



BOARD MEETING

AGENDA

Tuesday, 31 May 2011

10.30 am

**Board Room, 1st Floor, Dunedin Hospital,
201 Great King Street**



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SOUTHERN DISTRICT HEALTH BOARD MEETING

Thursday, 31 May 2011
10.30 am

Board Room, 1st Floor, Dunedin Hospital

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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:

<i>General subject:</i>	<i>Reasons for passing this resolution:</i>	<i>Grounds for passing the resolution:</i>
Previous Public Excluded Board Minutes	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.
Review of Public Excluded Action Sheet	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)
Crown Health Financing Agency	Commercial sensitivity and to allow activities and negotiations to be carried on without prejudice or disadvantage	As above, sections 9(2)(i), 9(2)(j).
2011/12 Draft Financial Model and Annual Plan	Annual Plan is subject to Ministerial approval	As above, sections 9(2)(f)(iv) and 9(2)(j).
Māori Health Action Plan 2011/12	Plan is subject to Ministerial approval	As above, sections 9(2)(f)(iv) and 9(2)(j).
Master Site Planning	To allow activities and negotiations to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).
Rural Hospital Contracts	To allow activities and negotiations to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).

<i>General subject:</i>	<i>Reasons for passing this resolution:</i>	<i>Grounds for passing the resolution:</i>
Capital Expenditure Request – Cisco Unified Call Manager Upgrade	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)
Electricity Contract	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).
Public Excluded Advisory Committee Reports a) Hospitals Advisory Committee 4 May 2011 27 May 2011 b) Clinical Advisory Committee 4 May 2011 25 May 2011 c) Disability Support / Community & Public Health Advisory Committees 30 May 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).
Sentinel Events Report	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)
Risk Report	To allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).

SOUTHERN DISTRICT HEALTH BOARD

INTERESTS REGISTER

Board Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB
Joe BUTTERFIELD (Chairman)	06.12.2010	Son-in-law: 1. Partner, Polson Higgs, Chartered Accountants. 2. Trustee, Corstorphine Baptist Community Trust	1. Does some accounting work for Southern PHO. 2. Has a mental health contract with Southern DHB.
Paul MENZIES (Deputy Chairman)	10.02.2010 10.02.2010	1. Wife a member on the Southland Child Youth Mortality Review Group. 2. Wife a member on the Child and Youth Health Advisory Committee.	1. Nil. 2. Nil.
Neville COOK	04.03.2008 04.03.2008 04.03.2008 26.03.2008	1. Board Member, Invercargill Licensing Trust. 2. Board Member, Invercargill Licensing Trust Foundation. 3. Councillor, Environment Southland. 4. Trustee, Norman Jones Foundation.	1. Possible conflict with funding requests. 2. Possible conflict with funding requests. 3. Nil. 4. Possible conflict with funding requests.
Kaye CROWTHER	09.11.2007 14.08.2008 14.08.2008 14.08.2008 12.02.2009 05.12.2010	1. Employee of WHK South. 2. Trustee of Plunket Foundation. 3. Chair of the Management Committee for the car seat rental scheme for Plunket Southland. 4. Trustee of Wakatipu Plunket Charitable Trust. 5. Corresponding member for health and family affairs, National Council of Women. 6. Member of advisory panel for No 10, Invercargill.	1. Possible conflict if DHB contracts HR services from JCL and Progressive Consulting, which are subsidiaries of WHK. 2. Nil. 3. Nil. 4. Nil. 5. Nil.
Mary FLANNERY	17.11.2010	1. Trustee, Rural Otago Primary Health Organisation 2. Associate Solicitor, Bodkins Alexandra. 3. Partner, Tayside Farm Partnership.	1. Was contracted to Southern DHB – contracts assigned to Southern PHO (will be wound up) 2. Nil 3. Nil
James <u>Malcolm</u> MACPHERSON	28.06.2005 09.03.2011 16.10.2009 25.11.2010 25.11.2010 25.11.2010 28.08.2007 09.03.2011 09.03.2011 09.03.2011	1. Member Otago Polytechnic Council. 2. Contractor and Tutor, Otago Polytechnic. 3. Member Otago Community Hospice Trust Board. 4. Member Central Lakes Trust. 5. Member Roxburgh Gorge Trail Charitable Trust. 6. Part owner, Alexandra Medical Centre. 7. Co-Principal, Brilliant New Zealand Ltd. 8. Chairman, Jolendale Charitable Trust. 9. Director, Medco Properties Ltd 10. Director, Centennial Health Ltd	1. (OP has training interests in common with the DHB, no) 2. (personal interest.) 3. OCH provides contracted services for Southern DHB, no personal involvement. 4. CLT is a community funder in its region, which includes Dunstan and Lakes District Hospitals, plus a wide range of community and primary services and service providers, and is a possible future funder. 5. Nil. 6. The AMC will be tenanted by all of Alexandra's current

Board Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB
	13.12.2001 22.04.2003	Spouse - Susan Elizabeth Macpherson: 11. GP Principal, Centennial Health Ltd, Alexandra. 12. Branch Medical Advisor, ACC, Alexandra.	GPs and a pharmacy and may also house other related service providers, including midwives and the University of Otago Medical School. A range of potential conflicts, real and theoretical. 7. BNZL is a consultancy which may have an involvement with health sector organisations. 8. Nil. 9. MPL will be responsible for the tenancy of all of Alexandra's current GPs and a pharmacy and may also house other related service providers, including midwives and the University of Otago Medical School. A range of potential conflicts, real and theoretical. 10. (Any DHB decisions relating to or involving primary) 11. (health providers, PHOs or primary referred services) (are likely to have a direct personal (family) effect.) (Declare and withdraw as a matter of course.) 12. ACC is a major customer of the DHB. Remote possibility of an influence, no personal interest.
Tahu POTIKI	15.12.2007 03.04.2008 24.11.2009 03.06.2010	1. Director, Arataki Associates. 2. Representative to Te Runanga o Ngai Tahu. 3. Trustee of Ngai Tahu Charitable Trust. 4. Board Member, Relationship Services NZ. 5. Board Member, Environmental Science and Research	1. Contracted to Southern DHB, funded provider in the past ie Araiteuru Whare Hauora Ltd. 2. & 3. Treaty Partner - affiliated providers may contract to Southern DHB. Te Runanga o Ngai Tahu has right of first refusal on disposal of property. 4. No apparent conflict. 5. CRI involved in public health research.
Branko SIJNJA	07.02.2008 04.02.2009 22.06.2010	1. Director, Clutha Community Health Company Limited. 2. 0.5 FTE Director Rural Immersion Programme, Otago University School of Medicine. 3. Employee, Balclutha General Practitioners Limited	1. Operates publicly funded secondary health services under contract to Southern DHB. 2. Possible conflicts between Southern DHB and University interests. 3. Employed as a part-time GP.
Richard John THOMSON	13.12.2001 23.09.2003 29.03.2010 06.04.2011	1. Managing Director, Thomson & Cessford Ltd. 2. Director, Susanna Shaya Imports Ltd 3. Chairperson and Trustee, Hawksbury Community Living Trust. 4. Trustee, HealthCare Otago Charitable Trust. 5. Director, Composite Retail Group. 6. Councillor, Dunedin City Council.	1. Thomson & Cessford Ltd is the company name for the Acquisitions Retail Chain. Southern DHB staff occasionally purchase goods for their departments from it. 2. Susanna Shaya Imports is a homeware importing company. It has no dealings with Southern DHB. 3. Hawksbury Trust runs residential homes for intellectually disabled adults in Otago and Canterbury. It does not have contracts with Southern DHB.

Board Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB
			4. Health Care Otago Charitable Trust regularly receives grant applications from staff and departments of Southern DHB, as well as other community organisations. 5. May have some stores that deal with Southern DHB.
Tim WARD	14.09.2009 01.05.2010 01.05.2010	1. Partner, BDO Invercargill, Chartered Accountants. 2. Trustee, Verdon College Board of Trustees. 3. Council Member, Southern Institute of Technology (SIT).	1. May have some Southern DHB patients and staff as clients. 2. Verdon is a participant in the employment incubator programme. 3. Supply of goods and services between Southern DHB and SIT.

SOUTHERN DISTRICT HEALTH BOARD

INTERESTS REGISTER FOR THE EXECUTIVE MANAGEMENT TEAM

As at March 2011

Employee Name	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern District Health Board
John Adams	27.05.2003 24.02.2004 23.11.2004 22.04.2008 18.02.2010	1. Dunedin School of Medicine (Dean). 2. Southern DHB Mental Health Service (staff member). 3. Ashburn Hall Charitable Trust (Trustee). 4. NZ Institute of Rural Health (Trustee). 5. Medical Council of New Zealand (Chair).	1. Possible conflicts between Southern DHB and University interests. 2. Possible differences in priorities and view between governance and employee. 3. The Ashburn Clinic is both a contractor to and provides similar services to the Southern DHB. 4. DHBs contract NZIRH to provide services. 5. At times, NZMC policy or opinion may conflict with or be critical of Southern DHB policy.
Vivian Blake	23.04.2007 08.02.2009	1. Close association (husband) with Project Manager, DHBNZ. 2. Executive Director on the Board of the Health Roundtable (HRT). 3. New Zealand Benchmarking Group (Chair).	1. Portfolio includes DHB National Procurement Strategy 2. The HRT facilitates benchmarking activity for 130 Australasian hospitals. 3. NZBG is the New Zealand Chapter of the Australasian Health Roundtable.
Richard Bunton	17.03.2004 29.04.2010 23.02.2010	1. Managing Director of Rockburn Wines Ltd. 2. Director of Mainland Cardiothoracic Associates Ltd. 3. Director of the Southern Cardiothoracic Institute Ltd. 4. Director of Wholehearted Ltd. 5. Deputy Chairman, Board of Cardiothoracic Surgery, RACS. 6. Trustee, Dunedin Heart Unit Trust. 7. Chairman, Dunedin Basic Medical Sciences Trust. 8. Otago Rugby Union (Director).	1. The only potential conflict would be if the Southern DHB decided to use this product for Southern DHB functions. 2. This company holds the Southern DHB contract for publicly funded Cardiac Surgery. Potential conflict exists in the renegotiation of this contract. 3. This company provides private cardiological services to Otago and Southland. A potential conflict would exist if the Southern DHB were to contract with this company. 4. This company is one used for personal trading and apart from issues raised in '2' no conflict exists. 5. No conflict. 6. No conflict. 7. No conflict. 8. No conflict.

Employee Name	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern District Health Board
Alan Clarke	20.06.2010	Nil	
Donovan Clarke	02.02.2011	<ol style="list-style-type: none"> 1. Te Waipounamu Delegate, Te Piringa, National Maori Disability Advisory Group. 2. Director, Great Western Steakhouse, New Lynn, Auckland. 	<ol style="list-style-type: none"> 1. Nil. 2. Nil.
Robert Mackway-Jones	28.08.2007	<ol style="list-style-type: none"> 1. Close association (wife) employed by Dunedin Hospital. 	<ol style="list-style-type: none"> 1. Reporting line to Purchasing Team leader.
Lexie O'Shea	01.07.2007	<ol style="list-style-type: none"> 1. Trustee, Gilmour Trust. 	<ol style="list-style-type: none"> 1. Southland Hospital Trust.
Brian Rousseau	23.07.2004 09.03.2007 17.10.2008	<ol style="list-style-type: none"> 1. Director of South Island Shared Services Agency Limited (SISSAL). 2. New Zealand Institute of Rural Health (NZIRH) (Trustee). 3. Southern Health Welfare Trust (Trustee). 	<ol style="list-style-type: none"> 1. SISSAL is owned jointly by the SI DHBs, and conducts planning and funding work and provider arm project work for the DHBs. 2. Otago DHB was a founding sponsor of the NZIRH. DHBs contract NZIRH to provide services. 3. Southland Hospital Trust.
Leanne Samuel	01.07.2007 01.07.2007 01.07.2007 29.10.2009 01.10.2010	<ol style="list-style-type: none"> 1. Southern Health Welfare Trust (Trustee). 2. Member of Community Trust of Southland Health Scholarships Panel. 3. Member of Board of Studies at Southern Institute of Technology. 4. Southland Medical Foundation Inc (Member) 5. Member of National Elective Services Productivity and Workforce Programme Steering Group. 	<ol style="list-style-type: none"> 1. Southland Hospital Trust. 2. Nil. 3. Potential conflict if the DHB purchases services from this organisation. 4. Southland Trust. 5. Nil.
John Simpson		Nil	
David Tulloch	23.11.2010	<ol style="list-style-type: none"> 1. Southland Urology (Director) 2. Southern Surgical Services (Director) 	<ol style="list-style-type: none"> 1. Potential conflict if DHB purchases services. 2. Potential conflict if DHB purchases services.
Ian Macara (in attendance at EMT as CEO of the Southern PHO)	26.08.2010	Nil	

Minutes of the Southern District Health Board Meeting

Thursday, 5 May 2011, 10.30 am
Board Room, Community Services Building
Southland Hospital Campus, Invercargill

Present: Mr J G Butterfield Chair
Mr P E Menzies Deputy Chair
Mr N M Cook
Mrs K J Crowther
Mrs M T Flannery
Mr T K Potiki
Dr B Sijnja

In Attendance: Mr B D Rousseau Chief Executive Officer
Mrs L O'Shea Deputy Chief Executive Officer
Mrs V J Blake Chief Operating Officer, Otago
Mr D Clarke Kaiwhakahaere Hauora Māori
Mr R Mackway-Jones General Manager, Planning & Funding
Mrs L Samuel Chief Nursing & Midwifery Officer
Mr D Tulloch Chief Medical Officer, Southland
Ms J Harvey Communications Officer
Ms J Kloosterman Board Secretary (by videolink)
Ms C Wells CEO Support Manager (by videolink)

1.0 CHAIR'S OPENING COMMENTS

The Chairman welcomed everyone to the meeting.

2.0 APOLOGIES

Apologies were received from Mr R J Thomson, Dr J M Macpherson and Mr T P Ward.

3.0 DECLARATION OF INTERESTS

The Chairman called for any adjustments or amendments to the Interests Register (agenda item 3).

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 7 April 2011 Board meeting be approved and adopted as a true and correct record."

5.0 REVIEW OF ACTION SHEET

The Board reviewed the Action Sheet (agenda item 6) and requested a timeframe for the development of the draft policy statements on alcohol and smokefree environments (action points 43 and 44).

6.0 CHIEF EXECUTIVE OFFICER'S REPORT

The Chief Executive Officer presented his monthly report (agenda item 7) and took questions from members.

Mr D Tulloch, Chief Medical Officer, Southland, and Mr R Mackway-Jones, General Manager, Finance and Funding, provided brief updates on the Southern Clinical Services programme and Mental Health service development respectively.

It was noted that the draft Annual Plan would be submitted to the Ministry of Health on 20 May 2011 subject to Board approval on 31 May 2011. Members requested that they be supplied with a version that has tracked changes.

It was resolved:

"That the Chief Executive Officer's report be noted."

7.0 FINANCIAL REPORT

Equity Request (Deficit Support)

A report from Mr R Mackway-Jones, General Manager, Finance & Funding, was tabled advising that an equity injection would be required in June 2011 to cover the projected deficit.

It was resolved:

"That the Board resolve to request a \$6.6 million injection of equity from the Crown for deficit support purposes and authorise the Chair to sign a letter of request to the Minister of Health."

Monthly Report

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

It was resolved:

"That the Financial Report be noted."

8.0 PRINCIPLES OF RELATIONSHIP BETWEEN MURIHIKU AND ARAITEURU RŪNAKA AND THE SOUTHERN DHB

The Board considered the Principles of Relationship agreed with Murihiku and Araiteuru Rūnaka (agenda item 9). Mr T K Potiki reported that these had been approved by the Ministry of Health.

It was resolved:

"That the Board consent to the execution of the Principles of Relationship agreement between Murihiku and Araiteuru Rūnaka and the Southern DHB."

It was suggested that the signing of the agreement take place on 31 May 2011.

9.0 HEALTH TARGET – EMERGENCY DEPARTMENT LENGTH OF STAY

The Board considered an update on progress towards achieving the Emergency Department (ED) Health Target (agenda item 10).

Corrections

The Board was informed that:

- The first reference to "Action 16" on the front page of the report should read "Action 15";
- That tailored plans for frequent presentations should reduce the average length of stay to 3.5 hours (not minutes).

It was resolved:

"That the Board:

- 1. Receive the updated report for the week ending 17 April 2011 on Hospital Emergency access time for Dunedin and Southland Hospitals' Emergency Departments;**
- 2. Note the target percentage improvements assigned to the various Dunedin ED actions;**
- 3. Note the Dunedin benchmark tables included in the report."**

10.0 HEALTH AND DISABILITY COMMISSIONER COMPLAINTS INFORMATION

A summary of complaints related to District Health Boards received by the Health and Disability Commissioner (HDC) for the period 1 July – 31 December 2010 was circulated with the agenda (item 11) for members' information.

It was resolved:

"That the information be noted."

11.0 ADVISORY COMMITTEE REPORTS

Hospitals Advisory Committee

The minutes of the Hospitals Advisory Committee (HAC) meeting held on 6 April 2011 (agenda item 12), which were reported on verbally at the last meeting, were taken as read.

It was resolved:

"That the minutes be noted."

The Board received a verbal report from Mr P E Menzies on the HAC meeting held the previous afternoon. It was noted that there were two recommendations from the committee in the public excluded agenda.

It was resolved:

"That the verbal report be noted."

Iwi Governance Committee

The minutes of the Iwi Governance Committee meeting held on 5 April 2011 (agenda item 13), were taken as read.

Mr D Clarke, Kaiwhakahaere Hauora Māori, reported that Teresa Wall, Deputy Director General, Māori Health, Ministry of Health, had met with rūnaka representatives and the Management Advisory Group – Māori Health regarding Whānau Ora and the development of the Māori Health Plan.

It was resolved:

"That the minutes and verbal report be noted."

12.0 CONTRACTS REGISTER

The Funding contracts register (expenses) for April 2011 was circulated with the agenda (item 14) for members' information.

It was resolved:

"That the register be noted."

13.0 GENERAL

Annual Leave – Chief Executive Officer

Mr B D Rousseau, Chief Executive Officer, informed the Board that he would be on annual leave for four weeks from 7 May 2011 and Mrs L O'Shea would be Acting CEO in his absence.

CONFIDENTIAL SESSION

At 11.15 am, it was resolved:

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

General subject:	Reasons for passing this resolution:	Grounds for passing the resolution:
Previous Public Excluded Board Minutes	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.
Review of Public Excluded Action Sheet	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)
ED – Short Stay Unit, Dunedin Hospital	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)
South Island Regional Collaboration	To allow activities and negotiations to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j)
Public Excluded Advisory Committee Reports a) Hospitals Advisory Committee 6 April 2011 4 May 2011 b) Clinical Advisory Committee 6 April 2011 4 May 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).
Contract Approvals • Orthotic Centre (NZ) Ltd	Commercial sensitivity and to allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).
Sentinel Events Report	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)

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

Carried

The meeting closed at 12.30 pm.

Confirmed as a true and correct record:

Chairman: _____

Date: _____

Southern District Health Board

BOARD MEETING ACTION SHEET

As at 23 May 2011

Action Point No.	SUBJECT	ACTION REQUIRED	BY	STATUS	EXPECTED COMPLETION DATE
043-2011/02 59-2011/05	Alcohol Law Reform Bill (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. Timeframe to be provided for completion of the draft policy statement.	PHS GMFF	Development of draft policy statement being scoped.	To be progressed as part of the SI Public Health work stream, completion Q4 2011 calendar year.
044-2011/02 60-2011/05	Smokefree Environment Amendment Bill (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. Timeframe to be provided for completion of the draft policy statement.	PHS GMFF	Development of draft policy statement being scoped.	To be progressed as part of the SI Public Health work stream, completion Q4 2011 calendar year.
61-2011/05	Principles of Relationship between Murihiku and Araiteuru Rūnaka and the Southern DHB (Minute item 8.0)	Date to be arranged for the signing of the agreement.	KHM BSS	Scheduled for 9.30 am, Tuesday, 31 May.	n/a

CHIEF EXECUTIVE OFFICER'S REPORT

RECOMMENDATIONS:

1. That the Board note this report;
2. That the Board convene a subcommittee to consider and approve the Solid Energy Resource Consent Applications for Lignite Briquetting Plant once the expert advice has been received; and that Paul Menzies, Mary Flannery and Malcolm Macpherson be appointed to the subcommittee.

1. DHB FINANCIAL PERFORMANCE

As at 30 April 2011 the DHB YTD result is a surplus of \$2.9m, which is favourable to the budgeted deficit by \$10.7m. The result for April was again better than budget driven by favourable variances in a number of areas, mainly attributable to \$1.9m of revenue for the VMAT with costs to flow in 2011/12 and beyond, \$1.9m lower in pharmaceutical costs, \$1.4m in mental health expenditure from unfilled FTE positions, and \$2m of lower other infrastructure costs.

The Governance results for April were favourable due to FTE levels below that budgeted and expenses for professional fees. The Funder result was also favourable by \$4m with expenditure being managed below budget in many areas and a \$0.9m of additional funding for electives relating to the last financial year. As previously reported the key unfavourable variance is in rest home level aged residential care.

2. PROVIDER ARM

Contract Performance

- Elective **caseweights** (c wd) for Southern DHB are 0.55% (65.05 c wd) behind plan year to date (YTD) April 2011. Outsourcing of work is underway to ensure base elective targets are met.
- Health Target elective **discharges** for Southern DHB are 17 behind plan YTD April 2011 (7,954 against a target of 7,971).

Financial Performance

- A favourable variance of \$517k was recorded in the Provider Arm for the month of April 2011.
- Revenue for April 2011 was unfavourable against budget by \$373k. Expenses for April 2011 were favourable against budget by \$890k.

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 will join the Rheumatology Interdepartmental meeting in May to progress further discussions that include determining clinical priority for the region, identification of needs and gaps, radiology opportunities and a future service vision. Further meetings to advance Rheumatology as a Southern Clinical Service will subsequently follow as a result of the planned discussions.

Endocrinology group are continuing to progress with the ongoing development of a draft model of care business case.

With both Urology and Ophthalmology having indicated their readiness to develop a Southern Clinical Service, preliminary work on collection and collation of information has continued. A second meeting date to progress Ophthalmology has been set for May.

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

3. PLANNING AND FUNDING

Annual Plan

A large amount of work has continued to finalise the annual plan for 2011/12. The draft annual plan has been revised following feedback from the National Health Board and the latest version is with the Board for approval. The plan and associated financials are contained in the excluded section as they do not become public until the Minister has approved them.

Mental Health Service Development

Information gathering and analysis has been the main focus of the MHAPP over the last month.

The *Pathways to Support* and *MHAPP Workforce* Surveys were completed with large responses. Findings from these surveys were included in the first draft of the *Situational Analysis* report, which has also been recently completed and released to the core planning group. The Situational Analysis – *‘Knowing the Communities, Resources and Context for Mental Health & Addiction Planning in Southern DHB’* - collates a large amount of information (265 pages) on the current situation for Mental Health and Addiction planning in the region. Over the next month, activity will include presentations to provider and NGO staff regarding the MHAPP project and completion of the *MHAPP Needs Assessment* report. From these two reports, a focus of the core planning group will be on gap analysis and identifying and reviewing desired outcomes from mental health services.

The newsletter *MEHA NEWS* has been launched, and is available via the MHAPP section on the Southern DHB website.

Health of Older Persons Service Development - Community Models of Care

This review has been looking at how services are provided in the Southern community for Older People, and those with long term disabilities and conditions. The

purpose of the review is to inform the development of services that support the principles of 'aging in place' and restorative care.

A draft report has been received from Auckland Uniservices and they have been scheduled to present to the DSAC/CPHAC on Monday 30th May.

Over the next month, the Steering Committee for this project need to finalise their view on the draft report and its recommendations. A meeting is scheduled for Wednesday 25 May to advance this.

Planning & Funding need to consider the draft report, its recommendations and feedback/support from the Steering Group to be able to formulate a plan for the next steps. An on-going formal project structure (and resourcing) would be required depending on which recommendations are supported or not. An outline the approach is likely to be:

1. Steering group recommendations to P&F
2. P&F to incorporate recommendations to DSAC/CPHAC & DHB Board
3. Project structure to be finalised depending on recommendations
4. Develop a consultation plan
5. Develop service specifications
6. Implementation phase following consultation and decisions

PHO

The PHO have been consulting over their clinical programme proposal and the DHB has provided response to this. We are arranging meetings with the PHO and the DHB diabetes and cancer teams as part of this work.

The PHO is also scheduled to present to the DSAC/CPHAC committee on Monday 30th May and the DHB has written to the PHO to progress a number of items outlined in our annual plan.

4. WAKATIPU HEALTH SERVICES

The workshop with the MoH/NHB was held on 6 May to explore ways they can assist the DHB to achieve our objectives in the Wakatipu and other areas of our region. The workshop was informative on the concept of IFHCs and we await feedback from the MoH/NHB on the next steps.

5. JOINT ASSESSMENT OF SERVICES AT DUNEDIN HOSPITAL

The National Health Board and Southern District Health Board are to undertake a joint assessment of systems at Dunedin Hospital at the beginning of June. The assessment will focus on ensuring that Dunedin Hospital systems are as good as they need to be and support the Southern DHB to make any necessary improvements. This review will inform Southern DHB's current review of its campus development needs over the next decade.

I will keep the Board informed of the outcome of the assessment.

6. SOLID ENERGY RESOURCE CONSENT APPLICATIONS FOR LIGNITE BRIQUETTING PLANT, MATAURA, SOUTHLAND

The Southern District Health Board has been identified as a potentially 'affected party' to an application by Solid Energy Coals of New Zealand to establish a Lignite (coal) briquetting plant close to Mataura through a 'Limited Notification' Process (discharges to air and water and a water take).

As an affected party, the District Health Board is given the option of approving, opposing or taking a neutral stance. Unlike a 'non-notified' consent, not making a submission does not cause the application to become fully notified.

The Public Health Service are of the view that this application has the potential to generate considerable public interest as this initial demonstration plant may lead to significantly larger applications by Solid Energy to mine and process coal resources under Southland in the future.

Public Health South has forwarded Solid Energy's application to experts in air and water quality. The intention is that they will be able to provide us with analyses of both the public health risks of the 'demonstration' plant, as well as recommendations on mitigating these public health risks.

The Public Health Service received written notification on Monday 16 May, with the consent process of twenty eight days starting on Friday 13 May, when the documentation was sent. Submissions close on Tuesday 14 June 2011. Given the high public interest in this application and in order to meet the submission deadline it is recommended that a Board sub-committee be convened to consider the application.

Lexie O'Shea
Acting Chief Executive Officer

23 May 2011

SOUTHERN DHB FINANCIAL REPORT

Financial Report as at: **30 April 2011**
 Report Prepared by: **Robert Mackway-Jones, GM Finance & Funding**
 Date: **23 May 2011**

Recommendations:

- That the Board note the Financial Report

1. Consolidated Results Summary

DHB Consolidated Financial Performance April 2011

Month				Year to Date			Annual
Actual	Budget	Variance		Actual	Budget	Variance	Budget
\$' 000	\$' 000	\$' 000		\$' 000	\$' 000	\$' 000	\$' 000
68,180	67,423	757	Revenue	679,565	674,202	5,363	808,467
(24,691)	(24,484)	(207)	Less Personnel Costs	(245,883)	(245,487)	(396)	(298,050)
(42,319)	(43,898)	1,579	Less Other Costs	(430,769)	(436,495)	5,726	(525,318)
1,170	(959)	2,129	Net Surplus / (Deficit)	2,913	(7,780)	10,693	(14,901)

- April's result was favourable to budget driven by the funder result which had favourable variances in IDF, pharmaceuticals and mental health expenditures
- The April YTD result is now a surplus of \$2.9m, which is favourable to budgeted deficit by \$10.7m
- The forecast has been updated and projects a deficit of \$4.4m at June

Summary of Results April 2011

Month				Year to Date			Annual
Actual	Budget	Variance		Actual	Budget	Variance	Budget
\$' 000	\$' 000	\$' 000		\$' 000	\$' 000	\$' 000	\$' 000
262	23	239	Governance	1,171	(10)	1,181	0
195	(1,177)	1,372	Funds	(9,134)	(13,170)	4,036	(16,255)
713	195	518	Provider	10,876	5,400	5,476	1,354
1,170	(959)	2,129	Net Surplus / (Deficit)	2,913	(7,780)	10,693	(14,901)

- The YTD favourable financial operating result can be summarised as being attributable to the following main issues:
 - \$0.9m of prior year elective service funding
 - \$1.9m of revenue for the VMAT with costs to flow in 2011/12 and beyond
 - \$1.4m of below budget mental health expenditure from unfilled FTE positions
 - \$1.9m of lower Pharmaceutical costs (both community schedule and PCT)
 - \$1.2m of SIA and after hours funding not utilised in current year
 - \$1.1m of lower depreciation charges due to capital expenditure timing
 - \$2.0m of lower other infrastructure costs
 - \$1.5m of salary rate variations
 - (\$1.2m) of net increased DSS expenditure

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	6,403	6,396	7	7,645
(222)	(306)	84	Less Personnel Costs	(2,342)	(3,088)	746	(3,736)
(141)	(296)	155	Less Other Costs	(2,890)	(3,318)	428	(3,909)
262	23	239	Net Surplus / (Deficit)	1,171	(10)	1,181	0

Summary Comment:

The April result continued the favourable trend and was expected. The large favourable variance is due to FTE levels being significantly below that budgeted and professional fee expenses which contained a correction of accruals for audit fees. Overall expenditure levels YTD are considerably lower than budget.

3. DHB Funds Results

Month				Year to Date			Annual
Actual	Budget	Variance		Actual	Budget	Variance	Budget
\$' 000	\$' 000	\$' 000		\$' 000	\$' 000	\$' 000	\$' 000
64,598	63,743	855	Revenue	640,413	636,512	3,901	763,431
0	0	0	Less Personnel Costs	0	0	0	0
(64,403)	(64,920)	517	Less Other Costs	(649,547)	(649,682)	135	(779,686)
195	(1,177)	1,372	Net Surplus / (Deficit)	(9,134)	(13,170)	4,036	(16,255)
			Expenses				
(45,580)	(45,975)	395	Personal Health	(458,874)	(458,579)	(295)	(550,731)
(7,027)	(7,287)	260	Mental Health	(71,535)	(73,068)	1,533	(87,660)
(832)	(913)	81	Public Health	(9,530)	(9,639)	109	(11,484)
(10,175)	(9,956)	(219)	Disability Support	(101,573)	(100,366)	(1,207)	(120,204)
(164)	(164)	0	Maori Health	(1,639)	(1,634)	(5)	(1,962)
(625)	(625)	0	Other	(6,396)	(6,396)	0	(7,645)
(64,403)	(64,920)	517	Expenses	(649,547)	(649,682)	135	(779,686)

Summary Comment:

The overall funder result is favourable by \$4m 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.

Revenue

YTD, revenue is \$3.9m 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	1.5	Y, IDF expenditure
IDF wash-up provision	0.7	N although in provider costs
Oral Health Business Case	0.9	Y, School Dental Services
PHO Performance Management funding	0.4	Y, PHO Other
Productivity/Quality initiative funding	0.2	Y, Price adjusters/premium
School Based Health Service funding	0.1	Y, Child & Youth
PHO very low cost access funding	(0.2)	Y, PHO Health
HEHA funding	(0.2)	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	3.9	

Expenditure

Mental Health

Half of April's variance related to ongoing washup of FTE with the provider-arm and held from allocations of home based support services. YTD expenditure is \$1.5m below budgeted levels due to \$1.4m of clawed back funding from the provider-arm for unfilled FTE positions and \$0.2m of lower home support allocations.

Disability Support

Overall DSS costs are over budget YTD by \$1.2m. April expenditure as with Marches' was higher than prior months, with additional cost for Christchurch rest home residents transferred. This expenditure is being offset by additional IDF revenue provided.

Home support costs and service utilisation continue to be managed within budget. The budgeted allowances made to develop further restorative home support alternatives have not been utilised as the service development planning is still progressing.

Public Health

There is \$0.1m of favourable expenditure variance with the favourable HEHA expenditure variance being offset by lower revenue recognised. Other variations are a timing issue.

Personal Health

The largest variance in April was again in the community pharmaceuticals and PCT budgets which are well below budget. 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 \$0.9m favourable with a further \$1.2m 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 the 2011 calendar year have 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 mainly relates to use of after-hours funding.

The variance shown against IDF personal health line is \$1.7m unfavourable. Of this; \$1.5m is service changes and has revenue offset and therefore no bottom line impact, the residual \$0.2m is a provision for additional payments to DHBs for over-delivery of referrals or for acute procedures, as detailed below.

IDF Inflows/Outflows

IDF inflow provisions held total \$0.7m and represent a favourable variance. This is a \$0.6m increase from last month and reflects \$0.4m of cost associated with displaced Christchurch ARC residents with the rest being attributable to normal acute/elective referrals. There are other cardiology and cardiothoracic volumes and revenue to be finalised which will impact favourably.

Outflow provisions total \$0.2m of additional costs. The main variance includes additional neurosurgical and paediatric patients to Auckland DHB and lower neurosurgical, ophthalmology and cardiac patients to Canterbury.

4. DHB Provider Summary Results

Actual \$ '000	Month			Year to Date			Annual Budget \$ '000
	Budget \$ '000	Variance \$ '000		Actual \$ '000	Budget \$ '000	Variance \$ '000	
38,166	38,539	(373)	Revenue	387,482	386,779	703	464,013
(24,469)	(24,178)	(291)	Less Personnel Costs	(243,540)	(242,399)	(1,141)	(294,314)
(12,984)	(14,166)	1,182	Less Other Costs	(133,066)	(138,980)	5,914	(168,345)
713	195	518	Net Surplus / (Deficit)	10,876	5,400	5,476	1,354

Summary Comment:

The April result was better than budget by \$0.5m with outsourced costs, clinical supplies and non-clinical supply expenditure all below budget. While FTE levels remained below budget, there was an unfavourable salary variance. The YTD favourable variance of \$1.9m is assisted by the recognition of \$1.8m of revenue for the VMAT purchase where costs will flow from 2011/12 onwards.

Revenue

Overall revenue is \$0.7m above plan but there are a number of large unrelated variances:

Item	\$'m	Expense Line Offset (Y/N/Partial)
VMAT funding	1.9	N
Interest earnings	0.5	N
Non-resident funding	0.5	Y, Bad debt provisions in other operating expenses
Programme funding (B4SC, Newborn screening)	0.7	Y, Salaries and various expenses
Kiwisaver SSC subsidies	0.3	Y, Salaries
Mental Health funding	(\$1.4)	Y, Salaries
ACC funding	(\$1.3)	P, Clinical supplies
PCT funding	(\$0.8)	Y, Pharmaceutical expenditure
<u>All other revenue variances</u>	<u>0.3</u>	
Total Revenue Variation	0.7	

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 \$1.4m. 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 49 under budget YTD, with the month of April 14 below budget.

The YTD combined medical salary and outsourced cost line remains \$0.3m favourable against a budgeted spend of \$84.8m. FTE numbers in April are 27 over budget however much of this relates to changes in the mix between employed and contracted staff. YTD, FTE numbers are 11 over budget. Indirect salary costs are \$0.3m below budget.

Nursing FTE in April were 9 over budget and on budget YTD. YTD there is no financial variance in nursing salaries however indirect costs are \$0.5m under budget with overtime and leave payments impacting by the same amount unfavourably.

Allied Health salaries are \$1.2m below budget YTD with FTE levels 36 below budget. Many of these positions are in the mental health area with funding clawed back as a result. The 36 FTE variance could have potential salary savings of \$1.7m, however this has been diluted by leave variances (\$0.5m) and overtime payments of (\$0.2m). Indirect salary expenses are \$0.1m under budget.

Support and Management / Admin salary costs are also below budget driven by below budget FTE. There is some unfavourable variation in leave being taken in the management/admin area, however FTE numbers are 20 below budget YTD.

Non Personnel Expenditure

Pharmaceutical costs are \$1.1m favourable YTD and \$0.3m in April. This mainly relates to PCT expenditure and from the provider-arm perspective there is a revenue reduction from less claiming. The instrument and equipment line is \$0.3m below budget YTD with depreciation on clinical equipment purchases driving this variance as it is \$0.6m below budget from timing of capital acquisitions.

Air ambulance cost transfers are \$0.5m over budget (other clinical supplies) driven mainly from Dunedin Hospital.

Treatment Disposables were on budget in April although they remain unfavourable YTD by \$1.2m (5%). A proportion of this will be driven by the increase in in-house costs offset by decreased outsourced charges (for electives) however this is difficult to quantify. Key areas of variance include:

- Blood products over budget by \$0.2m YTD, the major reason being increased use of Intragam by services. This has been driven by an increase in the patients using this product and services utilising the product more widely
- Dressings are \$0.2m over budget driven by an increase in the use of VAC dressings at the Dunedin site. Benefits of this increase in costs are shorter length of stay and patients not being readmitted
- Renal Fluids are over budget by \$0.2m reflecting an increase in patient contacts in 2010/11 from levels in 2009/10
- Patient consumables are also over budget by \$0.2m driven by Dunedin Hospital operating theatres. This is driven partially by additional volumes completed in-house.

Implant and Prosthesis costs consists of high cost items that can be directly related to patient volume. The main driver of this is hip and knee implants which are forecast to come in approximately \$0.4m over budget at year end. This is made up of:

- \$0.2m at Dunedin Hospital reflecting work completed in-house that was budgeted to be outsourced. This overspend will therefore be offset by underspend in outsourced costs.
- \$0.2m at Southland Hospital, the main driver being a reduction of wait list times to meet the 6 month target. This is not forecast to come back within budget by year end.

Outsourced costs are now \$4.1m under budget YTD, the largest favourable variance being in medical outsourced costs (\$2.9m), this budget is mainly for locum cover on the Southland site, and has been offset by additional medical personnel costs. The outsourced clinical services line relates to elective work planned to be outsourced in Dunedin with more volume being completed in-house.

Infrastructure and non-clinical costs are again favourable in the month, with the YTD favourable variance now \$2.2m. All areas are favourable YTD, except for transport, with a small unfavourable variance, and other operating expenses (\$0.3m) due to the increase in prior months of the provision for doubtful debts.

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 which includes \$9.8m carried over from 2009/10. Of the \$26.3m; \$10.7m remains available to be committed and accordingly cash-flow from actual purchases is a long way below budgeted levels. A detailed capital report was provided to HAC.

5. Forecast

The previously forecast deficit of \$6.6m has been revised and a deficit of \$4.4m is expected at June.

The provider forecast remains at similar levels to earlier projections at a \$6.4m surplus although this may still have some further upside to it. Key issues which may impact the result include:

- Employee entitlement assessments to be completed in June (\$1m budgeted)
- Completion of elective volumes (current forecast is 121 CWD short) and management of the outsourced expenditure line
- Finalisation of IDF's for volumes relating to Christchurch residents referred or displaced from the earthquake
- Salary costs and FTE levels

The funder forecast is also projected to improve to the deficit of \$12m (was previously \$14.1m). The improvement in forecast is in the following main areas:

- \$1.2m of IDF acute/elective volumes (not including earthquake related costs/revenues)
- \$0.6m of community pharmaceuticals from latest Pharmac forecasts
- \$0.2m in lower mental health expenditures

If the deficit ends at \$4.4m, this will represent a \$10.5m improvement to the budgeted position. The issues driving this are as listed on the first page of this report. A number of the items listed are one off benefits in the 2010/11 year.

6. Financial Statements

The financial statements are attached.

Southern District Health Board

Apr-11

Part 1: DHB Governance and Funding Administration	Current Month				Year to Date				Annual
	Actual	Budget	Variance	Variance	Actual	Budget	Variance	Variance	Budget
	\$(000)	\$(000)	\$(000)	%	\$(000)	\$(000)	\$(000)	%	\$(000)
Part 1.1: Statement of Financial Performance									
REVENUE									
Government and Crown Agency sourced									
Internal - DHB Funder to DHB Provider	625	625			6,396	6,396			7,645
Other DHB's	-	-			7	-	7 F		-
Other Government	-	-			-	-			-
Government and Crown Agency Sourced Total	625	625			6,403	6,396	7 F		7,645
Other Income	-	-			-	-			-
REVENUE TOTAL	625	625			6,403	6,396	7 F		7,645
EXPENSES									
Personnel Expenses									
Medical Personnel	(3)	(7)	4 F	53%	(22)	(71)	49 F	69%	(86)
Nursing Personnel	(3)	-	(3) U		(42)	-	(42) U		-
Allied Health Personnel	-	-			-	-			-
Support Services Personnel	-	-			-	-			-
Management / Admin Personnel	(216)	(299)	83 F	28%	(2,278)	(3,017)	739 F	24%	(3,650)
Personnel Costs Total	(222)	(306)	84 F	27%	(2,342)	(3,088)	746 F	24%	(3,736)
Outsourced Expenses									
Medical Personnel	-	-			-	-			-
Nursing Personnel	-	-			-	-			-
Allied Health Personnel	-	-			-	-			-
Support Personnel	-	-			-	-			-
Management / Administration Personnel	-	(1)	1 F		4	(15)	18 F	125%	(17)
Outsourced Clinical Services	-	-			(52)	-	(52) U		-
Outsourced Corporate / Governance Services	-	-			-	-			-
Outsourced Funder Services	(58)	(76)	19 F	24%	(635)	(763)	128 F	17%	(915)
Outsourced Services Total	(58)	(78)	20 F	26%	(683)	(777)	94 F	12%	(933)
Clinical Supplies									
Treatment Disposables	-	-			-	-		55%	-
Diagnostic Supplies & Other Clinical Supplies	-	-			-	-			-
Instruments & Equipment	-	-			-	-			-
Patient Appliances	-	-			-	-			-
Implants & Prosthesis	-	-			-	-			-
Pharmaceuticals	-	-			-	-			-
Other Clinical Supplies	-	-			(1)	-	(1) U		-
Clinical Supplies Total	-	-		43%	(1)	-	(1) U	(620%)	-
Infrastructure & Non Clinical Expenses									
Hotel Services, Laundry & Cleaning Facilities	(3)	(3)		2%	(31)	(31)		(1%)	(37)
Transport	-	-			(1)	(4)	3 F	66%	(5)
IT Systems & Telecommunications	(3)	(28)	25 F	88%	(94)	(283)	189 F	67%	(340)
Interest & Financing Charges	(6)	(7)	1 F	12%	(53)	(72)	19 F	27%	(87)
Professional Fees & Expenses	(26)	(24)	(2) U	(9%)	(262)	(241)	(21) U	(9%)	(289)
Other Operating Expenses	7	(108)	115 F	107%	(1,075)	(1,231)	156 F	13%	(1,447)
Democracy	(10)	(18)	7 F	42%	(122)	(177)	55 F	31%	(212)
Subsidiaries & Joint Ventures	(40)	(29)	(11) U	(40%)	(568)	(503)	(66) U	(13%)	(560)
Infrastructure & Non-Clinical Supplies Total	(82)	(218)	136 F	62%	(2,206)	(2,541)	335 F	13%	(2,976)
Internal Allocations	-	-			-	-			-
Other	-	-			-	-			-
Total Expenses	(362)	(602)	239 F	40%	(5,232)	(6,406)	1,174 F	18%	(7,645)
Net Surplus/ (Deficit)	262	23	239 F		1,171	(10)	1,181 F		-
<i>Zero Check</i>	-	-			-	-			-
Interest Costs from CHFA	-	-			-	-			-
Capital Charge	-	-			-	-			-
Part 1.2 : Full Time Equivalent Numbers									
Medical Personnel	-	0			-	0			0
Nursing Personnel	2	-			1	-			-
Allied Health Personnel	-	-			-	-			-
Support Personnel	-	-			-	-			-
Management / Administration Personnel	23	32			23	32			32
Total Full Equivalents (FTE's)	24	32			24	32			32

Southern District Health Board

Apr-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)
Part 2.1: Statement of Financial Performance									
REVENUE									
Ministry of Health									
MoH - Personal Health	4	122	(118) U	(97%)	2,087	1,247	840 F	67%	1,500
MoH - Mental Health	-	-	-	-	-	-	-	-	-
MoH - Public Health	37	57	(20) U	(35%)	381	573	(192) U	(33%)	687
MoH - Disability Support Services	623	610	13 F	2%	6,405	6,212	192 F	3%	7,432
MoH - Maori Health	-	-	-	-	-	-	-	-	-
Clinical Training Agency	696	526	170 F	32%	5,498	5,235	263 F	5%	6,287
Internal - DHB Funder to DHB Provider	34,584	34,859	(275) U	(1%)	348,335	349,088	(752) U		418,976
Ministry of Health Total	35,944	36,175	(230) U	(1%)	362,706	362,355	351 F		434,883
Other Government									
Other DHB's	29	63	(34) U	(54%)	817	786	30 F	4%	913
Training Fees and Subsidies	(5)	9	(14) U	(154%)	99	92	7 F	7%	111
Accident Insurance	652	837	(185) U	(22%)	7,000	8,295	(1,295) U	(16%)	10,024
Other Government	356	377	(20) U	(5%)	3,678	4,069	(391) U	(10%)	4,824
Other Government Total	1,032	1,286	(254) U	(20%)	11,593	13,243	(1,650) U	(12%)	15,871
Government and Crown Agency Total									
	36,976	37,460	(484) U	(1%)	374,299	375,597	(1,298) U		450,754
Other Revenue									
Patient / Consumer Sourced	186	228	(42) U	(18%)	2,901	2,350	551 F	23%	2,792
Other Income	1,004	850	153 F	18%	10,281	8,831	1,450 F	16%	10,468
Other Revenue Total	1,190	1,079	111 F	10%	13,182	11,181	2,001 F	18%	13,259
REVENUE TOTAL									
	38,166	38,539	(373) U	(1%)	387,482	386,779	703 F		464,013
EXPENSES									
Personnel Expenses									
Medical Personnel	(7,566)	(7,397)	(169) U	(2%)	(76,314)	(73,445)	(2,869) U	(4%)	(88,937)
Nursing Personnel	(9,322)	(9,095)	(227) U	(2%)	(92,093)	(92,065)	(28) U		(111,897)
Allied Health Personnel	(3,752)	(3,816)	64 F	2%	(36,736)	(37,914)	1,179 F	3%	(46,180)
Support Services Personnel	(739)	(780)	42 F	5%	(7,557)	(7,859)	302 F	4%	(9,550)
Management / Admin Personnel	(3,091)	(3,089)	(2) U		(30,840)	(31,115)	275 F	1%	(37,751)
Personnel Costs Total	(24,469)	(24,178)	(291) U	(1%)	(243,540)	(242,399)	(1,142) U		(294,314)
Outsourced Expenses									
Medical Personnel	(824)	(1,153)	329 F	29%	(8,175)	(11,348)	3,173 F	28%	(13,665)
Nursing Personnel	(2)	(2)	1 F	22%	(48)	(25)	(23) U	(93%)	(30)
Allied Health Personnel	(15)	(23)	8 F	35%	(280)	(230)	(50) U	(22%)	(276)
Support Personnel	(35)	(21)	(14) U	(69%)	(216)	(209)	(7) U	(3%)	(251)
Management / Administration Personnel	(10)	(1)	(9) U	(615%)	(112)	(14)	(97) U	(672%)	(17)
Outsourced Clinical Services	(450)	(624)	174 F	28%	(4,499)	(5,475)	976 F	18%	(6,801)
Outsourced Corporate / Governance Services	(77)	(82)	5 F	6%	(710)	(834)	124 F	15%	(1,002)
Outsourced Funder Services	-	-	-	-	-	-	-	-	-
Outsourced Services Total	(1,412)	(1,906)	494 F	26%	(14,040)	(18,136)	4,095 F	23%	(22,042)
Clinical Supplies									
Treatment Disposables	(2,289)	(2,279)	(10) U		(23,237)	(22,083)	(1,154) U	(5%)	(26,898)
Diagnostic Supplies & Other Clinical Supplies	(161)	(141)	(20) U	(14%)	(1,376)	(1,395)	18 F	1%	(1,695)
Instruments & Equipment	(1,150)	(1,252)	102 F	8%	(11,676)	(12,017)	341 F	3%	(14,561)
Patient Appliances	(176)	(193)	18 F	9%	(1,984)	(1,914)	(69) U	(4%)	(2,320)
Implants & Prosthesis	(756)	(783)	27 F	3%	(8,256)	(7,932)	(324) U	(4%)	(9,710)
Pharmaceuticals	(1,312)	(1,649)	338 F	20%	(15,128)	(16,240)	1,112 F	7%	(19,737)
Other Clinical Supplies	(237)	(238)	1 F	1%	(2,614)	(2,325)	(288) U	(12%)	(2,825)
Clinical Supplies Total	(6,080)	(6,535)	455 F	7%	(64,271)	(63,907)	(364) U	(1%)	(77,747)
Infrastructure & Non Clinical Expenses									
Hotel Services, Laundry & Cleaning Facilities	(988)	(1,097)	109 F	10%	(10,352)	(11,091)	739 F	7%	(13,320)
Facilities	(1,567)	(1,565)	(1) U		(15,110)	(15,600)	490 F	3%	(18,807)
Transport	(312)	(306)	(7) U	(2%)	(3,055)	(3,033)	(22) U	(1%)	(3,643)
IT Systems & Telecommunications	(881)	(959)	78 F	8%	(8,597)	(9,168)	571 F	6%	(11,127)
Interest & Financing Charges	(1,292)	(1,209)	(83) U	(7%)	(11,817)	(12,102)	284 F	2%	(14,521)
Professional Fees & Expenses	(115)	(150)	35 F	23%	(1,044)	(1,502)	458 F	31%	(1,803)
Other Operating Expenses	(338)	(439)	101 F	23%	(4,779)	(4,442)	(337) U	(8%)	(5,334)
Democracy	-	-	-	-	-	-	-	-	-
Subsidiaries & Joint Ventures	-	-	-	-	-	-	-	-	-
Infrastructure & Non-Clinical Supplies Total	(5,492)	(5,725)	232 F	4%	(54,754)	(56,938)	2,184 F	4%	(68,555)
Other Costs and Internal Allocations	-	-	-	-	-	-	-	-	-
Total Expenses	(37,453)	(38,343)	890 F	2%	(376,605)	(381,379)	4,774 F	1%	(462,658)
Net Surplus/ (Deficit)	713	196	517 F	(264%)	10,876	5,400	5,477 F	(101%)	1,355

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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)
<i>Zero Check</i>	-	-			-	-			-
Part 2.1 A: Supplementary Information to Statement of Financial Performance									
Depreciation - Clinical Equipment	(630)	(746)	116 F	16%	(6,369)	(7,004)	635 F	9%	(8,510)
Depreciation - Non Res Buildings & Plant	(614)	(605)	(10) U	(2%)	(5,831)	(5,933)	102 F	2%	(7,147)
Depreciation - Motor Vehicles	(4)	(11)	6 F	60%	(44)	(95)	51 F	54%	(117)
Depreciation - Information Technology	(321)	(402)	81 F	20%	(3,262)	(3,579)	317 F	9%	(4,420)
Depreciation - Other Equipment	(60)	(64)	4 F	6%	(614)	(634)	20 F	3%	(761)
Total Depreciation	(1,630)	(1,828)	198 F	11%	(16,120)	(17,245)	1,125 F	7%	(20,955)
Interest Cost from Funder Loans	-	-			-	-			-
Interest Costs from CHFA	(399)	(437)	38 F	9%	(4,180)	(4,417)	236 F	5%	(5,305)
Financing Component of Operating Leases	(34)	(39)	5 F	13%	(401)	(445)	45 F	10%	(520)
Capital Charge	(851)	(724)	(127) U	(18%)	(7,154)	(7,144)	(11) U		(8,582)
Part 1.2 : Full Time Equivalent Numbers									
Medical Personnel	464	437			445	435			435
Nursing Personnel	1,525	1,516			1,519	1,519			1,519
Allied Health Personnel	669	702			666	702			702
Support Personnel	191	198			194	198			198
Management / Administration Personnel	654	664			649	669			668
Total Full Time Equivalents (FTE's)	3,503	3,517			3,474	3,523			3,522

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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)
Part 3.1: Statement of Financial Performance									
REVENUE									
Ministry of Health									
MoH - Vote Health Non Mental Health	52,141	52,290	(149) U		521,002	521,197	(195) U		625,209
MoH - Vote Health Mental Health	6,732	6,747	(15) U		67,336	67,500	(164) U		80,994
MoH Funding Subcontracts	3,091	2,781	309 F	11%	30,402	28,316	2,085 F	7%	33,879
Ministry of Health Total	61,964	61,819	146 F		618,740	617,014	1,726 F		740,083
Other Government									
IDF's - Mental Health Services	137	137			1,367	1,367			1,640
IDF's - All others (non Mental health)	2,497	1,786	711 F	40%	20,309	18,114	2,195 F	12%	21,687
Other Government Total	2,634	1,923	711 F	37%	21,676	19,481	2,195 F	11%	23,328
Government and Crown Agency Sourced Total	64,598	63,742	857 F	1%	640,416	636,495	3,921 F	1%	763,410
Other Revenue									
Other Income	-	2	(2) U		(3)	17	(20) U	(120%)	20
Other Revenue Total	-	2	(2) U		(3)	17	(20) U	(120%)	20
REVENUE TOTAL	64,598	63,743	855 F	1%	640,413	636,512	3,901 F	1%	763,430
EXPENSES									
Outsourced Expenses									
Outsourced Funder Services	(625)	(625)			(6,396)	(6,396)			(7,645)
Payments to Providers									
Personal Health									
Child and Youth	(271)	(274)	3 F	1%	(3,326)	(3,267)	(60) U	(2%)	(3,991)
Laboratory	(2,464)	(2,464)			(24,526)	(24,636)	110 F		(29,563)
Infertility Treatment Services	(94)	(92)	(2) U	(2%)	(937)	(917)	(20) U	(2%)	(1,100)
Maternity	(200)	(182)	(18) U	(10%)	(2,005)	(1,815)	(190) U	(10%)	(2,178)
Maternity (Tertiary & Secondary)	(1,364)	(1,383)	19 F	1%	(13,642)	(13,822)	180 F	1%	(16,588)
Pregnancy and Parenting Education	(11)	(10)	(1) U	(5%)	(100)	(99)	(1) U	(1%)	(119)
Maternity Payment Schedule	-	-			-	-			-
Neo Natal	(714)	(714)			(7,138)	(7,138)			(8,565)
Sexual Health	(105)	(106)	1 F	1%	(1,052)	(1,059)	7 F	1%	(1,271)
Adolescent Dental Benefit	(289)	(239)	(50) U	(21%)	(2,320)	(1,774)	(546) U	(31%)	(2,244)
Other Dental Services	-	-			-	-			-
Dental - Low Income Adult	(75)	(75)			(735)	(746)	10 F	1%	(895)
Child (School) Dental Services	(532)	(437)	(94) U	(22%)	(5,356)	(4,391)	(965) U	(22%)	(5,275)
Secondary / Tertiary Dental	(274)	(274)			(2,733)	(2,737)	3 F		(3,285)
Pharmaceuticals	(5,847)	(6,048)	201 F	3%	(63,494)	(64,367)	873 F	1%	(77,469)
Pharmaceutical Cancer Treatment Drugs	(269)	(401)	132 F	33%	(3,061)	(4,233)	1,172 F	28%	(5,129)
Management Referred Services	-	-			-	-			-
General Medical Subsidy	(100)	(144)	44 F	31%	(1,261)	(1,474)	213 F	14%	(1,771)
Primary Practice Services - Capitated	(3,192)	(3,180)	(12) U		(31,994)	(31,680)	(315) U	(1%)	(38,039)
Primary Health Care Strategy - Care	(246)	(249)	3 F	1%	(2,537)	(2,492)	(44) U	(2%)	(2,991)
Primary Health Care Strategy - Health	(299)	(446)	147 F	33%	(1,625)	(2,757)	1,132 F	41%	(3,082)
Primary Health Care Strategy - Other	(304)	(274)	(31) U	(11%)	(3,237)	(2,737)	(500) U	(18%)	(3,284)
Practice Nurse Subsidy	(16)	(16)	1 F	4%	(152)	(162)	10 F	6%	(195)
Rural Support for Primary Health Pro	(1,143)	(1,092)	(51) U	(5%)	(11,226)	(10,924)	(302) U	(3%)	(13,109)
Immunisation	(631)	(602)	(29) U	(5%)	(2,472)	(2,543)	71 F	3%	(3,271)
Radiology	(398)	(399)	1 F		(4,084)	(3,983)	(101) U	(3%)	(4,780)
Palliative Care	(389)	(385)	(5) U	(1%)	(3,855)	(3,880)	25 F	1%	(4,650)
Meals on Wheels	(63)	(63)			(641)	(635)	(7) U	(1%)	(760)
Domiciliary & District Nursing	(1,401)	(1,410)	9 F	1%	(13,905)	(14,096)	191 F	1%	(16,916)
Community based Allied Health	(485)	(532)	48 F	9%	(5,134)	(5,322)	188 F	4%	(6,387)
Chronic Disease Management and Educa	(196)	(213)	17 F	8%	(1,989)	(2,130)	141 F	7%	(2,556)
Medical Inpatients	(4,902)	(4,902)			(49,019)	(49,019)			(58,823)
Medical Outpatients	(3,308)	(3,279)	(29) U	(1%)	(33,086)	(32,790)	(297) U	(1%)	(39,348)
Surgical Inpatients	(9,475)	(9,479)	4 F		(94,792)	(94,789)	(3) U		(113,747)
Surgical Outpatients	(1,631)	(1,619)	(12) U	(1%)	(16,415)	(16,188)	(228) U	(1%)	(19,425)
Paediatric Inpatients	(586)	(586)			(5,863)	(5,863)			(7,036)
Paediatric Outpatients	(343)	(343)			(3,430)	(3,432)	2 F		(4,118)
Pacific Peoples' Health	(10)	(10)			(96)	(96)			(115)
Emergency Services	(1,667)	(1,646)	(21) U	(1%)	(16,522)	(16,455)	(67) U		(19,746)
Minor Personal Health Expenditure	(32)	(130)	98 F	75%	(480)	(1,296)	815 F	63%	(1,556)
Price adjusters and Premium	175	189	(14) U	7%	1,713	1,892	(180) U	9%	2,270
Travel & Accomodation	(312)	(357)	44 F	12%	(3,529)	(3,614)	84 F	2%	(4,290)
Inter District Flow Personal Health	(2,120)	(2,111)	(8) U		(22,814)	(21,114)	(1,700) U	(8%)	(25,337)
Personal Health Total	(45,581)	(45,975)	394 F	1%	(458,874)	(458,578)	(296) U		(550,731)

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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)
Mental Health									
Mental Health to allocate	-	-			-	-			-
Acute Mental Health Inpatients	(1,215)	(1,215)			(12,151)	(12,151)			(14,581)
Sub-Acute & Long Term Mental Health	(371)	(371)			(3,755)	(3,755)			(4,509)
Crisis Respite	(27)	(35)	8 F	23%	(302)	(351)	49 F	14%	(422)
Alcohol & Other Drugs - General	(360)	(362)	2 F		(3,553)	(3,612)	58 F	2%	(4,336)
Alcohol & Other Drugs - Child & Youth	(86)	(106)	20 F	19%	(1,036)	(1,054)	18 F	2%	(1,266)
Methadone	(99)	(99)			(990)	(990)			(1,188)
Dual Diagnosis - Alcohol & Other Drugs	(7)	(7)		(1%)	(69)	(69)		1%	(83)
Dual Diagnosis - MH/ID	(9)	(5)	(3) U	(60%)	(82)	(53)	(29) U	(54%)	(64)
Eating Disorder	(11)	(14)	3 F	22%	(97)	(118)	20 F	17%	(146)
Child & Youth Mental Health Services	(701)	(751)	49 F	7%	(7,273)	(7,507)	233 F	3%	(9,008)
Forensic Services	(491)	(489)	(3) U	(1%)	(4,803)	(4,887)	83 F	2%	(5,864)
Kaupapa Maori Mental Health Services	(140)	(156)	16 F	10%	(1,383)	(1,564)	181 F	12%	(1,877)
Kaupapa Maori Mental Health - Residential	-	(28)	28 F		(114)	(283)	168 F	60%	(340)
Kaupapa Maori Mental Health - Inpati	-	-			-	-			-
Mental Health Community Services	(1,864)	(1,916)	52 F	3%	(18,666)	(19,159)	493 F	3%	(22,991)
Prison/Court Liaison	(40)	(45)	4 F	10%	(418)	(447)	29 F	6%	(537)
Mental Health Workforce Development	(1)	(1)		(22%)	(6)	(5)	(1) U	(22%)	(6)
Day Activity & Work Rehabilitation S	(198)	(202)	4 F	2%	(2,084)	(2,014)	(70) U	(3%)	(2,418)
Mental Health Funded Services for Older People	(26)	(36)	10 F	29%	(266)	(359)	92 F	26%	(430)
Advocacy / Peer Support - Consumer	(58)	(66)	8 F	12%	(574)	(657)	83 F	13%	(788)
Other Home Based Residential Support	(191)	(303)	112 F	37%	(2,916)	(3,099)	183 F	6%	(3,700)
Advocacy / Peer Support - Families	(50)	(57)	6 F	11%	(504)	(564)	60 F	11%	(677)
Community Residential Beds & Service	(549)	(524)	(25) U	(5%)	(5,177)	(5,273)	96 F	2%	(6,328)
Minor Mental Health Expenditure	(94)	(63)	(31) U	(49%)	(922)	(706)	(215) U	(30%)	(833)
Inter District Flow Mental Health	(439)	(439)			(4,391)	(4,391)			(5,269)
Mental Health Total	(7,027)	(7,287)	261 F	4%	(71,535)	(73,068)	1,533 F	2%	(87,660)
Public Health									
Alcohol & Drug	(39)	(39)			(388)	(388)			(465)
Communicable Diseases	(57)	(57)			(572)	(572)			(686)
Injury Prevention	(2)	(2)			(21)	(21)			(25)
Screening Programmes	(350)	(382)	32 F	8%	(4,143)	(4,132)	(10) U		(4,896)
Mental Health	(16)	(16)			(200)	(164)	(35) U	(22%)	(197)
Nutrition and Physical Activity	(64)	(97)	32 F	33%	(966)	(1,162)	196 F	17%	(1,374)
Physical Environment	(53)	(53)			(533)	(533)			(640)
Public Health Infrastructure	(138)	(138)			(1,377)	(1,377)			(1,653)
Sexual Health	(15)	(15)			(151)	(151)			(182)
Social Environments	(22)	(22)		(2%)	(224)	(219)	(5) U	(2%)	(263)
Tobacco Control	(72)	(88)	16 F	18%	(934)	(877)	(57) U	(7%)	(1,052)
Well Child Promotion	(2)	(2)			(21)	(21)			(25)
Meningococcal	-	(2)	2 F		-	(21)	21 F		(25)
Public Health Total	(832)	(913)	82 F	9%	(9,530)	(9,639)	109 F	1%	(11,484)
Disability Support Services									
AT & R (Assessment, Treatment and Re Information and Advisory	(1,939)	(1,949)	10 F	1%	(19,385)	(19,488)	103 F	1%	(23,386)
Needs Assessment	(1)	(1)		3%	(5)	(5)		1%	(6)
Service Co-ordination	(87)	(97)	10 F	10%	(867)	(966)	99 F	10%	(1,160)
Home Support	(122)	(122)			(1,211)	(1,221)	10 F	1%	(1,465)
Carer Support	(1,063)	(1,153)	91 F	8%	(10,911)	(12,204)	1,293 F	11%	(14,468)
Residential Care: Rest Homes	(139)	(123)	(16) U	(13%)	(1,649)	(1,339)	(311) U	(23%)	(1,578)
Residential Care: Loans Adjustment	(2,882)	(2,490)	(392) U	(16%)	(29,342)	(25,771)	(3,571) U	(14%)	(30,696)
Residential Care: Hospitals	22	22		1%	375	222	153 F	(69%)	266
Ageing in Place	(3,280)	(3,266)	(14) U		(32,350)	(32,515)	165 F	1%	(39,057)
Environmental Support Services	(111)	(112)	1 F		(1,112)	(1,106)	(6) U	(1%)	(1,330)
Day Programmes	(98)	(59)	(39) U	(65%)	(625)	(595)	(31) U	(5%)	(714)
Expenditure to Attend Treatment ETAT	(14)	(137)	123 F	90%	(224)	(684)	459 F	67%	(978)
Respite Care	-	-			-	-			-
Community Health Services & Support	(81)	(74)	(7) U	(10%)	(649)	(737)	87 F	12%	(884)
Inter District Flow Disability Support	(82)	(114)	31 F	27%	(747)	(1,136)	389 F	34%	(1,363)
Disability Support Other	(299)	(282)	(17) U	(6%)	(2,869)	(2,821)	(48) U	(2%)	(3,386)
Disability Support Services Total	(10,175)	(9,956)	(219) U	(2%)	(101,573)	(100,366)	(1,207) U	(1%)	(120,204)

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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)
Maori Health									
Maori Service Development	(22)	(22)		1%	(220)	(220)	1 F		(265)
Minor Maori Health Expenditure	(27)	(27)			(268)	(268)			(322)
Whanau Ora Services	(115)	(115)			(1,151)	(1,146)	(5) U		(1,376)
Maori Health Total	(164)	(164)			(1,639)	(1,634)	(4) U		(1,962)
Total Expenses	(64,403)	(64,921)	517 F	1%	(649,546)	(649,681)	134 F		(779,686)
Summary of Results									
Subtotal of IDF Revenue	2,634	1,923	711 F	37%	21,676	19,481	2,195 F	11%	23,328
Subtotal all other Revenue	61,964	61,820	144 F		618,737	617,030	1,706 F		740,103
Revenue Total	64,598	63,743	855 F	(1%)	640,413	636,512	3,901 F	(1%)	763,430
Subtotal of IDF Expenditure	(2,858)	(2,833)	(25) U	(1%)	(30,074)	(28,326)	(1,747) U	(6%)	(33,992)
Subtotal all other Expenditure	(61,545)	(62,088)	543 F	1%	(619,472)	(621,354)	1,882 F		(745,694)
Expenses Total	(64,403)	(64,921)	517 F	1%	(649,546)	(649,681)	134 F		(779,686)
Net Surplus/ (Deficit)	195	(1,177)	1,372 F	117%	(9,134)	(13,169)	4,035 F	31%	(16,255)
<i>Zero Check</i>	-	-			-	-			-

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Part 4: DHB Consolidated	Current Month				Year to Date				Annual
	Actual	Budget	Variance	Variance	Actual	Budget	Variance	Variance	Budget
	\$(000)	\$(000)	\$(000)	%	\$(000)	\$(000)	\$(000)	%	\$(000)
Part 4.1: Statement of Financial Performance									
REVENUE									
Ministry of Health									
MoH - Vote Health Non Mental Health	52,141	52,290	(149) U		521,002	521,197	(195) U		625,209
MoH - Vote Health Mental Health	6,732	6,747	(15) U		67,336	67,500	(164) U		80,994
PBF Adjustments	-	-			-	-			-
MoH Funding Subcontracts	3,091	2,781	309 F	11%	30,402	28,316	2,085 F	7%	33,879
MoH - Personal Health	4	122	(118) U	(97%)	2,087	1,247	840 F	67%	1,500
MoH - Mental Health	-	-			-	-			-
MoH - Public Health	37	57	(20) U	(35%)	381	573	(192) U	(33%)	687
MoH - Disability Support Services	623	610	13 F	2%	6,405	6,212	192 F	3%	7,432
MoH - Maori Health	-	-			-	-			-
Clinical Training Agency	696	526	170 F	32%	5,498	5,235	263 F	5%	6,287
Internal - DHB Funder to DHB Provider	-	-		(142%)	-	-		(154%)	-
Ministry of Health Total	63,324	63,134	191 F		633,110	630,280	2,830 F		755,990
Other Government									
IDF's - Mental Health Services	137	137			1,367	1,367			1,640
IDF's - All others (non Mental health)	2,497	1,786	711 F	40%	20,309	18,114	2,195 F	12%	21,687
Other DHB's	29	63	(34) U	(54%)	823	786	37 F	5%	913
Training Fees and Subsidies	(5)	9	(14) U	(154%)	99	92	7 F	7%	111
Accident Insurance	652	837	(185) U	(22%)	7,000	8,295	(1,296) U	(16%)	10,024
Other Government	356	377	(20) U	(5%)	3,678	4,069	(391) U	(10%)	4,824
Other Government Total	3,666	3,209	457 F	14%	33,276	32,724	552 F	2%	39,199
Government and Crown Agency Total	66,990	66,343	648 F	1%	666,386	663,004	3,382 F	1%	795,188
Other Revenue									
Patient / Consumer Sourced	186	228	(42) U	(18%)	2,901	2,350	551 F	23%	2,792
Other Income	1,004	852	152 F	18%	10,278	8,848	1,430 F	16%	10,488
Other Revenue Total	1,190	1,080	110 F	10%	13,179	11,198	1,981 F	18%	13,279
REVENUE TOTAL	68,180	67,423	757 F	1%	679,566	674,202	5,363 F	1%	808,467
EXPENSES									
Personnel Expenses									
Medical Personnel	(7,569)	(7,404)	(165) U	(2%)	(76,336)	(73,516)	(2,820) U	(4%)	(89,023)
Nursing Personnel	(9,325)	(9,095)	(230) U	(3%)	(92,135)	(92,065)	(70) U		(111,897)
Allied Health Personnel	(3,752)	(3,816)	64 F	2%	(36,736)	(37,914)	1,179 F	3%	(46,180)
Support Services Personnel	(739)	(780)	42 F	5%	(7,557)	(7,859)	302 F	4%	(9,550)
Management / Admin Personnel	(3,307)	(3,389)	81 F	2%	(33,119)	(34,132)	1,013 F	3%	(41,401)
Personnel Costs Total	(24,691)	(24,484)	(208) U	(1%)	(245,883)	(245,487)	(396) U		(298,050)
Outsourced Expenses									
Medical Personnel	(824)	(1,153)	329 F	29%	(8,175)	(11,348)	3,173 F	28%	(13,665)
Nursing Personnel	(2)	(2)	1 F	22%	(48)	(25)	(23) U	(93%)	(30)
Allied Health Personnel	(15)	(23)	8 F	35%	(280)	(230)	(50) U	(22%)	(276)
Support Personnel	(35)	(21)	(14) U	(69%)	(216)	(209)	(7) U	(3%)	(251)
Management / Administration Personnel	(10)	(3)	(7) U	(254%)	(108)	(29)	(79) U	(272%)	(35)
Outsourced Clinical Services	(450)	(624)	174 F	28%	(4,551)	(5,475)	925 F	17%	(6,801)
Outsourced Corporate / Governance Services	(77)	(82)	5 F	6%	(710)	(834)	124 F	15%	(1,002)
Outsourced Funder Services	(58)	(76)	19 F	24%	(635)	(763)	128 F	17%	(915)
Outsourced Services Total	(1,470)	(1,984)	514 F	26%	(14,723)	(18,913)	4,189 F	22%	(22,975)
Clinical Supplies									
Treatment Disposables	(2,289)	(2,279)	(10) U		(23,237)	(22,083)	(1,154) U	(5%)	(26,899)
Diagnostic Supplies & Other Clinical Supplies	(161)	(141)	(20) U	(14%)	(1,376)	(1,395)	18 F	1%	(1,695)
Instruments & Equipment	(1,150)	(1,252)	102 F	8%	(11,676)	(12,017)	341 F	3%	(14,561)
Patient Appliances	(176)	(193)	18 F	9%	(1,984)	(1,914)	(69) U	(4%)	(2,320)
Implants & Prosthesis	(756)	(783)	27 F	3%	(8,256)	(7,932)	(324) U	(4%)	(9,710)
Pharmaceuticals	(1,312)	(1,649)	338 F	20%	(15,128)	(16,240)	1,112 F	7%	(19,737)
Other Clinical Supplies	(237)	(238)	1 F	1%	(2,614)	(2,325)	(289) U	(12%)	(2,825)
Clinical Supplies Total	(6,080)	(6,535)	455 F	7%	(64,271)	(63,907)	(364) U	(1%)	(77,748)
Infrastructure & Non Clinical Expenses									
Hotel Services, Laundry & Cleaning	(991)	(1,100)	109 F	10%	(10,383)	(11,122)	739 F	7%	(13,356)
Facilities	(1,567)	(1,565)	(1) U		(15,111)	(15,604)	493 F	3%	(18,812)
Transport	(315)	(334)	18 F	6%	(3,149)	(3,316)	168 F	5%	(3,983)
IT Systems & Telecommunications	(887)	(966)	79 F	8%	(8,650)	(9,240)	591 F	6%	(11,214)
Interest & Financing Charges	(1,318)	(1,233)	(85) U	(7%)	(12,080)	(12,343)	263 F	2%	(14,810)
Professional Fees & Expenses	(107)	(258)	150 F	58%	(2,119)	(2,733)	614 F	22%	(3,249)
Other Operating Expenses	(349)	(457)	108 F	24%	(4,900)	(4,619)	(282) U	(6%)	(5,546)
Democracy	(40)	(29)	(11) U	(40%)	(568)	(503)	(66) U	(13%)	(560)
Subsidiaries & Joint Ventures	-	-			-	-			-
Infrastructure & Non-Clinical Supplies Total	(5,575)	(5,942)	368 F	6%	(56,960)	(59,479)	2,519 F	4%	(71,531)

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Part 4: DHB Consolidated	Current Month				Year to Date				Annual
	Actual	Budget	Variance	Variance	Actual	Budget	Variance	Variance	Budget
	\$(000)	\$(000)	\$(000)	%	\$(000)	\$(000)	\$(000)	%	\$(000)
Payments to Providers									
Personal Health									
Child and Youth	(39)	(41)	3 F	7%	(386)	(941)	555 F	59%	(1,201)
Laboratory	(2,463)	(2,463)			(24,520)	(24,630)	110 F		(29,556)
Infertility Treatment Services	-	-			-	-			-
Maternity	(143)	(125)	(18) U	(15%)	(1,438)	(1,248)	(190) U	(15%)	(1,498)
Maternity (Tertiary & Secondary)	(71)	(89)	19 F	21%	(711)	(891)	180 F	20%	(1,070)
Pregnancy and Parenting Education	(8)	(8)	(1) U	(7%)	(76)	(75)	(1) U	(2%)	(90)
Maternity Payment Schedule	-	-			-	-			-
Neo Natal	-	-			-	-		(20%)	-
Sexual Health	(1)	(2)	1 F	54%	(9)	(16)	7 F	45%	(19)
Adolescent Dental Benefit	(242)	(220)	(22) U	(10%)	(1,870)	(1,548)	(322) U	(21%)	(1,942)
Other Dental Services	-	-			-	-			-
Dental - Low Income Adult	(57)	(57)			(555)	(566)	10 F	2%	(679)
Child (School) Dental Services	(50)	(43)	(6) U	(15%)	(518)	(431)	(87) U	(20%)	(517)
Secondary / Tertiary Dental	(139)	(139)			(1,382)	(1,385)	3 F		(1,663)
Pharmaceuticals	(5,440)	(5,627)	186 F	3%	(59,353)	(60,154)	800 F	1%	(72,413)
Pharmaceutical Cancer Treatment Drugs	-	-			-	-			-
Management Referred Services	-	-			-	-			-
General Medical Subsidy	(100)	(144)	44 F	31%	(1,261)	(1,474)	213 F	14%	(1,771)
Primary Practice Services - Capitated	(3,192)	(3,180)	(12) U		(31,994)	(31,680)	(315) U	(1%)	(38,039)
Primary Health Care Strategy - Care	(246)	(249)	3 F	1%	(2,537)	(2,492)	(44) U	(2%)	(2,991)
Primary Health Care Strategy - Health	(299)	(446)	147 F	33%	(1,625)	(2,757)	1,132 F	41%	(3,082)
Primary Health Care Strategy - Other	(304)	(274)	(31) U	(11%)	(3,237)	(2,737)	(500) U	(18%)	(3,284)
Practice Nurse Subsidy	(16)	(16)	1 F	4%	(152)	(162)	10 F	6%	(195)
Rural Support for Primary Health Pro	(1,070)	(1,019)	(51) U	(5%)	(10,489)	(10,187)	(302) U	(3%)	(12,225)
Immunisation	(564)	(549)	(15) U	(3%)	(1,963)	(2,014)	51 F	3%	(2,638)
Radiology	(103)	(103)	1 F	1%	(1,132)	(1,031)	(101) U	(10%)	(1,237)
Palliative Care	(386)	(381)	(5) U	(1%)	(3,822)	(3,847)	25 F	1%	(4,610)
Meals on Wheels	(22)	(22)			(231)	(224)	(7) U	(3%)	(268)
Domiciliary & District Nursing	(379)	(388)	9 F	2%	(3,683)	(3,874)	191 F	5%	(4,650)
Community based Allied Health	(151)	(199)	48 F	24%	(1,799)	(1,986)	188 F	9%	(2,384)
Chronic Disease Management and Educa	(46)	(63)	17 F	27%	(484)	(625)	141 F	23%	(750)
Medical Inpatients	-	-			-	-			-
Medical Outpatients	(303)	(274)	(29) U	(11%)	(3,034)	(2,738)	(297) U	(11%)	(3,285)
Surgical Inpatients	(5)	(10)	4 F	44%	(99)	(96)	(3) U	(3%)	(115)
Surgical Outpatients	(126)	(131)	5 F	4%	(1,370)	(1,311)	(59) U	(5%)	(1,573)
Paediatric Inpatients	-	-			-	-			-
Paediatric Outpatients	-	-			2	-	2 F		-
Pacific Peoples' Health	-	-			-	-			-
Emergency Services	(102)	(81)	(21) U	(26%)	(876)	(809)	(67) U	(8%)	(970)
Minor Personal Health Expenditure	(13)	(111)	98 F	88%	(298)	(1,113)	815 F	73%	(1,336)
Price adjusters and Premium	(262)	(248)	(14) U	(6%)	(2,664)	(2,484)	(180) U	(7%)	(2,981)
Travel & Accommodation	(308)	(353)	44 F	13%	(3,488)	(3,572)	84 F	2%	(4,240)
Inter District Flow Personal Health	(2,120)	(2,111)	(8) U		(22,814)	(21,114)	(1,700) U	(8%)	(25,337)
Personal Health Total	(18,769)	(19,165)	396 F	2%	(189,869)	(190,214)	345 F		(228,607)
Mental Health									
Mental Health to allocate	-	-			-	-			-
Acute Mental Health Inpatients	-	-			-	-			-
Sub-Acute & Long Term Mental Health	-	-			-	-			-
Crisis Respite	(9)	(17)	8 F	46%	(126)	(175)	49 F	28%	(210)
Alcohol & Other Drugs - General	(79)	(80)	2 F	2%	(777)	(803)	26 F	3%	(964)
Alcohol & Other Drugs - Child & Youth	(76)	(96)	20 F	21%	(935)	(956)	21 F	2%	(1,148)
Methadone	-	-			-	-		143%	-
Dual Diagnosis - Alcohol & Other Drugs	(7)	(7)		(1%)	(69)	(69)		1%	(83)
Dual Diagnosis - MH/ID	-	-			-	-			-
Eating Disorder	(11)	(14)	3 F	22%	(97)	(118)	20 F	17%	(146)
Child & Youth Mental Health Services	(227)	(208)	(19) U	(9%)	(2,175)	(2,083)	(92) U	(4%)	(2,500)
Forensic Services	-	-			(4)	-	(4) U		-
Kaupapa Maori Mental Health Services	-	-			-	-			-
Kaupapa Maori Mental Health - Residential	-	(28)	28 F		(114)	(283)	168 F	60%	(340)
Kaupapa Maori Mental Health - Inpati	-	-			-	-			-
Mental Health Community Services	(103)	(100)	(3) U	(3%)	(1,036)	(1,000)	(37) U	(4%)	(1,200)
Prison/Court Liaison	-	-			-	-			-
Mental Health Workforce Development	(1)	(1)		(22%)	(6)	(5)	(1) U	(22%)	(6)
Day Activity & Work Rehabilitation S	(138)	(140)	2 F	1%	(1,476)	(1,399)	(77) U	(5%)	(1,680)
Mental Health Funded Services for Older People	-	-			-	-			-
Advocacy / Peer Support - Consumer	(23)	(30)	8 F	25%	(235)	(304)	69 F	23%	(365)
Other Home Based Residential Support	(276)	(259)	(17) U	(7%)	(2,544)	(2,658)	113 F	4%	(3,171)
Advocacy / Peer Support - Families	(50)	(57)	6 F	11%	(504)	(564)	60 F	11%	(677)
Community Residential Beds & Service	(476)	(451)	(25) U	(6%)	(4,451)	(4,547)	96 F	2%	(5,457)
Minor Mental Health Expenditure	(59)	(27)	(32) U	(120%)	(567)	(344)	(223) U	(65%)	(398)
Inter District Flow Mental Health	(439)	(439)			(4,391)	(4,391)			(5,269)
Mental Health Total	(1,975)	(1,954)	(20) U	(1%)	(19,510)	(19,699)	189 F	1%	(23,613)

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Part 4: DHB Consolidated	Current Month				Year to Date				Annual
	Actual	Budget	Variance	Variance	Actual	Budget	Variance	Variance	Budget
	\$(000)	\$(000)	\$(000)	%	\$(000)	\$(000)	\$(000)	%	\$(000)
Public Health									
Alcohol & Drug	-	-	-		-	-	-		-
Communicable Diseases	-	-	-		-	-	-		-
Injury Prevention	-	-	-		-	-	-		-
Mental Health	-	-	-		-	-	-		-
Screening Programmes	58	-	58 F		(242)	(315)	73 F	23%	(315)
Nutrition and Physical Activity	8	(2)	9 F	567%	11	(17)	28 F	168%	(20)
Physical Environment	-	-	-		-	-	-		-
Public Health Infrastructure	-	-	-		-	-	-		-
Sexual Health	-	-	-		-	-	-		-
Social Environments	-	-	-		(5)	-	(5) U		-
Tobacco Control	11	(5)	16 F	351%	(102)	(45)	(57) U	(126%)	(54)
Well Child Promotion	-	-	-		-	-	-		-
Meningococcal	-	(2)	2 F		-	(21)	21 F		(25)
Public Health Total	77	(8)	85 F		(337)	(398)	60 F	15%	(414)
Disability Support Services									
AT & R (Assessment, Treatment and Re Information and Advisory	(356)	(367)	10 F	3%	(3,562)	(3,665)	103 F	3%	(4,398)
Needs Assessment	(1)	(1)	(1) U	3%	(5)	(5)	(5) U	1%	(6)
Service Co-ordination	(21)	(31)	10 F	32%	(214)	(313)	99 F	32%	(376)
Home Support	(3)	(3)	(3) U		(23)	(33)	10 F	30%	(40)
Carer Support	(1,063)	(1,153)	91 F	8%	(10,911)	(12,204)	1,293 F	11%	(14,468)
Residential Care: Rest Homes	(139)	(123)	(16) U	(13%)	(1,649)	(1,339)	(311) U	(23%)	(1,578)
Residential Care: Loans Adjustment	(2,882)	(2,490)	(392) U	(16%)	(29,342)	(25,771)	(3,571) U	(14%)	(30,696)
Residential Care: Hospitals	22	22	22 F	1%	375	222	153 F	(69%)	266
Ageing in Place	(3,280)	(3,266)	(14) U		(32,350)	(32,515)	165 F	1%	(39,057)
Environmental Support Services	(109)	(110)	1 F		(1,091)	(1,085)	(6) U	(1%)	(1,304)
Day Programmes	(98)	(59)	(39) U	(65%)	(625)	(595)	(31) U	(5%)	(714)
Expenditure to Attend Treatment ETAT	(14)	(137)	123 F	90%	(224)	(684)	459 F	67%	(978)
Respite Care	-	-	-		-	-	-		-
Community Health Services & Support	(81)	(74)	(7) U	(10%)	(649)	(737)	87 F	12%	(884)
Inter District Flow Disability Support	(62)	(94)	31 F	33%	(547)	(936)	389 F	42%	(1,123)
Disability Support Other	(299)	(282)	(17) U	(6%)	(2,869)	(2,821)	(48) U	(2%)	(3,386)
-	-	-	-		-	-	-		-
Disability Support Services Total	(8,387)	(8,168)	(219) U	(3%)	(83,687)	(82,480)	(1,207) U	(1%)	(98,741)
Maori Health									
Maori Service Development	(22)	(22)	(22) U	1%	(220)	(220)	1 F		(265)
Minor Maori Health Expenditure	(12)	(12)	(12) U		(118)	(118)	(118) U		(142)
Whanau Ora Services	(107)	(107)	(107) U		(1,074)	(1,069)	(5) U		(1,283)
Maori Health Total	(141)	(141)	(141) U		(1,412)	(1,407)	(4) U		(1,690)
Internal Allocations	-	-	-		-	-	-		-
Total Expenses	(67,010)	(68,382)	1,372 F	2%	(676,652)	(681,982)	5,330 F	1%	(823,368)
Net Surplus/ (Deficit)	1,170	(959)	2,129 F	222%	2,913	(7,780)	10,693 F	137%	(14,901)
<i>Zero Check</i>	-	-	-		-	-	-		-
Part 4.1 A: Supplementary Information to Statement of Financial Performance									
Depreciation - Clinical Equipment	(630)	(746)	116 F	16%	(6,369)	(7,004)	635 F	9%	(8,510)
Depreciation - Non Residential Buildings & Plant	(614)	(605)	(10) U	(2%)	(5,831)	(5,933)	102 F	2%	(7,147)
Depreciation - Motor Vehicles	(4)	(11)	6 F	60%	(44)	(95)	51 F	54%	(117)
Depreciation - Information Technology	(321)	(402)	81 F	20%	(3,262)	(3,579)	317 F	9%	(4,420)
Depreciation - Other Equipment	(60)	(64)	4 F	6%	(614)	(634)	20 F	3%	(761)
Total Depreciation	(1,630)	(1,828)	198 F	11%	(16,120)	(17,245)	1,125 F	7%	(20,955)
Interest Cost from Funder Loans	-	-	-		-	-	-		-
Interest Costs from CHFA	(399)	(437)	38 F	9%	(4,180)	(4,417)	236 F	5%	(5,305)
Financing Component of Operating Leases	(34)	(39)	5 F	13%	(401)	(445)	45 F	10%	(520)
Capital Charge	(851)	(724)	(127) U	(18%)	(7,154)	(7,144)	(11) U		(8,582)

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Part 4: DHB Consolidated	Current Month Actual \$ (000)	Previous Month Actual \$ (000)	Movement \$ (000)	Current Budget \$ (000)	Current Year Opening Balance Sheet \$ (000)	Annual Budget \$ (000)
Part 4.2: Balance Sheet						
Current Assets						
Petty Cash	13	13	-	12	12	12
Bank	2,149	490	1,659	46	347	78
Short Term Investments	31,624	34,579	(2,954)	14,700	29,725	16,000
Short Term Investments	-	-	-	-	-	-
Prepayments	1,808	1,841	(33)	1,441	1,441	1,441
Accounts Receivable	9,461	7,746	1,715	8,305	8,834	7,978
Provision for Doubtful Debts	(1,492)	(1,492)	-	(711)	(711)	(711)
Accrued Debtors	19,894	17,800	2,093	15,000	15,483	15,000
Inventory / Stock	4,370	4,388	(19)	4,202	4,202	4,202
Assets Held for Resale	-	-	-	-	-	-
Current Assets Total	67,827	65,366	2,461	42,995	59,334	44,000
Non Current Assets						
Land, Buildings & Plant	229,406	227,914	1,492	233,150	226,867	234,119
Clinical Equipment	103,780	103,508	272	113,238	100,499	115,210
Other Equipment (incl Finance Leases)	12,629	12,625	4	13,194	12,288	13,329
Information Technology	30,083	30,111	(28)	35,426	29,154	36,717
Motor Vehicles	714	714	-	688	259	694
Provision Depreciation - Buildings & Plant	(8,499)	(7,884)	(614)	(8,600)	(2,667)	(9,814)
Provision Depreciation - Clinical Equipment	(80,792)	(80,231)	(561)	(81,785)	(74,781)	(83,291)
Provision Depreciation - Other Equipment	(10,599)	(10,539)	(60)	(10,622)	(9,988)	(10,750)
Provision Depreciation - Information Technology	(21,478)	(21,347)	(131)	(22,764)	(19,185)	(23,604)
Provision Depreciation - Motor Vehicles	(259)	(255)	(4)	(295)	(207)	(315)
WIP	8,626	8,221	405	9,422	1,821	10,507
Investment in Subsidiaries	-	-	-	-	-	-
Investment in Associates	238	238	-	185	238	185
Long Term Investments	-	-	-	-	-	-
Non Current Assets Total	263,850	263,076	775	281,237	264,297	282,988
Current Liabilities						
Accounts Payable Control	(5,747)	(5,116)	(630)	(8,379)	(6,688)	(9,227)
Accrued Creditors	(31,824)	(31,672)	(152)	(28,500)	(29,422)	(28,919)
Income Received in Advance	(2,419)	(1,439)	(980)	(2,388)	(2,388)	(2,388)
Capital Charge Payable	(1,001)	(1,598)	597	(416)	(209)	(401)
GST & Tax Provisions	(6,489)	(6,156)	(333)	(3,530)	(5,687)	(3,153)
Term Loans - Finance Leases (current portion)	(1,100)	(1,501)	401	(2,568)	(2,568)	(2,568)
Term Loans - Private (current portion)	-	-	-	-	-	-
Term Loans - Crown (current portion)	(5,149)	(5,123)	(26)	(26,679)	(27,123)	(26,531)
Payroll Accrual & Clearing Accounts	(13,356)	(12,993)	(363)	(14,580)	(11,791)	(7,811)
Employee Entitlement Provisions	(38,621)	(37,966)	(655)	(38,196)	(38,196)	(38,196)
Current Liabilities Total	(105,706)	(103,564)	(2,142)	(125,236)	(124,074)	(119,194)
WORKING CAPITAL	(37,879)	(38,199)	320	(82,241)	(64,740)	(75,194)
NET FUNDS EMPLOYED	225,971	224,877	1,094	198,996	199,557	207,794
Non Current Liabilities						
Long Service Leave - Non Current Portion	(3,348)	(3,348)	-	(2,848)	(2,848)	(2,848)
Retirement Gratuities - Non Current Portion	(10,203)	(10,233)	30	(10,719)	(10,719)	(10,719)
Other Employee Entitlement Provisions	(994)	(994)	-	(994)	(994)	(994)
Term Loans - Finance Leases (non current portio	(4,156)	(4,212)	56	(2,349)	(4,838)	(2,110)
Term Loans - Private (non current portion)	-	-	-	-	-	-
Term Loans - Crown (non current portion)	(91,047)	(91,026)	(21)	(69,122)	(69,122)	(69,122)
Custodial Funds	(3,857)	(3,875)	18	(3,599)	(3,599)	(3,599)
Non Current Liabilities Total	(113,605)	(113,689)	83	(89,630)	(92,120)	(89,391)
Crown Equity						
Crown Equity	(123,730)	(123,730)	-	(124,471)	(100,420)	(124,471)
Crown Equity Injection	(2,015)	(2,015)	-	(9,761)	(23,310)	(25,919)
Crown Equity Repayments	-	-	-	-	-	-
Trust and Special Funds (no restricted use)	(1,442)	(1,444)	2	-	(1,440)	-
Revaluation Reserve	(86,314)	(86,314)	-	(86,314)	(86,314)	(86,314)
Revaluation Reserve - Trust Assets	-	-	-	-	-	-
Retained Earnings - DHB Governance & Funding	2,187	2,449	(262)	3,420	3,060	3,410
Retained Earnings - DHB Provider	78,315	79,037	(722)	83,092	114,576	87,137
Retained Earnings - Funds	20,634	20,829	(195)	24,669	(13,589)	27,755
Crown Equity Total	(112,366)	(111,188)	(1,177)	(109,366)	(107,437)	(118,403)
NET FUNDS EMPLOYED	(225,971)	(224,877)	(1,094)	(198,996)	(199,557)	(207,794)
Zero Check	-	-	-	-	-	-
Part 4.3: Statement of Movement in Equity						
Total equity at beginning of the period	(111,188)	(111,825)		(108,595)	(107,437)	(107,384)
Net Results for Period	(1,170)	629		959	-	14,901
Revaluation of Fixed Assets	-	-		-	-	-
Equity Injections / Repayments	-	-		(1,729)	-	(25,919)
Other	-	-		-	-	-
Movement in Trust and Special Funds	(8)	8		-	-	-
Total Equity at end of the period	(112,366)	(111,188)		(109,366)	(107,437)	(118,403)

Board Cash Flow - Southern

Apr-11

Part 4: DHB Consolidated	Current Month			Year to Date			Annual
	Actual	Budget	Variance	Actual	Budget	Variance	Budget
	\$(000)	\$(000)	\$(000)	\$(000)	\$(000)	\$(000)	\$(000)
Part 4.4 Statement of Cashflows							
Operating Revenue							
Government and Crown Agency Revenue	64,162	66,115	(1,953) U	662,161	663,912	(1,751) U	796,347
Other Revenue Received	1,013	1,050	(37) U	11,436	9,946	1,490 F	11,956
Total Receipts	65,175	67,165	(1,990) U	673,597	673,858	(261) U	808,303
Payments							
Payments for Personnel	(23,704)	(22,780)	(924) U	(243,910)	(242,703)	(1,207) U	(302,034)
Payments for Supplies	(5,483)	(11,585)	6,102 F	(75,798)	(113,523)	37,725 F	(136,857)
Interest Paid	(1,399)	(1,639)	240 F	(4,464)	(4,860)	396 F	(5,231)
Capital Charge Paid	(1,448)	(746)	(702) U	(6,363)	(6,935)	572 F	(8,389)
GST (Net) & Tax	333	(133)	466 F	802	(617)	1,419 F	(622)
Payment to own DHB Provider (Eliminated)	-	-	-	-	-	-	-
Payment to own DHB Governance & Funding Admin	-	-	-	-	-	-	-
Payments to other DHBs	(2,897)	(2,833)	(64) U	(31,192)	(28,328)	(2,864) U	(33,991)
Payments to Providers	(29,195)	(26,729)	(2,466) U	(294,816)	(266,060)	(28,756) U	(319,435)
Total Payments	(63,793)	(66,445)	2,652 F	(655,741)	(663,026)	7,285 F	(806,559)
Net Cashflow from Operating	1,382	720	662 F	17,856	10,832	7,024 F	1,744
Investing Activities							
Interest Receipts 3rd Party	177	93	84 F	1,739	1,244	495 F	1,353
Sale of Fixed Assets	-	-	-	5	-	5 F	-
Capital Expenditure							
Land, Buildings & Plant	(735)	(1,299)	564 F	(4,699)	(13,884)	9,185 F	(15,938)
Clinical Equipment	(1,441)	(986)	(455) U	(5,751)	(12,741)	6,990 F	(14,711)
Other Equipment	(6)	(68)	62 F	(337)	(909)	572 F	(1,041)
Information Technology	(162)	(571)	409 F	(3,882)	(5,711)	1,829 F	(6,855)
Motor Vehicles	-	(3)	3 F	(448)	(430)	(18) U	(435)
Total Capital Expenditure	(2,344)	(2,927)	583 F	(15,117)	(33,674)	18,557 F	(38,980)
Increase in Investments and Restricted & Trust Funds Assets	(11)	-	(11) U	259	-	259 F	-
Net Cashflow from Investing	(2,178)	(2,834)	656 F	(13,114)	(32,430)	19,316 F	(37,627)
Financing Activities							
Equity Injections	-	1,729	(1,729) U	2,015	9,762	(7,747) U	25,919
New Debt							
Private Sector	-	-	-	-	-	-	-
CHFA	17	-	17 F	132	-	132 F	-
Repaid Debt							
Private Sector	(517)	(487)	(30) U	(2,707)	(3,048)	341 F	(3,438)
CHFA	-	-	-	(481)	(444)	(37) U	(592)
Other Non-Current Liability Movement							
Other Equity Movement	-	-	-	-	-	-	-
Net Cashflow from Financing	(499)	1,243	(1,742) U	(1,040)	6,271	(7,311) U	21,889
Net Cashflow	(1,295)	(871)	(424) U	3,702	(15,327)	19,028 F	(13,994)
Plus Cash (Opening)	35,081	15,629	19,452 F	30,084	30,084	-	30,084
Cash (Closing)	33,786	14,758	19,028 F	33,786	14,758	19,028 F	16,090
Carry Forward Check							
Closing Cash made up of:							
Petty Cash	13	12	1 F	13	12	1 F	12
Bank (Overdraft)	2,149	46	2,103 F	2,149	46	2,103 F	78
Short Term Investments	31,624	14,700	16,924 F	31,624	14,700	16,924 F	16,000
Total Cashflow Cash (Closing)	33,786	14,758	19,028 F	33,786	14,758	19,028 F	16,090

Minutes of the Hospitals' Advisory Committee (HAC) Meeting
Wednesday, 4 May 2011, 2.00pm
Board Room, Community Services Building, Southland Hospital
Campus, Invercargill

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

1.0 WELCOME

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

2.0 APOLOGIES

Apologies were noted from HAC members Dr Malcolm Macpherson, Mr Richard Thomson and Mr Tim Ward.

It was moved:

“That the apologies be accepted.”

Moved: Mr Cook
Seconded: Dr Sijnja
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.

There were no changes to the Interests Register.

4.0 CONFIRMATION OF PREVIOUS MINUTES

It was moved:

“That the minutes of the Hospitals' Advisory Committee meeting held on 6 April 2011 be approved and adopted as a true and correct record of the meeting.”

Moved: Dr Sijnja
Seconded: Mr Menzies
Carried

There were no matters arising from the HAC meeting held on 6 April 2011 that were not covered in the agenda.

5.0 ACTION SHEET

Action 15 and 24 Presentations – it was agreed that the presentations on Theatre Compass and The Productive Operating Theatre be removed from the action sheet. The tour of the Dunedin Hospital is to take place at the end of May 2011.

Action 45 Forecasting of annual leave – the Senior Business Analyst (SBA) Southland advised that annual leave is currently phased. Sick leave is not currently phased, but will be for the 2011/12 financial year.

Action 46: Influenza vaccination – available at the conclusion of the meeting.

6.0 CHIEF OPERATING OFFICERS' REPORT

As at the end of March 2011 elective throughput for Southern DHB is right on target. In line with plan, consideration is being given to additional outsourcing work to ensure that the base target is met. Health target elective discharges are ahead of plan.

The favourable financial performance continues within the Provider Arm.

Progress towards the District Annual Plan (DAP) strategic goals is outlined in the Provider Arm Dashboard. The COO Otago advised that a contract had been negotiated for the provision of some surgical procedures with a private provider in Otago.

An update was provided on the Health Targets. The significant steady progress made throughout the year with better help for smokers to quit was highlighted.

The COO Southland provided an update on the process for updating the Provider Arm dashboard, confirming this was done on a monthly basis.

In response to a query by Dr Sijnja, the COO Otago confirmed that e-prescribing was still active within Dunedin Hospital, but advised that it had not been confirmed as a national initiative.

Action continues to progress imaging recovery across the Otago and Southland sites. The actions as outlined will be completed by the 31 May 2011 deadline. The COO Otago advised that management was looking to increase Magnetic Resonance Imaging (MRI) volume throughput within Dunedin Hospital and was using outsourcing as a gap measure.

The number of services engaging in Southern Clinical Services is growing and work will continue on this over the next 24 months. The Regional CMO advised the process was challenging.

A change to the bottom table on the first page of the Hospital Emergency Access Time (HEAT) report was noted – Actions 9 & 16 should read 'Actions 9 & 15'. The COO Otago outlined how the activity to improve performance outlined in the report could collectively take the result for Dunedin Hospital for the Minister's target for shorter stays in the Emergency Department from 69% to 81%. The establishment of a short stay unit (SSU) could improve the result by a further 10%. In addition, implementation of the recommendations from the Orthopaedic Patient Stream Mapping, alongside the development of a Medical Assessment and Planning Unit (MAPU), would enable the 95% target to be met in Dunedin.

An update was provided on the various strategies put in place to improve the Dunedin ED target result as outlined in the report, along with the comparisons of the benchmark exercise undertaken on Otago's ED against other New Zealand EDs.

It was acknowledged that behavioural changes were required, along with a systems approach in terms of that change, in addition to the other aspects being looked at as part of the systems improvement process.

7.0 CHIEF OPERATING OFFICER'S REPORT, OTAGO

Elective caseweights (cw) for the month are below plan by 17% and for the year by 1%. Discharges are ahead of plan. Elective Theatre Utilisation during the month was 90% for March against a target of 85%. A significant number of electives had to be reduced due to the number of acutes. An update was provided on the burgeoning number of acutes and the growing number of ED attendances.

The first meeting of the Master Site Planning Project Control Group was held in April 2011. Overall the projects are within budget.

The Chief Medical Officer's (CMOs) Report was noted and in response to a query the Regional CMO advised that the complaints procedures across Otago and Southland were different. A complaints review committee is in place in Otago and Southland's complaints are handled through the individual Directorates that the complaint pertains to. In discussion the COO Southland highlighted the graph relating to complaints for the Southland site and provided an assurance that complaints across both sites are handled in line with the requirements of the Health and Disability Commissioner. Uniformity in the way quality issues are handled across both sites will be addressed as part of Southern Clinical Services and a report on this will be submitted prior to Christmas 2011.

In response to a query by Dr Sijnja, the COO Otago provided an update on the discharge planner role related to internal medicine. The four week appointment was inadequate time and the position has been rolled out for a further three months as some significant improvements had been realised.

The Elective Services Performance Indicators (ESPI) report was noted and a plan is in place to address the area of plastics, which has a red indicator. The high overtime and call back hours highlighted on the key performance indicator (KPI) graphs is directly related to the acute volumes and the recovery plan in place for radiology and some of the other performance areas. There were also some NICU retrievals and impact on the Public Health South staff as a result of the Canterbury earthquake.

Preliminary findings from the Orthopaedic Patient Journey (OPJ) indicate under-servicing in relation to the Acute Theatre. The Orthopaedic team will present on this at the HAC meeting to be held on 27 May 2011. Approximately 1400 bed days have been wasted in the past 12 months with Orthopaedic patients waiting for acute surgery. Dunedin Hospital has only one dedicated theatre for acute surgery and has managed acutes within the elective volumes, but this is no longer sustainable.

Diagnostic and Support Services (Otago) Update – the information relating to breast screening addressed queries raised at previous HAC meetings by Board member, Mrs Kaye Crowther. Outsourcing is being used as part of the recovery strategy for Radiology wait times.

Emergency, Medicine and Surgery Group Update report – the areas of Gastroenterology, Cardiothoracic Surgery, Renal Dialysis and Southern Blood and Cancer were highlighted. Surgery contract volumes were 898 cw ahead year-to-date compared to the previous year. This significantly higher volume was achieved with very little additional resource.

Mental Health and Community Directorate report – progress on the merging of the DHB Aged Care Needs Assessment and Service Co-ordination (NASC) service and communications (CSCC) into a DHB Care Co-ordination Centre was highlighted.

Women's Health, Children's Health and Public Health Directorate (Otago) Update report - discussion focussed on Women's Health and, more specifically, maternity services and Caesarean section rates. The NZ chapter of the Health Round Table (HRT) has identified that maternity services is a key area of interest and will be the focus of the meeting in November 2011.

Discussion was held on a proposal by the Accident Compensation Corporation (ACC) to roll over three services contracts with Southern DHB with a 0 to 1.3% increase offered. The cost to provide the service is higher than what is being offered and management has asked to meet with the ACC to discuss this further. The SBA advised that there was a table included within the financial report relating to ACC revenue. Dr Sijnja suggested that some of the ACC related presentations to ED should be referred back to GPs.

8.0 CHIEF OPERATING OFFICER'S REPORT, SOUTHLAND

Elective cwd is ahead of plan ytd February 2011. The impact of increased acute cwd over the past two months on elective cwd was noted.

In discussion on the KPI graphs, it was noted that the graph for Hospital Acquired infection rates was distorted by low numbers, i.e. there were only three patients involved.

In response to a query relating to workplace injuries or illnesses, the COO Southland provided an update, noting that there were no issues in this area and it had been externally reviewed.

Medical Division Update – the fast track pilot has been reviewed and is to be implemented within the ED. The Allied Health group is involved with the 'On the Right Track' programme and are looking at how they can assist with earlier discharge within the inpatient wards. In response to queries by the Board Chairman, the CMO advised that improvements identified during the pilot indicated this was a better clinical model and was being progressed accordingly. It was confirmed that the change was already incorporated in the figures outlined in the report. The COO Southland highlighted the role of the senior nurse in assessing and treating lower acuity patients.

Mental Health Directorate Update – the increase in activity within both the Southland Mental Health Emergency Team (SMHET) and Inpatient Mental Health Unit (IMHU) was noted.

Surgical Directorate Update – an update was provided on the challenges in surgical services and management is working on a plan to address the red and amber areas. Ear, Nose and Throat (ENT) is likely to be a challenge for some time following the withdrawal of a Locum who was scheduled to come to Southland. Urgent referrals only for First Specialist Appointments (FSAs) for Ophthalmology are being accepted at the current time. The focus in Paediatric Surgery will be on outpatients rather than surgical throughput. A plan is in place to address the delivery of Plastics.

Women and Children Directorate Update – the change within the Maori Health Unit to focus on the monitoring of referrals, re-admissions and access to services was noted. In line with a steady increase in birthing numbers over the past few years, a benchmarking exercise is being undertaken on staffing levels within the Obstetrics and Gynaecology (O&G) Department.

Chief Medical Officer's (CMO) Report – the CMO advised that the inaugural South Island CMOs meeting had highlighted that the area where Canterbury DHB required support over the winter months was in the social environment, e.g. residential care following the February 2011 earthquake. The second meeting of the Medical Directors is scheduled for the week commencing 9 May 2011.

The HAC Chairman acknowledged and endorsed the brevity of the management reports.

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

The CNMO spoke to her report, highlighting that 70% of Enrolled Nurses have completed their transition to a new scope and the remaining 30% are on track for the completion date of 1 July 2011.

The TrendCare pilot is exceeding expectations in terms of staff commitment and buy-in for participation in the pilot. Systems are in place to check the quality of the data. The CNMO advised that TrendCare would provide the HAC with a completely different and improved suite

of information to that currently provided. The Board Chairman highlighted the graph indicating an increase in occupancy for Lakes District Hospital (LDH) over the past four months compared to the 2009/10 year. The SBA is to review the figures and the COO Southland is to provide feedback on the reasons for the change in occupancy. It was noted that the CMO is to spend time at LDH during the week commencing 16 May 2011 and will be undertaking a review of the services.

10.0 FINANCIAL REPORT

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

- The March 2011 result is a favourable variance of \$2.274M (\$4.960M ytd).
- The monthly result includes unbudgeted revenue of \$1.8M for the VMAT purchase.
- Medical salary costs were below budget for the month and this was due to a budget error as outlined in the report.
- Nursing salary costs were unfavourable to budget for the month due to increased activity within the Provider Arm, resulting in the March FTE result being 21 over for the month.
- Clinical supplies were unfavourable against budget in March due to the increased activity noted above. The drug costs in Oncology and high air ambulance costs contributed to the unfavourable variance for the month.
- The dip in the forecast result from \$6.4M in February to \$5.9M in March 2011 was highlighted and the SBA advised that there was an error in the internal revenue line. Outsourcing is to be undertaken to achieve base and this is yet to be accounted for in the forecast.
- The financial statements do not portray the overspend against nursing costs due to the vacancy factors being held within the Corporate area.
- The Corporate Financial Report was noted and taken as read.
- The HAC Chairman highlighted the inconsistency with the phasing for clinical supplies. The SBA outlined the complexity of the activity in this area leading to the inconsistencies.

11.0 INFORMATION GROUP REPORT

The COO Southland highlighted the One IPM project on the Information Group Dashboard, noting that this could be of benefit for Southern Clinical Services. The Regional South Island Information Technology (IT) group is now meeting and will have an impact as some of the local decisions made will now be consistent with the national programme and line up on a regional basis. Brief discussion was held on the benefits of the desk to desk video conferencing facility being piloted.

12.0 HUMAN RESOURCES (HR) DASHBOARD

The HR dashboard was noted and taken as read.

13.0 BUILDING AND PROPERTY SERVICES

Project summaries for almost all capex and deferred maintenance that is progressing, together with progress reports on any items of capex over \$100K were included in the report. There were no areas of risk highlighted.

It was moved:

“That the management and financial reports be noted.”

Moved: Mr Menzies
Seconded: Mr Cook
Carried

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 3.45pm.”

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:

General Subject	Reason for passing this resolution	Grounds for passing the resolution
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">• Where it is necessary to protect the privacy of natural persons, including deceased natural persons – section 9(2)(a)• Where it is necessary to enable Southern District Health Board to carry on without prejudice or disadvantage, negotiations – section 9(2)(j)
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">• Where it is necessary to protect the privacy of natural persons, including deceased natural persons – section 9(2)(a)• Where it is necessary to enable Southern District Health Board to carry on without prejudice or disadvantage, negotiations – section 9(2)(j)
DHB Collective Electricity Tender	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">• Where it is necessary to enable DHBs to carry out, without prejudice or disadvantage, commercial activities and negotiations – sections 9(2)(i) and (j).
Short Stay Unit	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">• Where it is necessary to enable DHBs to carry out, without prejudice or disadvantage, commercial activities and negotiations – sections 9(2)(i) and (j).

Wakari Woodchip Boiler Upgrade	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"> Where it is necessary to enable DHBs to carry out, without prejudice or disadvantage, commercial activities and negotiations – sections 9(2)(i) and (j).
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The meeting closed at 4.40pm.

Confirmed as a true and correct record:

Chairperson: _____

Date: _____

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

PROVIDER NAME	DESCRIPTION OF SERVICES	SIGNED BY	CONTRACT/VARIATION END DATE
Highland Pharmacy Central Limited Variation to Agreement	Pharmacy Services.	Adele Knowles	31.08.11
Ryman Healthcare Limited t/a Rowena Jackson Hospital Service Schedule	Exceptional Circumstances Palliative Care for a Named Individual.	Claire Lord	15.06.11
Ryman Healthcare Limited t/a Yvette Williams Retirement Home Limited Service Schedule	Exceptional Circumstances Palliative Care for a Named Individual.	Claire Lord	25.06.11
Ryman Healthcare Limited t/a Rowena Jackson Hospital Service Schedule	Exceptional Circumstances Palliative Care for a Named Individual.	Claire Lord	27.06.11
Oceania Care Company No 1 Ltd t/a Longwood Variation to Agreement	Individual Agreement for a named individual.	Gemma Griffin	31.10.11
Budge's Medical Centre Pharmacy Ltd t/a Alexandra Medical Centre Pharmacy Pharmacy Services Agreement	Provision of Pharmacy Services. Base Pharmacy Agreement and Special Foods Services.	Robert Mackway-Jones	31.08.11
University of Otago - School of Dentistry Variation to Agreement	Inpatient/Outpatient Dental & Emergency Dental Services for Low Income Treatment.	Ron Craft	31.10.11
Arai Te Uru Whare Hauora Limited Variation to Agreement	Tamariki Ora, Whanau Ora, DSM	Thelma Brown	31.03.13
Queens High School Letter of Agreement	Letter of Agreement for Funding of HEHA Maori Community Action Project Services.	Thelma Brown	30.04.12
Tokomairiro Waiora Incorporated Letter of Agreement	Letter of Agreement for Funding of HEHA Maori Community Action Project Services.	Thelma Brown	30.04.12
Diabetes Otago Incorporated Variation to Agreement	Local Diabetes Team - Southern DHB	Adele Knowles	31.03.13
Orthotic Centre NZ Limited Agreement	Orthotic Services.	Peter Hay	31.03.14

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

Dunedin Community Volunteer Centre Trust Variation to Agreement	Activity Based Rehabilitation Through Volunteering.	Gemma Griffin	31.01.13
PACT Charitable Trust Variation to Agreement	Consumer Leadership, Consultancy & Liaison	Gemma Griffin	29.02.12
Montecillo Veterans Home & Hospital Limited Service Schedule	Exceptional Circumstances Palliative Care for a Named Individual.	Claire Lord	30.06.11
Calvary Hospital Southland Limited Service Schedule	Exceptional Circumstances Palliative Care for a Named Individual.	Claire Lord	09.04.11
Ripponburn Holdings Limited t/a Ripponburn Home & Hospital Service Schedule	Exceptional Circumstances Palliative Care for a Named Individual.	Claire Lord	30.03.11
Presbyterian Support Otago Incorporated t/a Ross Hospital Service Schedule	Exceptional Circumstances Palliative Care for a Named Individual.	Claire Lord	06.04.11

TOTAL AMOUNT FOR THE MONTH: \$6,397,683.95