For information **AOM-P2080**
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Hospital Authority

Report on Key Performance Indicators (Report No. 67, up to June 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 June 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 in August 2025[2].

Background

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

3. In the first quarter of 2025-26, HA's overall throughput for most services was maintained in general when compared with the prior year. Initiatives to drive changes to service models and improvement in care quality have also been reflected in the KPI performance of some indicators, for instance, day inpatient throughput, access to cardiac care and stroke care services. In the midst of escalating demand amid the ageing population, some services, including treatment of total joint replacement **(TJR)** and cancer services, 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.

Key Observations

Clinical Services (Appendix 1)

4. In the first three months of 2025-26, HA's overall service throughput for most items from the Controlling Officer's Report **(COR)** had remained within the normal range

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[1] The last quarterly report on KPIs (up to March 2025) was submitted to the Board on 26 June 2025 via Administrative and Operational Meeting Paper No. 2063.

[2] Via MSDC Paper No. 777; HRC Paper No. 816; and FC Paper No. 1080.

of variation (i.e. ±5% against year-to-date **(YTD)** estimates[3]). Some services showed larger service growth with number of attendances increased against the prior year by more than 5%, including the allied health (outpatient) attendances (+7.3%) and the allied health (community) attendances (+17.1%).

5. HA has been undergoing various strategic service model changes to improve service quality and enhance sustainability. Amongst them, the key change in service model is the move from reliance on traditional inpatient care to a dynamic ambulatory care system. By increasing adoption of the ambulatory care services model, HA aims to provide sustainable healthcare services to meet service demand amid the ageing population and bring about benefits in various aspects, including avoiding risks associated with hospital admissions; improving patients' clinical outcomes; and reducing avoidable inpatient admissions. These efforts are complemented by an increase in day beds and capacity enhancement to manage patients in ambulatory care settings. The expansion in day inpatient capacity has also facilitated the growth in throughput, as demonstrated by an increase of 32.9%[4] in number of day inpatient discharges and deaths against the pre-epidemic level.

6. HA has also been dedicating efforts to improving other ambulatory care services, such as the service integration of community nursing service and community geriatric assessment service. To optimise service efficiency and enhance the continuity of care, a new "one-home-one-nurse" model has been implemented in all clusters, where the same nurse would provide nursing services and procedures to one Residential Care Home for Elderly. While aligned workflows and data capturing practices have been in place, they had yet to be reflected in the 2025-26 COR estimates. During the transitional period, variances in community nurse attendances and geriatric outreach attendances against the YTD estimates and the prior year would be expected.

7. In addition, HA has been suitably **re-engineering the service models** where practicable to enhance service quality and improve patient experience through the use of information technology **(IT)**. 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. Meanwhile, HA has also implemented a series of Public-Private Partnership **(PPP)** Programmes[5] with a view to diverting suitable HA patients to receive

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[3] Refer to "estimates" reported in the 2025-26 COR under "Programme (3) 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 2025-26 estimates included (a) full-year effect of programmes implemented in part of 2024-25, (b) activities generated by new programmes in 2025-26, and (c) estimated demand growth for acute inpatient services arising from population growth, taking into account the cross-cluster utilisation.

[4] Number of day inpatient discharges and deaths : 164 768 in the first quarter of 2018-19 and 218 964 in the first quarter of 2025-26

[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.

treatment or take diagnostic investigation in the private sector. Low-charge Beds referral mechanism is in place for transferring suitable HA patients to private hospitals for treatment.

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

8. 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 9.2% points (80.8% vs. target 90%) for Triage III (urgent). Compared with the prior year, considerable improvement of 8.5% 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

9. 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 around 90% of P1 and P2 new case bookings with waiting time within the targets.

10. 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 three 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 and collaboration with Family Medicine, to reduce its impact on service.

11. As announced in the Hong Kong Special Administrative Region Chief Executive's 2022 and 2023 Policy Addresses **(PAs)**, HA aimed to reduce the waiting time of

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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 enhancing 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.

stable new case bookings for Medicine **(MED)** by 20% in 2023-24, and Ear, Nose & Throat **(ENT)** and Orthopaedics & Traumatology **(ORT)** by 10% in 2024-25, which were monitored and reflected under the KPI of 90th percentile waiting time of Routine cases. With concerted efforts, the targets were achieved. In this reporting cycle, HA overall's 90th percentile waiting time of Routine cases for ENT, MED and ORT were at 79 weeks, 92 weeks and 73 weeks respectively. 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

12. Waiting time at **90th percentile for patients receiving the TJR treatment** was 70 months for HA overall, which was shortened by three months when compared with the prior year. In the face of an ageing population, the number of patients requiring TJR surgery continues to rise. 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

13. 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 66.7%, with an improvement of 6.4% points when compared with the prior year. A significant increase of 35.4% 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 ischaemic stroke patients received intravenous thrombolysis** was 15.9%, representing a considerable improvement from 9.9% in 2018-19.

14. For **colorectal cancer** and **breast cancer**, the respective waiting times at **90th percentile for patients receiving the first treatment after diagnosis** (January to December 2024) were at 94 days and 80 days, which were respectively reduced and lengthened by one day when compared with the prior year. To cope with the growing service demand, HA has augmented the inpatient and ambulatory capacity, as well as manpower in different clusters to enhance the capacity of chemotherapy services, radiotherapy, oncology SOP and surgical services. Apart from 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 by increasing anaesthetists manpower. Besides, SHS (Special Duties) programme to cover weekday and weekend elective OT lists in hospitals with manpower deficiency has been implemented. 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 radiotherapy treatment planning. Clusters and grade management offices have been monitoring the manpower situation and taking measures to tackle the issue.

Human Resources (Appendix 2)

15. As at 30 June 2025, HA had a **staffing position of 94 254**, which represented a growth of 3.5% when compared with the prior year. There was a general increase in all staff groups, with percentage increase ranging from 2.4% to 5.2%. As for the **attrition (wastage) rate**[9] **of full-time staff**, the HA overall rate was 8.9%, in which the "Others" staff group had the highest rate (11.6%). As for the attrition (wastage) rates of full-time doctors, some specialties had higher rates, including Radiology, Paediatrics and OPH, which had exerted some pressure on the respective clinical services.

16. The overall **average sick leave days taken per staff** was 8.2 days, representing a decrease of 10.9% when compared with the prior year. There was also a significant decrease of 13.3% and 12.8% for "Nursing" and "Allied Health" staff groups when compared with the prior year. The **proportion of staff taking long sick leave (≥ 50 days)** in HA (2.2%) had slightly decreased.

17. The overall **number of injury on duty (IOD) cases per 100 full-time equivalent (FTE) staff** had decreased from 3.5 cases to 3.2 cases when compared with the prior year. "Allied Health" staff group had the lowest rate (1.3 cases), whereas "Supporting (Care-related)" staff group had the highest rate (5.4 cases). As for the **number of IOD leave days per 100 FTE staff**, HA overall was 50.4 days, representing a decrease of 11.6 days. "Medical", "Nursing", "Allied Health", "Supporting (Care-related)" and "Others" staff groups had a reduction of 1.3 days, 8.1 days, 9.4 days, 7.1 days and 21.6 days respectively.

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

Finance

18. According to the approved 2025-26 HA budget, HA anticipated a balanced budget for the year. For the quarter ended 30 June 2025, HA reported a YTD underspending position as most of its expenditure was scheduled to be incurred towards the later part of the year given its spending cycle. For the full year 2025-26, a balanced financial position was projected according to the latest review. HA will continue to closely monitor its financial results with due consideration to the ongoing development of HA's manpower situation, the impact of potential demand surges during the year and the upcoming implementation of the fees and charges reform and the enhanced medical fee waiving mechanism on 1 January 2026.

Way Forward

19. 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\2080
11 September 2025

Report on Key Performance Indicators - Clinical Services

For reporting to the Administrative and Operational Meeting in September 2025

(KPI Report No. 67, up to June 2025)

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

Reporting Period : YTD Jun 2025 (unless specified) for Service Growth in response to Population Change & Ageing Effect ;

1.7.2024 - 30.6.2025 (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	
			YTD Jun 2025	*YTD Jun 2025*	*Variance*	*YTD Jun 2024*	*Variance*
			A	**B**	**C** = (A - B) or (A - B) / B	**D**	**E** = (A - D) or (A - D) / D
Service Growth in response to Population Change & Ageing Effect							
Service Capacity (as at 30 Jun 2025)	*	**No. of hospital beds (overall)**	**30 842**	**30 842**	**-**	**30 671** (as at 30 Jun 2024)	**+ 171**
	*	**No. of geriatric day places**	**787**	N.A.	N.A.	**787** (as at 30 Jun 2024)	**-**
	*	**No. of psychiatric day places**	**909**	N.A.	N.A.	**909** (as at 30 Jun 2024)	**-**
Inpatient Services		**No. of inpatient discharges and deaths**					
	*	Overall	**280 550**	**320 934**	**- 12.6%**	**296 092**	**- 5.2%**
	*	General (acute and convalescent)	**274 609**	**314 833**	**- 12.8%**	**289 813**	**- 5.2%**
		No. of inpatient patient days					
	*	Overall	**2 155 069**	**2 300 080**	**- 6.3%**	**2 227 338**	**- 3.2%**
	*	General (acute and convalescent)	**1 753 512**	**1 884 598**	**- 7.0%**	**1 816 603**	**- 3.5%**
	*	**No. of day inpatient discharges and deaths**	**218 964**	**218 224**	**+ 0.3%**	**210 816**	**+ 3.9%**
Accident & Emergency (A&E) Services	*	**No. of A&E attendances**	**476 244**	**564 411**	**- 15.6%**	**532 719**	**- 10.6%**
		No. of A&E first attendances					
	*	triage I (Critical cases)	**6 321**	N.A.	N.A.	**6 475**	**- 2.4%**
	*	triage II (Emergency cases)	**13 623**	N.A.	N.A.	**14 227**	**- 4.2%**
	*	triage III (Urgent cases)	**191 119**	N.A.	N.A.	**206 784**	**- 7.6%**
Specialist Outpatient (SOP) Services	*	**No. of SOP (clinical) first attendances**	**219 593**	N.A.	N.A.	**222 423**	**- 1.3%**
	*	**No. of SOP (clinical) follow-up attendances**	**1 931 238**	N.A.	N.A.	**1 893 013**	**+ 2.0%**
	*	**Total no. of SOP (clinical) attendances**	**2 150 831**	**2 113 808**	**+ 1.8%**	**2 115 436**	**+ 1.7%**
Primary Care Services	*	**No. of general outpatient attendances**	**1 536 803**	**1 553 419**	**- 1.1%**	**1 555 301**	**- 1.2%**
	*	**No. of family medicine specialist clinic attendances**	**94 256**	**94 452**	**- 0.2%**	**91 672**	**+ 2.8%**
	*	**Total no. of primary care attendances**	**1 631 059**	**1 647 871**	**- 1.0%**	**1 646 973**	**- 1.0%**
Allied Health Outpatient Services	*	**No. of allied health (outpatient) attendances**	**925 195**	**860 856**	**+ 7.5%**	**862 352**	**+ 7.3%**
Day Hospital Services	*	**No. of rehabilitation day and palliative care day attendances**	**28 889**	**30 080**	**- 4.0%**	**27 772**	**+ 4.0%**
	*	**No. of geriatric day attendances**	**44 261**	**44 001**	**+ 0.6%**	**43 786**	**+ 1.1%**
	*	**No. of psychiatric day attendances**	**60 883**	**58 709**	**+ 3.7%**	**56 410**	**+ 7.9%**
Community & Outreach Services	*	**No. of community nurse attendances**	**185 893**	**236 597**	**- 21.4%**	**237 727**	**- 21.8%**
	*	**No. of allied health (community) attendances**	**10 820**	**8 801**	**+ 22.9%**	**9 242**	**+ 17.1%**
	*	**No. of geriatric outreach attendances**	**248 421**	**204 088**	**+ 21.7%**	**197 497**	**+ 25.8%**
	*	**No. of geriatric elderly persons assessed for infirmary care service**	**386**	N.A.	N.A.	**349**	**+ 10.6%**
	*	**No. of psychiatric outreach attendances**	**91 740**	**88 817**	**+ 3.3%**	**89 642**	**+ 2.3%**
	*	**No. of psychogeriatric outreach attendances**	**29 609**	**28 630**	**+ 3.4%**	**30 039**	**- 1.4%**

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

Remark:

* COR item

			Current period (R67)								Previous period	
			HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Overall HA	
						Jul 2024 - Jun 2025					*Jul 2023 - Jun 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%	97.8%	99.8%	97.0%	97.7%	95.7%	98.5%	**97.8%**	96.6%	+ 1.2%pt
	*	triage III (urgent cases : < 30 minutes, 90%)	82.6%	77.4%	91.3%	75.9%	77.2%	70.0%	88.2%	**80.8%**	72.3%	**+ 8.5%pt**
		triage IV (semi-urgent cases : < 120 minutes, 75%)	51.4%	51.9%	63.9%	42.5%	58.6%	57.9%	50.2%	**54.6%**	46.0%	**+ 8.6%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%	99.2%	99.0%	99.5%	98.9%	99.1%	99.3%	**99.2%**	99.1%	+§
		% of P2 cases at SOPCs with waiting time within 8 weeks	98.5%	98.5%	99.1%	98.7%	96.6%	98.2%	99.0%	**98.2%**	98.3%	-§
		90th percentile waiting time (weeks) of Routine cases at SOPCs	55	54	77	81	79	75	54	**79**	90	**- 11**
		Gynaecology										
		% of P1 cases at SOPCs with waiting time within 2 weeks	99.7%	96.3%	99.5%	98.5%	100.0%	98.0%	97.8%	**98.1%**	98.3%	- 0.2%pt
		% of P2 cases at SOPCs with waiting time within 8 weeks	98.4%	98.1%	98.8%	98.8%	98.5%	94.5%	97.6%	**98.1%**	98.6%	- 0.5%pt
		90th percentile waiting time (weeks) of Routine cases at SOPCs	33	51	88	86	96	88	60	**87**	83	+ 4
		Medicine										
		% of P1 cases at SOPCs with waiting time within 2 weeks	98.2%	97.9%	96.5%	97.4%	96.3%	97.8%	99.0%	**97.6%**	97.4%	+ 0.2%pt
		% of P2 cases at SOPCs with waiting time within 8 weeks	98.9%	94.6%	97.8%	98.1%	97.5%	98.7%	99.1%	**97.9%**	97.5%	+ 0.4%pt
		90th percentile waiting time (weeks) of Routine cases at SOPCs	92	75	94	90	92	87	66	**92**	92	-
		Ophthalmology										
		% of P1 cases at SOPCs with waiting time within 2 weeks	99.6%	99.2%	99.5%	99.5%	99.6%	98.7%	99.2%	**99.3%**	99.3%	+§
		% of P2 cases at SOPCs with waiting time within 8 weeks	98.2%	99.4%	99.1%	99.1%	47.7%	98.5%	99.0%	**89.8%**	95.4%	**- 5.6%pt**
		90th percentile waiting time (weeks) of Routine cases at SOPCs	76	63	96	101	108	117	87	**107**	104	+ 3
		Orthopaedics and Traumatology										
		% of P1 cases at SOPCs with waiting time within 2 weeks	99.4%	96.7%	98.6%	99.3%	98.9%	98.9%	98.6%	**98.8%**	99.0%	- 0.2%pt
		% of P2 cases at SOPCs with waiting time within 8 weeks	99.1%	98.9%	98.9%	96.0%	99.1%	97.0%	97.0%	**98.0%**	98.7%	- 0.7%pt
		90th percentile waiting time (weeks) of Routine cases at SOPCs	71	67	76	73	77	74	65	**73**	87	**- 14**
		Paediatrics and Adolescent Medicine										
		% of P1 cases at SOPCs with waiting time within 2 weeks	95.5%	100.0%	98.0%	99.2%	99.7%	97.9%	100.0%	**98.8%**	98.8%	+§
		% of P2 cases at SOPCs with waiting time within 8 weeks	96.9%	100.0%	98.5%	98.4%	95.1%	97.1%	99.2%	**98.0%**	97.4%	+ 0.6%pt
		90th percentile waiting time (weeks) of Routine cases at SOPCs	23	32	32	39	28	50	34	**42**	43	- 1
		Psychiatry										
		% of P1 cases at SOPCs with waiting time within 2 weeks	100.0%	99.4%	100.0%	100.0%	99.5%	99.7%	99.5%	**99.7%**	99.7%	- 0.1%pt
		% of P2 cases at SOPCs with waiting time within 8 weeks	99.8%	100.0%	99.9%	100.0%	100.0%	99.5%	100.0%	**99.9%**	99.3%	+ 0.5%pt
		90th percentile waiting time (weeks) of Routine cases at SOPCs	85	90	87	85	91	100	82	**91**	92	- 1
		Surgery										
		% of P1 cases at SOPCs with waiting time within 2 weeks	98.8%	98.2%	96.5%	98.8%	96.2%	93.3%	98.0%	**96.8%**	97.3%	- 0.5%pt
		% of P2 cases at SOPCs with waiting time within 8 weeks	99.1%	99.5%	92.2%	98.7%	95.9%	96.4%	92.6%	**96.1%**	95.8%	+ 0.3%pt
		90th percentile waiting time (weeks) of Routine cases at SOPCs	85	75	99	99	100	91	66	**96**	97	- 1

Blue > 5% / 5%pt above previous period

Green > 5% / 5%pt below previous period

Remark:

* COR item

		Current period (R67)								Previous period	
		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Overall HA	
		Jul 2024 - Jun 2025								*Jul 2023 - Jun 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%	98.1%	95.8%	99.9%	96.8%	96.6%	**97.9%**	97.9%	+§
	% of P2 cases at AHOP clinics with waiting time within 8 weeks	99.9%	99.9%	99.0%	97.6%	99.9%	98.5%	97.5%	**98.8%**	98.9%	- 0.1%pt
	90th percentile waiting time (weeks) of Routine cases at AHOP clinics	15	10	13	13	14	17	16	**16**	16	-
	Occupational Therapy										
	% of P1 cases at AHOP clinics with waiting time within 2 weeks	99.6%	99.5%	99.1%	99.6%	99.6%	99.3%	98.9%	**99.4%**	99.1%	+ 0.3%pt
	% of P2 cases at AHOP clinics with waiting time within 8 weeks	99.5%	99.5%	99.3%	99.4%	99.7%	99.4%	98.1%	**99.3%**	98.0%	+ 1.3%pt
	90th percentile waiting time (weeks) of Routine cases at AHOP clinics	24	17	18	19	16	24	20	**20**	27	**- 7**
	Physiotherapy										
	% of P1 cases at AHOP clinics with waiting time within 2 weeks	99.0%	97.8%	98.4%	98.5%	98.6%	99.1%	99.1%	**98.7%**	98.1%	+ 0.7%pt
	% of P2 cases at AHOP clinics with waiting time within 8 weeks	99.3%	98.9%	98.2%	96.2%	99.3%	99.2%	99.1%	**98.4%**	98.2%	+ 0.2%pt
	90th percentile waiting time (weeks) of Routine cases at AHOP clinics	27	17	46	31	33	30	36	**34**	37	**- 3**

Blue > 5% / 5%pt above previous period

Green > 5% / 5%pt below previous period

Quality Improvement (continued)

		Current period (R67)								Previous period	
		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Overall HA	
		Jul 2024 - Jun 2025								Jul 2023 - Jun 2024	Variance
									A	B	C = (A - B)
Waiting Time for Elective Surgery	**Total Joint Replacement**										
	Waiting time (months) at 90th percentile for patients receiving the treatment of total joint replacement	77	59	61	74	72	69	75	**70**	73	- 3
	Benign Prostatic Hyperplasia										
	% of patients provided with surgery within 2 months for P1 patients (Apr 2024 - Mar 2025)	87.8%	44.4%	54.1%	40.4%	53.8%	74.6%	61.1%	**61.7%**	53.1% (Apr 2023 - Mar 2024)	**+ 8.6%pt**
	% of patients provided with surgery within 12 months for P2 patients (Jul 2023 - Jun 2024)	100.0%	97.2%	77.3%	93.5%	95.7%	80.0%	93.8%	**90.9%**	78.0% (Jul 2022 - Jun 2023)	**+ 12.9%pt**
Waiting Time for Diagnostic Radiological Investigations	**CT**										
	% of urgent cases with examination done within 24 hours	99.0%	99.9%	99.4%	98.1%	99.5%	99.2%	99.4%	**99.2%**	98.9%	+ 0.4%pt
	Median waiting time (weeks) of P1 cases	2	3	1	1	1	2	3	**2**	3	**- 1**
	Median waiting time (weeks) of P2 cases	13	27	27	23	34	25	97	**24**	27	**- 3**
	90th percentile waiting time (weeks) of Routine cases	87	156	189	196	205	206	243	**209**	192	**+ 17**
	MRI										
	% of urgent cases with examination done within 24 hours	98.4%	100.0%	99.3%	99.3%	95.1%	98.0%	95.1%	**98.1%**	97.6%	+ 0.5%pt
	Median waiting time (weeks) of P1 cases	3	<1	2	<1	3	3	4	**2**	3	**- 1**
	Median waiting time (weeks) of P2 cases	20	6	31	17	29	25	84	**28**	33	**- 5**
	90th percentile waiting time (weeks) of Routine cases	129	214	278	123	147	196	194	**204**	189	**+ 15**
	Ultrasonography										
	% of urgent cases with examination done within 24 hours	99.6%	97.3%	98.2%	95.9%	98.4%	95.6%	97.5%	**97.2%**	96.0%	+ 1.3%pt
	Median waiting time (weeks) of P1 cases	1	<1	1	<1	<1	3	2	**1**	1	-
	Median waiting time (weeks) of P2 cases	15	14	32	10	38	50	28	**26**	26	-
	90th percentile waiting time (weeks) of Routine cases	78	121	246	161	174	155	264	**169**	184	**- 15**
	Mammogram										
	Median waiting time (weeks) of P1 cases	1	1	2	<1	1	1	2	**1**	1	-
	Median waiting time (weeks) of P2 cases	14	13	48	14	16	14	16	**16**	17	**- 1**
	90th percentile waiting time (weeks) of Routine cases	67	210	301	126	241	188	138	**196**	179	**+ 17**

Blue > 5% / 5%pt above previous period

Green > 5% / 5%pt below previous period

Quality Improvement (continued)

Access Block Monitoring

Number / percentage of patients with access block time more than [4 hours, 12 hours] [N1]

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

Current period

Apr - Jun 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.	%
Prince of Wales Hospital	1 503	9.4%	-	-
United Christian Hospital	652	5.3%	4	§

Previous 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	2 411	11.2%	304	1.4%
United Christian Hospital	1 300	10.1%	14	0.1%

Remark:

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

		Current period (R67)								Previous period	
		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Overall HA	
		Jul 2024 - Jun 2025								*Jul 2023 - Jun 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) (%)**	99.0%	92.4%	87.7%	86.1%	96.7%	84.0%	87.1%	**90.6%**	87.4%	+ 3.2%pt
Appropriateness of Care	**Standardised admission rate for A&E patients (%)**	45.5%	45.8%	40.3%	33.7%	36.9%	39.6%	34.3%	**38.4%**	37.8%	+ 0.6%pt
	* **Unplanned readmission rate within 28 days for general inpatients (%)** (Jun 2024 - May 2025)	10.4%	9.5%	10.4%	11.9%	12.6%	10.4%	11.9%	**11.1%**	10.9% (Jun 2023 - May 2024)	+ 0.2%pt
Breastfeeding Rate	**Breastfeeding rate on discharge (%)** (Jun 2024 - May 2025)	84.9%	85.0%	74.3%	71.2%	74.3%	83.4%	79.0%	**78.5%**	79.4% (Jun 2023 - May 2024)	- 0.9%pt
Infection Rate	**MRSA bacteraemia in acute beds per 1 000 acute patient days**	0.1478	0.1144	0.1233	0.1775	0.1536	0.1200	0.1632	**0.1419**	0.1406	+ 1.0%
Access to Outreach Service	**% of residential care home for the elderly covered by Community Geriatric Assessment Service (CGAS)** (as at 31 Mar 2025)	90.5%	95.7%	82.7%	88.1%	83.3%	83.2%	89.5%	**86.3%**	82.6% (as at 31 Mar 2024)	+ 3.7%pt
Patient Blood Management	**% of transfusion with pre-transfuse Hb level < 7g/dL**	69.5%	48.3%	61.2%	84.6%	67.2%	61.7%	68.5%	**64.6%**	63.5%	+ 1.1%pt
	% of transfusion with single red blood cell unit transfusion	67.3%	65.0%	67.1%	70.6%	59.7%	56.5%	61.6%	**63.2%**	62.1%	+ 1.1%pt

Blue > 5% / 5%pt above previous period

Green > 5% / 5%pt below previous period

Remark:

* COR item

Quality Improvement (continued)

		Current period (R67)								Previous period	
		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Overall HA	
		Jul 2024 - Jun 2025								Jul 2023 - Jun 2024	Variance
									A	B	C = (A - B)
Disease Specific Quality Indicators	**Stroke**										
	% of acute ischaemic stroke patients received IV thrombolysis	15.9%	12.8%	17.2%	14.2%	17.0%	15.3%	16.0%	**15.9%**	14.6%	+ 1.3%pt
	Hip Fracture										
	% of patients indicated for surgery on hip fracture with surgery performed ≤ 2 days after admission through A&E	57.4%	89.4%	37.9%	39.4%	39.2%	25.0%	63.6%	**45.1%**	45.7%	- 0.6%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	30	31	**29**	28	+ 1
	Waiting time (days) at 90th percentile for patients with colorectal cancer receiving first treatment after diagnosis (Jan - Dec 2024)	83	102	95	92	92	109	75	**94**	95 (Jan - Dec 2023)	- 1
	Waiting time (days) at 90th percentile for patients with breast cancer receiving first treatment after diagnosis (Jan - Dec 2024)	64	60	83	53	79	120	85	**80**	79 (Jan - Dec 2023)	+ 1
	Waiting time (days) at 90th percentile for patients with nasopharynx cancer receiving first treatment after diagnosis	75	75	69	N.A.	67	75	59	**69**	67	+ 2
	Diabetes Mellitus										
	% of diabetes mellitus patients with HbA1c < 7%	57.8%	62.8%	55.2%	53.9%	55.8%	59.2%	56.0%	**56.8%**	57.9%	- 1.2%pt
	Hypertension										
	% of hypertension patients treated in GOPCs with blood pressure < 140/90 mmHg	56.5%	65.1%	71.0%	66.0%	78.5%	80.5%	70.3%	**71.6%**	76.7%	**- 5.1%pt**
	Mental Health Services										
	Average length of stay (LOS) (days) of acute inpatient care (with LOS ≤ 90 days)	30.3	31.5	31.0	36.3	30.6	35.5	33.9	**32.3**	32.3	- 0.1
	% of compulsory psychiatric admissions under the Mental Health Ordinance via AED for patients receiving active Personalised Care Programme care	1.3%	2.1%	1.9%	1.3%	3.0%	1.3%	2.9%	**2.2%**	2.0%	+ 0.2%pt
	Cardiac Services										
	% of acute myocardial infarction patients prescribed with Statin at discharge	94.7%	79.5%	86.8%	92.2%	90.5%	88.3%	86.3%	**88.7%**	87.7%	+ 1.0%pt
	% of ST-elevation myocardial infarction patients received primary percutaneous coronary intervention	39.5%	70.2%	79.6%	56.6%	69.8%	61.8%	77.2%	**66.7%**	60.4%	**+ 6.4%pt**
Technology	**% of medical equipment with age beyond the expected life** (as at 31 Mar 2025)	25.4%	23.1%	22.7%	24.4%	29.9%	28.1%	28.0%	**25.8%**	25.9% (as at 31 Mar 2024)	- 0.1%pt

Blue > 5% / 5%pt above previous period

Green > 5% / 5%pt below previous period

Efficiency in Use of Resources

		Current period (R67)								Previous period	
		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Overall HA	
		Jul 2024 - Jun 2025								Jul 2023 - Jun 2024	Variance
									A	B	C = (A - B) or (A - B) / B
Capacity and Throughput of Specialist Outpatient (SOP) Services	**Throughput for SOP services / Waiting list management**										
	Ear, Nose and Throat										
	No. of SOP first attendances per doctor	694	452	714	747	753	736	773	**699**	700	- 0.2%
	No. of SOP follow-up attendances per doctor	3 528	1 987	2 099	2 943	2 627	2 487	2 114	**2 479**	2 480	- 0.1%
	Growth of waiting list against throughput (%)	5.3%	- 6.8%	4.6%	13.6%	- 1.7%	0.2%	0.9%	**2.2%**	2.1%	+ 0.1%pt
	Gynaecology										
	No. of SOP first attendances per doctor	188	148	150	211	238	218	133	**179**	176	+ 2.1%
	No. of SOP follow-up attendances per doctor	1 064	1 128	994	1 084	772	815	696	**935**	916	+ 2.1%
	Growth of waiting list against throughput (%)	2.6%	4.6%	8.9%	- 10.8%	6.8%	9.5%	2.7%	**4.0%**	3.2%	+ 0.8%pt
	Medicine										
	No. of SOP first attendances per doctor	66	62	75	98	74	83	59	**74**	80	**- 7.1%**
	No. of SOP follow-up attendances per doctor	1 448	1 377	1 141	1 039	1 665	1 436	1 499	**1 366**	1 418	- 3.7%
	Growth of waiting list against throughput (%)	3.6%	- 1.2%	6.0%	1.5%	-§	1.2%	6.5%	**2.5%**	- 6.6%	**+ 9.1%pt**
	Ophthalmology										
	No. of SOP first attendances per doctor	596	406	548	893	756	687	820	**664**	663	+ 0.2%
	No. of SOP follow-up attendances per doctor	5 217	4 294	5 904	5 884	7 315	5 204	7 355	**5 896**	5 892	+ 0.1%
	Growth of waiting list against throughput (%)	2.0%	- 16.9%	- 0.2%	- 0.8%	5.1%	7.8%	- 0.3%	**1.0%**	6.8%	**- 5.8%pt**
	Orthopaedics and Traumatology										
	No. of SOP first attendances per doctor	205	208	169	224	176	206	190	**195**	199	- 2.0%
	No. of SOP follow-up attendances per doctor	1 585	1 235	1 354	1 476	1 574	1 371	1 468	**1 437**	1 473	- 2.5%
	Growth of waiting list against throughput (%)	- 4.5%	- 3.8%	- 9.4%	2.1%	4.8%	- 5.0%	1.4%	**- 2.0%**	- 3.4%	+ 1.5%pt
	Paediatrics and Adolescent Medicine										
	No. of SOP first attendances per doctor	43	60	39	92	67	54	68	**54**	52	**+ 5.2%**
	No. of SOP follow-up attendances per doctor	502	507	452	822	554	504	786	**544**	521	+ 4.4%
	Growth of waiting list against throughput (%)	2.1%	13.3%	1.4%	- 3.4%	10.1%	10.8%	7.9%	**4.8%**	7.6%	- 2.8%pt
	Psychiatry										
	No. of SOP first attendances per doctor	75	72	68	130	127	99	72	**94**	97	- 2.8%
	No. of SOP follow-up attendances per doctor	1 886	2 015	1 691	2 662	3 142	2 008	2 082	**2 264**	2 257	+ 0.3%
	Growth of waiting list against throughput (%)	2.7%	3.4%	5.0%	1.5%	7.7%	9.3%	6.7%	**6.0%**	2.3%	+ 3.6%pt
	Surgery										
	No. of SOP first attendances per doctor	202	128	193	242	201	230	229	**201**	206	- 2.7%
	No. of SOP follow-up attendances per doctor	1 433	1 116	1 144	1 359	1 149	1 033	1 083	**1 163**	1 190	- 2.3%
	Growth of waiting list against throughput (%)	0.6%	1.3%	5.8%	3.1%	5.0%	5.3%	- 5.1%	**2.7%**	6.6%	- 3.9%pt
Operating Theatre (OT) Utilisation	**Ratio of scheduled to expected elective OT session hours (%)**	102.6%	98.2%	94.9%	98.2%	97.0%	98.1%	99.3%	**97.8%**	98.1%	- 0.3%pt
	Utilisation rate of scheduled elective OT sessions (%)	99.6%	105.8%	95.7%	95.1%	94.2%	100.4%	95.0%	**97.9%**	96.1%	+ 1.8%pt

Blue > 5% / 5%pt above previous period

Green > 5% / 5%pt below previous period

			Current period (R67)								Previous period	
			HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Overall HA	
						Jul 2024 - Jun 2025					*Jul 2023 - Jun 2024*	*Variance*
										A	B	C = (A - B)
Efficiency in Use of Resources (continued)												
Bed Management		**Inpatient bed occupancy rate (%)**										
	*	Overall	81.4%	72.7%	86.2%	93.2%	91.5%	90.4%	85.6%	**86.6%**	88.3%	- 1.7%pt
	*	General (acute and convalescent)	84.9%	72.0%	86.8%	93.3%	94.7%	92.0%	96.9%	**89.2%**	91.2%	- 2.0%pt
	*	**Average length of stay (days) for general inpatients**	5.9	5.8	6.6	6.9	5.9	6.7	6.5	**6.4**	6.3	+ 0.1
Day Surgery Services		**Rate of day surgery (%)**										
		Ear, Nose and Throat	60.8%	45.6%	61.5%	73.6%	56.2%	73.4%	63.7%	**63.8%**	66.3%	- 2.6%pt
		Obstetrics and Gynaecology	76.8%	69.0%	67.0%	78.6%	79.8%	78.9%	90.4%	**78.2%**	77.5%	+ 0.7%pt
		Ophthalmology	88.7%	92.7%	95.8%	94.8%	76.5%	94.7%	90.3%	**91.7%**	91.5%	+ 0.2%pt
		Orthopaedics and Traumatology	42.1%	32.1%	39.9%	38.2%	43.6%	46.6%	56.9%	**42.7%**	42.9%	- 0.2%pt
		Surgery	55.8%	66.0%	74.0%	67.6%	71.7%	77.9%	72.5%	**70.7%**	70.3%	+ 0.4%pt

Blue > 5% / 5%pt above previous period

Green > 5% / 5%pt below previous period

Remark:

* COR item

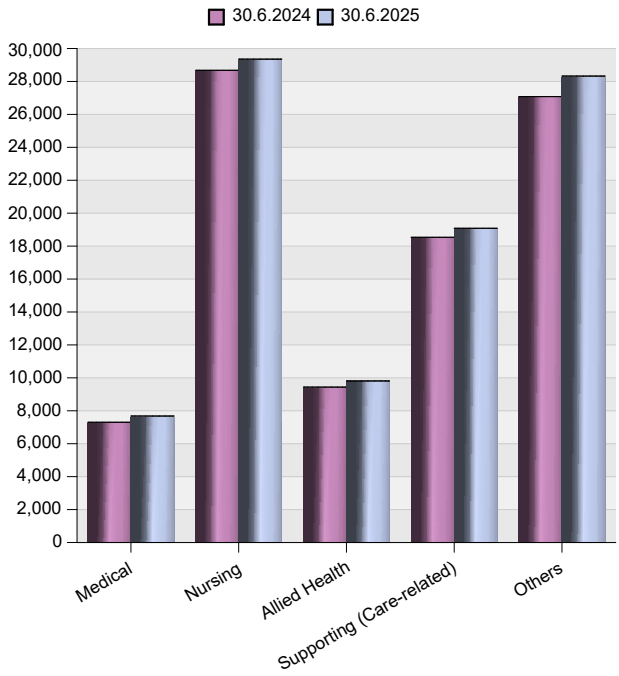
Manpower position by Staff Group (as at 30.06.2025)[1]

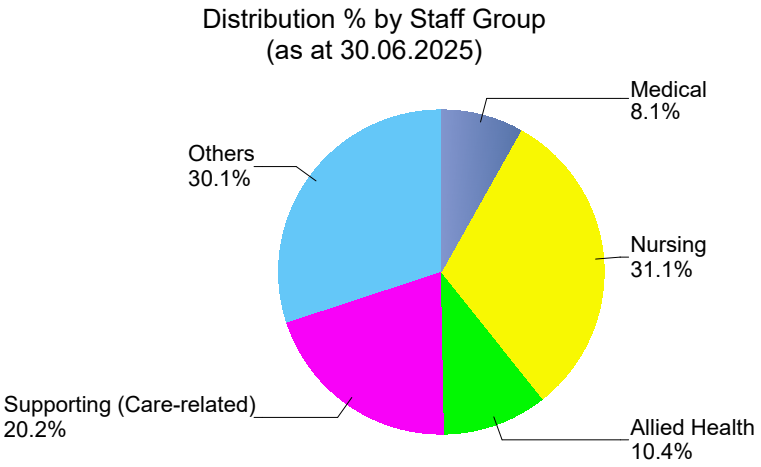
Appendix 2

Staff group	Prior year 30.06.2024 A	Current year 30.06.2025[2] B	COR Estimate as at 31.03.2026[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]	7,302	7,680	8,015	- 335	- 4.2%	+ 378	+ 5.2%
Nursing	28,676	29,354	30,620	- 1,266	- 4.1%	+ 678	+ 2.4%
Allied Health	9,437	9,811	10,300	- 489	- 4.7%	+ 374	+ 4.0%
Supporting (Care-related)	18,535	19,083	46,840	+ 570	+ 1.2%	+ 548	+ 3.0%
Others	27,081	28,327				+ 1,246	+ 4.6%
Total[5]	**91,030**	**94,254**	**95,775**	**- 1,521**	**- 1.6%**	**+ 3,224**	**+ 3.5%**

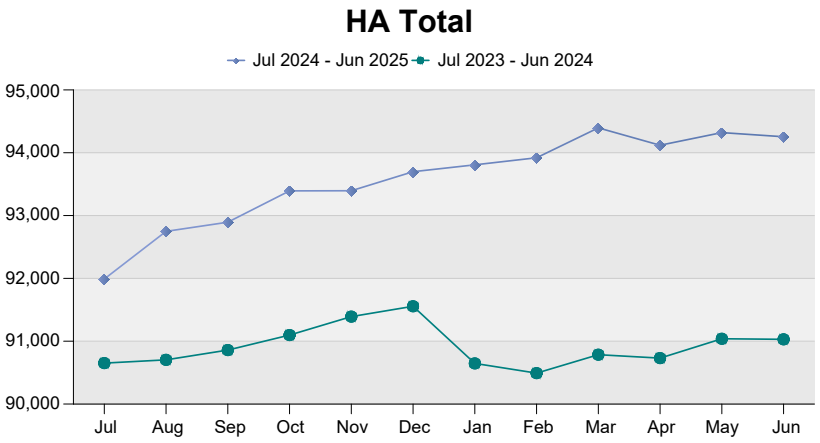
Blue >3% above COR estimate/prior year

Green >3% below COR estimate/prior year





	Medical	Nursing	Allied Health	Supporting (Care-related)	Others
Prior Year 30.06.2024	7,302	28,676	9,437	18,535	27,081
Current Year 30.06.2025	7,680	29,354	9,811	19,083	28,327



Remarks:

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

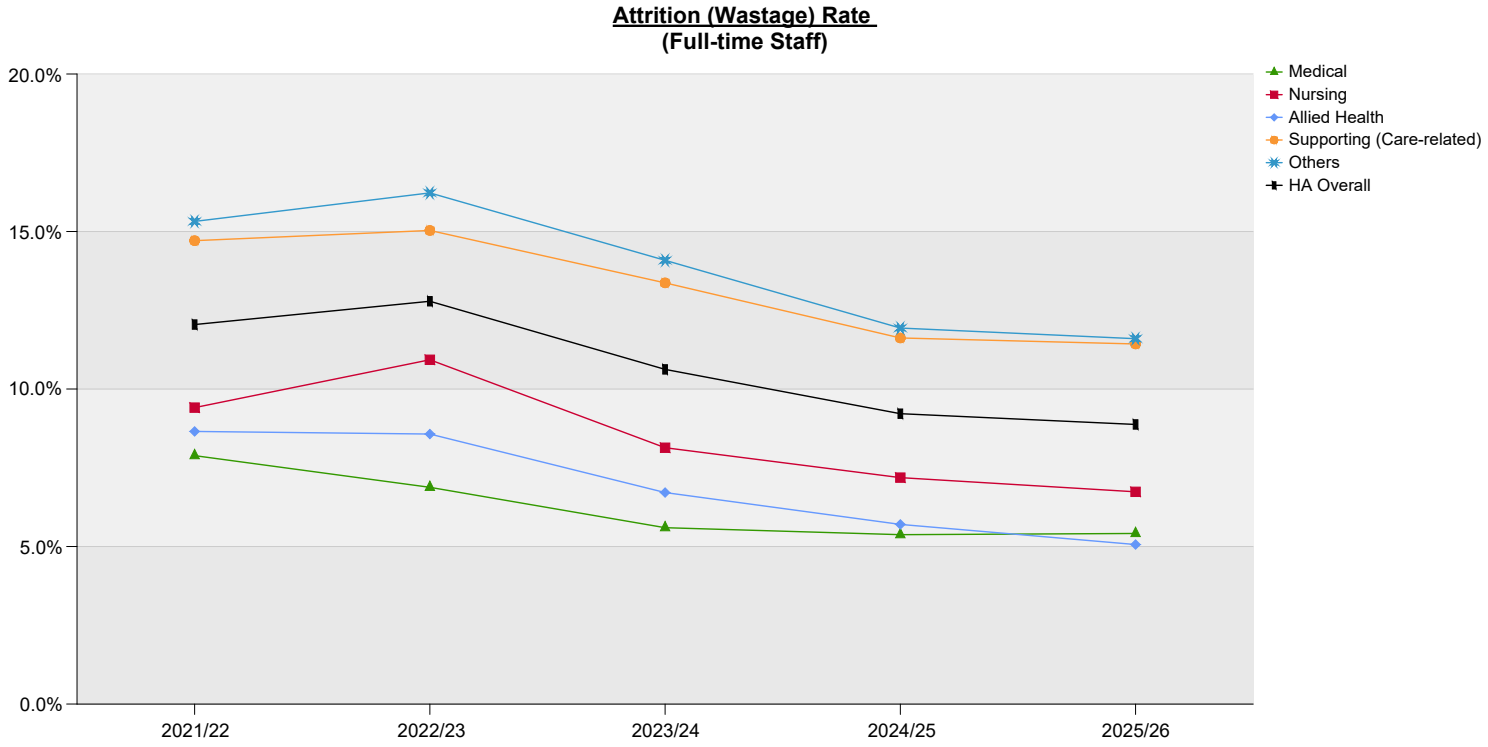
(2) Provisional data for reference only. The data will be updated in the following month to include any backdated transactions

(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

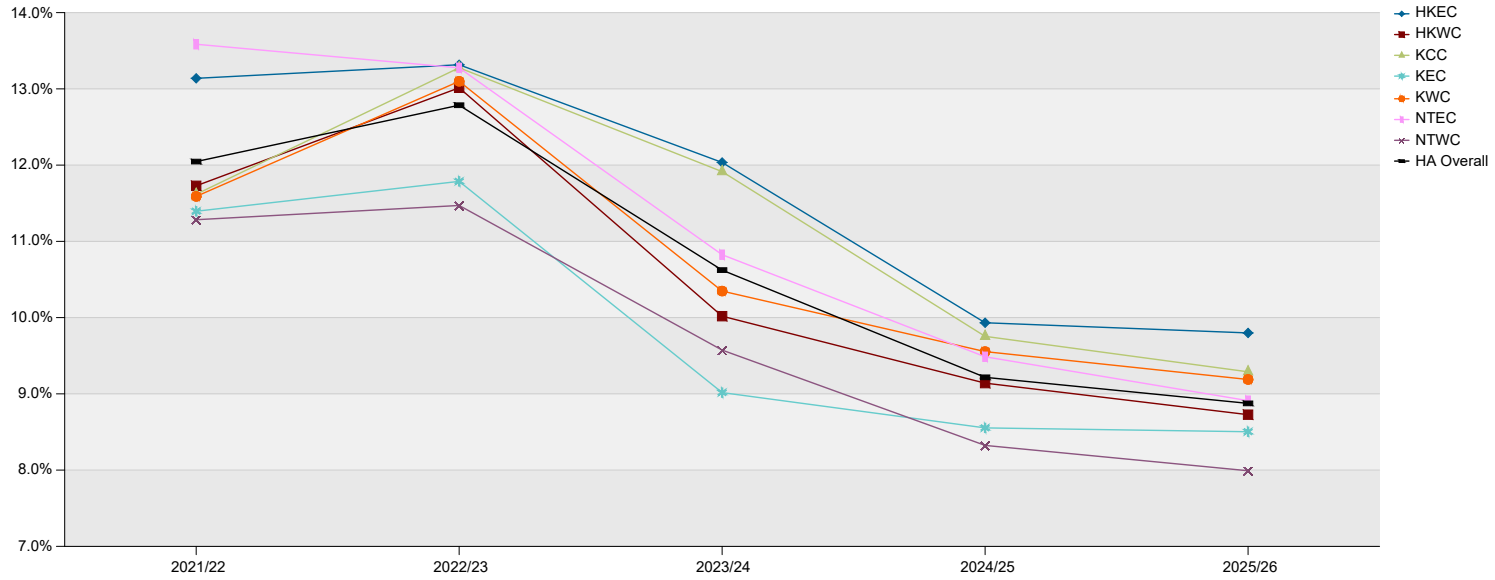


Staff Group	Full-time[3][5]					Part-time [3][4][5]				
	2021/22	2022/23	2023/24	2024/25	2025/26 (Rolling from Jul 24 to Jun 25)[6]	2021/22	2022/23	2023/24	2024/25	2025/26 (Rolling from Jul 24 to Jun 25)[6]
Medical[2]	7.9%	6.9%	5.6%	5.4%	5.4%	17.8%	12.8%	10.4%	11.9%	19.8%
Nursing	9.4%	10.9%	8.1%	7.2%	6.7%	26.2%	17.2%	10.8%	13.1%	20.2%
Allied Health	8.7%	8.6%	6.7%	5.7%	5.1%	21.8%	25.6%	21.4%	18.1%	18.1%
Supporting (Care-related)	14.7%	15.0%	13.4%	11.6%	11.4%	20.3%	22.4%	22.0%	18.9%	19.8%
Others	15.3%	16.2%	14.1%	11.9%	11.6%	34.8%	42.7%	21.5%	31.8%	35.6%
HA Overall	12.0%	12.8%	10.6%	9.2%	8.9%	22.5%	18.3%	13.3%	15.2%	21.3%

Remarks:
(1) Attrition (Wastage) includes all types of cessation of service from HA for permanent and contract staff on Headcount basis
(2) Medical staff group includes Intern & Dental Officers
(3) Under situation where the total count of staff left HA in the 12-month period is higher than the average strength in the period, the attrition (wastage) rate will be higher than 100%
(4) "N/A" will be displayed when the average staff strength (part-time) is ≤ 3 staff
(5) 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]				
	2021/22	2022/23	2023/24	2024/25	2025/26 (Rolling from Jul 24 to Jun 25)[5]	2021/22	2022/23	2023/24	2024/25	2025/26 (Rolling from Jul 24 to Jun 25)[5]
HKEC	13.1%	13.3%	12.0%	9.9%	9.8%	21.8%	20.6%	19.4%	26.2%	34.4%
HKWC	11.7%	13.0%	10.0%	9.1%	8.7%	31.1%	24.7%	16.4%	14.5%	21.6%
KCC	11.6%	13.3%	11.9%	9.8%	9.3%	16.7%	14.3%	10.2%	13.2%	19.4%
KEC	11.4%	11.8%	9.0%	8.6%	8.5%	23.9%	22.8%	17.6%	16.9%	30.2%
KWC	11.6%	13.1%	10.3%	9.6%	9.2%	22.6%	10.5%	10.3%	16.2%	16.1%
NTEC	13.6%	13.3%	10.8%	9.5%	8.9%	22.0%	24.8%	10.3%	9.4%	6.8%
NTWC	11.3%	11.5%	9.6%	8.3%	8.0%	16.1%	11.2%	8.5%	7.6%	15.3%
HA Overall	12.0%	12.8%	10.6%	9.2%	8.9%	22.5%	18.3%	13.3%	15.2%	21.3%

Remarks:
(1) Attrition (Wastage) includes all types of cessation of service from HA for permanent and contract staff on Headcount basis
(2) Under situation where the total count of staff left HA in the 12-month period is higher than the average strength in the period, the attrition (wastage) rate will be higher than 100%
(3) "N/A" will be displayed when the average staff strength (part-time) is ≤ 3 staff
(4) 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 % pt
		3Q	4Q	1Q	2Q	(Jul23 - Jun24)	(Jul24 - Jun25)	(Jul23 - Jun24) %	(Jul24 - Jun25) %	
Doctor	Senior Staff (1)	41	23	32	30	144	126	4.7%	4.1%	- 0.6
	Junior Staff (2)	42	25	32	23	135	122	3.9%	3.2%	- 0.7
	Overall	**83**	**48**	**64**	**53**	**279**	**248**	**4.3%**	**3.6%**	**- 0.7**
Nursing	Senior Staff (3)	48	33	44	34	203	159	2.7%	2.1%	- 0.6
	Junior Staff (4)	339	334	317	236	1,500	1,226	7.7%	6.2%	- 1.5
	Overall	**387**	**367**	**361**	**270**	**1,703**	**1,385**	**6.3%**	**5.0%**	**- 1.3**
Allied Health (5) Overall		**109**	**73**	**80**	**46**	**395**	**308**	**4.3%**	**3.2%**	**- 1.1**
Supporting (Care-related) Overall		**517**	**323**	**329**	**333**	**1,674**	**1,502**	**9.4%**	**8.1%**	**- 1.3**

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

Sick Leave [(1)(2)]

(A) Average sick leave days taken per staff

Staff Group	Previous period Jul 23 - Jun 24 A	Current period Jul 24 - Jun 25 B	Variance from previous period C = (B - A) / A
Medical	4.3	4.0	- 7.0%
Nursing	9.8	8.5	- 13.3%
Allied Health	7.8	6.8	- 12.8%
Supporting (Care-related)	11.2	10.2	- 8.9%
Others	9.2	8.2	- 10.9%
HA Overall	**9.2**	**8.2**	**- 10.9%**

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

Staff Group	Previous period Jul 23 - Jun 24 A %	Current period Jul 24 - Jun 25 B %	Variance from previous period C = B - A % pt
Medical	0.9	1.0	+ 0.1
Nursing	2.8	2.4	- 0.4
Allied Health	1.6	1.4	- 0.2
Supporting (Care-related)	3.1	3.0	- 0.1
Others	2.3	2.1	- 0.2
HA Overall	**2.4**	**2.2**	**- 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 Jul 23 - Jun 24 A	Current period Jul 24 - Jun 25 B	Variance from previous period C = B - A
Medical	3.8	4.5	+ 0.7
Nursing	3.5	3.2	- 0.3
Allied Health	1.6	1.3	- 0.3
Supporting (Care-related)	6.0	5.4	- 0.6
Others	2.3	2.1	- 0.2
HA Overall	**3.5**	**3.2**	**- 0.3**

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

Staff Group	Previous period Jul 23 - Jun 24 A	Current period Jul 24 - Jun 25 B	Variance from previous period C = B - A
Medical	7.5	6.2	- 1.3
Nursing	51.1	43.0	- 8.1
Allied Health	23.3	13.9	- 9.4
Supporting (Care-related)	112.4	105.3	- 7.1
Others	67.3	45.7	- 21.6
HA Overall	**62.0**	**50.4**	**- 11.6**

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