Controlling officer: the Director of Health will account for expenditure under this Head.	
Estimate 2010–11	\$4,560.1m
Establishment ceiling 2010–11 (notional annual mid-point salary value) representing an estimated 5 432 non-directorate posts as at 31 March 2010 rising by 143 posts to 5 575 posts as at 31 March 2011	\$1,952.5m
In addition, there will be an estimated 57 directorate posts as at 31 March 2010 rising by two posts to 59 posts as at 31 March 2011.	
Commitment balance	\$823.2m

Controlling Officer's Report

Programmes

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

Detail

Programme (1): Statutory Functions

	2008–09	2009–10	2009–10	2010–11
	(Actual)	(Original)	(Revised)	(Estimate)
Financial provision (\$m)	375.9	373.8	366.3 (-2.0%)	440.3 (+20.2%)

(or +17.8% on 2009–10 Original)

Aim

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

Brief Description

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

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

Targets

C	Target	2008 (Actual)	2009 (Actual)	2010 (Plan)
free pratique to be granted within				
30 minutes of receiving				
application (%)	>95	98	98	>95
registration of pharmaceutical products	> 00	97	97	> 00
within five months (% of applications) inspection of licensed retail drug premises	>90	97	97	>90
at an average of twice a year per				
premises (%)	100	100	100	100
proportion of workers getting radiation				
dose <20mSv a year (%)	100	100	100	100
processing of registration application				
from healthcare professionals within	> 00	100	100	>90
ten working days (%)investigation upon receipt of complaint	>90	100	100	>90
against healthcare professionals within				
14 working days (%)	>90	99	99	>90
inspections of licensed institutions				
registered under the Hospitals, Nursing				
Homes and Maternity Homes				
Registration Ordinance not less than	100	100	100	100
once a year (%)	100	100	100	100
Indicators				
		2008	2009	2010
		(Actual)	(Actual)	(Estimate)
registration applications of pharmaceutical produ	cts			
processed		3 990	5 000	5 100
inspection of licensed retail drug premises		7 600	7 800	7 900
licences, notices and permits processed for irradia	ating			
substances/apparatus		10 300	11 100	11 100
registration applications from healthcare professi		2.500	2 400	2 400
no. of inspections of licensed institutions register	od undor	3 500	3 400	3 400
the Hospitals, Nursing Homes and Maternity I				
Registration Ordinance		158	162	162
			-	

Matters Requiring Special Attention in 2010–11

- 5 During 2010–11, the Department will:
- continue to enforce both the Smoking (Public Health) Ordinance and the Fixed Penalty (Smoking Offences) Ordinance; and
- expedite the setting of standards for Chinese herbal medicines commonly used in Hong Kong.

Programme (2): Disease Prevention

	2008–09 (Actual)	2009–10 (Original)	2009–10 (Revised)	2010–11 (Estimate)
Financial provision (\$m)				
Government sector	1,310.9	1,904.9	2,372.2 (+24.5%)	2,096.0 (-11.6%)
				(or +10.0% on

2009–10 Original)

	2008–09 (Actual)	2009–10 (Original)	2009–10 (Revised)	2010–11 (Estimate)
Subvented sector	34.9	39.1	36.9 (-5.6%)	39.1 (+6.0%)
				(or same as 2009–10 Original)
Total	1,345.8	1,944.0	2,409.1 (+23.9%)	2,135.1 (-11.4%)
				(or 10.80% on

(or +9.8% on 2009–10 Original)

Aim

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

Brief Description

- 7 This aim is achieved through a wide range of health services and activities covering different age groups and targeted at various communicable and non-communicable diseases. The work involves:
 - providing genetic screening and counselling services;
 - reducing preventable death and ill-health among pregnant women, infants and children;
 - providing promotive and preventive health care to primary and secondary school students;
 - improving the oral health of primary school children;
 - maintaining the surveillance and control of communicable diseases;
 - · providing laboratory services for the diagnosis and surveillance of various infections and other screening activities;
 - treating patients with sexually-transmitted diseases and controlling the spread of such diseases;
 - providing integrated health care service to the elderly; and
 - · providing woman health service.
- 8 The Department subvents the family planning services provided by the Family Planning Association of Hong Kong.
- **9** A Primary Care Office in the Department supports the Working Group on Primary Care for the strategic planning, implementation and overall co-ordination of long-term development of primary care, so as to improve health of the population and to strengthen disease prevention and control.
- 10 A lower participation rate of new born babies attending maternal and child health centres was recorded in both 2008 and 2009 because there was an increase in the number of local deliveries of babies whose parents were not Hong Kong residents and who had left Hong Kong after birth, without attending the maternal and child health centres for service.
- 11 The estimated number of secondary school students participating in the Student Health Service will be lower in 2010 because the service for secondary two to secondary seven students will be suspended in 2010 for the redeployment of manpower for the Human Swine Influenza (HSI) vaccination.
 - 12 The key performance measures in respect of disease prevention are:

Targets

	Target	2008 (Actual)	2009 (Actual)	2010 (Plan)
achieving a high participation rate of new born babies attending maternal and child health centres (%) contributing to achieving low infant mortality rate (IMR) and maternal mortality rate (MMR)	>90	78	74	74
IMR per 1 000 live births	< 6.0	1.8#	1.8	<6.0
MMR per 100 000 live births	< 6.0	2.5#	2.5	<6.0
School Dental Care Service participation				
rate (%)	>90	95	94	>90

	Target	2008 (Actual)	2009 (Actual)	2010 (Plan)
	Tuiget	(rictuur)	(rictuur)	(1 1411)
investigating reports of outbreaks of				
communicable diseases within	100	100	100	100
24 hours (%)	100	100	100	100
coverage rate of immunisation programme	0.7	0.0	0.0	0.5
for school children (%)	>95	99	99	>95
# The figure has been updated after the prepara	tion of the 2009	–10 Estimates.		
Indicators				
		2008	2009	2010
		(Actual)	(Actual)	(Estimate)
attendances at maternal and child health centres				
child health service		586 000	592 000	592 000
maternal health service		167 000	164 000	164 000
family planning service		158 000	145 000	145 000
cervical screening service		102 000	99 000	99 000
attendances at family planning clinics operated b	y Family			
Planning Association		125 500	131 900	131 900
school children participating in the Student Healt				
primary school students		371 000	350 000	329 000
secondary school students		381 000	388 000	73 000
primary school children participating in the Scho				
Care Service		366 000	347 000	330 000
no. of training activities on infection control		69	90	80
no. of attendances to training activities on infecti		8 890	10 570	9 500
doses of vaccines given to school children		294 000	200 000	200 000
attendances at social hygiene clinics		110 000	99 000	99 000
no. of enrolment in elderly health centres		38 000	38 500	38 500
no. of attendances for health assessment and med				
consultation at elderly health centres		176 000	175 000	175 000
attendances at health education activities organis				
elderly health centres and visiting health teams		429 000	437 000	437 000
no. of enrolment for woman health service		18 400	19 300	19 300
no. of attendances for woman health service		34 700	35 000	35 000
no. of laboratory tests relating to public health		2 405 000	2 725 000	2 400 000

Matters Requiring Special Attention in 2010-11

- 13 During 2010–11, the Department will:
- continue to enhance the preparedness for influenza pandemic and other public health emergencies;
- continue to implement the three-year pilot scheme to provide health care vouchers for elderly (aged 70 or above) as a partial subsidy for their use of private primary health care services;
- continue to support the Government's initiative to develop an Electronic Health Record infrastructure for Hong Kong;
- set up a Vaccination Office to cope with the complexity of implementing various vaccination schemes/programmes;
- establish a dedicated Primary Care Office to co-ordinate and take forward strategies to enhance primary care for better disease prevention and control, based on recommendations made by the Working Group on Primary Care.

Programme (3): Health Promotion

	2008–09 (Actual)	2009–10 (Original)	2009–10 (Revised)	2010–11 (Estimate)
Financial provision (\$m)				
Government sector	181.6	228.9	223.0 (-2.6%)	244.3 (+9.6%)
				(

(or +6.7% on 2009–10 Original)

	2008–09 (Actual)	2009–10 (Original)	2009–10 (Revised)	2010–11 (Estimate)
Subvented sector	26.2	30.2	30.7 (+1.7%)	44.4 (+44.6%)
				(or +47.0% on 2009–10 Original)
Total	207.8	259.1	253.7 (-2.1%)	288.7 (+13.8%)
				(or +11.4% on

Aim

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

2009-10 Original)

Brief Description

- 15 This aim is achieved through a wide range of health promotion activities. The work is discharged by the Department's various units in collaboration with other community groups and interested agencies.
- 16 The Department subvents the first aid training and service provided by the Hong Kong St. John Ambulance and the first aid training provided by the Hong Kong Red Cross. It also subvents the Hong Kong Council on Smoking and Health (COSH) in providing a focal point for promotional initiatives in support of tobacco control. In January 2009, the Department launched a three-year pilot community-based smoking cessation programme in collaboration with the Tung Wah Group of Hospitals.
 - 17 The key performance measures in respect of health promotion are:

Target

	Target	2008 (Actual)	2009 (Actual)	2010 (Plan)
training of health promoters (annual total)	>1 500	2 130	2 200	>1 500
Indicators				
		2008 (Actual)	2009 (Actual)	2010 (Estimate)
production of health education materials (annual ne	o. of			
titles)		730	700	700
attendances at health education activities		985 000	985 000	985 000
AIDS counselling attendances		2 720	2 620	2 500
utilisation of the AIDS telephone enquiry service		14 700	14 400	14 500
no. of publicity/educational activities delivered by no. of secondary schools joining the Adolescent Ho		340	340	340
Programme		340	320	320

Matters Requiring Special Attention in 2010-11

- 18 During 2010–11, the Department will:
- enhance its public health promotion programmes to instil a healthy lifestyle concept in the community, with continued emphasis on healthy eating;
- continue to strengthen the publicity and education programme and adopt a community approach on smoking prevention and cessation; and
- continue with publicity efforts to promote organ donation and registration with the Centralised Organ Donation Register in collaboration with relevant organisations.

Programme (4): Curative Care

110gramme (4). Curative Care				
	2008–09 (Actual)	2009–10 (Original)	2009–10 (Revised)	2010–11 (Estimate)
Financial provision (\$m)				
Government sector	613.8	621.5	628.8 (+1.2%)	649.5 (+3.3%)
				(or +4.5% on 2009–10 Original)
Subvented sector	2.8	2.9	2.9 (—)	2.9 (—)
				(or same as 2009–10 Original)
Total	616.6	624.4	631.7 (+1.2%)	652.4 (+3.3%)
				(or +4.5% on 2009–10 Original)

Aim

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

Brief Description

- 20 Specialised outpatient clinics provide curative services to patients with tuberculosis (TB) and chest diseases, skin diseases or human immunodeficiency virus (HIV) infection. Dental service is provided to hospital patients, emergency cases and groups with special oral healthcare needs. The Department subvents two Chinese Medicine Clinics run by the Tung Wah Group of Hospitals.
- 21 The Department achieved its targets in 2009, except for the appointment time for new dermatology cases. This is mainly because a number of experienced doctors had left the service in the year.
 - 22 The key performance measures in respect of curative care are:

Targets

	Target	2008 (Actual)	2009 (Actual)	2010 (Plan)
coverage rate of tuberculosis vaccination (BCG) at birth (%)	>99	>99	>99	>99
supervised treatment (%)appointment time for new dermatology	>85	87	86	>85
cases within 12 weeks (% of cases)	>90	65	65	65
Indicators				
		2008 (Actual)	2009 (Actual)	2010 (Estimate)
BCG vaccinations given to new born babies attendances at specialised outpatient clinics		78 000	82 000	82 000
TB and Chest		762 000 246 000 12 500	756 000 253 500 12 600	756 000 253 500 12 600
dental treatment cases hospital patients (attendances) dental clinics emergency treatment (attenda special needs group (no. of patients)	nces)	54 200 40 300 9 300	55 500 41 100 10 100	55 500 41 100 10 100

Matters Requiring Special Attention in 2010-11

23 During 2010–11, the Department will continue to provide specialised curative services to the public and dental service to patients with special oral healthcare needs or emergency.

Programme (5): Rehabilitation

	2008–09 (Actual)	2009–10 (Original)	2009–10 (Revised)	2010–11 (Estimate)
Financial provision (\$m)	77.9	82.4	81.3 (-1.3%)	80.1 (-1.5%)
				4 2 004

(or -2.8% on 2009–10 Original)

Aim

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

Brief Description

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

Targets

	Target	2008 (Actual)	2009 (Actual)	2010 (Plan)
appointment time for new cases in child assessment centres within three weeks (%)	>90	99	99	>90
cases in child assessment centres within six months (%)	>90	94	91	>90
Indicator				
		2008 (Actual)	2009 (Actual)	2010 (Estimate)
attendances at child assessment centres		25 700	26 200	26 200

Matters Requiring Special Attention in 2010-11

27 During 2010–11, the Department will continue to provide comprehensive assessment services to children with developmental problems and disabilities, and interim support and educational activities to these children, their families and the public.

Programme (6): Treatment of Drug Abusers

	2008–09 (Actual)	2009–10 (Original)	2009–10 (Revised)	2010–11 (Estimate)
Financial provision (\$m)				
Government sector	39.5	36.8	36.8 (—)	36.8 (—)

(or same as 2009–10 Original)

2010–11 (Estimate)	2009–10 (Revised)	2009–10 (Original)	2008–09 (Actual)	
96.3 (+6.6%)	90.3 (-3.4%)	93.5	86.9	Subvented sector
(or +3.0% on 2009–10 Original)				
133.1 (+4.7%)	127.1 (-2.5%)	130.3	126.4	Total
(or +2.1% on 2009–10 Original)				

Aim

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

Brief Description

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

Targets

	Target	2008 (Actual)	2009 (Actual)	2010 (Plan)
average attendance rate of patients registered with methadone clinics (%) completion rate of SARDA's inpatient	>70	76	76	>70
treatment courses detoxification (%)rehabilitation (%)	>70 >60	82 70	82 72	>70 >60
Indicators				
		2008 (Actual)	2009 (Actual)	2010 (Estimate)
patients registered with methadone clinics		8 200 6 200 1 600	8 500 6 400 1 800	8 500 6 400 1 800
centres		114 000	120 000	120 000

Matters Requiring Special Attention in 2010-11

32 During 2010–11, the Department will continue to provide treatment services to drug abusers.

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

	2008–09 (Actual)	2009–10 (Original)	2009–10 (Revised)	2010–11 (Estimate)
Financial provision (\$m)	591.5	699.8	677.2 (-3.2%)	823.5 (+21.6%)
				(or +17.7% on 2009–10 Original)

Aim

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

Brief Description

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

Target

	Target	2008 (Actual)	2009 (Actual)	2010 (Plan)
appointment time for new dental cases within six months (%)	>90	87	73	>90
Indicators				
		2008 (Actual)	2009 (Actual)	2010 (Estimate)
attendances at non-public clinicsattendances at dental clinics		168 000 588 000	186 000 600 000	194 000 604 000

Matters Requiring Special Attention in 2010-11

- **36** During 2010–11, the Department will continue to:
- · provide medical and dental services for civil servants and other eligible persons; and
- follow up on the establishment of a new families clinic in the New Territories.

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

	2008–09 (Actual)	2009–10 (Original)	2009–10 (Revised)	2010–11 (Estimate)
Financial provision (\$m)	9.3	6.9	6.9 (—)	6.9 (—)
				(or same as

2009-10 Original)

Aim

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

Brief Description

- 38 Since 1 April 1999, the Department took over from the former Hospital Services Department the role of ensuring an effective liaison with the HA in respect of the personnel management of the public hospital staff who chose to retain their civil servant status.
 - **39** The key performance measures are:

Indicator

	2008	2009	2010
	(Actual)	(Actual)	(Estimate)
no. of civil servants working in the HA managed as at 1 April	3 128	2 883	2 702

Matters Requiring Special Attention in 2010-11

40 During 2010–11, the Department will continue to discharge the personnel management responsibility for the civil servants working in the HA.

ANALYSIS OF FINANCIAL PROVISION

Pro	gramme	2008–09 (Actual) (\$m)	2009–10 (Original) (\$m)	2009–10 (Revised) (\$m)	2010–11 (Estimate) (\$m)
(1) (2) (3) (4) (5) (6)	Statutory Functions	375.9 1,345.8 207.8 616.6 77.9 126.4	373.8 1,944.0 259.1 624.4 82.4 130.3	366.3 2,409.1 253.7 631.7 81.3 127.1	440.3 2,135.1 288.7 652.4 80.1 133.1
(7) (8)	Medical and Dental Treatment for Civil Servants	591.5 9.3	699.8 6.9	677.2 6.9	823.5 6.9
		3,351.2	4,120.7	4,553.3 (+10.5%)	4,560.1 (+0.1%)

(or +10.7% on 2009–10 Original)

Analysis of Financial and Staffing Provision

Programme (1)

Provision for 2010–11 is \$74.0 million (20.2%) higher than the revised estimate for 2009–10. This is mainly due to additional provision for setting of standards for Chinese herbal medicines, strengthening the regulation of pharmaceutical products and proprietary Chinese medicines, and the net increase of 81 posts in 2010–11 to meet operational needs.

Programme (2)

Provision for 2010–11 is \$274.0 million (11.4%) lower than the revised estimate for 2009–10. This is mainly due to decreased provision required for HSI Vaccination Programme, pneumococcal vaccination for the elderly and measures related to HSI pandemic, partly offset by increase in cash flow requirement for procurement of equipment, additional provision for setting up a dedicated office to support the Working Group on Primary Care in taking forward strategies and actions to enhance primary care, enhancing effectiveness in prevention, control and management of public health crises, setting up a Vaccination Office to cope with the complexity of implementing various vaccination schemes/programmes, and the net increase of 46 posts in 2010–11 to meet operational needs.

Programme (3)

Provision for 2010–11 is \$35.0 million (13.8%) higher than the revised estimate for 2009–10. This is mainly due to additional provision for reinforcing the provision of smoking cessation services, promoting a healthy lifestyle for reducing people's reliance on healthcare services in the long term and the net increase of two posts in 2010–11 to meet operational needs.

Programme (4)

Provision for 2010–11 is \$20.7 million (3.3%) higher than the revised estimate for 2009–10. This is mainly due to increased drug expenditure and the net increase of six posts in 2010–11 to meet operational needs.

Programme (5)

Provision for 2010–11 is \$1.2 million (1.5%) lower than the revised estimate for 2009–10. This is mainly due to decrease in cash flow requirement for procurement of equipment.

Programme (6)

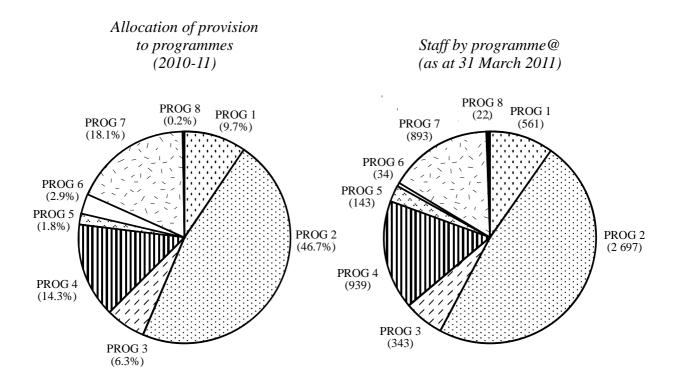
Provision for 2010–11 is \$6.0 million (4.7%) higher than the revised estimate for 2009–10. This is mainly due to additional provision for increasing the service capacity of two drug treatment and rehabilitation centres for young male drug abusers.

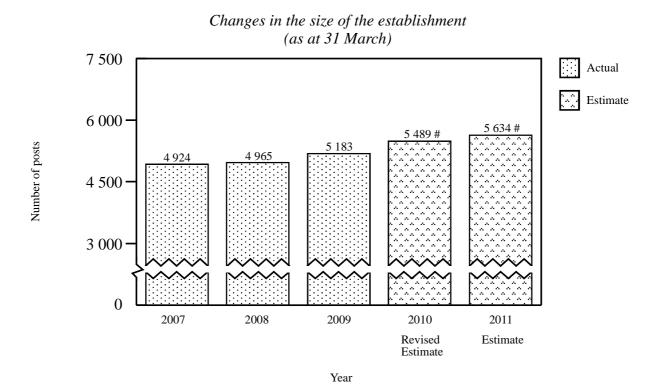
Programme (7)

Provision for 2010–11 is \$146.3 million (21.6%) higher than the revised estimate for 2009–10. This is mainly due to additional provision for meeting the increasing demand for payment and reimbursement of medical fees and hospital charges in respect of civil service eligible persons, increase in cash flow requirement for procurement of specialist equipment and the net increase of ten posts in 2010–11 to meet operational needs.

Programme (8)

Provision for 2010–11 is the same as the revised estimate for 2009–10.





- @ Excludes two posts to accommodate general grades officers working in general outpatient clinics of the Hospital Authority
- # Includes two posts to accommodate general grades officers working in general outpatient clinics of the Hospital Authority

Sub- head (Code)		Actual expenditure 2008–09	Approved estimate 2009–10	Revised estimate 2009–10	Estimate 2010–11
	\$'000	\$'000	\$'000	\$'000	\$'000
	Operating Account				
	Recurrent				
000 003	Operational expenses	3,301,308	3,855,697	3,827,283	4,185,565
	Deduct reimbursements <u>Cr.1,053,000</u>	_	_	_	_
	Total, Recurrent	3,301,308	3,855,697	3,827,283	4,185,565
	Non-Recurrent				
700	General non-recurrent	27,031	176,747	700,689	280,472
	Total, Non-Recurrent	27,031	176,747	700,689	280,472
	Total, Operating Account	3,328,339	4,032,444	4,527,972	4,466,037
	Capital Account				
	Plant, Equipment and Works				
603 661	Plant, vehicles and equipment	2,732	21,060	5,000	24,570
001	vote)	19,274	60,460	15,701	60,823
	Total, Plant, Equipment and Works	22,006	81,520	20,701	85,393
	Subventions				
974	Subvented institutions - maintenance, repairs, and minor improvements (block vote)	58	5,228	3,132	4,976
975	Subvented institutions - minor plant, vehicles and equipment (block vote)	764	1,498	1,498	3,684
	Total, Subventions	822	6,726	4,630	8,660
	Total, Capital Account	22,828	88,246	25,331	94,053
	Total Expenditure	3,351,167	4,120,690	4,553,303	4,560,090

Details of Expenditure by Subhead

The estimate of the amount required in 2010–11 for the salaries and expenses of the Department of Health is \$4,560,090,000. This represents an increase of \$6,787,000 over the revised estimate for 2009–10 and of \$1,208,923,000 over actual expenditure in 2008–09.

Operating Account

Recurrent

- **2** Provision of \$4,185,565,000 under *Subhead 000 Operational expenses* is for the salaries, allowances and other operating expenses of the Department of Health, including recurrent subventions to institutions. The increase of \$358,282,000 (9.4%) over the revised estimate for 2009–10 is mainly due to the additional provision for meeting the increasing demand for payment of medical fees and hospital charges in respect of civil service eligible persons, the inclusion of provision for pneumococcal and seasonal influenza vaccination for the elderly, and setting up a dedicated office to support the Working Group on Primary Care in taking forward strategies and actions to enhance primary care.
- 3 The establishment as at 31 March 2010 will be 5 489 permanent posts, including two posts to accommodate general grades officers working in general outpatient clinics of the Hospital Authority (HA). It is expected that there will be a net increase of 145 permanent posts in 2010–11. Subject to certain conditions, the controlling officer may under delegated power create or delete non-directorate posts during 2010–11, but the notional annual mid-point salary value of all such posts must not exceed \$1,952,511,000.
 - 4 An analysis of the financial provision under Subhead 000 Operational expenses is as follows:

	2008–09 (Actual) (\$'000)	2009–10 (Original) (\$'000)	2009–10 (Revised) (\$'000)	2010–11 (Estimate) (\$'000)
Personal Emoluments				
- Salaries	1,982,940	2,155,535	2,120,062	2,230,099
- Allowances	14,165	18,174	14,476	14,144
- Job-related allowances	1,483	1,662	1,436	1,407
Personnel Related Expenses				
- Mandatory Provident Fund				
contribution	2,907	6,899	7,716	8,049
- Civil Service Provident Fund				
contribution	3,712	4,284	4,531	4,623
Departmental Expenses				
- Temporary staff	236,628	241,477	267,055	185,556
- Specialist supplies and equipment	305,043	517,971	478,081	469,230
- General departmental expenses	416,157	478,951	506,095	630,998
Other Charges				
- Contracting out of dental prostheses	3,771	5,100	5,100	5,100
- Payment and reimbursement of medical				
fees and hospital charges	171,641	219,200	219,200	335,400
- Supply, repair and renewal of prostheses				
and surgical appliances	3,090	2,450	2,900	2,900
- Vaccination reimbursements	9,884	45,000	44,500	124,022
Subventions				,
- Subvented institutions	149,887	158,994	156,131	174,037
	3,301,308	3,855,697	3,827,283	4,185,565

5 Gross provision of \$1,053,000,000 under *Subhead 003 Recoverable salaries and allowances* is for salaries and allowances for civil servants working in the HA. Expenditure under this subhead is reimbursed by the HA. Subject to certain conditions, the controlling officer may under delegated power create or delete both directorate and non-directorate posts under the subhead during 2010–11. Before exercising his delegated power, the controlling officer is required to seek the endorsement of the HA that the proposals and their financial implications are acceptable. In addition, the gross estimate under the subhead must not be exceeded without the prior approval of the Secretary for Financial Services and the Treasury.

Capital Account

Plant, Equipment and Works

6 Provision of \$60,823,000 under *Subhead 661 Minor plant, vehicles and equipment (block vote)* represents an increase of \$45,122,000 (287.4%) over the revised estimate for 2009–10. This is mainly due to increased requirement for replacement of plant and equipment.

Subventions

- 7 Provision of \$4,976,000 under *Subhead 974 Subvented institutions—maintenance, repairs and minor improvements (block vote)* is for the maintenance of buildings, including repairs, repainting, refurbishment and rewiring, and minor improvements, costing over \$150,000 but not exceeding \$2,000,000 for each project. The increase of \$1,844,000 (58.9%) over the revised estimate for 2009–10 is mainly due to increased requirement for repair and renovation works.
- **8** Provision of \$3,684,000 under *Subhead 975 Subvented institutions minor plant, vehicles and equipment (block vote)* is for replacement and acquisition of miscellaneous items of plants, vehicles and equipment costing over \$150,000 but not exceeding \$2,000,000 each. The increase of \$2,186,000 (145.9%) over the revised estimate for 2009–10 is mainly due to the increased requirement for replacement of equipment.

Commitments

Sub- head (Code)	Item (Code)	Ambit	Approved commitment	Accumulated expenditure to 31.3.2009	Revised estimated expenditure for 2009–10	Balance
			\$'000	\$'000	\$'000	\$'000
Opera	ting A	ccount				
700		General non-recurrent				
	481	Antiviral Stockpile for Influenza Pandemic	254,000	249,411	237	4,352
	718	Conditioning of radioactive waste	9,800	8,896	504	400
	725	Implementation of statutory requirements under the Chinese Medicine Ordinance	9,200	6,644	1,000	1,556
	726	Conducting a population health survey	9,000	2,872	1,750	4,378
	728	Studies on Chinese medicinal herbs	46,600	41,004	3,450	2,146
	729	Preparatory work for implementing an inspection system for reproductive technology centres in Hong Kong	700	531	_	169
	731	Acquisition of data entry service and procurement of specimens of Chinese herbal medicines for regulation of Chinese medicines in Hong Kong	975	75	250	650
	872	Pneumococcal and Seasonal Influenza Vaccination	268,000	_	228,000	40,000
	873	Human Swine Influenza Vaccination	700,000	_	299,500	400,500
	887	Health Care Voucher Pilot Scheme	505,330	6,571	165,800	332,959
			1,803,605	316,004	700,491	787,110
Capit	al Acco	unt				
603		Plant, vehicles and equipment				
	841	Replacement of the X-ray Machine at Kowloon Bay Radio-diagnostic and Imaging Centre	6,500	_	_	6,500
	842	Replacement of the X-ray Machine at East Kowloon Chest X-ray Unit	6,000	_		6,000
	843	Replacement of the Liquid Chromatography Mass Spectrometry System at Biotoxin Laboratory	2,910	_	_	2,910
	846	Acquisition of a Virology Genome Sequencing System at Molecular Laboratory	2,500	_	_	2,500
	847	Acquisition of a Digital Imaging System for School Dental Care Service	2,100	_	_	2,100
	858	Replacement of Immunoassay Analyser System at the Core Laboratory of Clinical Pathology Laboratory Centre at Lek Yuen Health Centre	2,380	_	_	2,380
	859	Acquisition of an Array Comparative Genomic Hybridisation System at Cytogenetic Laboratory	2,200	_	_	2,200

Sub- head (Code)	Item (Code)	Ambit	Approved commitment **3000	Accumulated expenditure to 31.3.2009 \$'000	Revised estimated expenditure for 2009–10 \$'000	Balance \$'000
Capit	al Acco	ount —Cont'd.				
603		Plant, vehicles and equipment—Cont'd.				
	860	Acquisition of a Cone Beam Digital 3-Dimensional X-ray Unit at Pamela Youde Nethersole Eastern Hospital	3,430	_	_	3,430
	879	Acquisition of one set of General Chemistry Analyser System for Clinical Pathology Laboratory				
		Centre	8,050			8,050
			36,070	_	_	36,070
		Total	1,839,675	316,004	700,491	823,180