



**For information  
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**AOM-P2138**

## **Hospital Authority**

### **Report on Key Performance Indicators** **(Report No. 69, up to December 2025)**

#### **Advice Sought**

Members are invited to note the quarterly report on Key Performance Indicators (**KPIs**) of the Hospital Authority (**HA**), covering KPIs of clinical services, human resources (**HR**) and financial performance for the period ended December 2025<sup>1</sup>. 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 2026<sup>2</sup>.

#### **Background**

2. This paper highlights the key observations on KPI performance and the period covered in this report is from **January to December 2025**, unless otherwise specified.
3. The fees and charges reform, with the aim of enhancing protection for poor, acute, serious and critical patients, came into effect on 1 January 2026. As this quarterly KPI report covers the reporting period up to 31 December 2025, the impact of the reform on KPI performance, such as the waiting time for Accident and Emergency (**A&E**) services, will be reflected in future reports.
4. In the first nine months 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.

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<sup>1</sup> The last quarterly report on KPIs (up to September 2025) was submitted to the Board on 18 December 2025 via Administrative and Operational Meeting Paper No. 2116.

<sup>2</sup> Via MSDC Paper No. 795; HRC Paper No. 836; and FC Paper No. 1033 circulated on 25, 13 and 20 February 2026 respectively.

## **Key Observations**

### **Clinical Services (Appendix 1)**

5. In the first nine 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 of variation (i.e.  $\pm 5\%$  against year-to-date (**YTD**) estimates<sup>3</sup>). Some services showed larger service growth with number of attendances increased against the prior year, including the allied health (outpatient) attendances (+6.1%).

6. 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 service model, HA aims to provide sustainable healthcare services to meet service demand amid the ageing population and bring about benefits in various aspects, including 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 32.3%<sup>4</sup> in the number of day inpatient discharges and deaths against the pre-epidemic level.

7. HA has also been dedicating efforts to improving other ambulatory care services, such as the integration of community nursing service and community geriatric assessment service. To optimise service efficiency and enhance 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 the 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.

8. 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. 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, i.e. 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**)

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<sup>3</sup> 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.

<sup>4</sup> Number of day inpatient discharges and deaths : 511 113 in the first three quarters of 2018-19 and 676 092 in the first three quarters of 2025-26.

Programmes<sup>5</sup> 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 in place for transferring suitable HA patients to private hospitals for treatment.

### *Waiting time for A&E services*

9. HA's overall **percentage of A&E patient attendances seen within target waiting time**<sup>6</sup> met the targets for Triage I (critical) and II (emergency), but fell short of the target by 7.3% points (82.7% vs. target 90%) for Triage III (urgent). Compared with the prior year, considerable improvement of 6.2% points on Triage III was recorded. 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*

10. There has been a triage system in HA's SOP clinics (SOPCs) to ensure patients with urgent conditions requiring early intervention are treated with priority. The overall **median waiting time for the first appointment for Priority 1 (P1) and Priority 2 (P2) cases** were within the respective targets of two weeks and eight weeks. In addition, amongst the eight major specialties with the highest patient volume, HA managed to achieve over 90% of P1 and P2 new case bookings with waiting time within the targets.

11. Despite the growing service demand, HA has put in efforts along the **three-pronged strategy (narrowing upstream, diverting midstream and collaborating downstream)**<sup>7</sup> to improve SOP waiting time. On the **90<sup>th</sup> percentile waiting time for Routine (stable) cases**, HA overall's waiting time for the eight specialties being monitored were all below 100 weeks, except Ophthalmology (OPH) at 103 weeks. The waiting time for OPH, having improved from the record high of 143 weeks<sup>8</sup>, was shortened by five weeks as compared to the prior year. Clusters have taken remedial measures, including implementation of SHS and collaboration with Family Medicine, to manage the waiting time.

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<sup>5</sup> Examples include the 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.

<sup>6</sup> 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%).

<sup>7</sup> Short-term measures implemented by the clusters to improve the SOP waiting time include (a) Special Honorarium Scheme (SHS) to devote extra hours to see SOP new cases; (b) demand management by diverting cases from a SOPC with longer waiting time to another SOPC within the same cluster with a shorter waiting time to even service demand; (c) review of booking pattern to ensure SOPC quotas are well utilised; and (d) internal referral management, such as regular monitoring and gatekeeping by Triage Clinics. Other medium-and long-term measures implemented include (i) on narrowing upstream: enhancement of gatekeeping and monitoring on SOPC referrals, establishment of Secondary Consultation of Family Medicine and specialty to discuss case management and keep the stable cases in Family Medicine Specialist Clinics (FMSCs), enhancement of FMSC Triage Clinics to see and manage stable cases in FMSCs; (ii) on diverting midstream: enhancement of demand management and review of booking patterns, and development of more integrated clinics involving nurses and allied health professions; (iii) on collaborating downstream: enhancement of case close by having seniors to monitor case close and review stable cases and enhance mechanism for case review to facilitate case close, enhancement of download of stable cases to FMSCs or Family Medicine Clinics, and download of stable cases to private General Practitioners for further management.

<sup>8</sup> HA's overall SOP new case bookings for OPH routine cases at 90<sup>th</sup> percentile was at 143 weeks in the reporting period from July 2021 to June 2022.

12. 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 stable new case bookings for Medicine by 20% in 2023-24, and Ear, Nose & Throat (**ENT**) and Orthopaedics & Traumatology (**ORT**) by 10% in 2024-25, which was monitored and reflected under the KPI of 90<sup>th</sup> percentile waiting time of Routine cases. With concerted efforts made, the targets were achieved. To further demonstrate HA's determination to improve SOP waiting time, as announced in the 2025 PA, HA would continue its effort to reduce the waiting time of Routine new case bookings for Surgery (**SUR**) by 10% in 2026-27<sup>9</sup>. The SOP waiting time of SUR and all other 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*

13. Waiting time at **90<sup>th</sup> percentile for patients receiving the TJR treatment** was 67 months for HA overall, which was shortened by seven 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. 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 was extended to Yan Chai Hospital, United Christian Hospital, Pamela Youde Nethersole Eastern Hospital and Queen Elizabeth Hospital in 2024-25, 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. As announced in the 2025 PA, HA aims to expand the service to cover all clusters in 2025-26 to benefit more patients. The ICWM programme was then further extended to Alice Ho Miu Ling Nethersole Hospital and MacLehose Medical Rehabilitation Centre in November 2025 and December 2025 respectively, piloting in one hospital site per cluster.

### *Disease-specific quality indicators*

14. Performance on the majority of disease-specific indicators, including stroke, diabetes mellitus 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

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<sup>9</sup> Taking the 2024-25 12-month rolling HA overall 90<sup>th</sup> percentile waiting time of stable new case bookings for SUR of 95 weeks as the baseline, the target for SUR would be 85 weeks by 2026-27.

**percentage of ST-elevation myocardial infarction patients receiving primary PCI** was 67.6%, with an improvement of 3.2% points when compared with the prior year. A significant increase of 36.2% 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 receiving intravenous thrombolysis** was 15.8%, representing a considerable improvement from 9.9% in 2018-19.

15. For **colorectal cancer** and **breast cancer**, the respective waiting times at **90<sup>th</sup> percentile for patients receiving the first treatment after diagnosis** (July 2024 to June 2025) were at 91 days and 78 days, which were reduced by three days and lengthened by one day respectively 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 including increasing the 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 also been monitoring the manpower situation and taking measures to tackle the shortage issue.

## **Human Resources (Appendix 2)**

16. As at 31 December 2025, HA had a **staffing position of 96 638**, which represented a growth of 3.1% when compared with the prior year. There was a general increase in all staff groups, with percentage increase ranging from 1.4% to 4.5%. As for the **attrition (wastage) rate<sup>10</sup> of full-time staff**, the HA overall rate was 8.2%, in which the "Others" staff group had the highest rate (11.2%). Amongst different staff groups in HA, the full-time attrition rate (excluding staff under EER) of medical staff was 6.1%, which increased by 0.7% points as compared with 2024-25, including 42 visiting doctors whose contracts ended in November 2025. The attrition (wastage) rates of full-time doctors in some specialties were higher, including ENT, Radiology, Anaesthesia and OPH, which had exerted some pressure on the respective clinical services in some clusters.

17. The overall **average sick leave days taken per staff** was 7.8 days, representing a decrease of 11.4% when compared with the prior year. There was also a significant decrease of 13.0% for "Nursing" staff group when compared with the prior year. The **proportion of staff taking long sick leave (≥ 50 days)** in HA (2.1%) had slightly decreased.

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<sup>10</sup> Attrition (Wastage) excludes staff retired and rehired under "Extending Employment Beyond Retirement" (**EER**) 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.

18. The overall **number of injury on duty (IOD) cases per 100 full-time equivalent (FTE) staff** had decreased from 3.5 cases to 3.1 cases when compared with the prior year. “Allied Health” staff group had the lowest rate (1.4 cases), whereas “Supporting (Care-related)” staff group had the highest rate (5.1 cases). As for the **number of IOD leave days per 100 FTE staff**, HA overall was 46.1 days, representing a decrease of 12.9 days. “Medical”, “Nursing”, “Allied Health”, “Supporting (Care-related)” and “Others” staff groups had a reduction of 2.4 days, 1.7 days, 10.9 days, 17.5 days and 24.3 days respectively.

## **Finance**

19. For the nine months ended 31 December 2025, HA reported a YTD underspending position, primarily owing to the end-loaded nature of HA’s spending cycle towards the last quarter of the financial year.

20. According to the latest financial review, an overall underspending position is projected by the end of the year. HA will continue to closely monitor its latest projected financial results, with due consideration to a number of factors such as the impact of the 2026 fees and charges reform with the enhanced medical fee waiving mechanism, the ongoing development of HA’s manpower situation and the impact of potential demand surges.

## **Way Forward**

21. The fees and charges reform, implemented in January 2026, aims to enhance the protection for poor, acute, serious and critical patients, and enable the sustainable development of public healthcare services. The impact of the reform on some KPIs will be reflected in future reports. In addition, HA will continue to drive various initiatives to enhance access to services and improve care quality, including actively managing and improving the waiting time of various services through a multi-pronged approach.

**Report on Key Performance Indicators - Clinical Services**  
**For reporting to the Administrative and Operational Meeting in March 2026**  
**(KPI Report No. 69, up to December 2025)**

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

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

1.1.2025 - 31.12.2025 (unless specified) for other items

**Special note**

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

**Rounding of figures**

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

**The following symbols are used throughout the report**

- Figures equal zero

N.A. Not applicable

§ Figures within 0 and 0.5 (for Service Capacity only) / within 0% and 0.05% / within 0%pt and 0.05%pt

		Current Year	Estimate		Prior Year	
		YTD Dec 2025	YTD Dec 2025	Variance	YTD Dec 2024	Variance
		A	B	C = (A - B) or (A - B) / B	D	E = (A - D) or (A - D) / D
<b>Service Growth in response to Population Change &amp; Ageing Effect</b>						
<b>Service Capacity</b>	* No. of hospital beds (overall)	31 149	31 165	- 16	30 816	+ 333
(as at 31 Dec 2025)					(as at 31 Dec 2024)	
	* No. of geriatric day places	812	N.A.	N.A.	787	+ 25
					(as at 31 Dec 2024)	
	* No. of psychiatric day places	910	N.A.	N.A.	909	+ 1
					(as at 31 Dec 2024)	
<b>Inpatient Services</b>	No. of inpatient discharges and deaths					
	* Overall	848 868	967 655	- 12.3%	865 863	- 2.0%
	* General (acute and convalescent)	831 008	949 315	- 12.5%	847 531	- 1.9%
	No. of inpatient patient days					
	* Overall	6 553 766	6 928 344	- 5.4%	6 581 229	- 0.4%
	* General (acute and convalescent)	5 337 304	5 678 024	- 6.0%	5 345 933	- 0.2%
	* No. of day inpatient discharges and deaths	676 092	684 775	- 1.3%	649 896	+ 4.0%
<b>Accident &amp; Emergency (A&amp;E) Services</b>	* No. of A&E attendances	1 451 310	1 685 784	- 13.9%	1 525 343	- 4.9%
	No. of A&E first attendances					
	* triage I ( Critical cases )	19 561	N.A.	N.A.	19 071	+ 2.6%
	* triage II ( Emergency cases )	41 824	N.A.	N.A.	41 589	+ 0.6%
	* triage III ( Urgent cases )	584 066	N.A.	N.A.	597 239	- 2.2%
<b>Specialist Outpatient (SOP) Services</b>	* No. of SOP (clinical) first attendances	674 801	N.A.	N.A.	687 545	- 1.9%
	* No. of SOP (clinical) follow-up attendances	5 952 537	N.A.	N.A.	5 847 831	+ 1.8%
	* Total no. of SOP (clinical) attendances	6 627 338	6 535 636	+ 1.4%	6 535 376	+ 1.4%
<b>Family Medicine Outpatient Services</b> ^	* No. of general outpatient attendances	4 707 390	4 815 671	- 2.2%	4 702 885	+ 0.1%
	* No. of family medicine specialist clinic attendances	293 342	292 774	+ 0.2%	281 987	+ 4.0%
	* Total no. of primary care attendances	5 000 732	5 108 445	- 2.1%	4 984 872	+ 0.3%
<b>Allied Health Outpatient Services</b>	* No. of allied health (outpatient) attendances	2 867 673	2 668 718	+ 7.5%	2 703 703	+ 6.1%
<b>Day Hospital Services</b>	* No. of rehabilitation day and palliative care day attendances	91 117	94 547	- 3.6%	83 667	+ 8.9%
	* No. of geriatric day attendances	139 316	136 120	+ 2.3%	138 659	+ 0.5%
	* No. of psychiatric day attendances	181 981	180 408	+ 0.9%	174 871	+ 4.1%
<b>Community &amp; Outreach Services</b>	* No. of community nurse attendances	570 060	727 711	- 21.7%	715 415	- 20.3%
	* No. of allied health (community) attendances	29 542	27 111	+ 9.0%	28 601	+ 3.3%
	* No. of geriatric outreach attendances	775 820	631 947	+ 22.8%	602 990	+ 28.7%
	* No. of geriatric elderly persons assessed for infirmary care service	1 623	N.A.	N.A.	1 386	+ 17.1%
	* No. of psychiatric outreach attendances	280 542	272 442	+ 3.0%	274 114	+ 2.3%
	* No. of psychogeriatric outreach attendances	88 314	87 620	+ 0.8%	88 953	- 0.7%

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

**Remark:**

\* COR item

^ Family Medicine Clinic (formerly known as General Outpatient Clinic) and Family Medicine Specialist Clinic services have been unified under the name of "Family Medicine Outpatient Services" with effect from 11 October 2025. Changes in related COR items will be reflected in KPI Report No. 70.

Current period (R69)								Previous period		
HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Overall HA		
Jan - Dec 2025								Jan - Dec 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	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Jan - Dec 2024	Variance
*	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%	97.3%	99.9%	98.2%	98.5%	96.3%	98.6%	98.1%	97.1%	+ 1.0%pt
*	triage III (urgent cases : < 30 minutes, 90%)		85.8%	79.5%	90.3%	77.3%	79.6%	75.7%	89.6%	82.7%	76.6%	+ 6.2%pt
	triage IV (semi-urgent cases : < 120 minutes, 75%)		48.3%	50.3%	64.9%	43.0%	61.4%	61.0%	49.0%	55.3%	49.5%	+ 5.8%pt
Waiting Time for Specialist Outpatient (SOP) New Case Bookings		Median waiting time (weeks) for first appointment at specialist outpatient clinics (SOPCs)	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Jan - Dec 2024	Variance
*	Priority 1 (P1) cases		<1	<1	<1	<1	<1	<1	<1	<1	<1	-
*	Priority 2 (P2) cases		6	5	4	5	6	5	4	5	5	-
		<b>Ear, Nose and Throat</b>										
	% of P1 cases at SOPCs with waiting time within 2 weeks		99.5%	98.9%	98.8%	99.6%	98.7%	99.5%	99.5%	99.2%	99.1%	+ 0.2%pt
	% of P2 cases at SOPCs with waiting time within 8 weeks		98.3%	97.6%	99.5%	98.8%	96.8%	98.8%	99.1%	98.3%	98.1%	+ 0.2%pt
	90 <sup>th</sup> percentile waiting time (weeks) of Routine cases at SOPCs		55	54	74	84	79	77	54	79	80	- 1
		<b>Gynaecology</b>										
	% of P1 cases at SOPCs with waiting time within 2 weeks		99.8%	95.2%	99.4%	99.1%	99.6%	96.2%	98.2%	97.5%	98.1%	- 0.6%pt
	% of P2 cases at SOPCs with waiting time within 8 weeks		96.9%	97.0%	98.9%	98.5%	98.7%	93.8%	97.5%	97.8%	98.6%	- 0.9%pt
	90 <sup>th</sup> percentile waiting time (weeks) of Routine cases at SOPCs		27	51	84	67	96	89	59	84	86	- 2
		<b>Medicine</b>										
	% of P1 cases at SOPCs with waiting time within 2 weeks		98.6%	97.6%	97.1%	97.6%	96.5%	97.6%	99.3%	97.7%	97.6%	+§
	% of P2 cases at SOPCs with waiting time within 8 weeks		98.6%	96.1%	93.5%	98.2%	97.4%	98.7%	99.1%	97.3%	97.9%	- 0.6%pt
	90 <sup>th</sup> percentile waiting time (weeks) of Routine cases at SOPCs		92	65	95	92	90	88	65	92	91	+ 1
		<b>Ophthalmology</b>										
	% of P1 cases at SOPCs with waiting time within 2 weeks		99.2%	99.3%	99.4%	99.4%	99.6%	98.4%	99.3%	99.2%	99.3%	- 0.1%pt
	% of P2 cases at SOPCs with waiting time within 8 weeks		98.6%	99.6%	98.7%	99.0%	63.9%	98.4%	98.6%	92.9%	91.8%	+ 1.0%pt
	90 <sup>th</sup> percentile waiting time (weeks) of Routine cases at SOPCs		74	61	91	101	102	117	84	103	108	- 5
		<b>Orthopaedics and Traumatology</b>										
	% of P1 cases at SOPCs with waiting time within 2 weeks		99.3%	97.8%	98.8%	99.1%	99.1%	98.5%	98.7%	98.8%	98.9%	- 0.1%pt
	% of P2 cases at SOPCs with waiting time within 8 weeks		98.8%	98.4%	99.0%	95.8%	98.8%	97.9%	96.8%	98.0%	98.4%	- 0.4%pt
	90 <sup>th</sup> percentile waiting time (weeks) of Routine cases at SOPCs		70	65	75	72	79	78	66	75	74	+ 1
		<b>Paediatrics and Adolescent Medicine</b>										
	% of P1 cases at SOPCs with waiting time within 2 weeks		100.0%	100.0%	97.8%	98.5%	99.4%	97.5%	100.0%	98.6%	98.9%	- 0.3%pt
	% of P2 cases at SOPCs with waiting time within 8 weeks		96.8%	99.4%	98.5%	97.9%	96.1%	97.4%	99.5%	98.0%	98.0%	+ 0.1%pt
	90 <sup>th</sup> percentile waiting time (weeks) of Routine cases at SOPCs		18	34	29	35	30	46	35	37	42	- 5
		<b>Psychiatry</b>										
	% of P1 cases at SOPCs with waiting time within 2 weeks		100.0%	100.0%	100.0%	100.0%	100.0%	99.3%	99.5%	99.7%	99.7%	+§
	% of P2 cases at SOPCs with waiting time within 8 weeks		99.8%	100.0%	100.0%	100.0%	100.0%	99.7%	100.0%	99.9%	99.8%	+ 0.2%pt
	90 <sup>th</sup> percentile waiting time (weeks) of Routine cases at SOPCs		69	84	87	85	87	101	84	89	91	- 2
		<b>Surgery</b>										
	% of P1 cases at SOPCs with waiting time within 2 weeks		98.4%	97.1%	95.4%	98.8%	95.5%	92.7%	96.5%	96.2%	97.4%	- 1.2%pt
	% of P2 cases at SOPCs with waiting time within 8 weeks		98.7%	98.2%	92.0%	98.7%	96.6%	97.0%	91.9%	96.0%	96.0%	+§
	90 <sup>th</sup> percentile waiting time (weeks) of Routine cases at SOPCs		84	80	100	99	100	92	66	98	95	+ 3

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

Remark:

\* COR item

Current period (R69)								Previous period			
HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Overall HA			
<i>Jan - Dec 2025</i>								<i>Jan - Dec 2024</i>	<i>Variance</i>		
								<b>A</b>	<b>B</b>	<b>C = (A - B)</b>	

Quality Improvement (continued)

<b>Waiting Time for Allied Health Outpatient (AHOP) New Case Bookings</b>	<b>Dietetics</b>										
	% of P1 cases at AHOP clinics with waiting time within 2 weeks	100.0%	99.9%	99.0%	95.8%	100.0%	95.5%	97.4%	<b>98.1%</b>	98.1%	+ 0.1%pt
	% of P2 cases at AHOP clinics with waiting time within 8 weeks	99.9%	99.9%	98.9%	96.7%	100.0%	98.5%	98.0%	<b>98.8%</b>	99.0%	- 0.2%pt
	90 <sup>th</sup> percentile waiting time (weeks) of Routine cases at AHOP clinics	15	10	12	17	14	17	16	<b>16</b>	16	-
	<b>Occupational Therapy</b>										
	% of P1 cases at AHOP clinics with waiting time within 2 weeks	99.6%	99.8%	99.2%	99.6%	99.7%	99.6%	99.3%	<b>99.6%</b>	99.2%	+ 0.4%pt
	% of P2 cases at AHOP clinics with waiting time within 8 weeks	99.5%	99.8%	99.3%	99.3%	99.7%	99.5%	98.9%	<b>99.4%</b>	99.3%	+ 0.1%pt
	90 <sup>th</sup> percentile waiting time (weeks) of Routine cases at AHOP clinics	25	15	17	17	16	17	21	<b>19</b>	23	- 4
	<b>Physiotherapy</b>										
	% of P1 cases at AHOP clinics with waiting time within 2 weeks	99.1%	98.1%	98.6%	98.7%	98.5%	98.9%	99.1%	<b>98.7%</b>	98.4%	+ 0.3%pt
	% of P2 cases at AHOP clinics with waiting time within 8 weeks	99.1%	99.3%	98.6%	95.7%	99.2%	99.0%	99.2%	<b>98.2%</b>	98.6%	- 0.3%pt
	90 <sup>th</sup> percentile waiting time (weeks) of Routine cases at AHOP clinics	30	17	49	29	33	27	37	<b>34</b>	35	- 1

**Blue** > 5% / 5%pt above previous period

**Green** > 5% / 5%pt below previous period

	Current period (R69)							Previous period	
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Overall HA
	Jan - Dec 2025							Jan - Dec 2024	Variance
								A	B C = (A - B)

Quality Improvement (continued)

<b>Waiting Time for Elective Surgery</b>	<b>Total Joint Replacement</b>										
	Waiting time (months) at 90 <sup>th</sup> percentile for patients receiving the treatment of total joint replacement	84	54	60	53	73	69	71	67	74	- 7
	<b>Benign Prostatic Hyperplasia</b>										
	% of patients provided with surgery within 2 months for P1 patients (Oct 2024 - Sep 2025)	74.8%	48.5%	53.3%	64.3%	49.0%	84.6%	80.7%	68.5%	56.6%	+ 11.9%pt (Oct 2023 - Sep 2024)
	% of patients provided with surgery within 12 months for P2 patients (Jan - Dec 2024)	97.8%	100.0%	85.7%	95.9%	95.2%	78.3%	100.0%	92.0%	85.5%	+ 6.5%pt (Jan - Dec 2023)
<b>Waiting Time for Diagnostic Radiological Investigations</b>	<b>CT</b>										
	% of urgent cases with examination done within 24 hours	99.6%	99.9%	99.3%	98.4%	99.4%	99.3%	99.0%	99.3%	98.9%	+ 0.3%pt
	Median waiting time (weeks) of P1 cases	1	2	2	1	<1	2	2	1	2	- 1
	Median waiting time (weeks) of P2 cases	13	18	31	20	36	25	57	23	26	- 3
	90 <sup>th</sup> percentile waiting time (weeks) of Routine cases	79	154	177	170	203	216	311	218	200	+ 18
	<b>MRI</b>										
	% of urgent cases with examination done within 24 hours	98.7%	99.3%	97.9%	99.4%	96.6%	97.7%	96.4%	98.0%	97.8%	+ 0.1%pt
	Median waiting time (weeks) of P1 cases	3	<1	2	<1	3	2	1	2	3	- 1
	Median waiting time (weeks) of P2 cases	17	6	36	17	28	21	77	26	32	- 6
	90 <sup>th</sup> percentile waiting time (weeks) of Routine cases	127	215	290	133	149	212	276	212	197	+ 15
	<b>Ultrasonography</b>										
	% of urgent cases with examination done within 24 hours	100.0%	97.9%	98.2%	96.9%	97.9%	96.5%	97.5%	97.6%	96.8%	+ 0.8%pt
	Median waiting time (weeks) of P1 cases	1	<1	1	<1	<1	2	2	1	1	-
	Median waiting time (weeks) of P2 cases	15	13	27	15	37	34	27	24	26	- 2
	90 <sup>th</sup> percentile waiting time (weeks) of Routine cases	90	109	275	95	173	162	224	167	175	- 8
<b>Mammogram</b>											
Median waiting time (weeks) of P1 cases	2	2	2	<1	1	2	3	2	1	+ 1	
Median waiting time (weeks) of P2 cases	15	12	46	16	16	15	20	16	16	-	
90 <sup>th</sup> percentile waiting time (weeks) of Routine cases	75	211	317	146	234	193	142	202	178	+ 24	

**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] <sup>N1</sup>

**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 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.	%
United Christian Hospital	997	7.7%	8	0.1%

**Previous period**

Jul - Sep 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	1 449	8.8%	-	-
United Christian Hospital	641	5.2%	-	-

**Remark:**

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

Current period (R69)								Previous period	
HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Overall HA	
<i>Jan - Dec 2025</i>								<i>Jan - Dec 2024</i>	<i>Variance</i>
<b>A</b>								<b>B</b>	<b>C = (A - B) or (A - B) / B</b>

Quality Improvement (continued)

<b>Access to Family Medicine Clinic (FMC) Episodic Illness Service</b>	<b>FMC quota availability (for elders) (%)</b>	98.9%	95.1%	86.8%	92.8%	96.1%	81.3%	86.2%	<b>90.8%</b>	88.2%	+ 2.6%pt
<b>Appropriateness of Care</b>	<b>Standardised admission rate for A&amp;E patients (%)</b>	46.0%	45.3%	40.6%	34.4%	36.6%	40.2%	35.3%	<b>38.7%</b>	38.2%	+ 0.5%pt
	* <b>Unplanned readmission rate within 28 days for general inpatients (%)</b> <i>(Dec 2024 - Nov 2025)</i>	10.5%	9.5%	10.7%	12.0%	12.7%	10.6%	12.0%	<b>11.3%</b>	10.9%	+ 0.3%pt <i>(Dec 2023 - Nov 2024)</i>
<b>Breastfeeding Rate</b>	<b>Breastfeeding rate on discharge (%)</b> <i>(Dec 2024 - Nov 2025)</i>	83.1%	83.2%	74.8%	82.8%	79.2%	85.5%	75.8%	<b>79.8%</b>	78.3%	+ 1.4%pt <i>(Dec 2023 - Nov 2024)</i>
<b>Infection Rate</b>	<b>MRSA bacteraemia in acute beds per 1 000 acute patient days</b>	0.1619	0.0963	0.1434	0.1641	0.1348	0.1259	0.1713	<b>0.1428</b>	0.1477	- 3.3%
<b>Patient Blood Management</b>	<b>% of transfusion with pre-transfuse Hb level &lt; 7g/dL</b>	71.4%	51.4%	62.3%	84.9%	68.3%	62.4%	68.5%	<b>65.8%</b>	63.6%	+ 2.2%pt
	<b>% of transfusion with single red blood cell unit transfusion</b>	67.4%	67.3%	67.0%	72.3%	62.1%	59.0%	61.4%	<b>64.6%</b>	62.6%	+ 2.0%pt

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

Remark:

\* COR item

Current period (R69)								Previous period		
HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Overall HA		
Jan - Dec 2025								Jan - Dec 2024	Variance	
								A	B	C = (A - B)

Quality Improvement (continued)

Disease Specific Quality Indicators	Stroke										
	% of acute ischaemic stroke patients received IV thrombolysis	21.1%	13.0%	17.6%	14.1%	16.6%	14.8%	13.2%	<b>15.8%</b>	15.2%	+ 0.6%pt
	<b>Hip Fracture</b>										
	% of patients indicated for surgery on hip fracture with surgery performed ≤ 2 days after admission through A&E	53.6%	92.1%	43.5%	36.3%	48.0%	41.8%	61.1%	<b>49.6%</b>	43.4%	+ 6.1%pt
	<b>Cancer</b>										
	Waiting time (days) at 90 <sup>th</sup> percentile from decision to treat to start of radiotherapy (RT) for cancer patients requiring radical RT	27	28	28	N.A.	30	29	31	<b>28</b>	28	-
	Waiting time (days) at 90 <sup>th</sup> percentile for patients with colorectal cancer receiving first treatment after diagnosis <i>(Jul 2024 - Jun 2025)</i>	77	104	89	83	97	105	71	<b>91</b>	94	- 3 <i>(Jul 2023 - Jun 2024)</i>
	Waiting time (days) at 90 <sup>th</sup> percentile for patients with breast cancer receiving first treatment after diagnosis <i>(Jul 2024 - Jun 2025)</i>	64	61	79	54	86	108	72	<b>78</b>	77	+ 1 <i>(Jul 2023 - Jun 2024)</i>
	Waiting time (days) at 90 <sup>th</sup> percentile for patients with nasopharynx cancer receiving first treatment after diagnosis	84	73	64	N.A.	70	75	59	<b>68</b>	70	- 2 <i>(Jul 2023 - Jun 2024)</i>
	<b>Diabetes Mellitus</b>										
	% of diabetes mellitus patients with HbA1c < 7%	66.1%	65.4%	62.1%	57.5%	61.5%	63.6%	59.3%	<b>61.8%</b>	58.4%	+ 3.4%pt
	<b>Hypertension</b>										
	% of hypertension patients treated in FMCs with blood pressure < 140/90 mmHg	64.5%	65.8%	71.3%	67.1%	78.7%	81.0%	68.9%	<b>72.5%</b>	73.0%	- 0.5%pt
	<b>Mental Health Services</b>										
	Average length of stay (LOS) (days) of acute inpatient care (with LOS ≤ 90 days)	30.8	31.6	30.7	36.6	30.6	36.0	32.1	<b>32.0</b>	32.2	- 0.2
	% of compulsory psychiatric admissions under the Mental Health Ordinance via AED for patients receiving active Personalised Care Programme care	2.1%	2.3%	1.2%	1.1%	3.0%	0.9%	2.6%	<b>2.1%</b>	2.2%	- 0.1%pt
	<b>Cardiac Services</b>										
	% of acute myocardial infarction patients prescribed with Statin at discharge	93.9%	83.3%	86.5%	94.0%	91.5%	90.4%	87.3%	<b>89.8%</b>	88.7%	+ 1.1%pt
	% of ST-elevation myocardial infarction patients received primary percutaneous coronary intervention	57.1%	70.8%	78.1%	53.5%	66.1%	64.5%	76.2%	<b>67.6%</b>	64.4%	+ 3.2%pt

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

Current period (R69)								Previous period		
HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Overall HA		
Jan - Dec 2025								Jan - Dec 2024	Variance	
								A	B	C = (A - B) or (A - B) / B

Efficiency in Use of Resources

Capacity and Throughput of Specialist Outpatient (SOP) Services	Throughput for SOP services / Waiting list management	Current period (R69)								Previous period	
		HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Jan - Dec 2024	Variance
	<b>Ear, Nose and Throat</b>										
	No. of SOP first attendances per doctor	651	434	720	653	750	762	733	<b>681</b>	714	- 4.6%
	No. of SOP follow-up attendances per doctor	3 443	2 010	1 950	2 396	2 623	2 637	1 995	<b>2 391</b>	2 483	- 3.7%
	Growth of waiting list against throughput (%)	10.9%	- 2.1%	- 3.6%	2.3%	- 3.3%	2.5%	0.1%	<b>0.4%</b>	- 1.2%	+ 1.6%pt
	<b>Gynaecology</b>										
	No. of SOP first attendances per doctor	185	142	152	204	248	224	135	<b>180</b>	178	+ 1.1%
	No. of SOP follow-up attendances per doctor	1 051	1 082	1 008	1 083	797	863	669	<b>938</b>	931	+ 0.8%
	Growth of waiting list against throughput (%)	4.9%	3.7%	5.0%	- 9.6%	5.3%	8.1%	- 0.1%	<b>2.8%</b>	3.6%	- 0.9%pt
	<b>Medicine</b>										
	No. of SOP first attendances per doctor	66	63	73	90	74	77	56	<b>72</b>	77	- 7.1%
	No. of SOP follow-up attendances per doctor	1 418	1 367	1 128	1 036	1 635	1 386	1 489	<b>1 345</b>	1 403	- 4.1%
	Growth of waiting list against throughput (%)	2.6%	2.1%	9.5%	8.5%	1.0%	8.5%	7.6%	<b>6.1%</b>	- 2.2%	+ 8.3%pt
	<b>Ophthalmology</b>										
	No. of SOP first attendances per doctor	611	338	580	858	683	656	756	<b>637</b>	669	- 4.7%
	No. of SOP follow-up attendances per doctor	5 206	4 191	6 142	5 957	7 551	5 250	7 299	<b>5 962</b>	5 880	+ 1.4%
	Growth of waiting list against throughput (%)	- 1.7%	- 5.9%	- 0.6%	- 3.8%	11.0%	8.0%	3.6%	<b>2.2%</b>	1.4%	+ 0.8%pt
	<b>Orthopaedics and Traumatology</b>										
	No. of SOP first attendances per doctor	197	195	161	219	165	199	187	<b>187</b>	198	- 5.9%
	No. of SOP follow-up attendances per doctor	1 510	1 182	1 300	1 420	1 535	1 368	1 427	<b>1 394</b>	1 469	- 5.1%
	Growth of waiting list against throughput (%)	- 1.1%	- 3.8%	- 2.1%	- 0.3%	11.4%	0.8%	0.6%	<b>1.2%</b>	- 3.6%	+ 4.8%pt
	<b>Paediatrics and Adolescent Medicine</b>										
	No. of SOP first attendances per doctor	40	55	38	85	65	59	65	<b>53</b>	54	- 3.0%
	No. of SOP follow-up attendances per doctor	474	478	456	793	566	496	768	<b>537</b>	538	- \$
	Growth of waiting list against throughput (%)	- 2.1%	9.0%	2.8%	- 5.9%	3.8%	- 11.2%	- 1.0%	<b>- 1.0%</b>	3.8%	- 4.8%pt
	<b>Psychiatry</b>										
	No. of SOP first attendances per doctor	74	71	67	127	126	101	72	<b>94</b>	98	- 4.0%
	No. of SOP follow-up attendances per doctor	1 902	1 997	1 738	2 759	3 133	1 996	2 137	<b>2 288</b>	2 274	+ 0.6%
	Growth of waiting list against throughput (%)	6.8%	12.2%	10.3%	7.6%	8.5%	8.7%	8.1%	<b>8.6%</b>	2.4%	+ 6.2%pt
	<b>Surgery</b>										
	No. of SOP first attendances per doctor	195	125	182	245	203	209	211	<b>192</b>	205	- 6.4%
	No. of SOP follow-up attendances per doctor	1 408	1 069	1 118	1 357	1 170	982	1 053	<b>1 138</b>	1 190	- 4.4%
	Growth of waiting list against throughput (%)	1.8%	3.2%	6.0%	- 3.5%	1.1%	8.9%	- 3.1%	<b>2.4%</b>	4.1%	- 1.6%pt
<b>Operating Theatre (OT) Utilisation</b>	<b>Ratio of scheduled to expected elective OT session hours (%)</b>	101.9%	96.4%	95.3%	97.8%	97.4%	99.2%	99.0%	<b>97.7%</b>	97.9%	- 0.2%pt
	<b>Utilisation rate of scheduled elective OT sessions (%)</b>	100.2%	105.7%	95.3%	96.4%	94.5%	100.0%	94.1%	<b>97.9%</b>	97.6%	+ 0.3%pt

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

Current period (R69)								Previous period		
HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Overall HA	Overall HA		
Jan - Dec 2025								Jan - Dec 2024	Variance	
								A	B	C = (A - B)

**Efficiency in Use of Resources** (continued)

<b>Bed Management</b>	<b>Inpatient bed occupancy rate (%)</b>										
	* Overall	81.5%	73.2%	85.6%	93.8%	92.1%	91.5%	86.1%	<b>86.9%</b>	87.6%	- 0.7%pt
	* General (acute and convalescent)	85.5%	72.6%	85.9%	93.9%	94.6%	93.5%	98.5%	<b>89.7%</b>	90.4%	- 0.8%pt
	* <b>Average length of stay (days) for general inpatients</b>	6.0	5.9	6.6	6.8	6.0	6.7	6.6	<b>6.4</b>	6.3	+ 0.1
<b>Day Surgery Services</b>	<b>Rate of day surgery (%)</b>										
	Ear, Nose and Throat	66.0%	60.3%	53.9%	74.1%	51.3%	71.4%	65.7%	<b>63.6%</b>	66.7%	- 3.2%pt
	Obstetrics and Gynaecology	77.3%	70.0%	70.6%	79.3%	78.1%	79.0%	89.0%	<b>78.4%</b>	77.8%	+ 0.6%pt
	Ophthalmology	90.1%	93.5%	96.1%	94.4%	83.5%	94.8%	90.3%	<b>92.3%</b>	91.6%	+ 0.8%pt
	Orthopaedics and Traumatology	43.5%	34.9%	39.4%	40.1%	43.4%	46.4%	56.8%	<b>43.6%</b>	42.4%	+ 1.2%pt
	Surgery	64.7%	70.6%	74.8%	68.5%	73.2%	77.1%	72.5%	<b>72.4%</b>	70.6%	+ 1.8%pt

**Blue** > 5% / 5%pt above previous period

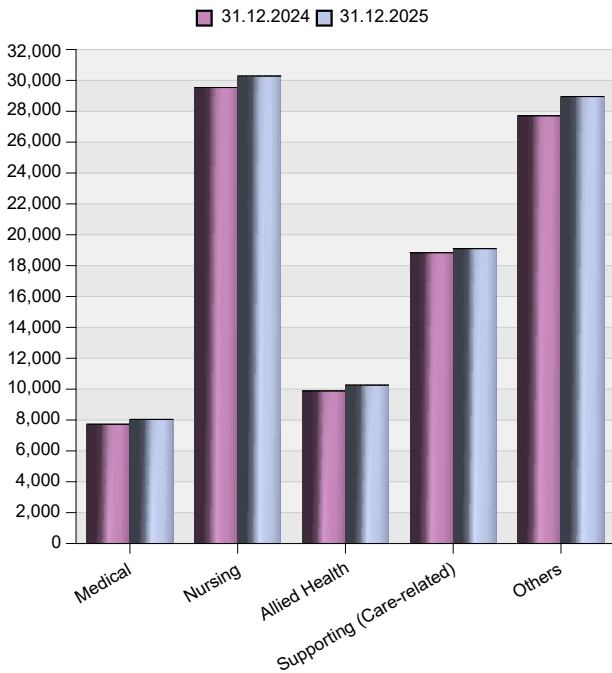
**Green** > 5% / 5%pt below previous period

**Remark:**

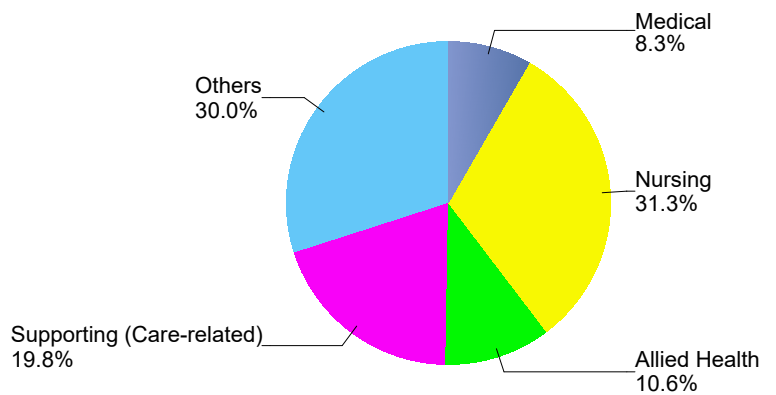
\* COR item

Staff group	Prior year	Current year	COR Estimate as at 31.03.2026 <sup>(3)</sup>	Variance from			
	31.12.2024	31.12.2025 <sup>(2)</sup>		COR estimate		prior year	
	A	B		C	D = B - C	D / C	E = B - A
Medical <sup>(4)</sup>	7,726	8,040	8,015	+ 25	+ 0.3%	+ 314	+ 4.1%
Nursing	29,538	30,282	30,620	- 338	- 1.1%	+ 744	+ 2.5%
Allied Health	9,886	10,260	10,300	- 40	- 0.4%	+ 374	+ 3.8%
Supporting (Care-related)	18,838	19,103	46,840	+ 1,217	+ 2.6%	+ 265	+ 1.4%
Others	27,710	28,954				+ 1,244	+ 4.5%
<b>Total<sup>(5)</sup></b>	<b>93,698</b>	<b>96,638</b>	<b>95,775</b>	<b>+ 863</b>	<b>+ 0.9%</b>	<b>+ 2,940</b>	<b>+ 3.1%</b>

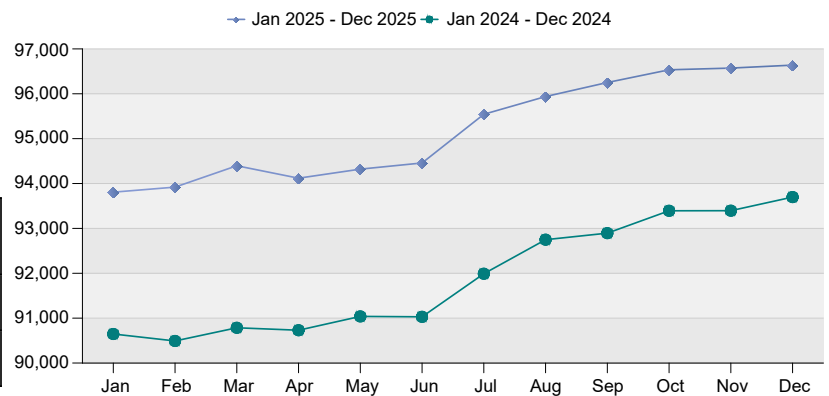
Blue >3% above COR estimate/prior year  
Green >3% below COR estimate/prior year



Distribution % by Staff Group (as at 31.12.2025)



HA Total

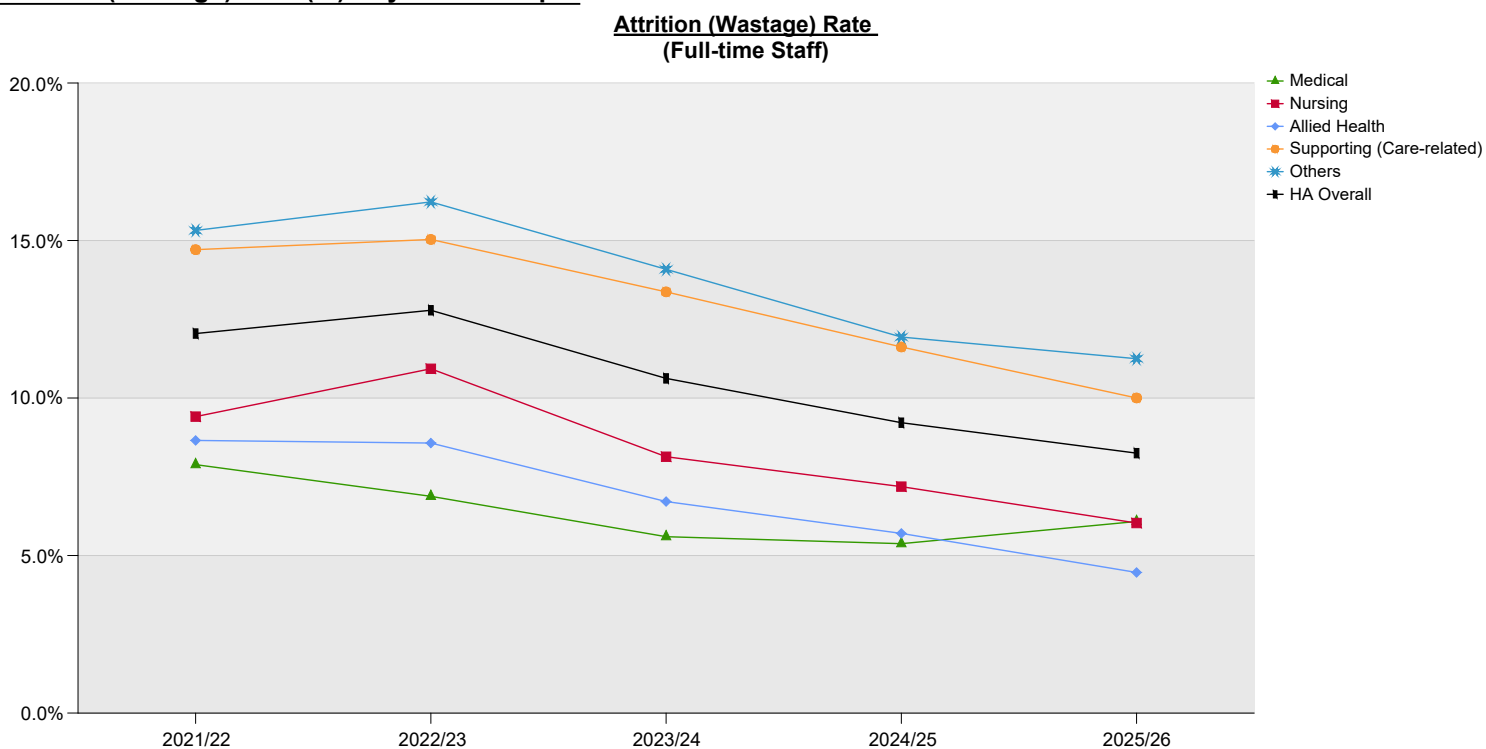


	Medical	Nursing	Allied Health	Supporting (Care-related)	Others
Prior Year 31.12.2024	7,726	29,538	9,886	18,838	27,710
Current Year 31.12.2025	8,040	30,282	10,260	19,103	28,954

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 (%)<sup>(1)</sup> by Staff Group



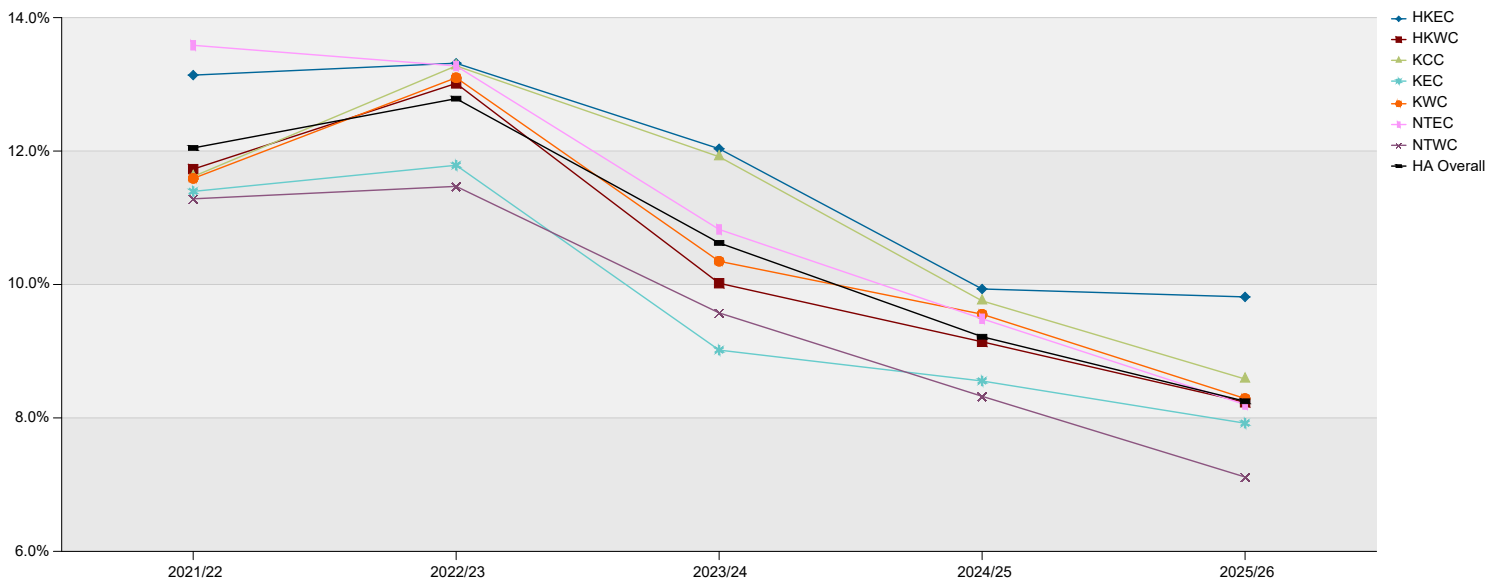
Staff Group	Full-time <sup>(3)</sup> <sup>(6)</sup>					Part-time <sup>(3)</sup> <sup>(4)</sup> <sup>(5)</sup>				
	2021/22	2022/23	2023/24	2024/25	2025/26 (Rolling from Jan 25 to Dec 25) <sup>(6)</sup>	2021/22	2022/23	2023/24	2024/25	2025/26 (Rolling from Jan 25 to Dec 25) <sup>(6)</sup>
Medical <sup>(2)</sup>	7.9%	6.9%	5.6%	5.4%	6.1%	17.8%	12.8%	10.4%	11.9%	51.1%
Nursing	9.4%	10.9%	8.1%	7.2%	6.0%	26.2%	17.2%	10.8%	13.1%	29.9%
Allied Health	8.7%	8.6%	6.7%	5.7%	4.5%	21.8%	25.6%	21.4%	18.1%	16.6%
Supporting (Care-related)	14.7%	15.0%	13.4%	11.6%	10.0%	20.3%	22.4%	22.0%	18.9%	32.3%
Others	15.3%	16.2%	14.1%	11.9%	11.2%	34.8%	42.7%	21.5%	31.8%	27.9%
HA Overall	12.0%	12.8%	10.6%	9.2%	8.2%	22.5%	18.3%	13.3%	15.2%	36.7%

### 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  $\leq 3$  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 (%)<sup>(1)</sup> by Cluster**

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



Cluster	Full-time <sup>(2)</sup> ( <sup>4</sup> )					Part-time <sup>(2)</sup> ( <sup>3</sup> )( <sup>4</sup> )				
	2021/22	2022/23	2023/24	2024/25	2025/26 (Rolling from Jan 25 to Dec 25) <sup>(5)</sup>	2021/22	2022/23	2023/24	2024/25	2025/26 (Rolling from Jan 25 to Dec 25) <sup>(5)</sup>
HKEC	13.1%	13.3%	12.0%	9.9%	9.8%	21.8%	20.6%	19.4%	26.2%	60.6%
HKWC	11.7%	13.0%	10.0%	9.1%	8.2%	31.1%	24.7%	16.4%	14.5%	31.3%
KCC	11.6%	13.3%	11.9%	9.8%	8.6%	16.7%	14.3%	10.2%	13.2%	48.0%
KEC	11.4%	11.8%	9.0%	8.6%	7.9%	23.9%	22.8%	17.6%	16.9%	51.3%
KWC	11.6%	13.1%	10.3%	9.6%	8.3%	22.6%	10.5%	10.3%	16.2%	25.5%
NTEC	13.6%	13.3%	10.8%	9.5%	8.2%	22.0%	24.8%	10.3%	9.4%	9.5%
NTWC	11.3%	11.5%	9.6%	8.3%	7.1%	16.1%	11.2%	8.5%	7.6%	26.1%
HA Overall	12.0%	12.8%	10.6%	9.2%	8.2%	22.5%	18.3%	13.3%	15.2%	36.7%

**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		
		2025				Previous period	Current period	Previous period	Current period	Variance from previous period % pt
		1Q	2Q	3Q	4Q	(Jan24 - Dec24)	(Jan25 - Dec25)	(Jan24 - Dec24) %	(Jan25 - Dec25) %	
Doctor	Senior Staff <sup>(1)</sup>	32	30	26	22	136	110	4.4%	3.5%	- 0.9
	Junior Staff <sup>(2)</sup>	32	23	47	21	133	123	3.7%	3.1%	- 0.6
	<b>Overall</b>	<b>64</b>	<b>53</b>	<b>73</b>	<b>43</b>	<b>269</b>	<b>233</b>	<b>4.0%</b>	<b>3.3%</b>	<b>- 0.7</b>
Nursing	Senior Staff <sup>(3)</sup>	44	34	27	34	185	139	2.5%	1.8%	- 0.7
	Junior Staff <sup>(4)</sup>	317	236	229	263	1,374	1,045	7.0%	5.1%	- 1.9
	<b>Overall</b>	<b>361</b>	<b>270</b>	<b>256</b>	<b>297</b>	<b>1,559</b>	<b>1,184</b>	<b>5.7%</b>	<b>4.2%</b>	<b>- 1.5</b>
<b>Allied Health <sup>(5)</sup> Overall</b>		<b>80</b>	<b>46</b>	<b>69</b>	<b>45</b>	<b>369</b>	<b>240</b>	<b>4.0%</b>	<b>2.5%</b>	<b>- 1.5</b>
<b>Supporting (Care-related) Overall</b>		<b>329</b>	<b>334</b>	<b>368</b>	<b>264</b>	<b>1,604</b>	<b>1,295</b>	<b>8.8%</b>	<b>6.9%</b>	<b>- 1.9</b>

### 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 <sup>(1)(2)</sup>

### (A) Average sick leave days taken per staff

Staff Group	Previous period	Current period	Variance from previous period
	Jan 24 - Dec 24	Jan 25 - Dec 25	
	A	B	$C = (B - A) / A$
Medical	4.3	4.0	- 7.0%
Nursing	9.2	8.0	- 13.0%
Allied Health	7.4	6.5	- 12.2%
Supporting (Care-related)	10.8	9.8	- 9.3%
Others	8.7	7.9	- 9.2%
<b>HA Overall</b>	<b>8.8</b>	<b>7.8</b>	<b>- 11.4%</b>

### (B) % of staff with sick leave taken $\geq$ 50 days

Staff Group	Previous period	Current period	Variance from previous period
	Jan 24 - Dec 24	Jan 25 - Dec 25	
	A	B	$C = B - A$
	%	%	% pt
Medical	1.1	1.0	- 0.1
Nursing	2.5	2.2	- 0.3
Allied Health	1.7	1.4	- 0.3
Supporting (Care-related)	3.0	2.9	- 0.1
Others	2.2	2.1	- 0.1
<b>HA Overall</b>	<b>2.3</b>	<b>2.1</b>	<b>- 0.2</b>

#### 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 <sup>(1)</sup>

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

Staff Group	Previous period	Current period	Variance from previous period C = B - A
	Jan 24 - Dec 24	Jan 25 - Dec 25	
	A	B	
Medical	4.2	4.0	- 0.2
Nursing	3.5	3.2	- 0.3
Allied Health	1.5	1.4	- 0.1
Supporting (Care-related)	5.9	5.1	- 0.8
Others	2.2	2.1	- 0.1
<b>HA Overall</b>	<b>3.5</b>	<b>3.1</b>	<b>- 0.4</b>

### (B) No. of IOD leave days per 100 FTE staff <sup>(2)</sup>

Staff Group	Previous period	Current period	Variance from previous period C = B - A
	Jan 24 - Dec 24	Jan 25 - Dec 25	
	A	B	
Medical	6.5	4.1	- 2.4
Nursing	50.1	48.4	- 1.7
Allied Health	21.3	10.4	- 10.9
Supporting (Care-related)	111.8	94.3	- 17.5
Others	59.6	35.3	- 24.3
<b>HA Overall</b>	<b>59.0</b>	<b>46.1</b>	<b>- 12.9</b>

#### 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