Controlling officer: the Director of Health will account for expenditure under this Head.	
Estimate 2012–13	\$5,301.2m
Establishment ceiling 2012–13 (notional annual mid-point salary value) representing an estimated 5 700 non-directorate posts as at 31 March 2012 rising by 183 posts to 5 883 posts as at 31 March 2013	\$2,241.4m
In addition, there will be an estimated 61 directorate posts as at 31 March 2012 and as at 31 March 2013.	
Commitment balance	\$1,378.5m

Controlling Officer's Report

Programmes

Programme (1) Statutory Functions Programme (2) Disease Prevention Programme (3) Health Promotion Programme (4) Curative Care Programme (5) Rehabilitation	These programmes contribute to Policy Area 15: Health (Secretary for Food and Health).
Programme (6) Treatment of Drug Abusers	This programme contributes to Policy Area 9: Internal Security (Secretary for Security).
Programme (7) Medical and Dental Treatment for Civil Servants	This programme contributes to Policy Area 26: Central Management of the Civil Service (Secretary for the Civil Service).
Programme (8) Personnel Management of Civil Servants Working in Hospital Authority	This programme contributes to Policy Area 15: Health (Secretary for Food and Health).

Detail

Programme (1): Statutory Functions

	2010–11	2011–12	2011–12	2012–13
	(Actual)	(Original)	(Revised)	(Estimate)
Financial provision (\$m)	446.9	502.6	536.3 (+6.7%)	559.5 (+4.3%)

(or +11.3% on 2011–12 Original)

Aim

2 The aim is to enforce legislation to ensure a high standard of public health protection.

Brief Description

- 3 The work involves:
- · preventing spread of infectious diseases;
- ensuring the safety, quality and efficacy of pharmaceutical products through product registration and licensing control;
- promoting/protecting the health of radiation workers and minimising public exposure to radiation hazards;
- providing secretariat support to the various boards and councils responsible for the registration and regulation of healthcare professionals and healthcare institutions;
- licensing of healthcare institutions;
- · providing services in forensic medicine and operating public mortuaries; and
- · enforcing laws on tobacco control.

4 The key performance measures in respect of statutory functions are:

Targets

	Target	2010 (Actual)	2011 (Actual)	2012 (Plan)
free pratique to be granted within				
30 minutes of receiving	0.5	00	00	0.5
application (%)	>95	99	99	>95
registration of pharmaceutical products within five months (% of applications)	>90	94	98	>90
inspection of licensed retail drug premises	770	74	70	270
at an average of twice a year per				
premises (%)	100	100	100	100
proportion of workers getting radiation	100	100	100	100
dose <20mSv a year (%)	100	100	100	100
processing of registration application from healthcare professionals within				
ten working days (%)	>90	100	100	>90
investigation upon receipt of complaint				
against healthcare professionals within				
14 working days (%)	>90	99	100	>90
inspections of licensed institutions registered under the Hospitals, Nursing				
Homes and Maternity Homes				
Registration Ordinance (Cap. 165)				
not less than once a year (%)	100	100	100	100
Indicators				
		2010	2011	2012
		(Actual)	(Actual)	(Estimate)
magistration applications of pharma accetical and de-	ata	,	` /	,
registration applications of pharmaceutical produce processed		4 200	3 900	4 100
inspection of licensed retail drug premises		8 000	8 200	8 200
licences, notices and permits processed for irradia				
substances/apparatus		11 000	11 000	11 000
registration applications from healthcare profession	onals	4.200	4.700	5 100
no. of inspections of licensed institutions registere		4 200	4 500	5 100
the Hospitals, Nursing Homes and Maternity H				
Registration Ordinance		205	246	220
5				

Matters Requiring Special Attention in 2012–13

- 5 During 2012–13, the Department will:
- continue to enforce the Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600); and
- expedite the setting of standards for Chinese herbal medicines commonly used in Hong Kong.

Programme (2): Disease Prevention

	2010–11 (Actual)	2011–12 (Original)	2011–12 (Revised)	2012–13 (Estimate)
Financial provision (\$m)				
Government sector	1,617.3	2,204.8	1,777.6 (-19.4%)	2,365.0 (+33.0%)
				(or +7.3% on 2011–12 Original)

	2010–11 (Actual)	2011–12 (Original)	2011–12 (Revised)	2012–13 (Estimate)
Subvented sector	39.2	36.8	39.6 (+7.6%)	50.9 (+28.5%)
				(or +38.3% on 2011–12 Original)
Total	1,656.5	2,241.6	1,817.2 (-18.9%)	2,415.9 (+32.9%)
				(or +7.8% on

(or +7.8% on 2011–12 Original)

Aim

6 The aim is to prevent and control diseases, and reduce preventable diseases and premature deaths.

Brief Description

- 7 This aim is achieved through a wide range of health services and activities covering different age groups and targeted at various communicable and non-communicable diseases. The work involves:
 - · providing genetic screening and counselling services;
 - reducing preventable death and ill-health among pregnant women, infants and children;
 - · providing promotive and preventive healthcare to primary and secondary school students;
 - improving the oral health of primary school children;
 - maintaining the surveillance and control of communicable diseases;
 - · providing laboratory services for the diagnosis and surveillance of various infections and other screening activities;
 - treating patients with sexually-transmitted diseases and controlling the spread of such diseases;
 - providing integrated healthcare service to the elderly;
 - · providing woman health service; and
 - co-ordinating the development and implementation of initiatives aiming to promote primary care.
- **8** The Department subvents the family planning services provided by the Family Planning Association of Hong Kong.
 - **9** The key performance measures in respect of disease prevention are:

Targets

	Target	2010 (Actual)	2011 (Actual)	2012 (Plan)
	ranger	(Fictual)	(Tietaar)	(1 1411)
achieving a high participation rate of new born babies of local mothers attending				
maternal and child health				
centres (%)@	>90	93	93	>90
contributing to achieving low infant				
mortality rate (IMR) and maternal				
mortality rate (MMR)		1.711	1.7	
IMR per 1 000 live births	< 6.0	1.7#	1.7	<6.0
MMR per 100 000 live births	< 6.0	1.1#	1.1	<6.0
School Dental Care Service participation				
rate (%)	>90	95	95	>90
investigating reports of outbreaks of				
communicable diseases within				
24 hours (%)	100	100	100	100
coverage rate of immunisation programme	100	100	100	100
for school children (%)	>95	99	99	>95
101 SCHOOL CHIRDICH (70)	793	99	22	793

[@] To better reflect the coverage of new born babies of local mothers by maternal and child health centres, the indicator is revised as "achieving a high participation rate of new born babies of local mothers attending maternal and child health centres".

_		
In	licators	
III	ucuuns	

2.0000			
	2010	2011	2012
	(Actual)	(Actual)	(Estimate)
	(======)	((=======)
attendances at maternal and child health centres			
child health service	617 000#	637 000	637 000
maternal health service	152 000	167 000	167 000
family planning service	128 000	123 000	123 000
cervical screening service	99 000	95 000	95 000
attendances at family planning clinics operated by Family			
Planning Association	120 000	113 000	113 000
school children participating in the Student Health Service			
primary school students	331 000	316 000	307 000
secondary school students	73 000	375 000	387 000
primary school children participating in the School Dental			
Care Service	328 000	315 000	305 000
no. of training activities on infection control	83	80	80
no. of attendances to training activities on infection control	7 600	7 800	7 800
doses of vaccines given to school children	183 000	171 000	172 000
attendances at social hygiene clinics	86 000	80 000	80 000
no. of enrolment in elderly health centres	38 500	38 500	38 500
no. of attendances for health assessment and medical			
consultation at elderly health centres	175 000	175 000	175 000
attendances at health education activities organised by			
elderly health centres and visiting health teams	460 000	460 000	460 000
no. of enrolment for woman health service	19 000	19 500	19 500
no. of attendances for woman health service	36 000	36 000	36 000
no. of laboratory tests relating to public health	2 570 000	2 596 000	2 639 000
no. of facolatory tests folding to public fieditiff	2 3 7 0 000	2 370 000	2 000 000

[#] The figure has been updated after the preparation of the 2011–12 Estimates.

Matters Requiring Special Attention in 2012-13

- 10 During 2012–13, the Department will:
- continue to enhance the preparedness for influenza pandemic and other public health emergencies;
- continue to implement the pilot scheme to provide healthcare vouchers for elderly aged 70 or above as a partial subsidy for their use of private primary healthcare services;
- introduce a pilot project to promote preventive care for the elderly through launching health assessment programme in collaboration with non-governmental organisations;
- continue to support the Government's initiative to develop an Electronic Health Record infrastructure for Hong Kong;
- continue to co-ordinate the development and implementation of primary care initiatives and to implement a primary care campaign in partnership with healthcare professionals to raise public awareness of the benefits of primary care in disease prevention and management; and
- complete a territory-wide oral health survey for continuous monitoring of the oral health status of the population.

Programme (3): Health Promotion

	2010–11 (Actual)	2011–12 (Original)	2011–12 (Revised)	2012–13 (Estimate)
Financial provision (\$m)				
Government sector	199.3	249.1	259.8 (+4.3%)	298.4 (+14.9%)
				(or +19.8% on 2011–12 Original)

	2010–11	2011–12	2011–12	2012–13
	(Actual)	(Original)	(Revised)	(Estimate)
Subvented sector	43.9	43.7	60.1 (+37.5%)	65.1 (+8.3%)
				(or +49.0% on 2011–12 Original)
Total	243.2	292.8	319.9 (+9.3%)	363.5 (+13.6%)
				(or +24.1% on 2011–12 Original)

Aim

11 The aim is to promote health and increase health awareness in the community and among specific target groups.

Brief Description

- 12 This aim is achieved through a wide range of health promotion activities. The work is discharged by the Department's various units in collaboration with other community groups and interested agencies.
- 13 The Department subvents the first aid training and service provided by the Hong Kong St. John Ambulance and the first aid training provided by the Hong Kong Red Cross. It also subvents the Hong Kong Council on Smoking and Health (COSH) in providing a focal point for promotional initiatives in support of tobacco control. The Department also provides community-based smoking cessation programmes and promotes smoking cessation in collaboration with non-governmental organisations including the Tung Wah Group of Hospitals, Pok Oi Hospital, United Christian Nethersole Community Health Service, School of Nursing of the University of Hong Kong, Po Leung Kuk and the Life Education Activity Programme.
 - 14 The key performance measures in respect of health promotion are:

Target

	Target	2010 (Actual)	2011 (Actual)	2012 (Plan)
training of health promoters (annual total)	>2 000ψ	2 300	2 350	>2 000
ψ $\;$ The target has been revised from >1 500 to >2	000 with effec	et from 2012.		
Indicators				
		2010	2011	2012
		(Actual)	(Actual)	(Estimate)
production of health education materials (annual no	o. of			
titles)		700	700	700
attendances at health education activities		909 000	909 000	909 000
AIDS counselling attendances		2 470	2 820	2 820
utilisation of the AIDS telephone enquiry service		14 200	14 600	14 600
no. of publicity/educational activities delivered by one of secondary schools joining the Adolescent He	COSH	340	380	380
Programme		320	320	320

Matters Requiring Special Attention in 2012–13

- **15** During 2012–13, the Department will:
- enhance its public health promotion programmes to instil a healthy lifestyle concept in the community, with emphasis on healthy eating and physical activity;
- continue to strengthen the publicity and education programme and adopt a community approach on smoking prevention and cessation; and
- continue with publicity efforts to promote organ donation and registration with the Centralised Organ Donation Register in collaboration with relevant organisations.

Programme (4): Curative Care

				110gramme (1)v curative cure
2012–13 (Estimate)	2011–12 (Revised)	2011–12 (Original)	2010–11 (Actual)	
				Financial provision (\$m)
751.7 (+9.9%)	684.2 (-5.2%)	722.1	668.4	Government sector
(or +4.1% on 2011–12 Original)				
3.0 (—)	3.0 (—)	3.0	2.9	Subvented sector
(or same as 2011–12 Original)				
754.7 (+9.8%)	687.2 (-5.2%)	725.1	671.3	Total
(or +4.1% on 2011–12 Original)				

Aim

16 The aim is to provide specialised outpatient treatment for various illnesses.

Brief Description

- 17 Specialised outpatient clinics provide curative services to patients with tuberculosis (TB) and chest diseases, skin diseases or human immunodeficiency virus (HIV) infection. Dental service is provided to hospital patients, emergency cases and groups with special oral healthcare needs. The Department subvents two Chinese Medicine Clinics run by the Tung Wah Group of Hospitals.
 - 18 The key performance measures in respect of curative care are:

Targets

	Target	2010 (Actual)	2011 (Actual)	2012 (Plan)
coverage rate of TB vaccination (BCG) at birth (%) cure rate of TB patients under	>99	>99	>99	>99
supervised treatment (%)	>85	86	87	>85
cases within 12 weeks (% of cases)	>90	56	60	60
Indicators				
		2010 (Actual)	2011 (Actual)	2012 (Estimate)
BCG vaccinations given to new born babies attendances at specialised outpatient clinics		88 000	97 000	97 000
TB and Chest		752 000 252 700 13 400	731 500 245 500 14 000	731 500 245 500 14 000
hospital patients (attendances)dental clinics emergency treatment (attendances) special needs group (no. of patients)	ances)	57 100 40 100 10 600	56 400 40 100 10 200	56 400 40 100 10 200

Matters Requiring Special Attention in 2012–13

19 During 2012–13, the Department will continue to provide specialised curative services to the public and dental service to patients with special oral healthcare needs or emergency.

Programme (5): Rehabilitation

	2010–11 (Actual)	2011–12 (Original)	2011–12 (Revised)	2012–13 (Estimate)
Financial provision (\$m)	78.8	82.3	86.8 (+5.5%)	88.8 (+2.3%)
				(or +7.9% on 2011–12 Original)

Aim

20 The aim is to provide comprehensive assessment for children with developmental problems and disabilities.

Brief Description

- 21 The Department runs child assessment centres which are responsible for:
- providing comprehensive physical, psychological and social assessment for children with developmental anomalies;
- formulating rehabilitation plan after developmental diagnosis;
- assisting to arrange appropriate pre-school and school placements for training, remedial and special education where necessary; and
- providing interim support to parents and the children through counselling, talks and support groups.
- 22 The key performance measures in respect of rehabilitation are:

Targets

	Target	2010 (Actual)	2011 (Actual)	2012 (Plan)
appointment time for new cases in child assessment centres within three weeks (%)	>90	99	99	>90
cases in child assessment centres within six months (%)	>90	97	94	>90
Indicator				
		2010 (Actual)	2011 (Actual)	2012 (Estimate)
attendances at child assessment centres		32 300	33 800	33 800

Matters Requiring Special Attention in 2012-13

23 During 2012–13, the Department will continue to provide comprehensive assessment services to children with developmental problems and disabilities, and interim support and educational activities to these children, their families and the public.

Programme (6): Treatment of Drug Abusers

	2010–11 (Actual)	2011–12 (Original)	2011–12 (Revised)	2012–13 (Estimate)
Financial provision (\$m)				
Government sector	41.4	38.1	38.9 (+2.1%)	39.0 (+0.3%)
				(or +2.4% on 2011–12 Original)

	2010–11 (Actual)	2011–12 (Original)	2011–12 (Revised)	2012–13 (Estimate)
Subvented sector	90.7	94.3	98.2 (+4.1%)	98.0 (-0.2%)
				(or +3.9% on 2011–12 Original)
Total	132.1	132.4	137.1 (+3.5%)	137.0 (-0.1%)
				(or +3.5% on 2011–12 Original)

Aim

24 The aim is to contribute to Government's overall strategy for the control of drug abuse.

Brief Description

- 25 This aim is achieved by providing treatment services to drug abusers through the methadone clinic service and by subventing residential treatment and rehabilitation programmes operated by voluntary agencies, namely, the Society for the Aid and Rehabilitation of Drug Abusers (SARDA), the Caritas Hong Kong and the Hong Kong Christian Service.
- **26** To facilitate better management and control of government subvention, the Department signed a Funding and Service Agreement with SARDA in March 2011.
 - 27 The key performance measures in respect of treatment of drug abusers are:

Targets

	Target	2010 (Actual)	2011 (Actual)	2012 (Plan)
average attendance rate of patients registered with methadone clinics (%) completion rate of SARDA's inpatient	>70	76	76	>70
treatment courses detoxification (%) rehabilitation (%)	>70 >60	85 73	81 73	>70 >60
Indicators				
		2010 (Actual)	2011 (Actual)	2012 (Estimate)
patients registered with methadone clinicsaverage daily attendances at methadone clinicspatients admitted for residential treatmentbed-days occupied at residential treatment and refi		8 400 6 400 1 770	8 200 6 200 1 910	8 200 6 200 1 920
centres		111 300	115 300	115 400

Matters Requiring Special Attention in 2012-13

28 During 2012–13, the Department will continue to provide treatment services to drug abusers.

Programme (7): Medical and Dental Treatment for Civil Servants

	2010–11 (Actual)	2011–12 (Original)	2011–12 (Revised)	2012–13 (Estimate)
Financial provision (\$m)	730.9	886.5	840.8 (-5.2%)	974.4 (+15.9%)
				(or +9.9% on

Aim

29 The aim is to provide medical and dental services for serving and retired civil servants and other eligible persons.

Brief Description

- **30** The work involves:
- providing medical services to eligible persons at non-public clinics;
- · providing dental treatment services to eligible persons at dental clinics; and
- effecting payment for medical fees and hospital charges incurred by eligible persons in authorised cases.
- 31 The key performance measures in respect of medical and dental treatment for eligible persons are:

Targets

	Target	2010 (Actual)	2011 (Actual)	2012 (Plan)
appointment time for new dental cases within six months (%) processing of applications for	>90	72	92	>90
reimbursement of medical expenses within four weeks (%)‡	>90	_	98	>90
‡ New target as from 2011.				
Indicators				
		2010 (Actual)	2011 (Actual)	2012 (Estimate)
attendances at non-public clinics		209 000 611 000	228 000 609 000	228 000 634 000

Matters Requiring Special Attention in 2012-13

32 During 2012–13, the Department will continue to provide medical and dental services for civil servants and other eligible persons.

Programme (8): Personnel Management of Civil Servants Working in Hospital Authority

	2010–11 (Actual)	2011–12 (Original)	2011–12 (Revised)	2012–13 (Estimate)
Financial provision (\$m)	6.9	7.0	7.4 (+5.7%)	7.4 (—)
				(

(or +5.7% on 2011–12 Original)

Aim

33 The aim is to discharge the personnel management responsibility for the civil servants working in the Hospital Authority (HA) to maintain their morale and efficiency to facilitate the smooth operation of all public hospitals in a mixed staff situation, and to look after the interests of these civil servants.

Brief Description

34 On 1 April 1999, the Department took over from the former Hospital Services Department the role of ensuring an effective liaison with the HA in respect of the personnel management of the public hospital staff who chose to retain their civil servant status.

35 The key performance measure is:

Indicator

	2010	2011	2012
	(Actual)	(Actual)	(Estimate)
no. of civil servants working in the HA managed as at	2 688	2 509	2 311

Matters Requiring Special Attention in 2012-13

36 During 2012–13, the Department will continue to discharge the personnel management responsibility for the civil servants working in the HA.

ANALYSIS OF FINANCIAL PROVISION

Programme	2010–11	2011–12	2011–12	2012–13
	(Actual)	(Original)	(Revised)	(Estimate)
	(\$m)	(\$m)	(\$m)	(\$m)
 Statutory Functions	446.9	502.6	536.3	559.5
	1,656.5	2,241.6	1,817.2	2,415.9
	243.2	292.8	319.9	363.5
	671.3	725.1	687.2	754.7
	78.8	82.3	86.8	88.8
	132.1	132.4	137.1	137.0
 (7) Medical and Dental Treatment for	730.9	886.5	840.8	974.4
Civil Servants	6.9	7.0	7.4	7.4
·	3,966.6	4,870.3	4,432.7 (-9.0%)	5,301.2 (+19.6%)

(or +8.8% on 2011–12 Original)

Analysis of Financial and Staffing Provision

Programme (1)

Provision for 2012–13 is \$23.2 million (4.3%) higher than the revised estimate for 2011–12. This is mainly due to additional provision for expanding Drug Office to meet increasing drug regulatory needs, strengthening radiological health protection capabilities in the Department, and an increase of 69 posts in 2012–13 to meet operational needs.

Programme (2)

Provision for 2012–13 is \$598.7 million (32.9%) higher than the revised estimate for 2011–12. This is mainly due to additional provision for continuing the implementation of the pilot scheme to provide health care vouchers for the elderly, replenishing antiviral stockpile for influenza pandemic, meeting claims under subsidised vaccination schemes, meeting demand for maternal and child health service, and a net increase of 46 posts in 2012–13 to meet operational needs.

Programme (3)

Provision for 2012–13 is \$43.6 million (13.6%) higher than the revised estimate for 2011–12. This is mainly due to additional provision for scaling up smoking cessation services.

Programme (4)

Provision for 2012–13 is \$67.5 million (9.8%) higher than the revised estimate for 2011–12. This is mainly due to increased drug expenditure, increase in cash flow requirement for procurement of equipment, and a net increase of six posts in 2012–13 to meet operational needs.

Programme (5)

Provision for 2012–13 is \$2.0 million (2.3%) higher than the revised estimate for 2011–12. This is mainly due to increased requirement for operating expenses.

Programme (6)

Provision for 2012–13 is \$0.1 million (0.1%) lower than the revised estimate for 2011–12. This is mainly due to decreased requirement for repair and renovation works in subvented institutions.

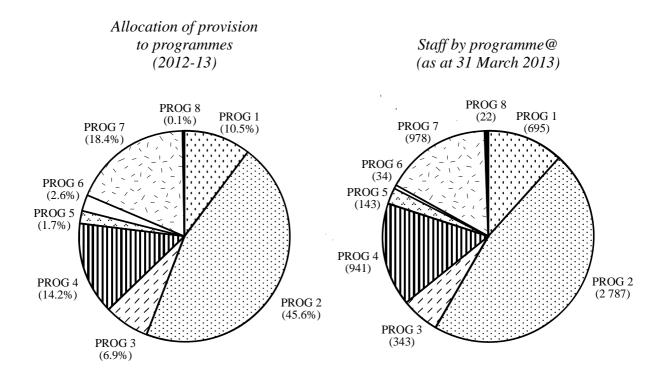
Programme (7)

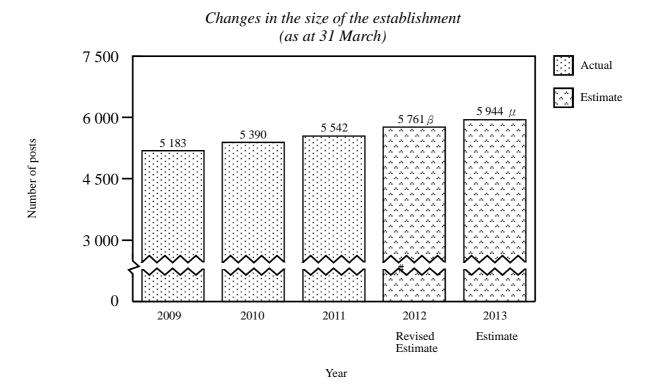
Provision for 2012–13 is \$133.6 million (15.9%) higher than the revised estimate for 2011–12. This is mainly due to additional provision for meeting the increasing demand for payment and reimbursement of medical fees and hospital charges in respect of civil service eligible persons, enhancing the dental services for civil service eligible persons, and an increase of 63 posts in 2012–13 to meet operational needs.

Programme (8)

Provision for 2012–13 is comparable with the revised estimate for 2011–12.

Note: The net increase of 184 posts in the above will be partly offset by the decrease of one post accommodating a general grades officer working in a general outpatient clinic of the Hospital Authority. There will be a net increase of 183 permanent posts in 2012-13.





- @ Excludes one post to accommodate a general grades officer working in a general outpatient clinic of the Hospital Authority
- 8 Includes two posts to accommodate general grades officers working in general outpatient clinics of the Hospital Authority
- μ Includes one post to accommodate a general grades officer working in a general outpatient clinic of the Hospital Authority

Sub- head (Code)		Actual expenditure 2010–11	Approved estimate 2011–12	Revised estimate 2011–12	Estimate 2012–13
	\$'000	\$'000	\$'000	\$,000	\$'000
	Operating Account				
	Recurrent				
	Operational expenses	3,857,616	4,383,256	4,242,322	4,911,916
	Deduct reimbursements	_	_	_	_
	Total, Recurrent	3,857,616	4,383,256	4,242,322	4,911,916
	Non-Recurrent				
700	General non-recurrent	78,897	371,332	106,496	301,628
	Total, Non-Recurrent	78,897	371,332	106,496	301,628
	Total, Operating Account	3,936,513	4,754,588	4,348,818	5,213,544
-	Capital Account				
	Plant, Equipment and Works				
	Plant, vehicles and equipment	291	34,999	10,905	43,786
661	Minor plant, vehicles and equipment (block vote)	23,430	72,215	65,318	35,815
	Total, Plant, Equipment and Works	23,721	107,214	76,223	79,601
	Subventions				
	Subvented institutions - maintenance, repairs, and minor improvements (block vote) Subvented institutions - minor plant, vehicles	2,710	5,160	4,312	2,863
713	and equipment (block vote)	3,654	3,384	3,384	5,168
	Total, Subventions	6,364	8,544	7,696	8,031
	Total, Capital Account	30,085	115,758	83,919	87,632
-					
	Total Expenditure	3,966,598	4,870,346	4,432,737	5,301,176

Details of Expenditure by Subhead

The estimate of the amount required in 2012–13 for the salaries and expenses of the Department of Health is \$5,301,176,000. This represents an increase of \$868,439,000 over the revised estimate for 2011–12 and of \$1,334,578,000 over actual expenditure in 2010–11.

Operating Account

Recurrent

- 2 Provision of \$4,911,916,000 under *Subhead 000 Operational expenses* is for the salaries, allowances and other operating expenses of the Department of Health, including recurrent subventions to institutions. The increase of \$669,594,000 (15.8%) over the revised estimate for 2011–12 is mainly due to the additional provision for replenishing antiviral stockpile for influenza pandemic, meeting claims under the subsidised vaccination schemes, scaling up smoking cessation services, meeting the increasing demand for payment of medical fees and hospital charges in respect of civil service eligible persons, meeting demand for maternal and child health service, and expanding Drug Office to meet increasing drug regulatory needs.
- **3** The establishment as at 31 March 2012 will be 5 761 permanent posts, including two posts to accommodate general grades officers working in general outpatient clinics of the Hospital Authority (HA). It is expected that there will be a net increase of 183 permanent posts in 2012–13. Subject to certain conditions, the controlling officer may under delegated power create or delete non-directorate posts during 2012–13, but the notional annual mid-point salary value of all such posts must not exceed \$2,241,364,000.
 - 4 An analysis of the financial provision under Subhead 000 Operational expenses is as follows:

	2010–11 (Actual) (\$'000)	2011–12 (Original) (\$'000)	2011–12 (Revised) (\$'000)	2012–13 (Estimate) (\$'000)
Personal Emoluments				
- Salaries	2,190,562	2,304,028	2,389,108	2,528,541
- Allowances	14,411	16,254	17,909	18,714
- Job-related allowances	1,331	1,325	1,925	1,750
Personnel Related Expenses				
- Mandatory Provident Fund				
contribution	8,775	7,632	8,794	5,296
- Civil Service Provident Fund				
contribution	8,590	22,466	25,285	51,341
Departmental Expenses				
- Temporary staff	178,993	160,393	180,349	178,277
- Specialist supplies and equipment	421,642	487,655	439,210	660,130
- General departmental expenses	561,970	694,611	624,918	709,261
Other Charges				
- Contracting out of dental prostheses	5,419	6,000	6,000	6,000
 Payment and reimbursement of medical 				
fees and hospital charges	267,035	380,000	320,000	410,000
- Supply, repair and renewal of prostheses				
and surgical appliances	3,215	3,300	3,300	3,300
- Vaccination reimbursements	25,320	130,271	32,281	130,271
Subventions				
- Subvented institutions	170,353	169,321	193,243	209,035
	3,857,616	4,383,256	4,242,322	4,911,916

5 Gross provision of \$989,000,000 under *Subhead 003 Recoverable salaries and allowances* is for salaries and allowances for civil servants working in the HA. Expenditure under this subhead is reimbursed by the HA. Subject to certain conditions, the controlling officer may under delegated power create or delete both directorate and non-directorate posts under the subhead during 2012–13. Before exercising his delegated power, the controlling officer is required to seek the endorsement of the HA that the proposals and their financial implications are acceptable. In addition, the gross estimate under the subhead must not be exceeded without the prior approval of the Secretary for Financial Services and the Treasury.

Capital Account

Plant, Equipment and Works

6 Provision of \$35,815,000 under *Subhead 661 Minor plant, vehicles and equipment (block vote)* represents a decrease of \$29,503,000 (45.2%) against the revised estimate for 2011–12. This is mainly due to decreased requirement for replacement of plant and equipment.

Subventions

- 7 Provision of \$2,863,000 under *Subhead 974 Subvented institutions—maintenance, repairs and minor improvements (block vote)* is for the maintenance of buildings, including repairs, repainting, refurbishment and rewiring, and minor improvements, costing over \$150,000 but not exceeding \$2,000,000 for each project. The decrease of \$1,449,000 (33.6%) against the revised estimate for 2011–12 is mainly due to decreased requirement for repair and renovation works.
- **8** Provision of \$5,168,000 under *Subhead 975 Subvented institutions minor plant, vehicles and equipment (block vote)* is for replacement and acquisition of miscellaneous items of plants, vehicles and equipment costing over \$150,000 but not exceeding \$2,000,000 each. The increase of \$1,784,000 (52.7%) over the revised estimate for 2011–12 is mainly due to increased requirement for replacement of equipment.

Commitments

Sub- head (Code)	Item (Code)	Ambit	Approved commitment	Accumulated expenditure to 31.3.2011	Revised estimated expenditure for 2011–12	Balance
			\$'000	\$'000	\$'000	\$'000
Opera	ating A	ecount				
700		General non-recurrent				
	718	Conditioning of radioactive waste	9,800	8,896	504	400
	725	Implementation of statutory requirements under the Chinese Medicine Ordinance (Cap. 549)	9,200	8,139	1,000	61
	726	Conducting a population health survey	9,000	4,856	_	4,144
	728	Studies on Chinese medicinal herbs	46,600	43,457	1,174	1,969
	731	Acquisition of data entry service and procurement of specimens of Chinese herbal medicines for regulation of Chinese medicines in Hong Kong	975	377	400	198
	887	Health Care Voucher Pilot Scheme	1,537,930	127,551	102,000	1,308,379
	007		1,613,505	193,276	105,078	1,315,151
Capit	al Acco	unt				
603		Plant, vehicles and equipment				
	841	Replacement of the X-ray Machine at Kowloon Bay Radio-diagnostic and Imaging Centre	6,500	_	_	6,500
	842	Replacement of the X-ray Machine at East Kowloon Chest X-ray Unit	6,000	_	_	6,000
	846	Acquisition of a Virology Genome Sequencing System at Molecular Laboratory	2,500	_	_	2,500
	847	Acquisition of a Digital Imaging System for School Dental Care Service	2,100	_	_	2,100
	848	Replacement of one refrigerator air handling unit for Kwai Chung Public Mortuary	4,600	_	1,000	3,600
	850	Replacement of the X-ray Machine at Sai Ying Pun Chest X-ray Unit	6,000	_	_	6,000
	851	Replacement of the automatic fire alarm and detection system in Kwai Chung Public Mortuary	2,500	_	_	2,500
	852	Replacement of the whole body radioactivity counting system for Radiation Health Unit	2,200	_	_	2,200
	853	Replacement of the X-ray vehicle (AM5766) for Tuberculosis and Chest Service	7,000	_	_	7,000
	854	Replacement of the X-ray vehicle (AM5767) for Tuberculosis and Chest Service	7,000	_	_	7,000

${\bf Commitments} - {\it Cont'd}.$

Sub- head (Code)	Item (Code)	Ambit	Approved commitment	Accumulated expenditure to 31.3.2011	Revised estimated expenditure for 2011–12	Balance
			\$'000	\$'000	\$'000	\$'000
Capital Account—Cont'd.						
603		Plant, vehicles and equipment—Cont'd.				
	858	Replacement of Immunoassay Analyser System at the Core Laboratory of Clinical Pathology Laboratory Centre at Lek Yuen Health Centre	2,380	_	_	2,380
	859	Acquisition of an Array Comparative Genomic Hybridisation System at Cytogenetic Laboratory	2,200	_	_	2,200
	860	Acquisition of a Cone Beam Digital 3-Dimensional X-ray Unit at Pamela Youde Nethersole Eastern Hospital	3,430	_	_	3,430
	892	Replacement of four chiller plants at Sai Ying Pun Jockey Club Polyclinic	9,960	_	_	9,960
			64,370		1,000	63,370
		Total	1,677,875	193,276	106,078	1,378,521