For information via circulation

AOM-P2032

Hospital Authority

Report on Key Performance Indicators (KPI Report No. 65, up to December 2024)

Advice Sought

Members are invited to note the quarterly report on Key Performance Indicators **(KPI)** of the Hospital Authority **(HA)**, covering KPIs of clinical services, human resources **(HR)** and financial performance for the period ended December 2024[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 February 2025[2].

Background

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

3. In the first nine months of 2024-25, an increase in throughput has been observed across most services when compared with 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 September 2024) was submitted to the Board on 19 December 2024 via Administrative and Operational Meeting Paper No. 2015.

[2] Via MSDC Paper No. 761; HRC Paper No. 797 and FC Paper No. 1004.

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 year-to-date **(YTD)** estimates[3]) in the first nine months of 2024-25, marking full recovery in services in general. Some services showed larger service growth, with number of attendances exceeding the YTD estimates by over 5%. Among them, the numbers of allied health (outpatient) attendances, allied health (community) attendances, day inpatient discharges and deaths, and geriatric day attendances, were above YTD estimates by 10.8%, 8.2%, 7.8% and 6.0% 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 the first nine months of 2024-25, the numbers of rehabilitation day and palliative care day attendances, geriatric day attendances and psychiatric day attendances showed a double-digit growth when compared with prior year. HA would continue to identify suitable patients to participate in various day programmes and enhance the service delivery (e.g. through telehealth) to better serve patients' needs.

6. HA has been suitably **re-engineering the service models** where practicable to enhance service quality and improve patient experience. Different types of workflows have been explored to provide and enhance patient care through the use of information technology. For instance, HA has been actively applying telehealth to suitable clinical services under different settings, including specialist outpatient **(SOP)**, allied health, day and outreach services, through the digitalised platform HA Go mobile application, to 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 and 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 13.4% points (76.6% vs. target 90%) for Triage III (urgent). Compared with prior year, improvement of 4.3% 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. 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**. HA's overall **median waiting time for first appointment for Priority 1 (P1) and Priority 2 (P2) cases** were within the respective targets of two weeks and eight weeks. On the **90th percentile waiting time for Routine cases**, HA overall's waiting time for the specialties being monitored were all below 100 weeks, except Ophthalmology **(OPH)** at 108 weeks. The waiting time for OPH, having improved from the record high of 143 weeks[8], was lengthened by nine weeks as compared to 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.

9. 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 was monitored and reflected under the KPI of 90th percentile waiting time of Routine cases. With Clusters' concerted efforts, this target for MED was achieved in 2023-24. To further demonstrate HA's determination to improve SOP waiting time, the 2023 PA announced that HA would continue its effort to reduce the waiting time of Routine (stable) new case bookings for two specialties, namely Ear, Nose and Throat **(ENT)** and Orthopaedics & Traumatology **(ORT)**, by 10%

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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 Specialist Outpatient Clinic **(SOPC)** with longer waiting time to another SOPC within the same cluster with a shorter waiting time to even service demand; (c) review of booking pattern to ensure SOPC quotas are well utilised; and (d) internal referral management, such as regular monitoring and gatekeeping by Triage Clinics. Other medium-and long-term measures implemented include (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.

in 2024-25[9]. In this reporting period, HA overall's 90th percentile waiting time of Routine cases for ENT and ORT had been further reduced by 12 weeks and 15 weeks as compared with prior year to 80 weeks and 74 weeks respectively. The targets as promulgated in the 2023 PA have been achieved at the corporate level. Meanwhile, SOP waiting time of all specialties would be continuously monitored at various platforms in HA and appropriate actions will be taken to manage the waiting time of new case bookings.

Waiting time for elective surgery

10. Waiting time at **90th percentile for patients receiving the TJR treatment** was 74 months for HA overall, which was shortened by one month 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 and Pamela Youde Nethersole Eastern Hospital, 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

11. Performance on the majority of disease specific indicators, including stroke, diabetes mellitus, hypertension, mental health and cardiac services, was either improved or maintained when compared with the pre-epidemic levels. In particular, on cardiac service, following the phased expansion and rollout of extended hours in primary **percutaneous coronary intervention (PCI)** service via Annual Plan programmes in recent years, HA has made substantial progress in improving the access of primary PCI services. HA's overall **percentage of ST-elevation myocardial infarction patients receiving primary PCI** was 64.1%, with an improvement of 6.8% points when compared with prior year. A significant increase of 32.7% 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 (IV) thrombolysis[10] was 15.2% in the current reporting cycle, representing a considerable improvement from 9.9% in 2018-19.

12. For **colorectal cancer** and **breast cancer**, the respective waiting times at **90th percentile for patients receiving the first treatment after diagnosis** (July 2023 to June 2024) were at 95 days and 79 days respectively, which was reduced by one day and remained the same when compared with prior year respectively. 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.

Human Resources (Appendix 2)

13. As at 31 December 2024, HA had a **staffing position of 93 528**, which represented a growth of 2.2% when compared with the prior year. As for the **attrition (wastage) rate**[11] **of full-time staff**, the HA overall rate was 9.5%, in which the "Others" staff group had the highest rate (12.2%). Nevertheless, the attrition (wastage) rates of full-time doctors in some specialties, such as Paediatrics and OPH, were still high, which had exerted pressure on the respective clinical services.

14. The overall **average sick leave days taken per staff** was 8.6 days, representing a decrease of 14.0% when compared with the prior year. There was also a significant decrease of 15.7% for "Nursing" staff group when compared with the prior year. The **proportion of staff taken long sick leave (≥ 50 days)** in HA (2.3%) had slightly decreased.

15. The overall **number of injury on duty (IOD) cases per 100 FTE staff** had slightly decreased from 3.5 cases to 3.4 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 (5.9 cases). As for the **number of IOD leave days per 100 FTE staff**, HA overall was 54.0 days, representing a decrease of 13.0 days. "Medical",

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

[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.

"Nursing", "Supporting (Care-related)" and "Others" staff groups had a reduction of 4.3 days, 10.7 days, 18.5 days and 19.1 days respectively, while that of "Allied Health" staff group had an increase of 2.0 days.

Finance

16. For the nine months ended 31 December 2024, HA reported a YTD underspending position, primarily owing to the higher-than-expected interest income and the end-loaded spending pattern towards the last quarter of the financial year.

17. Based on latest assessment, it was projected that HA would remain in an overall underspending position by the end of the year. HA will continue to closely monitor its latest projected financial results, with due consideration to the potential impact from factors such as the demand surge situation over the remaining quarter of the financial year and the ongoing development of HA's manpower situation.

Way Forward

18. HA will continue to drive various initiatives to enhance access to service and improve care quality, including actively managing and improving the waiting time of various services through a multi-pronged approach.

Hospital Authority
AOM\PAPER\2032
17 March 2025

Report on Key Performance Indicators - Clinical Services

For reporting to the Administrative and Operational Meeting in March 2025

(KPI Report No. 65, up to December 2024)

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

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

1.1.2024 - 31.12.2024 (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 Dec 2024	*YTD Dec 2024*	*Variance*	*YTD Dec 2023*	*Variance*
			A	**B**	**C** = (A - B) or (A - B) / B	**D**	**E** = (A - D) or (A - D) / D
Service Growth in response to Population Change & Ageing Effect							
Service Capacity (as at 31 Dec 2024)	*	**No. of hospital beds (overall)**	**30 816**	**30 816**	**-**	**30 636** (as at 31 Dec 2023)	**+ 180**
	*	**No. of geriatric day places**	**787**	N.A.	N.A.	**787** (as at 31 Dec 2023)	**-**
	*	**No. of psychiatric day places**	**909**	N.A.	N.A.	**909** (as at 31 Dec 2023)	**-**
Inpatient Services		**No. of inpatient discharges and deaths**					
	*	Overall	**865 861**	**953 558**	**- 9.2%**	**855 660**	**+ 1.2%**
	*	General (acute and convalescent)	**847 529**	**936 741**	**- 9.5%**	**838 177**	**+ 1.1%**
		No. of inpatient patient days					
	*	Overall	**6 581 176**	**6 770 611**	**- 2.8%**	**6 527 414**	**+ 0.8%**
	*	General (acute and convalescent)	**5 345 880**	**5 544 711**	**- 3.6%**	**5 316 529**	**+ 0.6%**
	*	**No. of day inpatient discharges and deaths**	**649 896**	**603 017**	**+ 7.8%**	**600 144**	**+ 8.3%**
Accident & Emergency (A&E) Services	*	**No. of A&E attendances**	**1 525 343**	**1 663 809**	**- 8.3%**	**1 618 914**	**- 5.8%**
		No. of A&E first attendances					
	*	triage I (Critical cases)	**19 070**	N.A.	N.A.	**20 526**	**- 7.1%**
	*	triage II (Emergency cases)	**41 588**	N.A.	N.A.	**41 915**	**- 0.8%**
	*	triage III (Urgent cases)	**597 240**	N.A.	N.A.	**614 706**	**- 2.8%**
Specialist Outpatient (SOP) Services	*	**No. of SOP (clinical) first attendances**	**687 544**	N.A.	N.A.	**659 439**	**+ 4.3%**
	*	**No. of SOP (clinical) follow-up attendances**	**5 847 795**	N.A.	N.A.	**5 583 803**	**+ 4.7%**
	*	**Total no. of SOP (clinical) attendances**	**6 535 339**	**6 231 348**	**+ 4.9%**	**6 243 242**	**+ 4.7%**
Primary Care Services	*	**No. of general outpatient attendances**	**4 702 884**	**4 771 346**	**- 1.4%**	**4 443 459**	**+ 5.8%**
	*	**No. of family medicine specialist clinic attendances**	**281 985**	**270 457**	**+ 4.3%**	**258 609**	**+ 9.0%**
	*	**Total no. of primary care attendances**	**4 984 869**	**5 041 803**	**- 1.1%**	**4 702 068**	**+ 6.0%**
Allied Health Outpatient Services	*	**No. of allied health (outpatient) attendances**	**2 703 302**	**2 439 865**	**+ 10.8%**	**2 429 697**	**+ 11.3%**
Day Hospital Services	*	**No. of rehabilitation day and palliative care day attendances**	**83 667**	**89 045**	**- 6.0%**	**74 772**	**+ 11.9%**
	*	**No. of geriatric day attendances**	**138 659**	**130 868**	**+ 6.0%**	**124 474**	**+ 11.4%**
	*	**No. of psychiatric day attendances**	**174 872**	**178 839**	**- 2.2%**	**140 232**	**+ 24.7%**
Community & Outreach Services	*	**No. of community nurse attendances**	**715 409**	**717 446**	**- 0.3%**	**678 324**	**+ 5.5%**
	*	**No. of allied health (community) attendances**	**28 596**	**26 431**	**+ 8.2%**	**23 361**	**+ 22.4%**
	*	**No. of geriatric outreach attendances**	**602 956**	**601 586**	**+ 0.2%**	**581 894**	**+ 3.6%**
	*	**No. of geriatric elderly persons assessed for infirmary care service**	**1 386**	N.A.	N.A.	**1 468**	**- 5.6%**
	*	**No. of psychiatric outreach attendances**	**274 062**	**264 904**	**+ 3.5%**	**240 643**	**+ 13.9%**
	*	**No. of psychogeriatric outreach attendances**	**88 954**	**86 546**	**+ 2.8%**	**86 135**	**+ 3.3%**

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

Remark:

* COR item

Quality Improvement

		Current period (R65)								Previous period	
		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Overall HA	
		Jan - Dec 2024								Jan - Dec 2023	Variance
									A	B	C = (A - B)
Waiting Time for Accident & Emergency (A&E) Services		**% of A&E patient attendances seen within target waiting time**									
	*	triage I (critical cases : 0 minute, 100%)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	**100.0%**	100.0%	-
	*	triage II (emergency cases : < 15 minutes, 95%)	99.0%	98.3%	99.5%	94.6%	96.3%	95.6%	97.9%	**97.1%**	96.8%	+ 0.3%pt
	*	triage III (urgent cases : < 30 minutes, 90%)	69.2%	75.3%	88.0%	72.4%	71.4%	66.7%	87.4%	**76.6%**	72.3%	+ 4.3%pt
		triage IV (semi-urgent cases : < 120 minutes, 75%)	48.2%	53.7%	61.0%	43.3%	52.9%	48.8%	42.6%	**49.5%**	47.7%	+ 1.8%pt
Waiting Time for Specialist Outpatient (SOP) New Case Bookings		**Median waiting time (weeks) for first appointment at specialist outpatient clinics (SOPCs)**									
	*	Priority 1 (P1) cases	<1	<1	<1	<1	<1	<1	<1	**<1**	<1	-
	*	Priority 2 (P2) cases	6	5	4	6	6	5	4	**5**	5	-
		Ear, Nose and Throat										
		% of P1 cases at SOPCs with waiting time within 2 weeks	99.7%	99.5%	98.6%	99.7%	98.6%	98.8%	99.5%	**99.1%**	99.1%	+§
		% of P2 cases at SOPCs with waiting time within 8 weeks	98.5%	98.8%	98.5%	98.7%	96.8%	97.6%	99.2%	**98.2%**	98.3%	- 0.2%pt
		90th percentile waiting time (weeks) of Routine cases at SOPCs	51	53	78	81	82	76	55	**80**	92	**- 12**
		Gynaecology										
		% of P1 cases at SOPCs with waiting time within 2 weeks	99.7%	96.2%	99.5%	98.7%	99.5%	98.2%	97.4%	**98.1%**	98.5%	- 0.4%pt
		% of P2 cases at SOPCs with waiting time within 8 weeks	99.0%	98.6%	99.5%	98.7%	98.5%	96.5%	96.9%	**98.6%**	97.7%	+ 0.9%pt
		90th percentile waiting time (weeks) of Routine cases at SOPCs	32	50	89	85	96	86	61	**86**	82	+ 4
		Medicine										
		% of P1 cases at SOPCs with waiting time within 2 weeks	99.1%	97.3%	97.9%	97.4%	97.4%	97.6%	97.5%	**97.6%**	97.0%	+ 0.6%pt
		% of P2 cases at SOPCs with waiting time within 8 weeks	99.0%	95.0%	99.1%	97.5%	97.8%	98.1%	98.4%	**98.0%**	96.7%	+ 1.3%pt
		90th percentile waiting time (weeks) of Routine cases at SOPCs	91	79	94	92	93	86	74	**91**	92	- 1
		Ophthalmology										
		% of P1 cases at SOPCs with waiting time within 2 weeks	98.7%	99.1%	99.6%	99.5%	99.8%	98.7%	99.3%	**99.3%**	99.4%	- 0.1%pt
		% of P2 cases at SOPCs with waiting time within 8 weeks	97.8%	98.9%	99.4%	98.9%	54.5%	98.6%	99.3%	**91.8%**	96.5%	- 4.7%pt
		90th percentile waiting time (weeks) of Routine cases at SOPCs	91	66	100	103	183	113	87	**108**	99	**+ 9**
		Orthopaedics and Traumatology										
		% of P1 cases at SOPCs with waiting time within 2 weeks	99.4%	97.3%	99.3%	99.2%	98.9%	98.8%	98.8%	**98.9%**	98.8%	+§
		% of P2 cases at SOPCs with waiting time within 8 weeks	98.9%	99.2%	99.7%	97.5%	99.1%	96.1%	98.0%	**98.5%**	98.6%	- 0.1%pt
		90th percentile waiting time (weeks) of Routine cases at SOPCs	62	70	94	74	76	77	64	**74**	89	**- 15**
		Paediatrics and Adolescent Medicine										
		% of P1 cases at SOPCs with waiting time within 2 weeks	95.5%	98.7%	98.2%	99.1%	99.4%	97.8%	100.0%	**98.9%**	98.9%	- 0.1%pt
		% of P2 cases at SOPCs with waiting time within 8 weeks	97.6%	99.3%	98.0%	98.5%	97.2%	96.8%	98.5%	**98.0%**	96.9%	+ 1.0%pt
		90th percentile waiting time (weeks) of Routine cases at SOPCs	24	22	43	42	25	49	30	**42**	39	**+ 3**
		Psychiatry										
		% of P1 cases at SOPCs with waiting time within 2 weeks	100.0%	99.7%	100.0%	100.0%	100.0%	99.9%	98.9%	**99.7%**	99.7%	+§
		% of P2 cases at SOPCs with waiting time within 8 weeks	99.7%	100.0%	99.9%	100.0%	99.8%	99.3%	99.9%	**99.8%**	98.7%	+ 1.1%pt
		90th percentile waiting time (weeks) of Routine cases at SOPCs	87	89	90	85	91	103	81	**91**	93	- 2
		Surgery										
		% of P1 cases at SOPCs with waiting time within 2 weeks	99.1%	98.6%	96.6%	98.8%	96.4%	95.0%	98.8%	**97.4%**	96.8%	+ 0.6%pt
		% of P2 cases at SOPCs with waiting time within 8 weeks	98.8%	99.7%	92.1%	98.9%	96.6%	96.2%	91.3%	**96.0%**	95.1%	+ 0.9%pt
		90th percentile waiting time (weeks) of Routine cases at SOPCs	86	72	107	99	100	90	71	**96**	99	- 3

Blue > 5% / 5%pt above previous period

Green > 5% / 5%pt below previous period

Remark:

* COR item

Quality Improvement (continued)

		Current period (R65)								Previous period	
		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Overall HA	
		Jan - Dec 2024								*Jan - Dec 2023*	*Variance*
									A	B	C = (A - B)
Waiting Time for Allied Health Outpatient (AHOP) New Case Bookings	**Dietetics**										
	% of P1 cases at AHOP clinics with waiting time within 2 weeks	99.9%	100.0%	96.9%	97.4%	99.7%	97.7%	97.1%	**98.0%**	98.1%	- 0.1%pt
	% of P2 cases at AHOP clinics with waiting time within 8 weeks	99.9%	100.0%	98.9%	98.4%	99.8%	98.8%	97.5%	**99.0%**	99.0%	-§
	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	99.6%	98.5%	99.0%	99.4%	99.2%	99.3%	98.8%	**99.2%**	99.0%	+ 0.2%pt
	% of P2 cases at AHOP clinics with waiting time within 8 weeks	99.6%	99.2%	99.1%	99.5%	99.5%	99.5%	98.1%	**99.3%**	96.7%	+ 2.6%pt
	90th percentile waiting time (weeks) of Routine cases at AHOP clinics	24	18	19	21	20	29	20	**23**	28	**- 5**
	Physiotherapy										
	% of P1 cases at AHOP clinics with waiting time within 2 weeks	98.7%	97.5%	98.3%	98.3%	98.5%	98.4%	98.9%	**98.4%**	97.8%	+ 0.6%pt
	% of P2 cases at AHOP clinics with waiting time within 8 weeks	99.2%	98.4%	98.0%	97.9%	99.2%	98.7%	99.2%	**98.6%**	97.3%	+ 1.2%pt
	90th percentile waiting time (weeks) of Routine cases at AHOP clinics	27	18	50	36	35	29	37	**35**	38	**- 3**

Blue > 5% / 5%pt above previous period

Green > 5% / 5%pt below previous period

		Current period (R65)								Previous period	
		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Overall HA	
					Jan - Dec 2024					Jan - Dec 2023	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	78	73	59	73	78	69	80	**74**	75	- 1
	Benign Prostatic Hyperplasia										
	% of patients provided with surgery within 2 months for P1 patients (Oct 2023 - Sep 2024)	100.0%	47.8%	55.0%	17.6%	41.5%	66.9%	45.3%	**56.6%**	44.7% (Oct 2022 - Sep 2023)	**+ 11.9%pt**
	% of patients provided with surgery within 12 months for P2 patients (Jan - Dec 2023)	100.0%	95.1%	68.4%	90.3%	98.3%	57.3%	85.4%	**85.5%**	69.0% (Jan - Dec 2022)	**+ 16.5%pt**
Waiting Time for Diagnostic Radiological Investigations	**CT**										
	% of urgent cases with examination done within 24 hours	96.4%	99.7%	99.3%	98.4%	99.5%	99.2%	99.4%	**98.9%**	98.9%	+§
	Median waiting time (weeks) of P1 cases	3	3	1	2	1	2	4	**2**	3	**- 1**
	Median waiting time (weeks) of P2 cases	15	26	32	27	44	26	45	**26**	31	**- 5**
	90th percentile waiting time (weeks) of Routine cases	103	149	206	197	204	202	214	**200**	196	+ 4
	MRI										
	% of urgent cases with examination done within 24 hours	98.1%	100.0%	96.6%	99.6%	97.3%	97.7%	97.3%	**97.8%**	97.5%	+ 0.3%pt
	Median waiting time (weeks) of P1 cases	4	<1	2	1	3	2	19	**3**	3	-
	Median waiting time (weeks) of P2 cases	27	5	32	19	35	28	72	**32**	33	- 1
	90th percentile waiting time (weeks) of Routine cases	136	204	256	119	137	177	135	**197**	186	**+ 11**
	Ultrasonography										
	% of urgent cases with examination done within 24 hours	99.6%	97.8%	97.8%	96.3%	98.6%	92.6%	98.4%	**96.8%**	95.6%	+ 1.2%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	11	40	39	28	**26**	27	- 1
	90th percentile waiting time (weeks) of Routine cases	75	132	219	202	174	153	266	**175**	178	- 3
	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	43	14	16	14	15	**16**	18	**- 2**
	90th percentile waiting time (weeks) of Routine cases	77	211	284	129	199	171	136	**178**	187	- 9

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

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%	-	-

Previous period

Jul - Sep 2024

	No. / % of patients with access block time more than 4 hours		No. / % of patients with access block time more than 12 hours	
	No.	%	No.	%
Prince of Wales Hospital	1 680	10.7%	-	-
Queen Elizabeth Hospital	1 541	7.4%	89	0.4%
United Christian Hospital	685	5.5%	25	0.2%

Remark:

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

		Current period (R65)								Previous period	
		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Overall HA	
					Jan - Dec 2024					*Jan - Dec 2023*	*Variance*
									A	B	C = (A - B) or (A - B) / B
Quality Improvement (continued)											
Access to General Outpatient Clinic (GOPC) Episodic Illness Service	**GOPC quota availability (for elders) (%)**	99.6%	86.3%	87.5%	74.2%	96.6%	84.7%	83.1%	**88.2%**	93.0%	- 4.8%pt
Appropriateness of Care	**Standardised admission rate for A&E patients (%)**	45.1%	46.5%	39.8%	33.1%	37.3%	39.9%	33.8%	**38.2%**	37.6%	+ 0.7%pt
	* **Unplanned readmission rate within 28 days for general inpatients (%)** (Dec 2023 - Nov 2024)	10.2%	9.5%	10.2%	11.2%	12.5%	10.5%	11.7%	**10.9%**	10.9% (Dec 2022 - Nov 2023)	+§
Breastfeeding Rate	**Breastfeeding rate on discharge (%)** (Dec 2023 - Nov 2024)	85.7%	86.5%	74.0%	69.5%	71.7%	84.9%	78.5%	**78.3%**	80.0% (Dec 2022 - Nov 2023)	- 1.7%pt
Infection Rate	**MRSA bacteraemia in acute beds per 1 000 acute patient days**	0.1558	0.1377	0.1150	0.1740	0.1706	0.1449	0.1453	**0.1477**	0.1383	**+ 6.7%**

Blue > 5% / 5%pt above previous period

Green > 5% / 5%pt below previous period

Remark:

* COR item

		Current period (R65)								Previous period	
		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Overall HA	
					Jan - Dec 2024					*Jan - Dec 2023*	*Variance*
									A	B	C = (A - B)
Quality Improvement (continued)											
Disease Specific Quality Indicators	**Stroke**										
	Δ % of acute ischaemic stroke patients received IV thrombolysis	11.8%	13.2%	15.5%	13.2%	16.1%	15.3%	18.3%	**15.2%**	13.7%	+ 1.5%pt
	Hip Fracture										
	% of patients indicated for surgery on hip fracture with surgery performed ≤ 2 days after admission through A&E	58.8%	90.1%	26.6%	47.0%	38.8%	23.6%	59.9%	**43.6%**	44.7%	- 1.1%pt
	Cancer										
	Waiting time (days) at 90th percentile from decision to treat to start of radiotherapy (RT) for cancer patients requiring radical RT	28	28	28	N.A.	29	30	30	**28**	28	-
	Waiting time (days) at 90th percentile for patients with colorectal cancer receiving first treatment after diagnosis (Jul 2023 - Jun 2024)	83	100	101	96	93	107	82	**95**	96 (Jul 2022 - Jun 2023)	- 1
	Waiting time (days) at 90th percentile for patients with breast cancer receiving first treatment after diagnosis (Jul 2023 - Jun 2024)	65	62	83	56	74	116	82	**79**	79 (Jul 2022 - Jun 2023)	-
	Waiting time (days) at 90th percentile for patients with nasopharynx cancer receiving first treatment after diagnosis	75	92	70	N.A.	62	76	62	**70**	68	+ 2
	Diabetes Mellitus										
	% of diabetes mellitus patients with HbA1c < 7%	63.2%	64.9%	56.6%	56.3%	55.3%	59.8%	57.9%	**58.4%**	59.9%	- 1.5%pt
	Hypertension										
	% of hypertension patients treated in GOPCs with blood pressure < 140/90 mmHg	59.7%	66.8%	72.3%	68.0%	79.2%	79.8%	73.0%	**73.0%**	78.1%	**- 5.1%pt**
	Mental Health Services										
	Average length of stay (LOS) (days) of acute inpatient care (with LOS ≤ 90 days)	29.8	34.2	31.5	36.4	30.4	35.9	33.5	**32.3**	32.3	- §
	% of compulsory psychiatric admissions under the Mental Health Ordinance via AED for patients receiving active Personalised Care Programme care	1.0%	2.1%	1.7%	1.3%	3.1%	1.7%	2.7%	**2.2%**	1.9%	+ 0.3%pt
	Cardiac Services										
	% of acute myocardial infarction patients prescribed with Statin at discharge	94.8%	90.1%	86.7%	90.6%	89.0%	88.7%	85.3%	**88.7%**	87.7%	+ 1.0%pt
	% of ST-elevation myocardial infarction patients received primary percutaneous coronary intervention	31.6%	67.7%	81.2%	54.3%	64.9%	57.9%	72.7%	**64.1%**	57.3%	**+ 6.8%pt**

Blue > 5% / 5%pt above previous period

Green > 5% / 5%pt below previous period

Remark:

Δ With effect from 1 April 2023, the percentage of acute ischaemic stroke patients received IV treatment has started to include IV tenecteplase, in addition to IV alteplase.

Efficiency in Use of Resources

		Current period (R65)								Previous period	
		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Overall HA	
		Jan - Dec 2024								*Jan - Dec 2023*	*Variance*
									A	B	C = (A - B) or (A - B) / B
Capacity and Throughput of Specialist Outpatient (SOP) Services	**Throughput for SOP services / Waiting list management**										
	Ear, Nose and Throat										
	No. of SOP first attendances per doctor	736	433	737	723	769	756	812	**714**	650	**+ 9.8%**
	No. of SOP follow-up attendances per doctor	3 550	1 959	2 175	2 950	2 561	2 452	2 150	**2 483**	2 492	- 0.4%
	Growth of waiting list against throughput (%)	- 1.0%	- 2.8%	6.2%	15.9%	- 5.4%	- 2.2%	- 1.7%	**0.9%**	9.6%	**- 8.7%pt**
	Gynaecology										
	No. of SOP first attendances per doctor	183	147	152	196	243	218	135	**178**	179	- 0.7%
	No. of SOP follow-up attendances per doctor	1 024	1 120	1 028	1 054	770	785	703	**931**	923	+ 0.8%
	Growth of waiting list against throughput (%)	1.4%	0.3%	11.7%	- 1.3%	8.2%	9.7%	5.7%	**6.0%**	1.8%	+ 4.3%pt
	Medicine										
	No. of SOP first attendances per doctor	68	64	78	106	77	86	58	**77**	80	- 3.7%
	No. of SOP follow-up attendances per doctor	1 525	1 435	1 180	1 045	1 702	1 475	1 506	**1 403**	1 417	- 0.9%
	Growth of waiting list against throughput (%)	6.4%	- 4.7%	4.9%	- 2.1%	- 1.5%	- 3.3%	7.5%	**0.6%**	- 9.8%	**+ 10.4%pt**
	Ophthalmology										
	No. of SOP first attendances per doctor	610	458	533	879	723	690	830	**668**	674	- 0.9%
	No. of SOP follow-up attendances per doctor	5 218	4 445	6 107	5 754	6 789	5 220	7 193	**5 879**	5 876	+ 0.1%
	Growth of waiting list against throughput (%)	- 0.4%	- 10.1%	5.5%	5.1%	2.7%	6.9%	- 0.2%	**2.6%**	8.3%	**- 5.8%pt**
	Orthopaedics and Traumatology										
	No. of SOP first attendances per doctor	204	209	169	222	195	206	196	**199**	197	+ 0.8%
	No. of SOP follow-up attendances per doctor	1 635	1 283	1 404	1 478	1 597	1 410	1 484	**1 470**	1 449	+ 1.4%
	Growth of waiting list against throughput (%)	- 9.6%	- 2.3%	- 4.9%	5.2%	- 3.9%	0.6%	0.4%	**- 1.6%**	- 2.6%	+ 1.0%pt
	Paediatrics and Adolescent Medicine										
	No. of SOP first attendances per doctor	40	66	33	99	71	56	74	**54**	49	**+ 10.6%**
	No. of SOP follow-up attendances per doctor	486	507	438	814	565	513	768	**537**	500	**+ 7.4%**
	Growth of waiting list against throughput (%)	5.6%	9.3%	4.2%	- 7.3%	12.4%	14.7%	7.8%	**6.0%**	12.4%	**- 6.4%pt**
	Psychiatry										
	No. of SOP first attendances per doctor	74	73	68	134	135	101	79	**97**	92	**+ 5.6%**
	No. of SOP follow-up attendances per doctor	1 968	2 016	1 663	2 653	3 136	2 037	2 076	**2 274**	2 268	+ 0.3%
	Growth of waiting list against throughput (%)	9.7%	0.9%	3.3%	4.5%	4.1%	9.6%	1.1%	**4.9%**	6.5%	- 1.6%pt
	Surgery										
	No. of SOP first attendances per doctor	206	135	198	255	194	234	236	**205**	210	- 2.0%
	No. of SOP follow-up attendances per doctor	1 467	1 168	1 148	1 376	1 181	1 024	1 165	**1 190**	1 189	+ 0.1%
	Growth of waiting list against throughput (%)	2.6%	3.7%	5.7%	8.0%	19.9%	4.6%	2.8%	**7.1%**	5.3%	+ 1.8%pt
Operating Theatre (OT) Utilisation	**Ratio of scheduled to expected elective OT session hours (%)**	102.2%	98.9%	95.0%	98.2%	96.7%	98.5%	99.2%	**97.9%**	98.0%	- 0.1%pt
	Utilisation rate of scheduled elective OT sessions (%)	99.0%	105.4%	96.1%	94.1%	94.0%	99.7%	94.5%	**97.6%**	95.6%	+ 1.9%pt

Blue > 5% / 5%pt above previous period

Green > 5% / 5%pt below previous period

			Current period (R65)								Previous period	
			HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Overall HA	
						Jan - Dec 2024					*Jan - Dec 2023*	*Variance*
										A	**B**	**C =** (A - B)
Efficiency in Use of Resources (continued)												
Bed Management		**Inpatient bed occupancy rate (%)**										
	*	Overall	83.0%	73.8%	86.8%	93.8%	92.5%	91.4%	87.2%	**87.6%**	87.1%	+ 0.5%pt
	*	General (acute and convalescent)	86.8%	72.9%	87.4%	93.9%	96.6%	93.1%	99.2%	**90.4%**	90.2%	+ 0.2%pt
	*	**Average length of stay (days) for general inpatients**	5.9	5.6	6.6	6.8	5.8	6.7	6.4	**6.3**	6.4	- §
Day and Same Day Surgery Services		**Rate of day surgery plus same day surgery (%)**										
		Surgery	67.3%	56.6%	59.6%	82.6%	61.6%	58.2%	68.5%	**64.3%**	63.0%	+ 1.3%pt
		Orthopaedics and Traumatology	76.5%	47.7%	59.1%	83.6%	52.7%	63.6%	64.3%	**62.7%**	60.0%	+ 2.7%pt
		Ophthalmology	72.5%	82.4%	90.6%	83.9%	43.1%	81.8%	58.7%	**76.3%**	74.8%	+ 1.4%pt

Blue > 5% / 5%pt above previous period

Green > 5% / 5%pt below previous period

Remark:

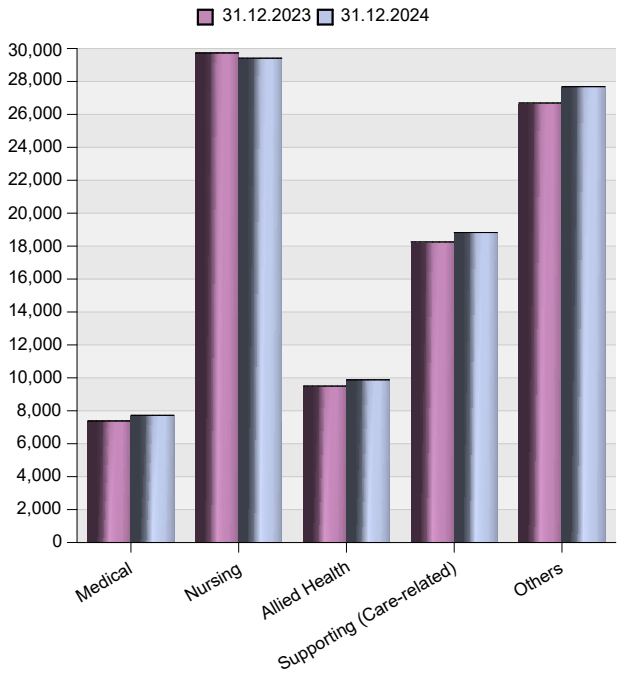
* COR item

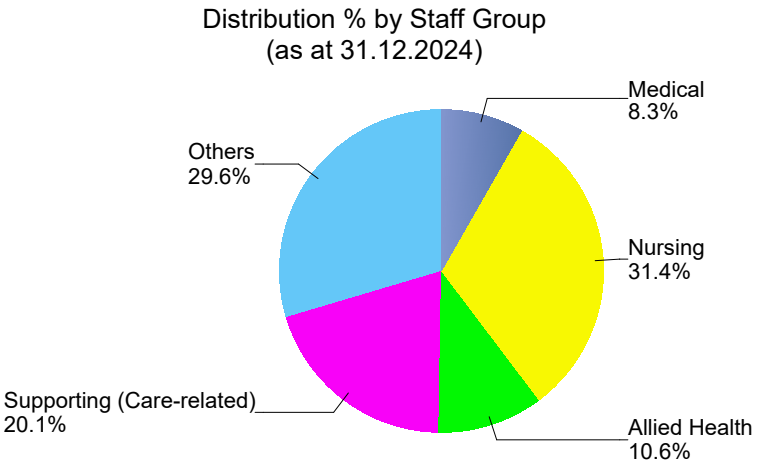
Manpower position by Staff Group (as at 31.12.2024)[1]

Appendix 2

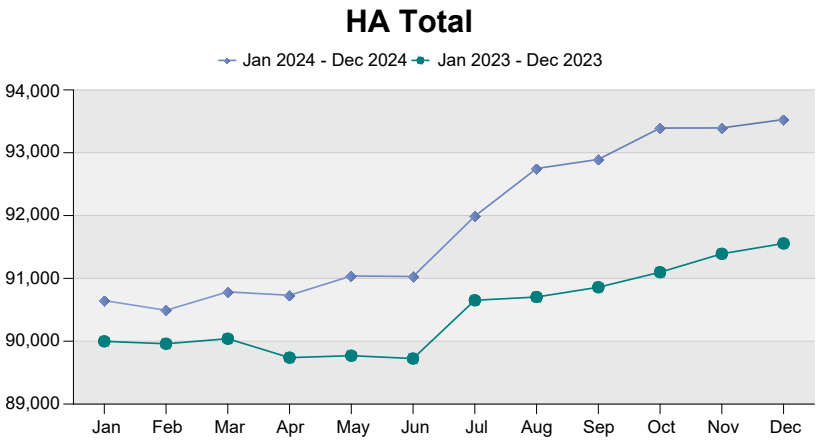
Staff group	Prior year 31.12.2023 A	Current year 31.12.2024[2] B	COR Estimate as at 31.03.2025[3] C	Variance from COR estimate D = B - C	Variance from COR estimate D / C	Variance from prior year E = B - A	Variance from prior year E / A
Medical[4]	7,384	7,724	7,589	+ 135	+ 1.8%	+ 340	+ 4.6%
Nursing	29,734	29,413	30,220	- 807	- 2.7%	- 321	- 1.1%
Allied Health	9,499	9,881	9,930	- 49	- 0.5%	+ 382	+ 4.0%
Supporting (Care-related)	18,250	18,825	46,450	+ 61	+ 0.1%	+ 575	+ 3.2%
Others	26,689	27,686				+ 997	+ 3.7%
Total[5]	**91,556**	**93,528**	**94,189**	**- 661**	**- 0.7%**	**+ 1,972**	**+ 2.2%**

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





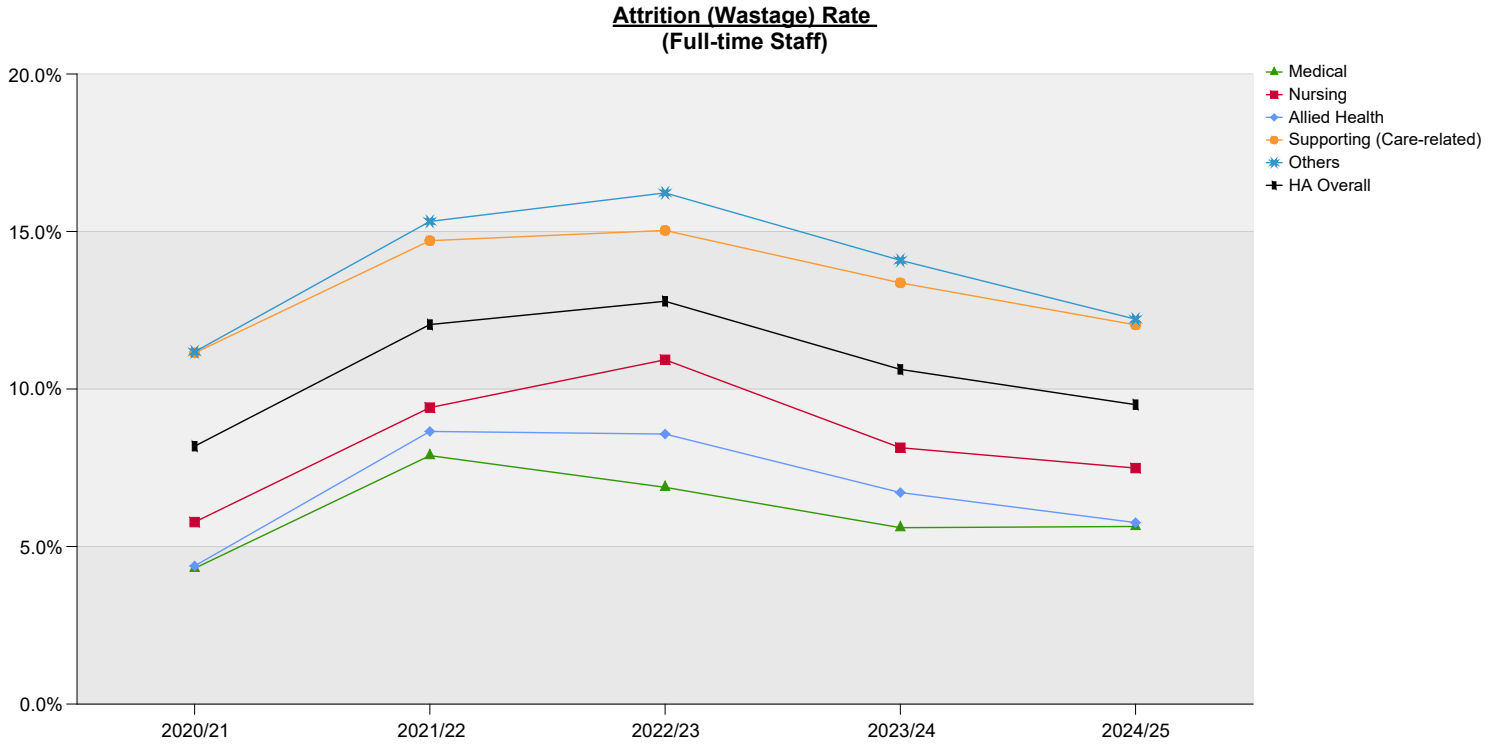
	Medical	Nursing	Allied Health	Supporting (Care-related)	Others
Prior Year 31.12.2023	7,384	29,734	9,499	18,250	26,689
Current Year 31.12.2024	7,724	29,413	9,881	18,825	27,686



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

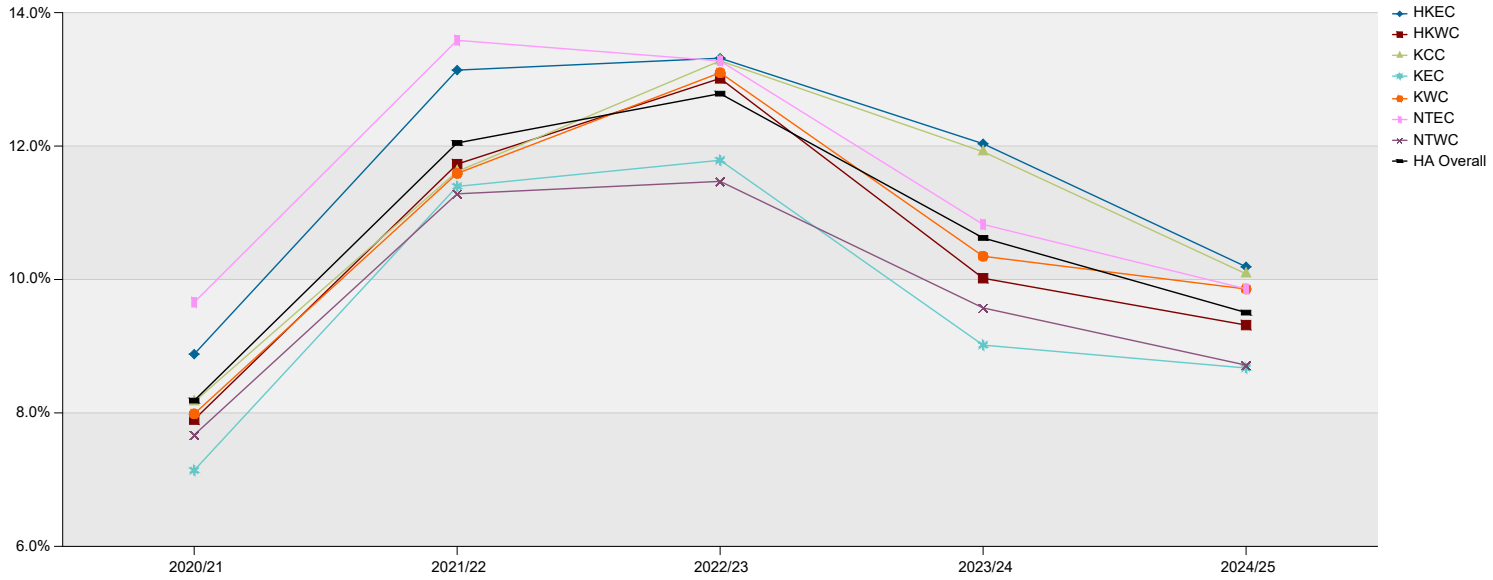


Staff Group	Full-time[3][5]					Part-time [3][4][5]				
	2020/21	2021/22	2022/23	2023/24	2024/25 (Rolling from Jan 24 to Dec 24)[6]	2020/21	2021/22	2022/23	2023/24	2024/25 (Rolling from Jan 24 to Dec 24)[6]
Medical[2]	4.3%	7.9%	6.9%	5.6%	5.6%	11.5%	17.8%	12.8%	10.4%	10.1%
Nursing	5.8%	9.4%	10.9%	8.1%	7.5%	15.0%	26.2%	17.2%	10.8%	11.8%
Allied Health	4.4%	8.7%	8.6%	6.7%	5.8%	8.3%	21.8%	25.6%	21.4%	14.8%
Supporting (Care-related)	11.1%	14.7%	15.0%	13.4%	12.0%	10.2%	20.3%	22.4%	22.0%	21.8%
Others	11.2%	15.3%	16.2%	14.1%	12.2%	31.4%	34.8%	42.7%	21.5%	33.0%
HA Overall	8.2%	12.0%	12.8%	10.6%	9.5%	13.9%	22.5%	18.3%	13.3%	14.0%

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

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

Attrition (Wastage) Rate
(Full-time Staff)



Cluster	Full-time[2][4]					Part-time[2][3][4]				
	2020/21	2021/22	2022/23	2023/24	2024/25 (Rolling from Jan 24 to Dec 24)[5]	2020/21	2021/22	2022/23	2023/24	2024/25 (Rolling from Jan 24 to Dec 24)[5]
HKEC	8.9%	13.1%	13.3%	12.0%	10.2%	16.8%	21.8%	20.6%	19.4%	15.7%
HKWC	7.9%	11.7%	13.0%	10.0%	9.3%	17.5%	31.1%	24.7%	16.4%	14.2%
KCC	8.2%	11.6%	13.3%	11.9%	10.1%	9.3%	16.7%	14.3%	10.2%	14.2%
KEC	7.1%	11.4%	11.8%	9.0%	8.7%	13.4%	23.9%	22.8%	17.6%	17.4%
KWC	8.0%	11.6%	13.1%	10.3%	9.9%	11.4%	22.6%	10.5%	10.3%	13.5%
NTEC	9.7%	13.6%	13.3%	10.8%	9.9%	20.3%	22.0%	24.8%	10.3%	9.8%
NTWC	7.7%	11.3%	11.5%	9.6%	8.7%	10.3%	16.1%	11.2%	8.5%	8.6%
HA Overall	8.2%	12.0%	12.8%	10.6%	9.5%	13.9%	22.5%	18.3%	13.3%	14.0%

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

Resignation Number and Rate

Staff Group		No. of resignations						Resignation rate		
		2024				Previous period	Current period	Previous period	Current period	Variance from previous period % pt
		1Q	2Q	3Q	4Q	(Jan23 - Dec23)	(Jan24 - Dec24)	(Jan23 - Dec23) %	(Jan24 - Dec24) %	
Doctor	Senior Staff (1)	43	29	41	23	151	136	5.0%	4.4%	- 0.6
	Junior Staff (2)	46	20	42	25	119	133	3.5%	3.7%	+ 0.2
	Overall	**89**	**49**	**83**	**48**	**270**	**269**	**4.2%**	**4.0%**	**- 0.2**
Nursing	Senior Staff (3)	44	60	48	33	205	185	2.8%	2.5%	- 0.3
	Junior Staff (4)	390	311	339	332	1,645	1,372	8.4%	7.0%	- 1.4
	Overall	**434**	**371**	**387**	**365**	**1,850**	**1,557**	**6.9%**	**5.7%**	**- 1.2**
Allied Health (5) Overall		**88**	**99**	**109**	**73**	**413**	**369**	**4.6%**	**4.0%**	**- 0.6**
Supporting (Care-related) Overall		**389**	**375**	**517**	**321**	**1,873**	**1,602**	**10.6%**	**8.8%**	**- 1.8**

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 Jan 23 - Dec 23 A	Current period Jan 24 - Dec 24 B	Variance from previous period C = (B - A) / A
Medical	4.7	4.1	- 12.8%
Nursing	10.8	9.1	- 15.7%
Allied Health	8.4	7.3	- 13.1%
Supporting (Care-related)	12.1	10.6	- 12.4%
Others	9.8	8.6	- 12.2%
HA Overall	**10.0**	**8.6**	**- 14.0%**

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

Staff Group	Previous period Jan 23 - Dec 23 A %	Current period Jan 24 - Dec 24 B %	Variance from previous period C = B - A % pt
Medical	0.7	1.1	+ 0.4
Nursing	2.8	2.5	- 0.3
Allied Health	1.7	1.7	0
Supporting (Care-related)	3.1	3.0	- 0.1
Others	2.3	2.2	- 0.1
HA Overall	**2.4**	**2.3**	**- 0.1**

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 Jan 23 - Dec 23 A	Current period Jan 24 - Dec 24 B	Variance from previous period C = B - A
Medical	3.8	4.1	+ 0.3
Nursing	3.6	3.5	- 0.1
Allied Health	1.5	1.5	0
Supporting (Care-related)	5.7	5.9	+ 0.2
Others	2.4	2.2	- 0.2
HA Overall	**3.5**	**3.4**	**- 0.1**

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

Staff Group	Previous period Jan 23 - Dec 23 A	Current period Jan 24 - Dec 24 B	Variance from previous period C = B - A
Medical	9.2	4.9	- 4.3
Nursing	56.2	45.5	- 10.7
Allied Health	17.0	19.0	+ 2.0
Supporting (Care-related)	120.4	101.9	- 18.5
Others	74.9	55.8	- 19.1
HA Overall	**67.0**	**54.0**	**- 13.0**

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