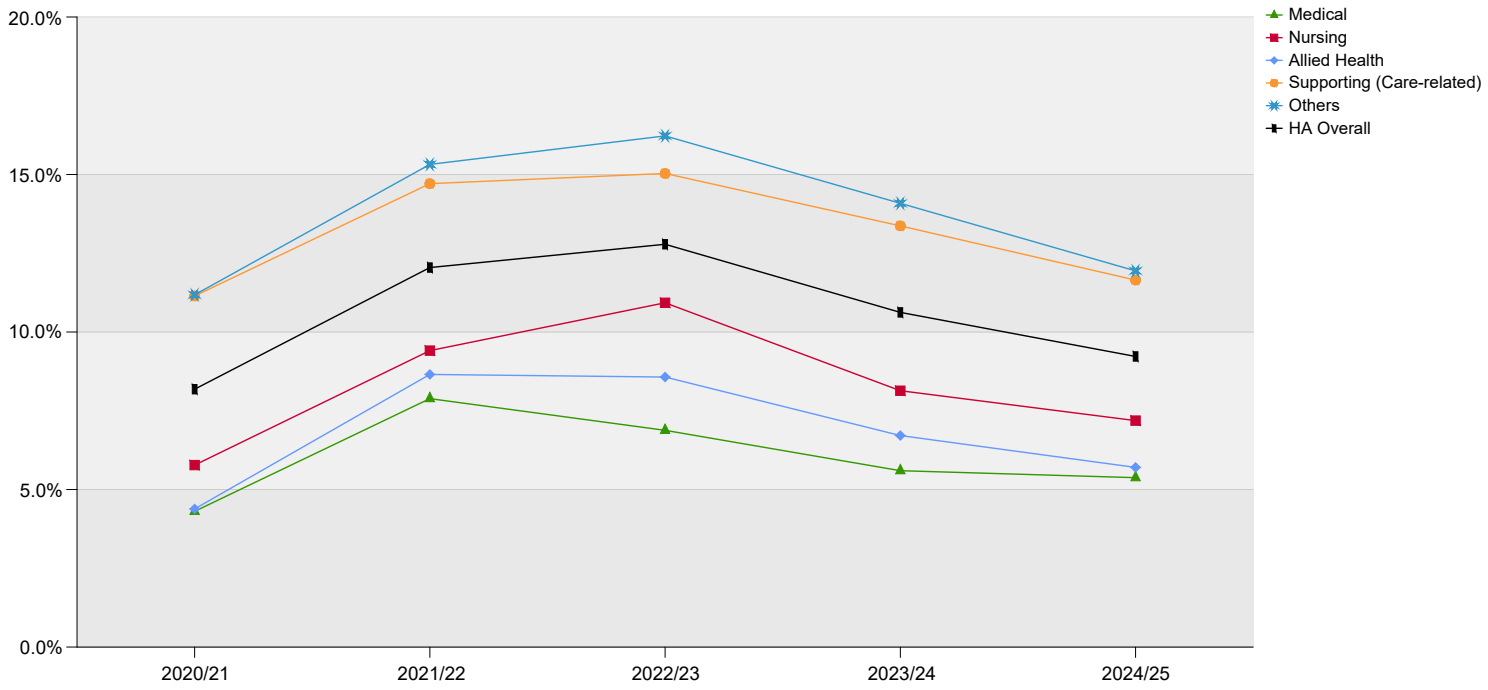
(2) Provisional data for reference only. The data will be updated in the following month to include any backdated transactions

(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

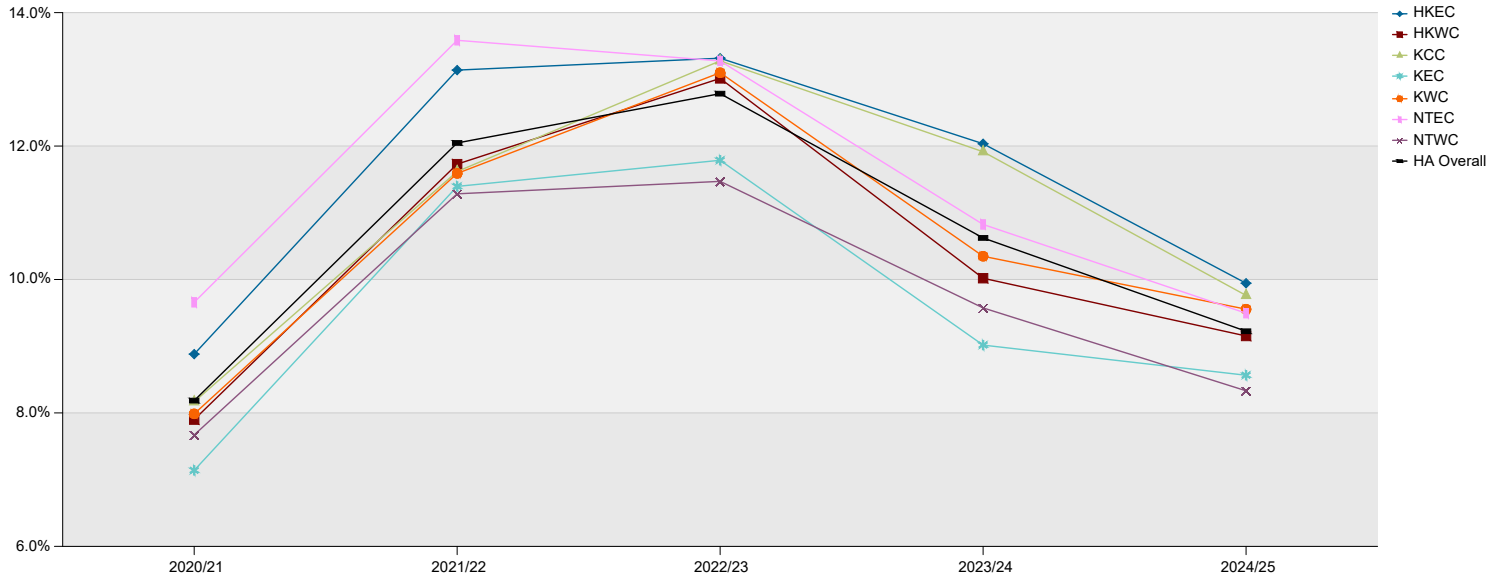


Staff Group	Full-time[3][5]					Part-time [3][4][5]				
	2020/21	2021/22	2022/23	2023/24	2024/25 (Rolling from Apr 24 to Mar 25)[6]	2020/21	2021/22	2022/23	2023/24	2024/25 (Rolling from Apr 24 to Mar 25)[6]
Medical[2]	4.3%	7.9%	6.9%	5.6%	5.4%	11.5%	17.8%	12.8%	10.4%	11.9%
Nursing	5.8%	9.4%	10.9%	8.1%	7.2%	15.0%	26.2%	17.2%	10.8%	13.1%
Allied Health	4.4%	8.7%	8.6%	6.7%	5.7%	8.3%	21.8%	25.6%	21.4%	18.1%
Supporting (Care-related)	11.1%	14.7%	15.0%	13.4%	11.6%	10.2%	20.3%	22.4%	22.0%	18.9%
Others	11.2%	15.3%	16.2%	14.1%	11.9%	31.4%	34.8%	42.7%	21.5%	31.9%
HA Overall	8.2%	12.0%	12.8%	10.6%	9.2%	13.9%	22.5%	18.3%	13.3%	15.2%

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 Apr 24 to Mar 25)[5]	2020/21	2021/22	2022/23	2023/24	2024/25 (Rolling from Apr 24 to Mar 25)[5]
HKEC	8.9%	13.1%	13.3%	12.0%	9.9%	16.8%	21.8%	20.6%	19.4%	26.2%
HKWC	7.9%	11.7%	13.0%	10.0%	9.2%	17.5%	31.1%	24.7%	16.4%	14.5%
KCC	8.2%	11.6%	13.3%	11.9%	9.8%	9.3%	16.7%	14.3%	10.2%	13.2%
KEC	7.1%	11.4%	11.8%	9.0%	8.6%	13.4%	23.9%	22.8%	17.6%	16.9%
KWC	8.0%	11.6%	13.1%	10.3%	9.6%	11.4%	22.6%	10.5%	10.3%	16.2%
NTEC	9.7%	13.6%	13.3%	10.8%	9.5%	20.3%	22.0%	24.8%	10.3%	9.5%
NTWC	7.7%	11.3%	11.5%	9.6%	8.3%	10.3%	16.1%	11.2%	8.5%	7.6%
HA Overall	8.2%	12.0%	12.8%	10.6%	9.2%	13.9%	22.5%	18.3%	13.3%	15.2%

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		
		2024			2025	Previous period	Current period	Previous period	Current period	Variance from previous period
		2Q	3Q	4Q	1Q	(Apr23 - Mar24)	(Apr24 - Mar25)	(Apr23 - Mar24) %	(Apr24 - Mar25) %	% pt
Doctor	Senior Staff [1]	29	41	23	32	144	125	4.7%	4.1%	- 0.6
	Junior Staff [2]	20	42	25	32	132	119	3.8%	3.2%	- 0.6
	Overall	**49**	**83**	**48**	**64**	**276**	**244**	**4.3%**	**3.6%**	**- 0.7**
Nursing	Senior Staff [3]	60	48	33	44	195	185	2.7%	2.4%	- 0.3
	Junior Staff [4]	311	339	334	317	1,522	1,301	7.8%	6.6%	- 1.2
	Overall	**371**	**387**	**367**	**361**	**1,717**	**1,486**	**6.4%**	**5.5%**	**- 0.9**
Allied Health [5] Overall		**99**	**109**	**73**	**80**	**402**	**361**	**4.4%**	**3.8%**	**- 0.6**
Supporting (Care-related) Overall		**375**	**517**	**323**	**327**	**1,795**	**1,542**	**10.1%**	**8.4%**	**- 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 Apr 23 - Mar 24 A	Current period Apr 24 - Mar 25 B	Variance from previous period C = (B - A) / A
Medical	4.6	4.1	- 10.9%
Nursing	10.6	8.7	- 17.9%
Allied Health	8.4	6.9	- 17.9%
Supporting (Care-related)	12.0	10.4	- 13.3%
Others	9.8	8.3	- 15.3%
HA Overall	**9.9**	**8.3**	**- 16.2%**

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

Staff Group	Previous period Apr 23 - Mar 24 A %	Current period Apr 24 - Mar 25 B %	Variance from previous period C = B - A % pt
Medical	0.8	1.1	+ 0.3
Nursing	2.8	2.5	- 0.3
Allied Health	1.7	1.6	- 0.1
Supporting (Care-related)	3.1	3.0	- 0.1
Others	2.4	2.2	- 0.2
HA Overall	**2.5**	**2.3**	**- 0.2**

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 23 - Mar 24 A	Current period Apr 24 - Mar 25 B	Variance from previous period C = B - A
Medical	3.8	4.4	+ 0.6
Nursing	3.7	3.3	- 0.4
Allied Health	1.4	1.5	+ 0.1
Supporting (Care-related)	6.0	5.7	- 0.3
Others	2.3	2.1	- 0.2
HA Overall	**3.5**	**3.3**	**- 0.2**

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

Staff Group	Previous period Apr 23 - Mar 24 A	Current period Apr 24 - Mar 25 B	Variance from previous period C = B - A
Medical	9.3	6.0	- 3.3
Nursing	53.7	43.4	- 10.3
Allied Health	20.9	15.9	- 5.0
Supporting (Care-related)	117.1	105.7	- 11.4
Others	69.6	51.4	- 18.2
HA Overall	**64.3**	**52.6**	**- 11.7**

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][3]

(A) Total Training Days

Staff Group	Previous period Apr 23 - Mar 24 A	Current period Apr 24 - Mar 25 B	Variance from previous period C = (B - A) / A
Medical	53,066.0	65,778.4	+ 24.0%
Nursing	319,036.1	324,793.1	+ 1.8%
Allied Health	54,748.1	61,220.9	+ 11.8%
Supporting (Care-related)	44,473.4	42,593.0	- 4.2%
Others	32,096.0	38,995.1	+ 21.5%
HA Overall [4]	**503,419.6**	**533,380.5**	**+ 6.0%**

(B) Average Training Days per Staff

Staff Group	Previous period Apr 23 - Mar 24 A	Current period Apr 24 - Mar 25 B	Variance from previous period C = B - A
Medical	7.1	8.5	+ 1.4
Nursing	11.7	11.8	+ 0.1
Allied Health	6.0	6.4	+ 0.4
Supporting (Care-related)	2.5	2.3	- 0.2
Others	1.2	1.4	+ 0.2
HA Overall	**5.8**	**5.9**	**+ 0.1**

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

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