



# **BOARD MEETING**

## **AGENDA**

**Thursday, 7 April 2011**

**10.30 am**

**Conference Room 1, Copthorne Hotel  
corner Frankton Road and Adelaide Street  
Queenstown**



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# SOUTHERN DISTRICT HEALTH BOARD MEETING

Thursday, 7 April 2011  
10.30 am

Conference Room 1, Copthorne Hotel,  
corner Frankton Road and Adelaide Street, Queenstown

## A G E N D A

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## Confidential Session:

### RESOLUTION:

That the Board move into committee to consider the agenda items listed below.

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

<b><i>General subject:</i></b>	<b><i>Reasons for passing this resolution:</i></b>	<b><i>Grounds for passing the resolution:</i></b>
<b>Previous Public Excluded Board Minutes</b>	Commercial sensitivity and to allow activities and negotiations to be carried on without prejudice or disadvantage	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)(i), 9(2)(j) of the Official Information Act 1982, that is withholding the information is necessary to enable a Minister of the Crown or any Department or organisation holding the information to carry on, without prejudice or disadvantage, commercial activities and negotiations.
<b>Review of Public Excluded Action Sheet</b>	Personal privacy and to allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(i), 9(2)(j), 9(2)(a)
<b>SCLOS Board Nominees</b>	Personal privacy	As above, section 9(2)(a)
<b>2011/12 Draft Financial Model and Annual Plan</b>	Annual Plan is subject to Ministerial approval	As above, sections 9(2)(f)(iv) and 9(2)(j)
<b>Wakatipu Health Services</b>	To allow activities and negotiations to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).
<b>Rural Hospital Contracts</b>	To allow activities and negotiations to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).
<b>Health Target – ED Length of Stay</b>	To allow activities and negotiations to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).

<b><i>General subject:</i></b>	<b><i>Reasons for passing this resolution:</i></b>	<b><i>Grounds for passing the resolution:</i></b>
<b>Public Excluded Advisory Committee Reports</b> a) Disability Support Advisory Committee and Community & Public Health Advisory Committee, 8 March 2011 b) Hospitals Advisory Committee 8 March 2011 6 April 2011 c) Clinical Advisory Committee 9 March 2011 6 April 2011 d) Audit & Risk Committee, 24 March 2011	Commercial sensitivity and to allow activities and negotiations to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).
<b>Contract Approvals</b>	Commercial sensitivity and to allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).
<b>Sentinel Events Report</b>	Personal privacy and to allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(i), 9(2)(j), 9(2)(a)
<b>Risk Report</b>	To allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).

## Minutes of the Southern District Health Board

Thursday, 10 March 2011, 10.30 am  
Board Room, Southland Hospital Campus, Invercargill

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**Present:** Mr J G Butterfield Chair  
Mr N M Cook  
Mrs K J Crowther  
Mrs M T Flannery  
Dr J M Macpherson  
Mr T K Potiki  
Dr B Sijnja  
Mr R J Thomson  
Mr T P Ward

**In Attendance:** Mr S McLauchlan Crown Monitor  
Mr B D Rousseau Chief Executive Officer  
Mrs L O'Shea Deputy Chief Executive Officer  
Mr R Mackway-Jones General Manager, Planning & Funding  
Mrs L Samuel Chief Nursing & Midwifery Officer  
Ms C Wells CEO Support Manager (by videoconference)  
Ms J Kloosterman Board Secretary (by videoconference)  
Ms J Harvey Communications Officer

### 1.0 CHAIR'S OPENING COMMENTS

The Chairman welcomed everyone to the meeting.

### 2.0 APOLOGIES

An apology was received from Mr P E Menzies, Deputy Chair.

### 3.0 DECLARATION OF INTERESTS

The Chairman called for any adjustments or amendments to the Interests Register (agenda item 5). None were advised.

The Chairman asked if members were aware of any agenda items with which they may have a potential conflict and reminded them of their responsibility to advise the meeting immediately should any potential conflict arise during discussions.

***It was resolved:***

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

#### **4.0 CONFIRMATION OF PREVIOUS MINUTES**

*It was resolved:*

**"That the minutes of the 3 February 2011 Board meeting be approved and adopted as a true and correct record."**

#### **5.0 MATTERS ARISING FROM THE PREVIOUS MINUTES**

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

#### **6.0 REVIEW OF ACTION SHEET**

The Board reviewed and noted the Action Sheet (agenda item 6).

##### **Radiology Wait Times**

Mrs L O'Shea, Deputy Chief Executive Officer, reported that a radiology wait time recovery plan had been included in the Hospitals Advisory Committee agenda papers and a verbal update was given at the meeting on 8 March 2011.

#### **7.0 CHIEF EXECUTIVE OFFICER'S REPORT**

The Chief Executive Officer presented his monthly report (agenda item 7).

##### **Correction**

It was noted that Provider Arm elective caseweights were ahead of plan year to date, not behind as reported in the Hospital Advisory Committee and Board papers.

*It was resolved:*

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

#### **8.0 FINANCIAL REPORT**

Mr R Mackway-Jones, General Manager, Finance & Funding, presented the Financial Report for the period ended 31 January 2011 (agenda item 8) and answered questions from members on the financial accounts.

*Mr R J Thomson and Mr S McLauchlan joined the meeting at 10.50 am.*

The Board requested:

- Further information on monthly cashflow and how much cash the DHB was carrying;
- An updated year-end forecast versus budget.

*It was resolved:*

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

## 9.0 MASTER SITE PLAN

The Board considered a report on Stage 1 of the Master Site Plan (agenda item 9).

*It was resolved:*

**"That the Board:**

- 1. Note that the Minister of Health has approved the funding to allow the commencement of the Master Site Plan Stage 1;**
- 2. Delegate the monitoring of this project to a Project Control Group comprising the following Board members:**
  - a. Mr Paul Menzies**
  - b. Mr Richard Thomson**
  - c. Mr Tim Ward."**

## 10.0 WAKATIPU HEALTH SERVICES

The Board considered a report on health service configuration in the Wakatipu Basin (agenda item 14).

*It was resolved:*

**"That the Board:**

- 1. Note the Association of Salaried Medical Specialists (ASMS) MECA consultation, termination of employment and redundancy requirements for changes to health services;**
- 2. Note the legal opinion regarding the process to be followed for the proposed change specific to the ASMS MECA;**
- 3. Note the letters to ASMS and other unions (Appendix B);**
- 4. Note that management have met with staff and unions and presented them with the management proposal;**
- 5. Note that prior to considering the recommendations in the management paper, that if any serious professional or clinical concerns with the proposal are raised, management will need to resolve these with ASMS;**
- 6. Note that consultation with all affected staff and their representative unions is required for this proposed change."**

## 11.0 ADVISORY COMMITTEE REPORTS

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

The Board received a verbal report from Dr J M Macpherson, Chair of the Disability Support Advisory Committee (DSAC) and Community & Public Health Advisory Committee (CPHAC) on matters considered by DSAC & CPHAC at their meeting on 8 March 2011.

There were no recommendations to the Board from the Committees.

***It was resolved:***

**“That the verbal report be received.”**

### **Hospitals Advisory Committee**

The minutes of the Hospitals Advisory Committee (HAC) meeting held on 2 February 2011 (agenda item 12), which were reported on verbally at the last meeting, were taken as read.

The Board received a verbal report from Dr J M Macpherson on the HAC meeting on 8 March 2011.

Recommendations from the Hospital Advisory Committee were submitted under public excluded business.

***It was resolved:***

**“That the verbal report be received.”**

### **Iwi Governance Committee**

The minutes of the Iwi Governance Committee meeting held on 9 February 2011 (agenda item 13), were taken as read.

The Board received a verbal report from Mr T K Potiki on matters considered by the Iwi Governance Committee meeting held the previous day.

***It was resolved:***

**“That the verbal report be received.”**

## **CONFIDENTIAL SESSION**

**At 11.40 am, it was resolved:**

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

<b><i>General subject:</i></b>	<b><i>Reasons for passing this resolution:</i></b>	<b><i>Grounds for passing the resolution:</i></b>
<b>Previous Public Excluded Board Minutes</b>	Commercial sensitivity and to allow activities and negotiations to be carried on without prejudice or disadvantage	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)(i), 9(2)(j) of the Official Information Act 1982, that is withholding the information is necessary to enable a Minister of the Crown or any Department or organisation holding the information to carry on, without prejudice or disadvantage, commercial activities and negotiations.



<b>General subject:</b>	<b>Reasons for passing this resolution:</b>	<b>Grounds for passing the resolution:</b>
<b>Review of Public Excluded Action Sheet</b>	Personal privacy and to allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(i), 9(2)(j), 9(2)(a)
<b>Annual Plan 2011/12</b>	Annual Plan is subject to Ministerial approval	As above, sections 9(2)(f)(iv) and 9(2)(j)
<b>Wakatipu Health Services</b>	To allow activities to be carried on without prejudice or disadvantage.	As above, sections 9(2)(i), 9(2)(j)
<b>Public Excluded Advisory Committee Reports</b> a) Disability Support Advisory Committee and Community & Public Health Advisory Committee, 8 March 2011 b) Hospitals Advisory Committee 2 February 2011 8 March 2011 <ul style="list-style-type: none"> <li>▪ Southland Hospital Energy Performance Management: Honeywell EPC III Contracts</li> <li>▪ Southland Hospital Administration Building Proposal</li> <li>▪ Southland Hospital Old Nurses Home and Kitchen/Dining Building Demolition Proposal</li> <li>▪ Capex – Neurosurgery Navigation System</li> </ul> c) Clinical Advisory Committee	Commercial sensitivity and to allow activities and negotiations to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).
<b>Contract Approvals</b> <ul style="list-style-type: none"> <li>▪ Services for staff relocations</li> <li>▪ Supply of heart valves &amp; annuloplasty rings</li> </ul>	Commercial sensitivity and to allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).
<b>Sentinel Events Report</b>	Personal privacy and to allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(i), 9(2)(j), 9(2)(a)

<b>General subject:</b>	<b>Reasons for passing this resolution:</b>	<b>Grounds for passing the resolution:</b>
<b>Risk Report</b>	To allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).

**Carried**

*The meeting adjourned for lunch at 12.20 pm and resumed at 12.50 pm.*

*The meeting closed at 2.40 pm.*

Confirmed as a true and correct record:

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

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

# Southern District Health Board

## BOARD MEETING ACTION SHEET

As at 29 March 2011

Action Point No.	SUBJECT	ACTION REQUIRED	BY	STATUS	EXPECTED COMPLETION DATE
037-2010/12	<b>Contracts Register</b> (Minute item 9.0)	Practice of submitting contracts registers to the Board to be reviewed by the Audit & Risk Committee.	GMFF	Scheduled agenda item for next meeting.	March 2011
043-2011/02	<b>Alcohol Law Reform Bill</b> (Minute item 9.0)	That a draft policy statement on alcohol be developed and submitted to CPHAC to provide direction to future service provision in this area, including the issue of education.	PHS GMFF	Development of draft policy statement being scoped.	
044-2011/02	<b>Smokefree Environment Amendment Bill</b> (Minute item 9.0)	A draft policy statement on smokefree environments to be developed and submitted to CPHAC to provide direction to future service provision in this area.	PHS GMFF	Development of draft policy statement being scoped.	
049-2011/03	<b>Financial Report</b> (Minute item 8.0)	<ul style="list-style-type: none"> <li>▪ Information to be provided on monthly cashflow and how much cash is being carried;</li> <li>▪ An updated year-end forecast versus budget to be provided.</li> </ul>	GMFF	Included in agenda report.	Complete

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## CHIEF EXECUTIVE OFFICER'S REPORT

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### RECOMMENDATIONS:

1. That the Board notes this report.
2. That the signing of the documents listed in the Contracts Register be noted.

### 1. DHB FINANCIAL PERFORMANCE

As at 28 February 2011 the DHB year to date (YTD) result is a surplus of \$2.4m, which is a favourable variance of \$5.5m. This is attributed to Governance, Funder and Provider Arm results being better than expected, together with a number of one-off favourable factors.

The Governance results continued the favourable trend mainly due to FTE being below budget and the associated lower expenditure in travel and communications costs. The Funder result was favourable by \$1.9m with many expenditure areas being managed below budget. As previously reported this result has benefited from the \$0.9m additional elective funding related to the last financial year. A key expenditure concern continues to be rest home level aged residential care which has levelled rather than declining as budgeted.

### 2. PROVIDER ARM

#### Contract Performance

- Elective **caseweights** (cwd) for Southern DHB are 0.94% (87.79 cwd) ahead of plan year to date (YTD) February 2011;
- Health Target Elective **discharges** for Southern DHB are 2.8% (176 discharges) ahead of plan YTD February 2011 (6,391 against a target of 6,215).

#### Financial Performance

- A favourable variance of \$800k was recorded in the Provider Arm for the month of February 2011;
- Revenue for February 2011 was favourable against budget by \$232k. Expenses for February 2011 were favourable against budget by \$568k.

#### Operational Performance

Reports on progress towards achievement of the District Annual Plan (DAP) strategic goals and the six health targets are included in the Hospital Advisory Committee agenda papers.

#### Southern Clinical Services

The programme continues to focus on the clinical aspects of a Southern Clinical Service, with a dependency on clinical leadership, clinician engagement and service

discussions to agree changes in practice as each service is moved towards equity of access across the Southern region.

The Rheumatology group has met over the last month and agreement is progressing with further discussions to determine clinical priority for the region, identification of needs and gaps, radiology opportunities and a future service vision.

Endocrinology is currently progressing with the development of a draft model of care business case.

Preliminary work around Urology and Ophthalmology has commenced with both these services having indicated their readiness to develop a Southern Clinical Service.

A number of other services such as Health of Older People, Respiratory, Mental Health, Orthopaedics, General Surgery, and Audiology, have also begun or are indicating they wish to commence discussions.

### **3. PLANNING AND FUNDING**

#### **Annual Plan Preparation**

Significant work has continued on the annual plan and associated financials by the Planning & Funding department and finance team and the relevant operational areas. The draft annual plan document is included in the excluded agenda; this version was sent to the Ministry of Health on the 25th March. A final Board approved document is required in May.

#### **Mental Health Service Development**

A large amount of work continues to develop a Southern DHB Mental Health & Addictions Plan.

The Core Planning Group (CPG) met for the first time on 28 February and have since finalised their terms of reference, with two further meetings having taken place in March. All representatives have now been finalised. One of the March meetings received input from the Ministry of Health setting out Government direction and priorities. The other meeting was a combined CPG and project advisory group meeting. The project advisory group has been established to provide additional expertise on specific areas.

This month a new Mental Health and Planning Project (MHAPP) section has been launched on the Southern DHB website [www.southerndhb.govt.nz](http://www.southerndhb.govt.nz). The MHAPP pages can be found under the heading Health, Strategy and Planning. This section will provide the latest updates and information throughout the planning process.

*"MEHA News"* is a new monthly publication to pass on information from the MHAPP work and will have been launched by the Board meeting date. The newsletter will contain the very latest updates and information about this major project.

Timeframes are being met to date and the DSAC/CPHAC should have a draft plan in July and following committee/Board approvals we are targeting consultation during August and September.

## Health of Older Persons Service Development

This is another key and large piece of work designed to support older people to live safely in their own homes by providing an enhanced range of home based support options. The series of stakeholder meetings were concluded during March. The Auckland University team who were contracted to help Planning & Funding with this work will summarise their findings and present their preliminary recommendations to the DHB, stakeholders, providers and the steering group on 14 April 2011 in Balclutha, so that the information can be discussed and debated. Following this feedback the team will submit a final recommendation paper to the DHB's Planning and Funding team and the Steering Group for consideration. DSAC/CPHAC and the Board will receive this report in May. Depending on the report recommendations and adoption by Southern DHB, further consultation may be required prior to any implementation of the recommendations.

### 4. CONTRACTS REGISTER

Attached at **Appendix A** is the Planning & Funding Contracts Register. There is nothing to report for the Provider Arm this month.



Brian Rousseau  
Chief Executive Officer

29 March 2011

**FUNDING ADMINISTRATION  
CONTRACTS REGISTER (EXPENSES) - MARCH 2011**

PROVIDER NAME	DESCRIPTION OF SERVICES	SIGNED BY	CONTRACT/VARIATION END DATE
Presbyterian Support Otago Incorporated t/a Iona Hospital Service Schedule	Exceptional Circumstances Palliative Care for a Named Individual.	Claire Lord	24.01.11
Marne Street Hospital Limited Service Schedule	Exceptional Circumstances Palliative Care for a Named Individual.	Claire Lord	27.01.11
Oceania Care Company No 1 Ltd t/a Longwood Lifestyle Village Limited Service Schedule	Exceptional Circumstances Palliative Care for a Named Individual.	Claire Lord	05.04.11
Age Concern Otago Inc Letter of Agreement	Funding of Senior Chef Otago Services.	Thelma Brown	31.03.12
Ryman Healthcare Ltd t/a Rowena Jackson Retirement Village Service Schedule	Exceptional Circumstances Palliative Care for a Named Individual.	Claire Lord	23.03.11
Ryman Healthcare Ltd t/a Rowena Jackson Retirement Village Service Schedule	Exceptional Circumstances Palliative Care for a Named Individual.	Claire Lord	09.04.11
Little Sisters of the Poor Aged Care NZ Ltd t/a Sacred Heart Home & Hospital Service Schedule	Exceptional Circumstances Palliative Care for a Named Individual.	Claire Lord	18.04.11
Southern PHO Service Schedule	Targeted Primary Care Initiatives.	Robert Mackway-Jones	30.06.12
Te Kohanga Reo o Murihiku Letter of Agreement	Funding of HEHA Maori Community Action Project - Te Puawaitanga Services	Thelma Brown	30.04.11
Oceania Care Company No 1 Ltd t/a Windsor Park Hospital Service Schedule	Exceptional Circumstances Palliative Care for a Named Individual.	Claire Lord	07.05.11
Radius Residential Care Ltd t/a Radius Fulton Care Centre Service Schedule	Exceptional Circumstances Palliative Care for a Named Individual.	Claire Lord	06.04.11
St John's Parish (Roslyn) Friends of the Aged & Needy Society t.a Leslie Groves Hospital Service Schedule	Exceptional Circumstances Palliative Care for a Named Individual.	Claire Lord	10.05.11

**FUNDING ADMINISTRATION  
CONTRACTS REGISTER (EXPENSES) - MARCH 2011**

Marne Street Hospital Limited Service Schedule	Exceptional Circumstances Palliative Care for a Named Individual.	Claire Lord	08.05.11
Birchleigh Management Ltd t/a Birchleigh Hospital Service Schedule	Exceptional Circumstances Palliative Care for a Named Individual.	Claire Lord	10.05.11
Southern Primary Health Organisation Service Schedule	Long Term Conditions.	Brian Rousseau	30.06.12
Mossbrae Healthcare Ltd t.a Mossbrae Hospital Service Schedule	Exceptional Circumstances Palliative Care for a Named Individual.	Claire Lord	11.05.11
Te Whanau o Hokonui Marae Letter of Agreement	HEHA Maori Community Action Project - Te Tipu Oranga Services.	Thelma Brown	30.04.11
David Young Variation to Agreement	Dermatology Services.	Claire Lord	31.03.11
Montecillo Veterans' Home and Hospital Service Schedule	Exceptional Circumstances Palliative Care for a Named Individual.	Claire Lord	13.05.11
Alzheimer's Disease & Related Disorders Society Otago t/a Alzheimer's Society Otago Variation to Agreement	Dementia Carer Support.	Claire Lord	29.02.12
Waitaki District Health Services Limited Variation to Agreement	Community Health Services Main Agreement.	Robert Mackway-Jones	30.06.11

**TOTAL AMOUNT FOR THE MONTH: \$1,480,232.22**



# SOUTHERN DHB FINANCIAL REPORT

Financial Report as at: 28 February 2011  
 Report Prepared by: Robert Mackway-Jones, GM Finance & Funding  
 Date: 28 March 2011

## Recommendations:

- That the Board note the Financial Report

## 1. Consolidated Results Summary

### DHB Consolidated Financial Performance February 2011

Month				Year to Date			Annual
Actual	Budget	Variance		Actual	Budget	Variance	Budget
\$' 000	\$' 000	\$' 000		\$' 000	\$' 000	\$' 000	\$' 000
67,952	67,143	809	Revenue	541,115	539,593	1,522	808,467
(23,489)	(22,958)	(531)	Less Personnel Costs	(194,392)	(194,324)	(68)	(298,050)
(40,673)	(42,401)	1,728	Less Other Costs	(344,351)	(348,372)	4,021	(525,318)
3,790	1,784	2,006	Net Surplus / (Deficit)	2,372	(3,103)	5,475	(14,901)

- February's result was significantly better than budget and the prior forecast
- The February YTD result is now a surplus of \$2.4m, which is favourable to budgeted deficit by \$5.5m
- The forecast has been revised and is commented on later in the report

### Summary of Results February 2011

Month				Year to Date			Annual
Actual	Budget	Variance		Actual	Budget	Variance	Budget
\$' 000	\$' 000	\$' 000		\$' 000	\$' 000	\$' 000	\$' 000
153	40	113	Governance	843	(28)	871	0
737	(356)	1,093	Funds	(8,438)	(10,357)	1,919	(16,255)
2,900	2,100	800	Provider	9,967	7,282	2,685	1,354
3,790	1,784	2,006	Net Surplus / (Deficit)	2,372	(3,103)	5,475	(14,901)

- February's favourable result was mainly attributable to:
  - \$0.6m of lower pharmaceutical (community and PCT) expenditure
  - \$0.2m of lower DSS expenditure
  - \$0.2m of lower dental claiming
  - \$0.8m of higher revenue (both funder/provider)
  - (\$0.5m) of increased doubtful debt provisions)
  - \$0.5m (exclude pharmaceuticals) of lower clinical supply costs

## 2. DHB Governance Results

Month				Year to Date			Annual
Actual	Budget	Variance		Actual	Budget	Variance	Budget
\$' 000	\$' 000	\$' 000		\$' 000	\$' 000	\$' 000	\$' 000
625	625	0	Revenue	5,153	5,147	6	7,645
(233)	(289)	56	Less Personnel Costs	(1,872)	(2,448)	576	(3,736)
(239)	(296)	57	Less Other Costs	(2,438)	(2,727)	289	(3,909)
153	40	113	Net Surplus / (Deficit)	843	(28)	871	0

### Summary Comment:

February's result continued the favourable trend and was expected. The large favourable variance is due to FTE levels being significantly below that budgeted and associated lower expenditure in travel and communications costs. Other expenditure to SISSAL and DHBNZ are also well below budgeted levels.

## 3. DHB Funds Results

Month				Year to Date			Annual
Actual	Budget	Variance		Actual	Budget	Variance	Budget
\$' 000	\$' 000	\$' 000		\$' 000	\$' 000	\$' 000	\$' 000
63,933	63,459	474	Revenue	511,556	509,309	2,247	763,431
0	0	0	Less Personnel Costs	0	0	0	0
(63,196)	(63,815)	619	Less Other Costs	(519,994)	(519,666)	(328)	(779,686)
737	(356)	1,093	Net Surplus / (Deficit)	(8,438)	(10,357)	1,919	(16,255)
			<b>Expenses</b>				
(44,400)	(44,787)	387	Personal Health	(367,576)	(366,508)	(1,068)	(550,731)
(7,238)	(7,251)	13	Mental Health	(57,277)	(58,471)	1,194	(87,660)
(985)	(967)	(18)	Public Health	(7,861)	(7,813)	(48)	(11,484)
(9,784)	(10,021)	237	Disability Support	(80,828)	(80,421)	(407)	(120,204)
(164)	(164)	0	Maori Health	(1,305)	(1,306)	1	(1,962)
(625)	(625)	0	Other	(5,147)	(5,147)	0	(7,645)
(63,196)	(63,815)	619	Expenses	(519,994)	(519,666)	(328)	(779,686)

### Summary Comment:

The overall funder result is favourable by \$1.9m with many expenditure areas being managed below budget, however the result has benefited from \$0.9m of additional elective funding that relates to the last financial year.

The key unfavourable expenditure variance relates to rest home level aged residential care as previously reported. Utilisation has levelled rather than continuing to decline as budgeted. This will result in a \$4m unfavourable budget over-run by June.

## **Revenue**

YTD, revenue is \$2.2m above budget with variances in the following main areas.

Item	\$'m	Expense Line Offset (Y/N/Partial)
Electives income <u>from 09/10 year</u>	0.9	N,
IDF service changes	1.2	Y, IDF expenditure
IDF wash-up provision	(0.3)	N
Oral Health Business Case	0.7	Y, School Dental Services
PHO Performance Management funding	0.4	Y, PHO Other
School Based Health Service funding	0.1	Y, Child & Youth
PHO very low cost access funding	(0.1)	Y, PHO Health
HEHA funding	(0.1)	Y, Nutrition & Physical activity
Breast screening programme funding	(0.1)	Y, Pub H Screening programmes
Cervical screening programme funding	(0.1)	Y, Pub H Screening programmes
B4SC funding from 09/10	(0.1)	N
Rural after Hours funding	(0.1)	Y, Rural Support
Forensics funding	(0.1)	Y, MH forensic services
<u>All other revenue variances</u>	<u>(0.1)</u>	
Total Revenue Variation	2.2	

## **Expenditure**

### ***Mental Health***

There was little overall variation in February's expenditure both from a budgetary and forecast perspective. YTD expenditure is \$1.2m below budgeted levels due to \$1m of clawed back funding from the provider-arm for unfilled FTE positions and \$0.2m of lower home support allocations. Mental Health is forecast to incur a "deficit" of \$3.8m which is less than the budgeted deficit of \$5m.

### ***Disability Support***

Overall DSS costs are over budget YTD by \$0.4m. Like January, February's expenditure was less than the prior forecast and lower than budget.

Home support costs and service utilisation continue to be managed within budget. Residential care costs tracked in line with that expected but above budget. Hospital level residential care is also within budget. Residential rest home level costs continue to exceed budget as previously reported. The service development planning for restorative home based support services is well underway with a workshop of stakeholders planned for 14 April and draft report around the end of April.

### ***Public Health***

The \$0.2m variance in tobacco control expenditure is a timing issue where revenue was recognised in 09/10 and expenditure is being incurred this year. The 09/10 forecast has this expenditure in that year, hence the budget did not allow for the subsequent delay in its utilisation. The favourable HEHA expenditure variance is offset by lower revenue recognised.

### ***Personal Health***

Areas of variation where there is no funding offset are commented on below.

The largest variation in February was in the community pharmaceuticals budget which was well below budget and forecast. Latest data from Pharmac projects the DHB's expenditure to be \$1m lower than earlier signalled and this is reflected in the updated forecast. The YTD variance is now \$0.5m favourable with a further \$0.9m of below budget expenditure with cancer drugs (PCT) and there are also revenue and cost offsets in the provider financial results.

The PHO capitation line is overspent due to management fee savings not starting until October, although the payments in January reduced and February expenditure tracked in line with the reduced budget. The PHO "Other" line relates to the performance programme for which additional

funding has been received. The PHO Health line contains SIA and other expenditure which has not been paid as residual funds assigned from other PHO's are utilised as programmes continue.

The unfavourable variance in the medical outpatient line relates to haemophilia costs and is patient specific and variable. The Surgical outpatient line also has an unfavourable variance of \$0.2m and is chemotherapy treatment related. The favourable variance in minor expenditure relates to use of after-hours funding. There are timing issues with this expenditure.

The variance shown against IDF personal health line is \$1.8m unfavourable. Of this; \$1.2m is service changes and has revenue offset and therefore no bottom line impact, the residual \$0.6m is a provision for additional payments to DHBs for over-delivery of referrals or for acute procedures. Updated IDF data has not been sourced from national systems as yet and the provision from last month remains.

#### 4. DHB Provider Summary Results

Month			Year to Date			Annual	
Actual	Budget	Variance	Actual	Budget	Variance	Budget	
\$ '000	\$ '000	\$ '000	\$ '000	\$ '000	\$ '000	\$ '000	
38,780	38,548	232	Revenue	308,339	309,605	(1,266)	464,013
(23,256)	(22,669)	(587)	Less Personnel Costs	(192,520)	(191,877)	(643)	(294,314)
(12,624)	(13,779)	1,155	Less Other Costs	(105,852)	(110,446)	4,594	(168,354)
2,900	2,100	800	Net Surplus / (Deficit)	9,967	7,282	2,685	1,345

#### Summary Comment:

February's result was better than budget and the prior forecast. Key variances were lower salary and clinical supply costs. Revenue was also higher (ACC & CTA) but another large increase in the provision for doubtful debts was made.

#### Revenue

February's increase was attributable to additional CTA, ACC and non-resident claiming. However large parts of the non-resident claiming is not likely to be collectable and is therefore a cost. YTD, revenue is \$1.3m below budget with funding claimed back for unfilled mental health positions amounting to \$1m and \$0.9m of lower ACC revenues. Other income (SSC kiwisaver credits and interest) is well up, non-resident claiming is also \$0.4m over plan, but doubtful debt provisions have increased by \$0.7m in the year.

#### Personnel Expenditure

The overall salary variance needs viewed with the outsourced medical line and also in the context of the clawed back funding for mental health (MH) of \$1m. The bulk of the MH gaps are in the allied health area, but to a lesser extent some are in nursing and medical.

FTE are 58 under budget YTD although the difference was only 45 in November, 40 in December, 52 in January and now 26 in February. There is a vacancy factor of 71 (66 in Otago, 5 in Southland), hence the actual FTE is well below departmental budgeted levels and a considerable financial risk if all positions are filled. The trend over the last four months is a considerable increase in numbers although some of this is a change in mix between employed and locum (outsourced) medical staff. Despite the trend, the overall vacancy factors are being managed.

The YTD combined medical salary and outsourced cost line remains \$0.3m unfavourable against a budgeted spend of \$66.8m.

Nursing costs also remain \$0.6m below budget with FTE around 6 below budget in February and 3 YTD. Of the \$0.6m, \$0.3m are indirect (ACC, superannuation, course/conference) costs that are below budget with a further \$0.7m of variance driven by the FTE and rate variations, overtime payments and long service leave costs both exceed budget by \$0.2m. Long service leave costs were adjusted in the month.

Allied Health salaries are \$1m below budget with FTE 37 below budget YTD and in February. Overtime and allowance payments are over budget however all indirect costs; training, professional fees, recruitment, relocation, parental leave and clinical supervision costs are residing below plan for the month and YTD

Support and Management / Admin salary costs are also below budget driven by below budget FTE.

The overall DHB management and admin staff at February total 678 FTE, the budget is set at 700 and the Ministerial cap is 730 which was the level of staff and vacancies in December 2008.

### ***Non Personnel Expenditure***

As with January, February's overall clinical supplies budget lines were below projected (and budgeted levels). Oncology drugs continued to be lower than plan and most other categories were also favourable. The largest unfavourable variance is in patient treatment disposable costs which are \$0.7m over budget; some of this is offset against the outsourced clinical services line (\$0.8m below budget) as more volumes have been completed in-house. The instruments and equipment line is significantly benefiting from delays in capital expenditure (depreciation charges otherwise it would also be over budget).

Outsourced costs are now \$3.3m under budget YTD, the largest favourable variance being in medical outsourced (\$2.4m) costs, this budget is mainly for locum cover on the Southland site, this has been offset by additional medical personnel costs. Also contributing to the favourable variance is the below budget outsourced clinical services line as commented above.

Infrastructure and non-clinical costs were impacted by a further increase in doubtful debt provisions of \$0.5m and higher capital charges due to the improved operating result. With the exception of other operating costs (where the doubtful debt provisions are held), categories tracked in line with or below budget. A number of the savings initiatives are targeted in the non-clinical expenditure area.

## **5. Capital Expenditure**

The total DHB capital budget is \$38.98 million during the 2010/11 year. Baseline capital expenditure (excludes MSP, Oral Health, Admin Building) is set at \$26.275m with residual \$13.8m of baseline funds available to be committed.

Cashflow from capital expenditure totals \$11.1m which is well under the budgeted amount of \$26m. The base line capital programme is behind budget from a timing perspective but the bulk of the difference is attributable to the major building projects. Depreciation charges are in total \$0.7m below budget due to the timing. Much of this will flow into the 11/12 year and beyond.

A detailed capital report was provided to HAC.

## 6. Forecast

DHB Forecast	Prior Forecast \$' 000	YTD Variance \$' 000	Forecast \$' 000	Annual Budget \$' 000	Forecast Variance \$' 000
Governance	815	871	1,095	0	1,095
Funds	(15,724)	1,919	(14,126)	(16,255)	2,129
Provider	3,160	2,685	6,434	1,345	5,089
Net Surplus / (Deficit)	(11,749)	5,475	(6,597)	(14,910)	8,313

The deficit has been updated is projected at \$6.6m which is \$5.4m better than the prior one. This projected improvement (\$5.1m) is mainly attributable to:

- \$1.8m of revenue for the VMAT purchase
- \$1m of lower community pharmaceutical expenditure
- \$0.5m of lower DSS expenditure
- \$0.5m of lower depreciation charges
- \$1.2m of lower clinical supplies costs (excluding depreciation and pharms)

It is important to note that the revised forecast does not factor additional costs from the Christchurch earthquake. The position for this and quantifying all areas of impact are to be finalised. One example is where around 100 ARC clients were placed in Southern rest homes. The provider-arm are also experiencing demand on services.

Provider	Prior Forecast \$' 000	YTD Variance \$' 000	Forecast \$' 000	Annual Budget \$' 000	Forecast Variance \$' 000
Revenue	463,274	(1,266)	464,284	464,013	271
less Personnel Expenses					0
Medical Personnel	(91,698)	(2,732)	(92,384)	(88,937)	(3,447)
Nursing Personnel	(111,298)	652	(111,444)	(111,897)	453
Allied Health Personnel	(45,277)	1,014	(44,813)	(46,180)	1,367
Support Services Personnel	(9,309)	215	(9,262)	(9,550)	288
Management/Admin Personnel	(37,633)	208	(37,215)	(37,751)	536
Personnel Costs Total	(295,214)	(643)	(295,118)	(294,315)	(803)
less Non Personnel Expenditure					0
Outsourced Services Expenses	(18,038)	3,265	(18,345)	(22,042)	3,697
Clinical Supplies Expenses	(79,675)	(13)	(77,552)	(77,756)	204
Infrastructure & Non Clinical Suppl	(67,186)	1,342	(66,835)	(68,555)	1,720
Non Personnel Costs Total	(164,899)	4,594	(162,732)	(168,353)	5,621
Total Expenses	(460,114)	3,951	(457,850)	(462,668)	4,818
Net Surplus / (Deficit)	3,160	2,685	6,434	1,345	5,089

Key provider-arm assumptions include:

- Assumes NToS parameters for salaries are the only impacts in 2010/11
- Assume actuarial based employee entitlement assessments at year end impact as budgeted (\$1m)
- Additional elective volume targets are met
- Depreciation and capital charges remain lower due to delays in capital expenditure
- Elective volume targets fully met
- FTE levels continue current trend
- No impacts from Christchurch earthquake factored

Funder	Prior Forecast \$' 000	YTD Variance \$' 000	Forecast Forecast \$' 000	Annual Budget \$' 000	Forecast Variance \$' 000
Revenue	766,280	1,835	766,982	763,431	3,551
Personal Health Expenses	(552,534)	(1,241)	(552,209)	(550,731)	(1,478)
Mental Health Expenses	(86,414)	984	(86,279)	(87,660)	1,381
Public Health Expenses	(11,630)	(84)	(11,567)	(11,484)	(83)
Disability Support Expenses	(121,816)	(711)	(121,447)	(120,204)	(1,243)
Maori Health Expenses	(1,965)	(4)	(1,960)	(1,962)	2
Other Expenses	(7,645)	0	(7,645)	(7,645)	(0)
Total Expenses	(782,004)	(1,056)	(781,107)	(779,686)	(1,421)
Net Surplus / (Deficit)	(15,724)	779	(14,126)	(16,255)	2,129

Some of the key projected variances to budget include:

- Additional electives revenue from 09/10 of \$0.9m
- Additional IDF (acute volume/referral driven) costs are projected at \$1m with a further \$0.3m of unfavourable costs from lower inflows
- PCT drug costs and community pharmaceutical costs are projected to be \$2m lower than budget
- Below budget SIA/HP due to assignment of PHO funds and lower after hours expenditure
- Mental Health expenditure \$1.4m lower than budget due to unfilled FTE positions
- Rest home level Aged Residential Care utilisation projected to continue current trend which as levelled out as previously reported with a forecast variance of \$4m over budget
- Home support projected to be \$1.3m lower than budget
- Other disability costs that were budgeted are not likely to be incurred in current year also providing a further buffer of \$1.1m but a timing issue as service development is planned

Key Risks for the funder budget include:

- Demand driven services (ARC, Community Pharms, Immunisation)
- IDF wash-up assumptions
- No impacts from Christchurch earthquake factored

## 7. Balance Sheet & Cashflow

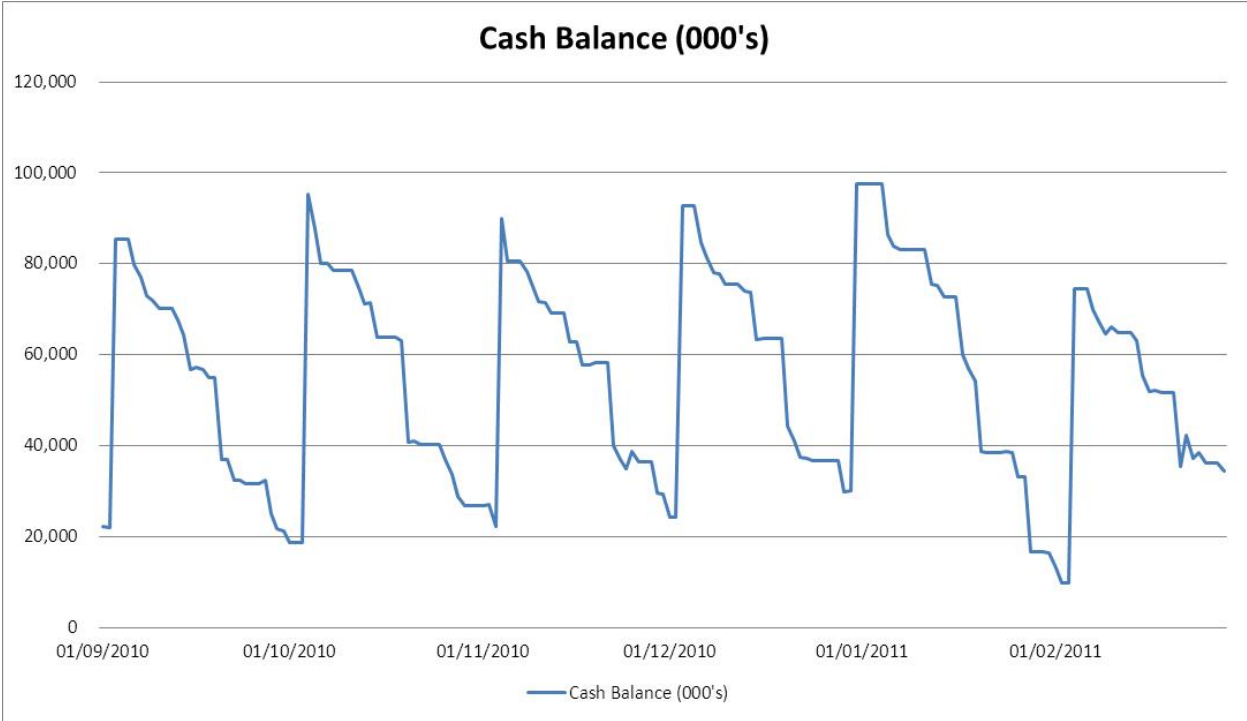
Last month discussion was held over the cash holding levels. The current operating policy framework rules which are part of the DHB Crown Funding Agreement require the DHB to hold sufficient cash so that if its advance funding status (funding is paid on the 4<sup>th</sup> of the month for that months expenditure) was lost it could manage its cash position within existing lending facilities. The applicable amount for this purpose is \$35m. The DHB's current account facilities total \$10m. The 10/11 budgeted cash position is in breach of this requirement, however in prior years deficit funding has been provided at below requested levels.

Under the Crown Funding Agreement, the DHB is also required to be able to fund up-to 0.1% of its operating budget for emergency response before it seeks assistance from the Crown. This equates to around \$0.8m, the Christchurch earthquake being one such example. This is a minor requirement but aside from these technical requirements, the DHB should also hold cash at sufficient levels to provide a buffer for adverse operating results as deficit support (equity injections) are not guaranteed despite being signalled in annual plans.

The current cash position is significantly better budget but is mainly a timing issue of capital expenditure. Capital expenditure levels are constrained but reflective of affordability and restricting

base capital within depreciation levels. This is again a requirement under the OPF while the DHB is operating in deficit mode. Approval for the DAP includes an expectation of minimising expenditure (both operating and capital) and has further approvals required for large capital items.

As stated, the current levels of cash are reflective of timing issues; the cash profile over the last six months shows the profile during the month.



The lowest cash point has been \$13m on 1<sup>st</sup> February 2011. Cash at the end of February is \$34m.

While the cash balances could be run tighter, we would require some formal waiver to the OPF requirements. The projected cash balances and ongoing capital expenditure levels are part of the 2011/12 annual plan process.

**8. Financial Statements**

The financial statements are attached.



# Southern District Health Board

Feb-11

<b>Part 1: DHB Governance and Funding Administration</b>	Current Month				Year to Date				Annual
	Actual	Budget	Variance	Variance	Actual	Budget	Variance	Variance	Budget
	\$(000)	\$(000)	\$(000)	%	\$(000)	\$(000)	\$(000)	%	\$(000)
<b>Part 1.1: Statement of Financial Performance</b>									
<b>REVENUE</b>									
<b>Government and Crown Agency sourced</b>									
Internal - DHB Funder to DHB Provider	625	625			5,147	5,147			7,645
Other DHB's	-	-			7	-	7 F		-
Other Government	-	-			-	-			-
<b>Government and Crown Agency Sourced Total</b>	<b>625</b>	<b>625</b>			<b>5,153</b>	<b>5,147</b>	<b>7 F</b>		<b>7,645</b>
Other Income	-	-			-	-			-
<b>REVENUE TOTAL</b>	<b>625</b>	<b>625</b>			<b>5,153</b>	<b>5,147</b>	<b>7 F</b>		<b>7,645</b>
<b>EXPENSES</b>									
<b>Personnel Expenses</b>									
Medical Personnel	(3)	(7)	3 F	47%	(16)	(56)	40 F	72%	(86)
Nursing Personnel	(5)	-	(5) U		(34)	-	(34) U		-
Allied Health Personnel	-	-			-	-			-
Support Services Personnel	-	-			-	-			-
Management / Admin Personnel	(224)	(283)	59 F	21%	(1,822)	(2,391)	570 F	24%	(3,650)
<b>Personnel Costs Total</b>	<b>(233)</b>	<b>(289)</b>	<b>57 F</b>	<b>20%</b>	<b>(1,872)</b>	<b>(2,448)</b>	<b>576 F</b>	<b>24%</b>	<b>(3,736)</b>
<b>Outsourced Expenses</b>									
Medical Personnel	-	-			-	-			-
Nursing Personnel	-	-			-	-			-
Allied Health Personnel	-	-			-	-			-
Support Personnel	-	-			-	-			-
Management / Administration Personnel	-	(1)	1 F		4	(12)	15 F	131%	(17)
Outsourced Clinical Services	-	-			(52)	-	(52) U		-
Outsourced Corporate / Governance Services	-	-			-	-			-
Outsourced Funder Services	(64)	(76)	13 F	17%	(519)	(610)	91 F	15%	(915)
<b>Outsourced Services Total</b>	<b>(64)</b>	<b>(78)</b>	<b>14 F</b>	<b>18%</b>	<b>(568)</b>	<b>(622)</b>	<b>54 F</b>	<b>9%</b>	<b>(933)</b>
<b>Clinical Supplies</b>									
Treatment Disposables	-	-		(124%)	-	-		44%	-
Diagnostic Supplies & Other Clinical Supplies	-	-			-	-			-
Instruments & Equipment	-	-			-	-			-
Patient Appliances	-	-			-	-			-
Implants & Prosthesis	-	-			-	-			-
Pharmaceuticals	-	-			-	-			-
Other Clinical Supplies	-	-			(1)	-	(1) U		-
<b>Clinical Supplies Total</b>	<b>-</b>	<b>-</b>		<b>(124%)</b>	<b>(1)</b>	<b>-</b>	<b>(1) U</b>	<b>(758%)</b>	<b>-</b>
<b>Infrastructure &amp; Non Clinical Expenses</b>									
Hotel Services, Laundry & Cleaning Facilities	(3)	(3)		(1%)	(25)	(25)	(1) U	(2%)	(37)
Transport	(10)	(28)	18 F	63%	(81)	(226)	145 F	64%	(340)
IT Systems & Telecommunications	(4)	(7)	3 F	48%	(42)	(58)	16 F	28%	(87)
Interest & Financing Charges	(26)	(24)	(2) U	(9%)	(210)	(193)	(17) U	(9%)	(289)
Professional Fees & Expenses	(87)	(108)	21 F	20%	(973)	(1,015)	41 F	4%	(1,447)
Other Operating Expenses	(9)	(18)	8 F	48%	(96)	(141)	45 F	32%	(212)
Democracy	(36)	(29)	(7) U	(25%)	(443)	(445)	2 F	1%	(560)
Subsidiaries & Joint Ventures	-	-			-	-			-
<b>Infrastructure &amp; Non-Clinical Supplies Total</b>	<b>(176)</b>	<b>(218)</b>	<b>42 F</b>	<b>19%</b>	<b>(1,871)</b>	<b>(2,106)</b>	<b>235 F</b>	<b>11%</b>	<b>(2,976)</b>
Internal Allocations	-	-			-	-			-
Other	-	-			-	-			-
<b>Total Expenses</b>	<b>(472)</b>	<b>(585)</b>	<b>113 F</b>	<b>19%</b>	<b>(4,311)</b>	<b>(5,175)</b>	<b>864 F</b>	<b>17%</b>	<b>(7,645)</b>
<b>Net Surplus/ (Deficit)</b>	<b>153</b>	<b>40</b>	<b>113 F</b>	<b>(283%)</b>	<b>843</b>	<b>(28)</b>	<b>871 F</b>		<b>-</b>
Zero Check	-	-			-	-			-
Interest Costs from CHFA	-	-			-	-			-
Capital Charge	-	-			-	-			-
<b>Part 1.2 : Full Time Equivalent Numbers</b>									
Medical Personnel	-	0			-	0			0
Nursing Personnel	1	-			1	-			-
Allied Health Personnel	-	-			-	-			-
Support Personnel	-	-			-	-			-
Management / Administration Personnel	23	32			23	32			32
<b>Total Full Equivalents (FTE's)</b>	<b>24</b>	<b>32</b>			<b>24</b>	<b>32</b>			<b>32</b>

# Southern District Health Board

## Feb-11

Part 2: DHB Provider	Current Month				Year to Date				Annual
	Actual	Budget	Variance	Variance	Actual	Budget	Variance	Variance	Budget
	\$(000)	\$(000)	\$(000)	%	\$(000)	\$(000)	\$(000)	%	\$(000)
<b>Part 2.1: Statement of Financial Performance</b>									
<b>REVENUE</b>									
<b>Ministry of Health</b>									
MoH - Personal Health	1	128	(128) U	(99%)	200	1,002	(802) U	(80%)	1,500
MoH - Mental Health	-	-	-	-	-	-	-	-	-
MoH - Public Health	38	57	(20) U	(34%)	306	458	(152) U	(33%)	687
MoH - Disability Support Services	605	610	(5) U	(1%)	5,155	4,992	163 F	3%	7,432
MoH - Maori Health	-	-	-	-	-	-	-	-	-
Clinical Training Agency	765	517	248 F	48%	4,223	4,182	40 F	1%	6,287
Internal - DHB Funder to DHB Provider	34,761	34,864	(103) U	-	278,787	279,322	(535) U	-	418,976
<b>Ministry of Health Total</b>	<b>36,169</b>	<b>36,176</b>	<b>(7) U</b>	<b>(0%)</b>	<b>288,671</b>	<b>289,956</b>	<b>(1,286) U</b>	<b>(0%)</b>	<b>434,883</b>
<b>Other Government</b>									
Other DHB's	54	63	(9) U	(14%)	764	660	104 F	16%	913
Training Fees and Subsidies	2	9	(7) U	(77%)	93	74	20 F	27%	111
Accident Insurance	874	794	80 F	10%	5,693	6,640	(947) U	(14%)	10,024
Other Government	285	376	(91) U	(24%)	2,981	3,316	(335) U	(10%)	4,824
<b>Other Government Total</b>	<b>1,215</b>	<b>1,242</b>	<b>(27) U</b>	<b>(2%)</b>	<b>9,531</b>	<b>10,690</b>	<b>(1,158) U</b>	<b>(11%)</b>	<b>15,871</b>
<b>Government and Crown Agency Total</b>	<b>37,384</b>	<b>37,419</b>	<b>(34) U</b>	<b>(0%)</b>	<b>298,202</b>	<b>300,646</b>	<b>(2,444) U</b>	<b>(1%)</b>	<b>450,754</b>
<b>Other Revenue</b>									
Patient / Consumer Sourced	515	297	218 F	74%	2,234	1,836	398 F	22%	2,792
Other Income	881	832	48 F	6%	7,903	7,123	779 F	11%	10,468
<b>Other Revenue Total</b>	<b>1,396</b>	<b>1,129</b>	<b>267 F</b>	<b>24%</b>	<b>10,137</b>	<b>8,959</b>	<b>1,178 F</b>	<b>13%</b>	<b>13,259</b>
<b>REVENUE TOTAL</b>	<b>38,780</b>	<b>38,548</b>	<b>232 F</b>	<b>1%</b>	<b>308,339</b>	<b>309,605</b>	<b>(1,266) U</b>	<b>(0%)</b>	<b>464,013</b>
<b>EXPENSES</b>									
<b>Personnel Expenses</b>									
Medical Personnel	(7,288)	(6,847)	(440) U	(6%)	(60,485)	(57,753)	(2,732) U	(5%)	(88,937)
Nursing Personnel	(8,719)	(8,745)	26 F	(0%)	(72,671)	(73,323)	652 F	1%	(111,897)
Allied Health Personnel	(3,539)	(3,446)	(93) U	(3%)	(28,891)	(29,905)	1,014 F	3%	(46,180)
Support Services Personnel	(712)	(730)	19 F	3%	(6,021)	(6,236)	215 F	3%	(9,550)
Management / Admin Personnel	(2,999)	(2,899)	(99) U	(3%)	(24,451)	(24,659)	208 F	1%	(37,751)
<b>Personnel Costs Total</b>	<b>(23,256)</b>	<b>(22,669)</b>	<b>(587) U</b>	<b>(3%)</b>	<b>(192,520)</b>	<b>(191,877)</b>	<b>(643) U</b>	<b>(0%)</b>	<b>(294,314)</b>
<b>Outsourced Expenses</b>									
Medical Personnel	(702)	(1,148)	446 F	39%	(6,581)	(9,031)	2,450 F	27%	(13,665)
Nursing Personnel	-	(2)	2 F	(0%)	(45)	(20)	(25) U	(124%)	(30)
Allied Health Personnel	(20)	(22)	2 F	9%	(229)	(184)	(45) U	(24%)	(276)
Support Personnel	(13)	(19)	7 F	35%	(156)	(167)	11 F	7%	(251)
Management / Administration Personnel	(2)	(1)	(1) U	(26%)	(83)	(12)	(71) U	(617%)	(17)
Outsourced Clinical Services	(454)	(611)	157 F	26%	(3,381)	(4,215)	834 F	20%	(6,801)
Outsourced Corporate / Governance Services	(75)	(80)	5 F	6%	(555)	(666)	111 F	17%	(1,002)
Outsourced Funder Services	-	-	-	-	-	-	-	-	-
<b>Outsourced Services Total</b>	<b>(1,264)</b>	<b>(1,883)</b>	<b>619 F</b>	<b>33%</b>	<b>(11,028)</b>	<b>(14,294)</b>	<b>3,265 F</b>	<b>23%</b>	<b>(22,042)</b>
<b>Clinical Supplies</b>									
Treatment Disposables	(1,943)	(2,162)	219 F	10%	(18,273)	(17,547)	(726) U	(4%)	(26,898)
Diagnostic Supplies & Other Clinical Supplies	(109)	(138)	29 F	21%	(1,053)	(1,110)	57 F	5%	(1,695)
Instruments & Equipment	(1,120)	(1,225)	105 F	9%	(9,302)	(9,517)	214 F	2%	(14,561)
Patient Appliances	(249)	(190)	(60) U	(32%)	(1,611)	(1,524)	(87) U	(6%)	(2,320)
Implants & Prosthesis	(607)	(831)	224 F	27%	(6,448)	(6,279)	(169) U	(3%)	(9,710)
Pharmaceuticals	(1,335)	(1,619)	285 F	18%	(12,048)	(12,915)	866 F	7%	(19,737)
Other Clinical Supplies	(248)	(235)	(13) U	(6%)	(2,015)	(1,847)	(168) U	(9%)	(2,825)
<b>Clinical Supplies Total</b>	<b>(5,611)</b>	<b>(6,400)</b>	<b>789 F</b>	<b>12%</b>	<b>(50,751)</b>	<b>(50,738)</b>	<b>(13) U</b>	<b>(0%)</b>	<b>(77,747)</b>
<b>Infrastructure &amp; Non Clinical Expenses</b>									
Hotel Services, Laundry & Cleaning	(918)	(1,036)	118 F	11%	(8,234)	(8,866)	632 F	7%	(13,320)
Facilities	(1,377)	(1,492)	115 F	8%	(12,134)	(12,477)	343 F	3%	(18,807)
Transport	(314)	(269)	(45) U	(17%)	(2,457)	(2,424)	(34) U	(1%)	(3,643)
IT Systems & Telecommunications	(921)	(939)	18 F	2%	(6,896)	(7,251)	356 F	5%	(11,127)
Interest & Financing Charges	(1,335)	(1,182)	(153) U	(13%)	(9,441)	(9,645)	204 F	2%	(14,521)
Professional Fees & Expenses	(109)	(147)	37 F	26%	(845)	(1,201)	356 F	30%	(1,803)
Other Operating Expenses	(774)	(432)	(342) U	(79%)	(4,065)	(3,551)	(514) U	(14%)	(5,334)
Democracy	-	-	-	-	-	-	-	-	-
Subsidiaries & Joint Ventures	-	-	-	-	-	-	-	-	-
<b>Infrastructure &amp; Non-Clinical Supplies Total</b>	<b>(5,749)</b>	<b>(5,497)</b>	<b>(252) U</b>	<b>(5%)</b>	<b>(44,073)</b>	<b>(45,415)</b>	<b>1,342 F</b>	<b>3%</b>	<b>(68,555)</b>
Other Costs and Internal Allocations	-	-	-	-	-	-	-	-	-
<b>Total Expenses</b>	<b>(35,880)</b>	<b>(36,448)</b>	<b>568 F</b>	<b>2%</b>	<b>(298,372)</b>	<b>(302,323)</b>	<b>3,952 F</b>	<b>1%</b>	<b>(462,658)</b>
<b>Net Surplus/ (Deficit)</b>	<b>2,900</b>	<b>2,100</b>	<b>800 F</b>	<b>(38%)</b>	<b>9,967</b>	<b>7,282</b>	<b>2,685 F</b>	<b>(37%)</b>	<b>1,355</b>
Zero Check	-	-	-	-	-	-	-	-	-

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Part 2: DHB Provider	Current Month				Year to Date				Annual
	Actual	Budget	Variance	Variance	Actual	Budget	Variance	Variance	Budget
	\$(000)	\$(000)	\$(000)	%	\$(000)	\$(000)	\$(000)	%	\$(000)
<b>Part 2.1 A: Supplementary Information to Statement of Financial Performance</b>									
Depreciation - Clinical Equipment	(621)	(733)	112 F	15%	(5,115)	(5,518)	403 F	7%	(8,510)
Depreciation - Non Res Buildings & Plant	(580)	(600)	20 F	3%	(4,634)	(4,725)	91 F	2%	(7,147)
Depreciation - Motor Vehicles	(4)	(11)	6 F	59%	(35)	(74)	39 F	52%	(117)
Depreciation - Information Technology	(331)	(392)	61 F	16%	(2,609)	(2,781)	172 F	6%	(4,420)
Depreciation - Other Equipment	(60)	(63)	3 F	4%	(494)	(507)	13 F	3%	(761)
Total Depreciation	(1,596)	(1,798)	202 F	11%	(12,887)	(13,605)	718 F	5%	(20,955)
Interest Cost from Funder Loans	-	-	-	-	-	-	-	-	-
Interest Costs from CHFA	(372)	(408)	35 F	9%	(3,369)	(3,529)	160 F	5%	(5,305)
Financing Component of Operating Leases	(37)	(41)	5 F	11%	(331)	(366)	35 F	10%	(520)
Capital Charge	(919)	(724)	(195) U	(27%)	(5,677)	(5,674)	(3) U	-	(8,582)
<b>Part 1.2 : Full Time Equivalent Numbers</b>									
Medical Personnel	456	437			440	434			435
Nursing Personnel	1,522	1,516			1,517	1,520			1,519
Allied Health Personnel	665	702			665	702			702
Support Personnel	193	198			195	198			198
Management / Administration Personnel	655	664			648	670			668
<b>Total Full Time Equivalents (FTE's)</b>	<b>3,491</b>	<b>3,517</b>			<b>3,466</b>	<b>3,524</b>			<b>3,522</b>

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Part 3: DHB Funds	Current Month				Year to Date				Annual
	Actual	Budget	Variance	Variance	Actual	Budget	Variance	Variance	Budget
	\$(000)	\$(000)	\$(000)	%	\$(000)	\$(000)	\$(000)	%	\$(000)
<b>Part 3.1: Statement of Financial Performance</b>									
<b>REVENUE</b>									
<b>Ministry of Health</b>									
MoH - Vote Health Non Mental Health	52,185	52,006	179 F		416,720	416,901	(181) U		625,209
MoH - Vote Health Mental Health	6,774	6,747	27 F		53,873	54,006	(133) U		80,994
PBF Adjustments	-	-			-	-			-
MoH Funding Subcontracts	2,915	2,781	134 F	5%	24,410	22,754	1,656 F	7%	33,879
<b>Ministry of Health Total</b>	<b>61,875</b>	<b>61,535</b>	<b>340 F</b>	<b>1%</b>	<b>495,003</b>	<b>493,661</b>	<b>1,342 F</b>		<b>740,083</b>
<b>Other Government</b>									
IDF's - Mental Health Services	137	137			1,094	1,094			1,640
IDF's - All others (non Mental health)	1,922	1,786	135 F	8%	15,463	14,542	922 F	6%	21,687
<b>Other Government Total</b>	<b>2,058</b>	<b>1,923</b>	<b>135 F</b>	<b>7%</b>	<b>16,557</b>	<b>15,635</b>	<b>922 F</b>	<b>6%</b>	<b>23,328</b>
<b>Government and Crown Agency Sourced Total</b>	<b>63,933</b>	<b>63,458</b>	<b>475 F</b>	<b>1%</b>	<b>511,560</b>	<b>509,296</b>	<b>2,264 F</b>		<b>763,410</b>
<b>Other Revenue</b>									
Other Income	-	2	(2) U		(3)	13	(17) U	(125%)	20
<b>Other Revenue Total</b>	<b>-</b>	<b>2</b>	<b>(2) U</b>		<b>(3)</b>	<b>13</b>	<b>(17) U</b>	<b>(125%)</b>	<b>20</b>
<b>REVENUE TOTAL</b>	<b>63,933</b>	<b>63,459</b>	<b>474 F</b>	<b>1%</b>	<b>511,556</b>	<b>509,309</b>	<b>2,247 F</b>		<b>763,430</b>
<b>EXPENSES</b>									
<b>Outsourced Expenses</b>									
Outsourced Funder Services	(625)	(625)			(5,147)	(5,147)			(7,645)
<b>Payments to Providers</b>									
<b>Personal Health</b>									
Child and Youth	(271)	(274)	2 F	1%	(2,607)	(2,542)	(65) U	(3%)	(3,991)
Laboratory	(2,491)	(2,464)	(28) U	(1%)	(19,595)	(19,709)	114 F	1%	(29,563)
Infertility Treatment Services	(94)	(92)	(2) U	(2%)	(750)	(734)	(16) U	(2%)	(1,100)
Maternity	(200)	(182)	(18) U	(10%)	(1,598)	(1,452)	(146) U	(10%)	(2,178)
Maternity (Tertiary & Secondary)	(1,365)	(1,383)	17 F	1%	(10,903)	(11,057)	154 F	1%	(16,588)
Pregnancy and Parenting Education	(11)	(10)	(1) U	(5%)	(74)	(79)	5 F	6%	(119)
Maternity Payment Schedule	-	-			-	-			-
Neo Natal	(714)	(714)			(5,710)	(5,710)			(8,565)
Sexual Health	(105)	(106)	1 F	1%	(842)	(847)	5 F	1%	(1,271)
Adolescent Dental Benefit	(181)	(148)	(33) U	(23%)	(1,783)	(1,326)	(457) U	(34%)	(2,244)
Other Dental Services	-	-			-	-			-
Dental - Low Income Adult	(75)	(75)			(586)	(596)	10 F	2%	(895)
Child (School) Dental Services	(249)	(436)	187 F	43%	(4,317)	(3,513)	(804) U	(23%)	(5,275)
Secondary / Tertiary Dental	(274)	(274)			(2,186)	(2,189)	3 F		(3,285)
Pharmaceuticals	(5,139)	(5,697)	558 F	10%	(51,484)	(51,970)	487 F	1%	(77,469)
Pharmaceutical Cancer Treatment Drugs	(271)	(386)	115 F	30%	(2,493)	(3,401)	908 F	27%	(5,129)
Management Referred Services	-	-			-	-			-
General Medical Subsidy	(102)	(134)	31 F	23%	(1,064)	(1,181)	117 F	10%	(1,771)
Primary Practice Services - Capitated	(3,177)	(3,173)	(4) U		(25,613)	(25,327)	(286) U	(1%)	(38,039)
Primary Health Care Strategy - Care	(258)	(249)	(9) U	(4%)	(2,033)	(1,994)	(39) U	(2%)	(2,991)
Primary Health Care Strategy - Health	(137)	(162)	25 F	16%	(1,326)	(2,148)	822 F	38%	(3,082)
Primary Health Care Strategy - Other	(310)	(274)	(36) U	(13%)	(2,629)	(2,189)	(440) U	(20%)	(3,284)
Practice Nurse Subsidy	(15)	(16)	1 F	6%	(122)	(130)	8 F	6%	(195)
Rural Support for Primary Health Pro	(1,474)	(1,092)	(382) U	(35%)	(8,932)	(8,739)	(193) U	(2%)	(13,109)
Immunisation	(150)	(175)	25 F	14%	(1,400)	(1,414)	14 F	1%	(3,271)
Radiology	(445)	(398)	(46) U	(12%)	(3,285)	(3,187)	(98) U	(3%)	(4,780)
Palliative Care	(415)	(385)	(30) U	(8%)	(3,028)	(3,111)	83 F	3%	(4,650)
Meals on Wheels	(61)	(63)	2 F	3%	(513)	(509)	(5) U	(1%)	(760)
Domiciliary & District Nursing	(1,385)	(1,410)	25 F	2%	(11,095)	(11,276)	181 F	2%	(16,916)
Community based Allied Health	(513)	(532)	19 F	4%	(4,128)	(4,257)	129 F	3%	(6,387)
Chronic Disease Management and Educa	(203)	(213)	10 F	5%	(1,597)	(1,704)	107 F	6%	(2,556)
Medical Inpatients	(4,902)	(4,902)			(39,215)	(39,215)			(58,823)
Medical Outpatients	(3,311)	(3,279)	(32) U	(1%)	(26,470)	(26,232)	(238) U	(1%)	(39,348)
Surgical Inpatients	(9,475)	(9,479)	4 F		(75,842)	(75,831)	(11) U		(113,747)
Surgical Outpatients	(1,635)	(1,619)	(16) U	(1%)	(13,151)	(12,950)	(201) U	(2%)	(19,425)
Paediatric Inpatients	(586)	(586)			(4,691)	(4,691)			(7,036)
Paediatric Outpatients	(343)	(343)			(2,744)	(2,745)	2 F		(4,118)
Pacific Peoples' Health	(10)	(10)			(77)	(77)			(115)
Emergency Services	(1,651)	(1,646)	(5) U		(13,205)	(13,164)	(41) U		(19,746)
Minor Personal Health Expenditure	(22)	(130)	108 F	83%	(413)	(1,035)	622 F	60%	(1,556)
Price adjusters and Premium	182	189	(8) U	4%	1,466	1,514	(48) U	3%	2,270
Travel & Accomodation	(326)	(357)	31 F	9%	(2,883)	(2,900)	17 F	1%	(4,290)
Inter District Flow Personal Health	(2,238)	(2,111)	(127) U	(6%)	(18,661)	(16,892)	(1,769) U	(10%)	(25,337)
<b>Personal Health Total</b>	<b>(44,401)</b>	<b>(44,788)</b>	<b>387 F</b>	<b>1%</b>	<b>(367,577)</b>	<b>(366,508)</b>	<b>(1,069) U</b>		<b>(550,731)</b>

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<b>Part 3: DHB Funds</b>	<b>Current Month</b>				<b>Year to Date</b>				<b>Annual</b>
	<b>Actual</b>	<b>Budget</b>	<b>Variance</b>	<b>Variance</b>	<b>Actual</b>	<b>Budget</b>	<b>Variance</b>	<b>Variance</b>	<b>Budget</b>
	<b>\$(000)</b>	<b>\$(000)</b>	<b>\$(000)</b>	<b>%</b>	<b>\$(000)</b>	<b>\$(000)</b>	<b>\$(000)</b>	<b>%</b>	<b>\$(000)</b>
<b>Mental Health</b>									
Mental Health to allocate	-	-			-	-			-
Acute Mental Health Inpatients	(1,215)	(1,215)			(9,721)	(9,721)			(14,581)
Sub-Acute & Long Term Mental Health	(346)	(346)			(3,002)	(3,002)			(4,509)
Crisis Respite	(27)	(34)	7 F	22%	(248)	(281)	33 F	12%	(422)
Alcohol & Other Drugs - General	(382)	(362)	(19) U	(5%)	(3,002)	(2,887)	(114) U	(4%)	(4,336)
Alcohol & Other Drugs - Child & Youth	(104)	(106)	2 F	2%	(832)	(843)	11 F	1%	(1,266)
Methadone	(99)	(99)			(792)	(792)			(1,188)
Dual Diagnosis - Alcohol & Other Drugs	(7)	(7)			(55)	(55)		1%	(83)
Dual Diagnosis - MH/ID	(9)	(5)	(3) U	(60%)	(65)	(43)	(22) U	(53%)	(64)
Eating Disorder	(11)	(14)	3 F	22%	(76)	(90)	14 F	16%	(146)
Child & Youth Mental Health Services	(737)	(749)	12 F	2%	(5,729)	(6,005)	276 F	5%	(9,008)
Forensic Services	(488)	(489)	1 F		(3,874)	(3,909)	35 F	1%	(5,864)
Kaupapa Maori Mental Health Services	(145)	(156)	11 F	7%	(1,153)	(1,251)	99 F	8%	(1,877)
Kaupapa Maori Mental Health - Residential	-	(26)	26 F		(114)	(226)	112 F	49%	(340)
Kaupapa Maori Mental Health - Inpati	-	-			-	-			-
Mental Health Community Services	(1,879)	(1,916)	37 F	2%	(14,891)	(15,327)	436 F	3%	(22,991)
Prison/Court Liaison	(37)	(45)	8 F	17%	(314)	(358)	44 F	12%	(537)
Mental Health Workforce Development	(1)	(1)		(22%)	(5)	(4)	(1) U	(22%)	(6)
Day Activity & Work Rehabilitation S	(213)	(201)	(12) U	(6%)	(1,682)	(1,611)	(71) U	(4%)	(2,418)
Mental Health Funded Services for Older People	(26)	(36)	10 F	29%	(215)	(287)	72 F	25%	(430)
Advocacy / Peer Support - Consumer	(77)	(66)	(12) U	(18%)	(458)	(525)	67 F	13%	(788)
Other Home Based Residential Support	(290)	(306)	16 F	5%	(2,253)	(2,492)	239 F	10%	(3,700)
Advocacy / Peer Support - Families	(64)	(56)	(7) U	(13%)	(403)	(451)	48 F	11%	(677)
Community Residential Beds & Service	(541)	(509)	(32) U	(6%)	(4,155)	(4,218)	63 F	1%	(6,328)
Minor Mental Health Expenditure	(101)	(68)	(33) U	(49%)	(725)	(580)	(145) U	(25%)	(833)
Inter District Flow Mental Health	(439)	(439)			(3,512)	(3,512)			(5,269)
<b>Mental Health Total</b>	<b>(7,238)</b>	<b>(7,251)</b>	<b>13 F</b>	<b>2%</b>	<b>(57,277)</b>	<b>(58,471)</b>	<b>1,194 F</b>	<b>2%</b>	<b>(87,660)</b>
<b>Public Health</b>									
Alcohol & Drug	(39)	(39)			(310)	(310)			(465)
Communicable Diseases	(57)	(57)			(457)	(457)			(686)
Injury Prevention	(2)	(2)			(17)	(17)			(25)
Screening Programmes	(456)	(382)	(74) U	(19%)	(3,283)	(3,369)	86 F	3%	(4,896)
Mental Health	(16)	(16)			(167)	(132)	(35) U	(27%)	(197)
Nutrition and Physical Activity	(92)	(151)	59 F	39%	(823)	(969)	146 F	15%	(1,374)
Physical Environment	(53)	(53)			(427)	(427)			(640)
Public Health Infrastructure	(138)	(138)			(1,102)	(1,102)			(1,653)
Sexual Health	(15)	(15)			(121)	(121)			(182)
Social Environments	(23)	(22)	(1) U	(4%)	(179)	(176)	(4) U	(2%)	(263)
Tobacco Control	(93)	(88)	(5) U	(6%)	(959)	(702)	(257) U	(37%)	(1,052)
Well Child Promotion	(2)	(2)			(17)	(17)			(25)
Meningococcal	-	(2)	2 F		-	(17)	17 F		(25)
<b>Public Health Total</b>	<b>(985)</b>	<b>(967)</b>	<b>(18) U</b>	<b>(2%)</b>	<b>(7,861)</b>	<b>(7,813)</b>	<b>(48) U</b>	<b>(1%)</b>	<b>(11,484)</b>
<b>Disability Support Services</b>									
AT & R (Assessment, Treatment and Re	(1,939)	(1,949)	10 F	1%	(15,508)	(15,591)	82 F	1%	(23,386)
Information and Advisory	-	(1)		8%	(4)	(4)		1%	(6)
Needs Assessment	(87)	(97)	10 F	10%	(694)	(773)	79 F	10%	(1,160)
Service Co-ordination	(122)	(122)			(967)	(977)	10 F	1%	(1,465)
Home Support	(1,046)	(1,182)	136 F	12%	(8,723)	(9,883)	1,160 F	12%	(14,468)
Carer Support	(219)	(128)	(92) U	(72%)	(1,365)	(1,091)	(274) U	(25%)	(1,578)
Residential Care: Rest Homes	(2,732)	(2,528)	(204) U	(8%)	(23,249)	(20,772)	(2,477) U	(12%)	(30,696)
Residential Care: Loans Adjustment	12	22	(10) U	44%	318	178	140 F	(79%)	266
Residential Care: Hospitals	(2,987)	(3,260)	272 F	8%	(25,738)	(25,985)	247 F	1%	(39,057)
Ageing in Place	(111)	(112)	1 F		(890)	(883)	(7) U	(1%)	(1,330)
Environmental Support Services	(60)	(59)			(474)	(476)	2 F		(714)
Day Programmes	(22)	(137)	115 F	84%	(185)	(409)	224 F	55%	(978)
Expenditure to Attend Treatment ETAT	-	-			-	-			-
Respite Care	(54)	(74)	19 F	26%	(479)	(589)	110 F	19%	(884)
Community Health Services & Support	(135)	(114)	(22) U	(19%)	(582)	(909)	327 F	36%	(1,363)
Inter District Flow Disability Support	(282)	(282)			(2,288)	(2,257)	(30) U	(1%)	(3,386)
Disability Support Other	-	-			-	-			-
<b>Disability Support Services Total</b>	<b>(9,784)</b>	<b>(10,021)</b>	<b>237 F</b>	<b>2%</b>	<b>(80,828)</b>	<b>(80,421)</b>	<b>(407) U</b>	<b>(1%)</b>	<b>(120,204)</b>

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<b>Part 3: DHB Funds</b>	Current Month				Year to Date				Annual
	Actual	Budget	Variance	Variance	Actual	Budget	Variance	Variance	Budget
	\$(000)	\$(000)	\$(000)	%	\$(000)	\$(000)	\$(000)	%	\$(000)
<b>Maori Health</b>									
Maori Service Development	(22)	(22)			(176)	(176)			(265)
Minor Maori Health Expenditure	(27)	(27)			(214)	(214)			(322)
Whanau Ora Services	(115)	(115)			(915)	(916)	1 F		(1,376)
<b>Maori Health Total</b>	<b>(164)</b>	<b>(164)</b>			<b>(1,305)</b>	<b>(1,306)</b>	<b>2 F</b>		<b>(1,962)</b>
<b>Total Expenses</b>	<b>(63,196)</b>	<b>(63,815)</b>	<b>619 F</b>	<b>1%</b>	<b>(519,994)</b>	<b>(519,665)</b>	<b>(329) U</b>		<b>(779,686)</b>
<b>Summary of Results</b>									
Subtotal of IDF Revenue	2,058	1,923	135 F	7%	16,557	15,635	922 F	6%	23,328
Subtotal all other Revenue	61,875	61,536	339 F	1%	495,000	493,674	1,326 F		740,103
<b>Revenue Total</b>	<b>63,933</b>	<b>63,459</b>	<b>474 F</b>	<b>(1%)</b>	<b>511,556</b>	<b>509,309</b>	<b>2,247 F</b>		<b>763,430</b>
Subtotal of IDF Expenditure	(2,959)	(2,833)	(127) U	(4%)	(24,461)	(22,661)	(1,800) U	(8%)	(33,992)
Subtotal all other Expenditure	(60,237)	(60,982)	746 F	1%	(495,533)	(497,004)	1,471 F		(745,694)
<b>Expenses Total</b>	<b>(63,196)</b>	<b>(63,815)</b>	<b>619 F</b>	<b>1%</b>	<b>(519,994)</b>	<b>(519,665)</b>	<b>(329) U</b>		<b>(779,686)</b>
<b>Net Surplus/ (Deficit)</b>	<b>737</b>	<b>(356)</b>	<b>1,093 F</b>	<b>307%</b>	<b>(8,438)</b>	<b>(10,356)</b>	<b>1,919 F</b>	<b>19%</b>	<b>(16,255)</b>
<i>Zero Check</i>	-	-			-	-			-

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<b>Part 4: DHB Consolidated</b>	<b>Current Month</b>				<b>Year to Date</b>				<b>Annual</b>
	<b>Actual</b>	<b>Budget</b>	<b>Variance</b>	<b>Variance</b>	<b>Actual</b>	<b>Budget</b>	<b>Variance</b>	<b>Variance</b>	<b>Budget</b>
	<b>\$(000)</b>	<b>\$(000)</b>	<b>\$(000)</b>	<b>%</b>	<b>\$(000)</b>	<b>\$(000)</b>	<b>\$(000)</b>	<b>%</b>	<b>\$(000)</b>
<b>Part 4.1: Statement of Financial Performance</b>									
<b>REVENUE</b>									
<b>Ministry of Health</b>									
MoH - Vote Health Non Mental Health	52,185	52,006	179 F		416,720	416,901	(181) U		625,209
MoH - Vote Health Mental Health	6,774	6,747	27 F		53,873	54,006	(133) U		80,994
PBF Adjustments	-	-			-	-			-
MoH Funding Subcontracts	2,915	2,781	134 F	5%	24,410	22,754	1,656 F	7%	33,879
MoH - Personal Health	1	128	(128) U	(99%)	200	1,002	(802) U	(80%)	1,500
MoH - Mental Health	-	-			-	-			-
MoH - Public Health	38	57	(20) U	(34%)	306	458	(152) U	(33%)	687
MoH - Disability Support Services	605	610	(5) U	(1%)	5,155	4,992	163 F	3%	7,432
MoH - Maori Health	-	-			-	-			-
Clinical Training Agency	765	517	248 F	48%	4,223	4,182	40 F	1%	6,287
Internal - DHB Funder to DHB Provider	-	-			-	-		723%	-
<b>Ministry of Health Total</b>	<b>63,283</b>	<b>62,847</b>	<b>436 F</b>	<b>1%</b>	<b>504,887</b>	<b>504,295</b>	<b>592 F</b>		<b>755,990</b>
<b>Other Government</b>									
IDF's - Mental Health Services	137	137			1,094	1,094			1,640
IDF's - All others (non Mental health)	1,922	1,786	135 F	8%	15,463	14,542	922 F	6%	21,687
Other DHB's	54	63	(9) U	(14%)	771	660	111 F	17%	913
Training Fees and Subsidies	2	9	(7) U	(77%)	93	74	20 F	27%	111
Accident Insurance	874	794	80 F	10%	5,693	6,640	(947) U	(14%)	10,024
Other Government	285	376	(91) U	(24%)	2,981	3,316	(335) U	(10%)	4,824
<b>Other Government Total</b>	<b>3,273</b>	<b>3,165</b>	<b>108 F</b>	<b>3%</b>	<b>26,095</b>	<b>26,325</b>	<b>(230) U</b>	<b>(1%)</b>	<b>39,199</b>
<b>Government and Crown Agency Total</b>	<b>66,556</b>	<b>66,013</b>	<b>544 F</b>	<b>1%</b>	<b>530,982</b>	<b>530,620</b>	<b>362 F</b>		<b>795,188</b>
<b>Other Revenue</b>									
Patient / Consumer Sourced	515	297	218 F	74%	2,234	1,836	398 F	22%	2,792
Other Income	881	834	47 F	6%	7,900	7,137	763 F	11%	10,488
<b>Other Revenue Total</b>	<b>1,396</b>	<b>1,131</b>	<b>265 F</b>	<b>23%</b>	<b>10,134</b>	<b>8,973</b>	<b>1,161 F</b>	<b>13%</b>	<b>13,279</b>
<b>REVENUE TOTAL</b>	<b>67,952</b>	<b>67,143</b>	<b>809 F</b>	<b>1%</b>	<b>541,115</b>	<b>539,593</b>	<b>1,523 F</b>		<b>808,467</b>
<b>EXPENSES</b>									
<b>Personnel Expenses</b>									
Medical Personnel	(7,291)	(6,854)	(437) U	(6%)	(60,500)	(57,809)	(2,691) U	(5%)	(89,023)
Nursing Personnel	(8,724)	(8,745)	22 F		(72,706)	(73,323)	617 F	1%	(111,897)
Allied Health Personnel	(3,539)	(3,446)	(93) U	(3%)	(28,891)	(29,905)	1,014 F	3%	(46,180)
Support Services Personnel	(712)	(730)	19 F	3%	(6,021)	(6,236)	215 F	3%	(9,550)
Management / Admin Personnel	(3,223)	(3,182)	(41) U	(1%)	(26,273)	(27,051)	778 F	3%	(41,401)
<b>Personnel Costs Total</b>	<b>(23,489)</b>	<b>(22,958)</b>	<b>(531) U</b>	<b>(2%)</b>	<b>(194,392)</b>	<b>(194,324)</b>	<b>(67) U</b>		<b>(298,050)</b>
<b>Outsourced Expenses</b>									
Medical Personnel	(702)	(1,148)	446 F	39%	(6,581)	(9,031)	2,450 F	27%	(13,665)
Nursing Personnel	-	(2)	2 F		(45)	(20)	(25) U	(124%)	(30)
Allied Health Personnel	(20)	(22)	2 F	9%	(229)	(184)	(45) U	(24%)	(276)
Support Personnel	(13)	(19)	7 F	35%	(156)	(167)	11 F	7%	(251)
Management / Administration Personnel	(2)	(3)	1 F	40%	(79)	(23)	(56) U	(241%)	(35)
Outsourced Clinical Services	(454)	(611)	157 F	26%	(3,433)	(4,215)	782 F	19%	(6,801)
Outsourced Corporate / Governance Services	(75)	(80)	5 F	6%	(555)	(666)	111 F	17%	(1,002)
Outsourced Funder Services	(64)	(76)	13 F	17%	(519)	(610)	91 F	15%	(915)
<b>Outsourced Services Total</b>	<b>(1,328)</b>	<b>(1,961)</b>	<b>633 F</b>	<b>32%</b>	<b>(11,596)</b>	<b>(14,915)</b>	<b>3,320 F</b>	<b>22%</b>	<b>(22,975)</b>
<b>Clinical Supplies</b>									
Treatment Disposables	(1,943)	(2,162)	219 F	10%	(18,273)	(17,547)	(726) U	(4%)	(26,899)
Diagnostic Supplies & Other Clinical Supplies	(109)	(138)	29 F	21%	(1,053)	(1,110)	57 F	5%	(1,695)
Instruments & Equipment	(1,120)	(1,225)	105 F	9%	(9,302)	(9,517)	214 F	2%	(14,561)
Patient Appliances	(249)	(190)	(60) U	(32%)	(1,611)	(1,524)	(87) U	(6%)	(2,320)
Implants & Prosthesis	(607)	(831)	224 F	27%	(6,448)	(6,279)	(169) U	(3%)	(9,710)
Pharmaceuticals	(1,335)	(1,619)	285 F	18%	(12,048)	(12,915)	866 F	7%	(19,737)
Other Clinical Supplies	(248)	(235)	(13) U	(6%)	(2,016)	(1,847)	(169) U	(9%)	(2,825)
<b>Clinical Supplies Total</b>	<b>(5,611)</b>	<b>(6,400)</b>	<b>789 F</b>	<b>12%</b>	<b>(50,752)</b>	<b>(50,738)</b>	<b>(14) U</b>		<b>(77,748)</b>
<b>Infrastructure &amp; Non Clinical Expenses</b>									
Hotel Services, Laundry & Cleaning	(922)	(1,039)	118 F	11%	(8,259)	(8,890)	631 F	7%	(13,356)
Facilities	(1,377)	(1,493)	115 F	8%	(12,135)	(12,480)	345 F	3%	(18,812)
Transport	(325)	(297)	(27) U	(9%)	(2,538)	(2,650)	112 F	4%	(3,983)
IT Systems & Telecommunications	(925)	(946)	21 F	2%	(6,938)	(7,309)	372 F	5%	(11,214)
Interest & Financing Charges	(1,362)	(1,206)	(155) U	(13%)	(9,651)	(9,838)	187 F	2%	(14,810)
Professional Fees & Expenses	(196)	(255)	59 F	23%	(1,818)	(2,216)	397 F	18%	(3,249)
Other Operating Expenses	(783)	(449)	(334) U	(74%)	(4,161)	(3,692)	(469) U	(13%)	(5,546)
Democracy	(36)	(29)	(7) U	(25%)	(443)	(445)	2 F	1%	(560)
Subsidiaries & Joint Ventures	-	-			-	-			-
<b>Infrastructure &amp; Non-Clinical Supplies Total</b>	<b>(5,925)</b>	<b>(5,714)</b>	<b>(210) U</b>	<b>(4%)</b>	<b>(45,944)</b>	<b>(47,520)</b>	<b>1,577 F</b>	<b>3%</b>	<b>(71,531)</b>

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<b>Part 4: DHB Consolidated</b>	<b>Current Month</b>				<b>Year to Date</b>				<b>Annual</b>
	<b>Actual</b>	<b>Budget</b>	<b>Variance</b>	<b>Variance</b>	<b>Actual</b>	<b>Budget</b>	<b>Variance</b>	<b>Variance</b>	<b>Budget</b>
	<b>\$(000)</b>	<b>\$(000)</b>	<b>\$(000)</b>	<b>%</b>	<b>\$(000)</b>	<b>\$(000)</b>	<b>\$(000)</b>	<b>%</b>	<b>\$(000)</b>
<b>Payments to Providers</b>									
<b>Personal Health</b>									
Child and Youth	(39)	(41)	2 F	6%	(308)	(682)	374 F	55%	(1,201)
Laboratory	(2,491)	(2,463)	(28) U	(1%)	(19,590)	(19,704)	114 F	1%	(29,556)
Infertility Treatment Services	-	-	-	-	-	-	-	-	-
Maternity	(143)	(125)	(18) U	(15%)	(1,144)	(999)	(146) U	(15%)	(1,498)
Maternity (Tertiary & Secondary)	(72)	(89)	17 F	19%	(558)	(712)	154 F	22%	(1,070)
Pregnancy and Parenting Education	(8)	(8)	(1) U	(7%)	(55)	(60)	5 F	8%	(90)
Maternity Payment Schedule	-	-	-	-	-	-	-	-	-
Neo Natal	-	-	-	-	-	-	-	(50%)	-
Sexual Health	(1)	(2)	1 F	54%	(7)	(13)	5 F	42%	(19)
Adolescent Dental Benefit	(151)	(136)	(16) U	(12%)	(1,428)	(1,143)	(286) U	(25%)	(1,942)
Other Dental Services	-	-	-	-	-	-	-	-	-
Dental - Low Income Adult	(57)	(57)	-	-	(442)	(452)	10 F	2%	(679)
Child (School) Dental Services	232	(43)	275 F	638%	(446)	(345)	(102) U	(29%)	(517)
Secondary / Tertiary Dental	(139)	(139)	-	-	(1,104)	(1,107)	3 F	-	(1,663)
Pharmaceuticals	(4,606)	(5,276)	670 F	13%	(48,129)	(48,599)	470 F	1%	(72,413)
Pharmaceutical Cancer Treatment Drugs	(157)	-	(157) U	-	-	-	-	-	-
Management Referred Services	-	-	-	-	-	-	-	-	-
General Medical Subsidy	(102)	(134)	31 F	23%	(1,064)	(1,181)	117 F	10%	(1,771)
Primary Practice Services - Capitated	(3,177)	(3,173)	(4) U	-	(25,613)	(25,327)	(286) U	(1%)	(38,039)
Primary Health Care Strategy - Care	(258)	(249)	(9) U	(4%)	(2,033)	(1,994)	(39) U	(2%)	(2,991)
Primary Health Care Strategy - Health	(137)	(162)	25 F	16%	(1,326)	(2,148)	822 F	38%	(3,082)
Primary Health Care Strategy - Other	(310)	(274)	(36) U	(13%)	(2,629)	(2,189)	(440) U	(20%)	(3,284)
Practice Nurse Subsidy	(15)	(16)	1 F	6%	(122)	(130)	8 F	6%	(195)
Rural Support for Primary Health Pro	(1,401)	(1,019)	(382) U	(37%)	(8,343)	(8,150)	(193) U	(2%)	(12,225)
Immunisation	(83)	(122)	39 F	32%	(1,025)	(990)	(34) U	(3%)	(2,638)
Radiology	(150)	(103)	(46) U	(45%)	(923)	(825)	(98) U	(12%)	(1,237)
Palliative Care	(412)	(381)	(30) U	(8%)	(3,002)	(3,084)	83 F	3%	(4,610)
Meals on Wheels	(20)	(22)	2 F	9%	(185)	(180)	(5) U	(3%)	(268)
Domiciliary & District Nursing	(363)	(388)	25 F	7%	(2,917)	(3,098)	181 F	6%	(4,650)
Community based Allied Health	(180)	(199)	19 F	9%	(1,460)	(1,589)	129 F	8%	(2,384)
Chronic Disease Management and Educa	(52)	(63)	10 F	16%	(393)	(500)	107 F	21%	(750)
Medical Inpatients	-	-	-	-	-	-	-	-	-
Medical Outpatients	(306)	(274)	(32) U	(12%)	(2,428)	(2,190)	(238) U	(11%)	(3,285)
Surgical Inpatients	(5)	(10)	4 F	44%	(88)	(77)	(11) U	(14%)	(115)
Surgical Outpatients	(130)	(131)	1 F	1%	(1,115)	(1,049)	(67) U	(6%)	(1,573)
Paediatric Inpatients	-	-	-	-	-	-	-	-	-
Paediatric Outpatients	-	-	-	-	2	-	2 F	-	-
Pacific Peoples' Health	-	-	-	-	-	-	-	-	-
Emergency Services	(86)	(81)	(5) U	(6%)	(688)	(647)	(41) U	(6%)	(970)
Minor Personal Health Expenditure	(3)	(111)	108 F	97%	(269)	(891)	622 F	70%	(1,336)
Price adjusters and Premium	(256)	(248)	(8) U	(3%)	(2,035)	(1,987)	(48) U	(2%)	(2,981)
Travel & Accommodation	(322)	(353)	31 F	9%	(2,850)	(2,867)	17 F	1%	(4,240)
Inter District Flow Personal Health	(2,238)	(2,111)	(127) U	(6%)	(18,661)	(16,892)	(1,769) U	(10%)	(25,337)
<b>Personal Health Total</b>	<b>(17,636)</b>	<b>(18,002)</b>	<b>366 F</b>	<b>2%</b>	<b>(152,379)</b>	<b>(151,799)</b>	<b>(579) U</b>		<b>(228,607)</b>
<b>Mental Health</b>									
Mental Health to allocate	-	-	-	-	-	-	-	-	-
Acute Mental Health Inpatients	-	-	-	-	-	-	-	-	-
Sub-Acute & Long Term Mental Health	-	-	-	-	-	-	-	-	-
Crisis Respite	(9)	(17)	7 F	44%	(107)	(140)	33 F	23%	(210)
Alcohol & Other Drugs - General	(79)	(80)	2 F	2%	(618)	(642)	24 F	4%	(964)
Alcohol & Other Drugs - Child & Youth	(95)	(96)	-	-	(763)	(764)	1 F	-	(1,148)
Methadone	-	-	-	-	-	-	-	154%	-
Dual Diagnosis - Alcohol & Other Drugs	(7)	(7)	-	-	(55)	(55)	-	1%	(83)
Dual Diagnosis - MH/ID	-	-	-	-	-	-	-	-	-
Eating Disorder	(11)	(14)	3 F	22%	(76)	(90)	14 F	16%	(146)
Child & Youth Mental Health Services	(246)	(207)	(39) U	(19%)	(1,717)	(1,666)	(50) U	(3%)	(2,500)
Forensic Services	(4)	-	(4) U	-	(4)	-	(4) U	-	-
Kaupapa Maori Mental Health Services	-	-	-	-	-	-	-	-	-
Kaupapa Maori Mental Health - Residential	-	(26)	26 F	-	(114)	(226)	112 F	49%	(340)
Kaupapa Maori Mental Health - Inpati	-	-	-	-	-	-	-	-	-
Mental Health Community Services	(103)	(100)	(3) U	(3%)	(830)	(800)	(30) U	(4%)	(1,200)
Prison/Court Liaison	-	-	-	-	-	-	-	-	-
Mental Health Workforce Development	(1)	(1)	-	-	(5)	(4)	(1) U	(22%)	(6)
Day Activity & Work Rehabilitation S	(154)	(140)	(14) U	(10%)	(1,193)	(1,119)	(74) U	(7%)	(1,680)
Mental Health Funded Services for Older People	-	-	-	-	-	-	-	-	-
Advocacy / Peer Support - Consumer	(44)	(30)	(13) U	(44%)	(190)	(243)	53 F	22%	(365)
Other Home Based Residential Support	(260)	(262)	1 F	1%	(2,015)	(2,139)	124 F	6%	(3,171)
Advocacy / Peer Support - Families	(64)	(56)	(7) U	(13%)	(403)	(451)	48 F	11%	(677)
Community Residential Beds & Service	(469)	(436)	(32) U	(7%)	(3,574)	(3,637)	63 F	2%	(5,457)
Minor Mental Health Expenditure	(66)	(32)	(34) U	(108%)	(441)	(290)	(151) U	(52%)	(398)
Inter District Flow Mental Health	(439)	(439)	-	-	(3,512)	(3,512)	-	-	(5,269)
<b>Mental Health Total</b>	<b>(2,051)</b>	<b>(1,943)</b>	<b>(108) U</b>	<b>(6%)</b>	<b>(15,618)</b>	<b>(15,779)</b>	<b>162 F</b>	<b>1%</b>	<b>(23,613)</b>



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<b>Part 4: DHB Consolidated</b>	<b>Current Month</b>				<b>Year to Date</b>				<b>Annual</b>
	<b>Actual</b>	<b>Budget</b>	<b>Variance</b>	<b>Variance</b>	<b>Actual</b>	<b>Budget</b>	<b>Variance</b>	<b>Variance</b>	<b>Budget</b>
	<b>\$(000)</b>	<b>\$(000)</b>	<b>\$(000)</b>	<b>%</b>	<b>\$(000)</b>	<b>\$(000)</b>	<b>\$(000)</b>	<b>%</b>	<b>\$(000)</b>
<b>Public Health</b>									
Alcohol & Drug	-	-			-	-			-
Communicable Diseases	-	-			-	-			-
Injury Prevention	-	-			-	-			-
Mental Health	-	-			-	-			-
Screening Programmes	-	-			(300)	(315)	15 F	5%	(315)
Nutrition and Physical Activity	3	(2)	4 F	257%	7	(13)	21 F	155%	(20)
Physical Environment	-	-			-	-			-
Public Health Infrastructure	-	-			-	-			-
Sexual Health	-	-			-	-			-
Social Environments	(1)	-	(1) U		(4)	-	(4) U		-
Tobacco Control	11	(5)	16 F	351%	(125)	(36)	(89) U	(245%)	(54)
Well Child Promotion	-	-			-	-			-
Meningococcal	-	(2)	2 F		-	(17)	17 F		(25)
<b>Public Health Total</b>	<b>13</b>	<b>(8)</b>	<b>22 F</b>	<b>259%</b>	<b>(422)</b>	<b>(381)</b>	<b>(41) U</b>	<b>(11%)</b>	<b>(414)</b>
<b>Disability Support Services</b>									
AT & R (Assessment, Treatment and Re Information and Advisory	(356)	(367)	10 F	3%	(2,850)	(2,932)	82 F	3%	(4,398)
Needs Assessment	(21)	(31)	10 F	32%	(171)	(250)	79 F	32%	(376)
Service Co-ordination	(3)	(3)			(17)	(27)	10 F	37%	(40)
Home Support	(1,046)	(1,182)	136 F	12%	(8,723)	(9,883)	1,160 F	12%	(14,468)
Carer Support	(219)	(128)	(92) U	(72%)	(1,365)	(1,091)	(274) U	(25%)	(1,578)
Residential Care: Rest Homes	(2,732)	(2,528)	(204) U	(8%)	(23,249)	(20,772)	(2,477) U	(12%)	(30,696)
Residential Care: Loans Adjustment	12	22	(10) U	44%	318	178	140 F	(79%)	266
Residential Care: Hospitals	(2,987)	(3,260)	272 F	8%	(25,738)	(25,985)	247 F	1%	(39,057)
Ageing in Place	(109)	(110)	1 F		(873)	(866)	(7) U	(1%)	(1,304)
Environmental Support Services	(60)	(59)			(474)	(476)	2 F		(714)
Day Programmes	(22)	(137)	115 F	84%	(185)	(409)	224 F	55%	(978)
Expenditure to Attend Treatment ETAT	-	-			-	-			-
Respite Care	(54)	(74)	19 F	26%	(479)	(589)	110 F	19%	(884)
Community Health Services & Support	(115)	(94)	(22) U	(23%)	(422)	(749)	327 F	44%	(1,123)
Inter District Flow Disability Support	(282)	(282)			(2,288)	(2,257)	(30) U	(1%)	(3,386)
Disability Support Other	-	-			-	-			-
<b>Disability Support Services Total</b>	<b>(7,995)</b>	<b>(8,232)</b>	<b>237 F</b>	<b>3%</b>	<b>(66,519)</b>	<b>(66,112)</b>	<b>(407) U</b>	<b>(1%)</b>	<b>(98,741)</b>
<b>Maori Health</b>									
Maori Service Development	(22)	(22)			(176)	(176)			(265)
Minor Maori Health Expenditure	(12)	(12)			(94)	(94)			(142)
Whanau Ora Services	(107)	(107)			(853)	(854)	1 F		(1,283)
<b>Maori Health Total</b>	<b>(141)</b>	<b>(141)</b>			<b>(1,123)</b>	<b>(1,125)</b>	<b>2 F</b>		<b>(1,690)</b>
Internal Allocations	-	-			-	-			-
<b>Total Expenses</b>	<b>(64,162)</b>	<b>(65,359)</b>	<b>1,197 F</b>	<b>2%</b>	<b>(538,743)</b>	<b>(542,695)</b>	<b>3,952 F</b>	<b>1%</b>	<b>(823,368)</b>
<b>Net Surplus/ (Deficit)</b>	<b>3,790</b>	<b>1,784</b>	<b>2,006 F</b>	<b>(112%)</b>	<b>2,372</b>	<b>(3,103)</b>	<b>5,475 F</b>	<b>176%</b>	<b>(14,901)</b>
<i>Zero Check</i>	-	-			-	-			-
<b>Part 4.1 A: Supplementary Information to Statement of Financial Performance</b>									
Depreciation - Clinical Equipment	(621)	(733)	112 F	15%	(5,115)	(5,518)	403 F	7%	(8,510)
Depreciation - Non Residential Buildings & Plant	(580)	(600)	20 F	3%	(4,634)	(4,725)	91 F	2%	(7,147)
Depreciation - Motor Vehicles	(4)	(11)	6 F	59%	(35)	(74)	39 F	52%	(117)
Depreciation - Information Technology	(331)	(392)	61 F	16%	(2,609)	(2,781)	172 F	6%	(4,420)
Depreciation - Other Equipment	(60)	(63)	3 F	4%	(494)	(507)	13 F	3%	(761)
Total Depreciation	(1,596)	(1,798)	202 F	11%	(12,887)	(13,605)	718 F	5%	(20,955)
Interest Cost from Funder Loans	-	-			-	-			-
Interest Costs from CHFA	(372)	(408)	35 F	9%	(3,369)	(3,529)	160 F	5%	(5,305)
Financing Component of Operating Leases	(37)	(41)	5 F	11%	(331)	(366)	35 F	10%	(520)
Capital Charge	(919)	(724)	(195) U	(27%)	(5,677)	(5,674)	(3) U		(8,582)

# Southern District Health Board

Feb-11

<b>Part 4: DHB Consolidated</b>	<b>Current Month</b>	<b>Previous Month</b>	<b>Movement</b>	<b>Current Budget</b>	<b>Current Year Opening Balance Sheet</b>	<b>Annual Budget</b>
	<b>Actual</b>	<b>Actual</b>	<b>\$ (000)</b>	<b>\$ (000)</b>	<b>\$ (000)</b>	<b>\$ (000)</b>
	<b>\$ (000)</b>	<b>\$ (000)</b>		<b>\$ (000)</b>	<b>\$ (000)</b>	<b>\$ (000)</b>
<b>Part 4.2: Balance Sheet</b>						
<b>Current Assets</b>						
Petty Cash	13	13	-	12	12	12
Bank	(607)	605	(1,212)	20	347	78
Short Term Investments	35,125	16,275	18,850	15,300	29,725	16,000
Short Term Investments	-	-	-	-	-	-
Prepayments	1,848	1,740	108	1,441	1,441	1,441
Accounts Receivable	9,552	13,201	(3,649)	8,204	8,834	7,978
Provision for Doubtful Debts	(1,492)	(986)	(506)	(711)	(711)	(711)
Accrued Debtors	17,981	18,936	(955)	15,000	15,483	15,000
Inventory / Stock	4,367	4,385	(18)	4,202	4,202	4,202
Assets Held for Resale	-	-	-	-	-	-
<b>Current Assets Total</b>	<b>66,788</b>	<b>54,170</b>	<b>12,619</b>	<b>43,468</b>	<b>59,334</b>	<b>44,000</b>
<b>Non Current Assets</b>						
Land, Buildings & Plant	227,806	227,727	80	231,789	226,867	234,119
Clinical Equipment	102,798	102,540	258	111,267	100,499	115,210
Other Equipment (incl Finance Leases)	12,541	12,475	66	13,059	12,288	13,329
Information Technology	30,324	30,081	243	34,144	29,154	36,717
Motor Vehicles	714	714	-	682	259	694
Provision Depreciation - Buildings & Plant	(7,301)	(6,721)	(580)	(7,392)	(2,667)	(9,814)
Provision Depreciation - Clinical Equipment	(79,607)	(79,094)	(513)	(80,299)	(74,781)	(83,291)
Provision Depreciation - Other Equipment	(10,479)	(10,419)	(60)	(10,495)	(9,988)	(10,750)
Provision Depreciation - Information Technology	(21,452)	(21,121)	(331)	(21,966)	(19,185)	(23,604)
Provision Depreciation - Motor Vehicles	(250)	(246)	(4)	(275)	(207)	(315)
WIP	7,629	6,141	1,488	7,471	1,821	10,507
Investment in Subsidiaries	-	-	-	-	-	-
Investment in Associates	238	238	-	185	238	185
Long Term Investments	-	-	-	-	-	-
<b>Non Current Assets Total</b>	<b>262,960</b>	<b>262,315</b>	<b>646</b>	<b>278,170</b>	<b>264,297</b>	<b>282,988</b>
<b>Current Liabilities</b>						
Accounts Payable Control	(3,411)	(5,531)	2,120	(7,509)	(6,688)	(9,227)
Accrued Creditors	(32,258)	(30,159)	(2,099)	(28,688)	(29,422)	(28,919)
Income Received in Advance	(3,955)	(3,541)	(414)	(2,388)	(2,388)	(2,388)
Capital Charge Payable	(1,672)	(753)	(919)	(416)	(209)	(401)
GST & Tax Provisions	(5,609)	1,626	(7,235)	(4,069)	(5,687)	(3,153)
Term Loans - Finance Leases (current portion)	(1,900)	(2,298)	398	(2,568)	(2,568)	(2,568)
Term Loans - Private (current portion)	-	-	-	-	-	-
Term Loans - Crown (current portion)	(5,123)	(5,123)	-	(26,679)	(27,123)	(26,531)
Payroll Accrual & Clearing Accounts	(13,029)	(12,840)	(189)	(8,969)	(11,791)	(7,811)
Employee Entitlement Provisions	(37,589)	(37,233)	(356)	(38,196)	(38,196)	(38,196)
<b>Current Liabilities Total</b>	<b>(104,546)</b>	<b>(95,851)</b>	<b>(8,695)</b>	<b>(119,482)</b>	<b>(124,074)</b>	<b>(119,194)</b>
<b>WORKING CAPITAL</b>	<b>(37,757)</b>	<b>(41,682)</b>	<b>3,924</b>	<b>(76,014)</b>	<b>(64,740)</b>	<b>(75,194)</b>
<b>NET FUNDS EMPLOYED</b>	<b>225,203</b>	<b>220,633</b>	<b>4,570</b>	<b>202,156</b>	<b>199,557</b>	<b>207,794</b>
<b>Non Current Liabilities</b>						
Long Service Leave - Non Current Portion	(3,348)	(2,848)	(500)	(2,848)	(2,848)	(2,848)
Retirement Gratuities - Non Current Portion	(10,307)	(10,407)	100	(10,719)	(10,719)	(10,719)
Other Employee Entitlement Provisions	(994)	(994)	-	(994)	(994)	(994)
Term Loans - Finance Leases (non current portion)	(3,846)	(3,464)	(381)	(2,889)	(4,838)	(2,110)
Term Loans - Private (non current portion)	-	-	-	-	-	-
Term Loans - Crown (non current portion)	(90,895)	(91,021)	126	(69,122)	(69,122)	(69,122)
Custodial Funds	(3,989)	(3,865)	(124)	(3,599)	(3,599)	(3,599)
<b>Non Current Liabilities Total</b>	<b>(113,378)</b>	<b>(112,599)</b>	<b>(779)</b>	<b>(90,171)</b>	<b>(92,120)</b>	<b>(89,391)</b>
<b>Crown Equity</b>						
Crown Equity	(123,730)	(123,730)	-	(124,471)	(100,420)	(124,471)
Crown Equity Injection	(2,015)	(2,015)	-	(7,703)	(23,310)	(25,919)
Crown Equity Repayments	-	-	-	-	-	-
Trust and Special Funds (no restricted use)	(1,441)	(1,445)	4	-	(1,440)	-
Revaluation Reserve	(86,314)	(86,314)	-	(86,314)	(86,314)	(86,314)
Revaluation Reserve - Trust Assets	-	-	-	-	-	-
Retained Earnings - DHB Governance & Funding	2,515	2,668	(153)	3,438	3,060	3,410
Retained Earnings - DHB Provider	79,223	82,127	(2,904)	81,210	114,576	87,137
Retained Earnings - Funds	19,938	20,675	(737)	21,856	(13,589)	27,755
<b>Crown Equity Total</b>	<b>(111,825)</b>	<b>(108,035)</b>	<b>(3,790)</b>	<b>(111,985)</b>	<b>(107,437)</b>	<b>(118,403)</b>
<b>NET FUNDS EMPLOYED</b>	<b>(225,203)</b>	<b>(220,633)</b>	<b>(4,570)</b>	<b>(202,156)</b>	<b>(199,557)</b>	<b>(207,794)</b>
Zero Check	-	-	-	-	-	-
<b>Part 4.3: Statement of Movement in Equity</b>						
Total equity at beginning of the period	(108,035)	(103,559)		(108,672)	(107,437)	(107,384)
Net Results for Period	(3,790)	(3,078)		(1,784)	-	14,901
Revaluation of Fixed Assets	-	-		-	-	-
Equity Injections / Repayments	-	(1,398)		(1,529)	-	(25,919)
Other	-	-		-	-	-
Movement in Trust and Special Funds	-	-		-	-	-
<b>Total Equity at end of the period</b>	<b>(111,825)</b>	<b>(108,035)</b>		<b>(111,985)</b>	<b>(107,437)</b>	<b>(118,403)</b>

# Board Cash Flow - Southern

## Feb-11

<b>Part 4: DHB Consolidated</b>	Current Month			Year to Date			Annual
	Actual	Budget	Variance	Actual	Budget	Variance	Budget
	\$(000)	\$(000)	\$(000)	\$(000)	\$(000)	\$(000)	\$(000)
<b>Part 4.4 Statement of Cashflows</b>							
<b>Operating Revenue</b>							
Government and Crown Agency Revenue	72,080	65,998	6,082 F	530,114	531,664	(1,550) U	796,347
Other Revenue Received	1,216	1,007	209 F	8,770	7,861	909 F	11,956
<b>Total Receipts</b>	<b>73,296</b>	<b>67,005</b>	<b>6,291 F</b>	<b>538,884</b>	<b>539,525</b>	<b>(641) U</b>	<b>808,303</b>
Payments for Personnel	(22,543)	(22,150)	(393) U	(193,673)	(197,151)	3,478 F	(302,034)
Payments for Supplies	(7,553)	(10,698)	3,145 F	(62,019)	(90,862)	28,843 F	(136,857)
Interest Paid	(37)	(28)	(9) U	(3,028)	(2,593)	(435) U	(5,231)
Capital Charge Paid	-	(700)	700 F	(4,214)	(5,465)	1,251 F	(8,389)
GST (Net) & Tax	7,235	277	6,958 F	(79)	(549)	470 F	(622)
Payment to own DHB Provider (Eliminated)	-	-	-	-	-	-	-
Payment to own DHB Governance & Funding Admin	-	-	-	-	-	-	-
Payments to other DHBs	(2,840)	(2,833)	(7) U	(25,452)	(22,662)	(2,790) U	(33,991)
Payments to Providers	(27,810)	(26,270)	(1,540) U	(236,061)	(213,837)	(22,224) U	(319,435)
<b>Total Payments</b>	<b>(53,548)</b>	<b>(62,402)</b>	<b>8,854 F</b>	<b>(524,526)</b>	<b>(533,119)</b>	<b>8,593 F</b>	<b>(806,559)</b>
<b>Net Cashflow from Operating</b>	<b>19,748</b>	<b>4,603</b>	<b>15,145 F</b>	<b>14,358</b>	<b>6,406</b>	<b>7,952 F</b>	<b>1,744</b>
<b>Investing Activities</b>							
Interest Receipts 3rd Party	179	86	93 F	1,358	1,056	302 F	1,353
Sale of Fixed Assets	1	-	1 F	5	-	5 F	-
<b>Capital Expenditure</b>							
Land, Buildings & Plant	(171)	(1,993)	1,822 F	(3,320)	(10,572)	7,252 F	(15,938)
Clinical Equipment	(453)	(986)	533 F	(3,521)	(10,769)	7,248 F	(14,711)
Other Equipment	(28)	(68)	40 F	(328)	(773)	445 F	(1,041)
Information Technology	(1,492)	(571)	(921) U	(3,507)	(4,569)	1,062 F	(6,855)
Motor Vehicles	-	(3)	3 F	(448)	(424)	(24) U	(435)
<b>Total Capital Expenditure</b>	<b>(2,144)</b>	<b>(3,621)</b>	<b>1,477 F</b>	<b>(11,124)</b>	<b>(27,106)</b>	<b>15,982 F</b>	<b>(38,980)</b>
Increase in Investments and Restricted & Trust Funds Assets	124	-	124 F	390	-	390 F	-
<b>Net Cashflow from Investing</b>	<b>(1,840)</b>	<b>(3,535)</b>	<b>1,695 F</b>	<b>(9,371)</b>	<b>(26,050)</b>	<b>16,679 F</b>	<b>(37,627)</b>
<b>Financing Activities</b>							
Equity Injections	-	1,529	(1,529) U	2,015	7,703	(5,688) U	25,919
<b>New Debt</b>							
Private Sector	-	-	-	-	-	-	-
CHFA	-	-	-	-	-	-	-
<b>Repaid Debt</b>							
Private Sector	(114)	(193)	79 F	(2,087)	(2,369)	282 F	(3,438)
CHFA	(156)	(148)	(8) U	(468)	(444)	(24) U	(592)
<b>Other Non-Current Liability Movement</b>							
Other Equity Movement	-	-	-	-	-	-	-
<b>Net Cashflow from Financing</b>	<b>(270)</b>	<b>1,188</b>	<b>(1,458) U</b>	<b>(540)</b>	<b>4,891</b>	<b>(5,431) U</b>	<b>21,889</b>
<b>Net Cashflow</b>	<b>17,638</b>	<b>2,256</b>	<b>15,382 F</b>	<b>4,447</b>	<b>(14,753)</b>	<b>19,199 F</b>	<b>(13,994)</b>
Plus Cash (Opening)	16,893	13,076	3,817 F	30,084	30,084	-	30,084
Cash (Closing)	<b>34,531</b>	<b>15,332</b>	<b>19,199 F</b>	<b>34,531</b>	<b>15,332</b>	<b>19,199 F</b>	<b>16,090</b>
Carry Forward Check							
<b>Closing Cash made up of:</b>							
Petty Cash	13	12	1 F	13	12	1 F	12
Bank (Overdraft)	(607)	20	(627) U	(607)	20	(627) U	78
Short Term Investments	35,125	15,300	19,825 F	35,125	15,300	19,825 F	16,000
<b>Total Cashflow Cash (Closing)</b>	<b>34,531</b>	<b>15,332</b>	<b>19,199 F</b>	<b>34,531</b>	<b>15,332</b>	<b>19,199 F</b>	<b>16,090</b>

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## **CLINICAL ADVISORY COMMITTEE – TERMS OF REFERENCE**

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**RECOMMENDATION:**

**That the Board approve the attached amendments to the Terms of Reference for the Clinical Advisory Committee.**

# CLINICAL ADVISORY COMMITTEE

## Terms of Reference

### Accountability

The Clinical Advisory Committee is constituted under section 38, Schedule 3, of the New Zealand Public Health and Disability Act 2000 (the Act).

The procedures of the Committee shall also comply with Schedule 3 of the Act.

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

### Objective

The objective of the Clinical Advisory Committee is to give the Board advice on matters of clinical significance (e.g. in the first instance the development and implementation of Southern clinical services on the 'single service, many sites' model for the DHB provided services of the Southern District Health Board (DHB)).

### Function

The functions of the Clinical Advisory Committee are:

- To ensure the shared vision, goals and principles of the Southern clinical services strategy<sup>1</sup>~~Regional Clinical Services Strategy<sup>4</sup>~~ are adhered to in implementing the 'single service, many sites' model for the DHB provided services.
- To facilitate clinician involvement from both the Southland and Otago regions in planning and implementing the Southern clinical services strategy<sup>1</sup>~~Regional Clinical Services Strategy<sup>4</sup>~~ at the governance level.
- To provide advice and guidance to the Board with the aim of the successful implementation and ongoing maintenance of the Southern clinical services strategy<sup>1</sup>~~Regional Clinical Services Strategy<sup>4</sup>~~ for the Southern DHB across the Southland and Otago regions.
- To respond to specific issues raised by the Board in relation to the Southern clinical services strategy<sup>1</sup>~~Regional Clinical Services Strategy<sup>4</sup>~~ and its implementation.
- To provide relevant reports/information that identifies progress against the Southern~~Regional Clinical Services services~~ implementation plan.
- To facilitate coordination and cooperation between clinical leaders and heads of department across the DHB.
- To provide clinical input to Board on other policy issues.

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<sup>1</sup> ~~Regional Clinical Services Concept Paper – Proposal for Consultation, October 2008~~

- To develop a long-term view of the configuration of services for the future.

### **Responsibilities**

Co-ordinate clinical input to governance oversight of the implementation of the Southern clinical services ~~Regional Clinical Services~~ Strategy<sup>1</sup>.

Ensure relevant information is identified and presented to the Committee so that informed recommendations can be made to the Board on issues affecting Southern clinical services ~~Southern Clinical Services~~ and the implementation thereof.

Ensure effective processes and mechanisms are established and maintained to support clinician involvement to implement the Southern clinical services strategy<sup>1</sup> ~~Regional Clinical Services Strategy~~<sup>4</sup>.

Provide recommendations to the Board for initiatives or changes within the Provider Arm so that the vision, goals and principles of the Southern clinical services strategy<sup>1</sup> ~~Regional Clinical Services Strategy~~<sup>4</sup> are actualised.

Ensure that recommendations for change or strategic issues have input from key stakeholders and clinicians, and that consultation has occurred in accordance with statutory requirements and Ministry guidelines.

The committee will conduct itself in accordance with the principles and intent of the Health Sector Relationship Agreement, Time for Quality Agreement, and the In Good Hands statement.

### **Membership**

Members of the Clinical Advisory Committee are to comprise of:

- 1 Board Member, who will be the Chairperson
- Chief Medical Officer/s
- Chair of the General Medical Staff, Dunedin Hospital (or appointee of the General Medical Staff if the Chair is not available for appointment)
- Chair of the Senior Medical Staff, Southland Hospital (or appointee of the Senior Medical Staff if the Chair is not available for appointment)
- Chief Nursing & Midwifery Officer
- Health professional, nominated by the Pro Vice Chancellor of the University of Otago Faculty of Health Sciences
- Director of Allied Health
- 2 SMOs to be elected by SMOs, 1 from Southland and 1 from Otago

The Chairperson will be appointed by the Chairman of the Southern DHB.

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

Where a member is not able to attend a meeting of the committee due to being on an extended period of leave, that member may nominate an alternate clinician to be in attendance at the meeting. That alternate will be able to participate in all deliberations of the meeting, but will not be entitled to vote.

### **Conflicts of Interest**

Where a potential conflict of interest exists with an agenda item, these are to be declared by members and staff.

### **Quorum**

The quorum of members of a committee is:

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

### **Meetings**

Meetings of the Clinical Advisory Committee will convene on a monthly basis or as required. The venue for the meeting will alternate at an agreed site in Southland and Otago, with technology (e.g. video or teleconferencing) aiding remote locations where appropriate. Whilst the meetings will not be open to the public, the members/alternates are encouraged to provide feedback on the meeting deliberations to their colleagues.

### **Attendance**

A member may be removed from the Clinical Advisory Committee by the Southern DHB for non-attendance at two consecutive meetings without reasonable excuse or apology. The Southern DHB will give notice in writing to the member/s and the committee stating the reasons, after consulting member/s and the committee. Membership may be changed at any time by the Southern DHB Board following a recommendation by the Chairperson of the Clinical Advisory Committee.

### **Term of the Clinical Advisory Committee**

The Clinical Advisory Committee will operate for an initial period of 18 months, following which its purpose and whether it should continue to function will be reviewed by the Southern DHB Board.

### **Review**

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

### **Management Support**

The DHB's Chief Executive will ensure provision of management and administrative support to the Committee.

# Southern District Health Board

## Minutes of the Joint Meeting of the Disability Support Advisory Committee and Community & Public Health Advisory Committee held on Tuesday, 8 March 2011, commencing at 10.00 am, in the Board Room, Dunedin Hospital

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**Present:** Dr J M Macpherson Chairman  
Mr N M Cook  
Mrs K J Crowther  
Mrs M T Flannery

**In Attendance:** Mr R Mackway-Jones General Manager, Finance & Funding  
Ms J Harvey Communications Officer  
Ms J Kloosterman Board Secretary

### 1.0 WELCOME

The Chairman welcomed everyone to the meeting.

### 2.0 APOLOGIES

There were no apologies.

### 3.0 GENERAL

#### Membership

The Committees considered their membership and

- Agreed that Mr T K Potiki be invited to join DSAC/CPHAC;
- Requested that consideration be given to appointing the 11<sup>th</sup> Board member to DSAC/CPHAC, when appointed by the Minister;
- Noted that the Committees could co-opt people if additional expertise was required on a particular subject, and;
- Agreed that an external membership recruitment process not be embarked upon at this stage.

#### Meeting Frequency

The Committees considered their meeting frequency.

Mr R Mackway-Jones, General Manager, Finance & Funding, advised:

- That there were some significant items of work to be undertaken but there would not be a lot to report on a monthly basis. He had therefore suggested meeting dates around the significant items in the draft Annual Plan;



- The Committees' work plan would be drawn up when the Board had formed a view on the draft Annual Plan.

The Chairman advised that if it was found that two months between meetings was too long and the agendas were large, then the meeting schedule would be reconsidered. Workshops could also be held as needed.

#### **4.0 MEMBERS' DECLARATION OF INTEREST**

The Chairman called for any adjustments or amendments to the Interests Registers. None were declared.

The Chairman asked if Committee members were aware of any agenda items with which they may have a potential conflict and reminded them of their responsibility to advise the meeting immediately should any potential conflict, actual or perceived, arise during discussions.

#### **5.0 PREVIOUS MINUTES**

Minutes of the joint meeting of the Disability Support Advisory Committee and Community & Public Health Advisory Committee meeting held on 26 October 2010, were circulated with the agenda (agenda item 4) and taken as read.

*It was resolved:*

**"That the minutes of the Disability Support Advisory Committee and Community & Public Health Advisory Committee meeting held on 26 October 2010 be approved and adopted as a true and correct record."**

Moved: Mr N M Cook  
Seconded: Mrs K J Crowther

#### **6.0 MATTERS ARISING**

##### **National Review/Report of Aged Residential Care**

The Committees requested a copy of the report on aged care produced by the Labour Party, Green Party and Grey Power.

##### **Rural Maternity Review Project**

Mr R Mackway-Jones, General Manager, Finance & Funding, reported:

- That a clinical review of maternity services provided in the Southern region would be undertaken as part of a Provider Arm clinical quality improvement initiative funded by the Ministry of Health. Consultation with consumers would include the survey questions proposed by Planning & Funding;
- A Regional Midwifery Director had been appointed and that position incorporated a 0.1 FTE liaison role with rural facilities;

- Addressing the significant issues relating to facilities and workforce had been delayed to take into account other issues in the Queenstown/Central region. Maternity services could not be considered in isolation; they had to be viewed in the context of community service delivery as a whole.

The Committees requested background information on the previous surveys undertaken of maternity service users.

### **Community Pharmacy**

Mr R Mackway-Jones, Regional General Manager, Finance & Funding, reported that PHARMAC was undertaking pharmacy consultation in Dunedin on 14 March 2011 and Invercargill on 15 March 2011.

## **7.0 ACTION SHEET**

The action sheet (agenda item 5) was taken as read.

## **8.0 WORK PLAN**

The Committees considered reports on the following initiatives (agenda item 6).

### **Health of Older Persons – Service Development**

Mr R Mackway-Jones, General Manager, Finance & Funding, briefed the Committees on the work and approach being undertaken to develop services to support the “ageing in place” strategy.

The Committees:

- Noted that the stakeholder meetings scheduled for 17 and 18 March were going ahead;
- Requested information on the multi-stakeholder presentation on 14 April 2011, so members could attend;
- Requested an overview of the InterRAI assessment tool and what it would achieve.

Mr Mackway-Jones advised that there was PHO representation on the steering group and the PHO’s clinical advisory group would be linked into the process.

#### ***It was resolved:***

**“That the report be noted.”**

Moved: Mrs M T Flannery  
Seconded: Dr J M Macpherson

### **Southern DHB Mental Health & Addiction Plan 2011-2016**

Mr R Mackway-Jones, General Manager, Finance & Funding, briefed the Committee on the inclusive approach being undertaken to mental health and

addiction planning. He advised that the discussion document released in January 2011 had been well received and communication with the sector was an important part of the work.

Mr Mackway-Jones was asked to check whether there would be a feedback mechanism on the project website page.

***It was resolved:***

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

Moved: Mr N M Cook  
Seconded: Dr J M Macpherson

## **9.0 PUBLIC HEALTH SOUTH (PHS)**

Mrs Pip Stewart, General Manager, Women's and Children's Health, Otago, and Public Health South (PHS) joined the meeting to present the report on PHS's activities for January 2011 and its annual highlights for 2009/10 (agenda item 8).

Mrs Stewart pointed out that public health outcomes are achieved over a long timeframe, so it was difficult to quantify direct outcomes, eg reducing the harm from tobacco.

Mrs Stewart gave the Committees a verbal report on the activities undertaken by PHS in response to the Christchurch earthquake, which included co-ordinating South Island public health services, sending a Medical Officer of Health to Christchurch and receiving Canterbury's public health calls. Mrs Stewart advised that the collaboration commenced a year ago between the three South Island public health units had been invaluable in forming a rapid response.

***It was resolved:***

**"That the written and verbal reports from Public Health South be noted, and that Public Health South staff be commended on their efforts above and beyond their normal duties following the Christchurch earthquake."**

Moved: Mrs M T Flannery  
Seconded: Mr N M Cook

## **10.0 WHANAU ORA TOOL**

Information on the Whānau Ora Tool was circulated with the agenda (item 7) for members' information. Mr R Mackway-Jones, General Manager, Planning & Funding, advised that this tool would be included in the DHB's prioritisation framework and discussed with providers, in the same manner as disability issues.

***It was resolved:***

**"That the information be noted."**

Moved: Mr N M Cook  
Seconded: Mrs M T Flannery

## 11.0 GENERAL BUSINESS

### Gore Dental Clinic Opening

Members congratulated Dr Tim MacKay, the Oral Health Team and others involved in the establishment of the new Dental Clinic in Gore.

The DHB's role in encouraging councils to fluoridate their water supply for the benefit of public health was noted.

### Health Targets

Mr R Mackway-Jones, General Manager, Planning & Funding, reported that the Southern DHB's performance against the diabetes and cardiovascular target had improved; it was in 3<sup>rd</sup> place for immunisation; and providing advice and help to hospitalised smokers to quit had improved.

### Work Plan

The Committees requested:

- That the Work Plan be included as an agenda item for the next meeting;
- That a progress report from the Southern PHO be submitted to the next meeting.

**At 11.10 am it was resolved that the public be excluded for the following agenda items:**

<i>General subject:</i>	<i>Reason for passing this resolution:</i>	<i>Grounds for passing the resolution:</i>
1. Confidential Minutes  2. Southern DHB Annual Plan 2011/12	<ul style="list-style-type: none"> <li>▪ To allow activities to be carried on without prejudice or disadvantage</li> <li>▪ Annual Plan is subject to Ministerial approval.</li> </ul>	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.

**Carried**

The meeting closed at 12.10 pm.

Confirmed as a correct record:

Chairman ..... Date .....

# Minutes of the Hospitals' Advisory Committee (HAC) Meeting

**Tuesday, 8 March 2011, 2.00pm**  
**Board Room, 1st Floor, Dunedin Hospital**

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<b>Present:</b>	Mr Paul Menzies Mr Neville Cook Dr Malcolm Macpherson Dr Branko Sijnja Mr Tim Ward	(HAC Chairman)
<b>In Attendance:</b>	Mrs Kaye Crowther Mrs Lexie O'Shea Mrs Vivian Blake Mrs Leanne Samuel Mr Grant Paris Ms Jo Harvey Mrs Joanne Fannin	(Board member) (Deputy CEO/Chief Operating Officer Southland) (Chief Operating Officer Otago) (Chief Nursing and Midwifery Officer) (Senior Business Analyst Otago) (Communications Officer) (Board Secretary Southland – minute taker)
<b>Apologies:</b>	Mr Richard Thomson Mr David Tulloch	(HAC member) (Regional Chief Medical Officer)

## 1.0 WELCOME

The HAC Chairman, Mr Paul Menzies, welcomed everyone to the meeting.

## 2.0 APOLOGIES

An apology was noted from HAC Member, Mr Richard Thomson and the Regional Chief Medical Officer (CMO), Mr David Tulloch. An apology for lateness was received from the Chief Nursing and Midwifery Officer, Mrs Leanne Samuel.

### *It was moved:*

“That the apologies be accepted.”

Moved: Mr Menzies  
Seconded: Mr Ward  
**Carried**

## 3.0 MEMBERS' INTERESTS REGISTER

The Chairman reminded members of their responsibility to declare any conflicts of interest throughout the course of the meeting.

Dr Malcolm Macpherson advised that he had changes for the register and would forward these to the Board Secretary. The changes were received following the meeting and are listed as follows:

- Contractor and Tutor, Otago Polytechnic
- Chairman, Jolendale Charitable Trust
- Director, Medco Properties Ltd
- Director, Centennial Health Ltd

Mr Tim Ward advised that he had a conflict of interest with one of the agenda items in the public excluded session, i.e. the Southland Hospital administration building proposal, specifically in relation to his involvement with the Southern Institute of Technology (SIT).

#### 4.0 CONFIRMATION OF PREVIOUS MINUTES

*It was moved:*

“That the minutes of the Hospitals’ Advisory Committee meeting held on 2 February 2011 be approved and adopted as a true and correct record of the meeting.

Moved: Mr Menzies  
Seconded: Dr Sijnja  
**Carried**

There were no matters arising from the HAC meeting held on 2 February 2011 that were not covered in the agenda.

#### 5.0 ACTION SHEET

**Action 15 and 24 Presentations and tour of Southland Hospital** – it was agreed that the presentations and tour of the hospital would take place at the next HAC meeting in Southland.

**Action 33 Radiology Outpatient Wait Times** – the COO Otago advised that an interim report only had been provided and a final report was yet to come in relation to the Radiology Outpatient wait times.

**Action 36 Hospital quality and productivity report** – the report is pending and action is due for completion at the end of April 2011.

*The Chief Nursing and Midwifery Officer joined the meeting.*

#### 6.0 CHIEF OPERATING OFFICERS’ REPORT

An amendment to the report was noted, with both caseweights and discharges ahead of plan year-to-date (ytd) January 2011. The decrease for the month of January 2011 was the result of an agreed adjustment to the productivity plan related to staff leave over the December/January period.

Progress towards the District Annual Plan (DAP) strategic goals is outlined in the Provider Arm Dashboard included in the agenda.

An update was provided on Southern Clinical Services and it was noted that there was a change of focus to clinical leadership, clinical delivery and patient outcomes. Medical Directors planned to meet in April 2011 to discuss how to further progress the Southern Clinical Services Programme. A significant amount of work has already been undertaken and this is captured in the Southern Clinical Services Progress Report attached to the agenda. Natural progression has happened in a number of areas with a continued close working relationship and clinical leadership being key to the progress made.

Members were asked to disregard the Southern DHB Imaging Recovery Plan attached to the agenda. Recent significant events, i.e. the earthquake in Christchurch and the downtime for the Medical Resonance Imaging (MRI) unit in Otago had superseded the report. The three phases to the recovery plan were outlined as follows:

- Addressing the backlog – significant progress has been made.
- Putting adequate systems and processes in place to ensure future sustainability.
- Equity of access across the region.

Wait times have come down, in some areas from a wait of 87 weeks to 37 weeks and most areas will be back on track by the end of May 2011. The reduction in wait times has been achieved through finding more capacity internally, contracting out some additional work and a clean up of the waiting list (this identified that some people had subsequently received their treatment privately). Work is progressing to achieve one prioritisation criteria across the

region. All critical, urgent and acute cases have access to diagnostics within the appropriate timeframe.

An update was provided on e-prescribing. With the pilot now complete, a decision is to be made at a national level as to whether they wish to invest in a roll-out of the programme.

It was agreed that the quarterly National Health Target comparison across DHBs would be included for future agendas.

The Elective Caseweight Delivery reports were noted and taken as read.

## **7.0 CHIEF OPERATING OFFICER'S REPORT, OTAGO**

Both elective caseweights and elective discharges were behind plan for the month and ahead of plan year-to-date (ytd) January 2011.

An update was provided on the five indicators outlined in the report under operational performance.

The staff vacancy report as at 31 January 2011 was attached to the agenda and the total number of vacancies for Otago is 112 FTEs.

An update was provided on the '6 hours – it matters' Emergency Department (ED) target report. The simulation modelling is due to be released on 22 March 2011, when the 13 hypotheses tested will be validated or otherwise. Meetings have been held with nine different groups to date, including 46 General Practitioners and a meeting with Grey Power. The issues are a 'whole of system' problem and are not isolated to ED. An investigation was carried out looking at what other DHBs had in place to meet the target and included in the planned activity outlined in the report was the proposal to investigate the utility of a medical assessment and planning unit (MAPU) or a short stay unit (SSU) or similar facility designed for the planned management of patients outside of the ED environment. In response to a query by Dr Sijnja the COO Otago advised that the ED tracking system had been adjusted to include a mandatory field outlining the reasons for any delay of the patient leaving the ED. It was noted that the student population was a contributor to the issues at times with 46 students in ED with alcohol related attendances over orientation weekend. In response to a query by Dr Macpherson relating to the focus on patient flow, the COO Otago advised that the Orthopaedic Patient Journey Programme had commenced and would link in to the work being done.

The Chief Medical Officer's Report and Volumes Report were noted and taken as read.

An update was provided on the reasons for the orange result in Ophthalmology in the Elective Service Performance Indicators (ESPI) report.

Reference was made to the graphs on page 103 of the agenda, relating to the number of patients given certainty and their wait time for treatment. Whilst there appeared to be more people placed on the booking list, it was important to note that more people were being scheduled than in the past.

The Group Managers' reports were noted and taken as read.

A brief update was provided on the benefits of e-prescribing and, whilst difficult to quantify, the savings through a reduced number of adverse events was highlighted.

The COO Otago advised that good progress was being made with the issue of the women in Dunedin and Invercargill waiting to be invited following lost appointments for Breast Care Services due to the Medical Radiation Technologist (MRT) industrial action in 2010.

It was suggested that the Mental Health and Community Directorate Update and the Women's Health, Children's Health and Public Health Directorate (Otago) Update should be included for

discussion in the agenda for the Community and Public Health/Disability Support Advisory Committee.

The CNMO provided a brief overview of the clinical quality and safety improvement project for maternity services.

The Chairman advised that he had attended the opening of the new Dental Clinic in Gore and noted that the roll-out of that programme has been very successful.

In discussion it was agreed that the 'Quality and Risk (Otago) Dashboard' should be renamed 'Compliance and Risk (Otago) Dashboard'.

## **8.0 CHIEF OPERATING OFFICER'S REPORT, SOUTHLAND**

It was noted that the hospital over-delivered for the month and ytd the elective surgical volumes. The elective volume is ahead of plan by 11% ytd. The COO Southland advised that the situation in Canterbury would impact on Southern DHB's electives. The South Island COOs have been looking at production planning in the South Island for the past 18 months and a tool that will enable a South Island Regional delivery of electives, ensuring equity of access across the South Island will now be trialled earlier than originally anticipated.

Whilst unplanned readmissions and the acute readmission rate looked high on the key performance indicator (KPI) graphs, it was noted that the denominator was low and numbers were unchanged. Whilst did not attend (DNA) numbers were up to 11%, it was noted that lower numbers of outpatients were being seen in January 2011 and this was a planned event.

An update was provided on the 'On the Right Track' project. The challenge with getting over the 90% barrier to achieve the Minister's target of 95% of patients treated within six hours was highlighted. It was hoped that this would be overcome as the various projects outlined in the report draw closer to an outcome. The improved Primary Care Options initiative was being progressed with the CMO and CNMO. In discussion it was noted that the KPIs within the 'On the Right Track' projects had to link into the Minister's six hour target.

**Medical Directorate Update** – recruitment was in progress in the area of Medical Imaging and the Medicine Department. The DNA rate in the Medicine Department was highlighted and it was noted that strategies were in place to minimise the downtime for staff.

**Mental Health Directorate Update** – the report was noted and taken as read.

**Surgical Directorate Update** – an update was provided on the non-compliant ESPIs for Ophthalmology and Paediatric Surgery and what is being done to address the issues in these areas. Recovery plans are also in place for Ear Nose and Throat (ENT), Orthopaedics and Plastics. The quality initiatives in the area, i.e. The Productive Operating Theatre (TPOT) programme and the project to review the pre-admission pathway to minimise postponements for elective surgery, are supported as pilots with MoH funding.

**Women and Children Directorate Update** – it was noted that the new Dental Clinic recently opened in Gore is a public/private partnership.

**Chief Medical Officer's (CMO) Report** – the report was noted and taken as read.

## **9.0 CHIEF NURSING AND MIDWIFERY OFFICER'S (CNMO) REPORT**

The CNMO provided an update for HAC members, noting that the new graduates who had commenced on both sites were working well. The Enrolled Nurse (EN) transition programmes are working well and ENs are to undertake additional education and programmes with a changed scope of practice from 1 July 2011.



An update was provided on the 'Safe Staffing and Healthy Workplace' and 'Care Capacity Management' initiatives. Trials commenced on both sites in February 2011 using the TrendCare acuity tool. The nursing budget information and KPIs were noted.

The CNMO provided an update on the work being undertaken by Southern DHB across the region to assist Canterbury DHB in the wake of the Christchurch earthquake on 22 February 2011. She advised that the co-ordinated response work through Public Health South is ongoing. The benefits of the strong links formed between the Public Health offices throughout the South Island were noted.

In response to a query by Mr Tim Ward, the CNMO confirmed that the more contemporary TrendCare data would be used for reporting purposes following the conclusion of the pilot in July 2011.

In response to a query by the Chairman, the Senior Business Analyst (SBA) Otago, Mr Grant Paris, advised that overall the annual leave for nursing was in a much more favourable position than it had been in the previous financial year.

## **10.0 FINANCIAL REPORT**

The SBA provided an update on his financial report and the following areas were highlighted:

- The January 2011 result is a favourable variance of \$641K (\$1.3M ytd).
- A main outlier for the month was in Oral Health with a mismatch of revenue (\$300-\$400K) to costs as outlined in the report.
- Personnel costs was another outlier for the month, particularly Medical Personnel, and the SBA reported on the three main reasons as outlined on pages four and five of the report. An update was provided on budgeting errors identified and these have been rectified for next year's budget.
- Clinical Supplies was an outlier for the month, due to the extended closedown of elective theatres over Christmas and a phasing differential between the financial budget and the production plan.
- The capital plan for January 2011 showed an amount of \$14.5M remains available to commit. The total is \$20.8M, but that includes the capital being funded by the MoH for the master site planning in Otago.
- Site reports were included for the Otago and Southland sites and the Chairman requested that these continue to be included in future agendas.
- Clinical Supplies ytd variances were included in the agenda with commentary. The draft budget results for February 2011 indicate that Clinical Supplies is close to budget and it is anticipated that the \$3.1M unfavourable variance forecast should reduce.
- In response to action point 32 relating to staff accruing annual leave while on maternity leave, it was noted that leave accrues at nil value. Once an employee has been back from maternity leave for a full year, the annual leave earned while on maternity leave will have full value.
- Members' endorsed the value of the Corporate Financial Report and requested that it remain as part of the agenda on an ongoing basis.

## **11.0 INFORMATION GROUP REPORT**

The report was noted and taken as read and the high amount of activity in this area was highlighted. Most projects were tracking on target with one or two behind. The report on the Business Intelligence (BI) Project was highlighted.

## **12.0 HUMAN RESOURCES UPDATE**

The significant activity within Human Resources as indicated in the report was noted. Negotiations have been initiated for a number of Multi Employer Collective Agreements (MECAs). It was noted that the electronic recruitment programme is slightly behind. The programme was due to be up and running by the end of February 2011. An update was provided on the Anaesthetic Senior Medical Officer (SMO) resignations in Southland.

### 13.0 BUILDING AND PROPERTY SERVICES

With approval now being given, work on the master site planning commenced in the acute Mental Health environment on 7 March 2011. Building and Property staff are busy with 16 initial projects identified.

### 14.0 GENERAL

There were no items of general business.

***It was moved:***

“That the Committee move to the Public Excluded Session of the business at 3.35pm”.

Moved: Mr Menzies  
 Seconded: Dr Sijnja  
**Carried**

#### Resolution

That the HAC moves into committee to consider the following agenda items.

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

<b><i>General Subject</i></b>	<b><i>Reason for passing this resolution</i></b>	<b><i>Grounds for passing the resolution</i></b>
Risk Register – Otago and Southland	Clause 32(a) – to allow the public to be excluded where it is necessary to prevent the disclosure of information that could be withheld under the Official Information Act.	<ul style="list-style-type: none"> <li>• Where it is necessary to protect the privacy of natural persons, including deceased natural persons – section 9(2)(a)</li> <li>• Where it is necessary to enable Southern District Health Board to carry on without prejudice or disadvantage, negotiations – section 9(2)(j)</li> </ul>
Medical Officers’ Unit Report – Southland	Clause 32(a) – to allow the public to be excluded where it is necessary to prevent the disclosure of information that could be withheld under the Official Information Act.	<ul style="list-style-type: none"> <li>• Where it is necessary to protect the privacy of natural persons, including deceased natural persons – section 9(2)(a)</li> <li>• Where it is necessary to enable Southern District Health Board to carry on without prejudice or disadvantage, negotiations – section 9(2)(j)</li> </ul>

<p>Medical Assessment &amp; Planning Unit – Preliminary Report</p>	<p>Clause 32(a) – to allow the public to be excluded where it is necessary to prevent the disclosure of information that could be withheld under the Official Information Act.</p>	<ul style="list-style-type: none"> <li>Where it is necessary to maintain the constitutional conventions which protect the confidentiality of advice tendered by Ministers of the Crown and officials and to enable them to carry on, without prejudice or disadvantage, negotiations – sections 9(2)(f)(iv) and 9(2)(j).</li> </ul>
<p>Capital Plan Briefing Paper</p>	<p>Clause 32(a) – to allow the public to be excluded where it is necessary to prevent the disclosure of information that could be withheld under the Official Information Act.</p>	<ul style="list-style-type: none"> <li>Where it is necessary to maintain the constitutional conventions which protect the confidentiality of advice tendered by Ministers of the Crown and officials and to enable them to carry on, without prejudice or disadvantage, negotiations – sections 9(2)(f)(iv) and 9(2)(j).</li> </ul>
<p>Capex &amp; Building Proposals:</p> <ul style="list-style-type: none"> <li>- Neurosurgery Navigation System Capex</li> <li>- Southland Energy Performance Management Contract (EPC III)</li> <li>- Southland Hospital: Administration Building Proposal</li> <li>- Southland Hospital: Old Nurses Home &amp; Kitchen/Dining Building Demolition Proposal</li> </ul>	<p>Clause 32(a) – to allow the public to be excluded where it is necessary to prevent the disclosure of information that could be withheld under the Official Information Act.</p>	<ul style="list-style-type: none"> <li>Where it is necessary to maintain the constitutional conventions which protect the confidentiality of advice tendered by Ministers of the Crown and officials and to enable them to carry on, without prejudice or disadvantage, negotiations – sections 9(2)(f)(iv) and 9(2)(j).</li> </ul>
<p>Southern DHB Draft Annual Plan</p>	<p>Clause 32(a) – to allow the public to be excluded where it is necessary to prevent the disclosure of information that could be withheld under the Official Information Act.</p>	<ul style="list-style-type: none"> <li>Where it is necessary to maintain the constitutional conventions which protect the confidentiality of advice tendered by Ministers of the Crown and officials and to enable them to carry on, without prejudice or disadvantage, negotiations – sections 9(2)(f)(iv) and 9(2)(j).</li> </ul>

The meeting closed at 4.50pm.

Confirmed as a true and correct record:

Chairperson: \_\_\_\_\_

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

# MINUTES

## Iwi Governance Committee Meeting

Minutes of the Iwi Governance Committee meeting held on Wednesday, 9 March 2011 at 12.45pm, in the Board Room, Old Nurses' Home, Southland Hospital Campus.

Present:	Ms Eleanor Murphy Mr Taare Bradshaw Ms Kingi Dirks Mr Peter Ellison Mr Tahu Potiki Ms Odele Stehlin Mrs Ann Wakefield	Otakou Runaka - Chair Hokonui Runaka Moeraki Runaka Puketeraki Runaka Board Member, Southern DHB (via teleconference) Waihopai Runaka Oraka Aparima Runaka
In Attendance:	Mr Brian Rousseau Mr Donovan Clarke Mrs Joanne Fannin	Chief Executive Officer Kaiwhakahaere Hauora Maori Board Secretary Southland (Minute Taker)
Apology:	Mr Paul Menzies	Deputy Chairman, Southern DHB

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### 1. WELCOME AND APOLOGIES:

The Iwi Governance Committee (IGC) Chair, Ms Eleanor Murphy, welcomed members to the meeting, noting that an opening karakia had taken place at the Ka Runaka session of the meeting.

### 2. INTERESTS REGISTER

It is members' responsibility to declare any conflicts of interest throughout the course of the meeting.

The Interests' Register is to be updated to show the following interests for Mr Peter Ellison:

- Member, Te Runanga o Otakou.
- Member, Kati Huirapa Runaka ki Puketeraki.
- Member, Ngai Tahu Research Consultation Committee.
- Member, Te Runanga o Ngai Tahu HSNO Committee (Hazardous Substances New Organisms).
- Member, Mana Whenua Health Group.

### 3. CONFIRMATION OF THE MINUTES:

#### *It was moved:*

"That the minutes of the Iwi Governance Committee dated 9 February 2011 be confirmed."

Moved: Mr Bradshaw  
Seconded: Ms Dirks  
**Carried**

There were no matters arising from the minutes that were not already covered in the agenda.

### 4. ACTION SHEET:

**Action Point 10: MAGMH Key Priority Areas** – the work being undertaken by the Kaiwhakahaere Hauora Maori (KHM), Mr Donovan Clarke, in relation to the Maori Health Implementation Plan was noted.

**Action Point 18: Minutes of MAGMH Maori Health Manager title** – the KHM is to liaise with relevant Maori staff within Southern DHB to address the issue of position titles that use the KHM title as this needs to change. It was suggested that the term ‘Kaiwhakarite’ could be used. Discussion will take place over the next few weeks and a recommendation will go to the MAGMH and then to the IGC for approval on 5 April 2011.

## **5. MINUTES OF MANAGEMENT ADVISORY GROUP MAORI HEALTH:**

The KHM provided an update on the minutes of the MAGMH held on 4 March 2011 with the following key points being noted:

- Discussion was held on the recommendation that the KHM chair future meetings of the MAGMH, with the CEO, Mr Brian Rousseau, noting his total commitment to continued attendance at and participation in future meetings. The CEO advised that the focus of the MAGMH was on Maori Health outcomes. Mr Tahu Potiki advised that the critical relationship was at an IGC level between the CEO and the Ka Runaka members. Following discussion, members endorsed the KHM chairing the MAGMH. It was noted that the Terms of Reference (ToR) would need to be updated to reflect the change.
- An update was provided on the work undertaken by the Portfolio Manager for Public and Population Health (PMPPH), Ms Thelma Brown, with Maori Health sitting within her portfolio. The KHM provided an update on the visits he and the PMPPH were making to all non-government organisations (NGOs).
- Discussion was held on the welcoming of new health professionals to Southern DHB. It was agreed that the KHM would do a stocktake of what currently happens across Otago and Southland and put forward a recommendation on what should happen into the future. A suggestion was made that a quarterly visit to the Marae could be organised as part of the induction process.
- Members acknowledged the draft Maori Health Profiles for Otago and Southland and requested that the PMPPH attend the next meeting to provide a presentation on the key aspects of the profiles.
- Discussion was held on the regional priorities outlined in the draft Maori Health Implementation Plan (MHIP), with the KHM outlining the process to determine the priorities. Ka Runaka members expressed concern at the Whanau Ora priority and requested that management follow up on the inclusion of Mental Health as a regional priority. Further discussion is to take place in relation to the regional priorities at a Te Herenga Hauora hui in Dunedin on 24 March 2011. It was noted that the national priorities could not be changed. The CEO advised the need to retain a focus on the local priorities and work towards changing the regional priorities.

## **6. DRAFT PRINCIPLES OF RELATIONSHIP (PoR):**

In discussion it was agreed that in clause 9.2 the word senior needs to be removed from in front of Runaka and Board. With that change, four of the seven Runaka have approved the draft PoR document, with Moeraki, Puketeraki and Oraka Aparima still to meet to ratify the document. Moeraki is unable to meet prior to the next meeting on 5 April 2011.

## **7. DRAFT MAORI REPRESENTATION POLICY:**

The KHM highlighted the remuneration clause that has been added to the draft policy. Members cautioned that Maori representation was not required on every committee that requests a representative and that needs to be managed. It was noted that the policy would allow that to be monitored. The KHM outlined how the process would work with the completion of the template, acknowledgement through the office of the KHM and then a referral to Runaka for approval. The CEO advised that the Deputy Board Chairman had raised a concern in that the policy was not clear in terms of Board related meetings and it was agreed that the draft policy be amended to include the wording ‘note, this policy does not apply to Southern DHB Board Statutory Committees’. The KHM advised that he would

ensure the changes are made as outlined and that the policy is included on the intranet so it is accessible to all staff.

#### **8. UPDATE BY THE IGC CHAIR:**

Brief discussion was held on membership of the IGC following a query by the Chair as to who would be the additional Board members on the Committee.

The IGC Chair advised there was confusion in the community between the role of the IGC and that of the MAGMH. The Board Secretary Southland undertook to update the flowchart to note the KHM as the Chair of the MAGMH and re-circulate the flowchart to both IGC and MAGMH members to assist in clarifying the role of the two Committees. The CEO noted the name Management Advisory Group Maori Health was intended to clarify the role of that group.

In discussion on concerns regarding the Maori Health budget, the CEO advised that every budget incorporated Maori Health expenditure within it, but this was not detailed. The CEO confirmed that Mental Health was the only area with ring fenced funding and he noted that a significant amount of the Mental Health spend was in the Maori Health area and that was not reflected in the Maori Health expenses.

A copy of the presentation provided at the workshop for Board members prior to Christmas is to be forwarded to the IGC members.

The KHM advised that the Executive Management Team (EMT) agreed to a proposal to put in place a Project Manager Maori Health to support his role for a period of 12 months, with the position to be reviewed after a nine month period. It was proposed to offer a secondment for the 12 month period to Mrs Pania Coote, Maori Health Manager, Southland. The current Board Secretary Southland, Mrs Joanne Fannin, has taken on the additional role of PA to the KHM. The KHM advised on how the role of Project Manager would be funded for the first 12 months. The assistance provided by three members of the Planning and Funding team to develop the MHIP was acknowledged and it was noted that resource would not be ongoing.

#### **9. BOARD UPDATE AND UPDATE ON ANNUAL PLAN PROVIDED BY CEO:**

- An update was provided on the proposal for the Lakes District Hospital/Wakatipu area that has gone out to staff. The proposal is to be discussed in the public session of the Board meeting to be held on 10 March 2011.
- Advice has been received that the deficit contained in Southern DHB's draft Annual Plan (AP) is not acceptable and the expectation is a nil deficit by the end of year three.
- A key area of focus is in the ED, with Southern DHB finding it extremely challenging to meet the national Health target of treatment within six hours.
- Whilst discussion has been held at a Statutory Advisory level, the Board is to discuss the strategic direction within the AP at its meeting on 10 March 2011. The issue of rural health has been highlighted as a concern.
- The CEO provided an update on the financial, clinical and other implications for Southern DHB in the wake of the Christchurch earthquake.
- In response to a query, the CEO undertook to provide the breakdown for the adjusters relating to population based funding (PBF) and the ethnicity and socio-economic status as measured by the NZ Deprivation Score (2006 census).

#### **10. UPDATE BY KAIWHAKAHAERE HAUORA MAORI:**

A copy of the draft MHIP was tabled for members' information. The MHIP is 85-90% complete and must be finalised by 25 March 2011 to be included in the draft AP. As there is no formal meeting prior to the date for submission, members will be kept updated via e-mail prior to submission of the MHIP and AP. The KHM provided an overview on the content,

noting that the local priority of smoking had been renamed smokefree environments as the MoH had advised that local priorities had to be different to the national priorities within the MHIP.

The KHM advised the need for Maori to identify leadership and role models to address the issue of smokefree environments. Runaka representatives agreed to take the concept of smokefree Maraes back to their Runaka for consideration, noting that this was part of a bigger picture and that further smokefree environment initiatives would be built in over time. The KHM advised the need to hold a hui with all smokefree co-ordinators to address how to reduce smoking in the Maori community.

The timelines for completion of the MHIP were discussed and the CEO advised that the draft AP and MHIP would be forwarded by the due date of 25 March 2011 on the understanding that they were submitted subject to Board approval being granted at the Board meeting in April 2011. The Board Secretary Southland is to circulate a soft copy of the draft MHIP with feedback due from members by 16 March 2011.

The KHM believed that with the Project Manager and PA resource in place and the foundation laid in the current year, the planning process would be more robust in future years. The MoH had advised that they would only be monitoring the national targets. The KHM advised the emphasis he was placing on the local targets and highlighted the work still to be done on the local indicators.

The CEO advised that an invitation was to be extended to the Deputy Director General, Maori Health, Teresa Wall, to visit a future meeting of the MAGMH. He advised that management was hoping that Southern DHB would be the pilot site for a MoH ethnicity data capture pilot project. IGC members requested that they be invited to the presentation for Teresa Wall.

In discussion on governance training, members indicated they had attended numerous training days on governance related issues. Members requested a one day (8.00am – 3.00pm) training session that could be held in Invercargill or Dunedin. Members noted they would like clarification around what information they should be asking for as governors and clarity around their role. It was suggested that a gap analysis be done and members asked for more detail about each session outlined by the MoH as the headings were very broad. Once more detail was provided then members would highlight the areas they believed training was required in.

IGC members queried the reasons for the delay in the appointment process for the Southern DHB Board member yet to be appointed by the Minister of Health.

**11. MEETING DATES:**

The proposed meeting dates for 2011 were noted.

**12. GENERAL BUSINESS:**

There were no items of general business.

**13. CONCLUSION:**

Mr Taare Bradshaw provided a closing karakia. The meeting closed at 4.15pm.

Confirmed as a true and correct record.

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Chair

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Date