



# **BOARD MEETING**

## **A G E N D A**

**Thursday, 6 March 2014**

**10.30 am**

**Board Room  
Community Services Building  
Southland Hospital Campus, Invercargill**

**Our Vision:**

Better Health, Better Lives, Whānau Ora

**Our Mission:**

We work in partnership with people and communities to achieve their optimum health and wellbeing. We seek excellence through a culture of learning, inquiry, service and caring.

*Remember to visit our Website at [www.southerndhb.govt.nz](http://www.southerndhb.govt.nz)*

# SOUTHERN DISTRICT HEALTH BOARD MEETING

Thursday, 6 March 2014, 10.30 am  
Board Room, Southland Hospital Campus, Invercargill

## A G E N D A

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## Public Excluded Session:

### RESOLUTION:

That the Board exclude the public for the agenda items listed below.

The general subject of each matter to be considered while the public is excluded, the reason for passing this resolution in relation to each matter, and the specific grounds under section 32, Schedule 3 of the NZ Public Health and Disability Act 2000 for the passing of this resolution are as follows:

<b>General subject:</b>	<b>Reasons for passing this resolution:</b>	<b>Grounds for passing the resolution:</b>
<b>Previous Public Excluded Board Minutes</b>	As per reasons set out in previous agenda	S 32(a), Schedule 3, NZ Public Health and Disability Act 2000 – that the public conduct of this part of the meeting would be likely to result in the disclosure of information for which good reason for withholding exists under sections 9(2)(a), 9(2)(f), 9(2)(i), 9(2)(j) of the Official Information Act 1982, that is withholding the information is necessary to: protect the privacy of natural persons; maintain the confidentiality of advice tendered by Ministers of the Crown and officials; to enable a Minister of the Crown or any Department or organisation holding the information to carry on, without prejudice or disadvantage, commercial activities and negotiations.
<b>Review of Public Excluded Action Sheet</b>	To allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).
<b>Annual Plan</b> a) Southern Way Update b) 2014/15 PBF Allocation	To allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).
<b>Public Excluded Advisory Committee Reports</b> a) Disability Support and Community & Public Health Advisory Committees <ul style="list-style-type: none"> <li>▪ 4 February 2014</li> <li>▪ 5 March 2014</li> <li>▪ Laboratories Contract</li> <li>▪ Draft South Island Health Services Plan 2014/15</li> <li>▪ Draft Annual Plan 2014/15</li> <li>▪ Draft Māori Health Plan 2014/15</li> </ul> b) Iwi Governance Committee <ul style="list-style-type: none"> <li>▪ Draft Māori Health Plan 2014/15</li> </ul> c) Hospital Advisory Committee <ul style="list-style-type: none"> <li>▪ 4 February 2014</li> <li>▪ 5 March 2014</li> <li>▪ Contract Approvals</li> </ul> d) Audit & Risk Committee <ul style="list-style-type: none"> <li>▪ 6 March 2014</li> </ul>	Commercial sensitivity and to allow activities and negotiations to be carried on without prejudice or disadvantage  Annual plans are subject to Ministerial approval.	As above, sections 9(2)(f)(iv) and 9(2)(j).
<b>Risk Report</b>	To allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).

<b><i>General subject:</i></b>	<b><i>Reasons for passing this resolution:</i></b>	<b><i>Grounds for passing the resolution:</i></b>
<b>Legal Issues</b>	To allow activities to be carried on without prejudice or disadvantage	As above, section 9(2)(j).
<b>Electronic Board Papers</b>	Commercial sensitivity and to allow activities and negotiations to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).

# SOUTHERN DISTRICT HEALTH BOARD

## INTERESTS REGISTER

Board Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB
<b>Joe BUTTERFIELD (Chairman)</b>	21.11.2013	Membership/Directorship/Trusteeship: 1. Beverley Hill Investments Ltd 2. Footes Nominees Ltd 3. Footes Trustees Ltd 4. Ritchies Transport Holdings Ltd (alternate) 5. Ritchies Coachlines Ltd 6. Ritchies Intercity Ltd 7. Robert Butterfield Design Ltd 8. SMP Holdings Ltd 9. Burnett Valley Trust 10. Burnett Family Charitable Trusts	1. Nil 2. Nil 3. Nil 4. Nil 5. Nil 6. Nil 7. Nil 8. Nil 9. Nil 10. Nil 11. Does some accounting work for Southern PHO. 12. Has a mental health contract with Southern DHB.
	06.12.2010	<b>Son-in-law:</b> 11. Partner, Polson Higgs, Chartered Accountants. 12. Trustee, Corstorphine Baptist Community Trust	
<b>John CHAMBERS</b>	09.12.2013	1. Employee Southern DHB and Vice President of ASMS (Otago Branch) 2. Employed 0.1 FTE as an Honorary Lecturer of the Dunedin Medical School 3. Director of Chambers Consultancy Ltd <b>Wife:</b> 4. Employed by the Southern DHB (NIR Co-ordinator) <b>Daughter:</b> 5. Employed by the Southern DHB (Radiographer)	1. Union (ASMS) role involves representing members (salaried senior doctors and dentists employed in the Otago region including by SDHB) on matters concerning their employment and, at a national level, contributing to strategies to assist the recruitment and retention of specialists in New Zealand public hospitals. 2. Possible conflicts between SDHB and University interests. 3. Consultancy includes performing expert reviews and reports regarding patient care at the request of other DHBs and the Office of the Health and Disability Commissioner.
<b>Neville COOK</b>	04.03.2008	1. Councillor, Environment Southland.	1. Nil.
	26.03.2008	2. Trustee, Norman Jones Foundation.	2. Possible conflict with funding requests.
	11.02.2014	3. Southern Health Welfare Trust (Trustee).	3. Southland Hospital Trust.
<b>Sandra COOK</b>	01.09.2011	1. Te Runanga o Ngāi Tahu	1. Holds a "right of first refusal" over certain Crown properties. Also seen as a Treaty partner and affiliates may hold contracts from Southern DHB from time to time.

Board Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB
<b>Kaye CROWTHER</b>	09.11.2007 14.08.2008 12.02.2009  05.09.2012  01.03.2012	1. Employee of Crowe Horwath NZ Ltd 2. Trustee of Wakatipu Plunket Charitable Trust. 3. Corresponding member for Health and Family Affairs, National Council of Women. 4. Trustee for No 10 Youth Health Centre, Invercargill. 5. DHB representative on the Gore Social Sector Trial Stakeholder Group.	1. Possible conflict if DHB contracts HR services from JCL and Progressive Consulting, which are subsidiaries of Crowe Horwath NZ Ltd 2. Nil. 3. Nil. 4. Possible conflict with funding requests. 5. Nil.
<b>Mary GAMBLE</b>	09.12.2013	1. Member, Rural Women New Zealand.	1. RWNZ is the owner of Access Home Health Ltd, which has a contract with the Southern DHB to deliver home care.
<b>Anthony (Tony) Evan HILL</b>	09.12.2013	1. Chairman, Southern PHO Community Advisory Committee and ex officio Southern PHO Board. 2. Secretary/Manager, Lakes District Air Rescue Trust. 3. Community Representative, National Health Board Review Group, Lakes District Hospital. <b>Daughter:</b> 4. Registrar, Dunedin Hospital.	1. Possible conflict with PHO contract funding. 2. Possible conflict with contract funding. 3. Possible conflicts between Southern DHB and local Lakes District Hospital community interests.
<b>Tuari Lyall POTIKI</b>	09.12.2013	1. University of Otago staff member. 2. Deputy Chair, Te Rūnaka o Ōtākou. 3. Chair, NZ Drug Foundation. <b>Wife:</b> 4. CEO of Māori Health Provider, Otepoti.	1. Possible Conflicts between Southern DHB and University interests. 2. Possible conflict with contract funding. 3. Nil. 4. Possible conflict with contract funding.
<b>Branko SIJNJA</b>	07.02.2008  04.02.2009  22.06.2010  07.06.2012	1. Director, Clutha Community Health Company Limited. 2. 0.8 FTE Director Rural Medical Immersion Programme, University of Otago School of Medicine. 3. 0.2 FTE Employee, Clutha Health First General Practice. 4. Director of Southern Community Laboratories.	1. Operates publicly funded secondary health services under contract to Southern DHB. 2. Possible conflicts between Southern DHB and University interests. 3. Employed as a part-time GP.
<b>Richard THOMSON</b>	13.12.2001  23.09.2003 29.03.2010 06.04.2011 21.11.2013	1. Managing Director, Thomson & Cessford Ltd. 2. Chairperson and Trustee, Hawksbury Community Living Trust. 3. Trustee, HealthCare Otago Charitable Trust. 4. Chairman, Composite Retail Group. 5. Councillor, Dunedin City Council. 6. Two immediate family members are employees of Dunedin Hospital (Radiographer and Anaesthetic Technician).	1. Thomson & Cessford Ltd is the company name for the Acquisitions Retail Chain. Southern DHB staff occasionally purchase goods for their departments from it. 2. Hawksbury Trust runs residential homes for intellectually disabled adults in Otago and Canterbury. It does not have contracts with Southern DHB. 3. Health Care Otago Charitable Trust regularly receives grant applications from staff and departments of Southern DHB, as well as other community

Board Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB
			organisations. 4. May have some stores that deal with Southern DHB.
<b>Tim WARD</b>	14.09.2009 01.05.2010 01.05.2010 10.12.2012	1. Partner, BDO Invercargill, Chartered Accountants. 2. Trustee, Verdon College Board of Trustees. 3. Council Member, Southern Institute of Technology (SIT). 4. Director of Southern Community Laboratories Otago-Southland.	1. May have some Southern DHB patients and staff as clients. 2. Verdon is a participant in the employment incubator programme. 3. Supply of goods and services between Southern DHB and SIT.
<b>Janis Mary WHITE (Crown Monitor)</b>	31.07.2013	1. Member, Pharmac Board. 2. Chair, CTAS (Central Technical Advisory Service).	

## SOUTHERN DISTRICT HEALTH BOARD

### INTERESTS REGISTER FOR THE EXECUTIVE MANAGEMENT TEAM

As at February 2014

Employee Name	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern District Health Board
Peter Beirne	20.06.2013	Nil	
Sandra Boardman	07.02.2014	Nil	
Richard Bunton	17.03.2004  22.06.2012  29.04.2010	1. Managing Director of Rockburn Wines Ltd. 2. Director of Mainland Cardiothoracic Associates Ltd. 3. Director of the Southern Cardiothoracic Institute Ltd. 4. Director of Wholehearted Ltd. 5. Chairman, Board of Cardiothoracic Surgery, RACS. 6. Trustee, Dunedin Heart Unit Trust. 7. Chairman, Dunedin Basic Medical Sciences Trust.	1. The only potential conflict would be if the Southern DHB decided to use this product for Southern DHB functions. 2. This company holds the Southern DHB contract for publicly funded Cardiac Surgery. Potential conflict exists in the renegotiation of this contract. 3. This company provides private cardiological services to Otago and Southland. A potential conflict would exist if the Southern DHB were to contract with this company. 4. This company is one used for personal trading and apart from issues raised in '2' no conflict exists. 5. No conflict. 6. No conflict. 7. No conflict.
Donovan Clarke	02.02.2011  18.12.2012  05.04.2013  26.08.2013	1. Te Waipounamu Delegate, Te Piringa, National Maori Disability Advisory Group. 2. Director, Great Western Steakhouse, New Lynn, Auckland. 3. The Child and Youth Health Compass Steering Group. 4. Cancer Care Co-ordinator Evaluation Advisory Group. 5. Chairman, Te Herenga Hauora (Regional Māori Health Managers' Forum)	1. Nil. 2. Nil. 3. Nil. 4. Nil. 5. Nil.
Carole Heatly	11.02.2014	1. Southern Health Welfare Trust (Trustee).	1. Southland Hospital Trust.



Employee Name	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern District Health Board
Lexie O'Shea	01.07.2007	1. Trustee, Gilmour Trust.	1. Southland Hospital Trust.
Lynda McCutcheon	22.06.2012	1. Member of the University of Otago, School of Physiotherapy, Admissions Committee.	1. Lead contact for University of Otago undergraduate clinical placements (Allied Health, Scientific & Technical professions) in Southern DHB.
John Pine	17.11.201	Nil.	
Dr Jim Reid	22.01.2014	<ol style="list-style-type: none"> <li>1. Director of both BPAC NZ and BPAC Inc</li> <li>2. Director of the NZ Formulary</li> <li>3. Trustee of the Waitaki District Health Trust</li> <li>4. Employed 2/10 by the University of Otago and am now Deputy Dean of the Dunedin School of Medicine.</li> <li>5. Partner at Caversham Medical Centre and a Director of RMC Medical Research Ltd.</li> </ol>	
Leanne Samuel	01.07.2007 01.07.2007	<ol style="list-style-type: none"> <li>2. Southern Health Welfare Trust (Trustee).</li> <li>3. Member of Community Trust of Southland Health Scholarships Panel.</li> </ol>	<ol style="list-style-type: none"> <li>1. Southland Hospital Trust.</li> <li>2. Nil.</li> </ol>
David Tulloch	23.11.2010 02.06.2011 17.08.2012	<ol style="list-style-type: none"> <li>1. Southland Urology (Director).</li> <li>2. Southern Surgical Services (Director).</li> <li>3. UA Central Otago Urology Services Limited (Director).</li> <li>4. Trustee, Gilmour Trust.</li> </ol>	<ol style="list-style-type: none"> <li>1. Potential conflict if DHB purchases services.</li> <li>2. Potential conflict if DHB purchases services.</li> <li>3. Potential conflict if DHB purchases services.</li> <li>4. Southland Hospital Trust.</li> </ol>

# Minutes of the Southern District Health Board Meeting

Wednesday, 5 February 2014, 10.00 am  
Board Room, Wakari Hospital Campus, Dunedin

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**Present:** Mr Joe Butterfield Chair  
Mr Tim Ward Deputy Chair  
Dr John Chambers  
Mr Neville Cook  
Ms Sandra Cook  
Mrs Kaye Crowther  
Mrs Mary Gamble  
Mr Tony Hill  
Mr Tuari Potiki  
Dr Branko Sijnja  
Mr Richard Thomson

**In Attendance:** Dr Jan White Crown Monitor  
Ms Carole Heatly Chief Executive Officer  
Mrs Lexie O'Shea Deputy Chief Executive Officer/Executive  
Director Patient Services  
Mr Steve Addison Executive Director Communications  
Mr Peter Beirne Executive Director Finance (until 1.45  
pm)  
Mrs Sandra Boardman Executive Director Planning & Funding  
Mrs Leanne Samuel Executive Director Nursing & Midwifery  
Mr David Tulloch Chief Medical Officer  
Ms Cherie Wells General Manager Corporate Services  
Ms Jeanette Kloosterman Board Secretary

## 1.0 CHAIR'S OPENING COMMENTS

The Chair welcomed everyone to the meeting.

## 2.0 APOLOGIES

There were no apologies.

## 3.0 DECLARATION OF INTERESTS

*It was resolved:*

**"That the Interests Register be noted."**

## 4.0 CONFIRMATION OF PREVIOUS MINUTES

*It was resolved:*

**"That the minutes of the 12 December 2013 Board meeting be approved and adopted as a true and correct record."**

## 5.0 MATTERS ARISING

There were no matters arising from the previous minutes that were not covered by the agenda.

## 6.0 ACTION SHEET

The Board reviewed the action sheet (agenda item 6) and:

- Noted that the action point relating to medical staff FTE growth had been addressed at the Hospital Advisory Committee meeting the previous day;
- Received an update from the Chief Medical Officer on the status of the pharmaceuticals action point, and noted his advice that a clinical advisory group was being established to oversee the project.

***It was resolved:***

**"That the action sheet be received."**

## 7.0 CHIEF EXECUTIVE OFFICER'S REPORT

The Chief Executive Officer's (CEO's) monthly report (agenda item 7) was taken as read and the CEO took questions from members.

The CEO advised that the timelines for the Annual Plan and Māori Health Plan would be emailed to members.

***It was resolved:***

**"That the Chief Executive Officer's report be received."**

## 8.0 FINANCIAL REPORT

The Executive Director Finance presented the Financial Report for the period ended 31 December 2013 (agenda item 8), then took questions from members on the financial statements.

The Board noted:

- That the Inter District Flow (IDF) budget was based on 2012/13 data, which was abnormal due to the Christchurch earthquake;
- That the main financial risks for the next six months were IDFs and demand driven workforce and clinical supply costs.

***It was resolved:***

**"That the Financial Report be received."**

## 9.0 ADVISORY COMMITTEE REPORTS

### Disability Support Advisory Committee and Community & Public Health Advisory Committee

Ms Cook, Chair of the Disability Support Advisory Committee (DSAC) and Community & Public Health Advisory Committee (CPHAC), gave a verbal report on the DSAC/CPHAC meeting held on 4 February 2014 and clarified the changes to the funding mechanisms for rural GP practices, which had been inaccurately portrayed in the media.

#### **Rural Funding Mechanism for General Practices**

Management advised that the rural funding formula will take into account the census data from 2013 and some practices may be affected by population growth. This could include Queenstown but more information is required.

***It was resolved:***

**"That the verbal report be received."**

### Hospital Advisory Committee

Mr Butterfield, Chair of the Hospital Advisory Committee, gave a verbal report on the meeting held on 4 February 2014.

***It was resolved:***

**"That the verbal report be received."**

## 10.0 CONTRACTS REGISTER

The Funding contracts register (expenses) for December 2013 and January 2014 was circulated with the agenda (item 11) for members' information.

*Mr Butterfield declared an interest in the Corstorphine Baptist Community Trust Agreement.*

***It was resolved:***

**"That the contracts register, with the exception of the Corstorphine Baptist Community Trust contract, be received."**

*Mr Butterfield withdrew while the Corstorphine Baptist Community Trust Agreement was considered. Mr Ward took the Chair for this item.*

***It was resolved:***

**"That advice of the Corstorphine Baptist Community Trust variation to agreement for additional support for a named individual be received."**

**PUBLIC EXCLUDED SESSION**

*At 11.00 am, it was resolved:*

**“That the public be excluded from the meeting for consideration of the following agenda items.”**

<b>General subject:</b>	<b>Reasons for passing this resolution:</b>	<b>Grounds for passing the resolution:</b>
<b>Previous Public Excluded Board Minutes</b>	As per reasons set out in previous agenda	S 32(a), Schedule 3, NZ Public Health and Disability Act 2000 – that the public conduct of this part of the meeting would be likely to result in the disclosure of information for which good reason for withholding exists under sections 9(2)(a), 9(2)(f), 9(2)(i), 9(2)(j) of the Official Information Act 1982, that is withholding the information is necessary to: protect the privacy of natural persons; maintain the constitutional conventions which protect the confidentiality of advice tendered by Ministers of the Crown and officials; to enable a Minister of the Crown or any Department or organisation holding the information to carry on, without prejudice or disadvantage, commercial activities and negotiations.
<b>Review of Public Excluded Action Sheet</b>	To allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).
<b>Annual Plan 2014/15</b>	To allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).
<b>Public Excluded Advisory Committee Reports</b> a) Disability Support and Community & Public Health Advisory Committees ▪ 4 February 2014 b) Hospital Advisory Committee ▪ 4 February 2014 ▪ Contract Approvals ▪ Fertility Service	Commercial sensitivity and to allow activities and negotiations to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).
<b>Risk Report</b>	To allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).
<b>Legal Issues</b>	To allow activities to be carried on without prejudice or disadvantage	As above, section 9(2)(j).

<i>General subject:</i>	<i>Reasons for passing this resolution:</i>	<i>Grounds for passing the resolution:</i>
<b>Appointments &amp; Remuneration Advisory Committee Report</b>	To allow negotiations to be carried on without prejudice or disadvantage	As above, section 9(2)(j)

*The public session of the meeting then closed.*

Confirmed as a true and correct record:

Chairman: \_\_\_\_\_

Date: \_\_\_\_\_

**Southern District Health Board**  
**BOARD MEETING ACTION SHEET**  
**As at 21 February 2014**

Action Point No.	SUBJECT	ACTION REQUIRED	BY	STATUS	EXPECTED COMPLETION DATE
212-2013/05  226-2013/07	<b>Pharmaceuticals</b> (Minute item 8.0)	CMO to report back on the amount of medication prescribed and dispensed to patients at any one time and any related waste and safety issues.  The matter to be referred to the Southern Health Alliance Leadership Team to consider whether any savings can be achieved by primary care, hospital services and pharmacists working together to reduce waste.	CMO	Work in progress – on SHALT agenda. The first step in this process is the demand side management of pharmaceutical expenditure project.	
255-2013/12	<b>Financial Report</b> (Minute item 8.0)	Further detail on the actuarial assessment and medical staff FTE growth to be circulated to members by email.	EDF	Information on the adjustment to the Retiring Gratuities provision has been provided to the Board Chair and the Chair of the Audit Committee. The issue will be further considered at the March 2014 Audit Committee meeting.  Medical FTE addressed at the February HAC meeting.	
256-2013/12	<b>Workplace Health and Safety</b> (Minute item 10.0)	<ul style="list-style-type: none"> <li>▪ Broader report on workplace health and safety is required (ARC to consider future reporting requirements at its March meeting);</li> </ul>	EDHR		March 2014

Action Point No.	SUBJECT	ACTION REQUIRED	BY	STATUS	EXPECTED COMPLETION DATE
		<ul style="list-style-type: none"> <li>▪ Suggestion that future reporting show the trend over five years by category and by comparison with the DHB's peers.</li> </ul>			
262-2014/01	<b>Annual Plan</b> (Minute item 7.0)	Process and timelines for the Annual Plan and Māori Health Plan to be emailed to members.	EDP&F	Emailed 11 February 2014.	Completed.



**SOUTHERN DISTRICT HEALTH BOARD**

<b>Title:</b>	<b>CHIEF EXECUTIVE OFFICER'S REPORT</b>	
<b>Report to:</b>	Board	
<b>Date of Meeting:</b>	6 March 2014	
<b>Summary:</b> The issues considered in this paper are:		
<ul style="list-style-type: none"> <li>▪ Monthly DHB activity.</li> </ul>		
<b>Specific implications for consideration</b> (financial/workforce/risk/legal etc):		
<b>Financial:</b>	No specific implications.	
<b>Workforce:</b>	No specific implications.	
<b>Other:</b>	No specific implications.	
<b>Document previously submitted to:</b>	Not applicable, report submitted directly to Board.	<b>Date:</b> n/a
<b>Approved by Chief Executive Officer:</b>		<b>Date:</b> 24/02/2014
<b>Prepared by:</b>  <b>Date:</b> 24/02/2013	<b>Presented by:</b> Carole Heatly Chief Executive Officer	
<b>RECOMMENDATION:</b>		
1. That the Board receive the report.		

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## CHIEF EXECUTIVE OFFICER'S REPORT

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### 1. DHB FINANCIAL PERFORMANCE

The January result was a surplus of \$0.6m which was close to budget for the month. Year to date the result is a deficit of \$6.3m which is unfavourable to budget by \$0.9m. A detailed analysis of the financial situation is contained in the Financial Report.

### 2. PROVIDER ARM

#### Contract Performance

- Total elective caseweights delivered (cwd) by Southern DHB Provider Arm were 188 under plan in January 2014 (19%). Year to date elective caseweights are 49 over plan (1%).
- Total acute caseweights delivered (cwd) by the Southern DHB Provider Arm were 111 over plan in January 2014 (4%). Year to date acute caseweights are 2,462 over plan (14%).
- Elective surgical discharges are 1% over plan year to date, driven by high Provider Arm delivered volumes. Elective surgical caseweights are 252 under plan year to date.

#### Financial Performance

- An unfavourable variance of \$326k was recorded by the Southern DHB Provider Arm for the month of January 2014. Year to date the result is unfavourable by \$592k.
- Revenue for January 2014 was favourable by \$60k. Expenses for January 2014 were unfavourable against plan by \$386k.

### 3. PLANNING AND FUNDING

#### Health of Older People – Home and Community Support Services

A status update has been provided to the Disability Support Advisory Committee and Community and Public Health Advisory Committee on changes to home and community support services and how this has impacted on the budget and client outcomes.

#### Hospital and Specialist Services

Work is also underway with the Provider Arm to agree the range and volume of secondary services that will be funded during 2014/15. This includes the requirements to meet the relevant Health Targets for the 2014/15 period.

## **Mental Health and Addictions**

Work is progressing on implementing Raise HOPE (the Southern DHB Mental Health and Addictions Strategic Plan). The Raise HOPE Implementation Advisory Group continues to support this process and a comprehensive implementation plan, including phased milestones and timeframes for key initiatives, will be in place by July 2014.

## **South Dunedin Social Sector Trial**

As a key partner in the South Dunedin Social Sector Trial, the DHB has a lead role in the outcome area of reducing alcohol and drug use. The Social Sector Trial Youth Action Plan for South Dunedin has now been completed and an official launch is to be held on the 21 February 2014.

## **4. HEALTH SELECT COMMITTEE**

Southern DHB appeared in front of the Health Select Committee on 19 February 2014. The main topics Select Committee members wanted to discuss were the commercial dispute with South Link Health, an update on the server failure resulting in lost images, access to elective surgery and accounting treatment of last year's accounts.

All of the above was widely reported on in the media.

Carole Heatly  
**Chief Executive Officer**

24 February 2014

# SOUTHERN DHB FINANCIAL REPORT

Financial Report as at: 31 January 2014  
 Report Prepared by: David Dickson – Finance Manager  
 Date: 18 February 2014

## Recommendations:

- That the Board note the Financial Report

## Overview Section

### Results Summary

Month				Year to Date			Annual
Actual	Budget	Variance		Actual	Budget	Variance	Budget
\$' 000	\$' 000	\$' 000		\$' 000	\$' 000	\$' 000	\$' 000
72,600	71,656	944	Revenue	507,026	502,693	4,333	862,131
(26,932)	(26,778)	(154)	Less Personnel Costs	(193,519)	(192,111)	(1,408)	(329,292)
(45,096)	(44,274)	(822)	Less Other Costs	(319,841)	(316,052)	(3,789)	(541,879)
572	604	(32)	Net Surplus / (Deficit)	(6,334)	(5,470)	(864)	(9,040)

The January result was a surplus \$0.6m and was close to budget. The year to date result is a deficit of \$6.3m and the variance remains at \$0.9m unfavourable.

### Operational Performance

Month				Year to Date			Annual
Actual	Budget	Variance		Actual	Budget	Variance	Budget
\$' 000	\$' 000	\$' 000		\$' 000	\$' 000	\$' 000	\$' 000
(241)	(107)	(134)	Governance	(618)	(172)	(446)	0
811	383	428	Funder	(505)	(678)	173	(1,104)
2	328	(326)	Provider	(5,211)	(4,620)	(591)	(7,936)
572	604	(32)	Net Surplus / (Deficit)	(6,334)	(5,470)	(864)	(9,040)

- The Governance result continues to be unfavourable with the year to date result a deficit of \$0.6m.
- The Funder result for the month a surplus of \$0.8m and favourable to budget by \$0.4m. The year to date result is a deficit of \$0.5m and favourable to budget by \$0.2m.
- The Provider result was unfavourable for the month and the year to date is a deficit of \$5.2m

### Key YTD Variances

- \$2.2m, additional MOH revenue
- \$1.4m, mental health expenditure not incurred due to unfilled FTE positions
- \$0.9m of other income
- \$0.7m of higher ACC revenues
- \$0.3m of lower IT systems and telecommunication costs
- \$0.6m of lower interest and capital charge costs
- (\$0.7m) of unfavourable outsourced clinical services

- (\$0.4m) of unfavourable treatment disposables cost
- (\$0.9m) of unfavourable IDF wash-ups
- (\$1.0m) of unfavourable implant and prosthesis costs
- (\$1.3m) of unfavourable community pharmaceutical costs
- (\$2.8m) of unfavourable medical personnel/outsourced costs

### **Balance Sheet and Cash flow**

Cash is \$9.8m at the end of January against budget of \$8.4m. Although close in total there are offsetting variances with capital expenditure favourable by \$10.3m offset against capital charge (\$4.5m) and equity injections (\$4.5m).

Approval for the equity request of \$4.5m is going to Board in March via the Audit & Risk Committee. There is also a capital funding request for master site planning that is currently being prepared, with \$5.7m budgeted to be received in March.

### **Detail Section**

This section is presented from an overall DHB result perspective.

#### **Revenue**

As at January revenue excluding IDF's is \$4.9m above budget, with most of this having a cost offset.

<b>Item</b>	<b>\$'m</b>	<b>Expense Line Offset (Y/N/Partial)</b>
MOH Revenue to reduce imaging wait times	0.3	Y, Public Health
National screening programmes	0.6	Y, Public Health
MOH Sleepover settlement	0.4	Y, Personal Health
Electives and Ambulatory funding	0.3	P, Provider Arm
Aged Care home support funding	0.2	Y, DSS
Enhanced Alcohol and Drug services	0.2	Y, Mental Health
Additional subcontract revenue	0.2	P, Funder Arm
CTA Revenue	0.1	Y, Provider -arm
ACC Revenue	0.7	P, Provider-arm
Other income, including Research and Donations	1.1	P, Provider-arm
Other Government funding	0.6	P, Provider-arm
All other revenue variances	0.2	
<b>Total Revenue Variation</b>	<b>4.9</b>	

#### **Personnel Expenses**

January personnel costs were \$0.2m unfavourable for the month and \$1.4m over budget year to date. Overall FTE for January was 3655 with budgeted FTE of 3657.

#### **Medical**

Medical personnel were \$0.8m and 18 FTE over budget for the month. The year to date variance for medical is now \$3.6m and is 11 FTE over budget. FTE levels, higher than budget allowance payments and course fees, lower than expected levels of leave and a higher than expected uptake

of Kiwisaver are the main factors of both the monthly and year to date unfavourable variances with medical.

Favourable variances within the other staffing types continue to offset the medical variance. These favourable variances arise from lower than expected FTE levels in non-medical staff, changes to the anticipated staffing mix resulting in favourable pay rate variances, also an adjustment for ACC levies from 1 April 2013, estimated based on recently released rates.

***Nursing Personnel***

Nursing personnel costs were \$0.3m favourable to budget for the month and \$0.6m favourable year to date. FTE is 3 over budget in January.

The favourable result arose from the impact of favourable staff mix variances and also an adjustment for ACC levies from 1 April 2013, estimated based on recently released rates.

***Allied Health Personnel***

Allied staff costs continue to run under budget levels due to positive FTE variances and an adjustment to ACC levies as above.

***Support Personnel***

Support staff costs are close budget both for the month and year to date.

***Management/Administration Personnel***

Favourable FTE and favourable movements in personnel liabilities, as well as the ACC levy adjustment make up the favourable variance for the month (\$0.2m) and year to date (\$0.6m)

**Outsourced Services Expenses**

Outsourced costs are unfavourable, both for the month (\$0.4m), and year to date (\$0.8m). The one area of continued overspend remains Radiology Services which is \$0.6m over budget year to date. The budget was set on the expectation that personnel would be in place reducing the need for this outsourcing. Also impacting in January was research expenditure of \$0.3m relating to costs associated with research funding.

Offsetting this are favourable variances in outsourced Medical costs (\$0.8m YTD). Some of these however are offset by increased personnel costs due to filled vacancies.

**Clinical Supplies Expenses**

Clinical supplies costs are favourable for the month (\$0.1m) and \$1.5m unfavourable for the year to date. The items with the largest variances, and are mostly demand driven were;

Knee Prostheses	\$313k
Shunts and Stents	\$301k
Sutures	\$277k
Screws, nails and plates	\$241k
Air Ambulance	\$216k

**Infrastructure & Non-Clinical Supplies Expenditure**

Infrastructure & Non-Clinical Supplies are on budget for the month and \$1.4m favourable year to date.

The year to date variance is driven by facility costs, which are \$0.3m under budget, partly related to maintenance costs, which is a timing difference. IT costs were \$0.3m under budget, and interest and financing charges \$0.6m under budget (mainly capital charge).

### **Funder Summary**

Month				Year to Date			Annual
Actual	Budget	Variance		Actual	Budget	Variance	Budget
\$' 000	\$' 000	\$' 000		\$' 000	\$' 000	\$' 000	\$' 000
68,851	68,107	744	Revenue	478,619	476,749	1,870	817,283
(68,040)	(67,724)	(316)	Less Other Costs	(479,124)	(477,427)	(1,697)	(818,387)
811	383	428	Net Surplus / (Deficit)	(505)	(678)	173	(1,104)
			<b>Expenses</b>				
(47,849)	(47,759)	(90)	Personal Health	(339,374)	(337,836)	(1,538)	(580,071)
(7,317)	(7,269)	(48)	Mental Health	(49,742)	(50,883)	1,141	(87,232)
(930)	(864)	(66)	Public Health	(6,709)	(6,045)	(664)	(10,363)
(11,094)	(10,980)	(114)	Disability Support	(77,344)	(76,704)	(640)	(130,502)
(153)	(154)	1	Maori Health	(1,068)	(1,072)	4	(1,840)
(698)	(698)	0	Other	(4,887)	(4,887)	0	(8,379)
(68,041)	(67,724)	(317)	Expenses	(479,124)	(477,427)	(1,697)	(818,387)

### **Personal Health Payments (Not including Provider-arm)**

Personal Health is close to budget for the month. The year to date remains \$1.5m unfavourable with variances in laboratory costs (\$0.4m), due to additional lab tests, Pharmaceuticals (\$0.6m) due to the impact of 2012/13 costs in this year, Radiology (\$0.3m), which has a revenue offset, price adjustors and premiums (\$0.3m), again having a revenue offset relating to the sleepover settlement funding received. IDF are \$0.3m unfavourable, with only a minor movement in January.

### **Mental Health (Not including Provider-arm)**

Mental Health costs for January are unfavourable due to a new contract for Enhanced Alcohol and Drug services commencing, which has revenue offset. Year to date costs are favourable due to the wash-up with the provider arm of \$1.4m.

### **Disability Support (Not including Provider-arm)**

Disability support services costs were unfavourable in January with Hospital residential care unfavourable by \$0.1m due to volume. Year to date DSS costs remain unfavourable (\$0.6m), due to home support costs, and hospital residential care above budget.

Additional revenue for price and volume increases was received in January with the year to date amount \$0.2m.

### **IDF Wash-up**

The IDF wash-up for January relating to inpatients (Data from July-December) shows inflows improved slightly in the month. Year to date there is an unfavourable \$0.5m provision.

IDF outflows worsened against budget by a similar amount to inflows to make the net impact nil for January. The year to date wash-up for outflows is unfavourable by \$0.3m.

Outpatient data is still being validated with no wash-up currently provided.

## **Forecast**

The full year forecast has been updated and remains at a deficit of \$9.0 million.

The following table shows the January year to date actual and the forecast to June compared to the year to date budget and budget for the remaining months. For the remaining five months the result is forecast to be \$0.8m better than budget.

	\$000 YTD	February	March	April	May	June	Full Year
Actual / Forecast	(6,335)	3,179	(650)	(1,435)	(3,412)	(441)	(9,093)
Budget	(5,470)	3,146	(633)	(1,548)	(3,742)	(793)	(9,040)
Difference	(865)	33	(17)	113	330	352	(54)

A more detailed forecast is included in the financial statements.

## **Provision for Doubtful Debts**

In January the provision for doubtful debts was reviewed and an adjustment made of \$0.1m relating to amounts deemed unlikely to be recovered. Although these are provided for the debtors continue to be chased by the DHB or by a collection agency. The balance for doubtful debts is now \$1.9m.

## **Financial Statements**

The following financial statements are attached:

- Governance P&L
- Provider P&L
- Funder P&L
- DHB Consolidated Results P&L
- Balance Sheet
- Cashflow Statement
- Consolidated Forecast



# Southern District Health Board

## Jan-14

<b>Part 1: DHB Governance and Funding Administration</b>	Current Month				Year to Date				Annual
	Actual	Budget	Variance	Variance	Actual	Budget	Variance	Variance	Budget
	\$(000)	\$(000)	\$(000)	%	\$(000)	\$(000)	\$(000)	%	\$(000)
<b>Part 1.1: Statement of Financial Performance</b>									
<b>REVENUE</b>									
<b>Government and Crown Agency sourced</b>									
Internal - DHB Funder to DHB Provider	698	698			4,888	4,888			8,379
Other DHB's	-	-			-	-			-
Other Government	8	-	8 F		54	-	54 F		-
<b>Government and Crown Agency Sourced Total</b>	<b>706</b>	<b>698</b>	<b>8 F</b>	<b>1%</b>	<b>4,941</b>	<b>4,888</b>	<b>54 F</b>	<b>1%</b>	<b>8,379</b>
Other Income	-	-			-	-			-
<b>REVENUE TOTAL</b>	<b>706</b>	<b>698</b>	<b>8 F</b>	<b>1%</b>	<b>4,941</b>	<b>4,888</b>	<b>54 F</b>	<b>1%</b>	<b>8,379</b>
<b>EXPENSES</b>									
<b>Personnel Expenses</b>									
Medical Personnel	(3)	(18)	15 F	81%	(14)	(137)	123 F	90%	(233)
Nursing Personnel	-	(1)	1 F		-	(5)	5 F		(9)
Allied Health Personnel	-	-			-	-			-
Support Services Personnel	-	-			-	-			-
Management / Admin Personnel	(225)	(259)	34 F	13%	(2,022)	(2,024)	2 F		(3,440)
<b>Personnel Costs Total</b>	<b>(229)</b>	<b>(278)</b>	<b>49 F</b>	<b>18%</b>	<b>(2,036)</b>	<b>(2,166)</b>	<b>130 F</b>	<b>6%</b>	<b>(3,682)</b>
<b>Outsourced Expenses</b>									
Medical Personnel	-	-			-	-			-
Nursing Personnel	-	-			-	-			-
Allied Health Personnel	-	-			-	-			-
Support Personnel	-	-			-	-			-
Management / Administration Personnel	-	-			(108)	-	(108) U		-
Outsourced Clinical Services	-	-			-	-			-
Outsourced Corporate / Governance Services	(102)	(79)	(22) U	(28%)	(897)	(556)	(341) U	(61%)	(953)
Outsourced Funder Services	(346)	(131)	(215) U	(164%)	(1,123)	(883)	(240) U	(27%)	(1,486)
<b>Outsourced Services Total</b>	<b>(447)</b>	<b>(210)</b>	<b>(237) U</b>	<b>(113%)</b>	<b>(2,128)</b>	<b>(1,438)</b>	<b>(689) U</b>	<b>(48%)</b>	<b>(2,439)</b>
<b>Clinical Supplies</b>									
Treatment Disposables	-	-		(522%)	-	-		(634%)	-
Diagnostic Supplies & Other Clinical Supplies	-	-			-	-			-
Instruments & Equipment	-	-		(344%)	-	-		(209%)	-
Patient Appliances	-	-			-	-			-
Implants & Prosthesis	-	-			-	-			-
Pharmaceuticals	-	-			-	-			-
Other Clinical Supplies	-	-			-	-			-
<b>Clinical Supplies Total</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>(467%)</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>(244%)</b>	<b>-</b>
<b>Infrastructure &amp; Non Clinical Expenses</b>									
Hotel Services, Laundry & Cleaning	(2)	(1)		(10%)	(12)	(10)	(2) U	(19%)	(18)
Facilities	-	-			-	-			-
Transport	(8)	(17)	9 F	55%	(87)	(124)	37 F	30%	(212)
IT Systems & Telecommunications	(5)	(9)	4 F	43%	(33)	(63)	30 F	47%	(108)
Interest & Financing Charges	(16)	(22)	6 F	29%	(109)	(154)	45 F	29%	(264)
Professional Fees & Expenses	(47)	(43)	(3) U	(7%)	(436)	(304)	(132) U	(44%)	(521)
Other Operating Expenses	(3)	(25)	22 F	86%	(130)	(175)	45 F	26%	(298)
Democracy	(191)	(199)	8 F	4%	(589)	(626)	37 F	6%	(837)
Subsidiaries & Joint Ventures	-	-			-	-			-
<b>Infrastructure &amp; Non-Clinical Supplies Total</b>	<b>(270)</b>	<b>(317)</b>	<b>47 F</b>	<b>15%</b>	<b>(1,396)</b>	<b>(1,455)</b>	<b>59 F</b>	<b>4%</b>	<b>(2,257)</b>
Internal Allocations	-	-			-	-			-
Other	-	-			-	-			-
<b>Total Expenses</b>	<b>(947)</b>	<b>(805)</b>	<b>(141) U</b>	<b>(18%)</b>	<b>(5,560)</b>	<b>(5,060)</b>	<b>(500) U</b>	<b>(10%)</b>	<b>(8,379)</b>
<b>Net Surplus/ (Deficit)</b>	<b>(241)</b>	<b>(107)</b>	<b>(134) U</b>	<b>(125%)</b>	<b>(618)</b>	<b>(172)</b>	<b>(446) U</b>	<b>(260%)</b>	<b>-</b>
Zero Check	-	-			-	-			-
Interest Costs from CHFA	-	-			-	-			-
Capital Charge	-	-			-	-			-
<b>Part 1.2 : Full Time Equivalent Numbers</b>									
Medical Personnel	-	1			-	1			1
Nursing Personnel	-	-			-	-			-
Allied Health Personnel	-	-			-	-			-
Support Personnel	-	-			-	-			-
Management / Administration Personnel	29	27			27	28			28
<b>Total Full Equivalents (FTE's)</b>	<b>29</b>	<b>28</b>			<b>27</b>	<b>28</b>			<b>28</b>



# Southern District Health Board

Jan-14

<b>Part 2: DHB provider</b>	<b>Current Month</b>				<b>Year to Date</b>				<b>Annual</b>
	<b>Actual</b>	<b>Budget</b>	<b>Variance</b>	<b>Variance</b>	<b>Actual</b>	<b>Budget</b>	<b>Variance</b>	<b>Variance</b>	<b>Budget</b>
	<b>\$(000)</b>	<b>\$(000)</b>	<b>\$(000)</b>	<b>%</b>	<b>\$(000)</b>	<b>\$(000)</b>	<b>\$(000)</b>	<b>%</b>	<b>\$(000)</b>
<b>Part 2.1 A: Supplementary Information to Statement of Financial Performance</b>									
Depreciation - Clinical Equipment	(641)	(637)	(3) U	(1%)	(4,513)	(4,449)	(64) U	(1%)	(7,655)
Depreciation - Non Res Buildings & Plant	(696)	(675)	(21) U	(3%)	(4,788)	(4,716)	(72) U	(2%)	(8,100)
Depreciation - Motor Vehicles	(2)	(9)	7 F	80%	(107)	(64)	(43) U	(68%)	(108)
Depreciation - Information Technology	(241)	(212)	(28) U	(13%)	(1,692)	(1,498)	(193) U	(13%)	(2,528)
Depreciation - Other Equipment	(55)	(40)	(16) U	(40%)	(337)	(274)	(63) U	(23%)	(468)
<b>Total Depreciation</b>	<b>(1,634)</b>	<b>(1,573)</b>	<b>(61) U</b>	<b>(4%)</b>	<b>(11,436)</b>	<b>(11,001)</b>	<b>(436) U</b>	<b>(4%)</b>	<b>(18,860)</b>
Interest Cost from Funder Loans	-	-	-	-	-	-	-	-	-
Interest Costs from CHFA	(383)	(401)	18 F	5%	(2,653)	(2,804)	151 F	5%	(4,808)
Financing Component of Operating Leases	(31)	(28)	(3) U	(10%)	(130)	(197)	67 F	34%	(338)
Capital Charge	(795)	(867)	72 F	8%	(5,841)	(6,149)	308 F	5%	(10,476)
<b>Part 1.2 : Full Time Equivalent Numbers</b>									
Medical Personnel	510	492			502	492			492
Nursing Personnel	1,582	1,579			1,593	1,579			1,582
Allied Health Personnel	672	701			676	701			701
Support Personnel	200	196			194	196			196
Management / Administration Personnel	663	661			657	662			652
<b>Total Full Time Equivalents (FTE's)</b>	<b>3,627</b>	<b>3,628</b>			<b>3,622</b>	<b>3,629</b>			<b>3,622</b>

# Southern District Health Board

## Jan-14

Part 3: DHB Funds	Current Month				Year to Date				Annual
	Actual	Budget	Variance	Variance	Actual	Budget	Variance	Variance	Budget
	\$(000)	\$(000)	\$(000)	%	\$(000)	\$(000)	\$(000)	%	\$(000)
<b>Part 3.1: Statement of Financial Performance</b>									
<b>REVENUE</b>									
<b>Ministry of Health</b>									
MoH - Vote Health Non Mental Health	56,397	56,335	62 F		394,689	394,342	347 F		676,014
MoH - Vote Health Mental Health	7,057	7,062	(5) U		49,399	49,434	(35) U		84,744
PBF Adjustments	-	-			-	-			-
MoH Funding Subcontracts	3,747	3,124	623 F	20%	24,089	21,868	2,221 F	10%	37,488
MoH - Personal Health	-	-			-	-			-
<b>Ministry of Health Total</b>	<b>67,200</b>	<b>66,521</b>	<b>680 F</b>	<b>1%</b>	<b>468,177</b>	<b>465,644</b>	<b>2,533 F</b>	<b>1%</b>	<b>798,246</b>
<b>Other Government</b>									
IDF's - Mental Health Services	144	144			1,005	1,005			1,723
IDF's - All others (non Mental health)	1,507	1,443	64 F	4%	9,437	10,100	(663) U	(7%)	17,314
Other DHB's	-	-			-	-			-
Training Fees and Subsidies	-	-			-	-			-
Accident Insurance	-	-			-	-			-
Other Government	-	-			-	-			-
<b>Other Government Total</b>	<b>1,650</b>	<b>1,586</b>	<b>64 F</b>	<b>4%</b>	<b>10,442</b>	<b>11,105</b>	<b>(663) U</b>	<b>(6%)</b>	<b>19,037</b>
<b>Government and Crown Agency Sourced Total</b>									
<b>Other Revenue</b>	<b>68,851</b>	<b>68,107</b>	<b>744 F</b>	<b>1%</b>	<b>478,619</b>	<b>476,749</b>	<b>1,871 F</b>		<b>817,283</b>
Patient / Consumer Sourced	-	-			-	-			-
Other Income	-	-			-	-			-
<b>Other Revenue Total</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>REVENUE TOTAL</b>	<b>68,851</b>	<b>68,107</b>	<b>744 F</b>	<b>1%</b>	<b>478,619</b>	<b>476,749</b>	<b>1,871 F</b>		<b>817,283</b>
<b>EXPENSES</b>									
<b>Outsourced Expenses</b>									
Outsourced Funder Services	(698)	(698)			(4,888)	(4,888)			(8,379)
<b>Payments to Providers</b>									
<b>Personal Health</b>									
Child and Youth	(381)	(375)	(6) U	(2%)	(2,647)	(2,627)	(20) U	(1%)	(4,504)
Laboratory	(2,695)	(2,639)	(56) U	(2%)	(18,840)	(18,476)	(364) U	(2%)	(31,674)
Infertility Treatment Services	(91)	(100)	9 F	9%	(637)	(700)	63 F	9%	(1,200)
Maternity	(262)	(261)	(1) U		(1,831)	(1,828)	(3) U		(3,135)
Maternity (Tertiary & Secondary)	(1,374)	(1,385)	11 F	1%	(9,621)	(9,696)	75 F	1%	(16,622)
Pregnancy and Parenting Education	(10)	(12)	2 F	17%	(76)	(86)	11 F	12%	(148)
Maternity Payment Schedule	-	-			-	-			-
Neo Natal	(656)	(656)			(4,594)	(4,594)			(7,875)
Sexual Health	(88)	(88)			(616)	(616)			(1,055)
Adolescent Dental Benefit	(171)	(142)	(29) U	(20%)	(1,301)	(1,453)	152 F	10%	(2,425)
Other Dental Services	-	-			-	-			-
Dental - Low Income Adult	(108)	(90)	(18) U	(20%)	(558)	(630)	72 F	11%	(1,083)
Child (School) Dental Services	(531)	(635)	103 F	16%	(4,332)	(4,480)	148 F	3%	(7,608)
Secondary / Tertiary Dental	(254)	(245)	(9) U	(4%)	(1,778)	(1,718)	(60) U	(4%)	(2,950)
Pharmaceuticals	(5,844)	(5,897)	52 F	1%	(44,573)	(43,975)	(598) U	(1%)	(75,312)
Pharmaceutical Cancer Treatment Drugs	(361)	(358)	(3) U	(1%)	(2,479)	(2,508)	30 F	1%	(4,300)
Pharmacy Services	(28)	(68)	40 F	59%	(327)	(479)	153 F	32%	(821)
Management Referred Services	-	-			-	-			-
General Medical Subsidy	(50)	(110)	60 F	54%	(581)	(979)	398 F	41%	(1,650)
Primary Practice Services - Capitated	(3,431)	(3,431)			(23,886)	(24,017)	131 F	1%	(41,172)
Primary Health Care Strategy - Care	(283)	(240)	(43) U	(18%)	(1,912)	(1,681)	(231) U	(14%)	(2,883)
Primary Health Care Strategy - Health	(532)	(286)	(246) U	(86%)	(2,500)	(2,002)	(498) U	(25%)	(3,432)
Primary Health Care Strategy - Other	(223)	(207)	(16) U	(8%)	(1,691)	(1,449)	(243) U	(17%)	(2,484)
Practice Nurse Subsidy	(16)	(17)	1 F	3%	(119)	(116)	(4) U	(3%)	(198)
Rural Support for Primary Health Pro	(1,374)	(1,371)	(3) U		(9,611)	(9,597)	(14) U		(16,452)
Immunisation	(116)	(105)	(11) U	(10%)	(944)	(913)	(31) U	(3%)	(2,651)
Radiology	(536)	(457)	(79) U	(17%)	(3,548)	(3,200)	(348) U	(11%)	(5,486)
Palliative Care	(430)	(495)	66 F	13%	(3,467)	(3,466)	(1) U		(5,942)
Meals on Wheels	(53)	(53)	(1) U	(1%)	(373)	(368)	(5) U	(1%)	(632)
Domiciliary & District Nursing	(1,441)	(1,436)	(5) U		(9,996)	(10,053)	57 F	1%	(17,233)
Community based Allied Health	(581)	(581)			(4,070)	(4,067)	(3) U		(6,972)
Chronic Disease Management and Educa	(239)	(241)	2 F	1%	(1,679)	(1,688)	10 F	1%	(2,894)
Medical Inpatients	(5,619)	(5,619)			(39,331)	(39,331)			(67,425)
Medical Outpatients	(3,609)	(3,617)	8 F		(25,157)	(25,320)	163 F	1%	(43,405)
Surgical Inpatients	(10,361)	(10,426)	65 F	1%	(72,981)	(72,981)			(125,110)
Surgical Outpatients	(1,715)	(1,716)	1 F		(11,982)	(12,012)	30 F		(20,592)
Paediatric Inpatients	(641)	(641)			(4,484)	(4,484)			(7,686)
Paediatric Outpatients	(267)	(267)			(1,871)	(1,871)			(3,207)
Pacific Peoples' Health	(17)	(21)	4 F	19%	(127)	(150)	24 F	16%	(258)
Emergency Services	(1,621)	(1,630)	9 F	1%	(11,385)	(11,408)	24 F		(19,557)
Minor Personal Health Expenditure	(84)	(89)	4 F	5%	(588)	(620)	32 F	5%	(1,062)
Price adjusters and Premium	828	795	33 F	4%	5,221	5,567	(346) U	(6%)	9,543
Travel & Accommodation	(391)	(397)	6 F	2%	(2,782)	(2,724)	(58) U	(2%)	(4,741)
Inter District Flow Personal Health	(2,192)	(2,148)	(43) U	(2%)	(15,323)	(15,038)	(285) U	(2%)	(25,780)
<b>Personal Health Total</b>	<b>(47,849)</b>	<b>(47,759)</b>	<b>(90) U</b>		<b>(339,374)</b>	<b>(337,835)</b>	<b>(1,539) U</b>		<b>(580,072)</b>

**Southern District Health Board**  
**Jan-14**

Part 3: DHB Funds	Current Month				Year to Date				Annual
	Actual	Budget	Variance	Variance	Actual	Budget	Variance	Variance	Budget
	\$(000)	\$(000)	\$(000)	%	\$(000)	\$(000)	\$(000)	%	\$(000)
<b>Mental Health</b>									
Mental Health to allocate	-	-			-	-			-
Acute Mental Health Inpatients	(1,299)	(1,299)			(9,090)	(9,090)			(15,583)
Sub-Acute & Long Term Mental Health	(362)	(362)			(2,537)	(2,537)			(4,349)
Crisis Respite	(7)	(7)			(47)	(48)		1%	(82)
Alcohol & Other Drugs - General	(335)	(330)	(5) U	(2%)	(2,434)	(2,307)	(127) U	(6%)	(3,955)
Alcohol & Other Drugs - Child & Youth	(40)	(24)	(16) U	(66%)	(277)	(167)	(110) U	(66%)	(286)
Methadone	(94)	(94)			(656)	(656)			(1,125)
Dual Diagnosis - Alcohol & Other Drugs	(15)	(45)	30 F	66%	(96)	(313)	217 F	69%	(536)
Dual Diagnosis - MH/ID	(8)	(5)	(3) U	(60%)	(55)	(35)	(21) U	(60%)	(59)
Eating Disorder	(14)	(14)			(98)	(98)			(168)
Maternal Mental Health	(4)	(4)			(26)	(26)			(44)
Child & Youth Mental Health Services	(890)	(856)	(34) U	(4%)	(5,744)	(5,992)	248 F	4%	(10,272)
Forensic Services	(515)	(510)	(5) U	(1%)	(3,500)	(3,568)	69 F	2%	(6,117)
Kaupapa Maori Mental Health Services	(106)	(152)	46 F	30%	(793)	(1,061)	268 F	25%	(1,818)
Kaupapa Maori Mental Health - Residential	-	-			-	-			-
Kaupapa Maori Mental Health - Inpati	-	-			-	-			-
Mental Health Community Services	(1,760)	(1,877)	116 F	6%	(12,428)	(13,138)	710 F	5%	(22,522)
Prison/Court Liaison	(46)	(44)	(2) U	(4%)	(323)	(310)	(13) U	(4%)	(531)
Mental Health Workforce Development	-	-			-	-			-
Day Activity & Work Rehabilitation S	(184)	(197)	14 F	7%	(1,369)	(1,382)	13 F	1%	(2,369)
Mental Health Funded Services for Older People	(35)	(35)			(248)	(248)			(426)
Advocacy / Peer Support - Consumer	(55)	(57)	2 F	3%	(367)	(399)	32 F	8%	(684)
Other Home Based Residential Support	(410)	(374)	(36) U	(10%)	(2,793)	(2,620)	(173) U	(7%)	(4,492)
Advocacy / Peer Support - Families	(52)	(60)	8 F	13%	(364)	(419)	56 F	13%	(720)
Community Residential Beds & Service	(459)	(451)	(8) U	(2%)	(3,078)	(3,156)	78 F	2%	(5,411)
Minor Mental Health Expenditure	(186)	(32)	(153) U	(475%)	(330)	(226)	(104) U	(46%)	(388)
Inter District Flow Mental Health	(441)	(441)			(3,088)	(3,088)			(5,294)
<b>Mental Health Total</b>	<b>(7,317)</b>	<b>(7,269)</b>	<b>(48) U</b>	<b>(1%)</b>	<b>(49,742)</b>	<b>(50,883)</b>	<b>1,142 F</b>	<b>2%</b>	<b>(87,232)</b>
<b>Public Health</b>									
Alcohol & Drug	(26)	(26)			(185)	(185)			(317)
Communicable Diseases	(96)	(96)			(675)	(675)			(1,158)
Injury Prevention	-	-			-	-			-
Screening Programmes	(414)	(368)	(46) U	(13%)	(3,104)	(2,575)	(529) U	(21%)	(4,414)
Mental Health	(22)	(22)			(155)	(155)			(265)
Nutrition and Physical Activity	(49)	(45)	(4) U	(9%)	(344)	(316)	(28) U	(9%)	(542)
Physical Environment	(36)	(36)			(250)	(250)			(428)
Public Health Infrastructure	(127)	(127)			(889)	(889)			(1,523)
Sexual Health	(12)	(12)			(83)	(83)			(143)
Social Environments	(38)	(38)			(264)	(264)			(452)
Tobacco Control	(110)	(93)	(16) U	(18%)	(761)	(654)	(107) U	(16%)	(1,121)
Well Child Promotion	-	-			-	-			-
Meningococcal	-	-			-	-			-
<b>Public Health Total</b>	<b>(930)</b>	<b>(864)</b>	<b>(67) U</b>	<b>(8%)</b>	<b>(6,709)</b>	<b>(6,045)</b>	<b>(664) U</b>	<b>(11%)</b>	<b>(10,363)</b>
<b>Disability Support Services</b>									
AT & R (Assessment, Treatment and Re	(1,976)	(1,976)			(13,829)	(13,829)			(23,707)
Information and Advisory	(12)	(13)	1 F	9%	(61)	(91)	31 F	34%	(156)
Needs Assessment	(171)	(163)	(8) U	(5%)	(1,187)	(1,141)	(46) U	(4%)	(1,956)
Service Co-ordination	(23)	(19)	(4) U	(19%)	(145)	(136)	(9) U	(7%)	(233)
Home Support	(1,308)	(1,267)	(41) U	(3%)	(9,820)	(9,169)	(651) U	(7%)	(15,504)
Carer Support	(145)	(156)	11 F	7%	(918)	(1,093)	175 F	16%	(1,874)
Residential Care: Rest Homes	(2,983)	(3,047)	64 F	2%	(20,795)	(21,135)	340 F	2%	(35,880)
Residential Care: Loans Adjustment	13	22	(9) U	(40%)	124	155	(32) U	(20%)	266
Long Term Chronic Conditions	(169)	(93)	(76) U	(82%)	(999)	(648)	(351) U	(54%)	(1,111)
Residential Care: Hospitals	(3,724)	(3,628)	(96) U	(3%)	(25,661)	(25,160)	(501) U	(2%)	(42,714)
Ageing in Place	(2)	(2)			(17)	(17)			(30)
Environmental Support Services	(99)	(101)	3 F	3%	(704)	(708)	4 F	1%	(1,218)
Day Programmes	-	-			-	-			-
Expenditure to Attend Treatment ETAT	-	-			-	-			-
Minor Disability Support Expenditure	(8)	(26)	17 F	68%	(64)	(180)	116 F	64%	(309)
Respite Care	(101)	(146)	45 F	31%	(1,008)	(993)	(14) U	(1%)	(1,691)
Community Health Services & Support	(94)	(105)	11 F	11%	(429)	(734)	305 F	42%	(1,259)
Inter District Flow Disability Support	(292)	(261)	(32) U	(12%)	(1,831)	(1,825)	(7) U		(3,128)
Disability Support Other	-	-			-	-			-
<b>Disability Support Services Total</b>	<b>(11,094)</b>	<b>(10,980)</b>	<b>(113) U</b>	<b>(1%)</b>	<b>(77,344)</b>	<b>(76,704)</b>	<b>(640) U</b>	<b>(1%)</b>	<b>(130,502)</b>
<b>Maori Health</b>									
Maori Service Development	(38)	(38)			(265)	(265)			(454)
Whanau Ora Services	(115)	(116)	1 F	1%	(804)	(807)	4 F		(1,386)
<b>Maori Health Total</b>	<b>(153)</b>	<b>(154)</b>	<b>1 F</b>	<b>1%</b>	<b>(1,068)</b>	<b>(1,072)</b>	<b>4 F</b>		<b>(1,840)</b>
Internal Allocations	-	-			-	-			-
<b>Total Expenses</b>	<b>(68,040)</b>	<b>(67,724)</b>	<b>(317) U</b>		<b>(479,124)</b>	<b>(477,427)</b>	<b>(1,697) U</b>		<b>(818,387)</b>
<b>Summary of Results</b>									
Subtotal of IDF Revenue	1,650	1,586	64 F	4%	10,442	11,105	(663) U	(6%)	19,037
Subtotal all other Revenue	67,200	66,521	680 F	1%	468,177	465,644	2,533 F	1%	798,246
<b>Revenue Total</b>	<b>68,851</b>	<b>68,107</b>	<b>744 F</b>	<b>1%</b>	<b>478,619</b>	<b>476,749</b>	<b>1,871 F</b>		<b>817,283</b>
Subtotal of IDF Expenditure	(2,925)	(2,850)	(75) U	(3%)	(20,243)	(19,951)	(292) U	(1%)	(34,202)
Subtotal all other Expenditure	(65,115)	(64,873)	(242) U		(458,881)	(457,476)	(1,405) U		(784,185)
<b>Expenses Total</b>	<b>(68,040)</b>	<b>(67,724)</b>	<b>(317) U</b>		<b>(479,124)</b>	<b>(477,427)</b>	<b>(1,697) U</b>		<b>(818,387)</b>
<b>Net Surplus/ (Deficit)</b>	<b>810</b>	<b>383</b>	<b>427 F</b>	<b>111%</b>	<b>(505)</b>	<b>(678)</b>	<b>173 F</b>	<b>26%</b>	<b>(1,104)</b>

**Southern District Health Board**  
**Jan-14**

<b>Part 4: DHB Consolidated</b>	<b>Current Month</b>				<b>Year to Date</b>				<b>Annual Budget</b>
	<b>Actual</b>	<b>Budget</b>	<b>Variance</b>	<b>Variance</b>	<b>Actual</b>	<b>Budget</b>	<b>Variance</b>	<b>Variance</b>	
	<b>\$(000)</b>	<b>\$(000)</b>	<b>\$(000)</b>	<b>%</b>	<b>\$(000)</b>	<b>\$(000)</b>	<b>\$(000)</b>	<b>%</b>	
<b>Part 4.1: Statement of Financial Performance</b>									
<b>REVENUE</b>									
<b>Ministry of Health</b>									
MoH - Vote Health Non Mental Health	56,397	56,335	62 F		394,689	394,342	347 F		676,014
MoH - Vote Health Mental Health	7,057	7,062	(5) U		49,399	49,434	(35) U		84,744
PBF Adjustments	-	-			-	-			-
MoH Funding Subcontracts	3,747	3,124	623 F	20%	24,089	21,868	2,221 F	10%	37,488
MoH - Personal Health	10	28	(18) U	(66%)	104	198	(94) U	(47%)	339
MoH - Mental Health	-	-			-	-			-
MoH - Public Health	10	11		(1%)	73	74	(1) U	(1%)	127
MoH - Disability Support Services	771	743	29 F	4%	5,249	5,191	59 F	1%	8,884
MoH - Maori Health	-	-			-	-			-
Clinical Training Agency	506	544	(38) U	(7%)	3,891	3,810	82 F	2%	6,531
Internal - DHB Funder to DHB Provider	-	-			-	-			-
<b>Ministry of Health Total</b>	<b>68,498</b>	<b>67,846</b>	<b>651 F</b>	<b>1%</b>	<b>477,495</b>	<b>474,916</b>	<b>2,579 F</b>	<b>1%</b>	<b>814,127</b>
<b>Other Government</b>									
IDF's - Mental Health Services	144	144			1,005	1,005			1,723
IDF's - All others (non Mental health)	1,507	1,443	64 F	4%	9,437	10,100	(663) U	(7%)	17,314
Other DHB's	23	25	(2) U	(9%)	159	176	(17) U	(10%)	302
Training Fees and Subsidies	4	17	(13) U	(75%)	107	120	(13) U	(10%)	206
Accident Insurance	722	561	160 F	29%	6,084	5,387	697 F	13%	9,250
Other Government	497	434	63 F	15%	3,657	3,008	649 F	22%	5,135
<b>Other Government Total</b>	<b>2,897</b>	<b>2,624</b>	<b>273 F</b>	<b>10%</b>	<b>20,449</b>	<b>19,797</b>	<b>653 F</b>	<b>3%</b>	<b>33,930</b>
<b>Government and Crown Agency Total</b>	<b>71,394</b>	<b>70,470</b>	<b>924 F</b>	<b>1%</b>	<b>497,945</b>	<b>494,712</b>	<b>3,232 F</b>	<b>1%</b>	<b>848,057</b>
<b>Other Revenue</b>									
Patient / Consumer Sourced	380	285	95 F	33%	2,048	1,675	373 F	22%	3,265
Other Income	826	901	(75) U	(8%)	7,033	6,305	728 F	12%	10,809
<b>Other Revenue Total</b>	<b>1,206</b>	<b>1,186</b>	<b>20 F</b>	<b>2%</b>	<b>9,081</b>	<b>7,980</b>	<b>1,101 F</b>	<b>14%</b>	<b>14,074</b>
<b>REVENUE TOTAL</b>	<b>72,600</b>	<b>71,656</b>	<b>944 F</b>	<b>1%</b>	<b>507,026</b>	<b>502,693</b>	<b>4,333 F</b>	<b>1%</b>	<b>862,131</b>
<b>EXPENSES</b>									
<b>Personnel Expenses</b>									
Medical Personnel	(9,371)	(8,552)	(819) U	(10%)	(63,827)	(60,252)	(3,575) U	(6%)	(102,366)
Nursing Personnel	(10,080)	(10,369)	289 F	3%	(70,987)	(71,572)	585 F	1%	(124,592)
Allied Health Personnel	(3,625)	(3,766)	141 F	4%	(28,297)	(29,201)	904 F	3%	(50,086)
Support Services Personnel	(797)	(823)	26 F	3%	(5,685)	(5,726)	41 F	1%	(9,767)
Management / Admin Personnel	(3,058)	(3,267)	209 F	6%	(24,722)	(25,359)	637 F	3%	(42,481)
<b>Personnel Costs Total</b>	<b>(26,932)</b>	<b>(26,778)</b>	<b>(154) U</b>	<b>(1%)</b>	<b>(193,519)</b>	<b>(192,111)</b>	<b>(1,408) U</b>	<b>(1%)</b>	<b>(329,292)</b>
<b>Outsourced Expenses</b>									
Medical Personnel	(566)	(644)	78 F	12%	(3,683)	(4,511)	829 F	18%	(7,474)
Nursing Personnel	(1)	-	(1) U		(28)	-	(28) U		-
Allied Health Personnel	(52)	(31)	(21) U	(68%)	(345)	(219)	(127) U	(58%)	(375)
Support Personnel	(31)	(21)	(9) U	(43%)	(212)	(149)	(62) U	(42%)	(256)
Management / Administration Personnel	(2)	(1)	(1) U	(123%)	(156)	(7)	(149) U		(12)
Outsourced Clinical Services	(789)	(521)	(268) U	(52%)	(4,560)	(3,834)	(726) U	(19%)	(6,633)
Outsourced Corporate / Governance Services	(178)	(165)	(13) U	(8%)	(1,449)	(1,133)	(316) U	(28%)	(1,925)
Outsourced Funder Services	(346)	(131)	(215) U	(164%)	(1,123)	(883)	(240) U	(27%)	(1,486)
<b>Outsourced Services Total</b>	<b>(1,964)</b>	<b>(1,514)</b>	<b>(450) U</b>	<b>(30%)</b>	<b>(11,555)</b>	<b>(10,736)</b>	<b>(819) U</b>	<b>(8%)</b>	<b>(18,161)</b>
<b>Clinical Supplies</b>									
Treatment Disposables	(2,318)	(2,296)	(22) U	(1%)	(17,441)	(16,997)	(444) U	(3%)	(29,392)
Diagnostic Supplies & Other Clinical Supplies	(150)	(143)	(7) U	(5%)	(1,095)	(1,076)	(18) U	(2%)	(1,868)
Instruments & Equipment	(1,308)	(1,197)	(111) U	(9%)	(9,001)	(8,849)	(152) U	(2%)	(15,261)
Patient Appliances	(166)	(186)	20 F	11%	(1,226)	(1,189)	(37) U	(3%)	(2,081)
Implants & Prosthesis	(687)	(692)	6 F	1%	(6,566)	(5,601)	(965) U	(17%)	(9,962)
Pharmaceuticals	(1,289)	(1,479)	190 F	13%	(10,331)	(10,537)	206 F	2%	(18,027)
Other Clinical Supplies	(220)	(238)	17 F	7%	(1,859)	(1,779)	(80) U	(5%)	(3,086)
<b>Clinical Supplies Total</b>	<b>(6,138)</b>	<b>(6,231)</b>	<b>93 F</b>	<b>1%</b>	<b>(47,518)</b>	<b>(46,028)</b>	<b>(1,491) U</b>	<b>(3%)</b>	<b>(79,676)</b>
<b>Infrastructure &amp; Non Clinical Expenses</b>									
Hotel Services, Laundry & Cleaning	(1,059)	(1,033)	(26) U	(3%)	(7,620)	(7,422)	(198) U	(3%)	(12,724)
Facilities	(1,668)	(1,612)	(56) U	(3%)	(11,685)	(11,950)	264 F	2%	(20,500)
Transport	(331)	(350)	19 F	5%	(2,421)	(2,522)	101 F	4%	(4,318)
IT Systems & Telecommunications	(884)	(895)	11 F	1%	(5,964)	(6,287)	323 F	5%	(10,730)
Interest & Financing Charges	(1,228)	(1,321)	93 F	7%	(8,754)	(9,328)	574 F	6%	(15,926)
Professional Fees & Expenses	(149)	(153)	4 F	2%	(1,014)	(1,068)	54 F	5%	(1,831)
Other Operating Expenses	(465)	(395)	(70) U	(18%)	(2,419)	(2,720)	301 F	11%	(4,608)
Democracy	(191)	(199)	8 F	4%	(589)	(626)	37 F	6%	(837)
Subsidiaries & Joint Ventures	-	-			-	-			-
<b>Infrastructure &amp; Non-Clinical Supplies Total</b>	<b>(5,973)</b>	<b>(5,956)</b>	<b>(17) U</b>		<b>(40,466)</b>	<b>(41,923)</b>	<b>1,456 F</b>	<b>3%</b>	<b>(71,474)</b>

**Southern District Health Board**  
**Jan-14**

Part 4: DHB Consolidated	Current Month				Year to Date				Annual Budget \$(000)
	Actual	Budget	Variance	Variance	Actual	Budget	Variance	Variance	
	\$(000)	\$(000)	\$(000)	%	\$(000)	\$(000)	\$(000)	%	
<b>Payments to Providers</b>									
<b>Personal Health</b>									
Child and Youth	(33)	(35)	3 F	8%	(208)	(247)	39 F	16%	(424)
Laboratory	(2,695)	(2,639)	(56) U	(2%)	(18,838)	(18,474)	(364) U	(2%)	(31,669)
Infertility Treatment Services	-	(9)	9 F	-	-	(63)	63 F	-	(108)
Maternity	(220)	(220)	-	-	(1,542)	(1,539)	(3) U	-	(2,640)
Maternity (Tertiary & Secondary)	(2)	(14)	11 F	83%	(20)	(95)	75 F	79%	(163)
Pregnancy and Parenting Education	(8)	(10)	2 F	22%	(58)	(68)	11 F	16%	(117)
Maternity Payment Schedule	-	-	-	-	-	-	-	-	-
Neo Natal	-	-	-	-	-	-	-	-	-
Sexual Health	(2)	(2)	-	-	(11)	(11)	-	-	(18)
Adolescent Dental Benefit	(158)	(116)	(42) U	(36%)	(1,228)	(1,269)	41 F	3%	(2,110)
Other Dental Services	-	-	-	-	-	-	-	-	-
Dental - Low Income Adult	(86)	(68)	(18) U	(26%)	(403)	(475)	72 F	15%	(817)
Child (School) Dental Services	60	(43)	103 F	238%	(193)	(342)	148 F	43%	(513)
Secondary / Tertiary Dental	(139)	(139)	-	-	(970)	(970)	-	-	(1,667)
Pharmaceuticals	(5,560)	(5,468)	(91) U	(2%)	(42,289)	(40,977)	(1,312) U	(3%)	(70,173)
Pharmaceutical Cancer Treatment Drugs	-	-	-	-	-	-	-	-	-
Pharmacy Services	(19)	(60)	40 F	67%	(266)	(419)	153 F	36%	(718)
Management Referred Services	-	-	-	-	-	-	-	-	-
General Medical Subsidy	(50)	(110)	60 F	54%	(581)	(979)	398 F	41%	(1,650)
Primary Practice Services - Capitated	(3,431)	(3,431)	-	-	(23,886)	(24,017)	131 F	1%	(41,172)
Primary Health Care Strategy - Care	(283)	(240)	(43) U	(18%)	(1,912)	(1,681)	(231) U	(14%)	(2,883)
Primary Health Care Strategy - Health	(340)	(286)	(54) U	(19%)	(2,307)	(2,002)	(306) U	(15%)	(3,432)
Primary Health Care Strategy - Other	(223)	(207)	(16) U	(8%)	(1,691)	(1,449)	(243) U	(17%)	(2,484)
Practice Nurse Subsidy	(16)	(17)	1 F	3%	(119)	(116)	(4) U	(3%)	(198)
Rural Support for Primary Health Pro	(1,304)	(1,301)	(3) U	-	(9,119)	(9,105)	(14) U	-	(15,609)
Immunisation	(48)	(37)	(11) U	(29%)	(471)	(440)	(31) U	(7%)	(1,840)
Radiology	(200)	(190)	(9) U	(5%)	(1,351)	(1,332)	(19) U	(1%)	(2,283)
Palliative Care	(426)	(482)	66 F	13%	(3,443)	(3,442)	(1) U	-	(5,901)
Meals on Wheels	(20)	(19)	(1) U	(3%)	(140)	(136)	(5) U	(3%)	(233)
Domiciliary & District Nursing	(453)	(448)	(5) U	(1%)	(3,078)	(3,135)	57 F	2%	(5,374)
Community based Allied Health	(168)	(167)	-	-	(1,175)	(1,172)	(3) U	-	(2,009)
Chronic Disease Management and Educa	(80)	(82)	2 F	2%	(563)	(573)	10 F	2%	(982)
Medical Inpatients	-	-	-	-	-	-	-	-	-
Medical Outpatients	(386)	(396)	10 F	2%	(2,722)	(2,771)	49 F	2%	(4,750)
Surgical Inpatients	(24)	(20)	(4) U	(21%)	(139)	(139)	-	-	(239)
Surgical Outpatients	(143)	(144)	1 F	1%	(978)	(1,008)	30 F	3%	(1,729)
Paediatric Inpatients	-	-	-	-	-	-	-	-	-
Paediatric Outpatients	-	-	-	-	-	-	-	-	-
Pacific Peoples' Health	(7)	(12)	4 F	36%	(58)	(82)	24 F	29%	(140)
Emergency Services	(151)	(160)	9 F	6%	(1,100)	(1,123)	24 F	2%	(1,926)
Minor Personal Health Expenditure	(47)	(52)	4 F	9%	(329)	(361)	32 F	9%	(619)
Price adjusters and Premium	(75)	(107)	33 F	(30%)	(1,096)	(750)	(346) U	(46%)	(1,285)
Travel & Accommodation	(387)	(393)	6 F	2%	(2,752)	(2,694)	(58) U	(2%)	(4,690)
Inter District Flow Personal Health	(2,192)	(2,148)	(43) U	(2%)	(15,323)	(15,038)	(285) U	(2%)	(25,780)
<b>Personal Health Total</b>	<b>(19,314)</b>	<b>(19,281)</b>	<b>(33) U</b>		<b>(140,359)</b>	<b>(138,493)</b>	<b>(1,866) U</b>	<b>(1%)</b>	<b>(238,342)</b>
<b>Mental Health</b>									
Mental Health to allocate	-	-	-	-	-	-	-	-	-
Acute Mental Health Inpatients	-	-	-	-	-	-	-	-	-
Sub-Acute & Long Term Mental Health	-	-	-	-	-	-	-	-	-
Crisis Respite	(5)	(5)	-	-	(33)	(33)	-	-	(57)
Alcohol & Other Drugs - General	(88)	(59)	(29) U	(50%)	(597)	(413)	(184) U	(44%)	(708)
Alcohol & Other Drugs - Child & Youth	(40)	(24)	(16) U	(66%)	(277)	(167)	(110) U	(66%)	(286)
Methodone	-	-	-	-	-	-	-	-	-
Dual Diagnosis - Alcohol & Other Drugs	(7)	(36)	30 F	81%	(37)	(254)	217 F	85%	(436)
Dual Diagnosis - MH/ID	-	-	-	-	-	-	-	-	-
Eating Disorder	(14)	(14)	-	-	(98)	(98)	-	-	(168)
Maternal Mental Health	(4)	(4)	-	-	(26)	(26)	-	-	(44)
Child & Youth Mental Health Services	(377)	(281)	(96) U	(34%)	(2,141)	(1,966)	(175) U	(9%)	(3,371)
Forensic Services	-	(4)	4 F	-	-	(25)	25 F	-	(43)
Kaupapa Maori Mental Health Services	(6)	(6)	-	-	(43)	(44)	1 F	2%	(76)
Kaupapa Maori Mental Health - Residential	-	-	-	-	-	-	-	-	-
Kaupapa Maori Mental Health - Inpati	-	-	-	-	-	-	-	-	-
Mental Health Community Services	(120)	(136)	16 F	12%	(823)	(950)	126 F	13%	(1,629)
Prison/Court Liaison	-	-	-	-	-	-	-	-	-
Mental Health Workforce Development	-	-	-	-	-	-	-	-	-
Day Activity & Work Rehabilitation S	(136)	(135)	(2) U	(1%)	(954)	(942)	(12) U	(1%)	(1,615)
Mental Health Funded Services for Older People	-	-	-	-	-	-	-	-	-
Advocacy / Peer Support - Consumer	(24)	(22)	(1) U	(5%)	(164)	(157)	(7) U	(4%)	(270)
Other Home Based Residential Support	(348)	(317)	(31) U	(10%)	(2,416)	(2,216)	(199) U	(9%)	(3,800)
Advocacy / Peer Support - Families	(52)	(60)	8 F	13%	(364)	(419)	56 F	13%	(720)
Community Residential Beds & Service	(459)	(451)	(8) U	(2%)	(3,078)	(3,156)	78 F	2%	(5,411)
Minor Mental Health Expenditure	(186)	(32)	(153) U	(475%)	(330)	(226)	(104) U	(46%)	(388)
Inter District Flow Mental Health	(441)	(441)	-	-	(3,088)	(3,088)	-	-	(5,294)
<b>Mental Health Total</b>	<b>(2,305)</b>	<b>(2,026)</b>	<b>(279) U</b>	<b>(14%)</b>	<b>(14,469)</b>	<b>(14,182)</b>	<b>(287) U</b>	<b>(2%)</b>	<b>(24,315)</b>
<b>Public Health</b>									
Alcohol & Drug	-	-	-	-	-	-	-	-	-
Communicable Diseases	-	-	-	-	-	-	-	-	-
Injury Prevention	-	-	-	-	-	-	-	-	-
Mental Health	-	-	-	-	-	-	-	-	-
Screening Programmes	-	-	-	-	-	-	-	-	-
Nutrition and Physical Activity	(27)	(23)	(4) U	(18%)	(187)	(159)	(28) U	(18%)	(272)
Physical Environment	-	-	-	-	-	-	-	-	-
Public Health Infrastructure	-	-	-	-	-	-	-	-	-
Sexual Health	-	-	-	-	-	-	-	-	-
Social Environments	-	-	-	-	-	-	-	-	-
Tobacco Control	(29)	(12)	(16) U	(132%)	(177)	(87)	(90) U	(103%)	(150)
Well Child Promotion	-	-	-	-	-	-	-	-	-
Meningococcal	-	-	-	-	-	-	-	-	-
<b>Public Health Total</b>	<b>(56)</b>	<b>(35)</b>	<b>(21) U</b>	<b>(59%)</b>	<b>(364)</b>	<b>(246)</b>	<b>(118) U</b>	<b>(48%)</b>	<b>(422)</b>

**Southern District Health Board**  
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<b>Part 4: DHB Consolidated</b>	<b>Current Month</b>				<b>Year to Date</b>				<b>Annual</b>
	<b>Actual</b>	<b>Budget</b>	<b>Variance</b>	<b>Variance</b>	<b>Actual</b>	<b>Budget</b>	<b>Variance</b>	<b>Variance</b>	<b>Budget</b>
	<b>\$(000)</b>	<b>\$(000)</b>	<b>\$(000)</b>	<b>%</b>	<b>\$(000)</b>	<b>\$(000)</b>	<b>\$(000)</b>	<b>%</b>	<b>\$(000)</b>
<b>Disability Support Services</b>									
AT & R (Assessment, Treatment and Re Information and Advisory	(297)	(297)			(2,082)	(2,082)			(3,569)
Needs Assessment	(12)	(13)	1 F	9%	(61)	(91)	31 F	34%	(156)
Service Co-ordination	(34)	(22)	(12) U	(57%)	(227)	(152)	(75) U	(50%)	(260)
Home Support	(4)	-	(4) U		(9)	-	(9) U		-
Carer Support	(1,308)	(1,267)	(41) U	(3%)	(9,820)	(9,169)	(651) U	(7%)	(15,504)
Residential Care: Rest Homes	(145)	(156)	11 F	7%	(918)	(1,093)	175 F	16%	(1,874)
Residential Care: Loans Adjustment	(2,983)	(3,047)	64 F	2%	(20,795)	(21,135)	340 F	2%	(35,880)
Long Term Chronic Conditions	13	22	(9) U	(40%)	124	155	(32) U	(20%)	266
Residential Care: Hospitals	(161)	(85)	(76) U	(90%)	(943)	(592)	(351) U	(59%)	(1,015)
Ageing in Place	(3,724)	(3,628)	(96) U	(3%)	(25,661)	(25,160)	(501) U	(2%)	(42,714)
Environmental Support Services	-	-	-	-	-	-	-	-	-
Day Programmes	(96)	(99)	3 F	3%	(689)	(692)	4 F	1%	(1,191)
Expenditure to Attend Treatment ETAT	-	-	-	-	-	-	-	-	-
Minor Disability Support Expenditure	-	(17)	17 F		(6)	(122)	116 F	95%	(209)
Respite Care	(101)	(146)	45 F	31%	(1,008)	(993)	(14) U	(1%)	(1,691)
Community Health Services & Support	(73)	(84)	11 F	13%	(283)	(588)	305 F	52%	(1,008)
Inter District Flow Disability Support	(292)	(261)	(32) U	(12%)	(1,831)	(1,825)	(7) U		(3,128)
Disability Support Other	-	-	-	-	-	-	-	-	-
<b>Disability Support Services Total</b>	<b>(9,217)</b>	<b>(9,100)</b>	<b>(117) U</b>	<b>(1%)</b>	<b>(64,208)</b>	<b>(63,539)</b>	<b>(669) U</b>	<b>(1%)</b>	<b>(107,932)</b>
<b>Maori Health</b>									
Maori Service Development	(22)	(22)			(155)	(155)			(267)
Maori Provider Assistance Infrastruc	-	-	-	-	-	-	-	-	-
Maori Workforce Development	-	-	-	-	-	-	-	-	-
Minor Maori Health Expenditure	-	-	-	-	-	-	-	-	-
Whanau Ora Services	(107)	(108)	1 F	1%	(747)	(751)	4 F	1%	(1,290)
<b>Maori Health Total</b>	<b>(129)</b>	<b>(130)</b>	<b>1 F</b>	<b>1%</b>	<b>(903)</b>	<b>(907)</b>	<b>4 F</b>	<b>1%</b>	<b>(1,557)</b>
Internal Allocations	-	-	-	-	-	-	-	-	-
<b>Total Expenses</b>	<b>(72,028)</b>	<b>(71,052)</b>	<b>(977) U</b>	<b>(1%)</b>	<b>(513,360)</b>	<b>(508,163)</b>	<b>(5,198) U</b>	<b>(1%)</b>	<b>(871,171)</b>
<b>Net Surplus/ (Deficit)</b>	<b>571</b>	<b>604</b>	<b>(33) U</b>	<b>(5%)</b>	<b>(6,335)</b>	<b>(5,470)</b>	<b>(865) U</b>	<b>(16%)</b>	<b>(9,039)</b>
<i>Zero Check</i>	-	-	-	-	-	-	-	-	-
<b>Part 4.1 A: Supplementary Information to Statement of Financial Performance</b>									
Depreciation - Clinical Equipment	(641)	(637)	(3) U	(1%)	(4,513)	(4,449)	(64) U	(1%)	(7,655)
Depreciation - Non Residential Buildings & Plant	(696)	(675)	(21) U	(3%)	(4,788)	(4,716)	(72) U	(2%)	(8,100)
Depreciation - Motor Vehicles	(2)	(9)	7 F	80%	(107)	(64)	(43) U	(68%)	(108)
Depreciation - Information Technology	(241)	(212)	(28) U	(13%)	(1,692)	(1,498)	(193) U	(13%)	(2,528)
Depreciation - Other Equipment	(65)	(40)	(16) U	(40%)	(337)	(274)	(63) U	(23%)	(468)
Total Depreciation	(1,634)	(1,573)	(61) U	(4%)	(11,436)	(11,001)	(436) U	(4%)	(18,860)
Interest Cost from Funder Loans	-	-	-	-	-	-	-	-	-
Interest Costs from CHFA	(383)	(401)	18 F	5%	(2,653)	(2,804)	151 F	5%	(4,808)
Financing Component of Operating Leases	(31)	(28)	(3) U	(10%)	(130)	(197)	67 F	34%	(338)
Capital Charge	(795)	(867)	72 F	8%	(5,841)	(6,149)	308 F	5%	(10,476)



# Southern District Health Board

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<b>Part 4: DHB Consolidated</b>	<b>Current Month Actual \$ (000)</b>	<b>Previous Month Actual \$(000)</b>	<b>Movement \$(000)</b>	<b>Current Budget \$(000)</b>	<b>Current Year Opening Balance Sheet \$(000)</b>	<b>Annual Budget \$(000)</b>
<b>Part 4.2: Balance Sheet</b>						
<b>Current Assets</b>						
Petty Cash	16	16	-	15	15	15
Bank	245	(173)	418	-	(401)	-
Short Term Investments - HBL	9,551	18,883	(9,331)	8,365	27,629	12,242
Short Term Investments	-	-	-	-	-	-
Prepayments	3,146	3,429	(283)	2,358	1,639	2,530
Accounts Receivable	7,099	7,075	24	6,000	7,519	6,000
Provision for Doubtful Debts	(1,968)	(1,839)	(129)	(1,695)	(1,839)	(1,695)
Accrued Debtors	18,381	16,356	2,025	25,148	15,707	26,417
Inventory / Stock	4,719	4,794	(75)	4,422	4,817	4,422
<b>Current Assets Total</b>	<b>41,189</b>	<b>48,541</b>	<b>(7,352)</b>	<b>44,613</b>	<b>55,086</b>	<b>49,932</b>
<b>Non Current Assets</b>						
Land, Buildings & Plant	267,573	267,445	128	269,832	259,028	279,029
Clinical Equipment (incl Finance Leases)	107,406	107,571	(164)	123,395	111,928	126,395
Other Equipment (incl Finance Leases)	14,929	14,879	50	14,426	15,515	14,546
Information Technology	37,565	37,444	120	42,341	36,469	45,125
Motor Vehicles	2,323	1,484	838	1,210	1,484	1,210
Provision Depreciation - Buildings & Plant	(29,283)	(28,588)	(696)	(29,402)	(24,497)	(32,787)
Provision Depreciation - Clinical Equipment	(71,271)	(70,973)	(298)	(79,522)	(74,745)	(82,774)
Provision Depreciation - Other Equipment	(11,294)	(11,239)	(55)	(12,107)	(11,787)	(12,322)
Provision Depreciation - Information Technology	(27,390)	(27,236)	(154)	(27,422)	(25,814)	(28,540)
Provision Depreciation - Motor Vehicles	(788)	(496)	(292)	(485)	(391)	(547)
WIP	3,312	3,108	204	6,910	6,198	-
Investment in Associates	-	-	-	278	-	280
Long Term Investments	3,004	2,888	116	3,004	1,841	3,584
<b>Non Current Assets Total</b>	<b>296,085</b>	<b>296,286</b>	<b>(202)</b>	<b>312,458</b>	<b>295,230</b>	<b>313,201</b>
<b>Current Liabilities</b>						
Accounts Payable Control	(2,533)	(3,487)	954	(4,900)	(3,872)	(4,900)
Accrued Creditors	(25,497)	(26,350)	853	(32,651)	(27,670)	(33,345)
Income Received in Advance	(1,126)	(841)	(285)	(1,743)	(892)	(1,743)
Capital Charge Payable	(795)	(5,046)	4,252	(867)	(4,731)	-
GST & Tax Provisions	(6,694)	(9,861)	3,166	(4,212)	(4,193)	(3,418)
Term Loans - Finance Leases (current portion)	(948)	(917)	(31)	(1,120)	(943)	(1,120)
Term Loans - Crown (current portion)	(10,726)	(10,726)	-	(17,663)	(10,806)	(17,363)
Payroll Accrual & Clearing Accounts	(14,610)	(11,527)	(3,083)	(11,846)	(12,494)	(13,331)
Employee Entitlement Provisions	(43,441)	(45,510)	2,069	(43,985)	(46,597)	(43,985)
<b>Current Liabilities Total</b>	<b>(106,371)</b>	<b>(114,267)</b>	<b>7,896</b>	<b>(118,986)</b>	<b>(112,199)</b>	<b>(119,203)</b>
<b>WORKING CAPITAL</b>	<b>(65,182)</b>	<b>(65,726)</b>	<b>544</b>	<b>(74,373)</b>	<b>(57,114)</b>	<b>(69,271)</b>
<b>NET FUNDS EMPLOYED</b>	<b>230,902</b>	<b>230,560</b>	<b>342</b>	<b>238,085</b>	<b>238,116</b>	<b>243,929</b>
<b>Non Current Liabilities</b>						
Long Service Leave - Non Current Portion	(2,994)	(2,994)	-	(3,376)	(3,085)	(3,376)
Retirement Gratuities - Non Current Portion	(10,769)	(10,778)	8	(12,688)	(11,147)	(12,688)
Other Employee Entitlement Provisions	(1,213)	(1,213)	-	-	(1,237)	-
Term Loans - Finance Leases (non current portion)	(2,806)	(3,044)	238	(4,577)	(2,945)	(4,477)
Term Loans - Crown (non current portion)	(90,767)	(90,750)	(17)	(84,092)	(91,014)	(84,092)
Custodial Funds	-	-	-	-	-	-
<b>Non Current Liabilities Total</b>	<b>(108,549)</b>	<b>(108,779)</b>	<b>229</b>	<b>(104,733)</b>	<b>(109,428)</b>	<b>(104,633)</b>
<b>Crown Equity</b>						
Crown Equity	(171,495)	(171,495)	-	(179,871)	(171,495)	(175,371)
Crown Equity Injection	-	-	-	-	-	(14,721)
Crown Equity Repayments	-	-	-	-	-	707
Trust and Special Funds (no restricted use)	(4,897)	(5,161)	264	-	(5,085)	-
Revaluation Reserve	(84,515)	(84,515)	-	(85,362)	(84,515)	(85,362)
Retained Earnings - DHB Governance & Funding	3,586	3,345	241	2,944	2,967	2,772
Retained Earnings - DHB Provider	98,279	98,545	(266)	92,966	93,256	96,282
Retained Earnings - Funds	36,689	37,499	(810)	35,971	36,184	36,397
<b>Crown Equity Total</b>	<b>(122,353)</b>	<b>(121,782)</b>	<b>(571)</b>	<b>(133,352)</b>	<b>(128,688)</b>	<b>(139,296)</b>
<b>NET FUNDS EMPLOYED</b>	<b>(230,902)</b>	<b>(230,560)</b>	<b>(342)</b>	<b>(238,085)</b>	<b>(238,116)</b>	<b>(243,929)</b>
Zero Check	-	-	-	-	-	-
<b>Part 4.3: Statement of Movement in Equity</b>						
Total equity at beginning of the period	(121,782)	(123,000)	-	(134,322)	(128,688)	(134,322)
Net Results for Period	(571)	1,220	(571)	5,470	-	9,039
Revaluation of Fixed Assets	-	-	-	-	-	-
Equity Injections - Deficit Support	-	-	-	(4,500)	-	(9,000)
Equity Injections - Capital Projects	-	-	-	-	-	(5,721)
Equity Repayments	-	-	-	-	-	707
Other	-	(2)	-	-	-	-
Movement in Trust and Special Funds	-	-	-	-	-	-
<b>Total Equity at end of the period</b>	<b>(122,353)</b>	<b>(121,782)</b>	<b>(571)</b>	<b>(133,352)</b>	<b>(128,688)</b>	<b>(139,296)</b>

# Board Cash Flow - Southern

## Jan-14

<b>Part 4: DHB Consolidated</b>	Current Month			Year to Date			Annual
	Actual	Budget	Variance	Actual	Budget	Variance	Budget
	\$(000)	\$(000)	\$(000)	\$(000)	\$(000)	\$(000)	\$(000)
<b>Part 4.4 Statement of Cashflows</b>							
<b>Operating Revenue</b>							
Government and Crown Agency Revenue	69,759	70,512	(753) U	496,054	494,323	1,731 F	846,500
Other Revenue Received	994	928	66 F	7,913	6,634	1,279 F	11,851
<b>Total Receipts</b>	<b>70,753</b>	<b>71,440</b>	<b>(687) U</b>	<b>503,967</b>	<b>500,957</b>	<b>3,010 F</b>	<b>858,351</b>
<b>Payments</b>							
Payments for Personnel	(25,927)	(28,920)	2,993 F	(195,052)	(192,522)	(2,530) U	(328,220)
Payments for Supplies	(12,638)	(10,813)	(1,825) U	(82,989)	(77,299)	(5,690) U	(133,169)
Interest Paid	(31)	(28)	(3) U	(2,387)	(2,587)	200 F	(5,107)
Capital Charge Paid	(5,046)	-	(5,046) U	(9,778)	(5,275)	(4,503) U	(10,499)
GST (Net) & Tax	(3,166)	(3,187)	21 F	2,501	751	1,750 F	(69)
Payment to own DHB Provider (Eliminated)	-	-	-	-	-	-	-
Payment to own DHB Governance & Funding Admin	-	-	-	-	-	-	-
Payments to other DHBs	(2,891)	(2,850)	(41) U	(20,249)	(19,951)	(298) U	(34,202)
Payments to Providers	(28,540)	(28,462)	(78) U	(201,673)	(197,511)	(4,162) U	(337,910)
<b>Total Payments</b>	<b>(78,239)</b>	<b>(74,260)</b>	<b>(3,979) U</b>	<b>(509,627)</b>	<b>(494,394)</b>	<b>(15,233) U</b>	<b>(849,176)</b>
<b>Net Cashflow from Operating</b>	<b>(7,486)</b>	<b>(2,820)</b>	<b>(4,666) U</b>	<b>(5,660)</b>	<b>6,563</b>	<b>(12,223) U</b>	<b>9,175</b>
<b>Investing Activities</b>							
Interest Receipts 3rd Party	211	185	26 F	1,137	1,295	(159) U	2,220
Sale of Fixed Assets	-	-	-	33	-	33 F	-
<b>Capital Expenditure</b>							
Land, Buildings & Plant	(142)	(855)	713 F	(4,776)	(7,989)	3,213 F	(10,276)
Clinical Equipment	(867)	(600)	(267) U	(4,174)	(8,465)	4,291 F	(11,465)
Other Equipment	(51)	(40)	(11) U	(365)	(280)	(85) U	(400)
Information Technology	(190)	(502)	312 F	(1,220)	(4,174)	2,954 F	(6,583)
Motor Vehicles	-	-	-	-	-	-	-
Work in Progress (Check)	-	-	-	-	-	-	-
<b>Total Capital Expenditure</b>	<b>(1,251)</b>	<b>(1,997)</b>	<b>746 F</b>	<b>(10,535)</b>	<b>(20,908)</b>	<b>10,373 F</b>	<b>(28,724)</b>
Increase in Investments and Restricted & Trust Funds Assets	(116)	(116)	0 F	(1,164)	(1,164)	-	(1,746)
<b>Net Cashflow from Investing</b>	<b>(1,156)</b>	<b>(1,928)</b>	<b>773 F</b>	<b>(10,530)</b>	<b>(20,777)</b>	<b>10,247 F</b>	<b>(28,250)</b>
<b>Financing Activities</b>							
Equity Injections	-	-	-	-	4,500	(4,500) U	14,014
<b>New Debt</b>							
Private Sector	-	-	-	-	-	-	-
CHFA	-	-	-	-	-	-	-
<b>Repaid Debt</b>							
Private Sector	(272)	(94)	(178) U	(798)	(758)	(40) U	(1,233)
CHFA	-	-	-	(443)	(300)	(143) U	(600)
<b>Other Non-Current Liability Movement</b>							
Other Equity Movement	-	-	-	-	-	-	-
<b>Net Cashflow from Financing</b>	<b>(272)</b>	<b>(94)</b>	<b>(178) U</b>	<b>(1,241)</b>	<b>3,442</b>	<b>(4,683) U</b>	<b>12,181</b>
<b>Net Cashflow</b>	<b>(8,914)</b>	<b>(4,842)</b>	<b>(4,072) U</b>	<b>(17,431)</b>	<b>(10,772)</b>	<b>(6,659) U</b>	<b>(6,894)</b>
Plus Cash (Opening)	18,726	13,222	5,504 F	27,243	19,152	8,091 F	19,151
Cash (Closing)	<b>9,812</b>	<b>8,380</b>	<b>1,432 F</b>	<b>9,812</b>	<b>8,380</b>	<b>1,432 F</b>	<b>12,257</b>
<b>Carry Forward Check</b>							
<b>Closing Cash made up of:</b>							
Petty Cash	16	15	1 F	16	15	1 F	15
Bank (Overdraft)	245	-	245 F	245	-	245 F	-
Short Term Investments	9,551	8,365	1,186 F	9,551	8,365	1,186 F	12,242
<b>Total Cashflow Cash (Closing)</b>	<b>9,812</b>	<b>8,380</b>	<b>1,432 F</b>	<b>9,812</b>	<b>8,380</b>	<b>1,432 F</b>	<b>12,257</b>

Governance								
Description	\$000 YTD Actual	\$000 Remaining Budget	\$000 Actual + remaining budget	\$000 Adjustment	\$000 Full Year Forecast	\$000 Full Year Budget	\$000 Variance	Comment
<b>REVENUE</b>			0					
Internal revenue (DHB Fund to DHB Governance & Funding Administration)	4,888	3,491	8,379	(1)	8,378	8,379	(1)	
Other Government	54	0	54	40	94	0	94	
<b>REVENUE TOTAL</b>	<b>4,941</b>	<b>3,491</b>	<b>8,432</b>	<b>39</b>	<b>8,471</b>	<b>8,379</b>	<b>93</b>	
<b>Personnel costs</b>			0	0				
Medical Personnel	(14)	(96)	(110)	96	(14)	(233)	219	favourable variance offset in outsourced
Nursing Personnel	0	(4)	(4)	4	0	(9)	9	
Support Personnel	0	0	0	0	0	0	0	
Management/Administration Personnel	(2,022)	(1,416)	(3,438)	(84)	(3,522)	(3,440)	(81)	
<b>Personnel costs Total</b>	<b>(2,036)</b>	<b>(1,516)</b>	<b>(3,552)</b>	<b>16</b>	<b>(3,536)</b>	<b>(3,682)</b>	<b>146</b>	
<b>Expenditure</b>			0	0				
Outsourced Services	(2,128)	(1,001)	(3,128)	(179)	(3,308)	(2,439)	(868)	partly offset above
Clinical Supplies	(0)	0	(0)	0	(0)	0	(0)	
Infrastructure & Non-Clinical Supplies	(1,396)	(802)	(2,198)	113	(2,085)	(2,257)	172	costs forecast to reduce slightly
<b>Expenditure Total</b>	<b>(3,524)</b>	<b>(1,803)</b>	<b>(5,327)</b>	<b>(66)</b>	<b>(5,393)</b>	<b>(4,697)</b>	<b>(696)</b>	
<b>Net Surplus / (Deficit)</b>	<b>(618)</b>	<b>172</b>	<b>(446)</b>	<b>(11)</b>	<b>(457)</b>	<b>0</b>	<b>(458)</b>	

Provider								
Description	\$000 YTD Actual	\$000 Remaining Budget	\$000 Actual + remaining budget	\$000 Adjustment	\$000 Full Year Forecast	\$000 Full Year Budget	\$000 Variance	Comment
<b>Revenue</b>								
Government & Crown Agency Sourced	19,271	12,810	32,081	490	32,571	30,774	1,798	Additional ACC, Research revenue and CTA
Non Government & Crown Agency Revenue	9,081	6,093	15,175	250	15,425	14,074	1,351	Additional Donations and other income
Internal Revenue	253,935	182,267	436,202	0	436,202	437,441	(1,239)	Mental Health internal revenue reduction offset by additional revenue transfers
<b>Revenue Total</b>	<b>282,288</b>	<b>201,171</b>	<b>483,458</b>	<b>741</b>	<b>484,199</b>	<b>482,289</b>	<b>1,910</b>	
<b>Personnel</b>			0	0				
Personnel			0	0				
Medical Personnel	(63,813)	(42,017)	(105,831)	(1,686)	(107,516)	(102,133)	(5,383)	Extrapolated
Nursing Personnel	(70,987)	(53,016)	(124,004)	710	(123,294)	(124,583)	1,290	Reduced for Planned Bed Day reduction
Allied Health Personnel	(28,297)	(20,885)	(49,183)	587	(48,596)	(50,086)	1,491	Extrapolated
Support Personnel	(5,685)	(4,041)	(9,726)	0	(9,726)	(9,767)	41	
Management & Administration Personnel	(22,700)	(15,706)	(38,406)	(28)	(38,434)	(39,040)	606	Reduced budgeted restructure savings from Feb-June
<b>Personnel Total</b>	<b>(191,483)</b>	<b>(135,665)</b>	<b>(327,148)</b>	<b>(417)</b>	<b>(327,566)</b>	<b>(325,610)</b>	<b>(1,956)</b>	
<b>Expenditure</b>			0	0				
Outsourced Services	(9,428)	(6,424)	(15,852)	24	(15,828)	(15,722)	(106)	Radiology outsourcing not budgeted with recruitment unsuccessful
Clinical Supplies	(47,518)	(33,649)	(81,167)	(772)	(81,939)	(79,677)	(2,262)	Costs over budget in Treatment Disposables and Implants and Prostheses
Infrastructure & Non-Clinical Supplies	(39,070)	(28,748)	(67,818)	710	(67,108)	(69,215)	2,107	
<b>Expenditure Total</b>	<b>(96,016)</b>	<b>(68,821)</b>	<b>(164,837)</b>	<b>(38)</b>	<b>(164,875)</b>	<b>(164,614)</b>	<b>(261)</b>	
<b>Net Surplus / (Deficit)</b>	<b>(5,211)</b>	<b>(3,316)</b>	<b>(8,527)</b>	<b>285</b>	<b>(8,242)</b>	<b>(7,936)</b>	<b>(307)</b>	

Funder								
Description	\$000 YTD Actual	\$000 Remaining Budget	\$000 Actual + remaining budget	\$000 Adjustment	\$000 Full Year Forecast	\$000 Full Year Budget	\$000 Variance	Comment
<b>Revenue</b>								
Government & Crown Agency Sourced	478,619	340,535	819,154	185	819,339	817,283	2,056	Revenue higher than budget, and has cost offset
<b>Revenue Total</b>	<b>478,619</b>	<b>340,535</b>	<b>819,154</b>	<b>185</b>	<b>819,339</b>	<b>817,283</b>	<b>2,056</b>	
<b>Expenditure</b>			0	0				
Outsourced Services	(4,888)	(3,491)	(8,379)	1	(8,378)	(8,379)	1	
Provider Payments			0	0				
Payments to Providers - Personal Health	(339,374)	(242,237)	(581,611)	(234)	(581,844)	(580,072)	(1,772)	Pharms, labs and Palliative care all ahead of budget
Payments to Providers - Public Health	(6,709)	(4,318)	(11,027)	(14)	(11,042)	(10,363)	(678)	Additional costs offset with revenue
Payments to Providers - Mental Health	(49,742)	(36,349)	(86,090)	714	(85,377)	(87,232)	1,855	Mental Health internal wash-up continuing
Payments to Providers - Disability Support	(77,344)	(53,798)	(131,142)	(118)	(131,259)	(130,502)	(758)	Forecast ahead of budget, partly offset by additional revenue
Payments to Providers - Hauora Maori Services	(1,068)	(768)	(1,836)	3	(1,833)	(1,840)	7	
<b>Expenditure Total</b>	<b>(479,124)</b>	<b>(340,960)</b>	<b>(820,085)</b>	<b>352</b>	<b>(819,733)</b>	<b>(818,387)</b>	<b>(1,345)</b>	
<b>Net Surplus / (Deficit)</b>	<b>(505)</b>	<b>(426)</b>	<b>(931)</b>	<b>537</b>	<b>(393)</b>	<b>(1,104)</b>	<b>710</b>	

Consolidated Result								
	\$000 YTD Actual	\$000 Remaining Budget	\$000 Actual + remaining budget	\$000 Adjustment	\$000 Full Year Forecast	\$000 Full Year Budget	\$000 Variance	
<b>Consolidated Result</b>	<b>(6,335)</b>	<b>(3,570)</b>	<b>(9,904)</b>	<b>811</b>	<b>(9,093)</b>	<b>(9,039)</b>	<b>(54)</b>	

## Southern District Health Board

**Minutes of the Joint Meeting of the Disability Support Advisory Committee and Community & Public Health Advisory Committee held on Tuesday, 4 February 2014, commencing at 10.00 am, in the Board Room, Wakari Hospital Campus, Dunedin**

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**Present:** Ms Sandra Cook Chair  
Mr Neville Cook  
Mrs Kaye Crowther  
Dr Branko Sijnja  
Mr Tim Ward

**In Attendance:** Mr Joe Butterfield Board Chair (from 10.10 am)  
Dr John Chambers Board Member  
Mr Tony Hill Board Member (from 11.00 am)  
Mr Tuari Potiki Board Member  
Mr Richard Thomson Board Member  
Dr Jan White Crown Monitor  
Mrs Sandra Boardman Executive Director, Planning & Funding  
Mr David Dickson Finance Manager (until 10.50 am)  
Ms Carole Heatly Chief Executive Officer  
Mr Jim Hurring Portfolio Manager, Primary & Community (until 10.40 am)  
Mrs Lexie O'Shea Deputy CEO/Executive Director Patient Services  
Mr Ian Macara Chief Executive, Southern PHO (until 10.50 am)  
Dr Keith Reid Medical Officer of Health, Public Health South (until 10.50 am)  
Mr David Tulloch Chief Medical Officer  
Ms Jeanette Kloosterman Board Secretary

### 1.0 WELCOME

The Chairperson welcomed everyone to the first meeting of the Committees for the new Board term and extended a special welcome to Sandra Boardman, who had recently taken up the position of Executive Director, Planning & Funding.

### 2.0 APOLOGIES

An apology was received from Mr Stuart Heal.

### 3.0 MEMBERS' DECLARATION OF INTEREST

*It was resolved:*

**"That the Interests Register be noted."**

#### 4.0 PREVIOUS MINUTES

*It was resolved:*

**"That the minutes of the joint meeting of the Disability Support Advisory Committee and Community & Public Health Advisory Committee held on 6 November 2013 be approved and adopted as a true and correct record."**

#### 5.0 ACTION SHEET

The Committees reviewed the action sheet (agenda item 5) and noted management's advice:

- That a draft work plan for the Committees would be submitted to the next meeting. This would inform a programme of "deep dive" presentations around specific topics;
- That a report on pharmaceutical expenditure would be submitted to the next meeting. An invitation would also be extended to the Chief Executive of Pharmac to meet with the Committees;
- That a clinical advisory group would be set up to oversee pharmaceutical usage;
- That the Executive Director Planning & Funding would follow up the Child & Youth Compass questionnaire action point.

*Mr Joe Butterfield, Board Chair, joined the meeting at 10.10 am.*

#### 6.0 PLANNING & FUNDING PORTFOLIO REPORT – PRIMARY AND COMMUNITY

##### **Community Pharmacy Service Agreement – Proposed Stage 4 Rollout**

The Executive Director Planning & Funding presented a report overviewing the proposed stage 4 rollout of the Community Pharmacy Service Agreement (agenda item 6a), then took questions from members.

*It was resolved:*

**"That the report be received."**

##### **Rural Funding Mechanism for General Practices**

*Dr Sijnja reminded members of his interest in this item.*

The Executive Director Planning & Funding presented a paper outlining changes to the current funding mechanisms for rural GP practices (agenda item 6b), then took questions from members.

The Committees noted management's advice:

- That under the new criteria Queenstown would no longer be considered rural. There would be a transitional period of two years and the DHB would be working with the PHO to mitigate any risks arising from that change;

- That an alliance involving the DHB, PHO and GPs would determine how the funding received would be allocated to support rural practices and that review would include Queenstown.

***It was resolved:***

**"That the report be received."**

## **7.0 SOUTHERN HEALTH ALLIANCE**

A report from Prof Robin Gauld, Independent Chair of the Southern Health Alliance Leadership Team (SHALT), on SHALT activities and progress to date was circulated with the agenda (item 7).

The Committees expressed their disappointment with the report and indicated they required more information to discharge their duty to oversee SHALT.

***It was resolved:***

**"That the report be received."**

## **8.0 PUBLIC HEALTH**

Dr Keith Reid, Medical Officer of Health, presented a report on Public Health South activity for October to December 2013, information for local body councillors, and a report on vaccine preventable disease (agenda item 8), then took questions from members.

The Committees noted advice from management:

- That the Southern PHO had appointed a smokefree champion to focus on improving performance against the Primary Care Better Help for Smokers to Quit Health Target;
- That an Alcohol Programme Leader had been appointed and one of their responsibilities would be to develop a Southern DHB alcohol harm reduction strategy.

***It was resolved:***

**"That the report be received."**

## **9.0 SOUTHERN PRIMARY HEALTH ORGANISATION**

Mr Ian Macara, Chief Executive, Southern PHO, presented a report on Southern PHO strategic and governance matters, an update on programmes and operational activity, and the PHO's financial position (agenda item 9), then took questions from members.

Mr Macara recorded his thanks to Mr Tulloch, Chief Medical Officer, for attending the locality meetings with primary care stakeholders around the district.

***It was resolved:***

**"That the report be noted."**

## 10.0 BEFORE (B4) SCHOOL CHECKS

A report on performance against the B4 School Check targets was circulated with the agenda (item 10) for members' information.

***It was resolved:***

**"That the report be received."**

## 11.0 FINANCIAL REPORT

The Finance Manager presented the Funder Financial Report for the period ended 31 December 2013 (agenda item 11), then took questions from members.

The Committees:

- Noted the Finance Manager's advice that the current year-end forecast for the Funder was a \$0.7m deficit;
- Requested a report on the Health of Older Persons changes and how that had impacted on the budget and client outcomes.

***It was resolved:***

**"That the report be noted."**

## CONFIDENTIAL SESSION

***At 10.50 am it was resolved that the public be excluded for the following agenda items:***

<i>General subject:</i>	<i>Reason for passing this resolution:</i>	<i>Grounds for passing the resolution:</i>
1. Previous Minutes	As per reasons set out in previous agenda	S 34(a), Schedule 4, NZ Public Health and Disability Act 2000 – that the public conduct of this part of the meeting would be likely to result in the disclosure of information for which good reason for withholding exists under sections 9(2)(i), 9(2)(j) and 9(2)(f)(iv) of the Official Information Act 1982, that is, the withholding of the information is necessary to enable a Minister of the Crown or any Department or organisation holding the information to carry out, without prejudice or disadvantage, commercial activities and negotiations, and to maintain the constitutional convention protecting the confidentiality of advice tendered by Ministers of the Crown and officials.

<i>General subject:</i>	<i>Reason for passing this resolution:</i>	<i>Grounds for passing the resolution:</i>
2. Annual Plan 2014/15	To allow activities and negotiations to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and (j).
3. Wakatipu Reference Group Update	To allow activities and negotiations to be carried on without prejudice or disadvantage	As above, section (j).

The meeting closed at 11.15 a.m.

Confirmed as a correct record:

Chairperson .....

Date .....



**SOUTHERN DISTRICT HEALTH BOARD**

*The Disability Support and Community & Public Health Advisory Committees will be reviewing their terms of reference on 5 March 2014 and will make a recommendation to Board.*

<b>Title:</b>	<b>Terms of Reference Review</b>	
<b>Report to:</b>	Disability Support and Community & Public Health Advisory Committees	
<b>Date of Meeting:</b>	5 March 2014	
<b>Summary:</b> The Terms of Reference (ToR) for each committee were last reviewed and modified in February 2012. Minor amendments have been made to the current Terms of Reference.		
<b>Specific implications for consideration</b> (financial/workforce/risk/legal etc):		
<b>Financial:</b>	N/A	
<b>Workforce:</b>	N/A	
<b>Other:</b>	N/A	
<b>Document previously submitted to:</b>		<b>Date:</b>
<b>Approved by Chief Executive Officer:</b>		<b>Date:</b>
<b>Prepared by:</b> Board Secretary  <b>Date:</b> 13.02.14	<b>Presented by:</b> Sandra Boardman Executive Director Planning & Funding	
<b>RECOMMENDATIONS:</b>  That the Committees endorse the Terms of Reference as modified and recommend the Board approve them.		

## DISABILITY SUPPORT ADVISORY COMMITTEE (DSAC)

### Terms of Reference

#### **Accountability**

The Disability Support Advisory Committee is constituted by section 35, part 3, of The New Zealand Public Health and Disability Act 2000 (The Act).

The procedures of the Committee shall also comply with Schedule 4 of the Act.

The Committee is to further comply with the standing orders of the Southern DHB which may not be inconsistent with the Act.

#### **Function and Scope**

- 1) The statutory functions of DSAC are to give the Boards advice on:
  - a) The disability support needs of the resident population of the Southern DHB
  - b) Priorities for use of the disability support funding provided.
- 2) The aim of the Committee's advice will be to ensure that the following promote the inclusion and participation in society, and maximise the independence, of the people with disabilities within the Southern DHB's resident population:
  - a) the kinds of disability support services the Southern DHB has provided or funded or could provide or fund for those people;
  - b) all policies the Southern DHB has adopted or could adopt for those people.
- 3) The Committee's advice may not be inconsistent with the New Zealand Disability Strategy.

#### **Responsibilities**

The Committee is responsible for:

- 1) Providing advice on the overall performance of the disability support services delivered by or through the Southern DHB;
- 2) Providing advice on strategic issues related to the delivery of disability support services delivered by or through the Southern DHB;
- 3) Focusing on the disability support needs of the population and developing principles on which to determine priorities for using finite disability support funding;
- 4) Ensuring that the District Annual Plans (DAPs) of the Southern DHB demonstrate how people with disability will access health services and how the Southern DHB will ensure that the disability support services they fund or provide are co-ordinated with the services of other providers to meet the needs of people with disabilities;

- 5) Assessing the disability support services' performance against expectations set in the relevant accountability documents, documented standards and legislation;
- 6) Ensuring that recommendations for significant change or strategic issues have noted input from key stakeholders and consultation has occurred in accordance with statutory requirements and Ministry guidelines.

### **Membership**

All members of the Committee are to be appointed by the Board. The Board will appoint the chairperson.

The Committee is to comprise of Board members, supplemented with external appointees as required.

Membership will provide for Māori representation on the Committee. The Committee may obtain additional advice as and when required.

Where a person, who is not a Board member, is appointed to the Committee, the person must give the Board a statement that discloses any present or future conflict of interest, or a statement that no such conflicts exist or are likely to exist in the future.

### **Conflicts of Interest**

Where a potential conflict of interest exists with an agenda item, these are to be declared by members and staff. A register of interests shall form part of each Committee meeting agenda.

### **Quorum**

The quorum of members of a committee is,—

- (a) if the total number of members of the committee is an even number, half that number; but
- (b) if the total number of members of the committee is an odd number, a majority of the members.

### **Meetings**

Meetings for this Committee are generally held bi-monthly.

### **Review**

The Terms of Reference for this Committee shall be reviewed at the beginning of each new Board term.

### **Management Support**

The Chief Executive Officer shall ensure adequate provision of management and administrative support to the Committee.



## **COMMUNITY & PUBLIC HEALTH ADVISORY COMMITTEE (CPHAC)**

### **Terms of Reference**

#### **Accountability**

The Community & Public Health Advisory Committee is constituted by section 34, part 3, of The New Zealand Public Health and Disability Act 2000 (The Act).

The procedures of the Committee shall also comply with Schedule 4 of the Act.

The Committee is to further comply with the standing orders of the Southern DHB which may not be inconsistent with the Act.

#### **Function and Scope**

- 1) The statutory functions of CPHAC is to give the Board advice on:
  - a) the needs, and any factors that the Committee believes may adversely affect the health status, of the resident population of the Southern DHB; and
  - b) priorities for use of the limited health funding provided.
- 2) The statutory aim of CPHAC's advice is to ensure that the following maximise the overall health gain for the population the Committee serves:
  - a) all service interventions the Southern DHB has provided or funded or could provide or fund for that population;
  - b) all policies the DHB has adopted or could adopt for that population.
- 3) CPHAC's advice may not be inconsistent with the New Zealand Health Strategy.

#### **Responsibilities**

The Committee is responsible for:

- 1) Taking an overview of the population and health improvement;
- 2) Providing recommendations for new initiatives in community and public health improvement;
- 3) Addressing the prevention of inappropriate hospital admissions through health promotion and community care interventions;

- 4) Examining the role that primary care, disability support, public health and other community services - as well as hospital services - can play in achieving health improvement;
- 5) Ensuring better co-ordination across the interface between services and providers;
- 6) Focusing on the needs of the populations and developing principles on which to determine priorities for using finite health funding;
- 7) Interpreting the local implications of the nation-wide and sector-wide health goals and performance expectations;
- 8) Providing advice on strategies to reduce the disparities in health status; especially relating to Maori and Pacific Island peoples;
- 9) Providing advice on priorities for health improvement and independence as part of the strategic planning process;
- 10) Ensuring the processes and systems are put in place for effective and efficient management of health information in the Southern DHB district, including policies regarding data ownership and security;
- 11) Ensuring the priorities of the community are reflected in the Annual Plan of the Southern DHB, and to ensure that appropriate processes are followed in preparation of the plan.
- 12) Ensuring that recommendations for significant change or strategic issues have noted input from key stakeholders and consultation has occurred in accordance with statutory requirements and Ministry guidelines.

### **Membership**

All members of the Committee are to be appointed by the Board. The Board will appoint the chairperson.

The Committee is to comprise of Board members, supplemented with external appointees as required.

Membership will provide for Māori representation on the Committee. The Committee may obtain additional advice as and when required.

Where a person, who is not a Board member, is appointed to the Committee, the person must give the Board a statement that discloses any present or future conflict of interest, or a statement that no such conflicts exist or are likely to exist in the future.

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### **Meetings**

Meetings for this Committee are generally held bi-monthly.

### **Review**

The Terms of Reference for this Committee shall be reviewed at the beginning of each new Board term.

### **Management Support**

The Chief Executive Officer shall ensure adequate provision of management and administrative support to the Committee.

## Southern District Health Board

### Minutes of the Hospital Advisory Committee Meeting held on Tuesday, 4 February 2014, commencing at 2.00pm in the Board Room, Main Block, 2<sup>nd</sup> Floor, West Wing, Wakari Hospital Campus

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<b>Present:</b>	Mr Joe Butterfield Dr John Chambers Mrs Mary Gamble Mr Tony Hill Mr Tuari Potiki Mr Richard Thomson	Chairman
<b>In Attendance:</b>	Dr Jan White Mrs Kaye Crowther Mr Tim Ward Ms Carole Heatly Mrs Lexie O'Shea  Mr Steve Addison Ms Sandra Boardman Mr Richard Bunton Mr Ron Craft Mr Grant Paris Mrs Leanne Samuel Mrs Joanne Fannin	Crown Monitor Board member Board Deputy Chairman Chief Executive Officer Executive Director of Patient Services/Deputy CEO Executive Director Communications Executive Director Planning & Funding Medical Director of Patient Services Project Manager Planning & Funding Senior Business Analyst Executive Director Nursing and Midwifery Board Secretary Southland

#### 1.0 WELCOME AND APOLOGIES

The Chairman welcomed everyone to the meeting. There were no apologies.

#### 2.0 MEMBERS' DECLARATION OF INTEREST

*It was resolved:*

**"That the Interests Register be noted."**

#### 3.0 CONFIRMATION OF PREVIOUS MINUTES

*It was resolved:*

**"That the minutes of the 6 November 2013 Hospital Advisory Committee meeting be approved and adopted as a true and correct record."**

#### 4.0 MATTERS ARISING

There were no matters arising from the previous minutes that were not covered by the agenda.

#### 5.0 ACTION SHEET

The Committee reviewed the action sheet.

*It was resolved:*

**"That the action sheet be noted."**

#### 6.0 EXECUTIVE DIRECTOR OF PATIENT SERVICES (EDPS) REPORT

The Committee received and considered the report from the EDPS.

The Committee received advice from the Crown Monitor on admitting procedures used by DHBs nationally for patients referred to specific

secondary care services and noted that this area is currently being looked at locally.

***It was resolved:***

**"That the report be noted."**

## **7.0 KEY PERFORMANCE INDICATORS (KPIs)**

The Committee received and considered the KPI reports.

The Committee:

- Received advice relating to the discharge performance and an assurance that all specialties are being monitored and demand is being met.
- Requested that a report be provided on acute readmissions for the March 2014 meeting.
- Congratulated management on maintaining the lower level of outlier bed days.
- Requested further commentary in relation to the percentage of ED attendances admitted or that an expected range of admissions versus attendances be included on the graph.
- Received advice that it was expected that the number of patients waiting for a first specialist appointment (FSA) would reduce to zero by September 2014.
- Received advice that the Orthopaedic Pathway Programme ensures standardised prioritisation across the district.
- Requested that a quarterly target be included on future Active Review graphs until the 5% target is achieved.
- Requested a report showing intervention rates benchmarked against other DHBs.

***It was resolved:***

**"That the KPI reports be noted."**

## **8.0 FINANCIAL REPORT**

The Committee received and considered the Financial Report.

The Committee:

- Advised the need for careful consideration in the treatment of donations and the reporting of these and requested donations be clearly itemised in the 2014/15 budget.
- Requested that a report on bad debt liability be provided for the March 2014 meeting and quarterly thereafter.

***It was resolved:***

**"That the report be noted."**

## **9.0 OCCUPATIONAL HEALTH AND SAFETY REPORT**

The Committee received and considered the Occupational Health and Safety report.

***It was resolved:***

**"That the report be noted."**



## 10.0 MASTER SITE PLANNING PROJECT DIRECTOR'S REPORT

The Committee received and considered the Master Site Planning Project Director's report and related progress reports on the generators at Southland Hospital and the NICU/Paediatrics Ward, Dunedin Hospital.

*It was resolved:*

**"That the report be noted."**

## 11.0 CONFIDENTIAL SESSION

*At 3.05pm, it was resolved:*

**"That the public be excluded from the meeting for consideration of the following agenda items:**

<b>General subject:</b>	<b>Reasons for passing this resolution:</b>	<b>Grounds for passing the resolution:</b>
<b>Previous Public Excluded Hospital Advisory Committee Minutes</b>	As per reasons set out in previous agenda	S 32(a), Schedule 3, NZ Public Health and Disability Act 2000 – that the public conduct of this part of the meeting would be likely to result in the disclosure of information for which good reason for withholding exists under sections 9(2)(a), 9(2)(f), 9(2)(i), 9(2)(j) of the Official Information Act 1982, that is withholding the information is necessary to: protect the privacy of natural persons; maintain the constitutional conventions which protect the confidentiality of advice tendered by Ministers of the Crown and officials; to enable a Minister of the Crown or any Department or organisation holding the information to carry on, without prejudice or disadvantage, commercial activities and negotiations.
<b>Review of Public Excluded Action Sheet</b>	To allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).
<b>Risk</b>	To allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).
<b>Quality</b>	To allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).
<b>Work Plan</b>	To allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).
<b>Fertility</b>	To allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).
<b>Contract - Comrad RIS Software Support</b>	Commercial sensitivity and to allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).

The Committee resumed in public session at 3.15pm.

*The meeting closed at 4.35pm.*

Confirmed as a true and correct record:

Chairman: \_\_\_\_\_ Date: \_\_\_\_\_

## SOUTHERN DISTRICT HEALTH BOARD

*The Hospital Advisory Committee will be reviewing their terms of reference on 5 March 2014 and will make a recommendation to Board.*

<b>Title:</b>	<b>Terms of Reference Review</b>	
<b>Report to:</b>	Hospital Advisory Committee	
<b>Date of Meeting:</b>	5 March 2014	
<b>Summary:</b>		
<p>The Terms of Reference (ToR) for the Hospital Advisory Committee was last reviewed in February 2013.</p> <p>The ToR have been modified to reflect a proposed change to the review date from annually to 'the beginning of each new Board term'. The change would align the Hospital Advisory Committee ToR with the Community and Public Health and Disability Support Advisory Committees ToR. The proposed change has been tracked on the ToR attached to the agenda.</p>		
<b>Specific implications for consideration</b> (financial/workforce/risk/legal etc):		
<b>Financial:</b>	N/A	
<b>Workforce:</b>	N/A	
<b>Other:</b>	N/A	
<b>Document previously submitted to:</b>	N/A	<b>Date:</b>
<b>Approved by Chief Executive Officer:</b>	N/A	<b>Date:</b>
<b>Prepared by:</b>		<b>Presented by:</b>
Board Secretary		Lexie O'Shea Executive Director Patient Services/Deputy CEO
<b>Date:</b> 19 February 2014		
<b>RECOMMENDATION:</b>		
<p><b>That the Committee endorse the Terms of Reference as modified and recommend the Board approve them.</b></p>		

# HOSPITAL ADVISORY COMMITTEE (HAC)

## Terms of Reference

### **Accountability**

The Hospital Advisory Committee is constituted by section 36, part 3 of The New Zealand Public Health and Disability Act 2000 (The Act).

The procedures of the Committee shall also comply with Schedule 4 of the Act.

The committee is to further comply with the standing orders of the Southern DHB which may not be inconsistent with the Act.

### **Function and Scope**

The statutory functions of HAC are to:

- 1) Monitor the financial and operational performance of the hospitals (and related services) of the DHB.
- 2) Assess strategic issues relating to the provision of hospital services by or through the DHB.
- 3) Give the Board advice and recommendations on that monitoring and that assessment.

### **Responsibilities**

To give advice and recommendations to the Board on:

- 1) Strategic, Financial and Operational performance as set out in the statutory requirements above.
- 2) Assessing performance against relevant expectations set in the District Annual Plan, Statement of Intent and other relevant accountability documents, documented standards and legislation.
- 3) Monitoring other relevant and agreed key performance indicators.
- 4) Monitoring the capital expenditure programme.
- 5) Ensuring systems are developed to manage clinical and operational risks.

### **Membership**

All members of the Committee are to be appointed by the Board. The Board will appoint the chairperson.

The Committee is to comprise of Board members, supplemented with external appointees as required.

Membership will provide for Maori representation on the Committee. The Committee may obtain additional advice as and when required.

Where a person, who is not a Board member, is appointed to the Committee, the person must give the Board a statement that discloses any present or future conflict of interest, or a statement that no such conflicts exist or are likely to exist in the future.

### **Conflicts of Interest**

Where a potential conflict of interest exists with an agenda item, these are to be declared by members and staff. A register of interests shall form part of each Committee meeting agenda.

### **Quorum**

The quorum of members of a committee is:

- (a) if the total number of members of the committee is an even number, half that number; but
- (b) if the total number of members of the committee is an odd number, a majority of the members.

### **Meetings**

Meetings for this Committee are generally held monthly, up to ten times a year.

### **Review**

The Terms of Reference for this Committee shall be reviewed at the beginning of each new Board term.

~~The Terms of Reference for this Committee shall be reviewed annually.~~

### **Management Support**

The Chief Executive Officer shall ensure adequate provision of management and administrative support to the Committee.

## SOUTHERN DISTRICT HEALTH BOARD

*The Audit & Risk Committee will be considering the following recommendation at its meeting on 6 March 2014 and will make a recommendation to Board.*

<b>Title:</b>	<b>Deficit Support Request</b>	
<b>Report to:</b>	Audit & Risk Committee	
<b>Date of Meeting:</b>	06 March 2014	
<b>Summary:</b> The paper detailed a request for deficit support for the 2013/2014 financial year.		
<b>Specific implications for consideration</b> (financial/workforce/risk/legal etc):		
<b>Financial:</b>	Deficit support is budgeted to occur in 2013/2014 to ensure the board has a sound cash position.	
<b>Workforce:</b>	N/A	
<b>Other:</b>	N/A	
<b>Document previously submitted to:</b>	N/A	<b>Date:</b>
<b>Approved by Chief Executive Officer:</b>		<b>Date:</b> 24.02.2014
<b>Prepared by:</b>  David Dickson, Finance Manager  <b>Date: 20/02/2014</b>		<b>Presented by:</b>  Peter Beirne, Exec Director Finance
<b>RECOMMENDATION:</b>		
<p><b>1. That the Committee recommend the Board resolve to request \$4.5 million of deficit support from the Minister of Health, which was the amount budgeted to be received in December 2013, and half of the \$9.0m deficit support signalled in the Annual Plan.</b></p>		

**FUNDING ADMINISTRATION**  
**CONTRACTS REGISTER (EXPENSES) - FEBRUARY 2013**

PROVIDER NAME	DESCRIPTION OF SERVICES	SIGNED BY	CONTRACT/VARIATION END DATE
Adventure Development Ltd Variation to Agreement	Community Child, Adolescent & Youth Services - ADC & YADS	Peter Hay	31.10.15
Te Kakakura Trust t.a Te Kahui Reo Whakakotahi o Te Kakakura Variation to Agreement	Kaupapa Maori Community Residential Services	Peter Hay	31.10.14
Dunedin Community Care Trust Variation to Agreement	Community Residential Care for a named individual	Peter Hay	28.10.14
Davin Health Care Ltd Variation to Agreement	Individual Support Package for a named individual	Peter Hay	29.03.14
University of Otago t.a Community Mental Health Service Variation to Agreement	Community Mental Health Service	Peter Hay	31.12.15
Summerset Care Ltd t.a Summerset at Bishopcourt Agreement	Aged Related Respite Care	Peter Hay	03.08.20
Presbyterian Support Otago Inc t.a Iona Hospital Service Schedule	Exceptional Circumstances palliative care for a named individual	Peter Hay	15.03.14
Presbyterian Support Otago Inc t.a St Andrews Service Schedule	Exceptional Circumstances palliative care for a named individual	Peter Hay	16.03.14
Ryman Healthcare Ltd t.a Yvette Williams Service Schedule	Exceptional Circumstances palliative care for a named individual	Peter Hay	22.12.13
The Mount Cargill Trust Variation to Agreement	Individual Funding Agreement for a named individual	Peter Hay	30.04.14
Adventure Development Ltd Agreement	Community Child Adolescent & Youth ADC & YADS	Peter Hay	27.01.14
Oxford Court Lifecare Ltd t.a Oxford Court Variation to Agreement	Long Term Support - Chronic Health Conditions	Peter Hay	11.01.15

**FUNDING ADMINISTRATION**  
**CONTRACTS REGISTER (EXPENSES) - FEBRUARY 2013**

IDEA Services Ltd Variation to Agreement	Individual Funding Agreement for a named individual	Peter Hay	11.07.14
BUPA Care Services NZ Ltd t.a Ascot Care Home Service Schedule	Exceptional Circumstances palliative care for a named individual	Peter Hay	19.03.14
BUPA Care Services NZ Ltd t.a Ascot Care Home Service Schedule	Exceptional Circumstances palliative care for a named individual	Peter Hay	15.03.14
BUPA Care Services NZ Ltd t.a Ascot Care Home Service Schedule	Exceptional Circumstances palliative care for a named individual	Peter Hay	15.03.14
Presbyterian Support Otago Inc t.a Iona Hospital Service Schedule	Exceptional Circumstances palliative care for a named individual	Peter Hay	02.04.14
Ryman Healthcare Ltd t.a Rowena Jackson Hospital Service Schedule	Exceptional Circumstances palliative care for a named individual	Peter Hay	18.03.14
Montecillo Veterans Home & Hospital Ltd t.a Montecillo War Veteran's Home & Service Schedule	Exceptional Circumstances palliative care for a named individual	Peter Hay	18.03.14
Ryman Healthcare Ltd t.a Yvette Williams Service Schedule	Exceptional Circumstances palliative care for a named individual	Peter Hay	17.03.14
Maniototo Health Services Ltd t.a Maniototo Hospital Service Schedule	Exceptional Circumstances palliative care for a named individual	Peter Hay	18.01.14
Birchleigh Management Ltd t.a Birchleigh Residential Care Centre Service Schedule	Exceptional Circumstances palliative care for a named individual	Peter Hay	06.04.14
Birchleigh Management Ltd t.a Birchleigh Residential Care Centre Service Schedule	Exceptional Circumstances palliative care for a named individual	Peter Hay	13.04.14
Presbyterian Support Otago Inc t.a Iona Hospital Service Schedule	Exceptional Circumstances palliative care for a named individual	Peter Hay	23.03.14
Presbyterian Support Otago Inc t.a St Andrews Service Schedule	Exceptional Circumstances palliative care for a named individual	Peter Hay	15.04.14

**FUNDING ADMINISTRATION  
CONTRACTS REGISTER (EXPENSES) - FEBRUARY 2013**

Presbyterian Support Otago Inc t.a Holmdene Hospital Service Schedule	Exceptional Circumstances palliative care for a named individual	Peter Hay	14.04.14
Marne Stret Hospital Ltd Service Schedule	Exceptional Circumstances palliative care for a named individual	Peter Hay	17.01.14
Oxford Court Lifecare Ltd Service Schedule	Exceptional Circumstances palliative care for a named individual	Peter Hay	21.04.14
Mossbrae Healthcare Ltd t.a Mossbrae Home & Hospital Service Schedule	Exceptional Circumstances palliative care for a named individual	Peter Hay	14.04.14
Presbyterian Support Southland t.a Vickery Court Service Schedule	Exceptional Circumstances palliative care for a named individual	Peter Hay	07.01.14
Ashburn Hall Charitable Trust t.a The Ashburn Clinic Variation to Agreement	Community Based Eating Disorder Service	Peter Hay	30.11.14
Downie Stewart Foundation t/a Moana House Agreement	Sleepover Settlement	Peter Hay	30.06.14
Downie Stewart Foundation t/a Moana House Agreement	Residential Alcohol and Drug Treatment Services	Peter Hay	30.06.14
Student Health Otago Polytechnic t.a Student Health Services Variation to Agreement	Dunedin After Hours - Overnight - Primary Care Services	Peter Hay	30.06.14
Presbyterian Support Southland t.a. Vickery Court Service Schedule	Exceptional Circumstances palliative care for a named individual	Peter Hay	28.04.14
Seniorcare Asset Management Ltd t.a Rendell on Reed Service Schedule	Exceptional Circumstances palliative care for a named individual	Peter Hay	30.04.14
BUPA Care Services NZ Ltd t.a Ascot Care Home Service Schedule	Exceptional Circumstances palliative care for a named individual	Peter Hay	15.04.14

**Total Value**      \$3,426,064.27