

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 2014–15 **\$48,507.8m**

Establishment ceiling 2014–15 (notional annual mid-point salary value) representing an estimated 105 non-directorate posts as at 31 March 2014 reducing by three posts to 102 posts as at 31 March 2015 **\$60.2m**

In addition, there will be an estimated 12 directorate posts as at 31 March 2014 reducing by two posts to ten posts as at 31 March 2015.

Commitment balance **\$1,262.7m**

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

	2012–13 (Actual)	2013–14 (Original)	2013–14 (Revised)	2014–15 (Estimate)
Financial provision (\$m)	217.2	367.8	337.0 (–8.4%)	386.4 (+14.7%)
				(or +5.1% on 2013–14 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 2013–14.

Matters Requiring Special Attention in 2014–15

5 During 2014–15, the Branch will:

- consult the public on the detailed proposals for the proposed Health Protection Scheme;
- continue the strategic review on healthcare manpower planning and professional development;
- facilitate healthcare service development, including encouraging private hospital development and conducting a review on regulation of private healthcare facilities;
- take forward the review on mental health with a view to mapping out the direction for development of mental health services in Hong Kong;

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

- continue to oversee primary care development in Hong Kong, including the implementation of initiatives in accordance with the primary care development strategy;
- launch the “Outreach Dental Care Programme for the Elderly” as a regular programme;
- continue to develop a territory-wide, voluntary and patient-oriented electronic health record sharing system (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 to subsidise the elderly to use private primary care services in the community;
- continue to oversee the implementation of a pilot initiative to promote preventive care for the elderly through launching a health assessment programme in collaboration with NGOs;
- continue to oversee the implementation of the vaccination programmes for pneumococcal and seasonal influenza for the elderly and young children;
- continue to oversee the progress of various capital works projects of the Hospital Authority, such as redevelopment of Yan Chai Hospital and Caritas Medical Centre, construction of a new hospital in Tin Shui Wai 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 redevelopment of Kwong Wah Hospital and Queen Mary Hospital;
- conduct an overall 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 a timetable for mandatory compliance with the Good Manufacturing Practice for the manufacture of proprietary Chinese medicines; and to oversee the setting of standards for Chinese herbal medicines commonly used in Hong Kong;
- continue to oversee the setting up of Chinese medicine clinics in the public sector to develop evidence-based Chinese medicine and provide training opportunities for graduates of local Chinese medicine degree programmes;
- continue to promote the development of Chinese medicine in Hong Kong through selective integrated Chinese and Western medicine treatment for Hospital Authority patients;
- 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.

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

Programme (2): Subvention: Hospital Authority

	2012–13 (Actual)	2013–14 (Original)	2013–14 (Revised)	2014–15 (Estimate)
Financial provision (\$m)	52,886.9#	45,053.6	46,180.0 (+2.5%)	47,973.0 (+3.9%)

(or +6.5% on
2013–14 Original)

The actual expenditure in 2012–13 includes a one-off injection of \$10,000.0 million from the Government into the Samaritan Fund.

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 65 000 staff (full time equivalents as at 31 December 2013), manages 42 public hospitals and institutions, 48 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 2013–14. The volume of patient care activities across the full range of services in 2013–14 is comparable to the level in 2012–13.

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

Targets

	As at 31 March 2013 (Actual)	As at 31 March 2014 (Revised Estimate)	As at 31 March 2015 (Target & Plan)
<i>Access to services</i>			
<i>inpatient services</i>			
no. of hospital beds			
general (acute and convalescent)	20 845	21 132	21 337
infirmary.....	2 041	2 041	2 041
mentally ill	3 607	3 607	3 607
mentally handicapped	660	660	660
overall.....	27 153	27 440	27 645
<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) (%).....	97	95	95

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

	As at 31 March 2013 (Actual)	As at 31 March 2014 (Revised Estimate)	As at 31 March 2015 (Target & Plan)
triage III (urgent cases – 30 minutes) (%)	84	90	90
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.....	446	447	450
no. of geriatric day places	619	619	639
psychiatric services			
no. of community psychiatric nurses	127	131	144
no. of psychiatric day places	889	889	889
 <i>Indicators</i>			
		2013–14 (Revised Estimate)	2014–15 (Estimate)
	2012–13 (Actual)		
<i>Delivery of services</i>			
inpatient services			
no. of discharges and deaths			
general (acute and convalescent)	1 005 918	1 002 900	1 009 100
infirmary.....	3 364	3 300	3 300
mentally ill	17 155	17 000	17 000
mentally handicappedΩ	568	390	390
overall.....	1 027 005	1 023 590	1 029 790
no. of patient days			
general (acute and convalescent)	5 605 576	5 618 000	5 670 000
infirmary.....	504 845	510 000	511 000
mentally ill	979 880	1 000 000	1 000 000
mentally handicapped	207 909	207 000	207 000
overall.....	7 298 210	7 335 000	7 388 000
bed occupancy rate (%)			
general (acute and convalescent)	85	85	85
infirmary.....	86	86	86
mentally ill	75	75	75
mentally handicapped	87	87	87
overall.....	84	84	84
average length of stay (days)§			
general (acute and convalescent)	5.6	5.6	5.6
infirmary.....	128	128	128
mentally ill	63	63	63
mentally handicappedΩ	838	654	654
overall.....	7.5	7.5	7.5
ambulatory and outreach services			
day inpatient services			
no. of discharges and deaths	516 127	520 100	527 700
A&E services			
no. of attendances.....	2 253 310	2 237 000	2 237 000
no. of attendances per 1 000 population	315	311	309
no. of first attendances for			
triage I	19 593	20 400	20 400
triage II.....	38 832	33 400	33 400
triage III	660 086	637 000	637 000

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

	2012–13 (Actual)	2013–14 (Revised Estimate)	2014–15 (Estimate)
specialist outpatient services			
no. of specialist outpatient (clinical) new attendances	682 055	689 000	691 000
no. of specialist outpatient (clinical) follow-up attendances	6 203 400	6 166 000	6 176 000
total no. of specialist outpatient (clinical) attendances	6 885 455	6 855 000	6 867 000
primary care services			
no. of general outpatient attendances	5 633 407	5 636 000	5 709 000
no. of family medicine specialist clinic attendances	277 897	273 300	280 400
total no. of primary care attendances	5 911 304	5 909 300	5 989 400
rehabilitation and palliative care services			
no. of rehabilitation day and palliative care day attendances	80 653	81 900	83 400
no. of home visits by community nurses.....	843 144	843 000	845 000
no. of allied health (community) attendances	31 850	30 900	30 900
no. of allied health (outpatient) attendances	2 268 187	2 235 000	2 244 000
geriatric services			
no. of outreach attendances.....	620 068	623 800	627 300
no. of geriatric elderly persons assessed for infirmary care service	1 723	1 550	1 550
no. of geriatric day attendances.....	139 585	138 200	140 000
no. of Visiting Medical Officer attendances	111 529	108 500	108 500
psychiatric services			
no. of psychiatric outreach attendances	238 796	252 600	269 900
no. of psychiatric day attendances	219 069	220 400	220 900
no. of psychogeriatric outreach attendances	96 437	95 900	96 800
<i>Quality of services</i>			
no. of hospital deaths per 1 000 population Δ	3.2	3.2	3.2
unplanned readmission rate within 28 days for general inpatients (%).....	10.2	10.2	10.2
<i>Cost of services</i>			
cost distribution			
cost distribution by service types (%)			
inpatient.....	54.8	54.9	55.0
ambulatory and outreach	45.2	45.1	45.0
cost by service types per 1 000 population (\$m)			
inpatient.....	3.4	3.6	3.7
ambulatory and outreach	2.8	3.0	3.0
cost of services for persons aged 65 or above			
share of cost of services (%)	45.5	46.3	46.4
cost of services per 1 000 population (\$m).....	20.6	21.4	21.3
unit costs			
inpatient services			
cost per inpatient discharged (\$)			
general (acute and convalescent)	21,140	22,580	23,390
infirmary	204,200	217,730	223,190
mentally ill	122,570	130,690	134,420
mentally handicapped Ω	445,090	678,110	696,060
cost per patient day (\$)			
general (acute and convalescent)	4,180	4,440	4,590
infirmary	1,360	1,410	1,440
mentally ill	2,150	2,220	2,290
mentally handicapped	1,220	1,280	1,310
ambulatory and outreach services			
cost per A&E attendance (\$).....	935	1,010	1,040
cost per specialist outpatient attendance (\$)	1,050	1,110	1,150
cost per general outpatient attendance (\$).....	360	385	390
cost per family medicine specialist clinic attendance (\$).....	975	1,050	1,080

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

	2012–13 (Actual)	2013–14 (Revised Estimate)	2014–15 (Estimate)
cost per outreach visit by community nurse (\$).....	425	450	455
cost per psychiatric outreach attendance (\$).....	1,350	1,400	1,430
cost per geriatric day attendance (\$).....	1,730	1,810	1,920
fee waivers¶			
percentage of Comprehensive Social Security Assistance (CSSA) fee waiver (%).....	20.3	20.1	20.1
percentage of non-CSSA fee waiver (%).....	4.2	4.8	4.8
<i>Manpower (no. of full time equivalent staff as at 31 March)</i>			
medical			
doctor	5 260	5 335	5 459
no. of specialists.....	2 940	3 070	3 208
no. of trainees/non-specialists.....	2 320	2 265	2 251
intern	280	325	374
dentist.....	6	6	6
medical total.....	5 546	5 666	5 839
nursing			
qualified staff	21 379	22 435	23 015
trainee.....	437	427	400
nursing total	21 816	22 862	23 415
allied health.....	6 302	6 650	6 936
others.....	30 549	31 648	32 309
total	64 213	66 826	68 499

Ω For the 2012–13 Actual, the number of discharges and deaths and the average length of stay for mentally handicapped patients were significantly higher, whereas the cost per inpatient discharged for mentally handicapped patients was significantly lower, than the corresponding figure in 2013–14 Revised Estimate. This was because of the exceptionally-high volume of discharges (and hence low average unit cost) recorded in 2012–13 following the reorganisation of service in New Territories West Cluster where mentally handicapped patients were discharged from Tuen Mun Hospital and transferred to Siu Lam Hospital.

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

Δ Refers to the standardised mortality rate covering inpatient and day patient deaths in Hospital Authority hospitals. It is derived by applying the age-specific mortality rate in the Hospital Authority in a particular year to a “standard” population.

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

Matters Requiring Special Attention in 2014–15

11 In 2014–15, the Hospital Authority will continue to meet the healthcare needs of the population within the policy framework of the Government. The Government’s direction is for the Hospital Authority to focus on four priority areas: (a) acute and emergency care; (b) services for the low income group and the underprivileged; (c) illnesses that entail high cost, advanced technology and multi-disciplinary professional team work in their treatment; and (d) training of healthcare professionals.

12 The Hospital Authority will also:

- enhance service capacity to meet growing demand arising from population growth and ageing through a number of initiatives, including opening of additional beds, particularly in high needs communities like Hong Kong East, New Territories East and New Territories West Clusters;
- enhance healthcare services to meet the medical needs of the local community on Lantau Island through the phased introduction of services in North Lantau Hospital;
- commission the improved facilities provided under the redevelopment of Yan Chai Hospital and Caritas Medical Centre to enhance the standard of care;
- implement measures to improve patients’ access to service, including accident and emergency service, general and specialist outpatient service, elective surgeries, radiological service as well as pharmacy service in specialist outpatient clinics; and
- augment mental health services by further strengthening service provision in hospital, ambulatory and community settings and enhancing the quality of drugs provided to patients with Psychosis and Dementia.

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

Programme (3): Subvention: Prince Philip Dental Hospital

	2012–13 (Actual)	2013–14 (Original)	2013–14 (Revised)	2014–15 (Estimate)
Financial provision (\$m)	145.8	147.5	151.0 (+2.4%)	148.4 (-1.7%)
				(or +0.6% on 2013–14 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 level.

15 In the 2012/13 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		
	2012/13 (Actual)	2013/14 (Revised Estimate)	2014/15 (Estimate)
no. of training places			
undergraduate.....	320	321	325
postgraduate.....	185	177	181
student dental technician.....	43	40	40
student dental surgery assistant.....	36	38	34
student dental hygienist.....	48	39	41
total	<u>632</u>	<u>615</u>	<u>621</u>
capacity utilisation rate (%) ^Φ			
undergraduate.....	100	100	100
postgraduate.....	100	100	100
student dental technician.....	100	100	100
student dental surgery assistant.....	100	97	94
student dental hygienist.....	100	81	85
completion rate (%)			
undergraduate.....	99	100	100
postgraduate.....	99	100	100
student dental technician.....	88	95	95
student dental surgery assistant.....	78	79	82
student dental hygienist.....	77	85	83

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 2014–15

17 During 2014–15, PPDH will continue to explore ways to improve the completion rates of the para-dental training courses.

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

ANALYSIS OF FINANCIAL PROVISION

	2012-13 (Actual) (\$m)	2013-14 (Original) (\$m)	2013-14 (Revised) (\$m)	2014-15 (Estimate) (\$m)
Programme				
(1) Health	217.2	367.8	337.0	386.4
(2) Subvention: Hospital Authority	52,886.9	45,053.6	46,180.0	47,973.0
(3) Subvention: Prince Philip Dental Hospital	145.8	147.5	151.0	148.4
	<hr/> 53,249.9	<hr/> 45,568.9	<hr/> 46,668.0 (+2.4%)	<hr/> 48,507.8 (+3.9%)
				(or +6.4% on 2013-14 Original)

Analysis of Financial and Staffing Provision

Programme (1)

Provision for 2014-15 is \$49.4 million (14.7%) higher than the revised estimate for 2013-14. This is mainly due to the increased cash flow requirement for the general non-recurrent item on HMRF. There will be a net decrease of five posts in 2014-15.

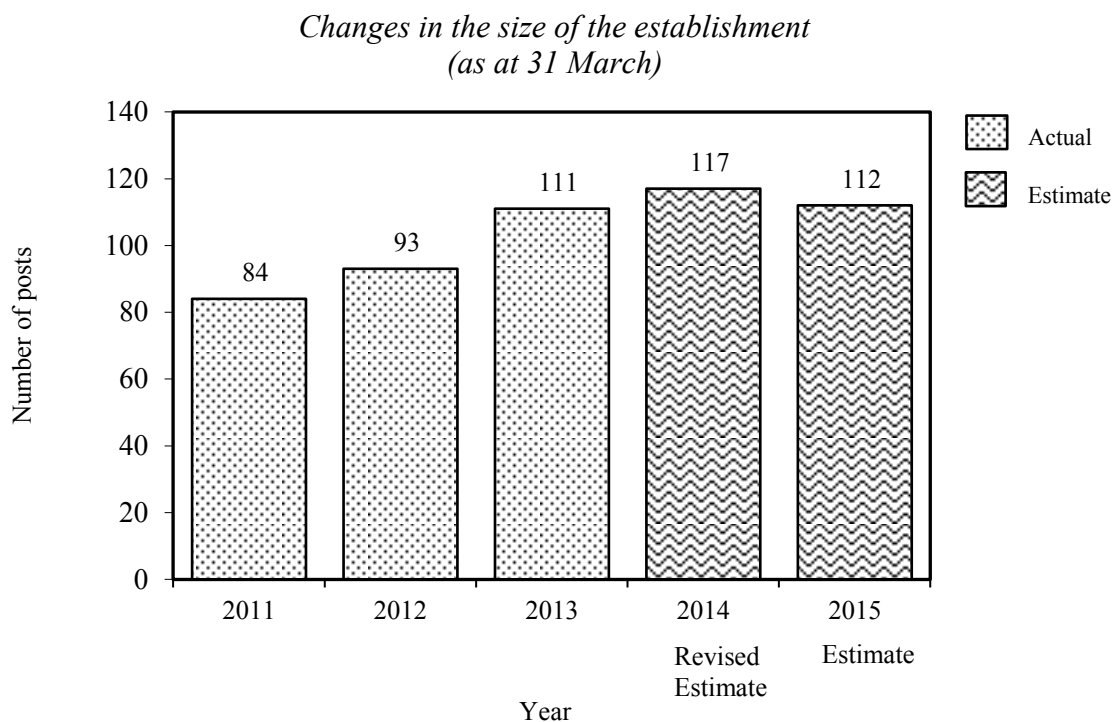
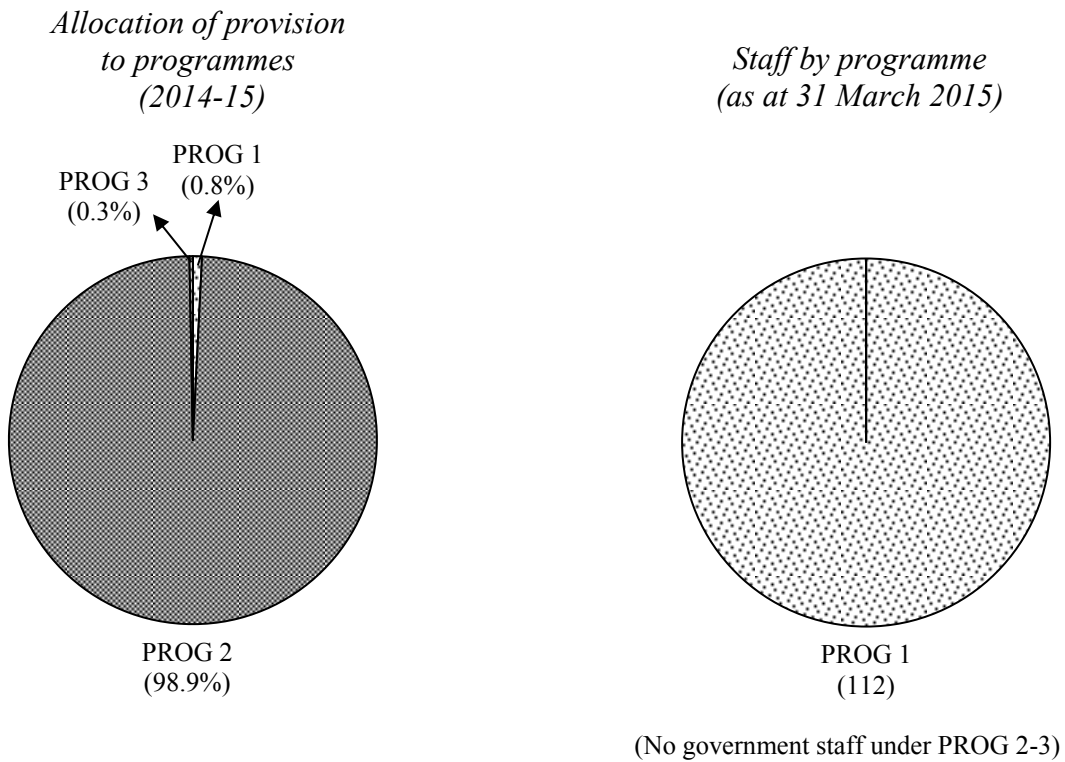
Programme (2)

Provision for 2014-15 is \$1,793.0 million (3.9%) higher than the revised estimate for 2013-14. 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 2014-15 is \$2.6 million (1.7%) lower than the revised estimate for 2013-14. This is mainly due to the reduced cash flow requirement for capital account items in 2014-15.

**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 2012–13	Approved estimate 2013–14	Revised estimate 2013–14	Estimate 2014–15	
	\$'000	\$'000	\$'000	\$'000	
Operating Account					
Recurrent					
000	Operational expenses	42,416,963	44,779,654	45,915,369	47,594,038
	Total, Recurrent.....	42,416,963	44,779,654	45,915,369	47,594,038
Non-Recurrent					
700	General non-recurrent	10,060,535	120,000	90,000	135,000
	Total, Non-Recurrent.....	10,060,535	120,000	90,000	135,000
	Total, Operating Account	52,477,498	44,899,654	46,005,369	47,729,038
Capital Account					
Subventions					
85C	Prince Philip Dental Hospital.....	7,220	10,150	10,150	5,925
899	Prince Philip Dental Hospital - minor plant, vehicles, equipment, maintenance, and improvement (block vote)	7,843	6,685	6,685	6,685
979	Hospital Authority - equipment and information systems (block vote).....	752,880	652,450	645,800	766,200
	Hospital Authority information technology system for health care vouchers	4,416	—	—	—
	Total, Subventions	772,359	669,285	662,635	778,810
	Total, Capital Account.....	772,359	669,285	662,635	778,810
	Total Expenditure	53,249,857	45,568,939	46,668,004	48,507,848

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

Details of Expenditure by Subhead

The estimate of the amount required in 2014–15 for the salaries and expenses of the Health Branch is \$48,507,848,000. This represents an increase of \$1,839,844,000 over the revised estimate for 2013–14 and a decrease of \$4,742,009,000 against actual expenditure in 2012–13.

Operating Account

Recurrent

2 Provision of \$47,594,038,000 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 2014 will be 117 posts including four supernumerary posts. It is expected that there will be a net decrease of five posts including two supernumerary posts in 2014–15. Subject to certain conditions, the controlling officer may under delegated power create or delete non-directorate posts during 2014–15, but the notional annual mid-point salary value of all such posts must not exceed \$60,209,000.

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

	2012–13 (Actual) (\$'000)	2013–14 (Original) (\$'000)	2013–14 (Revised) (\$'000)	2014–15 (Estimate) (\$'000)
Personal Emoluments				
- Salaries.....	73,593	77,859	78,293	78,140
- Allowances.....	3,294	3,244	2,970	3,734
- Job-related allowances.....	1	2	2	2
Personnel Related Expenses				
- Mandatory Provident Fund contribution.....	226	133	231	190
- Civil Service Provident Fund contribution.....	1,121	1,427	1,526	1,727
Departmental Expenses				
- General departmental expenses	78,474	165,097	164,000	167,683
Subventions				
- Hospital Authority	42,129,567	44,401,191	45,534,186	47,206,812
- Prince Philip Dental Hospital	130,687	130,701	134,161	135,750
	42,416,963	44,779,654	45,915,369	47,594,038

Capital Account

Subventions

5 Provision of \$6,685,000 under *Subhead 899 Prince Philip Dental Hospital - minor plant, vehicles, equipment, maintenance, and improvement (block vote)* is for the procurement of plant and equipment, maintenance, and minor improvement works costing over \$150,000 but not exceeding \$2,000,000 for each project.

6 Provision of \$766,200,000 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 \$120,400,000 (18.6%) over the revised estimate for 2013–14 is mainly due to the increased cash flow requirements in 2014–15.

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

Commitments

Sub-head (Code)	Item (Code)	Ambit	Approved commitment \$'000	Accumulated expenditure to 31.3.2013 \$'000	Revised estimated expenditure for 2013–14 \$'000	Balance \$'000
<i>Operating Account</i>						
700		<i>General non-recurrent</i>				
	823	Health and Medical Research Fund	1,415,000	78,112	90,000	1,246,888
			<u>1,415,000</u>	<u>78,112</u>	<u>90,000</u>	<u>1,246,888</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	—	—	3,300
	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	—	—	5,500
	892	Replacement of variable air volume air handling unit no. 3 and associated equipment	7,000	—	—	7,000
			<u>15,800</u>	<u>—</u>	<u>—</u>	<u>15,800</u>
	Total		<u>1,430,800</u>	<u>78,112</u>	<u>90,000</u>	<u>1,262,688</u>