

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 2019–20 **\$71,181.7m**

Establishment ceiling 2019–20 (notional annual mid-point salary value) representing an estimated 157 non-directorate posts as at 31 March 2019 rising by 27 posts to 184 posts as at 31 March 2020..... **\$129.4m**

In addition, there will be an estimated 12 directorate posts as at 31 March 2019 rising by one post to 13 posts as at 31 March 2020.

Commitment balance..... **\$3,095.5m**

Controlling Officer's Report

Programmes

<p>Programme (1) Health Programme (2) Subvention: Hospital Authority 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

	2017–18 (Actual)	2018–19 (Original)	2018–19 (Revised)	2019–20 (Estimate)
Financial provision (\$m)				
Government sector	449.8	734.6	700.1 (–4.7%)	907.4 (+29.6%) (or +23.5% on 2018–19 Original)
Subvented sector	—	—	—	132.7
Total	449.8	734.6	700.1 (–4.7%)	1,040.1 (+48.6%) (or +41.6% on 2018–19 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 2018–19.

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

Matters Requiring Special Attention in 2019–20

5 During 2019–20, the Branch will:

- develop a blueprint for the sustainable development of primary healthcare services and launch the first District Health Centre of Hong Kong in Kwai Tsing District;
- implement and provide funding for programmes under the Chinese Medicine Development Fund (CMDf) to support and promote the development of Chinese medicine (CM) in Hong Kong;
- launch the tender process for selecting a non-profit-making organisation as operator and complete the functional brief for the construction of the Chinese Medicine Hospital;
- service the Advisory Committee on Mental Health and pursue recommendations of the Mental Health Review Report;
- fully implement the Voluntary Health Insurance Scheme;
- oversee the implementation of the Pilot Accredited Registers Scheme for Healthcare Professions;
- prepare for the implementation of the new regulatory regime for private healthcare facilities and facilitate private hospital development;
- finalise legislative proposals for the regime on the regulation of medical devices;
- introduce legislative proposal for regulating health products for advanced therapies;
- finalise strategies for developing genomic medicine in Hong Kong, and prepare for the establishment of the Hong Kong Genome Institute to implement the Hong Kong Genome Project (HKGP);
- develop a comprehensive strategy on cancer prevention and care services;
- continue to oversee the smooth and timely implementation of capital works projects under the First Ten-year Hospital Development Plan (HDP), and the planning of those under the Second HDP;
- pursue the recommendations of the strategic review on healthcare manpower planning and professional development in consultation with stakeholders;
- continue to oversee the implementation of the strategy to prevent and control non-communicable diseases;
- continue to oversee the implementation of health promotion and preventive programmes;
- continue to oversee the implementation of the Elderly Health Care Voucher Scheme, the “Outreach Dental Care Programme for the Elderly” and the “Healthy Teeth Collaboration” programme;
- continue to oversee the development of the second stage of the Electronic Health Record Sharing System;
- continue efforts to promote breastfeeding and organ donation and to deter smoking;
- continue to manage the Health and Medical Research Fund (HMRF); and
- formulate and implement policy initiatives on the development of CM services as an integral part of the healthcare system in Hong Kong, including the provision of subsidised defined public outpatient CM services at the 18 district based CM clinics, and the further development of inpatient services with Integrated Chinese-Western Medicine treatment in Hospital Authority hospitals.

Programme (2): Subvention: Hospital Authority

	2017–18 (Actual)	2018–19 (Original)	2018–19 (Revised)	2019–20 (Estimate)
Financial provision (\$m)	56,441.0	62,395.5	64,444.2 (+3.3%)	69,917.7 (+8.5%)
				(or +12.1% on 2018–19 Original)

Aim

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

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

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 78 000 staff (full time equivalents), manages 43 public hospitals and institutions, 49 specialist outpatient clinics and 73 general outpatient clinics as at 31 December 2018.

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 2018–19. The volume of patient care activities across the full range of services in 2018–19 is comparable to the level in 2017–18.

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

Targets

	As at 31 March 2018 (Actual)	As at 31 March 2019 (Revised Estimate)	As at 31 March 2020 (Target & Plan)
<i>Access to services</i>			
<i>inpatient services</i>			
no. of hospital beds			
general (acute and convalescent)	22 027	22 561	23 067
infirmary	2 041	2 041	2 041
mentally ill	3 607	3 647	3 647
mentally handicapped	680	680	680
overall.....	28 355	28 929	29 435
<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) (%).....	97	95	95
triage III (urgent cases – 30 minutes) (%)	76	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	490	493	503
no. of geriatric day places	659	659	669
<i>psychiatric services</i>			
no. of community psychiatric nurses	139	141	141
no. of psychiatric day places	889	889	889

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

Indicators

	2017–18 (Actual)	2018–19 (Revised Estimate)	2019–20 (Estimate)
<i>Delivery of services</i>			
<i>inpatient services</i>			
no. of discharges and deaths			
general (acute and convalescent)	1 138 748	1 135 800	1 161 100
infirmary	3 400	3 300	3 300
mentally ill	17 432	17 800	17 900
mentally handicapped	629	630	630
overall.....	1 160 209	1 157 530	1 182 930
no. of patient days			
general (acute and convalescent)	6 662 514	6 687 000	6 823 000
infirmary.....	498 621	506 000	506 000
mentally ill	918 456	992 000	997 000
mentally handicapped	191 510	201 000	201 000
overall.....	8 271 101	8 386 000	8 527 000
bed occupancy rate (%)			
general (acute and convalescent)	93	93	93
infirmary.....	89	89	89
mentally ill	70	70	70
mentally handicapped	77	77	77
overall.....	89	89	89
average length of stay (days)§			
general (acute and convalescent)	5.9	5.9	5.9
infirmary.....	139	139	139
mentally ill	55	55	55
mentally handicapped	303	303	303
overall.....	7.2	7.2	7.2
<i>ambulatory and outreach services</i>			
day inpatient services			
no. of discharges and deaths	659 413	668 700	691 000
A&E services			
no. of attendances.....	2 189 040	2 192 000	2 198 000
no. of attendances per 1 000 population	296	296	296
no. of first attendances for			
triage I	22 144	22 100	22 100
triage II.....	52 111	52 100	52 100
triage III	749 179	749 100	749 100
specialist outpatient services			
no. of specialist outpatient (clinical) new attendances	790 355	799 000	815 000
no. of specialist outpatient (clinical) follow-up attendances	6 926 315	6 950 000	7 004 000
total no. of specialist outpatient (clinical) attendances	7 716 670	7 749 000	7 819 000
primary care services			
no. of general outpatient attendances	6 081 738	6 090 000	6 154 000
no. of family medicine specialist clinic attendances	311 626	311 600	317 600
total no. of primary care attendances	6 393 364	6 401 600	6 471 600
rehabilitation and palliative care services			
no. of rehabilitation day and palliative care day attendances	98 104	99 900	103 100
no. of home visits by community nurses.....	877 610	876 000	892 000
no. of allied health (community) attendances	36 426	37 200	37 200
no. of allied health (outpatient) attendances	2 745 545	2 772 000	2 793 000

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

	2017–18 (Actual)	2018–19 (Revised Estimate)	2019–20 (Estimate)
geriatric services			
no. of outreach attendances	685 469	680 200	684 000
no. of geriatric elderly persons assessed for infirmiry care service	1 766	1 860	1 860
no. of geriatric day attendances	148 258	148 200	150 700
no. of Visiting Medical Officer attendances	110 805	111 000	111 000
psychiatric services			
no. of psychiatric outreach attendances	292 121	299 900	308 100
no. of psychiatric day attendances	222 303	223 500	223 500
no. of psychogeriatric outreach attendances	98 440	99 900	101 600
<i>Quality of services</i>			
no. of hospital deaths per 1 000 population Δ	3	3	3
unplanned readmission rate within 28 days for general inpatients (%)	10.6	10.6	10.6
<i>Cost of services</i>			
cost distribution			
cost distribution by service types (%)			
inpatient	54.4	54.7	55.0
ambulatory and outreach	45.6	45.3	45.0
cost by service types per 1 000 population (\$m)			
inpatient	4.5	4.9	5.2
ambulatory and outreach	3.8	4.0	4.2
cost of services for persons aged 65 or above			
share of cost of services (%)	48.5	49.9	50.1
cost of services per 1 000 population (\$m)	24.5	26.0	26.6
unit costs			
inpatient services			
cost per inpatient discharged (\$)			
general (acute and convalescent)	26,110	28,450	29,740
infirmiry	239,970	254,540	261,840
mentally ill	147,780	156,320	160,540
mentally handicapped	513,660	544,490	560,110
cost per patient day (\$)			
general (acute and convalescent)	4,950	5,370	5,630
infirmiry	1,640	1,710	1,760
mentally ill	2,810	2,810	2,890
mentally handicapped	1,690	1,710	1,760
ambulatory and outreach services			
cost per A&E attendance (\$)	1,390	1,490	1,530
cost per specialist outpatient attendance (\$)	1,230	1,310	1,350
cost per general outpatient attendance (\$)	470	505	520
cost per family medicine specialist clinic attendance (\$)	1,180	1,270	1,310
cost per outreach visit by community nurse (\$)	575	620	640
cost per psychiatric outreach attendance (\$)	1,660	1,750	1,810
cost per geriatric day attendance (\$)	2,240	2,370	2,440
fee waivers \P			
percentage of Comprehensive Social Security Assistance (CSSA) fee waiver (%)	17.5	16.6	16.6
percentage of non-CSSA fee waiver (%) Φ	12.8	16.6	18.1
<i>Manpower (no. of full time equivalent staff as at 31 March)</i>			
Medical			
doctor	5 858	6 000	6 190
no. of specialists	3 422	3 430	3 460
no. of trainees/non-specialists	2 436	2 570	2 730
intern	470	496	494
dentist	8	8	11
medical total	6 336	6 504	6 695

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

	2017–18 (Actual)	2018–19 (Revised Estimate)	2019–20 (Estimate)
Nursing			
qualified staff	25 303	26 050	26 870
trainee	808	675	700
nursing total	26 111	26 725	27 570
allied health	7 815	8 070	8 400
others	36 664	38 130	39 760
total	76 926	79 429	82 425

§ 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.

⊕ With effect from 15 July 2017, the medical fee waiver for public healthcare services has been extended to cover Old Age Living Allowance (OALA) recipients meeting the eligibility criteria. In this regard, the percentage of non-CSSA fee waiver for 2017–18 Actual, 2018–19 Revised Estimate and 2019–20 Estimate includes fee waiver for OALA recipients of 6.6 per cent, 10.9 per cent and 12.4 per cent respectively.

Matters Requiring Special Attention in 2019–20

11 In 2019–20, 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:

- continue to introduce medical services in Tin Shui Wai Hospital, North Lantau Hospital and Hong Kong Children’s Hospital in phases. A total of around 500 hospital beds will be added across Hospital Authority’s hospital clusters to meet the service demand;
- continue to enhance palliative care consultative service, geriatric fragility fracture co-ordination services and restorative rehabilitative services for elderly patients;
- enhance the treatment and management of cancers, diabetes mellitus, renal diseases, stroke and cardiac diseases;
- augment the workforce by attracting and retaining staff through the Special Retired and Rehire Scheme, Limited Registration and various measures;
- continue to enhance access to accident and emergency, surgical, endoscopic, diagnostic imaging, specialist outpatient and general outpatient services as well as increase the number of operating theatre sessions and improve pharmacy services;
- enhance mental health services for patients with common mental disorder, children and adolescents with mental health needs as well as continue to strengthen the support for elderly patients with dementia; and
- continue to make use of investment returns generated from the \$10 billion Public-Private Partnership (PPP) Endowment Fund allocated to the Hospital Authority to operate clinical PPP programmes.

Programme (3): Subvention: Prince Philip Dental Hospital

	2017–18 (Actual)	2018–19 (Original)	2018–19 (Revised)	2019–20 (Estimate)
Financial provision (\$m)	170.1	212.1	217.2 (+2.4%)	223.9 (+3.1%)
				(or +5.6% on 2018–19 Original)

Aim

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

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

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 2017/18 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>		
	2017/18 (Actual)	2018/19 (Revised Estimate)	2019/20 (Estimate)
no. of training places			
undergraduate.....	352	375	405
postgraduate#.....	75	81	80
student dental technician.....	40	38	40
student dental surgery assistant.....	36	28	36
student dental hygienist.....	52	59	64
student dental therapist.....	10	10	10
total.....	565	591	635
capacity utilisation rate (%)Φ			
undergraduate.....	98	99	100
postgraduate.....	100	100	100
student dental technician.....	100	95	100
student dental surgery assistant.....	100	78	97
student dental hygienist.....	108 ^Λ	102 ^Λ	94
student dental therapist.....	100	100	100
completion rate (%)			
undergraduate.....	100	100	100
postgraduate.....	100	100	100
student dental technician.....	98	95	95
student dental surgery assistant.....	83	82	81
student dental hygienist.....	92	85	84
student dental therapist.....	100	100	100

The indicators cover only research postgraduate programmes.

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

Λ The utilisation rates exceed 100 per cent because there were/are students retaking the course in 2017/18 and 2018/19 academic years.

Matters Requiring Special Attention in 2019–20

17 During 2019–20, PPDH will start improving its facilities having regard to the recommendations of consultancy study and replacing old dental units by phases.

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

ANALYSIS OF FINANCIAL PROVISION

	2017–18 (Actual) (\$m)	2018–19 (Original) (\$m)	2018–19 (Revised) (\$m)	2019–20 (Estimate) (\$m)
Programme				
(1) Health	449.8	734.6	700.1	1,040.1
(2) Subvention: Hospital Authority	56,441.0	62,395.5	64,444.2	69,917.7
(3) Subvention: Prince Philip Dental Hospital	170.1	212.1	217.2	223.9
	<u>57,060.9</u>	<u>63,342.2</u>	<u>65,361.5</u> (+3.2%)	<u>71,181.7</u> (+8.9%)
				(or +12.4% on 2018–19 Original)

Analysis of Financial and Staffing Provision

Programme (1)

Provision for 2019–20 is \$340.0 million (48.6%) higher than the revised estimate for 2018–19. This is mainly due to the increased cash flow requirement for the general non-recurrent items on CMDF, HMRF and HKGP as well as increased recurrent cost to support primary healthcare development and the HKGP. There will be an increase of 28 posts in 2019–20.

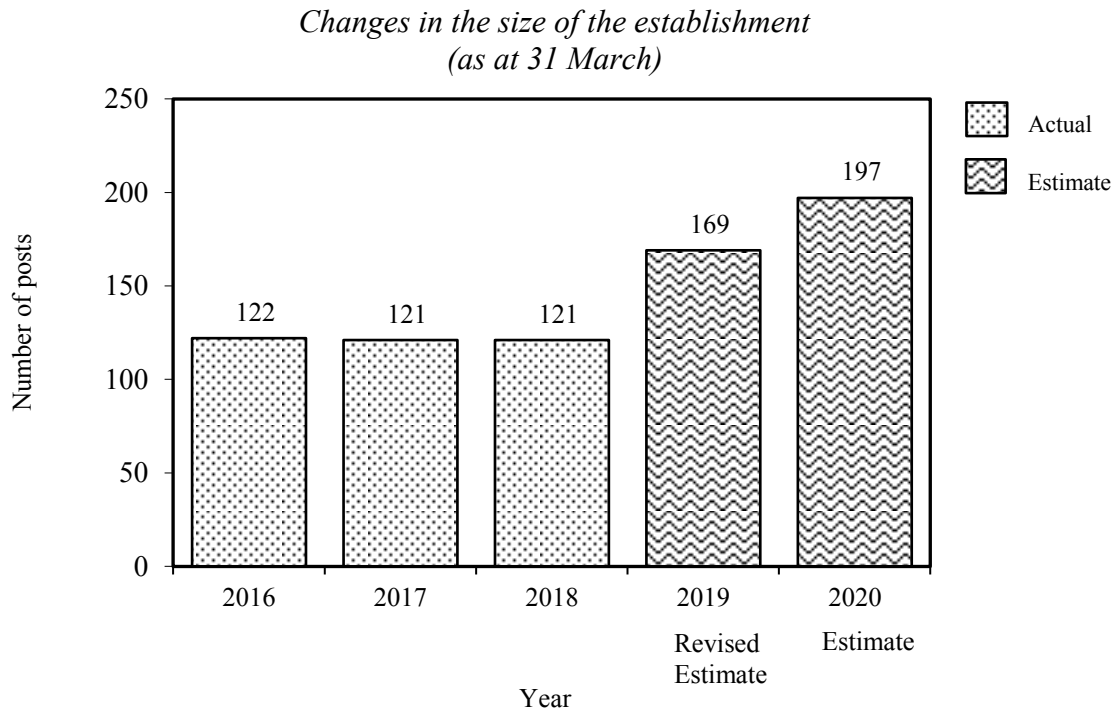
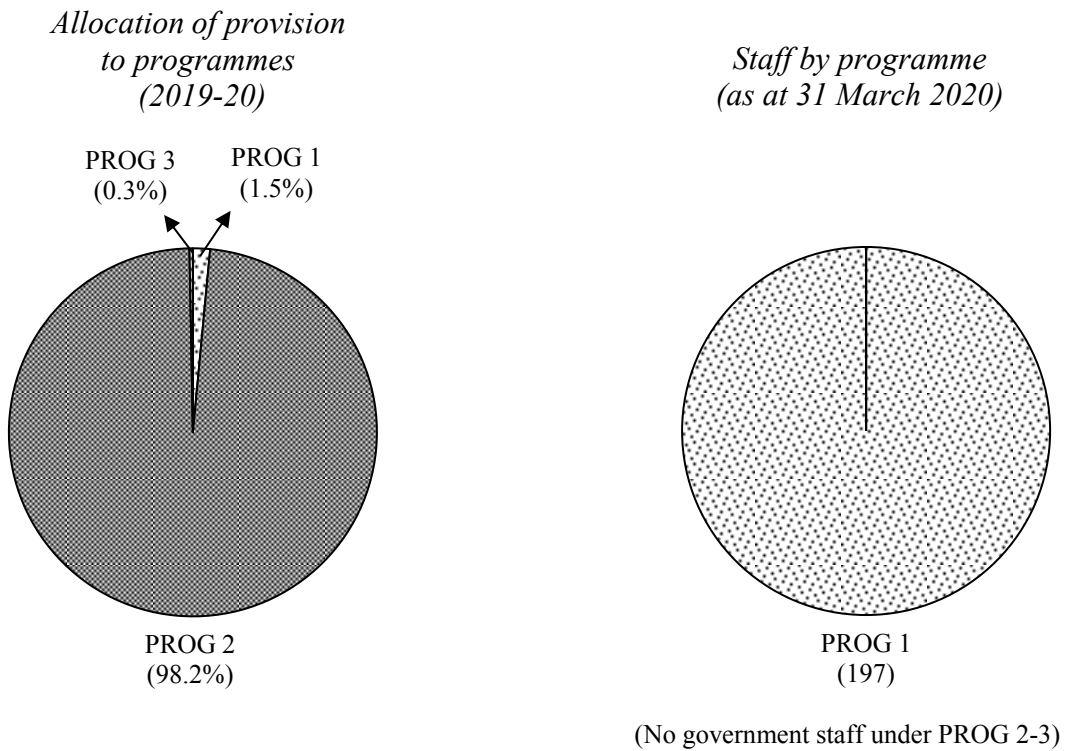
Programme (2)

Provision for 2019–20 is \$5,473.5 million (8.5%) higher than the revised estimate for 2018–19. 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 2019–20 is \$6.7 million (3.1%) higher than the revised estimate for 2018–19. The increase is mainly due to the increased requirement in minor plant, equipment, maintenance, and improvement in 2019–20.

**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 2017–18	Approved estimate 2018–19	Revised estimate 2018–19	Estimate 2019–20	
	\$'000	\$'000	\$'000	\$'000	
Operating Account					
Recurrent					
000	Operational expenses	55,993,650	62,149,505	64,188,815	69,610,419
	Total, Recurrent.....	55,993,650	62,149,505	64,188,815	69,610,419
Non-Recurrent					
700	General non-recurrent	184,921	250,000	230,000	420,000
	Total, Non-Recurrent.....	184,921	250,000	230,000	420,000
	Total, Operating Account	56,178,571	62,399,505	64,418,815	70,030,419
Capital Account					
Subventions					
85C	Prince Philip Dental Hospital.....	576	535	535	637
899	Prince Philip Dental Hospital - minor plant, vehicles, equipment, maintenance, and improvement (block vote)	8,125	17,439	17,439	22,162
979	Hospital Authority - equipment and information systems (block vote).....	873,650	924,700	924,700	1,128,472
	Total, Subventions	882,351	942,674	942,674	1,151,271
	Total, Capital Account.....	882,351	942,674	942,674	1,151,271
	Total Expenditure	57,060,922	63,342,179	65,361,489	71,181,690

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

Details of Expenditure by Subhead

The estimate of the amount required in 2019–20 for the salaries and expenses of the Health Branch is \$71,181,690,000. This represents an increase of \$5,820,201,000 over the revised estimate for 2018–19 and \$14,120,768,000 over the actual expenditure in 2017–18.

Operating Account

Recurrent

2 Provision of \$69,610,419,000 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 2019 will be 169 posts including one supernumerary post. It is expected that there will be an increase of 28 posts in 2019–20. Subject to certain conditions, the controlling officer may under delegated power create or delete non-directorate posts during 2019–20, but the notional annual mid-point salary value of all such posts must not exceed \$129,417,000.

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

	2017–18 (Actual) (\$'000)	2018–19 (Original) (\$'000)	2018–19 (Revised) (\$'000)	2019–20 (Estimate) (\$'000)
Personal Emoluments				
- Salaries.....	98,387	126,780	116,395	153,320
- Allowances.....	4,175	5,028	4,450	4,785
- Job-related allowances.....	1	2	2	2
Personnel Related Expenses				
- Mandatory Provident Fund contribution.....	208	197	295	317
- Civil Service Provident Fund contribution.....	4,823	10,736	7,642	13,309
Departmental Expenses				
- General departmental expenses	157,336	341,839	341,305	395,638
Subventions				
- Hospital Authority	55,567,327	61,470,771	63,519,528	68,789,176
- Prince Philip Dental Hospital	161,393	194,152	199,198	201,145
- Hong Kong Genome Institute	—	—	—	52,727
	55,993,650	62,149,505	64,188,815	69,610,419

Capital Account

Subventions

5 Provision of \$22,162,000 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 \$4,723,000 (27.1%) over the revised estimate for 2018–19 is mainly due to the increased requirement in 2019–20.

6 Provision of \$1,128,472,000 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. The increase of \$203,772,000 (22%) over the revised estimate for 2018–19 is mainly due to the increased cash flow requirements in 2019–20.

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

Commitments

Sub-head (Code)	Item (Code)	Ambit	Approved commitment \$'000	Accumulated expenditure to 31.3.2018 \$'000	Revised estimated expenditure for 2018–19 \$'000	Balance \$'000
<i>Operating Account</i>						
700		<i>General non-recurrent</i>				
	802	Chinese Medicine Development Fund	500,000	—	25,000	475,000
	803	Hong Kong Genome Project ^Ω	682,000 ^Ω	—	—	682,000
	823	Health and Medical Research Fund	2,915,000	772,688	205,000	1,937,312
			<u>4,097,000</u>	<u>772,688</u>	<u>230,000</u>	<u>3,094,312</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	3,092	27	181
	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	4,000	508	992
			<u>8,800</u>	<u>7,092</u>	<u>535</u>	<u>1,173</u>
	Total	<u>4,105,800</u>	<u>779,780</u>	<u>230,535</u>	<u>3,095,485</u>

^Ω This is a new item, funding for which is sought in the context of the Appropriation Bill 2019.