

## 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 2017–18** ..... **\$55,990.0m**

**Establishment ceiling 2017–18** (notional annual mid-point salary value) representing an estimated 112 non-directorate posts as at 31 March 2017 rising by four posts to 116 posts as at 31 March 2018..... **\$74.7m**

In addition, there will be an estimated 12 directorate posts as at 31 March 2017 and as at 31 March 2018.

**Commitment balance**..... **\$2,329.7m**

### Controlling Officer's Report

#### Programmes

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

##### Programme (1): Health

	2015–16 (Actual)	2016–17 (Original)	2016–17 (Revised)	<b>2017–18 (Estimate)</b>
Financial provision (\$m)	345.4	489.3	466.7 (–4.6%)	<b>538.4</b> (+15.4%)
				(or +10.0% on 2016–17 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 2016–17.

#### *Matters Requiring Special Attention in 2017–18*

5 During 2017–18, the Branch will:

- prepare for the implementation of the Voluntary Health Insurance Scheme;
- publish the report of the strategic review on healthcare manpower planning and professional development and implement its recommendations in consultation with stakeholders;
- facilitate healthcare service development, including encouraging private hospital development and revamping private healthcare facilities regulatory regime;
- complete the review on mental health and establish a standing advisory committee to follow up the recommendations of the review;

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- oversee the implementation of the two-year Dementia Community Support Pilot Scheme and the two-year Student Mental Health Support Pilot Scheme;
- 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 oversee the operation of the first stage of the electronic health record sharing system (eHRSS);
- commence the second stage development work of the eHRSS subject to funding approval by the Legislative Council;
- continue to oversee the implementation of the Elderly Health Care Voucher Scheme;
- continue to oversee the implementation of the vaccination programmes for seasonal influenza for the elderly, children from six months to under 12 years old, persons receiving Disability Allowance, persons with intellectual disability and pregnant women, as well as the vaccination programmes for pneumococcal for the elderly and young children;
- continue to oversee the progress of various capital works projects on hospital development, such as construction of the Hong Kong Children’s Hospital in Kai Tak, the expansion of United Christian Hospital, Hong Kong Red Cross Blood Transfusion Service Headquarters and Haven of Hope Hospital, the refurbishment of Hong Kong Buddhist Hospital, the redevelopment of Kwong Wah Hospital and Kwai Chung Hospital, the extension of Operating Theatre Block for Tuen Mun Hospital, and to plan for the redevelopment of Queen Mary Hospital – Phase 1 (Main Works) and Prince of Wales Hospital – Phase 2 (Stage 1), as well as the construction of a new acute hospital at Kai Tak Development Area;
- follow up with the Hospital Authority on the implementation of the recommendations of 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;
- 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 the Government Chinese Medicines Testing Institute administered by the Department of Health;
- 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 to take forward the development 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 efforts to promote, facilitate and support breastfeeding in collaboration with relevant organisations;
- 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 and enhance the 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

	2015–16 (Actual)	2016–17 (Original)	2016–17 (Revised)	<b>2017–18 (Estimate)</b>
Financial provision (\$m)	61,548.9 <sup>φ</sup>	51,588.9	53,426.6 (+3.6%)	<b>55,283.0</b> (+3.5%)
				(or +7.2% on 2016–17 Original)

<sup>φ</sup> The actual expenditure in 2015–16 includes a one-off allocation of \$10,000.0 million from the Government to the Hospital Authority for setting up an endowment fund to operate the clinical public-private partnership (PPP) programmes.

#### *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 74 000 staff (full time equivalents as at 31 December 2016), 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 2016–17. The volume of patient care activities across the full range of services in 2016–17 is comparable to the level in 2015–16.

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

#### *Targets*

	As at 31 March 2016 (Actual)	As at 31 March 2017 (Revised Estimate)	<b>As at 31 March 2018 (Target &amp; Plan)</b>
<i>Access to services</i>			
<i>inpatient services</i>			
no. of hospital beds			
general (acute and convalescent) .....	21 587	21 798	<b>22 027</b>
infirmary .....	2 041	2 041	<b>2 041</b>
mentally ill .....	3 607	3 607	<b>3 607</b>
mentally handicapped .....	660	680	<b>680</b>
overall .....	27 895	28 126	<b>28 355</b>
<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	<b>100</b>
triage II (emergency cases – 15 minutes) (%) .....	97	95	<b>95</b>
triage III (urgent cases – 30 minutes) (%) .....	78	90	<b>90</b>

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	As at 31 March 2016 (Actual)	As at 31 March 2017 (Revised Estimate)	As at 31 March 2018 (Target & Plan)
specialist outpatient services			
median waiting time for first appointment at specialist clinics			
first priority patients.....	<1 week	2 weeks	<b>2 weeks</b>
second priority patients.....	5 weeks	8 weeks	<b>8 weeks</b>
rehabilitation and geriatric services			
no. of community nurses.....	477	480	<b>480</b>
no. of geriatric day places.....	659	659	<b>659</b>
psychiatric services			
no. of community psychiatric nurses.....	130	138	<b>138</b>
no. of psychiatric day places.....	889	889	<b>889</b>
 <i>Indicators</i>			
	2015–16 (Actual)	2016–17 (Revised Estimate)	2017–18 (Estimate)
<i>Delivery of services</i>			
inpatient services			
no. of discharges and deaths			
general (acute and convalescent).....	1 055 887	1 064 200	<b>1 079 700</b>
infirmary.....	3 511	3 500	<b>3 500</b>
mentally ill.....	17 440	17 400	<b>17 400</b>
mentally handicapped.....	487	520	<b>530</b>
overall.....	1 077 325	1 085 620	<b>1 101 130</b>
no. of patient days			
general (acute and convalescent).....	6 112 117	6 160 000	<b>6 252 000</b>
infirmary.....	509 730	517 000	<b>517 000</b>
mentally ill.....	936 376	973 000	<b>973 000</b>
mentally handicapped.....	198 958	201 000	<b>205 000</b>
overall.....	7 757 181	7 851 000	<b>7 947 000</b>
bed occupancy rate (%)			
general (acute and convalescent).....	89	89	<b>89</b>
infirmary.....	88	88	<b>88</b>
mentally ill.....	71	71	<b>71</b>
mentally handicapped.....	82	82	<b>82</b>
overall.....	86	86	<b>86</b>
average length of stay (days)§			
general (acute and convalescent).....	5.8	5.8	<b>5.8</b>
infirmary.....	129	129	<b>129</b>
mentally ill.....	54	54	<b>54</b>
mentally handicapped.....	334	334	<b>334</b>
overall.....	7.2	7.2	<b>7.2</b>
ambulatory and outreach services			
day inpatient services			
no. of discharges and deaths.....	589 623	595 800	<b>615 400</b>
A&E services			
no. of attendances.....	2 236 456	2 236 000	<b>2 236 000</b>
no. of attendances per 1 000 population.....	306	306	<b>306</b>
no. of first attendances for			
triage I.....	19 830	19 800	<b>19 800</b>
triage II.....	43 840	43 800	<b>43 800</b>
triage III.....	694 114	694 100	<b>694 100</b>

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	2015–16 (Actual)	2016–17 (Revised Estimate)	2017–18 (Estimate)
specialist outpatient services			
no. of specialist outpatient (clinical) new attendances .....	724 585	728 000	<b>742 000</b>
no. of specialist outpatient (clinical) follow-up attendances .....	6 585 747	6 597 000	<b>6 639 000</b>
total no. of specialist outpatient (clinical) attendances .....	7 310 332	7 325 000	<b>7 381 000</b>
primary care services			
no. of general outpatient attendances .....	5 984 576	5 984 000	<b>6 037 000</b>
no. of family medicine specialist clinic attendances .....	289 124	292 400	<b>301 700</b>
total no. of primary care attendances .....	6 273 700	6 276 400	<b>6 338 700</b>
rehabilitation and palliative care services			
no. of rehabilitation day and palliative care day attendances .....	91 189	91 200	<b>91 200</b>
no. of home visits by community nurses.....	855 449	854 000	<b>854 000</b>
no. of allied health (community) attendances .....	35 373	35 400	<b>35 400</b>
no. of allied health (outpatient) attendances .....	2 531 869	2 531 000	<b>2 545 000</b>
geriatric services			
no. of outreach attendances.....	637 777	657 400	<b>680 200</b>
no. of geriatric elderly persons assessed for infirmary care service .....	1 560	1 710	<b>1 710</b>
no. of geriatric day attendances.....	149 601	146 800	<b>142 400</b>
no. of Visiting Medical Officer attendances .....	109 544	111 000	<b>111 000</b>
psychiatric services			
no. of psychiatric outreach attendances .....	282 735	284 800	<b>284 800</b>
no. of psychiatric day attendances .....	223 781	224 500	<b>224 700</b>
no. of psychogeriatric outreach attendances .....	97 503	97 900	<b>97 900</b>
<i>Quality of services</i>			
no. of hospital deaths per 1 000 population $\Delta$ .....	3.1	3.1	<b>3.1</b>
unplanned readmission rate within 28 days for general inpatients (%).....	10.6	10.6	<b>10.6</b>
<i>Cost of services</i>			
cost distribution			
cost distribution by service types (%)			
inpatient.....	54.4	54.6	<b>54.6</b>
ambulatory and outreach .....	45.6	45.4	<b>45.4</b>
cost by service types per 1 000 population (\$m)			
inpatient.....	4.1	4.4	<b>4.5</b>
ambulatory and outreach .....	3.5	3.7	<b>3.7</b>
cost of services for persons aged 65 or above			
share of cost of services (%) .....	46.9	48.2	<b>48.2</b>
cost of services per 1 000 population (\$m).....	23.3	24.5	<b>24.0</b>
unit costs			
inpatient services			
cost per inpatient discharged (\$)			
general (acute and convalescent) .....	25,270	27,030	<b>27,290</b>
infirmary .....	223,210	232,220	<b>237,830</b>
mentally ill .....	138,840	148,230	<b>151,820</b>
mentally handicapped .....	622,120	650,800	<b>660,510</b>
cost per patient day (\$)			
general (acute and convalescent) .....	4,830	5,170	<b>5,210</b>
infirmary .....	1,540	1,610	<b>1,640</b>
mentally ill .....	2,590	2,660	<b>2,720</b>
mentally handicapped .....	1,520	1,680	<b>1,710</b>

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	2015–16 (Actual)	2016–17 (Revised Estimate)	2017–18 (Estimate)
ambulatory and outreach services			
cost per A&E attendance (\$)	1,230	1,310	1,340
cost per specialist outpatient attendance (\$)	1,190	1,260	1,290
cost per general outpatient attendance (\$)	445	470	480
cost per family medicine specialist clinic attendance (\$)	1,130	1,210	1,240
cost per outreach visit by community nurse (\$)	535	570	585
cost per psychiatric outreach attendance (\$)	1,550	1,660	1,700
cost per geriatric day attendance (\$)	1,960	2,120	2,240
fee waivers¶			
percentage of Comprehensive Social Security Assistance (CSSA) fee waiver (%)	18.5	18.1	18.1
percentage of non-CSSA fee waiver (%)	6.2	6.7	6.7
<i>Manpower (no. of full time equivalent staff as at 31 March)</i>			
medical			
doctor	5 664	5 813	5 942
no. of specialists	3 351	3 444	3 495
no. of trainees/non-specialists	2 313	2 369	2 447
intern	368	405	492
dentist	8	8	8
medical total	6 040	6 226	6 442
nursing			
qualified staff	23 976	24 331	25 154
trainee	611	600	600
nursing total	24 587	24 931	25 754
allied health	7 268	7 509	7 781
others	34 990	36 081	37 046
total	72 885	74 747	77 023

§ 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 inpatient 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 2017–18***

11 In 2017–18, 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 229 additional beds to meet the growing demand arising from population growth and ageing;
- continue to commission services in Tin Shui Wai Hospital in phases and make preparation for the commencement of services in the Hong Kong Children’s Hospital in phases from 2018;
- enhance the services provided by the Hospital Authority’s Community Geriatric Assessment Team for terminally ill patients living in residential care homes for the elderly, set up geriatric fragility fracture co-ordination services in designated acute hospital, and enhance treatment and management of cancers, stroke, cardiac and renal diseases;
- continue to enhance accident and emergency, surgical, endoscopic and diagnostic imaging services as well as increase quotas for specialist and general outpatient services;
- augment mental health services by strengthening healthcare professional and support manpower; and
- continue to make use of investment returns generated from the \$10 billion PPP Endowment Fund allocated to the Hospital Authority on 31 March 2016 to operate clinical PPP programmes.

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### Programme (3): Subvention: Prince Philip Dental Hospital

	2015–16 (Actual)	2016–17 (Original)	2016–17 (Revised)	<b>2017–18 (Estimate)</b>
Financial provision (\$m)	159.1	159.8	163.7 (+2.4%)	<b>168.6</b> (+3.0%)
				(or +5.5% on 2016–17 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 level.

15 In the 2015/16 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 courses.

16 The key performance measures are:

#### *Indicators*

	<i>Academic Year</i>		
	2015/16 (Actual)	2016/17 (Revised Estimate)	<b>2017/18 (Estimate)</b>
no. of training places			
undergraduate.....	320	340	<b>358</b>
postgraduate#.....	159	126	<b>94</b>
student dental technician.....	36	36	<b>40</b>
student dental surgery assistant.....	36	36	<b>36</b>
student dental hygienist.....	45	45	<b>45</b>
student dental therapist^.....	—	10	<b>10</b>
total.....	596	593	<b>583</b>
capacity utilisation rate (%)Φ			
undergraduate.....	100	100	<b>100</b>
postgraduate.....	100	100	<b>100</b>
student dental technician.....	90	90	<b>100</b>
student dental surgery assistant.....	100	100	<b>100</b>
student dental hygienist.....	94	94	<b>94</b>
student dental therapist^.....	—	100	<b>100</b>
completion rate (%)			
undergraduate.....	99	100	<b>100</b>
postgraduate.....	100	100	<b>100</b>
student dental technician.....	92	94	<b>95</b>
student dental surgery assistant.....	78	81	<b>81</b>
student dental hygienist.....	84	84	<b>84</b>
student dental therapist^.....	—	100	<b>100</b>

# The estimate for 2017/18 academic year does not cover taught postgraduate (TPG) programmes organised by the Faculty of Dentistry of the University of Hong Kong on a self-financing basis. The actual number of postgraduate places provided in 2015/16 academic year and the revised estimate for 2016/17 academic year would become 97 and 94 respectively after excluding places offered by the TPG programmes.

^ The Advanced Diploma Course in Dental Therapy was newly launched in June 2016.

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 2017–18*

17 During 2017–18, 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**

	2015–16 (Actual) (\$m)	2016–17 (Original) (\$m)	2016–17 (Revised) (\$m)	2017–18 (Estimate) (\$m)
<b>Programme</b>				
(1) Health.....	345.4	489.3	466.7	<b>538.4</b>
(2) Subvention: Hospital Authority .....	61,548.9	51,588.9	53,426.6	<b>55,283.0</b>
(3) Subvention: Prince Philip Dental Hospital .....	159.1	159.8	163.7	<b>168.6</b>
	<hr/>	<hr/>	<hr/>	<hr/>
	62,053.4	52,238.0	54,057.0 (+3.5%)	<b>55,990.0</b> <b>(+3.6%)</b>
				<b>(or +7.2% on 2016–17 Original)</b>

**Analysis of Financial and Staffing Provision**

**Programme (1)**

Provision for 2017–18 is \$71.7 million (15.4%) higher than the revised estimate for 2016–17. This is mainly due to the increased cash flow requirement for the general non-recurrent item on HMRF as well as increased operating expenses for additional measures to tackle antimicrobial resistance. There will be a net increase of four posts in 2017–18.

**Programme (2)**

Provision for 2017–18 is \$1,856.4 million (3.5%) higher than the revised estimate for 2016–17. 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)**

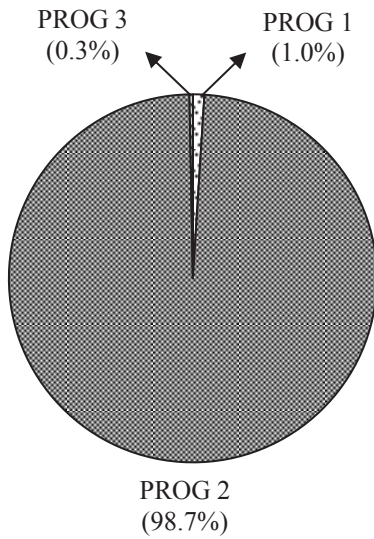
Provision for 2017–18 is \$4.9 million (3.0%) higher than the revised estimate for 2016–17. The increase is mainly due to the creation of new hospital staff positions and the increased requirement for procurement of equipment.



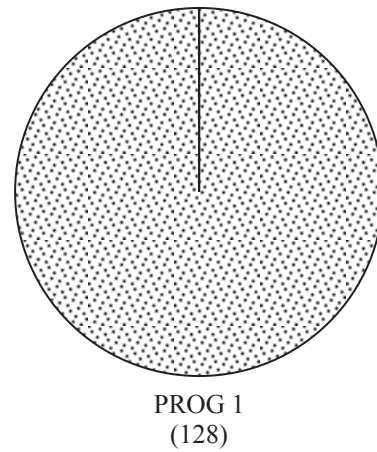
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*Allocation of provision  
to programmes  
(2017-18)*

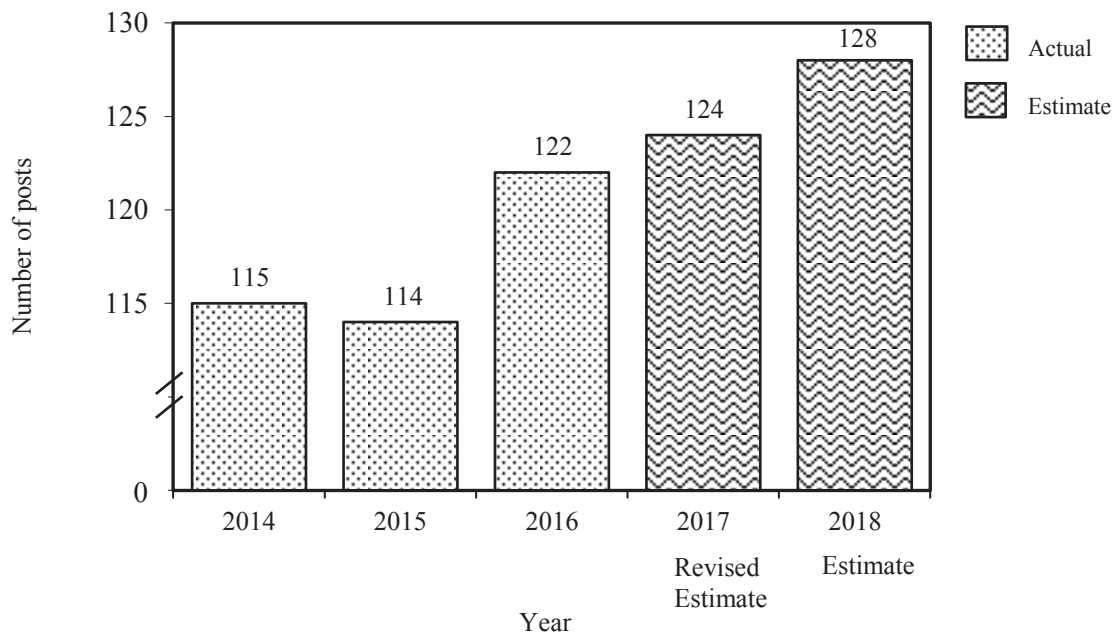


*Staff by programme  
(as at 31 March 2018)*



(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 2015–16	Approved estimate 2016–17	Revised estimate 2016–17	<b>Estimate 2017–18</b>	
	\$'000	\$'000	\$'000	<b>\$'000</b>	
<b>Operating Account</b>					
Recurrent					
000	Operational expenses .....	51,151,559	51,197,847	53,037,781	<b>54,885,416</b>
	Total, Recurrent.....	51,151,559	51,197,847	53,037,781	<b>54,885,416</b>
Non-Recurrent					
700	General non-recurrent .....	10,139,946	205,000	185,000	<b>220,000</b>
	Total, Non-Recurrent.....	10,139,946	205,000	185,000	<b>220,000</b>
	Total, Operating Account .....	61,291,505	51,402,847	53,222,781	<b>55,105,416</b>
<b>Capital Account</b>					
Subventions					
85C	Prince Philip Dental Hospital.....	4,170	3,994	3,037	<b>1,601</b>
899	Prince Philip Dental Hospital - minor plant, vehicles, equipment, maintenance, and improvement (block vote) .....	6,598	7,071	7,071	<b>9,348</b>
979	Hospital Authority - equipment and information systems (block vote).....	751,141	824,108	824,108	<b>873,650</b>
	Total, Subventions .....	761,909	835,173	834,216	<b>884,599</b>
	Total, Capital Account.....	761,909	835,173	834,216	<b>884,599</b>
	Total Expenditure .....	62,053,414	52,238,020	54,056,997	<b>55,990,015</b>

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### Details of Expenditure by Subhead

The estimate of the amount required in 2017–18 for the salaries and expenses of the Health Branch is \$55,990,015,000. This represents an increase of \$1,933,018,000 over the revised estimate for 2016–17 and a decrease of \$6,063,399,000 against the actual expenditure in 2015–16.

#### *Operating Account*

##### Recurrent

**2** Provision of \$54,885,416,000 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 2017 will be 124 posts including four supernumerary posts. It is expected that there will be a net increase of four posts in 2017–18. Subject to certain conditions, the controlling officer may under delegated power create or delete non-directorate posts during 2017–18, but the notional annual mid-point salary value of all such posts must not exceed \$74,726,000.

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

	2015–16 (Actual) (\$'000)	2016–17 (Original) (\$'000)	2016–17 (Revised) (\$'000)	2017–18 (Estimate) (\$'000)
Personal Emoluments				
- Salaries.....	90,244	95,930	93,183	<b>98,340</b>
- Allowances.....	3,355	4,270	4,820	<b>5,370</b>
- Job-related allowances.....	1	2	2	<b>2</b>
Personnel Related Expenses				
- Mandatory Provident Fund contribution.....	221	187	170	<b>147</b>
- Civil Service Provident Fund contribution.....	2,868	3,659	4,006	<b>5,487</b>
Departmental Expenses				
- General departmental expenses .....	108,807	180,252	179,580	<b>209,074</b>
Subventions				
- Hospital Authority .....	50,797,757	50,764,778	52,602,467	<b>54,409,320</b>
- Prince Philip Dental Hospital .....	148,306	148,769	153,553	<b>157,676</b>
	51,151,559	51,197,847	53,037,781	<b>54,885,416</b>

#### *Capital Account*

##### Subventions

**5** Provision of \$9,348,000 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 \$200,000 but not exceeding \$10 million for each project. The increase of \$2,277,000 (32.2%) over the revised estimate for 2016–17 is mainly due to the increased requirements in 2017–18.

**6** Provision of \$873,650,000 under *Subhead 979 Hospital Authority - equipment and information systems (block vote)* is for the procurement of equipment items and computerisation projects costing over \$200,000 each.

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

**Commitments**

Sub-head (Code)	Item (Code)	Ambit	Approved commitment \$'000	Accumulated expenditure to 31.3.2016 \$'000	Revised estimated expenditure for 2016–17 \$'000	Balance \$'000
<b><i>Operating Account</i></b>						
700		<i>General non-recurrent</i>				
	823	Health and Medical Research Fund .....	2,915,000	402,960	185,000	2,327,040
			<u>2,915,000</u>	<u>402,960</u>	<u>185,000</u>	<u>2,327,040</u>
<b><i>Capital Account</i></b>						
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	3,092	—	208
	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	3,202	798	1,500
	892	Replacement of variable air volume air handling unit no. 3 and associated equipment .....	7,000	3,801	2,239	960
			<u>15,800</u>	<u>10,095</u>	<u>3,037</u>	<u>2,668</u>
	Total .....		<u>2,930,800</u>	<u>413,055</u>	<u>188,037</u>	<u>2,329,708</u>