

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 2015–16 **\$50,400.6m**

Establishment ceiling 2015–16 (notional annual mid-point salary value) representing an estimated 102 non-directorate posts as at 31 March 2015 rising by eight posts to 110 posts as at 31 March 2016..... **\$64.4m**

In addition, there will be an estimated 12 directorate posts as at 31 March 2015 and as at 31 March 2016.

Commitment balance..... **\$1,185.8m**

Controlling Officer's Report

Programmes

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

Detail

Programme (1): Health

| | 2013–14 (Actual) | 2014–15 (Original) | 2014–15 (Revised) | 2015–16 (Estimate) |
|---------------------------|---------------------|-----------------------|----------------------|-----------------------------------|
| Financial provision (\$m) | 224.7 | 386.4 | 326.2 (–15.6%) | 371.6 (+13.9%) |
| | | | | (or –3.8% on 2014–15 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 2014–15.

Matters Requiring Special Attention in 2015–16

5 During 2015–16, the Branch will:

- prepare for the implementation of the Voluntary Health Insurance Scheme taking into account the outcome of the public consultation;
- continue the strategic review on healthcare manpower planning and professional development;
- facilitate healthcare service development, including encouraging private hospital development and revamping private healthcare facilities regulatory regime taking into account the outcome of the public consultation;
- take forward the review on mental health with a view to mapping out the direction for development of mental health services in Hong Kong;

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- continue to oversee primary care development in Hong Kong, including the implementation of initiatives in accordance with the primary care development strategy;
- continue to oversee the implementation of the “Outreach Dental Care Programme for the Elderly”;
- continue to develop the electronic health record sharing system (eHRSS), and commence the preparatory work for the second stage of the eHRSS;
- commence operation of the first stage of the eHRSS, subject to passage of the eHRSS bill by the Legislative Council;
- continue to oversee the implementation of the Elderly Health Care Voucher Scheme;
- continue to oversee the implementation of a pilot initiative to promote preventive care for the elderly through a health assessment programme in collaboration with non-governmental organisations;
- 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, construction of the new Tin Shui Wai Hospital and the Hong Kong Children’s Hospital in Kai Tak, the reprovisioning of Yaumatei Specialist Clinic at Queen Elizabeth Hospital, and to plan for the expansion of United Christian Hospital and the Hong Kong Red Cross Blood Transfusion Service Headquarters, the redevelopment of Kwong Wah Hospital, Queen Mary Hospital and Kwai Chung Hospital, the refurbishment of Hong Kong Buddhist Hospital, the construction of a new acute hospital in Kai Tak, and the extension of the Operating Theatre Block of Tuen Mun Hospital;
- conclude and follow up with the review of the Hospital Authority with a view to improving its operation so that it can continue to provide quality services and meet the challenges brought about by social development and ageing population more effectively;
- 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 its 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 with the trade a timetable for mandatory compliance with the Good Manufacturing Practice for the manufacture of proprietary Chinese medicines; oversee the setting of standards for Chinese herbal medicines commonly used in Hong Kong; and plan and develop a testing centre for Chinese medicines;
- continue to oversee the operation 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;
- continue to promote the development of Chinese medicine in Hong Kong through selective integrated Chinese and Western medicine treatment for Hospital Authority patients and examining the feasible mode of operation of the Chinese medicine hospital;
- 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.

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Programme (2): Subvention: Hospital Authority

| | 2013–14 (Actual) | 2014–15 (Original) | 2014–15 (Revised) | 2015–16 (Estimate) |
|---------------------------|---------------------|-----------------------|----------------------|-----------------------------------|
| Financial provision (\$m) | 46,315.6 | 47,973.0 | 49,706.8 (+3.6%) | 49,876.0 (+0.3%) |
| | | | | (or +4.0% on 2014–15 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 69 000 staff (full time equivalents as at 31 December 2014), manages 42 public hospitals and institutions, 47 specialist outpatient clinics and 73 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 2014–15. The volume of patient care activities across the full range of services in 2014–15 is comparable to the level in 2013–14.

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

Targets

| | As at 31 March 2014 (Actual) | As at 31 March 2015 (Revised Estimate) | As at 31 March 2016 (Target & Plan) |
|---|---------------------------------------|--|--|
| <i>Access to services</i> | | | |
| <i>inpatient services</i> | | | |
| no. of hospital beds | | | |
| general (acute and convalescent) | 21 132 | 21 337 | 21 587 |
| infirmary | 2 041 | 2 041 | 2 041 |
| mentally ill | 3 607 | 3 607 | 3 607 |
| mentally handicapped | 660 | 660 | 660 |
| overall | 27 440 | 27 645 | 27 895 |
| <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) (%) | 96 | 95 | 95 |
| triage III (urgent cases – 30 minutes) (%) | 75 | 90 | 90 |

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| | As at 31 March 2014 (Actual) | As at 31 March 2015 (Revised Estimate) | As at 31 March 2016 (Target & Plan) |
|--|---------------------------------------|--|---|
| specialist outpatient services | | | |
| 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 |
| rehabilitation and geriatric services | | | |
| no. of community nurses..... | 449 | 455 | 455 |
| no. of geriatric day places..... | 619 | 639 | 659 |
| psychiatric services | | | |
| no. of community psychiatric nurses..... | 130 | 138 | 138 |
| no. of psychiatric day places..... | 889 | 889 | 889 |
| Indicators | | | |
| | 2013–14 (Actual) | 2014–15 (Revised Estimate) | 2015–16 (Estimate) |
| <i>Delivery of services</i> | | | |
| inpatient services | | | |
| no. of discharges and deaths | | | |
| general (acute and convalescent)..... | 1 005 483 | 1 018 900 | 1 023 700 |
| infirmary..... | 3 301 | 3 300 | 3 300 |
| mentally ill..... | 17 662 | 17 100 | 17 100 |
| mentally handicapped..... | 552 | 540 | 540 |
| overall..... | 1 026 998 | 1 039 840 | 1 044 640 |
| no. of patient days | | | |
| general (acute and convalescent)..... | 5 798 056 | 5 813 000 | 5 865 000 |
| infirmary..... | 505 244 | 509 000 | 509 000 |
| mentally ill..... | 969 898 | 974 000 | 974 000 |
| mentally handicapped..... | 205 890 | 205 000 | 205 000 |
| overall..... | 7 479 088 | 7 501 000 | 7 553 000 |
| bed occupancy rate (%) | | | |
| general (acute and convalescent)..... | 87 | 87 | 87 |
| infirmary..... | 87 | 87 | 87 |
| mentally ill..... | 74 | 74 | 74 |
| mentally handicapped..... | 87 | 87 | 87 |
| overall..... | 85 | 85 | 85 |
| average length of stay (days)§ | | | |
| general (acute and convalescent)..... | 5.8 | 5.8 | 5.8 |
| infirmary..... | 127 | 127 | 127 |
| mentally ill..... | 60 | 60 | 60 |
| mentally handicapped..... | 443 | 443 | 443 |
| overall..... | 7.4 | 7.4 | 7.4 |
| ambulatory and outreach services | | | |
| day inpatient services | | | |
| no. of discharges and deaths..... | 542 333 | 547 700 | 560 000 |
| A&E services | | | |
| no. of attendances..... | 2 241 006 | 2 241 000 | 2 241 000 |
| no. of attendances per 1 000 population..... | 312 | 312 | 312 |
| no. of first attendances for | | | |
| triage I..... | 19 358 | 19 300 | 19 300 |
| triage II..... | 41 136 | 41 100 | 41 100 |
| triage III..... | 674 841 | 674 800 | 674 800 |

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| | 2013–14 (Actual) | 2014–15 (Revised Estimate) | 2015–16 (Estimate) |
|--|---------------------|----------------------------------|-----------------------|
| specialist outpatient services | | | |
| no. of specialist outpatient (clinical) new attendances | 704 512 | 704 000 | 708 000 |
| no. of specialist outpatient (clinical) follow-up attendances | 6 336 371 | 6 336 000 | 6 352 000 |
| total no. of specialist outpatient (clinical) attendances | 7 040 883 | 7 040 000 | 7 060 000 |
| primary care services | | | |
| no. of general outpatient attendances | 5 813 706 | 5 768 000 | 5 878 000 |
| no. of family medicine specialist clinic attendances | 287 182 | 281 900 | 282 700 |
| total no. of primary care attendances | 6 100 888 | 6 049 900 | 6 160 700 |
| rehabilitation and palliative care services | | | |
| no. of rehabilitation day and palliative care day attendances | 79 483 | 82 300 | 83 700 |
| no. of home visits by community nurses..... | 853 821 | 850 000 | 850 000 |
| no. of allied health (community) attendances | 32 141 | 32 100 | 32 100 |
| no. of allied health (outpatient) attendances | 2 329 162 | 2 315 000 | 2 325 000 |
| geriatric services | | | |
| no. of outreach attendances..... | 633 416 | 637 800 | 640 900 |
| no. of geriatric elderly persons assessed for infirmary care service | 1 701 | 1 650 | 1 650 |
| no. of geriatric day attendances..... | 137 695 | 138 500 | 142 700 |
| no. of Visiting Medical Officer attendances | 116 439 | 112 700 | 112 700 |
| psychiatric services | | | |
| no. of psychiatric outreach attendances | 260 146 | 273 800 | 274 200 |
| no. of psychiatric day attendances | 215 375 | 220 300 | 220 800 |
| no. of psychogeriatric outreach attendances | 97 995 | 98 200 | 98 200 |
| <i>Quality of services</i> | | | |
| no. of hospital deaths per 1 000 population Δ | 3.3 | 3.3 | 3.3 |
| unplanned readmission rate within 28 days for general inpatients (%)..... | 10.5 | 10.5 | 10.5 |
| <i>Cost of services</i> | | | |
| cost distribution | | | |
| cost distribution by service types (%) | | | |
| inpatient..... | 54.7 | 54.8 | 54.7 |
| ambulatory and outreach | 45.3 | 45.2 | 45.3 |
| cost by service types per 1 000 population (\$m) | | | |
| inpatient..... | 3.6 | 3.9 | 4.1 |
| ambulatory and outreach | 3.0 | 3.3 | 3.4 |
| cost of services for persons aged 65 or above | | | |
| share of cost of services (%) | 46.0 | 47.3 | 47.3 |
| cost of services per 1 000 population (\$m)..... | 21.3 | 23.2 | 23.0 |
| unit costs | | | |
| inpatient services | | | |
| cost per inpatient discharged (\$) | | | |
| general (acute and convalescent) | 22,610 | 24,700 | 25,450 |
| infirmary | 213,800 | 232,020 | 240,780 |
| mentally ill | 124,400 | 139,900 | 145,190 |
| mentally handicapped | 481,240 | 530,800 | 550,880 |
| cost per patient day (\$) | | | |
| general (acute and convalescent) | 4,330 | 4,780 | 4,910 |
| infirmary | 1,400 | 1,500 | 1,560 |
| mentally ill | 2,270 | 2,460 | 2,550 |
| mentally handicapped | 1,290 | 1,400 | 1,450 |

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| | 2013–14 (Actual) | 2014–15 (Revised Estimate) | 2015–16 (Estimate) |
|--|---------------------|----------------------------------|-----------------------|
| ambulatory and outreach services | | | |
| cost per A&E attendance (\$)..... | 1,040 | 1,130 | 1,170 |
| cost per specialist outpatient attendance (\$)..... | 1,080 | 1,180 | 1,220 |
| cost per general outpatient attendance (\$)..... | 385 | 430 | 435 |
| cost per family medicine specialist clinic attendance (\$)..... | 1,010 | 1,130 | 1,170 |
| cost per outreach visit by community nurse (\$)..... | 450 | 495 | 515 |
| cost per psychiatric outreach attendance (\$)..... | 1,350 | 1,480 | 1,530 |
| cost per geriatric day attendance (\$)..... | 1,840 | 2,060 | 2,080 |
| fee waivers¶ | | | |
| percentage of Comprehensive Social Security Assistance (CSSA) fee waiver (%)..... | 20.2 | 19.2 | 19.2 |
| percentage of non-CSSA fee waiver (%)..... | 4.8 | 5.4 | 5.4 |
| <i>Manpower (no. of full time equivalent staff as at 31 March)</i> | | | |
| medical | | | |
| doctor..... | 5 376 | 5 482 | 5 630 |
| no. of specialists..... | 3 099 | 3 329 | 3 557 |
| no. of trainees/non-specialists..... | 2 277 | 2 153 | 2 073 |
| intern..... | 311 | 383 | 398 |
| dentist..... | 8 | 8 | 8 |
| medical total..... | 5 695 | 5 873 | 6 036 |
| nursing | | | |
| qualified staff..... | 22 325 | 23 228 | 24 010 |
| trainee..... | 434 | 400 | 400 |
| nursing total..... | 22 759 | 23 628 | 24 410 |
| allied health..... | 6 609 | 6 937 | 7 185 |
| others..... | 32 544 | 33 280 | 34 219 |
| total..... | 67 607 | 69 718 | 71 850 |

§ 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 hospital death rate covering inpatient and day patient deaths in Hospital Authority hospitals in a particular year. The standardised rate, as a standard statistical technique to facilitate comparison over years, is calculated by applying the Hospital Authority age-specific hospital death rate in that particular year to the “standard” population in mid-2001.

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

Matters Requiring Special Attention in 2015–16

11 In 2015–16, 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:

- open a total of 250 additional beds in high needs communities like Kowloon East, New Territories East and New Territories West Clusters to meet the growing demand arising from population growth and ageing;
- enhance healthcare services to the elderly population by strengthening Community Geriatric Assessment Team service, expanding the capacity of geriatric rehabilitation services, setting up the fourth joint replacement centre, and strengthening treatment and management of chronic diseases;
- implement measures to improve patients’ access to service including accident and emergency, general outpatient, surgical and endoscopic services; and
- augment mental health services by enhancing child and adolescent mental health services and services for patients with Common Mental Disorder.

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Programme (3): Subvention: Prince Philip Dental Hospital

| | 2013–14 (Actual) | 2014–15 (Original) | 2014–15 (Revised) | 2015–16 (Estimate) |
|---------------------------|---------------------|-----------------------|----------------------|-----------------------------------|
| Financial provision (\$m) | 152.2 | 148.4 | 152.9 (+3.0%) | 153.0 (+0.1%) |
| | | | | (or +3.1% on 2014–15 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 Prince Philip Dental Hospital 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 levels.

15 In the 2013/14 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

| | Academic Year | | |
|--|---------------------|----------------------------------|-----------------------|
| | 2013/14 (Actual) | 2014/15 (Revised Estimate) | 2015/16 (Estimate) |
| no. of training places | | | |
| undergraduate..... | 321 | 323 | 321 |
| postgraduate..... | 173 | 184 | 186 |
| student dental technician..... | 40 | 38 | 38 |
| student dental surgery assistant..... | 38 | 35 | 34 |
| student dental hygienist..... | 39 | 41 | 46 |
| total..... | <u>611</u> | <u>621</u> | <u>625</u> |
| capacity utilisation rate (%) ^Φ | | | |
| undergraduate..... | 100 | 100 | 100 |
| postgraduate..... | 100 | 100 | 100 |
| student dental technician..... | 100 | 95 | 95 |
| student dental surgery assistant..... | 97 | 97 | 94 |
| student dental hygienist..... | 81 | 85 | 96 |
| completion rate (%) | | | |
| undergraduate..... | 100 | 100 | 100 |
| postgraduate..... | 84 | 100 | 100 |
| student dental technician..... | 90 | 95 | 95 |
| student dental surgery assistant..... | 74 | 83 | 79 |
| student dental hygienist..... | 72 | 85 | 85 |

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 2015–16

17 During 2015–16, PPDH will continue to explore ways to improve the completion rates of the para-dental training courses.

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ANALYSIS OF FINANCIAL PROVISION

| | 2013–14 (Actual) (\$m) | 2014–15 (Original) (\$m) | 2014–15 (Revised) (\$m) | 2015–16 (Estimate) (\$m) |
|--|------------------------------|--------------------------------|-------------------------------|---|
| Programme | | | | |
| (1) Health | 224.7 | 386.4 | 326.2 | 371.6 |
| (2) Subvention: Hospital Authority | 46,315.6 | 47,973.0 | 49,706.8 | 49,876.0 |
| (3) Subvention: Prince Philip Dental Hospital | 152.2 | 148.4 | 152.9 | 153.0 |
| | <hr/> | <hr/> | <hr/> | <hr/> |
| | 46,692.5 | 48,507.8 | 50,185.9 (+3.5%) | 50,400.6 (+0.4%) |
| | | | | (or +3.9% on 2014–15 Original) |

Analysis of Financial and Staffing Provision

Programme (1)

Provision for 2015–16 is \$45.4 million (13.9%) higher than the revised estimate for 2014–15. This is mainly due to the increased cash flow requirement for the general non-recurrent item on HMRF. There will be a net increase of eight posts in 2015–16.

Programme (2)

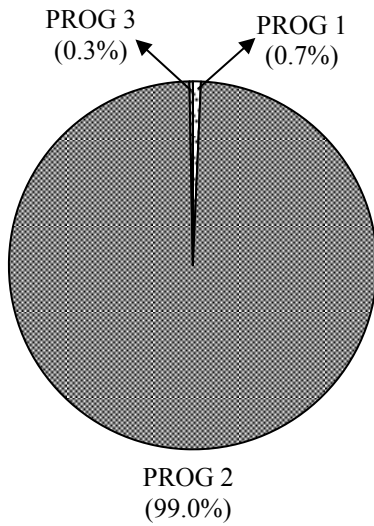
Provision for 2015–16 is \$169.2 million (0.3%) higher than the revised estimate for 2014–15. This is mainly due to the additional provision to the Hospital Authority for implementing various measures to meet the increasing demand for hospital services and to improve the quality of clinical care.

Programme (3)

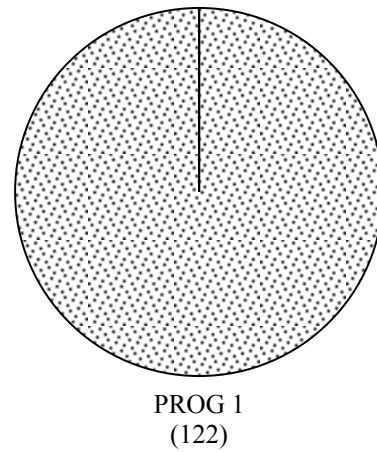
Provision for 2015–16 is \$0.1 million (0.1%) higher than the revised estimate for 2014–15. This is mainly due to the increase in salary provision for the Hospital staff in 2015–16.

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*Allocation of provision
to programmes
(2015-16)*

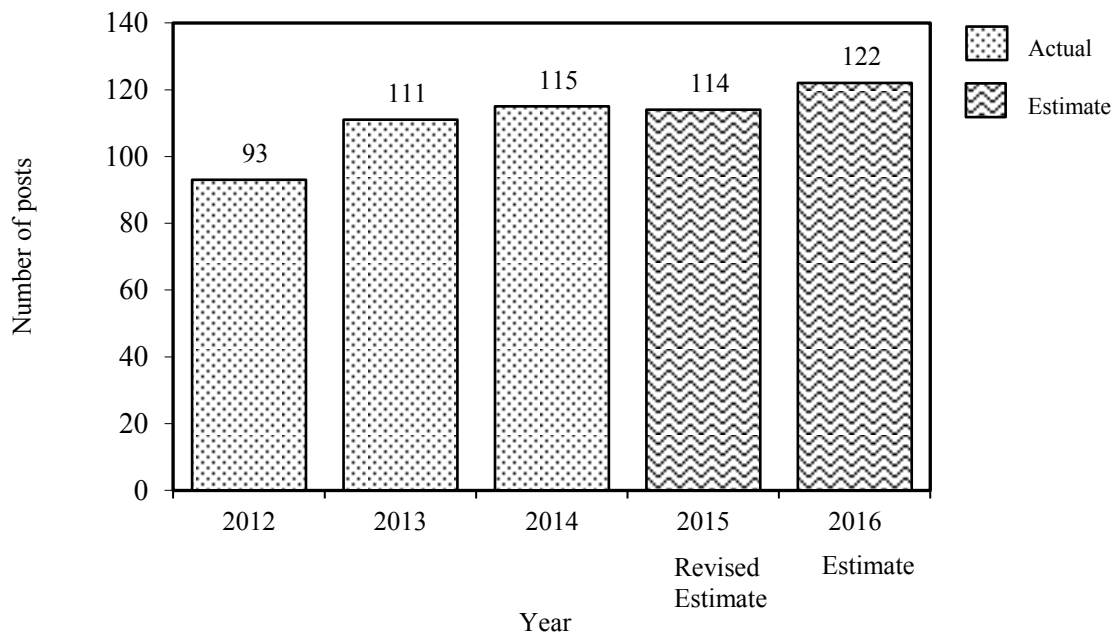


*Staff by programme
(as at 31 March 2016)*



(No government staff under PROG 2-3)

*Changes in the size of the establishment
(as at 31 March)*



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| Sub-head (Code) | Actual expenditure 2013–14 | Approved estimate 2014–15 | Revised estimate 2014–15 | Estimate 2015–16 | |
|--------------------------|---|---------------------------------|--------------------------------|-----------------------------|-------------------|
| | \$'000 | \$'000 | \$'000 | \$'000 | |
| Operating Account | | | | | |
| Recurrent | | | | | |
| 000 | Operational expenses | 45,938,931 | 47,594,038 | 49,352,883 | 49,482,500 |
| | Total, Recurrent..... | 45,938,931 | 47,594,038 | 49,352,883 | 49,482,500 |
| Non-Recurrent | | | | | |
| 700 | General non-recurrent | 90,933 | 135,000 | 70,000 | 140,000 |
| | Total, Non-Recurrent..... | 90,933 | 135,000 | 70,000 | 140,000 |
| | Total, Operating Account | 46,029,864 | 47,729,038 | 49,422,883 | 49,622,500 |
| Capital Account | | | | | |
| Subventions | | | | | |
| 85C | Prince Philip Dental Hospital..... | 10,150 | 5,925 | 5,925 | 4,170 |
| 899 | Prince Philip Dental Hospital - minor plant, vehicles, equipment, maintenance, and improvement (block vote) | 6,636 | 6,685 | 6,685 | 7,055 |
| 979 | Hospital Authority - equipment and information systems (block vote)..... | 645,800 | 766,200 | 750,400 | 766,870 |
| | Total, Subventions | 662,586 | 778,810 | 763,010 | 778,095 |
| | Total, Capital Account..... | 662,586 | 778,810 | 763,010 | 778,095 |
| | Total Expenditure | 46,692,450 | 48,507,848 | 50,185,893 | 50,400,595 |

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Details of Expenditure by Subhead

The estimate of the amount required in 2015–16 for the salaries and expenses of the Health Branch is \$50,400,595,000. This represents an increase of \$214,702,000 over the revised estimate for 2014–15 and of \$3,708,145,000 over the actual expenditure in 2013–14.

Operating Account

Recurrent

2 Provision of \$49,482,500,000 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 2015 will be 114 posts including four supernumerary posts. It is expected that there will be a net increase of eight posts in 2015–16. Subject to certain conditions, the controlling officer may under delegated power create or delete non-directorate posts during 2015–16, but the notional annual mid-point salary value of all such posts must not exceed \$64,362,000.

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

| | 2013–14 (Actual) (\$'000) | 2014–15 (Original) (\$'000) | 2014–15 (Revised) (\$'000) | 2015–16 (Estimate) (\$'000) |
|---|---------------------------------|-----------------------------------|----------------------------------|-----------------------------------|
| Personal Emoluments | | | | |
| - Salaries..... | 78,160 | 78,140 | 84,734 | 91,130 |
| - Allowances..... | 2,923 | 3,734 | 2,520 | 2,420 |
| - Job-related allowances..... | 1 | 2 | 2 | 2 |
| Personnel Related Expenses | | | | |
| - Mandatory Provident Fund contribution..... | 234 | 190 | 247 | 187 |
| - Civil Service Provident Fund contribution..... | 1,699 | 1,727 | 2,190 | 2,935 |
| Departmental Expenses | | | | |
| - General departmental expenses | 50,764 | 167,683 | 166,476 | 134,938 |
| Subventions | | | | |
| - Hospital Authority | 45,669,771 | 47,206,812 | 48,956,418 | 49,109,127 |
| - Prince Philip Dental Hospital | 135,379 | 135,750 | 140,296 | 141,761 |
| | 45,938,931 | 47,594,038 | 49,352,883 | 49,482,500 |

Capital Account

Subventions

5 Provision of \$7,055,000 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 \$370,000 (5.5%) over the revised estimate for 2014–15 is mainly due to the increased requirement for replacement of equipment and minor improvement works in the Prince Philip Dental Hospital.

6 Provision of \$766,870,000 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 increase of \$16,470,000 (2.2%) over the revised estimate for 2014–15 is mainly due to the increased cash flow requirements in 2015–16.

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Commitments

| Sub-head (Code) | Item (Code) | Ambit | Approved commitment \$'000 | Accumulated expenditure to 31.3.2014 \$'000 | Revised estimated expenditure for 2014–15 \$'000 | Balance \$'000 |
|---------------------------------|----------------|---|----------------------------------|--|--|-------------------|
| <i>Operating Account</i> | | | | | | |
| 700 | | <i>General non-recurrent</i> | | | | |
| | 823 | Health and Medical Research Fund | 1,415,000 | 169,045 | 70,000 | 1,175,955 |
| | | | <u>1,415,000</u> | <u>169,045</u> | <u>70,000</u> | <u>1,175,955</u> |
| <i>Capital Account</i> | | | | | | |
| 85C | | <i>Prince Philip Dental Hospital</i> | | | | |
| | 876 | Replacement of air water separators of the Suction Pipe System at 3A and 3B clinics | 3,300 | — | 2,475 | 825 |
| | 891 | Replacement of lift nos. 1 to 5 and installation of ascending car over speed protection devices for lift nos. 1 to 6 | 5,500 | — | 1,725 | 3,775 |
| | 892 | Replacement of variable air volume air handling unit no. 3 and associated equipment | 7,000 | — | 1,725 | 5,275 |
| | | | <u>15,800</u> | <u>—</u> | <u>5,925</u> | <u>9,875</u> |
| | Total | | <u>1,430,800</u> | <u>169,045</u> | <u>75,925</u> | <u>1,185,830</u> |