

Head 140 — GOVERNMENT SECRETARIAT: FOOD AND HEALTH BUREAU (HEALTH BRANCH)

Controlling officer: the Permanent Secretary for Food and Health (Health) will account for expenditure under this Head.

Estimate 2012–13..... **\$41,705.9m**

Establishment ceiling 2012–13 (notional annual mid-point salary value) representing an estimated 82 non-directorate posts as at 31 March 2012 rising by 23 posts to 105 posts as at 31 March 2013 **\$56.0m**

In addition, there will be an estimated 12 directorate posts as at 31 March 2012 and as at 31 March 2013.

Commitment balance **\$1,401.3m**

Controlling Officer's Report

Programmes

Programme (1) Health	These programmes contribute to Policy Area 15: Health (Secretary for Food and Health).
Programme (2) Subvention: Hospital Authority	
Programme (3) Subvention: Prince Philip Dental Hospital	

Detail

Programme (1): Health

	2010–11 (Actual)	2011–12 (Original)	2011–12 (Revised)	2012–13 (Estimate)
Financial provision (\$m)	152.7	340.4	328.3 (–3.6%)	427.2 (+30.1%)
				(or +25.5% on 2011–12 Original)

Aim

2 The aim is to formulate and oversee implementation of policies to protect and promote public health, to provide comprehensive and lifelong holistic health care to each citizen, and to ensure that no one is prevented, through lack of means, from obtaining adequate medical treatment.

Brief Description

3 The Health Branch of the Food and Health Bureau formulates and co-ordinates policies and programmes to:

- protect and promote health;
- prevent and treat illness and disease; and
- minimise the impact of disability.

4 Generally, the effectiveness of the work of the Branch is reflected in the extent to which the departments and subvented organisations delivering medical and healthcare services achieve the objectives of this programme. The aim has been broadly achieved in 2011–12.

Matters Requiring Special Attention in 2012–13

5 During 2012–13, the Branch will:

- take forward reform initiatives through a three-pronged approach based on the outcome of the Second Stage Public Consultation on Healthcare Reform:
 - formulating detailed proposals, including supervisory framework and financial incentives, for the proposed Health Protection Scheme (HPS);
 - conducting a strategic review on healthcare manpower planning and professional development;
 - facilitating service development in the private health insurance and healthcare market in preparation for the proposed HPS implementation;

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- continue to oversee the strategy for primary care development on the advice of the Working Group on Primary Care, including the development and implementation of initiatives aiming to enhance primary care;
- continue to oversee the implementation of a pilot initiative to provide outreach dental care for needy elderly in residential care homes and day care centres for the elderly in collaboration with non-governmental organisations (NGOs);
- take forward and co-ordinate the development of a territory-wide patient-oriented electronic health record sharing system based on express and informed consent of patients for sharing medical records among healthcare providers;
- refine the long-term legal framework for the protection of privacy and security of electronic health record sharing system taking into account comments received through public consultation and prepare for drafting the Electronic Health Record Bill;
- continue to oversee the implementation of the Elderly Health Care Voucher pilot scheme extended up to 2014 to provide subsidies for the elderly to subscribe private primary care services in the community;
- introduce a pilot initiative to promote preventive care for the elderly through launching a health assessment programme in collaboration with NGOs;
- continue to oversee the implementation of the vaccination programmes for pneumococcal and seasonal influenza for the elderly and young children;
- continue to promote private hospital development by disposing the four sites reserved for private hospital development by phases beginning in 2012, taking into account market feedback received in the Expression of Interest Exercise;
- continue to oversee the progress of various capital works projects of the Hospital Authority, such as redevelopment of Yan Chai Hospital and Caritas Medical Centre, expansion of Tseung Kwan O Hospital, construction of the North Lantau Hospital (Phase One) and to plan for the construction of a new hospital in Tin Shui Wai, the expansion of United Christian Hospital and the reprovisioning of Yaumatei Specialist Clinic at Queen Elizabeth Hospital;
- prepare for the establishment of multi-partite medical centres of excellence in the specialty areas of paediatrics and neuroscience in Hong Kong;
- take forward recommendations made by the Review Committee on the Regulation of Pharmaceutical Products in Hong Kong;
- implement the Prevention and Control of Disease Ordinance (Cap. 599) and continue to improve our infectious disease surveillance, control, notification and emergency response systems;
- continue to oversee the implementation of health promotion and preventive programmes for children and parents, adolescents, men, women and elders;
- continue to oversee the implementation of the registration system for proprietary Chinese medicines and strengthen the regulation of Chinese medicine; work out a timetable for mandatory compliance with the Good Manufacturing Practice for the manufacture of proprietary Chinese medicines; and to oversee the setting of standards for Chinese herbal medicines commonly used in Hong Kong, the coverage of which will be extended from the current 60 Chinese herbal medicines to 200 by end 2012;
- continue to explore sites for setting up Chinese medicine clinics in the public sector to develop evidence-based Chinese medicine and provide training opportunities for graduates of local Chinese medicine degree programmes;
- develop the long-term regulatory framework for medical devices;
- oversee the implementation of the comprehensive strategy to prevent and control non-communicable diseases;
- continue to oversee the implementation of the established tobacco control policy through a multi-pronged approach, including promotion, education, legislation, enforcement, taxation and smoking cessation;
- continue to oversee publicity efforts to promote organ donation in collaboration with relevant organisations; and
- commence operation of the new Health and Medical Research Fund (HMRF) to promote research and development, and generate evidence-based knowledge in public health and medical services, by consolidating the former Research Fund for the Control of Infectious Diseases and the Health and Health Services Research Fund and funding research projects and facilities in areas of advanced medical research.

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Programme (2): Subvention: Hospital Authority

	2010–11 (Actual)	2011–12 (Original)	2011–12 (Revised)	2012–13 (Estimate)
Financial provision (\$m)	34,364.9	36,826.8	38,553.3 (+4.7%)	41,139.6 (+6.7%)
				(or +11.7% on 2011–12 Original)

Aim

6 The main aims of the Hospital Authority are to advise the Government on the needs of the public for hospital services and resources required to meet those needs, and to provide adequate, efficient and effective public hospital services of the highest standard recognised internationally within the resources available.

Brief Description

7 The Branch subvents the Hospital Authority to provide public medical services. The Hospital Authority is a statutory body established on 1 December 1990 under the Hospital Authority Ordinance (Cap. 113) to manage all public hospitals in Hong Kong. The Authority, with over 60 000 staff (full time equivalents as at 31 December 2011), manages 41 public hospitals and institutions, 49 specialist outpatient clinics and 74 general outpatient clinics.

8 The Hospital Authority manages and develops the public medical service system in ways which are conducive to achieving the following objectives:

- to use hospital beds and general outpatient clinics, staff, equipment and other resources efficiently to provide medical services of the highest standard within the resources available;
- to improve the efficiency of medical services by developing appropriate management structure, systems and performance measures;
- to encourage public participation in the operation of the public medical service system; and
- to ensure accountability to the public for the management and control of the public medical service system.

9 The Hospital Authority generally achieved its performance targets in 2011–12. The volume of patient care activities across the full range of services in 2011–12 is comparable to the level in 2010–11.

10 The key activity data in respect of the Hospital Authority are:

Targets

	As at 31 March 2011 (Actual)	As at 31 March 2012 (Revised Estimate)	As at 31 March 2013 (Target & Plan)
<i>Access to services</i>			
<i>inpatient services</i>			
no. of hospital beds			
general (acute and convalescent)	20 733	20 754	20 845
infirmary	2 041	2 041	2 041
mentally ill	3 607	3 607	3 607
mentally handicapped	660	660	660
total	27 041	27 062	27 153
<i>ambulatory and outreach services</i>			
accident and emergency (A&E) services			
percentage of A&E patients within target waiting time			
triage I (critical cases – 0 minute) (%).....	100	100	100
triage II (emergency cases – 15 minutes) (%).....	98	95	95
triage III (urgent cases – 30 minutes) (%).....	90	90	90
<i>specialist outpatient services</i>			
median waiting time for first appointment at specialist clinics			
first priority patients	<1 week	2 weeks	2 weeks
second priority patients.....	5 weeks	8 weeks	8 weeks

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	As at 31 March 2011 (Actual)	As at 31 March 2012 (Revised Estimate)	As at 31 March 2013 (Target & Plan)
rehabilitation and geriatric services			
no. of community nurses.....	397	407	408
no. of geriatric day places.....	619	619	619
psychiatric services			
no. of community psychiatric nurses.....	141	164	176
no. of psychiatric day places.....	889	889	889
Indicators			
	2010–11 (Actual)	2011–12 (Revised Estimate)	2012–13 (Estimate)
<i>Delivery of services</i>			
inpatient services			
no. of discharges and deaths			
general (acute and convalescent)	961 714	964 000	971 000
infirmary	3 651	3 300	3 300
mentally ill	15 921	15 800	15 800
mentally handicapped	353	360	360
overall	981 639	983 460	990 460
no. of patient days			
general (acute and convalescent)	5 442 356	5 434 000	5 462 000
infirmary	520 394	518 000	518 000
mentally ill	1 025 260	1 007 000	1 007 000
mentally handicapped	215 346	213 000	213 000
overall	7 203 356	7 172 000	7 200 000
bed occupancy rate (%)			
general (acute and convalescent)	84	83	83
infirmary	89	89	89
mentally ill	79	77	77
mentally handicapped	89	88	88
overall	84	83	83
average length of stay (days)§			
general (acute and convalescent)	5.7	5.6	5.6
infirmary	123	114	114
mentally ill	73	75	75
mentally handicapped	616	553	553
overall	7.5	7.4	7.4
ambulatory and outreach services			
day inpatient services			
no. of discharges and deaths	459 548	474 300	481 500
A&E services			
no. of attendances	2 237 249	2 237 000	2 237 000
no. of attendances per 1 000 population	317	315	312
no. of first attendances for			
triage I.....	20 239	20 400	20 400
triage II	32 723	33 400	33 400
triage III	639 231	637 000	637 000
specialist outpatient services			
no. of specialist outpatient (clinical) new attendances	668 255	657 000	666 000
no. of specialist outpatient (clinical) follow-up attendances	5 961 935	5 964 000	5 992 000
total no. of specialist outpatient (clinical) attendances	6 630 190	6 621 000	6 658 000

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	2010–11 (Actual)	2011–12 (Revised Estimate)	2012–13 (Estimate)
primary care services			
no. of general outpatient attendancesµ.....	4 979 754	5 052 000	5 452 000
no. of family medicine specialist clinic attendances	281 858	271 500	271 500
total no. of primary care attendancesµ	5 261 612	5 323 500	5 723 500
rehabilitation and palliative care services			
no. of rehabilitation day and palliative care day attendances.....	80 353	77 400	77 400
no. of home visits by community nurses	833 934	839 000	839 000
no. of allied health (community) attendances	29 552	28 200	28 200
no. of allied health (outpatient) attendances	2 109 534	2 123 000	2 125 000
geriatric services			
no. of outreach attendances.....	619 844	611 400	611 400
no. of geriatric elderly persons assessed for infirmary care service.....	1 450	1 440	1 440
no. of geriatric day attendances	137 088	136 300	136 300
no. of Visiting Medical Officer attendances	114 540	108 500	108 500
psychiatric services			
no. of psychiatric outreach attendances	167 086	210 700	226 000
no. of psychiatric day attendances	211 993	210 700	210 800
no. of psychogeriatric outreach attendances	82 716	92 000	92 000
<i>Quality of services</i>			
no. of hospital deaths per 1 000 populationΔ.....	3.5	3.5	3.5
unplanned readmission rate within 28 days for general inpatients (%)	10.4	10.4	10.4
<i>Cost of servicesµ</i>			
cost distribution			
cost distribution by service types (%)			
inpatient	56.1	55.4	55.0
ambulatory and outreach.....	43.9	44.6	45.0
cost by service types per 1 000 population (\$m)			
inpatient	2.9	3.2	3.4
ambulatory and outreach.....	2.3	2.6	2.8
cost of services for persons aged 65 or above			
share of cost of services (%)	45.8	46.0	45.9
cost of services per 1 000 population (\$m).....	18.4	20.4	21.6
unit costs			
inpatient services			
cost per inpatient discharged (\$)			
general (acute and convalescent)	18,630	20,840	21,810
infirmary	161,460	197,140	205,020
mentally ill.....	112,660	126,780	131,710
mentally handicapped	655,390	703,650	732,410
cost per patient day (\$)			
general (acute and convalescent)	3,600	4,050	4,250
infirmary	1,130	1,270	1,320
mentally ill.....	1,750	1,990	2,070
mentally handicapped	1,070	1,200	1,250
ambulatory and outreach services			
cost per A&E attendance (\$).....	800	890	930
cost per specialist outpatient attendance (\$)	910	1,030	1,090
cost per general outpatient attendance (\$)	290	360	380
cost per family medicine specialist clinic attendance (\$).....	860	990	1,030
cost per outreach visit by community nurse (\$)	330	390	420
cost per psychiatric outreach attendance (\$)	1,160	1,390	1,580
cost per geriatric day attendance (\$)	1,490	1,670	1,730
waivers¶			
percentage of Comprehensive Social Security Assistance (CSSA) waiver (%).....	18.8	18.8	18.8
percentage of non-CSSA waiver (%).....	3.9	3.9	3.9

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	2010–11 (Actual)	2011–12 (Revised Estimate)	2012–13 (Estimate)
<i>Manpower (no. of full time equivalent staff as at 31 March)</i>			
medical			
doctor	5 052	5 121	5 148
no. of specialists	2 649	2 761	2 857
no. of trainees/non-specialists	2 403	2 360	2 291
intern	280	266	269
dentist	5	7	7
medical total	5 337	5 394	5 424
nursing			
qualified staff	19 690	20 333	21 150
trainee	412	412	412
nursing total	20 102	20 745	21 562
allied health	5 618	6 049	6 349
others	27 461	28 280	29 180
total	58 518	60 468	62 515

§ Derived by dividing the sum of length of stay of inpatients by the corresponding number of inpatients discharged/treated.

μ As part of the healthcare reform initiatives, the Hospital Authority has been implementing a number of pilot projects, such as chronic disease management programmes, to enhance primary care services. Starting from 2011–12, these programmes have been implemented on an on-going basis. The throughput and cost of such services are reflected in the relevant indicators.

Δ Refers to the standardised mortality rate covering inpatient and day patient deaths in Hospital Authority hospitals. It is derived by applying the age-specific mortality rate in the Hospital Authority in a particular year to a 'standard' population (which is the 2001 Hong Kong mid-year population).

¶ Refers to the amount waived as percentage to total charge.

Matters Requiring Special Attention in 2012–13

11 In 2012–13, the Hospital Authority will continue to meet the healthcare needs of the population within the policy framework of the Government. The Government's direction is for the Hospital Authority to focus on four priority areas: (a) acute and emergency care; (b) services for the low income group and the underprivileged; (c) illnesses that entail high cost, advanced technology and multi-disciplinary professional team work in their treatment; and (d) training of healthcare professionals.

12 The Hospital Authority will also:

- improve service to meet increasing demand arising from population growth and demographic changes through a number of initiatives, including opening of additional beds in the Kowloon East Cluster and the New Territories West Cluster;
- enhance neonatal intensive care services through opening of additional neonatal intensive care unit beds in five clusters;
- strengthen mental health services through extension of the case management programme for persons with severe mental illness and enhancement of therapeutic environment of psychiatric inpatient service;
- enhance chronic disease services through adopting a multidisciplinary approach in accordance with the primary care development strategy;
- improve service quality and safety including strengthening of support for clinical service delivery and enhanced response to contingencies;
- introduce additional drugs of proven cost-effectiveness and efficacy as standard drugs and expansion of use of drugs in the Hospital Authority Drug Formulary; and
- implement measures to recruit and retain staff for the provision of quality patient care.

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Programme (3): Subvention: Prince Philip Dental Hospital

	2010–11 (Actual)	2011–12 (Original)	2011–12 (Revised)	2012–13 (Estimate)
Financial provision (\$m)	134.8	155.7	160.9 (+3.3%)	139.1 (–13.5%)
				(or –10.7% on 2011–12 Original)

Aim

13 The aim is to provide facilities for the training of dentists and dental ancillary personnel.

Brief Description

14 The Branch subvents the Prince Philip Dental Hospital (PPDH). The PPDH is a statutory body established in 1981 under the PPDH Ordinance (Cap. 1081). It is a purpose-built teaching hospital to provide clinical training facilities for undergraduate and postgraduate students of the Faculty of Dentistry of the University of Hong Kong. It also runs courses for dental ancillary personnel at diploma/certificate level.

15 In the 2010/11 academic year, the PPDH generally achieved its overall performance targets in terms of the number of students attending the undergraduate and postgraduate courses and the diploma/certificate courses.

16 The key performance measures are:

Indicators

	2010/11 (Actual)	Academic Year 2011/12 (Revised Estimate)	2012/13 (Estimate)
No. of training places			
undergraduate	261	267	322
postgraduate	190	180	171
student dental technician.....	43	43	37
student dental surgery assistant.....	42	36	35
student dental hygienist.....	43	44	42
total	579	570	607
Capacity utilisation rate (%) ^φ			
undergraduate	100	100	100
postgraduate.....	100	100	100
student dental technician.....	100	100	93
student dental surgery assistant.....	100	100	97
student dental hygienist.....	90	92	88
Completion rate (%)			
undergraduate	100	100	100
postgraduate.....	100	100	100
student dental technician.....	95	81	81
student dental surgery assistant.....	86	81	80
student dental hygienist.....	88	80	79

^φ This refers to the number of students enrolled in courses as a percentage of the total number of training places offered.

Matters Requiring Special Attention in 2012–13

17 During 2012–13, the PPDH will continue to explore ways to further improve and enhance the enrolments to the para-dental training courses.

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ANALYSIS OF FINANCIAL PROVISION

Programme	2010–11 (Actual) (\$m)	2011–12 (Original) (\$m)	2011–12 (Revised) (\$m)	2012–13 (Estimate) (\$m)
(1) Health.....	152.7	340.4	328.3	427.2
(2) Subvention: Hospital Authority.....	34,364.9	36,826.8	38,553.3	41,139.6
(3) Subvention: Prince Philip Dental Hospital.....	134.8	155.7	160.9	139.1
	34,652.4	37,322.9	39,042.5 (+4.6%)	41,705.9 (+6.8%)
				(or +11.7% on 2011–12 Original)

Analysis of Financial and Staffing Provision

Programme (1)

Provision for 2012–13 is \$98.9 million (30.1%) higher than the revised estimate for 2011–12. This is mainly due to the additional provision for taking forward the proposed HPS and strengthening the secretariat support for administration of the new HMRF and health policy related research in support of healthcare reform, and increased cash flow requirements for non-recurrent expenditure of the new HMRF. There will be a net increase of 23 posts in 2012–13.

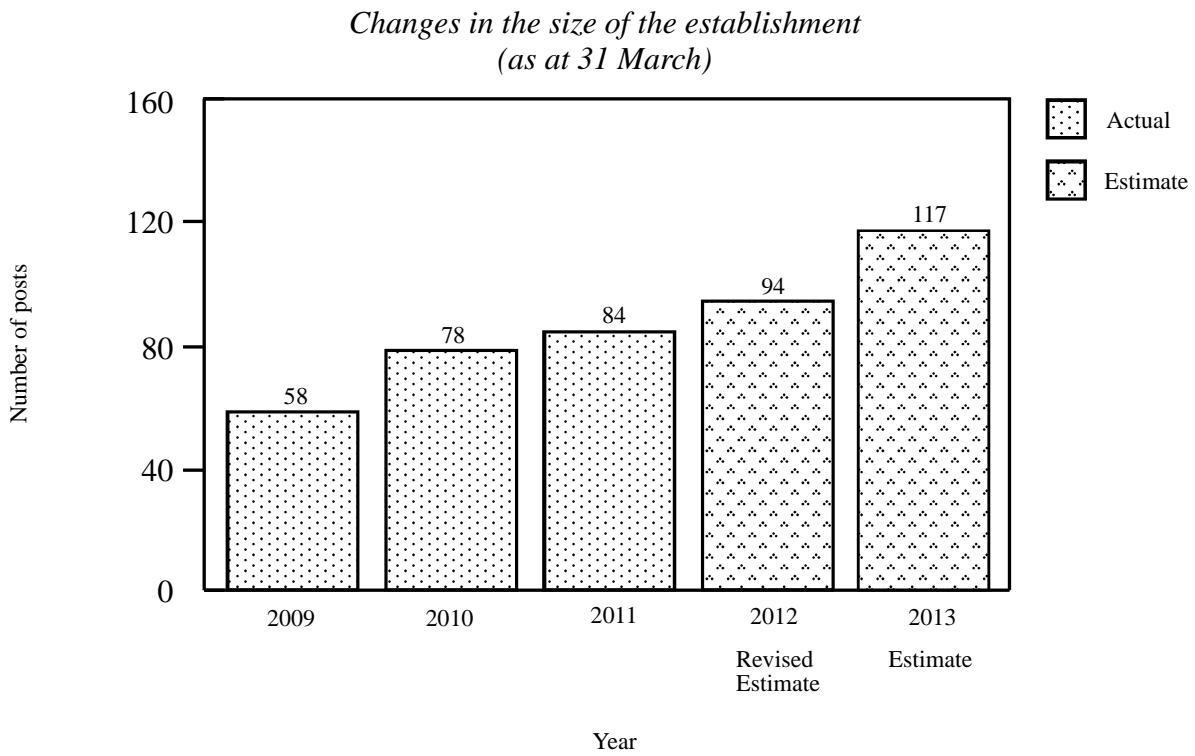
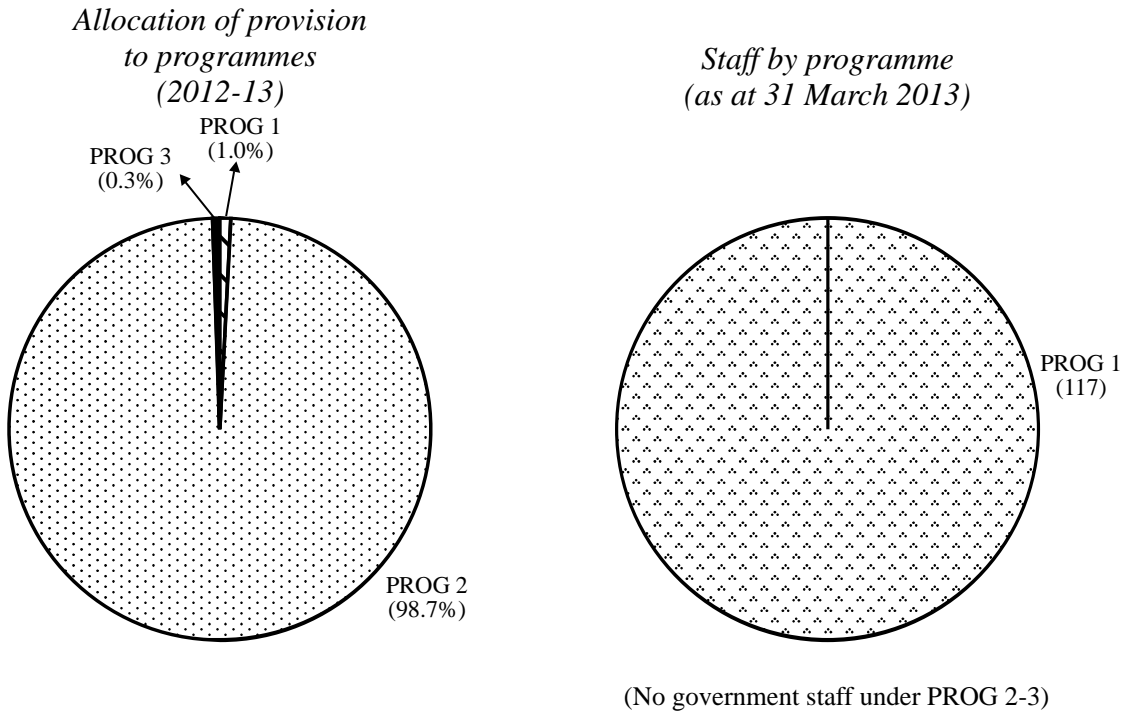
Programme (2)

Provision for 2012–13 is \$2,586.3 million (6.7%) higher than the revised estimate for 2011–12. This is mainly due to the additional provision to meet increasing demand for hospital services and to implement measures for improving the quality of clinical care, such as, introducing additional drugs and expansion of use of drugs in the Hospital Authority Drug Formulary, strengthening mental health services, enhancing neonatal intensive care services and chronic disease services.

Programme (3)

Provision for 2012–13 is \$21.8 million (13.5%) lower than the revised estimate for 2011–12. This is mainly due to the completion of major capital projects for PPDH in 2011–12, partly offset by the increased requirement for replacement of equipment and minor improvement works in 2012–13.

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Sub-head (Code)	Actual expenditure 2010-11	Approved estimate 2011-12	Revised estimate 2011-12	Estimate 2012-13	
	\$'000	\$'000	\$'000	\$'000	
Operating Account					
Recurrent					
000	Operational expenses	33,736,293	36,478,451	38,218,302	40,823,599
	Total, Recurrent	<u>33,736,293</u>	<u>36,478,451</u>	<u>38,218,302</u>	<u>40,823,599</u>
Non-Recurrent					
700	General non-recurrent	46,085	86,322	68,602	100,000
	Total, Non-Recurrent	<u>46,085</u>	<u>86,322</u>	<u>68,602</u>	<u>100,000</u>
	Total, Operating Account	<u>33,782,378</u>	<u>36,564,773</u>	<u>38,286,904</u>	<u>40,923,599</u>
Capital Account					
Subventions					
85C	Prince Philip Dental Hospital.....	9,860	33,141	33,141	7,220
882	Hospital Authority - information technology system for health care vouchers.....	3,453	5,512	4,994	4,416
899	Prince Philip Dental Hospital - minor plant, vehicles, equipment, maintenance, and improvement (block vote).....	12,661	3,079	3,079	7,865
979	Hospital Authority - equipment and information systems (block vote)	844,000	716,400	714,400	762,780
	Total, Subventions	<u>869,974</u>	<u>758,132</u>	<u>755,614</u>	<u>782,281</u>
	Total, Capital Account	<u>869,974</u>	<u>758,132</u>	<u>755,614</u>	<u>782,281</u>
	Total Expenditure	<u><u>34,652,352</u></u>	<u><u>37,322,905</u></u>	<u><u>39,042,518</u></u>	<u><u>41,705,880</u></u>

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Details of Expenditure by Subhead

The estimate of the amount required in 2012–13 for the salaries and expenses of the Health Branch is \$41,705,880,000. This represents an increase of \$2,663,362,000 over the revised estimate for 2011–12 and of \$7,053,528,000 over actual expenditure in 2010–11.

Operating Account

Recurrent

2 Provision of \$40,823,599,000 under *Subhead 000 Operational expenses* is for the salaries, allowances and other operating expenses of the Health Branch.

3 The establishment as at 31 March 2012 will be 90 permanent posts and four supernumerary posts. It is expected that there will be a net increase of 23 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 \$56,017,000.

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	51,559	55,184	60,169	76,958
- Allowances	1,886	2,127	3,057	3,890
- Job-related allowances.....	—	2	2	2
Personnel Related Expenses				
- Mandatory Provident Fund contribution	189	147	193	116
- Civil Service Provident Fund contribution	184	440	582	1,126
Departmental Expenses				
- General departmental expenses	52,725	196,219	195,721	245,119
Subventions				
- Hospital Authority	33,517,464	36,104,865	37,833,948	40,372,366
- Prince Philip Dental Hospital	112,286	119,467	124,630	124,022
	33,736,293	36,478,451	38,218,302	40,823,599

Capital Account

Subventions

5 Provision of \$7,865,000 under *Subhead 899 Prince Philip Dental Hospital - minor plant, vehicles, equipment, maintenance, and improvement (block vote)* is for the procurement of plant and equipment, maintenance, and minor improvement works costing over \$150,000 but not exceeding \$2,000,000 for each project. The increase of \$4,786,000 (155.4%) over the revised estimate for 2011–12 is mainly due to the increased requirement for replacement of equipment and minor improvement works in the Prince Philip Dental Hospital.

6 Provision of \$762,780,000 under *Subhead 979 Hospital Authority – equipment and information systems (block vote)* is for the procurement of equipment items and computerisation projects costing over \$150,000 each.

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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
<i>Operating Account</i>						
700		<i>General non-recurrent</i>				
	823	Health and Medical Research Fund ^ψ	1,415,000	—	31,827	1,383,173
			<u>1,415,000</u>	<u>—</u>	<u>31,827</u>	<u>1,383,173</u>
<i>Capital Account</i>						
85C		<i>Prince Philip Dental Hospital</i>				
	801	Replacement of variable air volume air handling unit no.2.....	8,450	—	—	8,450
	810	Replacement of one diesel generator set and associated equipment at the Generator Room on LG3.....	2,900	—	—	2,900
	812	Replacement of a fresh water pump system and associated equipment	2,320	—	—	2,320
			<u>13,670</u>	<u>—</u>	<u>—</u>	<u>13,670</u>
882	886	Hospital Authority – information technology system for health care vouchers	30,000	20,590	4,994	4,416
			<u>30,000</u>	<u>20,590</u>	<u>4,994</u>	<u>4,416</u>
		Total	<u><u>1,458,670</u></u>	<u><u>20,590</u></u>	<u><u>36,821</u></u>	<u><u>1,401,259</u></u>

^ψ Commitment approved by the Finance Committee on 9 December 2011.