

SOUTHERN DISTRICT HEALTH BOARD MEETING

Thursday, 6 November 2014, 9.00 am

Board Room, Community Services Building
Southland Hospital Campus, Invercargill

A G E N D A

Tab

1. Chair's Opening Comments
 2. [Apologies](#)
 3. [Interests Registers](#)
 4. [Minutes of Previous Meeting](#)
 5. Matters Arising
 6. [Review of Action Sheet](#)
 7. [CEO's Report](#)
 8. [Financial Report](#)
 9. [Preparedness for Ebola](#)
- Advisory Committee Reports:
10. Disability Support Advisory Committee and Community & Public Health Advisory Committee
 - a) [Minutes of 1 October 2014 meeting](#)
 - b) [Verbal report of 5 November 2014 meeting](#)
 11. Hospital Advisory Committee
 - a) [Verbal report of 5 November 2014 meeting](#)
 12. [Contracts Register](#)
 13. [Resolution to Exclude the Public](#)

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:

General subject:	Reasons for passing this resolution:	Grounds for passing the resolution:
Previous Public Excluded Board Minutes	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.
Review of Public Excluded Action Sheet	To allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).
Annual Plan 2014/15	Plan is subject to Ministerial approval	As above, section 9(2)(f)
South Link Health – Retained Earnings	To allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).
Public Excluded Advisory Committee Reports a) Disability Support and Community & Public Health Advisory Committees ▪ 1 October 2014 ▪ 5 November 2014 b) Hospital Advisory Committee ▪ 5 November 2014 ▪ Contract & Lease Approvals ▪ Southern Incubator Programme 2015 Funding ▪ Audiology Facility ▪ Southland Education Centre c) Iwi Governance Committee ▪ 1 October 2014 ▪ 5 November 2014 d) Audit & Risk Committee ▪ 1 October 2014	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 DHB Board Meeting - Agenda

General subject:	Reasons for passing this resolution:	Grounds for passing the resolution:
Contract Approvals <ul style="list-style-type: none"> ▪ Planning & Funding 	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).
Risk Report	To allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).
Legal Issues	To allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(j) and 9(2)(ba)(i)

APOLOGIES

No apologies have been received, at the time of going to print.

SOUTHERN DISTRICT HEALTH BOARD

Title:	INTERESTS REGISTERS	
Report to:	Board	
Date of Meeting:	6 November 2014	
Notifications received since the last meeting: Nil		
Specific implications for consideration (financial/workforce/risk/legal etc):		
Financial:	n/a	
Workforce:	n/a	
Other:		
Document previously submitted to:	Board and Advisory Committees	Date: 3-4/09/14
Prepared by: Jeanette Kloosterman Board Secretary Date: 17/10/14	Presented by: Joe Butterfield Board Chairman	
RECOMMENDATIONS:		
1. That the Interests Registers be received and noted.		

SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER

Board Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB
Joe BUTTERFIELD (Chairman)	21.11.2013 06.12.2010	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 Son-in-law: 11. Partner, Polson Higgs, Chartered Accountants. 12. Trustee, Corstorphine Baptist Community Trust	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.
Tim WARD* (Deputy Chair)	14.09.2009 01.05.2010 01.05.2010	1. Partner, BDO Invercargill, Chartered Accountants. 2. Trustee, Verdon College Board of Trustees. 3. Council Member, Southern Institute of Technology (SIT).	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.
John CHAMBERS	09.12.2013	1. Employee Southern DHB and Vice President of ASMS (Otago Branch) 2. Employed 0.05 FTE as an Honorary Lecturer of the Dunedin Medical School 3. Director of Chambers Consultancy Ltd Wife: 4. Employed by the Southern DHB (NIR Co-ordinator)	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.
Neville COOK	04.03.2008 26.03.2008 11.02.2014	1. Councillor, Environment Southland. 2. Trustee, Norman Jones Foundation. 3. Southern Health Welfare Trust (Trustee).	1. Nil. 2. Possible conflict with funding requests. 3. Southland Hospital Trust.

Southern DHB Board Meeting - Interests Registers

Board Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB
Sandra COOK	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. Is also a founding member of the Whānau Ora commissioning agency, Te Putahitanga o Te Waipounamu, established March 2014.
Kaye CROWTHER	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.
Mary GAMBLE	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.
Anthony (Tony) HILL	09.12.2013	1. Chairman, Southern PHO Community Advisory Committee and ex officio Southern PHO Board. 2. Secretary/Manager, Lakes District Air Rescue Trust.	1. Possible conflict with PHO contract funding. 2. Possible conflict with contract funding.
Tuari POTIKI	09.12.2013 05.08.2014	1. University of Otago staff member. 2. Deputy Chair, Te Rūnaka o Ōtākou. 3. Chair, NZ Drug Foundation. 4. Director, Te Tapuae o Rehua Ltd 5. Director Te Rūnaka Ōtākou Ltd	1. Possible Conflicts between Southern DHB and University interests. 2. Possible conflict with contract funding. 3. Nil. 4. Nil 5. Nil
Branko SIJNJA*	07.02.2008 04.02.2009 22.06.2010 08.05.2014	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. President, New Zealand Medical Association	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.
Richard THOMSON	13.12.2001 23.09.2003	1. Managing Director, Thomson & Cessford Ltd. 2. Chairperson and Trustee, Hawksbury Community Living Trust. 3. Trustee, HealthCare Otago Charitable Trust.	1. Thomson & Cessford Ltd is the company name for the Acquisitions Retail Chain. Southern DHB staff occasionally purchase goods for their departments from it.

Southern DHB Board Meeting - Interests Registers

Board Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB
	29.03.2010 06.04.2011 21.11.2013 & 03.04.2014	4. Chairman, Composite Retail Group. 5. Councillor, Dunedin City Council. 6. Three immediate family members are employees of Dunedin Hospital (Radiographer and Anaesthetic Technician).	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 organisations. 4. May have some stores that deal with Southern DHB.
Janis Mary WHITE (Crown Monitor)	31.07.2013	1. Member, Pharmac Board. 2. Chair, CTAS (Central Technical Advisory Service).	

*Mr Ward and Dr Sijnja have both tendered their resignations from SCL Otago Southland Ltd (SCLOS) but these cannot be effected until contract variation executed by SDHB and SCLOS constitution varied.

SOUTHERN DISTRICT HEALTH BOARD

INTERESTS REGISTER FOR THE EXECUTIVE MANAGEMENT TEAM

As at August 2014

Employee Name	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern District Health Board
Steve Addison	16.08.2014	1. Chair, Board of Trustees, Columba College 2. Mother-in-law, Gore District Councillor	
Peter Beirne	20.06.2013	Nil	
Sandra Boardman	07.02.2014	Nil	
Richard Bunton	17.03.2004 22.06.2012 29.04.2010	3. Managing Director of Rockburn Wines Ltd. 4. Director of Mainland Cardiothoracic Associates Ltd. 5. Director of the Southern Cardiothoracic Institute Ltd. 6. Director of Wholehearted Ltd. 7. Chairman, Board of Cardiothoracic Surgery, RACS. 8. Trustee, Dunedin Heart Unit Trust. 9. 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 26.08.2013	1. Te Waipounamu Delegate, Te Piringa, National Māori Disability Advisory Group. 2. Chairman, Te Herenga Hauora (Regional Māori Health Managers' Forum). 3. Member, Southern Cancer Network Steering Group. 4. Board member, Te Rau Matatini. 5. Te Waipounamu Māori Cancer Leadership Group	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.

Southern DHB Board Meeting - Interests Registers

Employee Name	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern District Health Board
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.
Lexie O'Shea	01.07.2007	1. Trustee, Gilmour Trust.	1. Southland Hospital Trust.
John Pine	17.11.201	Nil.	
Dr Jim Reid	22.01.2014	1. Director of both BPAC NZ and BPAC Inc 2. Director of the NZ Formulary 3. Trustee of the Waitaki District Health Trust 4. Employed 2/10 by the University of Otago and am now Deputy Dean of the Dunedin School of Medicine. 5. Partner at Caversham Medical Centre and a Director of RMC Medical Research Ltd.	
Leanne Samuel	01.07.2007 01.07.2007 16.04.2014	1. Southern Health Welfare Trust (Trustee). 2. Member of Community Trust of Southland Health Scholarships Panel. 3. Member National Lead Directors of Nursing and Nurse Executives of New Zealand.	1. Southland Hospital Trust. 2. Nil. 3. Nil.
David Tulloch	23.11.2010 02.06.2011 17.08.2012	1. Southland Urology (Director). 2. Southern Surgical Services (Director). 3. UA Central Otago Urology Services Limited (Director). 4. Trustee, Gilmour Trust.	1. Potential conflict if DHB purchases services. 2. Potential conflict if DHB purchases services. 3. Potential conflict if DHB purchases services. 4. Southland Hospital Trust.

Minutes of the Southern District Health Board Meeting

Thursday, 2 October 2014, 10.00 am
Board Room, Dunedin Hospital Campus, Dunedin

- | | | |
|----------------|---|---|
| Present: | Mr Joe Butterfield
Mr Tim Ward
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 | Chair
Deputy Chair

(by teleconference) |
| In Attendance: | Dr Jan White
Ms Carole Heatly
Mrs Lexie O'Shea

Mr Steve Addison
Mr Peter Beirne
Mrs Sandra Boardman
Mr Richard Bunton
Mrs Leanne Samuel
Ms Jeanette Kloosterman | Crown Monitor
Chief Executive Officer
Deputy Chief Executive Officer/Executive Director Patient Services
Executive Director Communications
Executive Director Finance
Executive Director Planning & Funding
Medical Director of Patient Services
Executive Director Nursing & Midwifery
Board Secretary |

1.0 APOLOGIES

No apologies were received.

2.0 CHAIR'S OPENING COMMENTS

The Chairman welcomed everyone to the meeting.

3.0 DECLARATION OF INTERESTS

It was resolved:

"That the Interests Register be received."

4.0 CONFIRMATION OF PREVIOUS MINUTES

It was resolved:

"That the minutes of the 4 September 2014 Board meeting be approved and adopted as a true and correct record."

5.0 MATTERS ARISING FROM PREVIOUS MINUTES

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

6.0 ACTION SHEET

It was resolved:

“That the action sheet be received.”

7.0 CHIEF EXECUTIVE OFFICER'S REPORT

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

It was resolved:

“That the Chief Executive Officer's report be received.”

8.0 PROVIDER ARM REPORT

A report on Provider Arm activity for August 2014 (tab 8) was taken as read and the Executive Director of Patient Services took questions from members.

The Board requested that the hand hygiene graph include a local target of 100%, as well as the national target.

It was resolved:

“That the Executive Director of Patient Service's report be received.”

9.0 FINANCIAL REPORT

The Financial Report for the period ended 31 August 2014 (tab 9) was taken as read and the Executive Director Finance took questions from members on the financial statements.

The Chairman commented that the financial result was less than satisfactory and noted that a more detailed examination of why the budget was not being achieved would take place at the next meeting, when the September results would be available.

It was resolved:

“That the Financial Report be received.”

10.0 ADVISORY COMMITTEE REPORTS

Disability Support Advisory Committee and Community & Public Health Advisory Committee

The minutes of the Disability Support Advisory Committee (DSAC) and Community & Public Health Advisory Committee (CPHAC) meeting held on 3 September 2014 were circulated with the agenda (tab 10).

It was resolved:

“That the minutes be received.”

The Board received a verbal report from Ms Sandra Cook, DSAC/CPHAC Chair on the meeting of the committees held on 1 October 2014.

It was resolved:

“That the verbal report be received.”

Hospital Advisory Committee

The minutes of the Hospital Advisory Committee (HAC) meeting held on 3 September 2014 were circulated with the agenda (tab 12).

It was resolved:

“That the minutes be received.”

11.0 CONTRACTS REGISTER

The Funding contracts register for September 2014 was circulated with the agenda (tab 12) for members' information.

Dr Branko Sijnja declared an interest in the Clutha Community Health Company Ltd contracts and Mr Tony Hill declared an interest in the Lakes District Air Rescue Trust contract.

The Chair of the Audit and Risk Committee reported that, following discussion with the Executive Director Planning & Funding, the exceptional circumstances palliative care contracts for named individuals had been grouped together to protect privacy.

It was resolved:

“That the contracts register be received.”

Dr Sijnja and Mr Hill did not vote.

PUBLIC EXCLUDED SESSION

At 10.30 am, it was resolved:

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

General subject:	Reasons for passing this resolution:	Grounds for passing the resolution:
Previous Public Excluded Board Minutes	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.
Review of Public Excluded Action Sheet	To allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).
Southern DHB Annual Plan 2014/15	Annual Plans are subject to Ministerial approval	As above, sections 9(2)(f)(iv)
Quality Account	Subject to MoH approval and will soon be publicly available	As above, sections 9(2)(f)(iv)
Southern Strategic Health Services Plan	To allow activities to be carried on without prejudice or disadvantage	As above, section 9(2)(j).
South Link Health – Retained Earnings	To allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).
Public Excluded Advisory Committee Reports a) Disability Support and Community & Public Health Advisory Committees ▪ 3 September 2014 ▪ 1 October 2014 b) Hospital Advisory Committee ▪ 3 September 2014 c) Iwi Governance Committee ▪ 1 October 2014 d) Audit & Risk Committee ▪ 4 September 2014 ▪ 1 October 2014 ▪ Annual Report 2013/14	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).

General subject:	Reasons for passing this resolution:	Grounds for passing the resolution:
Contract & Lease Approvals <ul style="list-style-type: none"> ▪ Planning & Funding ▪ Provider Arm 	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).
Risk Report	To allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).
Legal Issues	To allow activities to be carried on without prejudice or disadvantage	As above, section 9(2)(j).
Staffing Issues	To allow activities to be carried on without prejudice or disadvantage	As above, section 9(2)(j).
Appointments & Remuneration Advisory Committee	To allow activities 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 28 October 2014

6

Action Point No.	SUBJECT	ACTION REQUIRED	BY	STATUS	EXPECTED COMPLETION DATE
308-2014/09	Pharmaceuticals (Minute item 8.0)	Performance metrics for the project to be requested.	CMO	Draft metrics (attached) being considered by pharmaceutical group on 6 November 2014.	
298-2014/08	ED Attendances – GP Vouchers (Minute item 8.0)	Report on the three month trial to be submitted to Board in December/February.	EDPS		December/February
312-2014/10	Hand Hygiene (Minute item 8.0)	Hand hygiene graph to include a local target of 100%, in addition to the national target.	EDPS	Included in HAC agenda.	Completed

Southern DHB Board Meeting - Review of Action Sheet

Community & Hospital Pharmaceuticals DRAFT

Aim:
To reduce variation in pharmaceutical per capita drug expenditure to the national average by June 2015 through a reduction in outlier prescribing behaviour as a result of good safe and responsible prescribing.

Priority	Actions/Activity	Measures	Time-frame	Progress	Progress Narrative
Responsible use of Pharmaceuticals programme	Establish a Community & Hospital Pharmaceuticals Service Level Alliance Team (SLAT)	Community & Hospital Pharmaceuticals SLAT established.	Q1	●	
Demand Side Management of Pharmaceutical Expenditure in SDHB	Develop and implement a series of 6 key targeted campaigns aimed at reducing the volume and average per item cost of prescriptions and to develop campaigns around each of these targets	Analysis of community dispensed pharmaceuticals in SDHB report completed	Q1	●	
	Identify targets for interventions for the Responsible Use of Pharmaceuticals programme	Pharmaceutical Targets identified and campaign in place	Q1/2	●	Currently targeting Risedronate, Amino Acid and Oxycodone.
	Top 10 priority areas identified and targeted	1) Letter sent to Community Prescribers	Q1	●	811 introductory letter's sent to 811 GPs, Pharmacists, Practice nurses in SDHB district
		2) Community Prescribers visited	Q1/2	●	247 visits completed as at September 2014. Second round of visits now commenced
		3) Letter sent to Hospital prescribers	Q2	●	
		4) Hospital Prescribers visited	Q2	●	Secondary care visits commenced beginning with neurology, cardiology and older person's health
	5) Monitor results of campaigns to ensure no unintended adverse outcomes are occurring	Q1-4	●	Three month data "lag" to capture activity and/or any changes to prescribing behaviour	
Poly Pharmacy	Review medicines prescribed to the elderly population (≥75) to identify high volume medicines	Elderly population (≥ 75) receiving five or more long term medications in SDHB reduces.	Q2	●	Activity scheduled to commence late October
Disposal of Unwanted Medicines through Pharmacies (DUMP)	DUMP Campaign includes campaign, education, promotion and analysis	Dump campaign completed that identifies:	Q2	●	Agreement with SPHO to lead activity. Pharmacist to support and review "waste" identified.
		1) Medicines in the community that have not been taken and the associated costs identified	Q2	●	
		2) Waste by Therapeutic groups and clinical areas identified	Q2	●	
		3) Reasons medications not taken identified	Q2	●	
		4) Potential work streams identified	Q2/3	●	

● Completed
 ● Underway according to plan
 ● Underway but progress is not as planned
 ● Not started and behind plan

SOUTHERN DISTRICT HEALTH BOARD

Title:	CHIEF EXECUTIVE OFFICER'S REPORT	
Report to:	Board	
Date of Meeting:	6 November 2014	
Summary: The issues considered in this paper are: <ul style="list-style-type: none"> ▪ Monthly DHB activity. 		
Specific implications for consideration (financial/workforce/risk/legal etc):		
Financial:	No specific implications.	
Workforce:	No specific implications.	
Other:	No specific implications.	
Document previously submitted to:	Not applicable, report submitted directly to Board.	Date: n/a
Approved by Chief Executive Officer:		Date: 29/10/2014
Prepared by:	Presented by:	
Date: 23/10/2014	Carole Heatly Chief Executive Officer	
RECOMMENDATION:		
1. That the Board receive the report.		

CHIEF EXECUTIVE OFFICER'S REPORT

1. DHB FINANCIAL PERFORMANCE

The September result was \$0.6m unfavourable to the draft budget, with a deficit of \$2.2m. The year to date result is \$1.3m worse than budget with a deficit of \$5.9m.

A detailed analysis of the financial situation is contained in the Financial Report (agenda item 8).

2. PROVIDER ARM

Contract Performance

- Total acute caseweights delivered (cwd) by the Southern DHB Provider Arm were 348 over contract in September 2014 (13%). Year to date, they are 604 cwd over contract (7%).
- Total elective caseweights delivered (cwd) by the Southern DHB Provider Arm were 17 under contract in September 2014 (-1%). Year to date, they are 70 cwd over contract (2%).

Financial Performance

- A favourable variance of \$117k was recorded by the Southern DHB Provider Arm for the month of September 2014. Year to date, the provider arm is \$42k favourable.
- Revenue for September 2014 was unfavourable by \$102k. Expenses for September 2014 were favourable against plan by \$219k.

3. PLANNING AND FUNDING

Mental Health and Addictions

The Hāpai te Tūmanako Raise HOPE Implementation Plan, including the new District Wide Network Model for the Mental Health and Addiction Sector has now been communicated with the sector. The nomination process for membership of the District Networks "Network Leadership Group (NLG)" is underway with appointees expected to be announced during November and a first meeting of the new NLG in December.

The Ministry of Health has now approved the action plan to utilise the recently allocated one-off funding for youth alcohol and drug services in social sector trial communities in South Dunedin and Gore, and the Youth One Stop Shop Service, Invercargill. The action plan has been developed with the input of multiple government agencies and service providers across the specific localities and a range of initiatives will be rolling out in the respective areas as the 2015 school year commences.

Health of Older People - Aged Related Residential Care (ARRC)

Issues discussed at recent forums with Aged Residential Care Providers include access to primary care in ARRCs, interRAI training for ARRC staff, dementia education, end of life care, and infectious outbreaks, including Ebola updates. A number of facilities are

planning to reconfigure rest home level beds to hospital level, or add hospital level beds to adjust to current demand in these areas.

Winton Home in Southland informed us on 22 September 2014 they were terminating their contract. Sixteen residents were successfully transferred by our Southland Needs Assessment and Service Coordination (NASC) team to other facilities by 26 September 2014.

Ranui Home & Hospital, run by Presbyterian Support Otago, celebrated a second four year certification. This is the longest certification period awarded which requires no findings and continuous improvement.

Home & Community Support Services (HCSS)

At a face to face meeting with the HCSS Alliance Management Team on 9 October, agreement was reached on funding for the 2014/15 year. Contracts are to be finalised shortly. Operationally, the Alliance has agreed on and implemented a review schedule for all existing clients. As at the end of September, 97% of HCSS clients have had a comprehensive clinical assessment (interRAI). Work is currently being developed on case management for these clients.

HCSS In Between Travel

The Health Minister announced that a settlement has been agreed that will lead to home support workers getting paid for the time they spend travelling between clients. If ratified by all parties, this will take effect from 1 July 2015. Southern DHB has been assured that no party is to be materially disadvantaged by this settlement, including each DHB. Further information has been requested on the likely impact for Southern DHB.

Draft Strategic Health Services Plan

Public consultation on the draft strategic health services plan began on 14 October, with generally positive media coverage to date and comment from staff, who are pleased to see an overall direction proposed for the whole health system, as well as the involvement of the PHO and active clinicians. The roadshow will begin with an evening meeting in Alexandra on October 23 and conclude on 21 November. Analysis will depend on the quantum of responses received, but will be completed by 21 December, and will contribute to the next iteration of the draft plan, due with the Board in February 2015.

4. MINISTER OF HEALTH: INITIAL PRIORITIES

Attached for your information is a letter dated 9 October 2014 from the Minister of Health, Hon Dr Jonathan Coleman.

At the national CEOs meeting on Monday, 20 October, the new Minister outlined his priorities as being consistent with the last Minister's key targets plus an emphasis on mental health, diabetes care, and child poverty. He underlined the need for good fiscal management and talked of "Team Health" in that DHBs should be supporting each other, working together and learning from each organisation's experiences.

Carole Heatly
Chief Executive Officer

29 October 2014



Office of Hon Dr Jonathan Coleman

Minister of Health

Minister for Sport and Recreation

7

9 October 2014

Mr Joe Butterfield
Chair, Southern DHB
Private Bag 1921
DUNEDIN 9054

Dear Mr Butterfield

I am delighted to have been appointed as the Minister of Health for what will be our third term of government. As a medical doctor, I am very aware that health is a large and complex portfolio, and that access to safe and high quality health services is at the top of New Zealanders' priorities.

Real progress has been made in delivering better access to health services in recent years, and I am determined to build on this. Supporting and enabling our health workforce, from DHB Chairs through to the front line staff, is the key to delivering even better publicly funded health services.

I am planning to visit all District Health Boards over coming months and look forward to meeting with you and your staff. Until then, it is important to signal some initial priorities that I would like you to focus on as key leaders in the health sector.

While Health has consistently received the largest Budget increases in recent times, reflecting the Government's on-going commitment to improving our publicly funded health services, the New Zealand economic environment remains tight. Most DHBs have done a good job of managing within their budgets over the last six years. I recognise that living within budgets and continuing to improve services is always challenging; however, keeping to budget is important as it allows investment into new and more health initiatives. I expect DHBs to continue to manage their finances prudently.

The national health targets have been very effective in delivering positive results for patients and driving improved DHB service performance. A large part of this success can be attributed to the efforts of you and your DHB's staff. We need to keep this momentum going and continue to improve performance. With this in mind, from October 2014 there is a new addition to the current health target set, the Faster Cancer Treatment indicator. Realising this target will ensure people with suspected cancer receive faster access to all services including diagnostic tests and surgery than ever before. I will be closely monitoring progress on this target during the year and the Ministry will continue to work with you to ensure appropriate visibility of initiatives and progress.

Helping vulnerable children and improving cross agency services are another priority area that the Government is intending to focus on this term. This will require an increased focus on joint efforts across government agencies, and your support will be important.

I appreciate the work you and your teams are doing, and I very much look forward to meeting with you as soon as possible.

Yours sincerely



Hon Dr Jonathan Coleman
Minister of Health

cc: Ms Carole Heatly
Chief Executive
Southern DHB
Private Bag 1921
DUNEDIN 9054

SOUTHERN DISTRICT HEALTH BOARD

Title:	FINANCIAL REPORT	
Report to:	Board	
Date of Meeting:	6 November 2014	
Summary: The issues considered in this paper are: <ul style="list-style-type: none"> ▪ September 2014 financial position. 		
Specific implications for consideration (financial/workforce/risk/legal etc):		
Financial:	As set out in report.	
Workforce:	No specific implications	
Other:	n/a	
Document previously submitted to:	Not applicable, report submitted directly to Board.	Date: n/a
Approved by Chief Executive Officer:	Yes	Date: 29/10/2014
Prepared by: David Dickson Finance Manager Date: 22/10/2014	Presented by: Peter Beirne Executive Director Finance	
RECOMMENDATION:		
1. That the report be received.		

SOUTHERN DHB FINANCIAL REPORT

Financial Report as at: **30 September 2014**
 Report Prepared by: **David Dickson**
 Date: **22 October 2014**

Recommendations:

- That the Board note the Financial Report

Overview Section

Results Summary

Month			Year to Date			
Actual	Budget	Variance	Actual	Budget	Variance	
\$' 000	\$' 000	\$' 000	\$' 000	\$' 000	\$' 000	
73,406	73,283	123	Revenue	220,223	220,261	(38)
(27,720)	(27,895)	175	Less Personnel Costs	(83,844)	(84,337)	493
(47,902)	(46,964)	(938)	Less Other Costs	(142,320)	(140,606)	(1,714)
(2,216)	(1,576)	(640)	Net Surplus / (Deficit)	(5,941)	(4,682)	(1,259)

The September result was a deficit of \$2.2m and was \$0.6m unfavourable to budget. The year to date result is a deficit of \$5.9m against a budgeted deficit of \$4.7m. The full year budget has not been approved, and is not included in this report.

Operational Performance

Month			Year to Date			
Actual	Budget	Variance	Actual	Budget	Variance	
\$' 000	\$' 000	\$' 000	\$' 000	\$' 000	\$' 000	
(23)	(16)	(7)	Governance	(27)	(43)	16
(794)	(44)	(750)	Funder	(1,107)	209	(1,316)
(1,398)	(1,517)	117	Provider	(4,807)	(4,849)	41
(2,215)	(1,577)	(640)	Net Surplus / (Deficit)	(5,941)	(4,683)	(1,259)

- The Governance result is close to budget, with minor favourable variances year to date across a number of lines.
- The Funder result is unfavourable, with expenditure unfavourable overall and partly offset with additional revenue for both the month and YTD.
- The Provider September result is favourable by \$0.1m with personnel costs, clinical supplies, and out sourced expenses all favourable. YTD the provider remains close to budget

Balance Sheet and Cash flow

Cash is \$24.9m at the end of September and is ahead of the \$12.7m budget, due to timing related to revenue, payments to suppliers and capital expenditure.

Detail Section**Revenue**

Year to date additional funder subcontract revenue is \$0.1m, with the following additional revenue contracts. This is partly offset by less than budgeted revenue in a small number of other contract lines.

Exemplar CEP Enhanced Alcohol & Other Drug Service	\$47k	Additional revenue due to late start in contract – Mental Health - Alcohol and Drugs
Rural Sustainability Support	\$75k	Unbudgeted and Cost offset Personal Health – Primary Care
Sleepover Settlement	\$84k	Unbudgeted and Cost offset DSS – Home Support
Orthopaedic Pathway Programme 340071-00	\$40k	Unbudgeted and Cost offset Personal Health

Personnel Expenses

Personnel costs are \$0.2m favourable in September with the year to date now favourable by \$0.5m, with the following variances;

- Medical personnel are \$0.5m favourable with FTE 11 favourable.
- Nursing costs are unfavourable by \$0.4m due mostly to stat leave being taken less than budgeted and overtime also over budget.
- Allied Health, \$0.5m due to lower FTE than budgeted
- Management Admin costs are \$0.1m over budget with FTE levels higher than budgeted due to the vacancy factor applied against this staff type. Also impacting are unbudgeted payroll increases that have incurred back-pay charges and revalued leave at rates higher than budgeted. FTE is ahead of budget by 6 for September and is related to the vacancy factor not yet achieved.

Outsourced Expenses

Outsourced personnel costs are favourable to budget for September, with Medical personnel \$0.2m favourable. Outsourced clinical services are unfavourable for both the month and year to date, related to Outsourced radiology services due to the vacant positions in this area.

Clinical Supplies Expenses

Clinical supplies costs are favourable to budget for September by \$0.1m with implants and prosthesis and other clinical supplies favourable for the month. For the year to date clinical supplies overall are favourable and reflects decreased inpatient activity.

Infrastructure & Non-Clinical Expenditure

Infrastructure & Non-Clinical costs are unfavourable overall, driven by hotel services laundry and cleaning, with this variance is expected to reduce in later months. Facility costs, specifically deferred maintenance and electricity are also over budget. Maintenance costs are expected to come into line

- DHB Consolidated Results P&L
- Balance Sheet
- Cashflow Statement

Southern District Health Board
Sep-14

Part 1: DHB Governance and Funding Administration	Current Month				Year to Date			
	Actual	Budget	Variance	Variance	Actual	Budget	Variance	Variance
	\$(000)	\$(000)	\$(000)	%	\$(000)	\$(000)	\$(000)	%
Part 1.1: Statement of Financial Performance								
REVENUE								
Government and Crown Agency sourced								
Internal - DHB Funder to DHB Provider	725	725			2,176	2,176		
Other DHB's	-	-			-	-		
Other Government	8	8			23	23		
Government and Crown Agency Sourced Total	733	733			2,199	2,199		
Other Income	-	-			-	-		
REVENUE TOTAL	733	733			2,199	2,199		
EXPENSES								
Personnel Expenses								
Medical Personnel	(4)	(21)	17 F	81%	(10)	(62)	52 F	84%
Nursing Personnel	-	(1)	1 F		-	(2)	2 F	
Allied Health Personnel	-	-			-	-		
Support Services Personnel	-	-			-	-		
Management / Admin Personnel	(289)	(314)	24 F	8%	(905)	(937)	32 F	3%
Personnel Costs Total	(293)	(335)	42 F	12%	(915)	(1,000)	86 F	9%
Outsourced Expenses								
Medical Personnel	-	-			-	-		
Nursing Personnel	-	-			-	-		
Allied Health Personnel	-	-			-	-		
Support Personnel	-	-			-	-		
Management / Administration Personnel	-	-			-	-		
Outsourced Clinical Services	-	-			-	-		
Outsourced Corporate / Governance Services	(129)	(123)	(7) U	(5%)	(388)	(368)	(20) U	(5%)
Outsourced Funder Services	(170)	(134)	(36) U	(27%)	(517)	(402)	(116) U	(29%)
Outsourced Services Total	(299)	(256)	(42) U	(16%)	(905)	(769)	(136) U	(18%)
Clinical Supplies								
Treatment Disposables	-	-		(355%)	-	-		(588%)
Diagnostic Supplies & Other Clinical Supplies	-	-			-	-		
Instruments & Equipment	-	-		(78%)	-	-		(97%)
Patient Appliances	-	-			-	-		
Implants & Prosthesis	-	-			-	-		
Pharmaceuticals	-	-			-	-		
Other Clinical Supplies	-	-			-	-		
Clinical Supplies Total	-	-		(263%)	-	-		(432%)
Infrastructure & Non Clinical Expenses								
Hotel Services, Laundry & Cleaning	(2)	(1)		(7%)	(5)	(4)		(9%)
Facilities	-	-			-	-		
Transport	(12)	(18)	6 F	35%	(35)	(55)	20 F	36%
IT Systems & Telecommunications	(4)	(9)	5 F	52%	(13)	(27)	14 F	50%
Interest & Financing Charges	(14)	(22)	8 F	38%	(41)	(66)	25 F	38%
Professional Fees & Expenses	(56)	(43)	(12) U	(28%)	(141)	(130)	(11) U	(8%)
Other Operating Expenses	(35)	(21)	(14) U	(66%)	(58)	(63)	5 F	8%
Democracy	(42)	(42)		1%	(113)	(127)	14 F	11%
Subsidiaries & Joint Ventures	-	-			-	-		
Infrastructure & Non-Clinical Supplies Total	(164)	(158)	(7) U	(4%)	(406)	(472)	66 F	14%
Internal Allocations	-	-			-	-		
Other	-	-			-	-		
Total Expenses	(756)	(749)	(7) U	(1%)	(2,226)	(2,242)	16 F	1%
Net Surplus/ (Deficit)	(23)	(16)	(7) U	(43%)	(27)	(43)	16 F	38%
<i>Zero Check</i>	-	-			-	-		
Interest Costs from CHFA	-	-			-	-		
Capital Charge	-	-			-	-		
Part 1.2 : Full Time Equivalent Numbers								
Medical Personnel	-	1			-	1		
Nursing Personnel	-	0			-	0		
Allied Health Personnel	-	-			-	-		
Support Personnel	-	-			-	-		
Management / Administration Personnel	28	29			28	29		
Total Full Equivalents (FTE's)	28	30			28	30		

Southern District Health Board
Sep-14

Part 2: DHB provider	Current Month				Year to Date				Annual
	Actual	Budget	Variance	Variance	Actual	Budget	Variance	Variance	
	\$(000)	\$(000)	\$(000)	%	\$(000)	\$(000)	\$(000)	%	
Part 2.1: Statement of Financial Performance									
REVENUE									
Ministry of Health									
MoH - Vote Health Non Mental Health	-	-	-	-	-	-	-	-	-
MoH - Vote Health Mental Health	-	-	-	-	-	-	-	-	-
PBF Adjustments	-	-	-	-	-	-	-	-	-
MoH Funding Subcontracts	-	-	-	-	-	-	-	-	-
MoH - Personal Health	21	28	(8) U	(27%)	111	85	27 F	31%	
MoH - Mental Health	-	-	-	-	-	-	-	-	
MoH - Public Health	10	11	-	(1%)	31	32	-	(1%)	
MoH - Disability Support Services	844	736	108 F	15%	2,555	2,403	151 F	6%	
MoH - Maori Health	-	-	-	-	-	-	-	-	
Clinical Training Agency	634	637	(2) U	-	1,942	1,910	33 F	2%	
Internal - DHB Funder to DHB Provider	37,417	37,569	(152) U	-	112,836	112,976	(141) U	-	
Ministry of Health Total	38,926	38,981	(54) U		117,476	117,406	69 F		
Other Government									
IDF's - Mental Health Services	-	-	-	-	-	-	-	-	
IDF's - All others (non Mental health)	-	-	-	-	-	-	-	-	
Other DHB's	23	25	(3) U	(10%)	63	76	(13) U	(17%)	
Training Fees and Subsidies	27	17	10 F	58%	54	51	2 F	5%	
Accident Insurance	862	937	(75) U	(8%)	2,477	2,737	(259) U	(9%)	
Other Government	401	468	(67) U	(14%)	1,235	1,396	(161) U	(12%)	
Other Government Total	1,312	1,447	(135) U	(9%)	3,829	4,260	(431) U	(10%)	
Government and Crown Agency Total	40,239	40,428	(189) U		121,305	121,666	(361) U		
Other Revenue									
Patient / Consumer Sourced	229	228	1 F	1%	652	764	(112) U	(15%)	
Other Income	940	854	85 F	10%	2,663	2,512	151 F	6%	
Other Revenue Total	1,169	1,082	87 F	8%	3,315	3,276	39 F	1%	
REVENUE TOTAL	41,408	41,510	(102) U		124,620	124,942	(322) U		
EXPENSES									
Personnel Expenses									
Medical Personnel	(9,426)	(9,455)	28 F	-	(27,777)	(28,270)	492 F	2%	
Nursing Personnel	(9,964)	(9,908)	(56) U	(1%)	(30,888)	(30,512)	(376) U	(1%)	
Allied Health Personnel	(3,938)	(4,124)	186 F	5%	(11,889)	(12,350)	461 F	4%	
Support Services Personnel	(826)	(800)	(27) U	(3%)	(2,428)	(2,397)	(32) U	(1%)	
Management / Admin Personnel	(3,272)	(3,273)	1 F	-	(9,946)	(9,808)	(138) U	(1%)	
Personnel Costs Total	(27,427)	(27,560)	133 F		(82,929)	(83,336)	408 F		
Outsourced Expenses									
Medical Personnel	(343)	(532)	189 F	36%	(1,125)	(1,550)	425 F	27%	
Nursing Personnel	(4)	-	(4) U	-	(21)	-	(21) U	-	
Allied Health Personnel	(43)	(37)	(6) U	(16%)	(162)	(109)	(53) U	(48%)	
Support Personnel	(25)	(21)	(3) U	(16%)	(84)	(64)	(20) U	(31%)	
Management / Administration Personnel	(4)	(1)	(3) U	(323%)	(9)	(3)	(6) U	(189%)	
Outsourced Clinical Services	(1,926)	(1,859)	(67) U	(4%)	(5,793)	(5,586)	(208) U	(4%)	
Outsourced Corporate / Governance Services	(144)	(145)	1 F	1%	(363)	(421)	58 F	14%	
Outsourced Funder Services	-	-	-	-	-	-	-	-	
Outsourced Services Total	(2,489)	(2,595)	106 F	4%	(7,558)	(7,734)	175 F	2%	
Clinical Supplies									
Treatment Disposables	(2,458)	(2,416)	(42) U	(2%)	(7,440)	(7,347)	(93) U	(1%)	
Diagnostic Supplies & Other Clinical Supplies	(158)	(158)	-	-	(442)	(482)	39 F	8%	
Instruments & Equipment	(1,537)	(1,467)	(69) U	(5%)	(4,355)	(4,072)	(283) U	(7%)	
Patient Appliances	(188)	(187)	-	-	(552)	(568)	16 F	3%	
Implants & Prosthesis	(821)	(890)	69 F	8%	(2,555)	(2,910)	355 F	12%	
Pharmaceuticals	(1,546)	(1,572)	25 F	2%	(4,632)	(4,694)	62 F	1%	
Other Clinical Supplies	(244)	(317)	73 F	23%	(912)	(972)	60 F	6%	
Clinical Supplies Total	(6,952)	(7,007)	55 F	1%	(20,888)	(21,044)	155 F	1%	
Infrastructure & Non Clinical Expenses									
Hotel Services, Laundry & Cleaning	(1,139)	(1,060)	(79) U	(7%)	(3,418)	(3,177)	(241) U	(8%)	
Facilities	(1,978)	(1,813)	(165) U	(9%)	(5,771)	(5,529)	(241) U	(4%)	
Transport	(318)	(360)	43 F	12%	(1,010)	(1,091)	81 F	7%	
IT Systems & Telecommunications	(875)	(910)	35 F	4%	(2,746)	(2,731)	(16) U	(1%)	
Interest & Financing Charges	(1,253)	(1,253)	(1) U	-	(3,794)	(3,758)	(36) U	(1%)	
Professional Fees & Expenses	(82)	(116)	34 F	29%	(278)	(349)	71 F	20%	
Other Operating Expenses	(295)	(352)	57 F	16%	(1,035)	(1,042)	7 F	1%	
Democracy	-	-	-	-	-	-	-	-	
Subsidiaries & Joint Ventures	-	-	-	-	-	-	-	-	
Infrastructure & Non-Clinical Supplies Total	(5,940)	(5,865)	(75) U	(1%)	(18,052)	(17,677)	(375) U	(2%)	
Other Costs and Internal Allocations	-	-	-	-	-	-	-	-	
Total Expenses	(42,807)	(43,027)	219 F	1%	(129,427)	(129,791)	364 F		
Net Surplus/ (Deficit)	(1,400)	(1,517)	117 F	8%	(4,807)	(4,849)	42 F	1%	
Zero Check	-	-	-	-	-	-	-	-	

Southern District Health Board
Sep-14

	Current Month				Year to Date				Annual
	Actual	Budget	Variance	Variance	Actual	Budget	Variance	Variance	
	\$(000)	\$(000)	\$(000)	%	\$(000)	\$(000)	\$(000)	%	
Part 2: DHB provider									
Part 2.1 A: Supplementary Information to Statement of Financial Performance									
Depreciation - Clinical Equipment	(765)	(787)	22 F	3%	(1,975)	(1,990)	15 F	1%	
Depreciation - Non Res Buildings & Plant	(657)	(642)	(15) U	(2%)	(1,935)	(1,919)	(16) U	(1%)	
Depreciation - Motor Vehicles	(23)	(17)	(5) U	(32%)	(68)	(54)	(14) U	(26%)	
Depreciation - Information Technology	(257)	(246)	(10) U	(4%)	(785)	(736)	(49) U	(7%)	
Depreciation - Other Equipment	(55)	(50)	(6) U	(11%)	(167)	(146)	(21) U	(14%)	
Total Depreciation	(1,757)	(1,742)	(15) U	(1%)	(4,930)	(4,845)	(85) U	(2%)	
Interest Cost from Funder Loans	-	-			-	-			
Interest Costs from CHFA	(374)	(378)	4 F	1%	(1,147)	(1,134)	(13) U	(1%)	
Financing Component of Operating Leases	(28)	(31)	3 F	8%	(86)	(92)	6 F	6%	
Capital Charge	(852)	(841)	(11) U	(1%)	(2,555)	(2,522)	(33) U	(1%)	
Part 1.2 : Full Time Equivalent Numbers									
Medical Personnel	511	521			511	521			
Nursing Personnel	1,609	1,608			1,609	1,608			
Allied Health Personnel	645	684			653	684			
Support Personnel	199	192			195	192			
Management / Administration Personnel	640	641			648	641			
Total Full Time Equivalents (FTE's)	3,603	3,647			3,617	3,647			

Southern District Health Board
Sep-14

Part 3: DHB Funds	Current Month				Year to Date			
	Actual \$(000)	Budget \$(000)	Variance \$(000)	Variance %	Actual \$(000)	Budget \$(000)	Variance \$(000)	Variance %
Part 3.1: Statement of Financial Performance								
REVENUE								
Ministry of Health								
MoH - Vote Health Non Mental Health	57,843	57,837	6	F	173,525	173,511	15	F
MoH - Vote Health Mental Health	6,925	6,925	-		20,774	20,774	-	
PBF Adjustments	-	-	-		-	-	-	
MoH Funding Subcontracts	3,087	3,020	67	F	9,457	9,329	129	F
MoH - Personal Health	-	-	-		-	-	-	
MoH - Mental Health	-	-	-		-	-	-	
MoH - Public Health	-	-	-		-	-	-	
MoH - Disability Support Services	-	-	-		-	-	-	
MoH - Maori Health	-	-	-		-	-	-	
Clinical Training Agency	-	-	-		-	-	-	
Internal - DHB Funder to DHB Provider	-	-	-		-	-	-	
Ministry of Health Total	67,855	67,782	73	F	203,757	203,614	143	F
Other Government								
IDF's - Mental Health Services	45	45	-		135	135	-	
IDF's - All others (non Mental health)	1,508	1,508	-		4,523	4,523	-	
Other DHB's	-	-	-		-	-	-	
Training Fees and Subsidies	-	-	-		-	-	-	
Accident Insurance	-	-	-		-	-	-	
Other Government	-	-	-		-	-	-	
Other Government Total	1,553	1,553	-		4,658	4,659	-	
Government and Crown Agency Sourced Total	69,407	69,334	73	F	208,415	208,273	143	F
Other Revenue								
Patient / Consumer Sourced	-	-	-		-	-	-	
Other Income	-	-	-		-	-	-	
Other Revenue Total	-	-	-		-	-	-	
REVENUE TOTAL	69,407	69,334	73	F	208,415	208,273	143	F
EXPENSES								
Outsourced Expenses								
Outsourced Funder Services	(725)	(725)	-		(2,176)	(2,176)	-	
Other Outsourced Expenses	-	-	-		-	-	-	
Other Expenses	-	-	-		-	-	-	
Payments to Providers								
Personal Health								
Personal Health to allocate	-	(63)	83	F	-	(250)	250	F
Child and Youth	(446)	(382)	(64)	U	(1,130)	(1,147)	17	F
Laboratory	(1,600)	(1,465)	(134)	U	(4,682)	(4,396)	(287)	F
Infertility Treatment Services	(92)	(101)	9	F	(275)	(302)	27	F
Maternity	(252)	(262)	10	F	(797)	(785)	(12)	U
Maternity (Tertiary & Secondary)	(1,387)	(1,394)	6	F	(4,148)	(4,181)	32	F
Pregnancy and Parenting Education	(9)	(12)	4	F	(29)	(37)	8	F
Maternity Payment Schedule	-	-	-		-	-	-	
Neo Natal	(660)	(660)	-		(1,981)	(1,981)	-	
Sexual Health	(88)	(88)	-		(265)	(265)	-	
Adolescent Dental Benefit	(247)	(200)	(46)	U	(592)	(610)	17	F
Other Dental Services	-	-	-		-	-	-	
Dental - Low Income Adult	(78)	(78)	-		(229)	(233)	4	F
Child (School) Dental Services	(607)	(630)	23	F	(1,852)	(1,892)	40	F
Secondary / Tertiary Dental	(242)	(242)	-		(727)	(727)	-	
Pharmaceuticals	(6,678)	(6,698)	20	F	(19,259)	(19,094)	(165)	U
Pharmaceutical Cancer Treatment Drugs	(375)	(386)	11	F	(1,207)	(1,157)	(50)	U
Pharmacy Services	(37)	(69)	33	F	(93)	(208)	115	F
Management Referred Services	-	-	-		-	-	-	
General Medical Subsidy	(89)	(90)	1	F	(238)	(255)	16	F
Primary Practice Services - Capitated	(3,506)	(3,511)	5	F	(10,605)	(10,533)	(72)	U
Primary Health Care Strategy - Care	(303)	(318)	15	F	(944)	(954)	10	F
Primary Health Care Strategy - Health	(359)	(337)	(23)	U	(1,014)	(1,010)	(3)	U
Primary Health Care Strategy - Other	(243)	(255)	12	F	(751)	(764)	13	F
Practice Nurse Subsidy	(6)	(16)	10	F	(39)	(49)	10	F
Rural Support for Primary Health Pro	(1,360)	(1,384)	24	F	(4,118)	(4,151)	33	F
Immunisation	(126)	(172)	45	F	(482)	(557)	76	F
Radiology	(472)	(465)	(8)	U	(1,396)	(1,394)	(3)	U
Palliative Care	(623)	(495)	(128)	U	(1,666)	(1,486)	(181)	U
Meals on Wheels	(53)	(53)	-		(160)	(160)	-	
Domiciliary & District Nursing	(1,376)	(1,429)	54	F	(4,328)	(4,295)	(34)	U
Community based Allied Health	(584)	(584)	(1)	U	(1,753)	(1,751)	(2)	U
Chronic Disease Management and Educa	(249)	(255)	6	F	(746)	(766)	20	F
Medical Inpatients	(5,653)	(5,653)	-		(16,959)	(16,959)	-	
Medical Outpatients	(3,682)	(3,669)	(13)	U	(11,053)	(11,008)	(44)	U
Surgical Inpatients	(10,639)	(10,647)	8	F	(31,938)	(31,940)	3	F
Surgical Outpatients	(1,686)	(1,694)	7	F	(5,059)	(5,082)	22	F
Paediatric Inpatients	(644)	(644)	-		(1,933)	(1,933)	-	
Paediatric Outpatients	(269)	(269)	-		(807)	(807)	-	
Pacific Peoples' Health	(21)	(22)	1	F	(52)	(65)	13	F
Emergency Services	(1,638)	(1,634)	(4)	U	(4,938)	(4,901)	(37)	U
Minor Personal Health Expenditure	(101)	(100)	(1)	U	(297)	(299)	1	F
Price adjusters and Premium	(616)	(505)	(111)	U	(1,688)	(1,516)	(172)	U
Travel & Accommodation	(436)	(385)	(52)	U	(1,442)	(1,325)	(117)	U
Inter District Flow Personal Health	(2,399)	(2,399)	-		(7,212)	(7,197)	(15)	U
Personal Health Total	(49,943)	(49,735)	(208)	U	(148,884)	(148,420)	(465)	U

Southern District Health Board
Sep-14

Part 3: DHB Funds	Current Month				Year to Date			
	Actual	Budget	Variance	Variance	Actual	Budget	Variance	Variance
	\$(000)	\$(000)	\$(000)	%	\$(000)	\$(000)	\$(000)	%
Mental Health								
Mental Health to allocate	9	(29)	38 F	133%	28	(86)	114 F	133%
Acute Mental Health Inpatients	(1,143)	(1,143)			(3,430)	(3,430)		
Sub-Acute & Long Term Mental Health	(304)	(304)			(912)	(912)		
Crisis Respite	(7)	(7)		(2%)	(20)	(20)		(1%)
Alcohol & Other Drugs - General	(268)	(327)	59 F	18%	(951)	(981)	30 F	3%
Alcohol & Other Drugs - Child & Youth	(100)	(102)	2 F	2%	(325)	(306)	(19) U	(6%)
Methadone	(94)	(94)			(283)	(283)		
Dual Diagnosis - Alcohol & Other Drugs	(111)	(45)	(66) U	(148%)	(164)	(134)	(30) U	(22%)
Dual Diagnosis - MH/ID	(5)	(5)			(15)	(15)		
Eating Disorder	(11)	(16)	5 F	33%	(39)	(48)	9 F	20%
Maternal Mental Health	(4)	(4)			(11)	(11)		
Child & Youth Mental Health Services	(850)	(820)	(30) U	(4%)	(2,567)	(2,460)	(107) U	(4%)
Forensic Services	(509)	(513)	4 F	1%	(1,528)	(1,539)	11 F	1%
Kaupapa Maori Mental Health Services	(152)	(152)			(457)	(457)		
Kaupapa Maori Mental Health - Residential	-	-			-	-		
Kaupapa Maori Mental Health - Inpati	-	-			-	-		
Mental Health Community Services	(1,902)	(1,878)	(24) U	(1%)	(5,656)	(5,635)	(21) U	
Prison/Court Liaison	(45)	(45)			(134)	(134)		
Mental Health Workforce Development	(200)	(200)			(599)	(599)		
Day Activity & Work Rehabilitation S	(36)	(36)			(107)	(107)		
Mental Health Funded Services for Older People	(57)	(58)	1 F	1%	(173)	(174)	1 F	
Other Home Based Residential Support	(427)	(373)	(54) U	(14%)	(1,234)	(1,120)	(114) U	(10%)
Advocacy / Peer Support - Consumer	(52)	(52)			(157)	(157)		
Community Residential Beds & Service	(509)	(457)	(53) U	(12%)	(1,343)	(1,370)	26 F	2%
Minor Mental Health Expenditure	(41)	(32)	(9) U	(29%)	(91)	(96)	5 F	5%
Inter District Flow Mental Health	(403)	(399)	(3) U	(1%)	(1,208)	(1,198)	(10) U	(1%)
Mental Health Total	(7,220)	(7,090)	(130) U	(2%)	(21,374)	(21,269)	(105) U	
Public Health								
Alcohol & Drug	(36)	(36)			(108)	(108)		
Communicable Diseases	(97)	(97)			(291)	(291)		
Injury Prevention	-	-			-	-		
Screening Programmes	(105)	(112)	7 F	6%	(580)	(604)	24 F	4%
Mental Health	(22)	(22)			(67)	(67)		
Nutrition and Physical Activity	(46)	(49)	3 F	7%	(145)	(148)	3 F	2%
Physical Environment	(36)	(36)			(108)	(108)		
Public Health Infrastructure	(128)	(128)			(383)	(383)		
Sexual Health	(12)	(12)			(36)	(36)		
Social Environments	(38)	(38)			(114)	(114)		
Tobacco Control	(99)	(94)	(5) U	(5%)	(294)	(282)	(13) U	(4%)
Well Child Promotion	63	-	63 F		-	-		
Meningococcal	-	-			-	-		
Public Health Total	(555)	(624)	68 F	11%	(2,125)	(2,140)	15 F	1%
Disability Support Services								
AT & R (Assessment, Treatment and Re	(1,986)	(1,986)			(5,957)	(5,957)		
Information and Advisory	(12)	(12)			(36)	(36)		
Needs Assessment	(215)	(160)	(55) U	(35%)	(582)	(479)	(103) U	(22%)
Service Co-ordination	(24)	(19)	(5) U	(24%)	(65)	(58)	(6) U	(11%)
Home Support	(1,673)	(1,423)	(250) U	(18%)	(4,661)	(4,268)	(393) U	(9%)
Carer Support	(158)	(144)	(14) U	(10%)	(404)	(433)	28 F	7%
Residential Care: Rest Homes	(3,389)	(2,900)	(489) U	(17%)	(9,610)	(8,890)	(720) U	(8%)
Residential Care: Loans Adjustment	11	23	(12) U	(51%)	43	68	(25) U	(37%)
Long Term Chronic Conditions	(4)	(8)	4 F	48%	(24)	(24)		
Residential Care: Hospitals	(3,383)	(3,815)	432 F	11%	(11,343)	(11,699)	356 F	3%
Ageing in Place	(2)	(2)			(7)	(7)		
Environmental Support Services	(291)	(110)	(181) U	(165%)	(300)	(329)	29 F	9%
Day Programmes	(9)	(46)	37 F	80%	(92)	(139)	47 F	34%
Expenditure to Attend Treatment ETAT	-	-			-	-		
Minor Disability Support Expenditure	(8)	(17)	9 F	52%	(25)	(52)	27 F	52%
Respite Care	(108)	(95)	(13) U	(14%)	(417)	(286)	(131) U	(46%)
Community Health Services & Support	(71)	(81)	9 F	11%	(226)	(242)	15 F	6%
Inter District Flow Disability Support	(256)	(256)			(769)	(769)		
Disability Support Other	-	-			-	-		
Disability Support Services Total	(11,581)	(11,052)	(529) U	(5%)	(34,478)	(33,601)	(877) U	(3%)
Maori Health								
Maori Service Development	(55)	(38)	(18) U	(46%)	(131)	(114)	(18) U	(15%)
Maori Provider Assistance Infrastruc	-	-			-	-		
Maori Workforce Development	-	-			-	-		
Minor Maori Health Expenditure	-	-			-	-		
Whanau Ora Services	(122)	(115)	(7) U	(6%)	(355)	(344)	(10) U	(3%)
Maori Health Total	(177)	(153)	(24) U	(16%)	(486)	(458)	(28) U	(6%)
Internal Allocations	-	-			-	-		
Total Expenses	(70,201)	(69,378)	(823) U	(1%)	(209,523)	(208,063)	(1,459) U	(1%)
Summary of Results								
Subtotal of IDF Revenue	1,553	1,553			4,658	4,659		
Subtotal all other Revenue	67,855	67,782	73 F		203,757	203,614	143 F	
Revenue Total	69,407	69,334	73 F		208,415	208,273	143 F	
Subtotal of IDF Expenditure	(3,058)	(3,055)	(3) U		(9,189)	(9,164)	(25) U	
Subtotal all other Expenditure	(67,143)	(66,324)	(820) U	(1%)	(200,334)	(198,899)	(1,434) U	(1%)
Expenses Total	(70,201)	(69,378)	(823) U	(1%)	(209,523)	(208,063)	(1,459) U	(1%)
Net Surplus/ (Deficit)	(794)	(44)	(750) U	(1712%)	(1,107)	209	(1,316) U	(630%)

Southern District Health Board
Sep-14

Part 4: DHB Consolidated	Current Month				Year to Date			
	Actual	Budget	Variance	Variance	Actual	Budget	Variance	Variance
	\$(000)	\$(000)	\$(000)	%	\$(000)	\$(000)	\$(000)	%
Part 4.1: Statement of Financial Performance								
REVENUE								
Ministry of Health								
MoH - Vote Health Non Mental Health	57,843	57,837	6	F	173,525	173,511	15	F
MoH - Vote Health Mental Health	6,925	6,925			20,774	20,774		
PBF Adjustments	-	-			-	-		
MoH Funding Subcontracts	3,087	3,020	67	F	9,457	9,329	129	F
MoH - Personal Health	21	28	(8)	U	111	85	27	F
MoH - Mental Health	-	-			-	-		
MoH - Public Health	10	11			31	32		
MoH - Disability Support Services	844	736	108	F	2,555	2,403	151	F
MoH - Maori Health	-	-			-	-		
Clinical Training Agency	634	637	(2)	U	1,942	1,910	33	F
Internal - DHB Funder to DHB Provider								
Ministry of Health Total	69,364	69,193	171	F	208,397	208,044	353	F
Other Government								
IDF's - Mental Health Services	45	45			135	135		
IDF's - All others (non Mental health)	1,508	1,508			4,523	4,523		
Other DHB's	23	25	(3)	U	63	76	(13)	U
Training Fees and Subsidies	27	17	10	F	54	51	3	F
Accident Insurance	862	937	(75)	U	2,477	2,737	(260)	U
Other Government	409	476	(67)	U	1,258	1,419	(161)	U
Other Government Total	2,873	3,008	(135)	(4%)	8,511	8,942	(431)	(5%)
Government and Crown Agency Total	72,237	72,201	36	F	216,907	216,985	(78)	U
Other Revenue								
Patient / Consumer Sourced	229	228	1	F	652	764	(112)	U
Other Income	940	854	86	F	2,663	2,512	151	F
Other Revenue Total	1,169	1,082	87	F	3,315	3,276	40	F
REVENUE TOTAL	73,406	73,283	123	F	220,223	220,261	(38)	U
EXPENSES								
Personnel Expenses								
Medical Personnel	(9,430)	(9,476)	45	F	(27,788)	(28,331)	544	F
Nursing Personnel	(9,964)	(9,909)	(55)	U	(30,888)	(30,514)	(374)	U
Allied Health Personnel	(3,838)	(4,124)	186	F	(11,889)	(12,350)	461	F
Support Services Personnel	(826)	(800)	(27)	U	(2,428)	(2,397)	(32)	U
Management / Admin Personnel	(3,561)	(3,586)	25	F	(10,851)	(10,745)	(106)	U
Personnel Costs Total	(27,720)	(27,895)	175	F	(83,844)	(84,337)	493	F
Outsourced Expenses								
Medical Personnel	(343)	(532)	189	F	(1,125)	(1,550)	425	F
Nursing Personnel	(4)	-	(4)	U	(21)	-	(21)	U
Allied Health Personnel	(43)	(37)	(6)	U	(162)	(109)	(53)	U
Support Personnel	(25)	(21)	(3)	U	(84)	(64)	(20)	U
Management / Administration Personnel	(4)	(1)	(3)	U	(9)	(3)	(6)	U
Outsourced Clinical Services	(1,526)	(1,859)	(66)	U	(5,793)	(5,586)	(208)	U
Outsourced Corporate / Governance Services	(273)	(267)	(6)	U	(751)	(789)	38	F
Outsourced Funder Services	(170)	(134)	(36)	U	(517)	(402)	(116)	U
Outsourced Services Total	(2,787)	(2,851)	64	F	(8,463)	(8,503)	40	F
Clinical Supplies								
Treatment Disposables	(2,458)	(2,416)	(42)	U	(7,440)	(7,347)	(93)	U
Diagnostic Supplies & Other Clinical Supplies	(159)	(159)			(442)	(452)	39	F
Instruments & Equipment	(1,537)	(1,467)	(69)	U	(4,355)	(4,072)	(283)	U
Patient Appliances	(188)	(187)			(552)	(568)	16	F
Implants & Prosthesis	(821)	(890)	69	F	(2,555)	(2,910)	355	F
Pharmaceuticals	(1,546)	(1,572)	25	F	(4,632)	(4,694)	62	F
Other Clinical Supplies	(244)	(317)	73	F	(912)	(972)	60	F
Clinical Supplies Total	(6,952)	(7,007)	55	F	(20,889)	(21,044)	155	F
Infrastructure & Non Clinical Expenses								
Hotel Services, Laundry & Cleaning	(1,140)	(1,062)	(79)	U	(3,423)	(3,181)	(242)	U
Facilities	(1,978)	(1,813)	(165)	U	(5,771)	(5,529)	(241)	U
Transport	(330)	(379)	49	F	(1,045)	(1,146)	101	F
IT Systems & Telecommunications	(879)	(919)	40	F	(2,760)	(2,758)	(2)	U
Interest & Financing Charges	(1,267)	(1,275)	8	F	(3,834)	(3,824)	(10)	U
Professional Fees & Expenses	(138)	(159)	21	F	(419)	(479)	60	F
Other Operating Expenses	(330)	(373)	43	F	(1,083)	(1,105)	12	F
Democracy	(42)	(42)			(113)	(127)	14	F
Subsidiaries & Joint Ventures	-	-			-	-		
Infrastructure & Non-Clinical Supplies Total	(6,104)	(6,022)	(82)	(1%)	(18,457)	(18,149)	(309)	(2%)

Southern District Health Board
Sep-14

Part 4: DHB Consolidated	Current Month				Year to Date			
	Actual	Budget	Variance	Variance	Actual	Budget	Variance	Variance
	\$(000)	\$(000)	\$(000)	%	\$(000)	\$(000)	\$(000)	%
Payments to Providers								
Personal Health								
Personal Health to allocate	-	(83)	83 F		-	(250)	250 F	
Child and Youth	(98)	(34)	(64) U	(188%)	(85)	(102)	17 F	17%
Laboratory	(1,599)	(1,465)	(134) U	(9%)	(4,681)	(4,394)	(287) U	(7%)
Infertility Treatment Services	-	(9)	9 F		-	(27)	27 F	
Maternity	(220)	(220)	-		(673)	(661)	(12) U	(2%)
Maternity (Tertiary & Secondary)	(7)	(14)	6 F	47%	(6)	(41)	32 F	79%
Pregnancy and Parenting Education	(6)	(10)	4 F	36%	(21)	(29)	8 F	27%
Maternity Payment Schedule	-	-	-		-	-	-	
Neo Natal	-	-	-		-	-	-	
Sexual Health	(2)	(1)	(1) U	(1%)	(5)	(4)	(1) U	(1%)
Adolescent Dental Benefit	(220)	(174)	(46) U	(27%)	(513)	(530)	17 F	3%
Other Dental Services	-	-	-		-	-	-	
Dental - Low Income Adult	(55)	(55)	-		(162)	(166)	4 F	3%
Child (School) Dental Services	(12)	(35)	23 F	65%	(67)	(107)	40 F	37%
Secondary / Tertiary Dental	(126)	(126)	-		(378)	(378)	-	
Pharmaceuticals	(6,521)	(6,406)	(115) U	(2%)	(18,550)	(18,219)	(331) U	(2%)
Pharmaceutical Cancer Treatment Drugs	-	-	-		-	-	-	
Pharmacy Services	(28)	(61)	33 F	54%	(67)	(182)	115 F	63%
Management Referred Services	-	-	-		-	-	-	
General Medical Subsidy	(89)	(90)	1 F	1%	(238)	(255)	16 F	6%
Primary Practice Services - Capitated	(3,506)	(3,511)	5 F		(10,605)	(10,533)	(72) U	(1%)
Primary Health Care Strategy - Care	(303)	(318)	15 F	5%	(944)	(954)	10 F	1%
Primary Health Care Strategy - Health	(359)	(337)	(23) U	(7%)	(1,014)	(1,010)	(3) U	
Primary Health Care Strategy - Other	(243)	(255)	12 F	5%	(751)	(764)	13 F	2%
Practice Nurse Subsidy	(6)	(16)	10 F	62%	(39)	(49)	10 F	21%
Rural Support for Primary Health Pro	(1,289)	(1,313)	24 F	2%	(3,906)	(3,939)	33 F	1%
Immunisation	(56)	(102)	45 F	45%	(272)	(348)	76 F	22%
Radiology	(204)	(196)	(8) U	(4%)	(591)	(588)	(3) U	
Palliative Care	(617)	(488)	(128) U	(26%)	(1,646)	(1,465)	(181) U	(12%)
Meals on Wheels	(20)	(20)	-		(60)	(60)	-	
Domiciliary & District Nursing	(381)	(435)	54 F	12%	(1,345)	(1,312)	(34) U	(3%)
Community based Allied Health	(168)	(168)	(1) U		(505)	(503)	(2) U	
Chronic Disease Management and Educa	(89)	(95)	6 F	7%	(265)	(285)	20 F	7%
Medical Inpatients	-	-	-		-	-	-	
Medical Outpatients	(410)	(397)	(13) U	(3%)	(1,236)	(1,192)	(44) U	(4%)
Surgical Inpatients	(11)	(19)	8 F	40%	(53)	(56)	3 F	5%
Surgical Outpatients	(139)	(146)	7 F	5%	(417)	(439)	22 F	5%
Paediatric Inpatients	-	-	-		-	-	-	
Paediatric Outpatients	-	-	-		-	-	-	
Pacific Peoples' Health	(11)	(12)	1 F	4%	(23)	(35)	13 F	36%
Emergency Services	(159)	(156)	(4) U	(2%)	(503)	(467)	(37) U	(8%)
Minor Personal Health Expenditure	(75)	(74)	(1) U	(1%)	(220)	(222)	2 F	1%
Price adjusters and Premium	(195)	(83)	(111) U	133%	(423)	(250)	(172) U	69%
Travel & Accommodation	(432)	(380)	(52) U	(14%)	(1,429)	(1,312)	(117) U	(9%)
Inter District Flow Personal Health	(2,399)	(2,399)	-		(7,212)	(7,197)	(15) U	
Personal Health Total	(20,057)	(19,704)	(354) U	(2%)	(58,907)	(58,325)	(581) U	(1%)
Mental Health								
Mental Health to allocate	-	(38)	38 F		-	(114)	114 F	
Acute Mental Health Inpatients	-	-	-		-	-	-	
Sub-Acute & Long Term Mental Health	-	-	-		-	-	-	
Crisis Respite	(5)	(5)	-	(3%)	(14)	(14)	-	(1%)
Alcohol & Other Drugs - General	5	(55)	59 F	108%	(134)	(164)	30 F	18%
Alcohol & Other Drugs - Child & Youth	(100)	(102)	2 F	2%	(325)	(306)	(19) U	(6%)
Methadone	-	-	-		-	-	-	
Dual Diagnosis - Alcohol & Other Drugs	(102)	(36)	(66) U	(182%)	(139)	(109)	(30) U	(28%)
Dual Diagnosis - MH/ID	-	-	-		-	-	-	
Eating Disorder	(11)	(16)	5 F	33%	(39)	(48)	9 F	20%
Maternal Mental Health	(4)	(4)	-		(11)	(11)	-	
Child & Youth Mental Health Services	(271)	(241)	(30) U	(12%)	(831)	(724)	(107) U	(15%)
Forensic Services	-	(4)	4 F		-	(11)	11 F	
Kaupapa Maori Mental Health Services	(6)	(6)	-		(18)	(18)	-	
Kaupapa Maori Mental Health - Residential	-	-	-		-	-	-	
Kaupapa Maori Mental Health - Inpati	-	-	-		-	-	-	
Mental Health Community Services	(150)	(127)	(24) U	(19%)	(401)	(380)	(21) U	(6%)
Prison/Court Liaison	-	-	-		-	-	-	
Mental Health Workforce Development	-	-	-		-	-	-	
Day Activity & Work Rehabilitation S	(136)	(136)	-		(409)	(409)	-	
Mental Health Funded Services for Older People	-	-	-		-	-	-	
Advocacy / Peer Support - Consumer	(23)	(23)	1 F	3%	(69)	(70)	1 F	1%
Other Home Based Residential Support	(369)	(315)	(54) U	(17%)	(1,060)	(945)	(114) U	(12%)
Advocacy / Peer Support - Families	(52)	(52)	-		(157)	(157)	-	
Community Residential Beds & Service	(509)	(457)	(53) U	(12%)	(1,343)	(1,370)	26 F	2%
Minor Mental Health Expenditure	(41)	(32)	(9) U	(29%)	(91)	(96)	5 F	5%
Inter District Flow Mental Health	(403)	(399)	(3) U	(1%)	(1,208)	(1,198)	(10) U	(1%)
Mental Health Total	(2,178)	(2,048)	(130) U	(6%)	(6,249)	(6,144)	(105) U	(2%)
Public Health								
Alcohol & Drug	-	-	-		-	-	-	
Communicable Diseases	-	-	-		-	-	-	
Injury Prevention	-	-	-		-	-	-	
Mental Health	-	-	-		-	-	-	
Screening Programmes	-	-	-		-	-	-	
Nutrition and Physical Activity	(23)	(27)	3 F	12%	(77)	(80)	3 F	4%
Physical Environment	-	-	-		-	-	-	
Public Health Infrastructure	-	-	-		-	-	-	
Sexual Health	-	-	-		-	-	-	
Social Environments	-	-	-		-	-	-	
Tobacco Control	(18)	(12)	(6) U	(41%)	(50)	(37)	(13) U	(33%)
Well Child Promotion	63	-	63 F		-	-	-	
Meningococcal	-	-	-		-	-	-	
Public Health Total	22	(39)	62 F	157%	(127)	(118)	(9) U	(6%)

Southern District Health Board
Sep-14

Part 4: DHB Consolidated	Current Month				Year to Date			
	Actual	Budget	Variance	Variance	Actual	Budget	Variance	Variance
	\$(000)	\$(000)	\$(000)	%	\$(000)	\$(000)	\$(000)	%
Disability Support Services								
AT & R (Assessment, Treatment and Re Information and Advisory	(297)	(297)			(892)	(892)		
Needs Assessment	(12)	(12)			(36)	(36)		
Service Co-ordination	(77)	(22)	(55) U	(256%)	(168)	(65)	(103) U	(159%)
Home Support	(5)	-	(5) U		(6)	-	(6) U	
Care Support	(1,673)	(1,423)	(250) U	(18%)	(4,661)	(4,268)	(393) U	(9%)
Residential Care: Rest Homes	(1,588)	(1,444)	(144) U	(10%)	(4,044)	(4,533)	489 F	12%
Residential Care: Loans Adjustment	(3,389)	(2,900)	(489) U	(17%)	(9,610)	(8,890)	(720) U	(8%)
Long Term Chronic Conditions	11	23	(12) U	(51%)	43	68	(25) U	(37%)
Residential Care: Hospitals	4	-	4 F		-	-	-	
Ageing in Place	(3,383)	(3,815)	432 F	11%	(11,343)	(11,699)	356 F	3%
Environmental Support Services	-	-	-		-	-	-	
Day Programmes	(289)	(108)	(181) U	(168%)	(294)	(323)	29 F	9%
Expenditure to Attend Treatment ETAT	(9)	(46)	37 F	80%	(92)	(139)	47 F	34%
Minor Disability Support Expenditure	-	(9)	9 F		-	(27)	27 F	
Respite Care	(108)	(95)	(13) U	(14%)	(417)	(286)	(131) U	(46%)
Community Health Services & Support	(50)	(60)	9 F	16%	(163)	(179)	15 F	9%
Inter District Flow Disability Support	(256)	(256)			(769)	(769)		
Disability Support Other	-	-	-		-	-	-	
Disability Support Services Total	(9,693)	(9,164)	(529) U	(6%)	(28,813)	(27,937)	(877) U	(3%)
Maori Health								
Maori Service Development	(40)	(22)	(18) U	(79%)	(84)	(67)	(18) U	(26%)
Maori Provider Assistance Infrastruc	-	-	-		-	-	-	
Maori Workforce Development	-	-	-		-	-	-	
Minor Maori Health Expenditure	-	-	-		-	-	-	
Whanau Ora Services	(114)	(107)	(7) U	(6%)	(331)	(320)	(11) U	(3%)
Maori Health Total	(153)	(129)	(24) U	(19%)	(415)	(387)	(28) U	(7%)
Internal Allocations	-	-	-		-	-	-	
Total Expenses	(75,622)	(74,859)	(763) U	(1%)	(226,164)	(224,943)	(1,221) U	(1%)
Net Surplus/ (Deficit)	(2,216)	(1,576)	(640) U	(41%)	(5,941)	(4,682)	(1,259) U	(27%)
Zero Check	-	-	-		-	-	-	
Part 4.1 A: Supplementary Information to Statement of Financial Performance								
Depreciation - Clinical Equipment	(765)	(787)	22 F	3%	(1,975)	(1,990)	15 F	1%
Depreciation - Non Residential Buildings & Plant	(657)	(642)	(15) U	(2%)	(1,935)	(1,919)	(16) U	(1%)
Depreciation - Motor Vehicles	(23)	(17)	(6) U	(32%)	(68)	(54)	(14) U	(26%)
Depreciation - Information Technology	(257)	(246)	(10) U	(4%)	(785)	(736)	(49) U	(7%)
Depreciation - Other Equipment	(55)	(50)	(6) U	(11%)	(167)	(146)	(21) U	(14%)
Total Depreciation	(1,757)	(1,742)	(15) U	(1%)	(4,930)	(4,845)	(85) U	(2%)
Interest Cost from Funder Loans	-	-	-		-	-	-	
Interest Costs from CHFA	(374)	(378)	4 F	1%	(1,147)	(1,134)	(13) U	(1%)
Financing Component of Operating Leases	(28)	(31)	3 F	8%	(86)	(92)	6 F	6%
Capital Charge	(852)	(841)	(11) U	(1%)	(2,555)	(2,522)	(33) U	(1%)

Southern District Health Board

Sep-14

Part 4: DHB Consolidated	Current Month Actual \$ (000)	Previous Month Actual \$ (000)	Movement \$ (000)	Current Budget \$ (000)	Current Year Opening Balance Sheet \$ (000)
Part 4.2: Balance Sheet					
Current Assets					
Petty Cash	16	16	-	16	16
Bank	10	239	(230)	12,664	(285)
Short Term Investments - HBL	24,875	12,125	12,750	-	12,711
Short Term Investments	-	-	-	-	-
Prepayments	4,130	3,663	466	2,115	2,115
Accounts Receivable	7,018	7,834	(817)	9,392	10,434
Provision for Doubtful Debts	(2,486)	(2,486)	-	(1,974)	(2,486)
Accrued Debtors	19,090	24,718	(5,627)	19,200	21,599
Inventory / Stock	4,645	4,696	(51)	4,746	4,792
Assets Held for Resale	1,099	1,099	-	-	1,099
Current Assets Total	58,395	51,904	6,491	46,159	49,994
Non Current Assets					
Land, Buildings & Plant	250,523	250,520	3	253,639	250,340
Clinical Equipment (incl Finance Leases)	106,865	106,552	313	111,343	108,627
Other Equipment (incl Finance Leases)	15,160	15,142	18	15,340	15,190
Information Technology	38,896	38,884	12	39,502	38,708
Motor Vehicles	2,343	2,343	-	2,343	2,343
Provision Depreciation - Buildings & Plant	(4,288)	(3,632)	(657)	(4,273)	(2,354)
Provision Depreciation - Clinical Equipment	(73,122)	(72,356)	(766)	(75,935)	(73,360)
Provision Depreciation - Other Equipment	(11,657)	(11,602)	(55)	(11,706)	(11,560)
Provision Depreciation - Information Technology	(28,899)	(28,696)	(203)	(28,999)	(28,263)
Provision Depreciation - Motor Vehicles	(970)	(948)	(23)	(957)	(902)
WIP	6,730	5,578	1,152	4,577	4,577
Investment in Associates	-	-	-	-	-
Long Term Investments	3,939	3,939	-	4,117	3,586
Non Current Assets Total	305,518	305,723	(205)	308,991	306,933
Current Liabilities					
Accounts Payable Control	(7,886)	(4,488)	(3,398)	(4,005)	(7,132)
Accrued Creditors	(33,830)	(32,104)	(1,826)	(29,087)	(31,970)
Income Received in Advance	(604)	(1,635)	1,031	(1,157)	(539)
Capital Charge Payable	(2,555)	(1,703)	(852)	(2,576)	-
GST & Tax Provisions	(5,575)	(4,765)	(809)	(4,137)	(5,359)
Term Loans - Finance Leases (current portion)	(969)	(987)	18	(2,331)	(2,330)
Term Loans - Crown (current portion)	(12,976)	(12,976)	-	(12,826)	(12,976)
Payroll Accrual & Clearing Accounts	(16,871)	(14,285)	(2,586)	(29,606)	(14,593)
Employee Entitlement Provisions	(46,590)	(46,487)	(103)	(32,078)	(47,795)
Current Liabilities Total	(127,956)	(119,430)	(8,525)	(117,803)	(122,695)
WORKING CAPITAL	(177,562)	(186,293)	8,730	71,644	(72,700)
NET FUNDS EMPLOYED	235,957	238,197	(2,239)	237,347	234,232
Non Current Liabilities					
Long Service Leave - Non Current Portion	(3,030)	(3,030)	-	(2,994)	(3,030)
Retirement Gratuities - Non Current Portion	(10,863)	(10,863)	-	(12,100)	(10,863)
Other Employee Entitlement Provisions	(1,320)	(1,320)	-	-	(1,320)
Term Loans - Finance Leases (non current portio	(2,805)	(2,842)	37	(1,265)	(1,555)
Term Loans - Crown (non current portion)	(88,111)	(88,097)	(14)	(88,250)	(88,250)
Custodial Funds	-	-	-	-	-
Non Current Liabilities Total	(106,129)	(106,152)	23	(104,609)	(105,017)
Crown Equity					
Crown Equity	(179,788)	(179,788)	-	(179,788)	(179,788)
Crown Equity Injection	(6,554)	(6,554)	-	(6,100)	-
Crown Equity Repayments	-	-	-	-	-
Trust and Special Funds (no restricted use)	(4,892)	(4,974)	83	-	(4,947)
Revaluation Reserve	(94,570)	(94,570)	-	(94,570)	(94,570)
Retained Earnings - DHB Governance & Funding	4,049	4,026	23	4,008	4,023
Retained Earnings - DHB Provider	111,289	109,972	1,317	105,799	106,537
Retained Earnings - Funds	40,638	39,844	794	37,913	39,531
Crown Equity Total	(129,828)	(132,045)	2,216	(132,738)	(129,215)
NET FUNDS EMPLOYED	(235,957)	(238,197)	2,239	(237,347)	(234,232)
Zero Check	-	-	-	(0)	-
Part 4.3: Statement of Movement in Equity					
Total equity at beginning of the period	(129,215)	(129,215)	-	(134,288)	(129,215)
Net Results for Period	5,941	3,725	2,216	1,550	-
Revaluation of Fixed Assets	-	-	-	-	-
Equity Injections - Deficit Support	(6,015)	(6,015)	-	-	-
Equity Injections - Capital Projects	(539)	(539)	-	-	-
Equity Repayments	-	-	-	-	-
Other	-	-	-	-	-
Movement in Trust and Special Funds	-	-	-	-	-
Total Equity at end of the period	(129,828)	(132,045)	2,216	(132,738)	(129,215)

Board Cash Flow - Southern Sep-14

Part 4: DHB Consolidated	Current Month			Year to Date		
	Actual	Budget	Variance	Actual	Budget	Variance
	\$(000)	\$(000)	\$(000)	\$(000)	\$(000)	\$(000)
Part 4.4 Statement of Cashflows						
Operating Revenue						
Government and Crown Agency Revenue	77,650	72,273	5,377 F	222,897	218,098	4,799 F
Other Revenue Received	967	982	(15) U	2,795	3,081	(286) U
Total Receipts	78,617	73,255	5,362 F	225,692	221,179	4,513 F
Payments for Personnel	(25,031)	(25,621)	590 F	(82,771)	(84,038)	1,566 F
Payments for Supplies	(4,881)	(11,227)	6,346 F	(28,877)	(31,213)	2,336 F
Interest Paid	(374)	(406)	32 F	(1,147)	(467)	(680) U
Capital Charge Paid	-	-	-	-	-	-
GST (Net) & Tax	809	(147)	956 F	216	(2,406)	216 F
Payment to own DHB Provider (Eliminated)	-	-	-	-	-	-
Payment to own DHB Governance & Funding Admin	-	-	-	-	-	-
Payments to other DHBs	(3,155)	(3,055)	(100) U	(9,308)	(9,165)	(143) U
Payments to Providers	(32,059)	(30,331)	(1,728) U	(94,511)	(95,239)	728 F
Total Payments	(64,691)	(70,787)	6,096 F	(216,398)	(222,528)	4,023 F
Net Cashflow from Operating	13,926	2,468	11,458 F	9,294	(1,349)	8,536 F
Investing Activities						
Interest Receipts 3rd Party	200	152	49 F	506	456	50 F
Sale of Fixed Assets	2	-	2 F	14	-	14 F
Capital Expenditure						
Land, Buildings & Plant	(133)	(1,000)	867 F	(218)	(2,200)	1,982 F
Clinical Equipment	(877)	(642)	(235) U	(1,181)	(1,926)	745 F
Other Equipment	(21)	(50)	29 F	(53)	(148)	95 F
Information Technology	(575)	(500)	(75) U	(1,705)	(700)	(1,005) U
Motor Vehicles	-	-	-	13	-	13 F
Work in Progress (Check)	-	-	-	-	-	-
Total Capital Expenditure	(1,606)	(2,192)	586 F	(3,144)	(4,974)	1,830 F
Increase in Investments and Restricted & Trust Funds Assets	-	(177)	177 F	(353)	(531)	178 F
Net Cashflow from Investing	(1,404)	(2,217)	637 F	(2,977)	(5,049)	2,072 F
Financing Activities						
Equity Injections	-	-	-	6,554	6,100	454 F
New Debt						
Private Sector	(2)	112	(114) U	(234)	385	(619) U
CHFA	-	150	(150) U	-	150	(150) U
Repaid Debt						
Private Sector	-	-	-	-	-	-
CHFA	-	-	-	(182)	-	(182) U
Other Non-Current Liability Movement						
Other Equity Movement	-	-	-	-	-	-
Net Cashflow from Financing	(2)	262	(264) U	6,138	6,635	(497) U
Net Cashflow	12,520	513	11,831 F	12,455	237	12,218 F
Plus Cash (Opening)	12,380	12,166		12,442	12,442	
Cash (Closing)	24,900	12,679	11,831 F	24,900	12,679	12,218 F
Carry Forward Check						
Closing Cash made up of:						
Petty Cash	16	16		16	16	
Bank (Overdraft)	10	12,664		10	12,664	(12,654) U
Short Term Investments	24,875	-		24,875	-	24,875 F
Total Cashflow Cash (Closing)	24,900	12,679		24,900	12,679	12,218 F

SOUTHERN DISTRICT HEALTH BOARD

Title:	EBOLA VIRAL DISEASE UPDATE	
Report to:	Board	
Date of Meeting:	06 November 2014	
Summary: Considered in these papers are:		
<ul style="list-style-type: none"> ▪ Update on Southern District Health Board preparations relating to the global ebola viral disease outbreak 		
Specific implications for consideration (financial/workforce/risk/legal etc):		
Financial:	N/A	
Workforce:	N/A	
Other:	N/A	
Document previously submitted to:		Date:
Approved by:	Chief Executive	Date: 29/10/2014
Prepared by: Lynda McCutcheon Executive Director Allied Health, Scientific and Technical Date: 21/10/2014	Presented by: Dr David Tulloch Chief Medical Officer	
RECOMMENDATION: That the Board receive the report.		

EBOLA VIRAL DISEASE UPDATE

1. Global Summary

The situation in West Africa continues to deteriorate with a rapid increase in the number of cases.

Ebola Virus Disease Outbreak in West Africa – Update (Source: WHO)

A total of 8,399 confirmed, probable, and suspected cases have been reported in seven affected countries (Guinea, Liberia, Nigeria, Senegal, Sierra Leone, Spain, and the United States of America) up to the end of 8 October. There have been 4,033 deaths.

Countries with Widespread and Intense Transmission

Cases were distributed by country as follows:

- Liberia: 4,076 cases, including 2,316 deaths (up to end of 7 Oct)
- Sierra Leone: 2,950 cases, including 930 deaths (up to end of 8 Oct)
- Guinea: 1,350 cases, including 778 deaths (up to end of 7 Oct)

Countries with an initial case or cases, or with localised transmission (as of 8 October 2014)

Four countries have now reported a case or cases imported from a country with widespread and intense transmission. Cases were distributed by country as follows:

- Nigeria: 20 cases, including 8 deaths (last confirmed case reported 5 September)
- Senegal: 1 case, no deaths (last confirmed case reported 28 August)
- United States: 1 case, including 1 death
- Spain: 1 case, no deaths

The high number of infections in healthcare workers continues to be a cause of great concern.

2. Local Summary

Despite this bleak scenario the risk of an ebola viral disease (EVD) case arriving in New Zealand remains low and the possibility of an outbreak in New Zealand is extremely remote. References to a global crisis are aimed at mobilising resources to West Africa rather than pointing to a rapid spread of the infection through the developed world.

The Ministry of Health (MOH) has determined that there will be four main centres in New Zealand to manage the treatment of EVD cases should that situation occur. Those centres are at Auckland DHB, Counties-Manakau DHB, Capital and Coast DHB and Canterbury DHB.

The MOH has set up a website where the most up to date information can be viewed. The Southern District Health Board will be following guidelines as determined by the MOH.

The Medical Officer of Health in Southern DHB, who is our key lead, is Dr Keith Reid. To ensure we are prepared across our southern district two groups have been established to coordinate the development and mobilisation of resources in support of clinical and other protocols. These groups are an EVD Coordination Group and an EVD Technical Advisory

Group (TAG). The EvD TAG has specialists in infectious diseases, microbiology, public health, emergency planning and infection prevention and control. Both groups have key stakeholders linked to the group members (see attached chart).

As Christchurch is the main treatment centre for the South Island the focus in our district is on border control, clinical assessment and stabilisation if necessary, and transfer to Christchurch as soon as practical. If there is a need for stabilisation before transfer this will occur at Dunedin Hospital and the negative pressure facility within the Emergency Department has been identified as the place where any cases of EVD will be transitioned. This approach will ensure optimum management of any case that presents, minimise the infection risk locally and prevent prolonged disruption of healthcare provision in Dunedin Hospital. Road transport of cases will be via St John.

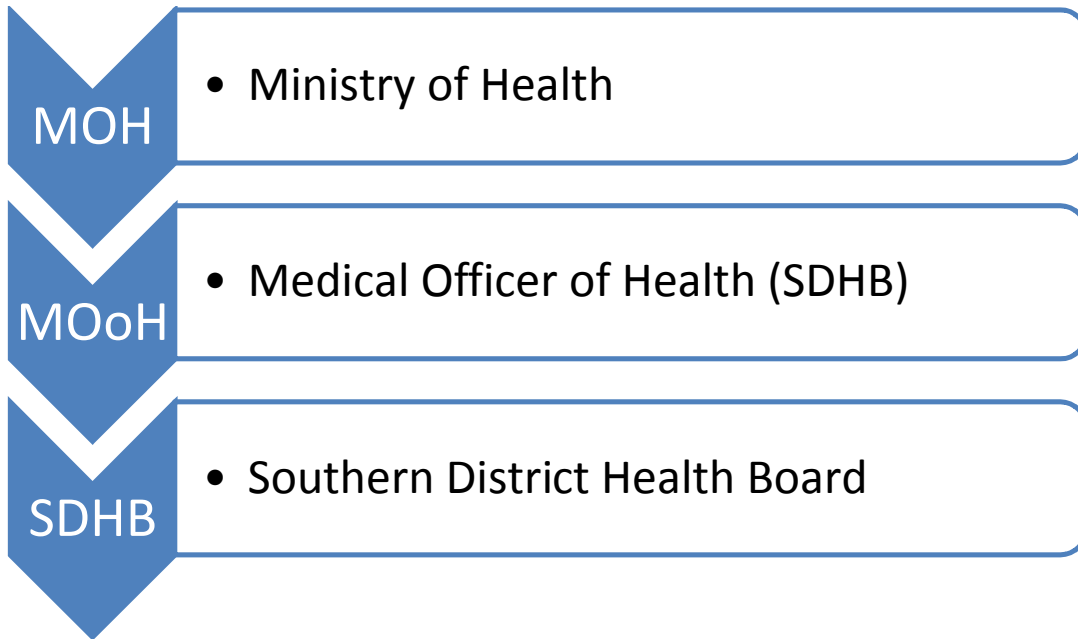
The Ministry of Health are procuring 'Isopods' which enable the transport of highly infectious cases by air on a retrieval basis. These require use of a military aircraft. The arrangements for accessing these resources are being established and they will enable the approach of an early transfer of infectious patients from Southern District to Canterbury for management where clinically appropriate. It is however expected that road transport with St John would be the method used within the district and to Christchurch in the main.

Work has been underway briefing our Emergency Departments, rural hospitals and the PHO (for communication with General Practitioners) on the approach to be adopted in the initial management of cases of EVD. More general updates for wider staff are posted on Pulse via the intranet and links to the MOH website.

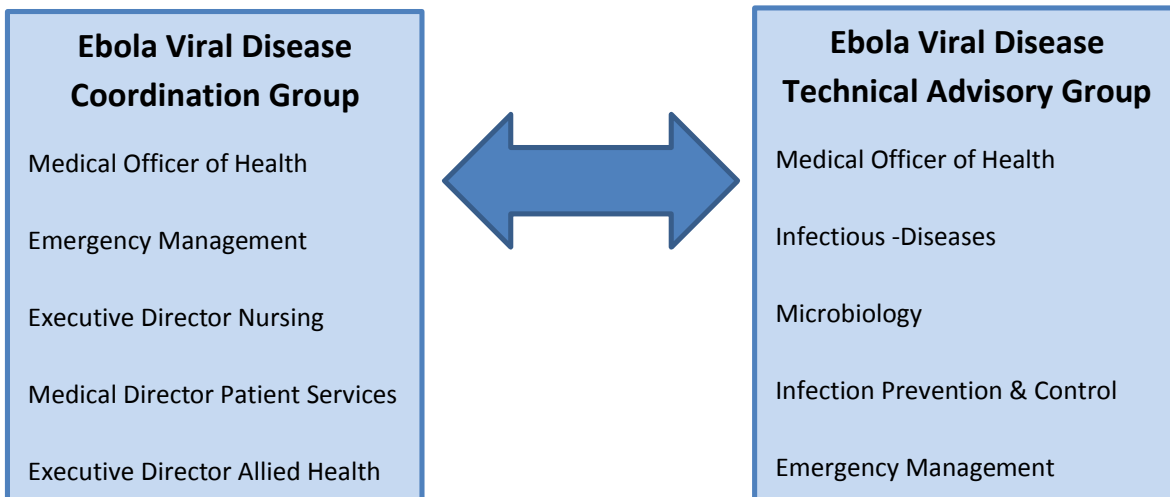
While this planning is underway, the Infection Prevention and Control Teams are updating staff on the use of our current personal protective equipment (PPE) to ensure awareness of best practice for protection of staff. We are aligning with the MOH guidelines in regard to the PPE equipment required in the event of an EvD case presentation within our facilities. The Coordination Team will continue to monitor those guidelines for any changes.



Ebola Coordination Chart



9





Ebola Viral Disease Groups and responsible link for key stakeholders

EvD Coordination Group

Medical Officer of Health
(Keith Reid)

St John
PHO – General Practices
Rural Hospitals

Emergency Management
(Paul McNamara)

Executive Director of Nursing & Midwifery
(delegate Jane Wilson)
Nurse Directors – Charge Nurse Managers
(EDs ICUs & LDH)

Infection Prevention Control
(linkages with Procurement)

Medical Director Patient Services
(Dick Bunton)

Medical Directors – Clinical Leaders
(EDs ICUs & LDH)

Executive Director Allied Health
(Lynda McCutcheon) Executive Sponsor

SDHB Executive & Senior Leadership Team
HR (Including Occupational Health & Safety)
Communications Office
Building & Property
Support Services (Cleaning/Waste Management)
Security
Operations Manager
Mortuaries

EvD Technical Advisory Group

Medical Officer of Health
(Keith Reid)

Infectious Diseases SMO
(Jill Wolfgang)

Microbiology SMOs
(James Ussher/ Antje van der Linden)
Southern Community Laboratory

Infection Prevention Control
(Jo Stodart)
District IPC team

Emergency Management
(Paul McNamara)

Southern District Health Board

Minutes of the Joint Meeting of the Disability Support Advisory Committee and Community & Public Health Advisory Committee held on Wednesday, 1 October 2014, commencing at 9.00 am, in the Board Room, Wakari Hospital Campus, Dunedin

Present:	Ms Sandra Cook Mrs Kaye Crowther Dr Branko Sijnja Mr Tim Ward	Chair
In Attendance:	Dr John Chambers Mr Tony Hill Dr Jan White Mrs Sandra Boardman Mr Peter Beirne Ms Carole Heatly Mrs Lexie O'Shea Ms Jeanette Kloosterman	Board Member Board Member Crown Monitor Executive Director, Planning & Funding Executive Director Finance Chief Executive Officer Deputy CEO/Executive Director Patient Services Board Secretary

1.0 WELCOME

The Chairperson welcomed everyone to the meeting.

2.0 APOLOGIES

Apologies were received from Mr Neville Cook and Mr Stuart Heal.

It was also noted that Mr David Tulloch, Chief Medical Officer, and Dr Keith Reid, Medical Officer of Health, had advised they were unable to be in attendance.

3.0 MEMBERS' DECLARATION OF INTEREST

Mr Ward informed the Committees that he had a client who was involved with the Winton aged care provider who had recently closed.

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 3 September 2014 be approved and adopted as a true and correct record."

5.0 MATTERS ARISING

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

6.0 PRESENTATION – PRIMARY CARE

The Committees received an update from Ian Macara, Chief Executive, Dr Keith Abbott, Clinical Advisor, and Wendy Findlay, Nursing Director, Southern Primary Health Organisation (PHO), and Bridget-Mary McGown, Manager, Alliance South, on the Southern PHO's:

- Operational activities and priorities
- Clinical governance
- Computer tools
- Patient dashboard
- Programmes and support
- Alliance South primary care work programme priorities
- Māori Health
- Integrated performance and incentive framework (IPIF)

7.0 ACTION SHEET

The Committees reviewed the action sheet (tab 7) and:

- Requested that the status of the pharmaceutical expenditure action be updated;
- Noted that the Alliance South work plan timeline had been omitted from the agenda and requested that it be circulated to members;
- Noted advice from the Executive Director Planning & Funding that between 1 January 2013 and 30 August 2014 there had been 13 gastro-intestinal disease outbreaks in early child care centres.

8.0 PLANNING & FUNDING REPORT

The Planning and Funding report and appendices (tab 8) were taken as read.

The Committees:

- Received an update from the Executive Director Planning & Funding informing them that advice had been received that the 5% increase to rest home subsidies would be funded on modelled actual expenditure for the current year, then would move to population based funding (PBF) over the following two years;
- Received a briefing from the Executive Director Planning & Funding on the action taken following notice of closure from the Winton aged residential care provider;
- Requested the actual number of children affected by general practices charging for after-hours care for under six year-olds.

9.0 FINANCIAL REPORT

The Executive Director Planning & Funding presented the Funder Financial Report for the period ended 31 August 2014 (tab 9) and outlined the steps that were being taken to mitigate the negative variance, then took questions from members.

10.0 WORK PLAN

The Committees reviewed the DSAC/CPHAC work plan for 2014 (tab 10) and noted that the focus of the next meeting would be child and youth services and the first quarterly report against the Annual Plan.

CONFIDENTIAL SESSION

At 10.15 am it was resolved that the public be excluded for the following agenda items.

10.1

General subject:	Reason for passing this resolution:	Grounds for passing the resolution:
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.

The meeting closed at 10.20 am.

Confirmed as a correct record:

Chairperson

Date

DSAC/CPHAC Meeting, 5 November 2014

- Verbal report from Ms Sandra Cook, DSAC/CPHAC Chair

10.2

Hospital Advisory Committee (HAC) 5 November 2014 Meeting

- Verbal report from Mr Tony Hill, HAC Chair

SOUTHERN DISTRICT HEALTH BOARD

Title:	CONTRACTS REGISTER	
Report to:	Southern District Health Board	
Date of Meeting:	6 November 2014	
Summary: Funding contracts signed under delegation by Executive Director Planning & Funding and Chief Executive Officer and contracts approved by Board executed since last report.		
Specific implications for consideration (financial/workforce/risk/legal etc):		
Financial:	Nil	
Workforce:	Nil	
Other:	Nil	
Document previously submitted to:		Date:
Approved by Chief Executive Officer:		Date: 29/10/2014
Prepared by: Sandra Boardman Executive Director Planning and Funding Date: 23/10/2014	Presented by: Sandra Boardman Executive Director Planning and Funding	
RECOMMENDATION: 1. That the Board note the attached Contracts Register.		

Southern DHB Board Meeting - Contracts Register

FUNDING ADMINISTRATION
CONTRACTS REGISTER (EXPENSES) - OCTOBER 2014

PROVIDER NAME	DESCRIPTION OF SERVICES	ANNUAL AMOUNT	CONTRACT/VARIATION END DATE	APPROVED BY
Contract Value of - \$0 - \$100,000 (Level 3)				
Otago Pacific People's Health Trust Otago Variation to Agreement	Well Child Services - Tamariki Ora	\$78,772.14	30.06.15	Executive Director Planning & Funding 16.07.14
IDEA Services Ltd Variation to Agreement	Individual Agreement for a Named Individual	\$13,750.11	11.12.14	Executive Director Planning & Funding 11.12.14
Waiau Health Trust Ltd Variation to Agreement	Day Activity	\$16,511.60	30.06.15	Executive Director Planning & Funding 07.07.14
Aged Residential Care Facilities Variation to Agreement	Exceptional Circumstances palliative care for named individuals x 15	\$172,244.86	Various	Executive Director Planning & Funding
Access Ability Charitable Trust t.a Access Ability Otago - Southland Agreement	Long Term Support - Chronic Health Condition - NASC Management	\$10,905.85 (indicative demand driven)	30.06.15	Executive Director Planning & Funding 31.07.14
Dunedin Community Care Trust Variation to Agreement	Individual Agreement for a Named Individual	\$5,715.31	31.10.14	Executive Director Planning & Funding 08.09.14
BUPA Care Services NZ Ltd t.a Ascot Care Home Variation to Agreement	Exceptional Circumstances palliative care for a named individual	\$1,613.07	28.08.14	Executive Director Planning & Funding 12.09.14
Elwyn Bates Group Ltd t.a Elwyn Bates Pharmacy Agreement	Provision of Pharmacy Services	\$28,600.00	30.06.15	Executive Director Planning & Funding 07.10.14
Bainfield Park Residential Care Ltd t.a Bainfield Park Residential Care Agreement	Age Related Respite Care	\$38,222.80 (estimate)	03.08.20	Executive Director Planning & Funding 29.09.14
Dr Stephen Hoskin - Fiordland Medical Practice Letter of Agreement	Funding of Plain Film Radiology Services	\$12,000.00	30.06.15	Executive Director Planning & Funding 09.09.14
Lumino Dental Ltd t.a Lumino The Dentists Wanaka Agreement	Service Agreement for the Provision of Oral Health Services for Adolescents & Special Dental Services for Children & Adolescents	\$16,000.00 (estimate)	30.06.15	Executive Director Planning & Funding 23.09.14
Total for Level 3		\$ 394,335.74		

Southern DHB Board Meeting - Contracts Register

FUNDING ADMINISTRATION
CONTRACTS REGISTER (EXPENSES) - OCTOBER 2014

Contract Value of - \$100,000 - \$500,000 (Level 2)				
Southern PHO t.a Southern PHO Variation to Agreement	General Practitioner Special Interest - GPSI	\$ 165,000.00	30.06.15	Executive Director Planning & Funding 09.07.14
Roxburgh District Medical Variation to Agreement	Community Health Services Main Agreement	\$ 235,444.20	31.08.15	Executive Director Planning & Funding 16.09.14
Total for Level 2		\$ 400,444.20		
Contract Value of - \$500,000 - 1 Million (Level 1)				
Southern PHO Variation to Agreement	Long Term Conditions	\$ 616,802.34	30.06.15	CEO - Southern DHB 30.07.14
Southern PHO Variation to Agreement	Primary Mental Health	\$ 796,899.00	31.12.14	CEO - Southern DHB 30.07.14
Total for Level 1		\$ 1,814,145.54		
Contract Value of - \$1 Million and Over (Board)				
Nga Kete Matauranga Pounamu Charitable Trust Agreement	Kaupapa Maori Alcohol & Drug & Mental Health Services	\$ 1,166,021.82	31.10.17	Southern DHB Board 04.09.14
Waitaki District Health Services Ltd Service Schedule	Rural Hospital Medical & Surgical Services & Community Health Services Head Agreement	\$ 18,486,925.68	30.06.17	Southern DHB Board 07.08.14
Waitaki District Health Services Ltd Service Schedule	Domicillary Services	\$ 5,136,917.67	30.06.17	Southern DHB Board 07.08.14
Waitaki District Health Services Ltd Service Schedule	Primary Maternity Facility Services	\$ 1,323,693.27	30.06.17	Southern DHB Board 07.08.14
Waitaki District Health Services Ltd Service Schedule	Health of Older People	\$ 4,444,908.90	30.06.17	Southern DHB Board 07.08.14
Aroha Ki Te Tamariki Charitable Trust - Agreement	Child & Youth Mental Health & Alcohol & Other Drug Services	\$ 1,425,598.86	30.09.16	Southern DHB Board 04.09.14
Total for Board Level		\$ 31,984,066.20		

Grand Total \$ 34,592,991.68