

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 2013–14..... **\$45,568.9m**

Establishment ceiling 2013–14 (notional annual mid-point salary value) representing an estimated 105 non-directorate posts as at 31 March 2013 and as at 31 March 2014 **\$59.0m**

In addition, there will be an estimated 12 directorate posts as at 31 March 2013 and as at 31 March 2014.

Commitment balance **\$1,349.6m**

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

	2011–12 (Actual)	2012–13 (Original)	2012–13 (Revised)	2013–14 (Estimate)
Financial provision (\$m)	178.3	427.2	383.0 (–10.3%)	367.8 (–4.0%)
				(or –13.9% on 2012–13 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 2012–13.

Matters Requiring Special Attention in 2013–14

5 During 2013–14, the Branch will:

- formulate detailed proposals for the proposed Health Protection Scheme, including supervisory framework, operational details and financial incentives;
- conduct a strategic review on healthcare manpower planning and professional development;
- facilitate healthcare service development, including encouraging private hospital development and conducting a review on regulation of private healthcare facilities;
- continue to oversee primary care development in Hong Kong, including the implementation of initiatives in accordance with the primary care development strategy;

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

- 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 continue to 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;
- draft the Electronic Health Record Sharing System Bill, taking into account comments received through public consultation on the legal, privacy and security framework for electronic health record sharing;
- continue to oversee the implementation of the Elderly Health Care Voucher Scheme to provide subsidies for the elderly to subscribe private primary care services in the community;
- take forward 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 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 a new hospital in Tin Shui Wai, the reprovisioning of Yaumatei Specialist Clinic at Queen Elizabeth Hospital, and to plan for the expansion of United Christian Hospital and the redevelopment of Kwong Wah Hospital;
- prepare for the establishment of 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;
- continue to oversee the setting up of 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
- continue to manage the Health and Medical Research Fund (HMRF) which aims to promote research and development, build research capacity and generate evidence-based knowledge in public health and medical services by funding research projects and facilities in areas of advanced medical research.

Programme (2): Subvention: Hospital Authority

	2011–12 (Actual)	2012–13 (Original)	2012–13 (Revised)	2013–14 (Estimate)
Financial provision (\$m)	38,629.4	41,139.6	52,690.8# (+28.1%)	45,053.6 (–14.5%)
				(or +9.5% on 2012–13 Original)

The revised financial provision for 2012-13 includes a one-off injection of \$10,000.0 million from the Government into the Samaritan Fund.

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

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 2012), manages 41 public hospitals and institutions, 47 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 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 attract, motivate and retain staff;
- 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 2012–13. The volume of patient care activities across the full range of services in 2012–13 is comparable to the level in 2011–12.

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

Targets

	As at 31 March 2012 (Actual)	As at 31 March 2013 (Revised Estimate)	As at 31 March 2014 (Target & Plan)
<i>Access to services</i>			
<i>inpatient services</i>			
no. of hospital beds			
general (acute and convalescent)	20 754	20 845	21 132
infirmary	2 041	2 041	2 041
mentally ill	3 607	3 607	3 607
mentally handicapped	660	660	660
overall	27 062	27 153	27 440
<i>ambulatory and outreach services</i>			
<i>accident and emergency (A&E) services</i>			
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) (%).....	91	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
<i>rehabilitation and geriatric services</i>			
no. of community nurses	439	429	439
no. of geriatric day places	619	619	619
<i>psychiatric services</i>			
no. of community psychiatric nurses.....	125	138	142
no. of psychiatric day places	889	889	889

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

Indicators

	2011–12 (Actual)	2012–13 (Revised Estimate)	2013–14 (Estimate)
<i>Delivery of services</i>			
inpatient services			
no. of discharges and deaths			
general (acute and convalescent)	984 495	983 700	1 003 600
infirmary	3 435	3 400	3 400
mentally ill	16 011	16 100	16 100
mentally handicapped	385	360	360
overall	1 004 326	1 003 560	1 023 460
no. of patient days			
general (acute and convalescent)	5 492 158	5 512 000	5 585 000
infirmary	506 365	509 000	518 000
mentally ill	1 007 619	1 018 000	1 018 000
mentally handicapped	211 613	211 000	211 000
overall	7 217 755	7 250 000	7 332 000
bed occupancy rate (%)			
general (acute and convalescent)	84	84	84
infirmary	88	88	88
mentally ill	77	77	77
mentally handicapped	88	88	88
overall	83	83	83
average length of stay (days)§			
general (acute and convalescent)	5.6	5.6	5.6
infirmary	121	121	121
mentally ill	65	65	65
mentally handicapped	654	654	654
overall	7.2	7.2	7.2
ambulatory and outreach services			
day inpatient services			
no. of discharges and deaths	496 640	501 600	509 700
A&E services			
no. of attendances	2 241 176	2 237 000	2 237 000
no. of attendances per 1 000 population	317	314	311
no. of first attendances for			
triage I	20 009	20 400	20 400
triage II	36 123	33 400	33 400
triage III	642 962	637 000	637 000
specialist outpatient services			
no. of specialist outpatient (clinical) new attendances	657 426	666 000	684 000
no. of specialist outpatient (clinical) follow-up attendances	6 073 729	6 080 000	6 118 000
total no. of specialist outpatient (clinical) attendances	6 731 155	6 746 000	6 802 000
primary care services			
no. of general outpatient attendances	5 316 486	5 476 000	5 638 000
no. of family medicine specialist clinic attendances	282 705	273 200	275 200
total no. of primary care attendances	5 599 191	5 749 200	5 913 200
rehabilitation and palliative care services			
no. of rehabilitation day and palliative care day attendances	83 590	80 800	80 800
no. of home visits by community nurses	838 896	831 000	844 000
no. of allied health (community) attendances	32 171	30 500	30 900
no. of allied health (outpatient) attendances	2 150 405	2 147 000	2 147 000

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

	2011-12 (Actual)	2012-13 (Revised Estimate)	2013-14 (Estimate)
geriatric services			
no. of outreach attendances.....	626 381	623 900	626 500
no. of geriatric elderly persons assessed for infirmiry care service.....	1 518	1 500	1 500
no. of geriatric day attendances	142 615	138 400	138 400
no. of Visiting Medical Officer attendances	109 850	107 500	108 500
psychiatric services			
no. of psychiatric outreach attendances	220 550	231 800	257 100
no. of psychiatric day attendances	220 532	216 600	217 900
no. of psychogeriatric outreach attendances	95 446	94 700	95 000
<i>Quality of services</i>			
no. of hospital deaths per 1 000 populationΔ.....	3.3	3.3	3.3
unplanned readmission rate within 28 days for general inpatients (%)	10.4	10.4	10.4
<i>Cost of services</i>			
cost distribution			
cost distribution by service types (%)			
inpatient	55.3	55.1	55.3
ambulatory and outreach.....	44.7	44.9	44.7
cost by service types per 1 000 population (\$m)			
inpatient	3.2	3.5	3.6
ambulatory and outreach.....	2.6	2.8	2.9
cost of services for persons aged 65 or above			
share of cost of services (%)	45.4	45.5	45.6
cost of services per 1 000 population (\$m).....	19.7	20.9	21.0
unit costs			
inpatient services			
cost per inpatient discharged (\$)			
general (acute and convalescent)	20,010	21,950	22,650
infirmiry	186,360	198,700	201,300
mentally ill	121,100	131,700	134,700
mentally handicapped	652,830	752,700	770,000
cost per patient day (\$)			
general (acute and convalescent)	3,950	4,310	4,480
infirmiry	1,270	1,360	1,350
mentally ill	1,930	2,090	2,130
mentally handicapped	1,190	1,290	1,320
ambulatory and outreach services			
cost per A&E attendance (\$).....	875	955	990
cost per specialist outpatient attendance (\$)	985	1,080	1,110
cost per general outpatient attendance (\$).....	335	375	385
cost per family medicine specialist clinic attendance (\$).....	950	1,060	1,090
cost per outreach visit by community nurse (\$)	385	430	430
cost per psychiatric outreach attendance (\$)	1,210	1,350	1,380
cost per geriatric day attendance (\$)	1,620	1,810	1,850
fee waivers¶			
percentage of Comprehensive Social Security Assistance (CSSA) fee waiver (%).....	19.1	20.4	20.4
percentage of non-CSSA fee waiver (%).....	3.9	4.2	4.2
<i>Manpower (no. of full time equivalent staff as at 31 March)</i>			
medical			
doctor.....	5 165	5 230	5 280
no. of specialists.....	2 769	2 914	3 034
no. of trainees/non-specialists	2 396	2 316	2 246
intern.....	275	276	292
dentist	7	7	7
medical total	5 447	5 513	5 579

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

	2011–12 (Actual)	2012–13 (Revised Estimate)	2013–14 (Estimate)
nursing			
qualified staff.....	20 454	21 321	22 229
trainee	447	426	454
nursing total	20 901	21 747	22 683
allied health.....	5 944	6 381	6 729
others	28 936	29 962	30 899
total.....	61 228	63 603	65 890

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

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 2013–14

11 In 2013–14, 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:

- enhance service capacity to meet growing demand arising from population growth and ageing through a number of initiatives, including opening of additional beds, particularly in high needs communities like the New Territories West and Kowloon East Clusters;
- commence the service of the new North Lantau Hospital by phases to meet the medical needs of the local community on Lantau Island;
- enhance the treatment of critical illnesses through strengthening cardiac services, providing 24-hour thrombolytic service by phases to improve acute stroke management, and enhancing haemodialysis service for renal patients;
- widen the coverage of and expand the use of drugs in the Hospital Authority Drug Formulary;
- implement measures to improve patients' access to specialist outpatient service, including specialist outpatient dispensing service;
- strengthen medical treatment for elderly patients, particularly the treatment of degenerative diseases such as age-related macular degeneration, osteoporosis fracture, and advanced Parkinson's disease; and
- attract, motivate and retain healthcare staff through various measures including enhancement of their promotion opportunities and professional training, and recruitment of additional staff.

Programme (3): Subvention: Prince Philip Dental Hospital

	2011–12 (Actual)	2012–13 (Original)	2012–13 (Revised)	2013–14 (Estimate)
Financial provision (\$m)	161.4	139.1	144.2 (+3.7%)	147.5 (+2.3%)
				(or +6.0% on 2012–13 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 and certificate level.

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

15 In the 2011/12 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 and certificate courses.

16 The key performance measures are:

Indicators

	<i>Academic Year</i>		
	2011/12 (Actual)	2012/13 (Revised Estimate)	2013/14 (Estimate)
no. of training places			
undergraduate	266	321	324
postgraduate.....	180	186	173
student dental technician.....	43	43	41
student dental surgery assistant.....	36	36	35
student dental hygienist.....	44	48	46
total	569	634	619
capacity utilisation rate (%) ϕ			
undergraduate	100	100	100
postgraduate.....	100	100	100
student dental technician.....	100	100	100
student dental surgery assistant.....	100	100	97
student dental hygienist.....	92	100	96
completion rate (%)			
undergraduate	99	100	100
postgraduate.....	98	100	100
student dental technician.....	98	95	95
student dental surgery assistant.....	81	78	80
student dental hygienist.....	84	79	80

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 2013–14

17 During 2013–14, the PPDH will continue to explore ways to further improve the completion rates of the para-dental training courses.

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

ANALYSIS OF FINANCIAL PROVISION

Programme	2011–12 (Actual) (\$m)	2012–13 (Original) (\$m)	2012–13 (Revised) (\$m)	2013–14 (Estimate) (\$m)
(1) Health.....	178.3	427.2	383.0	367.8
(2) Subvention: Hospital Authority.....	38,629.4	41,139.6	52,690.8	45,053.6
(3) Subvention: Prince Philip Dental Hospital.....	161.4	139.1	144.2	147.5
	38,969.1	41,705.9	53,218.0 (+27.6%)	45,568.9 (-14.4%)
				(or +9.3% on 2012–13 Original)

Analysis of Financial and Staffing Provision

Programme (1)

Provision for 2013–14 is \$15.2 million (4.0%) lower than the revised estimate for 2012–13. This is mainly due to the reduced requirement for operating expenses, partly offset by the increased cash flow requirement for the general non-recurrent item on HMRF.

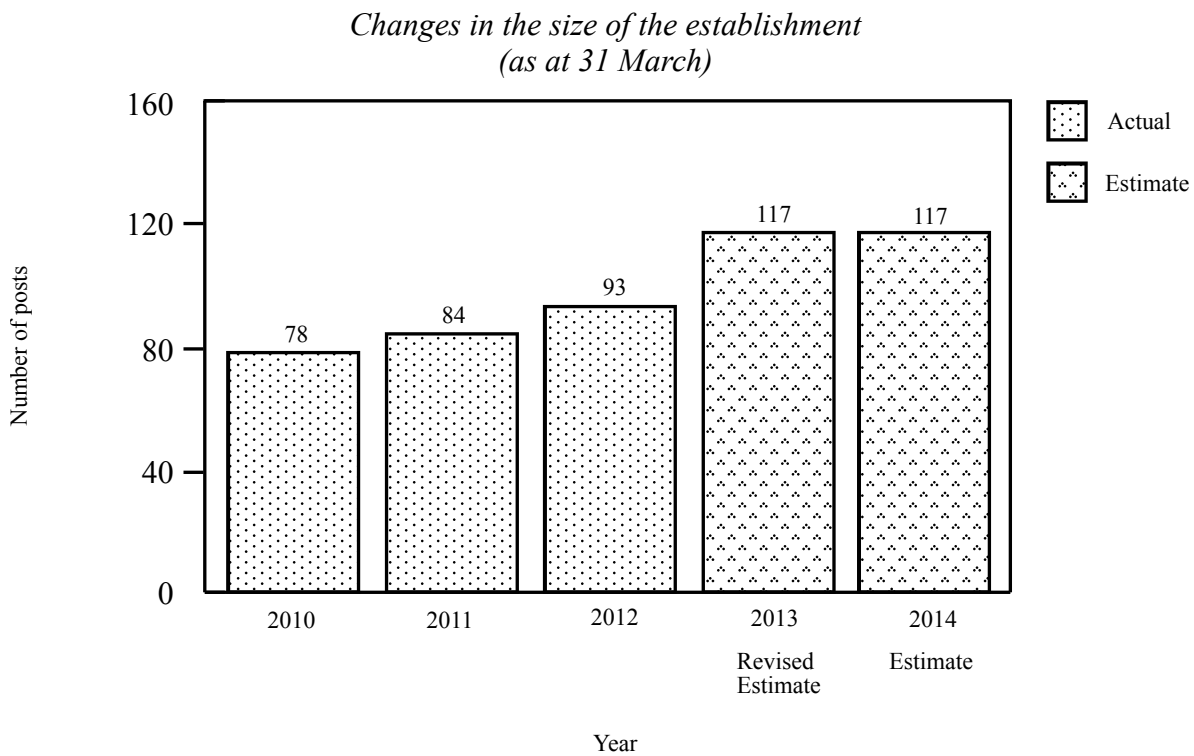
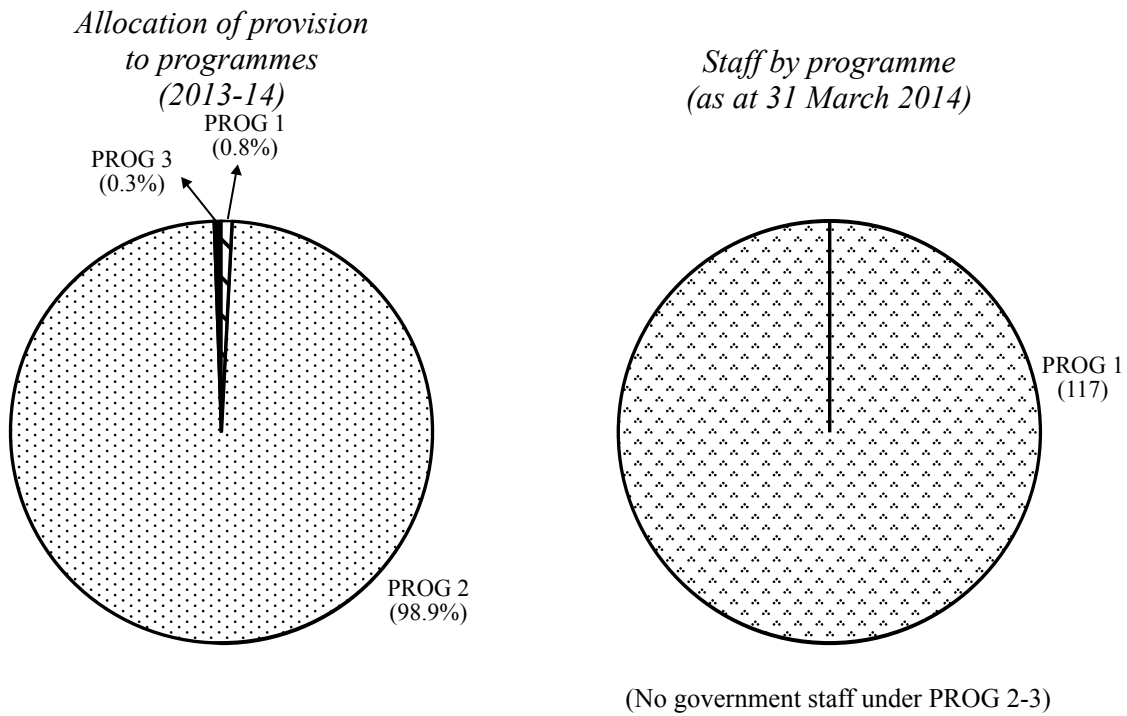
Programme (2)

Provision for 2013–14 is \$7,637.2 million (14.5%) lower than the revised estimate for 2012–13. This is mainly due to a one-off funding of \$10,000.0 million injected into the Samaritan Fund, for which the Hospital Authority is the administrator, in 2012–13. In 2013–14, additional provision will be provided to the Hospital Authority for implementing various measures to meet the increasing demand for hospital services and to improve the quality of clinical care.

Programme (3)

Provision for 2013–14 is \$3.3 million (2.3%) higher than the revised estimate for 2012–13. This is mainly due to the additional provision for enhancing staffing support as well as the increase in capital expenditure in 2013–14.

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



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

Sub-head (Code)	Actual expenditure 2011–12	Approved estimate 2012–13	Revised estimate 2012–13	Estimate 2013–14	
	\$'000	\$'000	\$'000	\$'000	
Operating Account					
Recurrent					
000	Operational expenses	38,159,266	40,823,599	42,386,628	44,779,654
	Total, Recurrent	<u>38,159,266</u>	<u>40,823,599</u>	<u>42,386,628</u>	<u>44,779,654</u>
Non-Recurrent					
700	General non-recurrent	54,353	100,000	10,059,000	120,000
	Total, Non-Recurrent	<u>54,353</u>	<u>100,000</u>	<u>10,059,000</u>	<u>120,000</u>
	Total, Operating Account.....	<u>38,213,619</u>	<u>40,923,599</u>	<u>52,445,628</u>	<u>44,899,654</u>
Capital Account					
Subventions					
85C	Prince Philip Dental Hospital.....	33,141	7,220	7,220	10,150
899	Prince Philip Dental Hospital - minor plant, vehicles, equipment, maintenance, and improvement (block vote).....	2,992	7,865	7,865	6,685
979	Hospital Authority - equipment and information systems (block vote)	714,400	762,780	752,880	652,450
	Hospital Authority - information technology system for health care vouchers.....	4,994	4,416	4,416	—
	Total, Subventions	<u>755,527</u>	<u>782,281</u>	<u>772,381</u>	<u>669,285</u>
	Total, Capital Account.....	<u>755,527</u>	<u>782,281</u>	<u>772,381</u>	<u>669,285</u>
	 Total Expenditure	 <u><u>38,969,146</u></u>	 <u><u>41,705,880</u></u>	 <u><u>53,218,009</u></u>	 <u><u>45,568,939</u></u>

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

Details of Expenditure by Subhead

The estimate of the amount required in 2013–14 for the salaries and expenses of the Health Branch is \$45,568,939,000. This represents a decrease of \$7,649,070,000 against the revised estimate for 2012–13 and an increase of \$6,599,793,000 over actual expenditure in 2011–12.

Operating Account

Recurrent

2 Provision of \$44,779,654,000 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 2013 will be 113 permanent posts and four supernumerary posts. No net change in establishment is expected in 2013–14. Subject to certain conditions, the controlling officer may under delegated power create or delete non-directorate posts during 2013–14, but the notional annual mid-point salary value of all such posts must not exceed \$59,029,000.

4 An analysis of the financial provision under *Subhead 000 Operational expenses* is as follows:

	2011–12 (Actual) (\$'000)	2012–13 (Original) (\$'000)	2012–13 (Revised) (\$'000)	2013–14 (Estimate) (\$'000)
Personal Emoluments				
- Salaries	59,765	76,958	74,306	77,859
- Allowances	3,078	3,890	3,385	3,244
- Job-related allowances.....	—	2	2	2
Personnel Related Expenses				
- Mandatory Provident Fund contribution	199	116	210	133
- Civil Service Provident Fund contribution	562	1,126	1,079	1,427
Departmental Expenses				
- General departmental expenses	60,371	245,119	245,016	165,097
Subventions				
- Hospital Authority	37,910,021	40,372,366	41,933,505	44,401,191
- Prince Philip Dental Hospital	125,270	124,022	129,125	130,701
	<u>38,159,266</u>	<u>40,823,599</u>	<u>42,386,628</u>	<u>44,779,654</u>

Capital Account

Subventions

5 Provision of \$6,685,000 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 decrease of \$1,180,000 (15.0%) against the revised estimate for 2012–13 is mainly due to the reduced requirement for replacement of equipment and minor improvement works in the Prince Philip Dental Hospital.

6 Provision of \$652,450,000 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. The decrease of \$100,430,000 (13.3%) against the revised estimate for 2012–13 is mainly due to the decreased cash flow requirements in 2013–14.

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

Commitments

Sub-head (Code)	Item (Code)	Ambit	Approved commitment	Accumulated expenditure to 31.3.2012	Revised estimated expenditure for 2012–13	Balance
			\$'000	\$'000	\$'000	\$'000
<i>Operating Account</i>						
700		<i>General non-recurrent</i>				
	823	Health and Medical Research Fund	1,415,000	17,578	59,000	1,338,422
			<u>1,415,000</u>	<u>17,578</u>	<u>59,000</u>	<u>1,338,422</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	—	2,000	6,450
	885	Upgrading of the auto fire alarm system on 2/F to 8/F.....	4,700	—	—	4,700
			<u>13,150</u>	<u>—</u>	<u>2,000</u>	<u>11,150</u>
		Total	<u><u>1,428,150</u></u>	<u><u>17,578</u></u>	<u><u>61,000</u></u>	<u><u>1,349,572</u></u>