



# **BOARD MEETING**

## **AGENDA**

**Thursday, 6 October 2011**

**10.30 am**

**Board Room, 1<sup>st</sup> Floor, Dunedin Hospital,  
201 Great King Street**



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# **SOUTHERN DISTRICT HEALTH BOARD MEETING**

**Thursday, 6 October 2011  
10.30 am**

**Board Room, 1<sup>st</sup> 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:

<b><i>General subject:</i></b>	<b><i>Reasons for passing this resolution:</i></b>	<b><i>Grounds for passing the resolution:</i></b>
<b>Previous Public Excluded Board Minutes</b>	Commercial sensitivity and to allow activities and negotiations to be carried on without prejudice or disadvantage	S 32(a), Schedule 3, NZ Public Health and Disability Act 2000 – that the public conduct of this part of the meeting would be likely to result in the disclosure of information for which good reason for withholding exists under sections 9(2)(i), 9(2)(j) of the Official Information Act 1982, that is withholding the information is necessary to enable a Minister of the Crown or any Department or organisation holding the information to carry on, without prejudice or disadvantage, commercial activities and negotiations.
<b>Review of Public Excluded Action Sheet</b>	Personal privacy and to allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(i), 9(2)(j), 9(2)(a).
<b>CEO's Report</b> a) Individual Employment Agreement Negotiations	To allow activities and negotiations to be carried on without prejudice or disadvantage	As above, sections 9(2)(i), 9(2)(j)
<b>Wakatipu Health Services</b>	To allow activities and negotiations to be carried on without prejudice or disadvantage	As above, sections 9(2)(i), 9(2)(j)
<b>Health Benefits Ltd (HBL) Business Case</b>	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)

<b>General subject:</b>	<b>Reasons for passing this resolution:</b>	<b>Grounds for passing the resolution:</b>
<b>Public Excluded Advisory Committee Reports</b>  b) Clinical Advisory Committee <ul style="list-style-type: none"> <li>▪ 24 August 2011 Workshop</li> <li>▪ 5 October 2011</li> </ul> c) Hospitals Advisory Committee <ul style="list-style-type: none"> <li>▪ 1 September 2011</li> <li>▪ 5 October 2011</li> <li>▪ Capex – Fluoroscopy Machine Replacement</li> </ul> d) Disability Support / Community & Public Health Advisory Committees <ul style="list-style-type: none"> <li>▪ 5 October 2011</li> </ul> e) Audit & Risk Committee <ul style="list-style-type: none"> <li>▪ 6 October 2011</li> <li>▪ Annual Report</li> </ul>	Commercial sensitivity and to allow activities and negotiations to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).
<b>Contract Approvals</b> <ul style="list-style-type: none"> <li>▪ PHO Rural Premium Agreement</li> <li>▪ ACC Non-Acute Rehabilitation Contracts</li> </ul>	Commercial sensitivity and to allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).
<b>Sentinel Events Reporting</b> <ul style="list-style-type: none"> <li>▪ New Events</li> </ul>	Personal privacy and to allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(i), 9(2)(j), 9(2)(a)
<b>Risk Report</b>	To allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).
<b>Staffing – CEO Appointment Process</b>	Personal privacy and to allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(i), 9(2)(j), 9(2)(a)

# SOUTHERN DISTRICT HEALTH BOARD

## INTERESTS REGISTER

Board Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB
<b>Joe BUTTERFIELD (Chairman)</b>	06.12.2010	<b>Son-in-law:</b> 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.
<b>Paul MENZIES (Deputy Chairman)</b>	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.
<b>Neville COOK</b>	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.
<b>Sandra Cook</b>	01.09.2011	1. Te Runanga o Ngāi Tahu	1. Holds a "right of first refusal" over certain Crown properties. Also seen as a Treaty partner and affiliates may hold contracts from Southern DHB from time to time.
<b>Kaye CROWTHER</b>	09.11.2007 14.08.2008 14.08.2008 14.08.2008 12.02.2009 05.12.2010	2. Employee of WHK South. 3. Trustee of Plunket Foundation. 4. Chair of the Management Committee for the car seat rental scheme for Plunket Southland. 5. Trustee of Wakatipu Plunket Charitable Trust. 6. Corresponding member for health and family affairs, National Council of Women. 7. Member of advisory panel for No 10, Invercargill.	2. Possible conflict if DHB contracts HR services from JCL and Progressive Consulting, which are subsidiaries of WHK. 3. Nil. 4. Nil. 5. Nil. 6. Nil.
<b>Mary FLANNERY</b>	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
<b>James <u>Malcolm</u> MACPHERSON</b>	28.06.2005 09.03.2011 16.10.2009 25.11.2010 25.11.2010 25.11.2010	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.	1. (OP has training interests in common with the DHB, no personal interest.) 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

Board Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB
	28.08.2007 09.03.2011 09.03.2011 09.03.2011  13.12.2001 22.04.2003	7. Co-Principal, Brilliant New Zealand Ltd. 8. Chairman, Jolendale Charitable Trust. 9. Director, Medco Properties Ltd 10. Director, Centennial Health Ltd  <b>Spouse - Susan Elizabeth Macpherson:</b> 11. GP Principal, Centennial Health Ltd, Alexandra. 12. Branch Medical Advisor, ACC, Alexandra.	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 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.
<b>Tahu POTIKI</b>	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.
<b>Branko SIJNJA</b>	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.
<b>Richard John THOMSON</b>	13.12.2001   23.09.2003	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.	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

Board Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB
	29.03.2010 06.04.2011	5. Director, Composite Retail Group. 6. Councillor, Dunedin City Council.	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. 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.
<b>Tim WARD</b>	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 July 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. Executive Director on the Board of the Health Roundtable (HRT). 2. New Zealand Benchmarking Group (Chair).	1. The HRT facilitates benchmarking activity for 130 Australasian hospitals. 2. 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.
Alan Clarke	20.06.2010	Nil	



Employee Name	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern District Health Board
Donovan Clarke	02.02.2011	<ol style="list-style-type: none"> <li>1. Te Waipounamu Delegate, Te Piringa, National Maori Disability Advisory Group.</li> <li>2. Director, Great Western Steakhouse, New Lynn, Auckland.</li> </ol>	<ol style="list-style-type: none"> <li>1. Nil.</li> <li>2. Nil.</li> </ol>
Robert Mackway-Jones	28.08.2007	<ol style="list-style-type: none"> <li>1. Close association (wife) employed by Dunedin Hospital.</li> </ol>	<ol style="list-style-type: none"> <li>1. Reporting line to Purchasing Team leader.</li> </ol>
Lexie O'Shea	01.07.2007	<ol style="list-style-type: none"> <li>1. Trustee, Gilmour Trust.</li> </ol>	<ol style="list-style-type: none"> <li>1. Southland Hospital Trust.</li> </ol>
Brian Rousseau	23.07.2004 09.03.2007 17.10.2008	<ol style="list-style-type: none"> <li>1. Director of South Island Shared Services Agency Limited (SISSAL).</li> <li>2. New Zealand Institute of Rural Health (NZIRH) (Trustee).</li> <li>3. Southern Health Welfare Trust (Trustee).</li> </ol>	<ol style="list-style-type: none"> <li>1. SISSAL is owned jointly by the SI DHBs, and conducts planning and funding work and provider arm project work for the DHBs.</li> <li>2. Otago DHB was a founding sponsor of the NZIRH. DHBs contract NZIRH to provide services.</li> <li>3. Southland Hospital Trust.</li> </ol>
Leanne Samuel	01.07.2007 01.07.2007 01.07.2007 29.10.2009 01.10.2010	<ol style="list-style-type: none"> <li>1. Southern Health Welfare Trust (Trustee).</li> <li>2. Member of Community Trust of Southland Health Scholarships Panel.</li> <li>3. Member of Board of Studies at Southern Institute of Technology.</li> <li>4. Southland Medical Foundation Inc (Member)</li> <li>5. Member of National Elective Services Productivity and Workforce Programme Steering Group.</li> </ol>	<ol style="list-style-type: none"> <li>1. Southland Hospital Trust.</li> <li>2. Nil.</li> <li>3. Potential conflict if the DHB purchases services from this organisation.</li> <li>4. Southland Trust.</li> <li>5. Nil.</li> </ol>
John Simpson		Nil	
David Tulloch	23.11.2010 02.06.2011	<ol style="list-style-type: none"> <li>1. Southland Urology (Director)</li> <li>2. Southern Surgical Services (Director)</li> <li>3. UA Central Otago Urology Services Limited (Director)</li> </ol>	<ol style="list-style-type: none"> <li>1. Potential conflict if DHB purchases services.</li> <li>2. Potential conflict if DHB purchases services.</li> <li>3. Potential conflict if DHB purchases services.</li> </ol>
Ian Macara (in attendance at EMT as CEO of the Southern PHO)	26.08.2010	Nil	

# Minutes of the Southern District Health Board Meeting

Friday, 2 September 2011, 9.30 am  
Conference Room 1, Copthorne Hotel, Queenstown

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**Present:** Mr J G Butterfield Chair  
Mr P E Menzies Deputy Chair  
Ms S Cook  
Mr N M Cook  
Mrs K J Crowther  
Mrs M T Flannery  
Dr J M Macpherson  
Mr T K Potiki  
Mr R J Thomson  
Mr T P Ward

**In Attendance:** Mr B D Rousseau Chief Executive Officer  
Mrs L O'Shea Deputy Chief Executive Officer/Chief Operating Officer, Southland  
Mrs V J Blake Chief Operating Officer, Otago  
Mr R Mackway-Jones General Manager, Finance & Funding  
Mrs L Samuel Chief Nursing & Midwifery Officer  
Mr D Tulloch Chief Medical Officer  
Ms J Harvey Communications Officer  
Ms J Kloosterman Board Secretary

## 1.0 APOLOGIES

Apologies were received from Dr B Sijnja, Board Member, and Mr S McLauchlan, Crown Monitor.

## 2.0 CHAIR'S OPENING COMMENTS

The Chairman extended a special welcome to Ms Sandra Cook, recently appointed Board member.

## 3.0 DECLARATION OF INTERESTS

The Chairman called for any adjustments or amendments to the Interests Register (agenda item 3). None were advised.

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

***It was resolved:***

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

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

*It was resolved:*

**"That the minutes of the 5 August 2011 Board meeting be approved and adopted as a true and correct record."**

#### **5.0 MATTERS ARISING**

There were no matters arising from the previous minutes.

#### **6.0 SOUTHERN PRIMARY HEALTH ORGANISATION (PHO) DEVELOPMENT**

A report from the General Manager, Finance and Funding, on progress made by the Southern Primary Health Organisation (PHO) was tabled. The meeting was informed that the discussion on this and the PHO's Annual Operational Plan would be held with the public excluded, as parts of these were still subject to negotiation.

#### **7.0 ACTION SHEET**

The Board meeting action sheet (agenda item 6) was noted.

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

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

*It was resolved:*

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

#### **9.0 FINANCIAL REPORT**

Mr R Mackway-Jones, General Manager, Finance & Funding, presented the Financial Report for the period ended 31 July 2011 (agenda item 9) and answered members' questions on the financial accounts.

*It was resolved:*

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

#### **10.0 WAKATIPU HEALTH SERVICES – REPORT FROM WAKATIPU EXPERT PANEL**

Dr Peter Foley, Chair of the Wakatipu Expert Panel, spoke to the Panel's report and recommendations on health services for the Wakatipu Basin (August 2011), which were circulated by email and hard copies were tabled at the meeting.

In response to members' questions, Dr Foley advised:

- That the Expert Panel had been reassured by the National Health Board (NHB) that the proposals were cost neutral. The NHB's financial analysis could be made available to the DHB's management;
- That "equity of access" meant fair prioritisation and former governance boundaries should not be an impediment to that being achieved;
- That the Panel had not considered walk-in Emergency Department access in other rural areas, as that was outside their brief;
- There were national guidelines on emergency departments that the Panel had to comply with. The Panel had tried to get Primary Care to work more closely with hospital doctors but had been unable to achieve that within the timeframe available to them;
- The Panel was not proposing a lot of new outpatient service costs. Outpatient services could be provided through liaison with specialists already providing clinics at Dunstan Hospital and private specialists already working in the area;
- In recommending that the DHB supports the establishment of a CT scanner for the Central Otago region, the panel expected the CT scanner to be privately or community funded and recognised a plan needed to be developed to support operating costs. The Panel would be happy to re-examine the recommended siting of the scanner if DHB management had further information that had not been taken into consideration;
- The implementation timeframes contained in the report were arbitrary; the important point was that timeframes are put in place.

Management's comments on the Panel's 21 recommendations were tabled and considered individually by the Board.

The Board:

**Enhancing Regional Service Planning:**

1. Supported the recommendation that the DHB adapts provision of clinical services across the region to ensure that as far as possible there is equity of access and comparable outcomes, and recognised the Board's obligation to ensure there is a consistent policy across the whole region for rural health care;
2. Supported the recommendation that the Southern DHB develops a clinical services programme that defines pathways of care across the whole region that are safe and as much as possible close to home;
3. Agreed that the Southern DHB delegates responsibility to a tier 2 manager to be the liaison person for services provided in the Central Otago/Lakes District, to ensure services are provided:
  - a. independently of historic boundaries
  - b. in a way that best meets the needs of patients;

### **Retaining Hospital Services:**

4. Supported the recommendation that Southern DHB retains and enhances services at Lakes District Hospital, recognising that enhancement that requires funding will need to be subject to prioritisation across the Southern DHB region;
5. Supported the recommendation that Lakes District Hospital retains an Emergency Department (ED);
6. Supported the recommendation that Lakes District Hospital be retained on the current hospital site and be further developed as a health campus for the Wakatipu Basin;

### **Clinical Workforce:**

7. Under the model of care proposed by the Panel, supported the recommendation that Lakes District Hospital maintains a minimum roster of eight medical full-time equivalents (FTEs), of which one or two could be Registrars, supported by Health Workforce New Zealand (HWNZ);
8. Supported the recommendation the Southern DHB pursues a partnership opportunity with the University of Otago to develop a centre of excellence for the training of rural health practitioners, building on the existing partnership with the University of Otago;
9. Supported the recommendation Lakes District Hospital expands the breadth of services that the medical and nursing teams can provide, noting that consideration needs to be given to scopes of practice, coverage by single clinicians working in isolation and how these clinicians will be well supported by clinicians in Dunedin and Invercargill;
10. Supported the recommendation the Southern DHB encourages the development of special interests amongst hospital/non-hospital doctors and nurses in the Wakatipu Basin. Examples include General Practitioners with special interest (GPSI) and senior medical officer with special interest (SMOSI) roles;

### **Enhancing Integration:**

11. Supported the recommendation that the Southern DHB extends an open invitation to appropriate health providers to relocate to the Lakes District Hospital site, supporting the development of better integration of care on a health campus;
12. Supported the recommendation that the Southern DHB facilitates (through an independent chair) a clinical services forum for on-going dialogue on health services provision and planning in the Wakatipu Basin, noting that this would include all clinical providers and over time benefits could be derived from linkage covering health service provision across the Central Otago/Lakes region in support of recommendations 1 and 2;
13. Supported the recommendation the Southern DHB encourages the further integration of services in the region, including sharing of resources, stronger clinical engagement between Dunstan and Lakes District Hospital and the development of clinical pathways and IT solutions. This would include a

broader clinical forum covering the Central Otago/Lakes District (or perhaps expanding to all rural health sites within the Southern DHB), noting that the objectives of this recommendation would be achieved by a regional clinical services forum across the Central Otago/Lakes region (as in 12 above);

#### **Improving Outpatient Services:**

14. Supported the recommendation Lakes District Hospital expands the local and regional provision of outpatient services that better meet the needs of the Wakatipu region (including the coordination of private and public outpatient services);

#### **Enhanced Community Services:**

15. Supported the recommendation that the Southern DHB encourages the development of increased capacity in aged residential care beds in the Wakatipu Basin, improving the ability to provide respite care and slow stream rehabilitation services;
16. Supported the recommendation Lakes District Hospital develops palliative care bed capacity on their campus as part of aged residential care facility developments;

#### **Enhanced Diagnostic Support:**

17. Supported the community acquiring a CT scanner for the Central Otago/Lakes region, and requested that management liaise further with the Panel regarding confirmation of the most appropriate location, based on demand data, and report back to the next meeting;
18. Supported the recommendation that diagnostic services such as laboratory and radiology are best consolidated onto the Lakes District Hospital site;

#### **Governance:**

19. Supported the recommendation that the Southern DHB retains governance of Lakes District Hospital, including the funding and provision of health services;
20. Supported the recommendation that Queenstown Lakes District Council (QLDC) in consultation with the Wakatipu Health Trust and Wakatipu Health Governance Reference Group establishes a Community Reference Group, and that, when established, this group liaise with the Central Otago Health Services Ltd Board to ensure the objectives of recommendations 1, 3, 12 and 13 are achieved;
21. Supported the recommendation that the Southern DHB commits to engaging with the Community Reference Group early in the planning of any significant changes to clinical services.

During their deliberations, members noted that the decisions they made would have an impact on the rest of the region and that they had a responsibility to examine the cost structure of the proposal and how it fits within budget before any changes are made.

***It was resolved:***

**"That the National Health Board be asked to supply the Board with its financial analysis of the Expert Panel's proposals."**

Moved: R J Thomson  
Seconded: P E Menzies

The Board requested that management submit a report to the next meeting on implementation timeframes and the siting of the CT scanner.

The Chairman thanked Dr Foley and his team for their significant efforts to make recommendations to the Board that were workable. Members also expressed their appreciation to the Panel for consulting them before finalising their report.

## **11.0 ADVISORY COMMITTEE REPORTS**

### **Audit and Risk Committee**

#### ***Policies***

The Board considered a recommendation from the Audit and Risk Committee that amendments to the following policies be approved (agenda item 10):

- a) Procurement and Purchasing Policy
- b) Tendering Policy
- c) Fraud Policy

***It was resolved:***

**"That the Board approve the Procurement and Purchasing Policy, Tendering Policy and Fraud Policy."**

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

The minutes of the joint Disability Support Advisory Committee (DSAC) and Community & Public Health Advisory Committee (CPHAC) meeting held on 4 August 2011 (agenda item 11), which were reported on verbally at the last meeting, were taken as read.

***It was resolved:***

**"That the minutes be noted."**

### **Hospitals Advisory Committee**

The minutes of the Hospitals Advisory Committee (HAC) meeting held on 4 August 2011 (agenda item 11), which were reported on verbally at the last meeting, were taken as read.

***It was resolved:***

**"That the minutes be noted."**

Mr P E Menzies, HAC Chair, gave a verbal report on the meeting of the committee held the previous afternoon and tabled a recommendation on the National Health Board Review of Dunedin Hospital.

***It was resolved:***

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

#### ***National Health Board (NHB) Assessment of Dunedin Hospital Systems***

Concerns were raised that the recommendation as tabled assumed that the Board agreed with every aspect of the NHB report, particularly the suggested restructure. The Board noted the Hospital Advisory Committee (HAC) Chair's advice that HAC had considered the National Health Board's report and management's recommendations.

***It was resolved:***

**"That the Board instructs management to identify areas of responsibility within the National Health Board review report recommendations and construct an implementation plan and timeline for reporting to the appropriate Advisory Committees and Board of Southern DHB."**

#### **Iwi Governance Committee**

The Board received a verbal report from Mr T K Potiki on the Iwi Governance Committee (IGC) workshop held on 30 August 2011, which was followed by a poroporoaki for Brian Rousseau, Chief Executive Officer, at the Murihiku Marae.

#### ***Membership***

***It was resolved:***

**"That Ms S Cook be appointed to the Iwi Governance Committee."**

## **12.0 CONTRACTS REGISTER**

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

***It was resolved:***

**"That the register be noted."**



**CONFIDENTIAL SESSION**

*At 11.40 am, it was resolved:*

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

<b>General subject:</b>	<b>Reasons for passing this resolution:</b>	<b>Grounds for passing the resolution:</b>
<b>Previous Public Excluded Board Minutes</b>	Commercial sensitivity and to allow activities and negotiations to be carried on without prejudice or disadvantage	S 32(a), Schedule 3, NZ Public Health and Disability Act 2000 – that the public conduct of this part of the meeting would be likely to result in the disclosure of information for which good reason for withholding exists under sections 9(2)(i), 9(2)(j) of the Official Information Act 1982, that is withholding the information is necessary to enable a Minister of the Crown or any Department or organisation holding the information to carry on, without prejudice or disadvantage, commercial activities and negotiations.
<b>Review of Public Excluded Action Sheet</b>	Personal privacy and to allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(i), 9(2)(j), 9(2)(a).
<b>Southern PHO Development</b>	To allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).
<b>Health Benefits Ltd – Update</b>	Commercial sensitivity	As above, sections 9(2)(i) and 9(2)(j).
<b>Public Excluded Advisory Committee Reports</b> a) Clinical Advisory Committee ▪ 3 August 2011 ▪ 24 August 2011 Workshop b) Hospitals Advisory Committee ▪ 4 August 2011 ▪ 1 September ▪ Southland Hospital – Technical/Skills Laboratory and Office Accommodation c) Disability Support / Community & Public Health Advisory Committees ▪ 4 August 2011 d) Audit & Risk Committee ▪ 5 August 2011 ▪ NGO Audit Programme 2011/12	Commercial sensitivity and to allow activities and negotiations to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).

<b>General subject:</b>	<b>Reasons for passing this resolution:</b>	<b>Grounds for passing the resolution:</b>
<b>Contract Approvals</b> <ul style="list-style-type: none"> <li>▪ Hospice Contract</li> </ul>	Commercial sensitivity and to allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).
<b>Sentinel Events Report</b>	Personal privacy and to allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(i), 9(2)(j), 9(2)(a)
<b>Risk Report</b>	To allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).
<b>Staffing – CEO Retirement/Appointment Process</b> <ul style="list-style-type: none"> <li>▪ Verbal report from Appointments &amp; Remuneration Advisory Committee</li> </ul>	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)

**Carried**

*The meeting closed at 12.50 pm.*

Confirmed as a true and correct record:

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

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

# Southern District Health Board

## BOARD MEETING ACTION SHEET

As at 23 September 2011

Action Point No.	SUBJECT	ACTION REQUIRED	BY	STATUS	EXPECTED COMPLETION DATE
043-2011/02  59-2011/05	<b>Alcohol Law Reform Bill</b> (Minute item 9.0)	That a draft policy statement on alcohol be developed and submitted to CPHAC to provide direction to future service provision in this area, including the issue of education.  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	<b>Smokefree Environment Amendment Bill</b> (Minute item 9.0)	A draft policy statement on smokefree environments to be developed and submitted to CPHAC to provide direction to future service provision in this area.  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.
67-2011/07	<b>Acute Theatre Access, Dunedin Hospital</b> (Minute item 8.0)	Where the recommendation fits in relation to the NHB review and the Annual Plan budget/financial implications to be identified.	COO (Otago)	Review findings currently under consideration.	
73-2011/08	<b>South Island Alliance</b> (Minute item 8.0)	1. Six-monthly Child Health Service newsletter to be included in CPHAC agenda. 2. Succinct, high-level progress updates that highlight the issues to be submitted to the advisory committees in future.	GMFF  CEO GMFF COO	Will be provided as available.	Ongoing
74-2011/09	<b>Wakatipu Health Services</b> (Minute item 10.0)	1. Management to liaise further with the Expert Panel regarding confirmation of the most appropriate location for a CT scanner, based on demand data.	CEO	Under way.	October 2011

Action Point No.	SUBJECT	ACTION REQUIRED	BY	STATUS	EXPECTED COMPLETION DATE
		2. National Health Board to be asked to supply the Board with its financial analysis of the Expert Panel's proposals. 3. Report to be submitted to October Board meeting on implementation timeframes.		2. Received and under review.	
75-2011/09	<b>NHB Assessment of Dunedin Hospital Systems</b> (Minute item 11.0)	Management to identify areas of responsibility within the NHB review report recommendations and construct an implementation plan and timeline for reporting to the appropriate Advisory Committees and Board of Southern DHB.	CEO		Complete

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## CHIEF EXECUTIVE OFFICER'S REPORT

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### RECOMMENDATION:

1. That the Board note this report.

## 1. DHB FINANCIAL PERFORMANCE

As at 31 August 2011 the DHB year to date (YTD) variance was favourable by \$2m. The result for August was better than budget with a \$747k variance attributable to personnel costs due to below budget FTE (\$0.6m approx), \$0.3m mental health expenditure claw back, timing issues in the Governance and Funder result (\$0.1m and \$0.3m respectively) and \$0.4m of permanent differences from the Funder result.

The Governance results for August and YTD were favourable, mainly due to non-personnel expenditure being below budget with SISSAL/DHBNZ, provider audits and other DHB internal and external audits being below budget, and actual staff costs were also lower than budgeted. The Funder result was favourable for the month and YTD with the main drivers being \$0.4m of SIA/HP/Other primary funds not yet allocated, claw-back of unfilled mental health positions (\$0.3m), funder expenditure not yet allocated (timing issue, \$0.2m), and \$0.1m of laboratory expenditure for non-schedule testing and share of national claims from uncoded NHI events (timing issue).

## 2. PROVIDER ARM

### Contract Performance

- Elective **caseweights** delivered (cwd) for Southern DHB were 5.29% (135 cwd) behind plan year to date for August 2011. A regional approach to ensure delivery at year end is in progress.
- Health Target Elective **discharges** delivered for Southern DHB are 180 discharges behind plan year to date August 2011 (1,626 against a target of 1,806).

### Financial Performance

- A favourable variance of \$314k was recorded in the Provider Arm for the month of August 2011. Year to date \$849k favourable variance.
- Revenue for August 2011 was favourable against budget by \$220k. Expenses for August 2011 were favourable against budget by \$95k.

### Gastrointestinal Disease Centre

The Gastrointestinal Diseases Establishment Board has developed a draft document with recommendations on the establishment of a Gastrointestinal Disease Centre (GIDC) as a joint activity between the Dunedin School of Medicine, University of Otago, and the Southern DHB.

The recommendations are to be provided to the Provider Arm Executive and the Dean of the Dunedin School of Medicine in September, for their consideration and direction.

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

#### **Hospital & Specialist Services**

Key activity at the moment includes planning for medical and surgical services. This work is designed to bring a three year rolling planning process into district-wide services to be able to improve funding signals to the Provider Arm and to identify and assist with district-wide planning of specialist services. The information gathering phase is nearly complete and includes datasets from:

- Statistics NZ population projections
- NMDS (inpatient data from national collections) extracts
- NNPAC (outpatient data from national collections) extracts
- Intervention rate data
- Statistical forecasting of volume trends
- Elective Services information such as scoring tools and patient review lists

A meeting with clinicians and managers to discuss the data and inform planning is to be scheduled as part of the next planning cycle later this year.

#### **Health of Older Persons & Disability**

The work plan for service development has been completed and proposes four operational streams:

- Quality Governance Framework
- Identification, Assessment and Care Coordination
- Community Service Delivery Model
- Health of Older People (HOP) Service Review

These streams were detailed to the DSAC/CPHAC committee. Recruitment has commenced for the Portfolio Analyst role to support the Portfolio Manager with this work.

#### **Primary/Community**

##### *National Pharmacy Agreement*

The extension of the current agreement to April 2012 has been progressed with only two outstanding contract variations at the time of this report.

During the week of 5 September, a pharmacy-led workshop was held to develop a specification for a new service for patients living in the community with long term conditions (LTC). The workshop has developed an enhanced medicines service (EMS). This was preferred over an LTC service, as the LTC idea was considered too narrow to accommodate the scope of patients that will need to be included in the service (for example, those with disabilities). The EMS will consist of a nationally consistent service, delivered to a defined high needs population. Work is ongoing but the pharmacy sector is supportive of changing the model of care to an increased 'service' focus and reduced emphasis on fee-for-service medicine supply. More work still needs to be undertaken on aspects of the proposals. It is intended that the additional service focused aspects will be implemented as part of a new Pharmacy Services Agreement (PSA), effective from 1 May 2012.

### *Primary Health Organisation (PHO)*

The DHB has had input into the Health Promotion and Dental aspects of the PHO Clinical Programme.

### *Laboratory Services*

The national group of General Managers Planning & Funding have sponsored work at a national level to look at creating an agreed list of publicly funded tests. This group has heavy clinical involvement and Southern DHB has representation on the working group via Southern Community Laboratories (SCL) as provider. This will be beneficial as Southern DHB had commenced work in this regard which has now been merged into the national work.

### **Mental Health**

Work is focused on the Mental Health & Addictions planning project which has recently completed an outcomes framework and gap analysis. The draft plan is targeted to be released to the Core Planning Group on 14 October.

### **Sleepovers**

We are awaiting official advice, but it has been announced that the Government will contribute funding towards phasing in the minimum wage for disability support workers on overnight sleepover shifts and towards the back pay liabilities of the providers. Legislative changes are to be enacted to secure the agreement.

The employers, the union and the Crown have agreed to seek to discontinue litigation currently in front of the Supreme Court.

Under the agreement the Government will fund employers to pay 50% of the current minimum hourly wage to workers for sleepovers from 1 July 2011, and then 75% from 1 July 2012, then 100% from 1 July 2013.

The Government will also contribute \$27.5 million for back pay which will be paid at 50% of the appropriate minimum wage for the period 1 July 2005 – 30 June 2011 to past and present employees in respect of all claims lodged to 2 September 2011.

The providers subject to this settlement in the Southern DHB include mental health service providers and some are indicating they may struggle to meet their share of the liability. As these costs were not known until the claim and agreement, it is fair to say that the funding streams to these providers from 2005 to date would not have recognised or incorporated these costs. It is likely providers with insufficient reserves may seek funding from the DHB for their share of the liability.

## **4. NATIONAL HEALTH BOARD (NHB) AND SOUTHERN DHB JOINT ASSESSMENT OF SYSTEMS: DUNEDIN HOSPITAL**

A progress report on the recommendations that span the organisation is attached (as Appendix 1) for the Board to note. The recommendations that are specific to the Provider Arm are contained in the HAC agenda.

Lexie O'Shea  
**Acting Chief Executive Officer**

28 September 2011

## NHB & SDHB Joint Assessment of Systems – Dunedin Hospital

Recommendation	Completion Date	PROGRESS				COMMENT
		Scoping	Behind	On Track	Completed	
1. Ensure all staff have a good understanding of the vision and strategic direction of the DHB.	CEO ongoing			✓		Planning & implementation underway. Workshop scheduled for the senior leadership group in November to line up with Annual Planning cycle. Full programme has been developed out 12 months.
2. Clarify the roles and responsibilities of governance and management to staff based on governance and management best practice.	Board Chair and Acting CEO  October 2011	✓				Agreed
3. Review and realign management and clinical leadership roles to enable one clear structure for the organisation, with a regional focus on service delivery, removing duplication, and providing clarity of accountability and authority.	December 2011	✓				Agreed
4. Make appointments to newly structured management and clinical leadership positions which demonstrate a commitment to instill the organisation's values, deliver the strategic direction, and bring an ability to model, and support the DHB through a programme of change and improvement.	New CEO Post December 2011	✓				Agreed
5. Appoint a Director of Allied, Scientific and Technical Staff at executive level.	Acting CEO September 2011			✓		Interim solution implemented, Allied Health Director is now participating at Executive level.
6. Provide managers and clinicians who are appointed to senior management and leadership roles with orientation, training and mentoring opportunities.	CEO From December 2011			✓		Agree and a programme for leadership development is being established.
7. Remove the current financial boundaries reflecting the previous Southland and Otago DHBs.	EMT From September 2011	✓				The Executive team is developing a programme to ensure that key messages such as this are understood throughout the organisation.
8. Develop and implement a communication plan that outlines an effective internal and external communication strategy.	Acting CEO October 2011			✓		Advertising for a strategic public relations and communications role underway.
9. Appoint a Chief Executive who can convey an inspiring and compelling vision of the future to all staff and stakeholders.	Board Chair  December 2011			✓		Recruitment process underway with 4 applicants shortlisted to date.
10. To enable effective partnership decisions establish:  - University representation at executive level of the DHB  - A senior primary care clinician to represent primary care at the executive level of the DHB.	Acting CEO  February 2011			✓		Further opportunities to review and strengthen the relationship to be discussed at the Joint Relations Committee.  Agreed and will progress alongside review of organisation structure.



## NHB & SDHB Joint Assessment of Systems – Dunedin Hospital

Recommendation	Completion Date	PROGRESS				COMMENT
		Scoping	Behind	On Track	Completed	
11	Other training and education tertiary providers in the region to be invited to meet quarterly with the DHB executive to discuss opportunities for shared innovations.	Acting CEO ongoing			✓	Agree.
13	Complete a strategic plan, looking ahead 10 years, which takes into account the whole of Southern DHB's population and its needs. The plan is to take into consideration training and educational needs e.g. registrar training programmes.	EMT June 2012	✓			Agree and will align with South Island Strategic Plan.
15	Complete facility planning and development for Dunedin Hospital in collaboration with University and taking into consideration the regional services of Southern DHB.	EMT By June 2012	✓			Expertise and resources are required for the DHB to complete the Southern Master Site Plan which needs to be informed by a population needs assessment. This is also linked to item 13, 17 and needs to incorporate all Southern DHB sites.
17	Develop a clinical capital expenditure programme for the next three years.	CMOs, CNMO, AHD, COOs, GMFF April 2012			✓	Agree will undertake as part of the development of the 2012/13 annual planning process.
18	Establish, implement and monitor a patient safety and quality and risk framework for the Southern DHB.	EMT From September 2011	✓			Agreed
19	Establish a multidisciplinary Clinical Quality Governance Board that reports to the Chief Executive, and is aligned structurally to the Executive Management Team, with an appropriately experienced senior clinical leader as Chair.	EMT From November 2011	✓			To be considered along with the quality framework and strategy.
22	Complete the pilot of the original 'e-medication' programme. Have the pilot evaluated by the Health Quality and Safety Commission (HQSC).	Completed			✓	This work was completed prior to the review at the end of January 2011 in accordance with the expectations of the HQSC. Further approval was given to extend the pilot until the end of October. The evaluation material has been submitted.

# SOUTHERN DHB FINANCIAL REPORT

Financial Report as at: 31 August 2011  
 Report Prepared by: Robert Mackway-Jones, GM Finance & Funding  
 Date: 19 September 2011

## Recommendations:

- That the Board note the Financial Report

## 1. Consolidated Results Summary

### DHB Consolidated Financial Performance August 2011

Month				Year to Date			Annual
Actual	Budget	Variance		Actual	Budget	Variance	Budget
\$' 000	\$' 000	\$' 000		\$' 000	\$' 000	\$' 000	\$' 000
69,199	68,976	223	Revenue	138,167	137,966	201	828,419
(25,916)	(26,425)	509	Less Personnel Costs	(50,261)	(51,032)	771	(307,527)
(44,600)	(44,615)	15	Less Other Costs	(88,084)	(89,160)	1,076	(531,384)
(1,317)	(2,064)	747	Net Surplus / (Deficit)	(178)	(2,226)	2,048	(10,492)

- The start of the new financial year has continued favourably from a net results point of view, with a \$2m favourable variance to plan
- All 3 operating areas reported results ahead of budget for August and YTD.

### Summary of Results August 2011

Month				Year to Date			Annual
Actual	Budget	Variance		Actual	Budget	Variance	Budget
\$' 000	\$' 000	\$' 000		\$' 000	\$' 000	\$' 000	\$' 000
126	0	126	Governance	228	0	228	0
(700)	(1,006)	306	Funds	(1,203)	(2,174)	971	(10,981)
(743)	(1,058)	315	Provider	797	(52)	849	489
(1,317)	(2,064)	747	Net Surplus / (Deficit)	(178)	(2,226)	2,048	(10,492)

- Key factors providing the favourable variance YTD include:
  - \$0.3m of clawed back mental health expenditure
  - \$0.4m of permanent differences from the funder result
  - \$0.1m of timing issues in the Governance result
  - \$0.3m of timing issues in the funder result
  - \$0.6m (approx.) of personnel cost variance related to below budget FTE

## 2. DHB Governance Results

Month				Year to Date			Annual
Actual	Budget	Variance		Actual	Budget	Variance	Budget
\$' 000	\$' 000	\$' 000		\$' 000	\$' 000	\$' 000	\$' 000
546	517	29	Revenue	1,092	1,035	57	6,209
(222)	(236)	14	Less Personnel Costs	(432)	(471)	39	(2,827)
(198)	(281)	83	Less Other Costs	(432)	(564)	132	(3,382)
126	0	126	Net Surplus / (Deficit)	228	0	228	0

### Summary Comment:

Additional funding has been provided to DHB to part fund the activities of Health Benefits Limited, the agency assessing national collective opportunities. The associated costs for this are part of the Other Costs.

Overall non-personnel expenditure is below budget with fees paid to SISSAL/DHBNZ, provider audits and other DHB internal and external audits all lower than plan. Around \$100k of this is a timing issue. The salary variance is attributable to actual staff costs being lower than budgeted. The variance will reduce later as a Portfolio Analyst position is being recruited to for supporting the HOP service development work.

## 3. DHB Funds Results

Month				Year to Date			Annual
Actual	Budget	Variance		Actual	Budget	Variance	Budget
\$' 000	\$' 000	\$' 000		\$' 000	\$' 000	\$' 000	\$' 000
65,380	65,311	69	Revenue	130,744	130,621	123	783,729
0	0	0	Less Personnel Costs	0	0	0	0
(66,080)	(66,317)	237	Less Other Costs	(131,947)	(132,795)	848	(794,710)
(700)	(1,006)	306	Net Surplus / (Deficit)	(1,203)	(2,174)	971	(10,981)
			<b>Expenses</b>				
(46,869)	(47,093)	224	Personal Health	(93,729)	(94,341)	612	(564,492)
(6,898)	(7,142)	244	Mental Health	(13,826)	(14,284)	458	(85,752)
(932)	(949)	17	Public Health	(1,881)	(1,898)	17	(11,388)
(10,674)	(10,450)	(224)	Disability Support	(21,096)	(20,906)	(190)	(124,876)
(161)	(166)	5	Maori Health	(323)	(331)	8	(1,993)
(546)	(517)	(29)	Other	(1,092)	(1,035)	(57)	(6,209)
(66,080)	(66,317)	237	Expenses	(131,947)	(132,795)	848	(794,710)

### Summary Comment:

The overall funder result is favourable by \$1m. Key bottom line drivers include:

- \$0.3m of claw-back for unfilled mental health positions
- \$0.4m of SIA/HP/Other primary funds not yet allocated
- \$0.2m of funder expenditure budgeted but not yet allocated (timing issue)
- \$0.1m of laboratory expenditure for non-schedule testing and share of national claims from un-coded NHI events (timing issue)

## **Revenue**

YTD, revenue is \$123k above budget.

Item	\$'000	Expense Line Offset (Y/N/Partial)
IDF's from Canterbury for ARC	159	Y, DSS ARC expenditure
Dementia Funding	125	Y, DSS ARC Rest Homes
Long Term Conditions funding	150	Y, DSS, AT&R expenses
MoH Public Health Contracts	88	N, Public – Screening
Funding for HBL shared services	57	Y, Outsourced funder services
PHO Performance Management funding	(158)	Y, PHO Other
PHO Careplus funding	(35)	Y, PHO Care
PHO Very Low Cost Access funding	(34)	Y, PHO Health
MoH HEHA Contracts	(70)	Y, Public - Nutrition and physical
<u>All other revenue variances</u>	<u>45</u>	
Total Revenue Variation	123	

## **Expenditure**

### ***Mental Health***

Of the \$458k favourable expenditure variance; \$333k relates to clawed back funding from the provider-arm for unfilled FTE positions. Not all MH purchase lines are funded on an FTE basis. The residual \$125k variance related to NGO contracts with around half of this variance occurring in the residential bed funding line, a likely timing issue of this demand driven service.

Mental Health is budgeted to have a \$0.8m deficit (including \$0.1m of final underspend carried forward) but this appears unlikely given the levels of clawed back funding.

### ***Disability Support***

Residential care services have a \$346k unfavourable variance across 3 lines, however additional funding is being received from Christchurch for displaced residents and the Government funded dementia services as part of its budget announcements. With this funding, the net variance is only \$62k for the two months.

Hospital level Aged Residential Care has experienced growth in utilisation of 4.5% and 4% in the last two years. This trend is expected to continue although growth has been budgeted at 3.33% for 11/12.

Home support allocations continue to be managed within budget, there is an underlying growth in personal care allocations which is part of supporting elderly to remain at home. This grew by 5% during 10/11.

The unfavourable variation in the AT&R line relates to the accrual of LTC expenditure (new funding devolved). This requires transfer to a new budget line.

### ***Personal Health***

The unfavourable variance shown in medical outpatients relates to correction of volumes paid to the provider-arm. It has no bottom line impact for the Consolidated DHB result, but will show as a monthly variance to the funder result, with the offset in the provider-arm internal revenue figure.

The favourable variance in the PHO Other line relates to the performance management programme and has an equivalent revenue offset.

The PHO Health line has a \$315k variance of which around \$110k relates to SIA/HP funds that will be paid out progressively on the commencement of the PHO's clinical programmes. 3 components of this programme were approved at the end of August.

The minor personal health expenditure line contains funding for primary care after hours support and workforce development. Plans are being developed by the PHO for use of these funds. This line also contains a number of small allowances for discretionary/special case expenditure that to date have not been required.

The rural support line contains the budget for a number of inflationary based adjustments to contracts that will progress over the course of the year.

#### **IDF Inflows/Outflows**

The budget that has been set of the personal health outflows already contains an assumption of lower outflows by around \$0.8m from the default position identified in the funding package. A provision (\$137k) based on this assumption has therefore been used for the YTD accounts. At reporting time, no IDF information has been received, hence no other wash-up provisions have been applied yet.

## **4. DHB Provider Summary Results**

Month				Year to Date			Annual
Actual	Budget	Variance		Actual	Budget	Variance	Budget
\$ '000	\$ '000	\$ '000		\$ '000	\$ '000	\$ '000	\$ '000
39,297	39,077	220	Revenue	78,353	78,169	184	469,551
(25,694)	(26,190)	496	Less Personnel Costs	(49,829)	(50,561)	732	(304,700)
(14,346)	(13,945)	(401)	Less Other Costs	(27,727)	(27,660)	(67)	(164,362)
(743)	(1,058)	315	Net Surplus / (Deficit)	797	(52)	849	489

#### **Summary Comment:**

The first month has commenced with a sizeable favourable variance driven by:

- Below budget FTE's
- Lower inpatient related pharmaceutical costs
- Below budget clinical supply expenditure particularly in blood products and implants & prosthesis

#### **Revenue**

Overall revenue is \$184k with larger variances summarised below:

Item	\$'000	Expense Line Offset (Y/N/Partial)
Medium Secure ID Unit funding	(196)	Y, Salaries & expenses
Mental Health funding (Internal Revenue)	(333)	Y, Salaries (Nursing, Allied mainly)
Community Pharms + PCT Claiming	209	Y, Pharmaceuticals
Renal services funding (Internal Revenue)	175	N, but costs in existing budgets
Training revenue	118	
<u>All other revenue variances</u>	<u>211</u>	
Total Revenue Variation	184	

#### **Personnel Expenditure**

Like July, August's FTE are below budget by 62 in July. There is a budgeted vacancy factor (assumes rolling vacancies) of 84, meaning the different to departmental establishment numbers is 146. Of the 62, 15 FTE relate to the Medium Secure ID Unit. This development is now expected to be completed early 2012.

Salary costs were \$0.5m below budget for August and \$0.7m YTD with the prime driver for the variation being the FTE variation.

Medical salaries were \$150k below budget with half of the variance being indirect salary costs. Overtime payments and leave variances absorb the potential difference from below budget FTE.

Nursing costs sit \$348k favourably against budget for the month and \$444k YTD. FTEs reside well within plan - 31 of which 14 are the medium step down unit. This variance in FTE equates to a potential variance of \$392k, however there are other variations with indirect costs, leave, overtime and allowances although most are not significant at this point.

Allied Health personnel are 22 below budget (mainly relate to the mental health clawback) and offers a potential variance of \$245k. This is eroded by additional overtime, allowance and unfavourable leave variations.

Management/Admin are 3 FTE under budget with an associated minor favourable dollar variance.

***Non Personnel Expenditure***

The key variances within outsourced costs are medical and clinical services. Medical outsourced relate to locum cover and this is below plan in YTD. The above budget outsourced clinical service costs is viewed as a timing issue with more activity completed externally, it is still expected the annual budget will be met.

Clinical supplies costs YTD are \$249k below budget overall however this is driven by implants & prosthesis and patient appliance costs. Unfavourable variance is seen with treatment disposables with this being mainly blood products, IV fluids and renal supplies. Disposable instrument costs are \$66k over budget for two months forming the bulk of the instruments and equipment variance.

Infrastructure and non-clinical costs are favourable YTD by \$94k overall. The transport variance includes higher lease and staff travel costs. The area with the largest unfavourable variance is Information Technology Systems and Telecommunications where this is driven by depreciation, hardware R&M and higher communication costs from mobiles and minor purchases of equipment.

***Capital Expenditure***

This has been reported to the Hospital Advisory Committee.

**5. Financial Statements**

The financial statements are attached.

# Southern District Health Board

Aug-11

<b>Part 1: DHB Governance and Funding Administration</b>	<b>Current Month</b>				<b>Year to Date</b>				<b>Annual</b>
	<b>Actual</b>	<b>Budget</b>	<b>Variance</b>	<b>Variance</b>	<b>Actual</b>	<b>Budget</b>	<b>Variance</b>	<b>Variance</b>	<b>Budget</b>
	<b>\$(000)</b>	<b>\$(000)</b>	<b>\$(000)</b>	<b>%</b>	<b>\$(000)</b>	<b>\$(000)</b>	<b>\$(000)</b>	<b>%</b>	<b>\$(000)</b>
<b>Part 1.1: Statement of Financial Performance</b>									
<b>REVENUE</b>									
<b>Government and Crown Agency sourced</b>									
Internal - DHB Funder to DHB Provider	546	517	29 F	(6%)	1,092	1,035	57 F	(6%)	6,209
Other DHB's	-	-	-	-	-	-	-	-	-
Other Government	-	-	-	-	-	-	-	-	-
<b>Government and Crown Agency Sourced Total</b>	<b>546</b>	<b>517</b>	<b>29 F</b>	<b>(6%)</b>	<b>1,092</b>	<b>1,035</b>	<b>57 F</b>	<b>(6%)</b>	<b>6,209</b>
Other Income	-	-	-	-	-	-	-	-	-
<b>REVENUE TOTAL</b>	<b>546</b>	<b>517</b>	<b>29 F</b>	<b>(6%)</b>	<b>1,092</b>	<b>1,035</b>	<b>57 F</b>	<b>(6%)</b>	<b>6,209</b>
<b>EXPENSES</b>									
<b>Personnel Expenses</b>									
Medical Personnel	(10)	-	(10) U		(16)	-	(16) U		-
Nursing Personnel	-	-	-		-	-	-		-
Allied Health Personnel	-	-	-		-	-	-		-
Support Services Personnel	-	-	-		-	-	-		-
Management / Admin Personnel	(212)	(236)	24 F	(10%)	(416)	(471)	56 F	(12%)	(2,827)
<b>Personnel Costs Total</b>	<b>(222)</b>	<b>(236)</b>	<b>14 F</b>	<b>(6%)</b>	<b>(432)</b>	<b>(471)</b>	<b>39 F</b>	<b>(8%)</b>	<b>(2,827)</b>
<b>Outsourced Expenses</b>									
Medical Personnel	-	-	-		-	-	-		-
Nursing Personnel	-	-	-		-	-	-		-
Allied Health Personnel	-	-	-		-	-	-		-
Support Personnel	-	-	-		-	-	-		-
Management / Administration Personnel	-	(1)	1 F		-	(3)	3 F		(17)
Outsourced Clinical Services	-	-	-		-	-	-		-
Outsourced Corporate / Governance Services	-	-	-		-	-	-		-
Outsourced Funder Services	6	(69)	75 F	(109%)	(52)	(138)	86 F	(63%)	(828)
<b>Outsourced Services Total</b>	<b>6</b>	<b>(70)</b>	<b>77 F</b>	<b>(109%)</b>	<b>(52)</b>	<b>(141)</b>	<b>89 F</b>	<b>(63%)</b>	<b>(845)</b>
<b>Clinical Supplies</b>									
Treatment Disposables	-	-	-		-	-	-	124%	-
Diagnostic Supplies & Other Clinical Supplies	-	-	-		-	-	-		-
Instruments & Equipment	-	-	-		-	-	-		-
Patient Appliances	-	-	-		-	-	-		-
Implants & Prosthesis	-	-	-		-	-	-		-
Pharmaceuticals	-	-	-		-	-	-		-
Other Clinical Supplies	-	-	-		-	-	-		-
<b>Clinical Supplies Total</b>	<b>-</b>	<b>-</b>	<b>-</b>		<b>-</b>	<b>-</b>	<b>-</b>	<b>294%</b>	<b>-</b>
<b>Infrastructure &amp; Non Clinical Expenses</b>									
Hotel Services, Laundry & Cleaning	(3)	(3)	-	1%	(6)	(6)	-		(37)
Facilities	-	-	-		-	-	-		-
Transport	(13)	(12)	(1) U	6%	(28)	(24)	(4) U	15%	(147)
IT Systems & Telecommunications	2	(7)	9 F	(125%)	(11)	(14)	4 F	(26%)	(85)
Interest & Financing Charges	(23)	(26)	3 F	(13%)	(46)	(52)	7 F	(13%)	(314)
Professional Fees & Expenses	(109)	(107)	(2) U	2%	(183)	(214)	31 F	(14%)	(1,285)
Other Operating Expenses	(17)	(15)	(2) U	12%	(33)	(30)	(2) U	7%	(183)
Democracy	(41)	(41)	-		(75)	(81)	6 F	(8%)	(486)
Subsidiaries & Joint Ventures	-	-	-		-	-	-		-
<b>Infrastructure &amp; Non-Clinical Supplies Total</b>	<b>(204)</b>	<b>(211)</b>	<b>8 F</b>	<b>(4%)</b>	<b>(381)</b>	<b>(423)</b>	<b>42 F</b>	<b>(10%)</b>	<b>(2,537)</b>
Internal Allocations	-	-	-		-	-	-		-
Other	-	-	-		-	-	-		-
<b>Total Expenses</b>	<b>(420)</b>	<b>(517)</b>	<b>98 F</b>	<b>(19%)</b>	<b>(865)</b>	<b>(1,035)</b>	<b>170 F</b>	<b>(16%)</b>	<b>(6,209)</b>
<b>Net Surplus/ (Deficit)</b>	<b>126</b>	<b>-</b>	<b>126 F</b>		<b>227</b>	<b>-</b>	<b>227 F</b>		<b>-</b>
<i>Zero Check</i>	-	-	-		-	-	-		-
Interest Costs from CHFA	-	-	-		-	-	-		-
Capital Charge	-	-	-		-	-	-		-
<b>Part 1.2 : Full Time Equivalent Numbers</b>									
Medical Personnel	1	-	-		1	-	-		-
Nursing Personnel	-	-	-		-	-	-		-
Allied Health Personnel	-	-	-		-	-	-		-
Support Personnel	-	-	-		-	-	-		-
Management / Administration Personnel	23	22	-		22	22	-		22
<b>Total Full Equivalents (FTE's)</b>	<b>24</b>	<b>22</b>	<b>-</b>		<b>23</b>	<b>22</b>	<b>-</b>		<b>22</b>

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<i>Part 2: DHB provider</i>	Current Month				Year to Date				Annual
	Actual	Budget	Variance	Variance	Actual	Budget	Variance	Variance	Budget
	\$(000)	\$(000)	\$(000)	%	\$(000)	\$(000)	\$(000)	%	\$(000)
<b>Part 2.1: Statement of Financial Performance</b>									
<b>REVENUE</b>									
<b>Ministry of Health</b>									
MoH - Personal Health	-	20	(20) U		4	39	(36) U	91%	738
MoH - Mental Health	-	-			-	-			-
MoH - Public Health	23	24	(1) U	3%	47	48	(1) U	2%	286
MoH - Disability Support Services	633	741	(108) U	15%	1,286	1,482	(196) U	13%	8,890
MoH - Maori Health	-	-			-	-			-
Clinical Training Agency	602	531	71 F	(13%)	1,147	1,063	84 F	(8%)	6,378
Internal - DHB Funder to DHB Provider	35,481	35,412	69 F		70,935	70,824	111 F		424,861
<b>Ministry of Health Total</b>	<b>36,739</b>	<b>36,728</b>	<b>11 F</b>		<b>73,417</b>	<b>73,456</b>	<b>(38) U</b>		<b>441,153</b>
<b>Other Government</b>									
Other DHB's	26	25	2 F	(7%)	61	49	12 F	(24%)	295
Training Fees and Subsidies	13	9	3 F	(34%)	52	19	34 F	(180%)	112
Accident Insurance	779	742	37 F	(5%)	1,503	1,501	2 F		8,793
Other Government	349	368	(20) U	5%	691	737	(46) U	6%	4,420
<b>Other Government Total</b>	<b>1,167</b>	<b>1,144</b>	<b>22 F</b>	<b>(2%)</b>	<b>2,307</b>	<b>2,306</b>	<b>2 F</b>		<b>13,621</b>
<b>Government and Crown Agency Total</b>									
	<b>37,906</b>	<b>37,872</b>	<b>33 F</b>		<b>75,725</b>	<b>75,762</b>	<b>(37) U</b>		<b>454,774</b>
<b>Other Revenue</b>									
Patient / Consumer Sourced	335	245	89 F	(36%)	559	488	71 F	(15%)	3,089
Other Income	1,056	959	97 F	(10%)	2,069	1,919	150 F	(8%)	11,688
<b>Other Revenue Total</b>	<b>1,391</b>	<b>1,205</b>	<b>186 F</b>	<b>(15%)</b>	<b>2,628</b>	<b>2,407</b>	<b>221 F</b>	<b>(9%)</b>	<b>14,777</b>
<b>REVENUE TOTAL</b>	<b>39,297</b>	<b>39,077</b>	<b>220 F</b>	<b>(1%)</b>	<b>78,353</b>	<b>78,169</b>	<b>184 F</b>		<b>469,551</b>
<b>EXPENSES</b>									
<b>Personnel Expenses</b>									
Medical Personnel	(8,046)	(8,097)	51 F	(1%)	(15,254)	(15,404)	150 F	(1%)	(92,355)
Nursing Personnel	(9,410)	(9,758)	348 F	(4%)	(18,893)	(19,337)	445 F	(2%)	(118,599)
Allied Health Personnel	(4,105)	(4,173)	68 F	(2%)	(7,771)	(7,872)	102 F	(1%)	(46,574)
Support Services Personnel	(802)	(792)	(10) U	1%	(1,502)	(1,511)	9 F	(1%)	(9,258)
Management / Admin Personnel	(3,330)	(3,369)	39 F	(1%)	(6,410)	(6,436)	27 F		(37,911)
<b>Personnel Costs Total</b>	<b>(25,694)</b>	<b>(26,190)</b>	<b>496 F</b>	<b>(2%)</b>	<b>(49,829)</b>	<b>(50,561)</b>	<b>732 F</b>	<b>(1%)</b>	<b>(304,697)</b>
<b>Outsourced Expenses</b>									
Medical Personnel	(838)	(922)	84 F	(9%)	(1,690)	(1,844)	155 F	(8%)	(11,053)
Nursing Personnel	-	(3)	3 F		(2)	(5)	3 F	(52%)	(30)
Allied Health Personnel	(20)	(14)	(6) U	44%	(48)	(28)	(20) U	74%	(163)
Support Personnel	(22)	(22)		(1%)	(42)	(45)	3 F	(6%)	(265)
Management / Administration Personnel	(11)	(2)	(9) U	365%	(33)	(5)	(29) U	597%	(28)
Outsourced Clinical Services	(669)	(538)	(131) U	24%	(1,406)	(1,064)	(342) U	32%	(6,023)
Outsourced Corporate / Governance Services	(78)	(81)	3 F	(3%)	(154)	(162)	8 F	(5%)	(962)
Outsourced Funder Services	-	-			-	-			-
<b>Outsourced Services Total</b>	<b>(1,639)</b>	<b>(1,582)</b>	<b>(57) U</b>	<b>4%</b>	<b>(3,375)</b>	<b>(3,153)</b>	<b>(222) U</b>	<b>7%</b>	<b>(18,524)</b>
<b>Clinical Supplies</b>									
Treatment Disposables	(2,535)	(2,351)	(185) U	8%	(4,649)	(4,574)	(75) U	2%	(27,645)
Diagnostic Supplies & Other Clinical Supplies	(145)	(152)	7 F	(5%)	(292)	(299)	7 F	(2%)	(1,717)
Instruments & Equipment	(1,187)	(1,180)	(6) U	1%	(2,451)	(2,354)	(97) U	4%	(14,375)
Patient Appliances	(59)	(196)	137 F	(70%)	(221)	(386)	165 F	(43%)	(2,312)
Implants & Prosthesis	(830)	(868)	38 F	(4%)	(1,490)	(1,714)	224 F	(13%)	(9,730)
Pharmaceuticals	(1,820)	(1,642)	(177) U	11%	(3,233)	(3,239)	6 F		(18,728)
Other Clinical Supplies	(264)	(270)	6 F	(2%)	(513)	(532)	19 F	(3%)	(3,130)
<b>Clinical Supplies Total</b>	<b>(6,840)</b>	<b>(6,660)</b>	<b>(180) U</b>	<b>3%</b>	<b>(12,849)</b>	<b>(13,098)</b>	<b>249 F</b>	<b>(2%)</b>	<b>(77,637)</b>
<b>Infrastructure &amp; Non Clinical Expenses</b>									
Hotel Services, Laundry & Cleaning	(1,052)	(1,075)	23 F	(2%)	(2,101)	(2,139)	39 F	(2%)	(12,760)
Facilities	(1,742)	(1,693)	(49) U	3%	(3,367)	(3,385)	19 F	(1%)	(20,332)
Transport	(381)	(314)	(67) U	21%	(687)	(632)	(55) U	9%	(3,814)
IT Systems & Telecommunications	(875)	(845)	(30) U	4%	(1,786)	(1,692)	(94) U	6%	(10,140)
Interest & Financing Charges	(1,282)	(1,199)	(83) U	7%	(2,450)	(2,399)	(51) U	2%	(14,148)
Professional Fees & Expenses	(112)	(144)	32 F	(22%)	(219)	(294)	76 F	(26%)	(1,718)
Other Operating Expenses	(425)	(435)	10 F	(2%)	(894)	(867)	(27) U	3%	(5,289)
Democracy	-	-			-	-			-
Subsidiaries & Joint Ventures	-	-			-	-			-
<b>Infrastructure &amp; Non-Clinical Supplies Total</b>	<b>(5,868)</b>	<b>(5,704)</b>	<b>(164) U</b>	<b>3%</b>	<b>(11,503)</b>	<b>(11,408)</b>	<b>(94) U</b>	<b>1%</b>	<b>(68,202)</b>
Other Costs and Internal Allocations	-	-			-	-			-
<b>Total Expenses</b>	<b>(40,040)</b>	<b>(40,135)</b>	<b>95 F</b>		<b>(77,556)</b>	<b>(78,221)</b>	<b>665 F</b>	<b>(1%)</b>	<b>(469,060)</b>
<b>Net Surplus/ (Deficit)</b>	<b>(743)</b>	<b>(1,058)</b>	<b>315 F</b>	<b>(30%)</b>	<b>796</b>	<b>(52)</b>	<b>849 F</b>		<b>491</b>



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<b>Part 2: DHB provider</b>	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>	-	-			-	-			-
<b>Part 2.1 A: Supplementary Information to Statement of Financial Performance</b>									
Depreciation - Clinical Equipment	(674)	(679)	5 F	(1%)	(1,365)	(1,348)	(17) U	1%	(8,287)
Depreciation - Non Res Buildings & Plant	(586)	(606)	20 F	(3%)	(1,176)	(1,211)	35 F	(3%)	(7,609)
Depreciation - Motor Vehicles	(4)	(4)			(8)	(8)			(131)
Depreciation - Information Technology	(324)	(309)	(15) U	5%	(649)	(621)	(28) U	4%	(3,715)
Depreciation - Other Equipment	(58)	(60)	1 F	(2%)	(117)	(119)	2 F	(2%)	(715)
Total Depreciation	(1,646)	(1,657)	11 F	(1%)	(3,314)	(3,306)	(8) U		(20,458)
Interest Cost from Funder Loans	-	-			-	-			-
Interest Costs from CHFA	(412)	(412)			(825)	(825)			(4,877)
Financing Component of Operating Leases	(27)	(33)	6 F	(19%)	(57)	(67)	9 F	(14%)	(392)
Capital Charge	(831)	(745)	(86) U	12%	(1,550)	(1,492)	(57) U	4%	(8,792)
<b>Part 1.2 : Full Time Equivalent Numbers</b>									
Medical Personnel	451	453			450	453			452
Nursing Personnel	1,533	1,565			1,534	1,565			1,564
Allied Health Personnel	675	696			674	696			696
Support Personnel	187	193			188	193			196
Management / Administration Personnel	664	668			665	668			668
<b>Total Full Time Equivalents (FTE's)</b>	<b>3,511</b>	<b>3,574</b>			<b>3,511</b>	<b>3,574</b>			<b>3,576</b>

# Southern District Health Board

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Part 3: DHB Funds	Current Month				Year to Date				Annual
	Actual	Budget	Variance	Variance	Actual	Budget	Variance	Variance	Budget
	\$(000)	\$(000)	\$(000)	%	\$(000)	\$(000)	\$(000)	%	\$(000)
<b>Part 3.1: Statement of Financial Performance</b>									
<b>REVENUE</b>									
<b>Ministry of Health</b>									
MoH - Vote Health Non Mental Health	53,626	53,438	187	F	107,150	106,877	274	F	641,259
MoH - Vote Health Mental Health	6,946	6,923	23	F	13,891	13,846	46	F	83,074
PBF Adjustments	-	-	-		-	-	-		-
MoH Funding Subcontracts	2,804	3,005	(201)	U	5,653	6,009	(356)	U	36,055
<b>Ministry of Health Total</b>	<b>63,375</b>	<b>63,366</b>	<b>9</b>	<b>F</b>	<b>126,695</b>	<b>126,731</b>	<b>(37)</b>	<b>U</b>	<b>760,388</b>
<b>Other Government</b>									
IDF's - Mental Health Services	151	151			303	303			1,817
IDF's - All others (non Mental health)	1,854	1,794	60	F	3,746	3,587	159	F	21,524
<b>Other Government Total</b>	<b>2,005</b>	<b>1,945</b>	<b>60</b>	<b>F</b>	<b>4,049</b>	<b>3,890</b>	<b>159</b>	<b>F</b>	<b>23,341</b>
<b>Government and Crown Agency Sourced Total</b>	<b>65,380</b>	<b>65,311</b>	<b>69</b>	<b>F</b>	<b>130,744</b>	<b>130,621</b>	<b>122</b>	<b>F</b>	<b>783,729</b>
<b>REVENUE TOTAL</b>	<b>65,380</b>	<b>65,311</b>	<b>69</b>	<b>F</b>	<b>130,744</b>	<b>130,621</b>	<b>122</b>	<b>F</b>	<b>783,729</b>
<b>EXPENSES</b>									
<b>Outsourced Expenses</b>									
Outsourced Funder Services	(546)	(517)	(29)	U	(1,092)	(1,035)	(57)	U	(6,209)
<b>Payments to Providers</b>									
<b>Personal Health</b>									
Child and Youth	(376)	(339)	(37)	U	(711)	(678)	(33)	U	(4,070)
Laboratory	(2,512)	(2,584)	72	F	(5,077)	(5,168)	91	F	(31,009)
Infertility Treatment Services	(94)	(94)			(188)	(188)			(1,128)
Maternity	(201)	(199)	(2)	U	(402)	(398)	(4)	U	(2,390)
Maternity (Tertiary & Secondary)	(1,445)	(1,455)	10	F	(2,898)	(2,910)	12	F	(17,464)
Pregnancy and Parenting Education	(9)	(10)	1	F	(20)	(20)			(119)
Maternity Payment Schedule	-	-			-	-			-
Neo Natal	(672)	(672)			(1,344)	(1,344)			(8,064)
Sexual Health	(96)	(97)	1	F	(191)	(194)	3	F	(1,163)
Adolescent Dental Benefit	(203)	(196)	(7)	U	(445)	(470)	25	F	(2,539)
Other Dental Services	-	-			-	-			-
Dental - Low Income Adult	(166)	(76)	(90)	U	(242)	(152)	(90)	U	(917)
Child (School) Dental Services	(533)	(538)	4	F	(1,076)	(1,084)	8	F	(6,524)
Secondary / Tertiary Dental	(256)	(256)			(512)	(513)			(3,095)
Pharmaceuticals	(6,745)	(6,797)	52	F	(13,317)	(13,376)	59	F	(78,694)
Pharmaceutical Cancer Treatment Drugs	(335)	(352)	16	F	(650)	(703)	53	F	(4,220)
Management Referred Services	-	-			-	-			-
General Medical Subsidy	(144)	(139)	(5)	U	(255)	(255)			(1,344)
Primary Practice Services - Capitated	(3,271)	(3,255)	(15)	U	(6,544)	(6,511)	(34)	U	(39,063)
Primary Health Care Strategy - Care	(250)	(263)	13	F	(499)	(525)	26	F	(3,151)
Primary Health Care Strategy - Health	-	(165)	165	F	(319)	(634)	315	F	(3,195)
Primary Health Care Strategy - Other	(212)	(291)	79	F	(425)	(582)	157	F	(3,454)
Practice Nurse Subsidy	(6)	(18)	12	F	(24)	(33)	9	F	(211)
Rural Support for Primary Health Pro	(1,337)	(1,365)	29	F	(2,621)	(2,731)	110	F	(16,385)
Immunisation	(112)	(126)	13	F	(244)	(261)	18	F	(2,596)
Radiology	(406)	(400)	(6)	U	(812)	(799)	(12)	U	(4,796)
Palliative Care	(386)	(391)	4	F	(807)	(781)	(26)	U	(4,689)
Meals on Wheels	(56)	(58)	2	F	(113)	(117)	4	F	(702)
Domiciliary & District Nursing	(1,449)	(1,443)	(6)	U	(2,891)	(2,887)	(5)	U	(17,328)
Community based Allied Health	(575)	(594)	18	F	(1,150)	(1,187)	37	F	(7,127)
Chronic Disease Management and Educa	(238)	(249)	11	F	(478)	(498)	21	F	(2,997)
Medical Inpatients	(5,394)	(5,394)			(10,788)	(10,788)			(64,728)
Medical Outpatients	(3,432)	(3,332)	(100)	U	(6,862)	(6,664)	(198)	U	(39,984)
Surgical Inpatients	(10,052)	(10,056)	4	F	(20,104)	(20,113)	8	F	(120,676)
Surgical Outpatients	(1,692)	(1,703)	11	F	(3,382)	(3,405)	23	F	(20,432)
Paediatric Inpatients	(621)	(621)			(1,242)	(1,242)			(7,454)
Paediatric Outpatients	(337)	(337)			(675)	(675)			(4,050)
Pacific Peoples' Health	(10)	(10)			(19)	(19)			(117)
Emergency Services	(1,533)	(1,533)			(3,066)	(3,066)			(18,394)
Minor Personal Health Expenditure	(34)	(101)	66	F	(59)	(201)	142	F	(1,207)
Price adjusters and Premium	903	894	9	F	1,804	1,787	17	F	10,723
Travel & Accommodation	(446)	(364)	(82)	U	(830)	(727)	(103)	U	(4,363)
Inter District Flow Personal Health	(2,133)	(2,115)	(19)	U	(4,249)	(4,229)	(20)	U	(25,376)
<b>Personal Health Total</b>	<b>(46,870)</b>	<b>(47,092)</b>	<b>223</b>	<b>F</b>	<b>(93,729)</b>	<b>(94,341)</b>	<b>613</b>	<b>F</b>	<b>(564,492)</b>

# Southern District Health Board

Aug-11

Part 3: DHB Funds	Current Month				Year to Date				Annual
	Actual	Budget	Variance	Variance	Actual	Budget	Variance	Variance	Budget
	\$(000)	\$(000)	\$(000)	%	\$(000)	\$(000)	\$(000)	%	\$(000)
<b>Mental Health</b>									
Mental Health to allocate	-	-			-	-			-
Acute Mental Health Inpatients	(1,268)	(1,268)			(2,537)	(2,537)			(15,219)
Sub-Acute & Long Term Mental Health	(354)	(354)			(708)	(708)			(4,247)
Crisis Respite	(25)	(34)	8 F	(24%)	(51)	(67)	16 F	(24%)	(404)
Alcohol & Other Drugs - General	(334)	(346)	12 F	(3%)	(669)	(692)	23 F	(3%)	(4,153)
Alcohol & Other Drugs - Child & Youth	(85)	(106)	20 F	(19%)	(171)	(212)	41 F	(19%)	(1,282)
Methadone	(92)	(92)			(183)	(183)			(1,098)
Dual Diagnosis - Alcohol & Other Drugs	(7)	(7)		1%	(14)	(14)			(83)
Dual Diagnosis - MH/ID	(9)	(5)	(3) U	60%	(17)	(11)	(6) U	60%	(64)
Eating Disorder	(11)	(14)	3 F	(23%)	(22)	(28)	6 F	(23%)	(168)
Child & Youth Mental Health Services	(707)	(723)	16 F	(2%)	(1,407)	(1,446)	38 F	(3%)	(8,688)
Forensic Services	(452)	(466)	14 F	(3%)	(900)	(932)	32 F	(3%)	(5,595)
Kaupapa Maori Mental Health Services	(108)	(147)	40 F	(27%)	(229)	(295)	66 F	(22%)	(1,768)
Kaupapa Maori Mental Health - Residential	(12)	(29)	16 F	(57%)	(48)	(58)	9 F	(16%)	(345)
Kaupapa Maori Mental Health - Inpati	-	-			-	-			-
Mental Health Community Services	(1,697)	(1,767)	70 F	(4%)	(3,412)	(3,533)	121 F	(3%)	(21,201)
Prison/Court Liaison	(41)	(42)	1 F	(2%)	(82)	(84)	2 F	(2%)	(605)
Mental Health Workforce Development	(1)	(1)	1 F	(45%)	(1)	(2)	1 F	(45%)	(14)
Day Activity & Work Rehabilitation S	(210)	(202)	(8) U	4%	(408)	(403)	(4) U	1%	(2,423)
Mental Health Funded Services for Older People	(24)	(34)	10 F	(29%)	(48)	(68)	19 F	(29%)	(405)
Advocacy / Peer Support - Consumer	(56)	(58)	2 F	(4%)	(112)	(117)	5 F	(4%)	(700)
Other Home Based Residential Support	(285)	(307)	22 F	(7%)	(576)	(613)	37 F	(6%)	(3,681)
Advocacy / Peer Support - Families	(51)	(50)		1%	(101)	(101)			(607)
Community Residential Beds & Service	(488)	(541)	53 F	(10%)	(1,002)	(1,082)	79 F	(7%)	(6,504)
Minor Mental Health Expenditure	(92)	(61)	(31) U	50%	(150)	(122)	(28) U	23%	(733)
Inter District Flow Mental Health	(489)	(489)			(977)	(977)			(5,864)
<b>Mental Health Total</b>	<b>(6,898)</b>	<b>(7,142)</b>	<b>244 F</b>	<b>(3%)</b>	<b>(13,826)</b>	<b>(14,284)</b>	<b>458 F</b>	<b>(3%)</b>	<b>(85,752)</b>
<b>Public Health</b>									
Alcohol & Drug	(39)	(39)			(78)	(78)			(465)
Communicable Diseases	(57)	(57)			(114)	(114)			(686)
Injury Prevention	(2)	(2)			(4)	(4)			(25)
Screening Programmes	(442)	(406)	(36) U	9%	(865)	(812)	(54) U	7%	(4,869)
Mental Health	(17)	(17)			(33)	(33)			(199)
Nutrition and Physical Activity	(62)	(114)	53 F	(46%)	(158)	(228)	70 F	(31%)	(1,371)
Physical Environment	(53)	(53)			(107)	(107)			(640)
Public Health Infrastructure	(138)	(138)			(275)	(275)			(1,653)
Sexual Health	(15)	(15)			(31)	(30)	(1) U	2%	(182)
Social Environments	(23)	(22)		2%	(45)	(44)	(1) U	2%	(265)
Tobacco Control	(83)	(84)	1 F	(1%)	(166)	(168)	2 F	(1%)	(1,008)
Well Child Promotion	(2)	(2)			(4)	(4)			(25)
Meningococcal	-	-			-	-			-
<b>Public Health Total</b>	<b>(932)</b>	<b>(949)</b>	<b>17 F</b>	<b>(2%)</b>	<b>(1,881)</b>	<b>(1,898)</b>	<b>17 F</b>	<b>(1%)</b>	<b>(11,388)</b>
<b>Disability Support Services</b>									
AT & R (Assessment, Treatment and Re Information and Advisory	(1,980)	(1,918)	(62) U	3%	(3,960)	(3,836)	(124) U	3%	(23,018)
Needs Assessment	(1)	(1)		1%	(1)	(1)		1%	(6)
Service Co-ordination	(116)	(115)	(2) U	2%	(233)	(229)	(4) U	2%	(1,375)
Home Support	(126)	(126)			(252)	(252)			(1,512)
Home Support	(1,053)	(1,157)	104 F	(9%)	(2,136)	(2,315)	179 F	(8%)	(13,888)
Carer Support	(160)	(168)	9 F	(5%)	(281)	(337)	56 F	(17%)	(2,019)
Residential Care: Rest Homes	(3,085)	(2,936)	(149) U	5%	(5,964)	(5,883)	(81) U	1%	(34,170)
Residential Care: Loans Adjustment	16	23	(7) U	(29%)	29	45	(16) U	(35%)	271
Residential Care: Hospitals	(3,394)	(3,266)	(128) U	4%	(6,780)	(6,531)	(249) U	4%	(39,189)
Ageing in Place	(111)	(114)	2 F	(2%)	(222)	(227)	5 F	(2%)	(1,364)
Environmental Support Services	(100)	(98)	(2) U	2%	(196)	(196)			(1,179)
Day Programmes	(23)	(25)	2 F	(8%)	(50)	(48)	(2) U	4%	(459)
Expenditure to Attend Treatment ETAT	-	-			-	-			-
Respite Care	(74)	(75)	1 F	(1%)	(128)	(150)	22 F	(14%)	(899)
Community Health Services & Support	(114)	(123)	8 F	(7%)	(217)	(242)	25 F	(10%)	(1,844)
Inter District Flow Disability Support	(352)	(352)			(704)	(704)			(4,223)
Disability Support Other	-	-			-	-			-
<b>Disability Support Services Total</b>	<b>(10,674)</b>	<b>(10,450)</b>	<b>(223) U</b>	<b>2%</b>	<b>(21,096)</b>	<b>(20,906)</b>	<b>(190) U</b>	<b>1%</b>	<b>(124,875)</b>

# Southern District Health Board

Aug-11

<b>Part 3: DHB Funds</b>	<b>Current Month</b>				<b>Year to Date</b>				<b>Annual</b>
	<b>Actual</b>	<b>Budget</b>	<b>Variance</b>	<b>Variance</b>	<b>Actual</b>	<b>Budget</b>	<b>Variance</b>	<b>Variance</b>	<b>Budget</b>
	<b>\$(000)</b>	<b>\$(000)</b>	<b>\$(000)</b>	<b>%</b>	<b>\$(000)</b>	<b>\$(000)</b>	<b>\$(000)</b>	<b>%</b>	<b>\$(000)</b>
<b>Maori Health</b>									
Maori Service Development	(22)	(22)		(1%)	(44)	(45)	1 F	(1%)	(268)
Maori Provider Assistance Infrastruc	-	-			-	-			-
Maori Workforce Development	-	-			-	-			-
Minor Maori Health Expenditure	(24)	(27)	3 F	(11%)	(48)	(54)	6 F	(11%)	(327)
Whanau Ora Services	(115)	(116)	1 F	(1%)	(231)	(232)	2 F	(1%)	(1,398)
<b>Maori Health Total</b>	<b>(161)</b>	<b>(166)</b>	<b>4 F</b>	<b>(3%)</b>	<b>(323)</b>	<b>(331)</b>	<b>8 F</b>	<b>(3%)</b>	<b>(1,993)</b>
Internal Allocations	-	-			-	-			-
<b>Total Expenses</b>	<b>(66,081)</b>	<b>(66,317)</b>	<b>236 F</b>		<b>(131,947)</b>	<b>(132,795)</b>	<b>848 F</b>	<b>(1%)</b>	<b>(794,710)</b>
<b>Summary of Results</b>									
Subtotal of IDF Revenue	2,005	1,945	60 F	(3%)	4,049	3,890	159 F	(4%)	23,341
Subtotal all other Revenue	63,375	63,366	9 F		126,695	126,731	(37) U		760,388
<b>Revenue Total</b>	<b>65,380</b>	<b>65,311</b>	<b>69 F</b>		<b>130,744</b>	<b>130,621</b>	<b>122 F</b>		<b>783,729</b>
Subtotal of IDF Expenditure	(2,974)	(2,955)	(19) U	1%	(5,930)	(5,910)	(20) U		(35,463)
Subtotal all other Expenditure	(63,107)	(63,362)	255 F		(126,017)	(126,885)	868 F	(1%)	(759,247)
<b>Expenses Total</b>	<b>(66,081)</b>	<b>(66,317)</b>	<b>236 F</b>		<b>(131,947)</b>	<b>(132,795)</b>	<b>848 F</b>	<b>(1%)</b>	<b>(794,710)</b>
<b>Net Surplus/ (Deficit)</b>	<b>(700)</b>	<b>(1,006)</b>	<b>306 F</b>	<b>(30%)</b>	<b>(1,203)</b>	<b>(2,174)</b>	<b>971 F</b>	<b>(45%)</b>	<b>(10,981)</b>
Zero Check	-	-			-	-			-

# Southern District Health Board

## Aug-11

<b>Part 4: DHB Consolidated</b>	<b>Current Month</b>				<b>Year to Date</b>				<b>Annual</b>
	<b>Actual</b>	<b>Budget</b>	<b>Variance</b>	<b>Variance</b>	<b>Actual</b>	<b>Budget</b>	<b>Variance</b>	<b>Variance</b>	<b>Budget</b>
	<b>\$(000)</b>	<b>\$(000)</b>	<b>\$(000)</b>	<b>%</b>	<b>\$(000)</b>	<b>\$(000)</b>	<b>\$(000)</b>	<b>%</b>	<b>\$(000)</b>
<b>Part 4.1: Statement of Financial Performance</b>									
<b>REVENUE</b>									
<b>Ministry of Health</b>									
MoH - Vote Health Non Mental Health	53,626	53,438	187 F		107,150	106,877	274 F		641,259
MoH - Vote Health Mental Health	6,946	6,923	23 F		13,891	13,846	46 F		83,074
PBF Adjustments	-	-			-	-			-
MoH Funding Subcontracts	2,804	3,005	(201) U	7%	5,653	6,009	(356) U	6%	36,055
MoH - Personal Health	-	20	(20) U		4	39	(36) U	91%	738
MoH - Mental Health	-	-			-	-			-
MoH - Public Health	23	24	(1) U	3%	47	48	(1) U	2%	286
MoH - Disability Support Services	633	741	(108) U	15%	1,286	1,482	(196) U	13%	8,890
MoH - Maori Health	-	-			-	-			-
Clinical Training Agency	602	531	71 F	(13%)	1,147	1,063	84 F	(8%)	6,378
Internal - DHB Funder to DHB Provider	-	-			-	-			-
<b>Ministry of Health Total</b>	<b>64,633</b>	<b>64,682</b>	<b>(48) U</b>		<b>129,177</b>	<b>129,363</b>	<b>(186) U</b>		<b>776,680</b>
<b>Other Government</b>									
IDF's - Mental Health Services	151	151			303	303			1,817
IDF's - All others (non Mental health)	1,854	1,794	60 F	(3%)	3,746	3,587	159 F	(4%)	21,524
Other DHB's	26	25	2 F	(7%)	61	49	12 F	(24%)	295
Training Fees and Subsidies	13	9	3 F	(34%)	52	19	34 F	(180%)	112
Accident Insurance	779	742	37 F	(5%)	1,503	1,501	2 F		8,793
Other Government	349	368	(20) U	5%	691	737	(46) U	6%	4,420
<b>Other Government Total</b>	<b>3,172</b>	<b>3,090</b>	<b>82 F</b>	<b>(3%)</b>	<b>6,356</b>	<b>6,196</b>	<b>160 F</b>	<b>(3%)</b>	<b>36,962</b>
<b>Government and Crown Agency Total</b>	<b>67,805</b>	<b>67,771</b>	<b>34 F</b>		<b>135,533</b>	<b>135,559</b>	<b>(26) U</b>		<b>813,642</b>
<b>Other Revenue</b>									
Patient / Consumer Sourced	335	245	89 F	(36%)	559	488	71 F	(15%)	3,089
Other Income	1,059	959	99 F	(10%)	2,074	1,919	155 F	(8%)	11,688
<b>Other Revenue Total</b>	<b>1,393</b>	<b>1,205</b>	<b>189 F</b>	<b>(16%)</b>	<b>2,633</b>	<b>2,407</b>	<b>226 F</b>	<b>(9%)</b>	<b>14,777</b>
<b>REVENUE TOTAL</b>	<b>69,199</b>	<b>68,976</b>	<b>223 F</b>		<b>138,167</b>	<b>137,966</b>	<b>201 F</b>		<b>828,419</b>
<b>EXPENSES</b>									
<b>Personnel Expenses</b>									
Medical Personnel	(8,057)	(8,097)	40 F		(15,270)	(15,404)	134 F	(1%)	(92,355)
Nursing Personnel	(9,410)	(9,758)	348 F	(4%)	(18,893)	(19,337)	445 F	(2%)	(118,599)
Allied Health Personnel	(4,105)	(4,173)	68 F	(2%)	(7,771)	(7,872)	102 F	(1%)	(46,574)
Support Services Personnel	(802)	(792)	(10) U	1%	(1,502)	(1,511)	9 F	(1%)	(9,258)
Management / Admin Personnel	(3,542)	(3,605)	63 F	(2%)	(6,825)	(6,908)	82 F	(1%)	(40,738)
<b>Personnel Costs Total</b>	<b>(25,916)</b>	<b>(26,425)</b>	<b>509 F</b>	<b>(2%)</b>	<b>(50,261)</b>	<b>(51,032)</b>	<b>771 F</b>	<b>(2%)</b>	<b>(307,524)</b>
<b>Outsourced Expenses</b>									
Medical Personnel	(838)	(922)	84 F	(9%)	(1,690)	(1,844)	155 F	(8%)	(11,053)
Nursing Personnel	-	(3)	3 F		(2)	(5)	3 F	(52%)	(30)
Allied Health Personnel	(20)	(14)	(6) U	44%	(48)	(28)	(20) U	74%	(163)
Support Personnel	(22)	(22)		(1%)	(42)	(45)	3 F	(6%)	(265)
Management / Administration Personnel	(11)	(4)	(7) U	192%	(33)	(8)	(26) U	338%	(45)
Outsourced Clinical Services	(669)	(538)	(131) U	24%	(1,406)	(1,064)	(342) U	32%	(6,023)
Outsourced Corporate / Governance Services	(78)	(81)	3 F	(3%)	(154)	(162)	8 F	(5%)	(962)
Outsourced Funder Services	6	(69)	75 F	(109%)	(52)	(138)	86 F	(63%)	(828)
<b>Outsourced Services Total</b>	<b>(1,632)</b>	<b>(1,652)</b>	<b>20 F</b>	<b>(1%)</b>	<b>(3,427)</b>	<b>(3,294)</b>	<b>(133) U</b>	<b>4%</b>	<b>(19,369)</b>
<b>Clinical Supplies</b>									
Treatment Disposables	(2,535)	(2,351)	(185) U	8%	(4,649)	(4,574)	(75) U	2%	(27,645)
Diagnostic Supplies & Other Clinical Supplies	(145)	(152)	7 F	(5%)	(292)	(299)	7 F	(2%)	(1,717)
Instruments & Equipment	(1,187)	(1,180)	(6) U	1%	(2,451)	(2,354)	(97) U	4%	(14,375)
Patient Appliances	(59)	(196)	137 F	(70%)	(221)	(386)	165 F	(43%)	(2,312)
Implants & Prosthesis	(830)	(868)	38 F	(4%)	(1,490)	(1,714)	224 F	(13%)	(9,730)
Pharmaceuticals	(1,820)	(1,642)	(177) U	11%	(3,233)	(3,239)	6 F		(18,728)
Other Clinical Supplies	(264)	(270)	6 F	(2%)	(513)	(532)	19 F	(3%)	(3,130)
<b>Clinical Supplies Total</b>	<b>(6,840)</b>	<b>(6,660)</b>	<b>(180) U</b>	<b>3%</b>	<b>(12,849)</b>	<b>(13,098)</b>	<b>249 F</b>	<b>(2%)</b>	<b>(77,637)</b>
<b>Infrastructure &amp; Non Clinical Expenses</b>									
Hotel Services, Laundry & Cleaning	(1,055)	(1,078)	23 F	(2%)	(2,107)	(2,145)	38 F	(2%)	(12,797)
Facilities	(1,742)	(1,693)	(49) U	3%	(3,368)	(3,385)	17 F	(1%)	(20,332)
Transport	(394)	(326)	(67) U	21%	(715)	(656)	(59) U	9%	(3,961)
IT Systems & Telecommunications	(873)	(852)	(21) U	2%	(1,796)	(1,706)	(90) U	5%	(10,225)
Interest & Financing Charges	(1,304)	(1,225)	(80) U	7%	(2,495)	(2,451)	(44) U	2%	(14,463)
Professional Fees & Expenses	(221)	(251)	30 F	(12%)	(403)	(508)	106 F	(21%)	(3,003)
Other Operating Expenses	(442)	(450)	8 F	(2%)	(927)	(898)	(30) U	3%	(5,472)
Democracy	(41)	(41)			(75)	(81)	6 F	(8%)	(486)
Subsidiaries & Joint Ventures	-	-			-	-			-
<b>Infrastructure &amp; Non-Clinical Supplies Total</b>	<b>(6,072)</b>	<b>(5,915)</b>	<b>(157) U</b>	<b>3%</b>	<b>(11,887)</b>	<b>(11,831)</b>	<b>(56) U</b>		<b>(70,739)</b>

**Southern District Health Board**  
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<b>Part 4: DHB Consolidated</b>	<b>Current Month</b>				<b>Year to Date</b>				<b>Annual</b>
	<b>Actual</b>	<b>Budget</b>	<b>Variance</b>	<b>Variance</b>	<b>Actual</b>	<b>Budget</b>	<b>Variance</b>	<b>Variance</b>	<b>Budget</b>
	<b>\$(000)</b>	<b>\$(000)</b>	<b>\$(000)</b>	<b>%</b>	<b>\$(000)</b>	<b>\$(000)</b>	<b>\$(000)</b>	<b>%</b>	<b>\$(000)</b>
<b>Payments to Providers</b>									
<b>Personal Health</b>									
Child and Youth	(31)	(43)	11 F	(27%)	(69)	(85)	16 F	(18%)	(512)
Laboratory	(2,512)	(2,583)	72 F	(3%)	(5,076)	(5,167)	91 F	(2%)	(31,002)
Infertility Treatment Services	-	-	-	-	-	-	-	-	-
Maternity	(145)	(143)	(2) U	1%	(290)	(286)	(4) U	1%	(1,717)
Maternity (Tertiary & Secondary)	(59)	(69)	10 F	(14%)	(127)	(138)	12 F	(8%)	(833)
Pregnancy and Parenting Education	(7)	(7)	1 F	(10%)	(15)	(15)	-	3%	(89)
Maternity Payment Schedule	-	-	-	-	-	-	-	-	-
Neo Natal	-	-	-	-	-	-	-	-	-
Sexual Health	(1)	(2)	1 F	(62%)	(1)	(3)	3 F	(81%)	(19)
Adolescent Dental Benefit	(177)	(170)	(7) U	4%	(394)	(419)	25 F	(6%)	(2,231)
Other Dental Services	-	-	-	-	-	-	-	-	-
Dental - Low Income Adult	(147)	(57)	(90) U	159%	(204)	(113)	(90) U	80%	(688)
Child (School) Dental Services	(44)	(49)	4 F	(9%)	(97)	(105)	8 F	(8%)	(653)
Secondary / Tertiary Dental	(139)	(139)	-	-	(277)	(277)	-	-	(1,684)
Pharmaceuticals	(6,280)	(6,369)	88 F	(1%)	(12,397)	(12,519)	122 F	(1%)	(73,554)
Pharmaceutical Cancer Treatment Drugs	100	-	100 F	-	200	-	200 F	-	-
Management Referred Services	-	-	-	-	-	-	-	-	-
General Medical Subsidy	(144)	(139)	(5) U	4%	(255)	(255)	-	-	(1,344)
Primary Practice Services - Capitated	(3,271)	(3,255)	(15) U	-	(6,544)	(6,511)	(34) U	1%	(39,063)
Primary Health Care Strategy - Care	(250)	(263)	13 F	(5%)	(499)	(525)	26 F	(5%)	(3,151)
Primary Health Care Strategy - Health	-	(165)	165 F	-	(319)	(634)	315 F	(50%)	(3,195)
Primary Health Care Strategy - Other	(212)	(291)	79 F	(27%)	(425)	(582)	157 F	(27%)	(3,454)
Practice Nurse Subsidy	(6)	(18)	12 F	(65%)	(24)	(33)	10 F	(29%)	(211)
Rural Support for Primary Health Pro	(1,261)	(1,290)	29 F	(2%)	(2,470)	(2,580)	110 F	(4%)	(15,479)
Immunisation	(53)	(66)	13 F	(20%)	(125)	(142)	18 F	(12%)	(1,969)
Radiology	(149)	(143)	(6) U	4%	(298)	(285)	(12) U	4%	(1,712)
Palliative Care	(386)	(391)	4 F	(1%)	(807)	(781)	(26) U	3%	(4,689)
Meals on Wheels	(22)	(24)	2 F	(9%)	(43)	(47)	4 F	(9%)	(285)
Domiciliary & District Nursing	(404)	(399)	(6) U	1%	(802)	(797)	(5) U	1%	(4,792)
Community based Allied Health	(164)	(183)	18 F	(10%)	(329)	(366)	37 F	(10%)	(2,197)
Chronic Disease Management and Educa	(67)	(78)	11 F	(15%)	(135)	(156)	21 F	(13%)	(942)
Medical Inpatients	-	-	-	-	-	-	-	-	-
Medical Outpatients	(353)	(341)	(13) U	4%	(704)	(681)	(23) U	3%	(4,087)
Surgical Inpatients	(6)	(10)	4 F	(43%)	(11)	(20)	8 F	(43%)	(117)
Surgical Outpatients	(126)	(137)	11 F	(8%)	(251)	(275)	23 F	(8%)	(1,648)
Paediatric Inpatients	-	-	-	-	-	-	-	-	-
Paediatric Outpatients	-	-	-	-	-	-	-	-	-
Pacific Peoples' Health	-	-	-	-	-	-	-	-	-
Emergency Services	(147)	(147)	-	-	(293)	(293)	-	-	(1,760)
Minor Personal Health Expenditure	(9)	(75)	66 F	(88%)	(8)	(150)	142 F	(95%)	(898)
Price adjusters and Premium	(63)	(72)	9 F	(13%)	(127)	(143)	17 F	(12%)	(861)
Travel & Accomodation	(442)	(359)	(82) U	23%	(822)	(719)	(103) U	14%	(4,313)
Inter District Flow Personal Health	(2,133)	(2,115)	(19) U	1%	(4,249)	(4,229)	(20) U	-	(25,376)
<b>Personal Health Total</b>	<b>(19,109)</b>	<b>(19,588)</b>	<b>480 F</b>	<b>(2%)</b>	<b>(38,287)</b>	<b>(39,333)</b>	<b>1,046 F</b>	<b>(3%)</b>	<b>(234,526)</b>
<b>Mental Health</b>									
Mental Health to allocate	-	-	-	-	-	-	-	-	-
Acute Mental Health Inpatients	-	-	-	-	-	-	-	-	-
Sub-Acute & Long Term Mental Health	-	-	-	-	-	-	-	-	-
Crisis Respite	(9)	(18)	8 F	(47%)	(19)	(35)	16 F	(47%)	(212)
Alcohol & Other Drugs - General	(74)	(80)	7 F	(8%)	(148)	(161)	13 F	(8%)	(966)
Alcohol & Other Drugs - Child & Youth	(76)	(97)	20 F	(21%)	(152)	(193)	41 F	(21%)	(1,171)
Methodone	-	-	-	-	-	-	-	-	-
Dual Diagnosis - Alcohol & Other Drugs	(7)	(7)	-	1%	(14)	(14)	-	-	(83)
Dual Diagnosis - MH/ID	-	-	-	-	-	-	-	-	-
Eating Disorder	(11)	(14)	3 F	(23%)	(22)	(28)	6 F	(23%)	(168)
Child & Youth Mental Health Services	(214)	(212)	(2) U	1%	(430)	(425)	(5) U	1%	(2,562)
Forensic Services	-	-	-	-	-	-	-	-	-
Kaupapa Maori Mental Health Services	-	-	-	-	-	-	-	-	-
Kaupapa Maori Mental Health - Residential	(12)	(29)	16 F	(57%)	(48)	(58)	9 F	(16%)	(345)
Kaupapa Maori Mental Health - Inpati	-	-	-	-	-	-	-	-	-
Mental Health Community Services	(123)	(106)	(17) U	16%	(240)	(212)	(28) U	13%	(1,276)
Prison/Court Liaison	-	-	-	-	-	-	-	-	-
Mental Health Workforce Development	(1)	(1)	1 F	(45%)	(1)	(2)	1 F	(45%)	(14)
Day Activity & Work Rehabilitation S	(151)	(140)	(10) U	7%	(289)	(281)	(8) U	3%	(1,687)
Mental Health Funded Services for Older People	-	-	-	-	-	-	-	-	-
Advocacy / Peer Support - Consumer	(23)	(25)	2 F	(10%)	(45)	(50)	5 F	(10%)	(301)
Other Home Based Residential Support	(250)	(265)	15 F	(6%)	(506)	(530)	24 F	(5%)	(3,182)
Advocacy / Peer Support - Families	(51)	(50)	-	1%	(101)	(101)	-	-	(607)
Community Residential Beds & Service	(417)	(470)	53 F	(11%)	(860)	(939)	79 F	(8%)	(5,650)
Minor Mental Health Expenditure	(58)	(27)	(31) U	115%	(82)	(54)	(28) U	52%	(323)
Inter District Flow Mental Health	(489)	(489)	-	-	(977)	(977)	-	-	(5,864)
<b>Mental Health Total</b>	<b>(1,964)</b>	<b>(2,030)</b>	<b>66 F</b>	<b>(3%)</b>	<b>(3,935)</b>	<b>(4,061)</b>	<b>125 F</b>	<b>(3%)</b>	<b>(24,411)</b>

# Southern District Health Board

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<b>Part 4: DHB Consolidated</b>	Current Month				Year to Date				Annual
	Actual	Budget	Variance	Variance	Actual	Budget	Variance	Variance	Budget
	\$(000)	\$(000)	\$(000)	%	\$(000)	\$(000)	\$(000)	%	\$(000)
<b>Public Health</b>									
Alcohol & Drug	-	-			-	-			-
Communicable Diseases	-	-			-	-			-
Injury Prevention	-	-			-	-			-
Mental Health	-	-			-	-			-
Screening Programmes	(6)	(12)	6 F	(51%)	-	(24)	24 F		(144)
Nutrition and Physical Activity	-	(2)	2 F		1	(4)	4 F	(123%)	(21)
Physical Environment	-	-			-	-			-
Public Health Infrastructure	-	-			-	-			-
Sexual Health	-	-			(1)	-	(1) U		-
Social Environments	-	-			(1)	-	(1) U		-
Tobacco Control	-	-			-	-			-
Well Child Promotion	-	-			-	-			-
Meningococcal	-	-			-	-			-
<b>Public Health Total</b>	<b>(6)</b>	<b>(14)</b>	<b>7 F</b>	<b>(54%)</b>	<b>(1)</b>	<b>(27)</b>	<b>27 F</b>	<b>(97%)</b>	<b>(165)</b>
<b>Disability Support Services</b>									
AT & R (Assessment, Treatment and Re Information and Advisory	(383)	(321)	(62) U	19%	(765)	(641)	(124) U	19%	(3,849)
Needs Assessment	(1)	(1)		1%	(1)	(1)		1%	(6)
Service Co-ordination	(21)	(20)	(2) U	10%	(43)	(39)	(4) U	10%	(234)
Home Support	(3)	(3)			(7)	(7)			(40)
Carer Support	(1,053)	(1,157)	104 F	(9%)	(2,136)	(2,315)	179 F	(8%)	(13,888)
Residential Care: Rest Homes	(160)	(168)	9 F	(5%)	(281)	(337)	56 F	(17%)	(2,019)
Residential Care: Loans Adjustment	(3,085)	(2,936)	(149) U	5%	(5,964)	(5,883)	(81) U	1%	(34,170)
Residential Care: Hospitals	16	23	(7) U	(29%)	29	45	(16) U	(35%)	271
Ageing in Place	(3,394)	(3,266)	(128) U	4%	(6,780)	(6,531)	(249) U	4%	(39,189)
Environmental Support Services	(109)	(112)	2 F	(2%)	(218)	(223)	5 F	(2%)	(1,338)
Day Programmes	(100)	(98)	(2) U	2%	(196)	(196)			(1,179)
Expenditure to Attend Treatment ETAT	(23)	(25)	2 F	(8%)	(50)	(48)	(2) U	4%	(459)
Respite Care	-	-			-	-			-
Community Health Services & Support	(74)	(75)	1 F	(1%)	(128)	(150)	22 F	(14%)	(899)
Inter District Flow Disability Support	(94)	(102)	8 F	(8%)	(176)	(201)	25 F	(12%)	(1,600)
Disability Support Other	(352)	(352)			(704)	(704)			(4,223)
<b>Disability Support Services Total</b>	<b>(8,836)</b>	<b>(8,613)</b>	<b>(223) U</b>	<b>3%</b>	<b>(17,420)</b>	<b>(17,230)</b>	<b>(190) U</b>	<b>1%</b>	<b>(102,822)</b>
<b>Maori Health</b>									
Maori Service Development	(22)	(22)		(1%)	(44)	(45)	1 F	(1%)	(268)
Minor Maori Health Expenditure	(9)	(12)	3 F	(26%)	(18)	(24)	6 F	(26%)	(144)
Whanau Ora Services	(107)	(108)	1 F	(1%)	(215)	(216)	2 F	(1%)	(1,304)
<b>Maori Health Total</b>	<b>(138)</b>	<b>(143)</b>	<b>4 F</b>	<b>(3%)</b>	<b>(277)</b>	<b>(285)</b>	<b>8 F</b>	<b>(3%)</b>	<b>(1,716)</b>
Internal Allocations	-	-			-	-			-
<b>Total Expenses</b>	<b>(70,514)</b>	<b>(71,040)</b>	<b>526 F</b>	<b>(1%)</b>	<b>(138,344)</b>	<b>(140,192)</b>	<b>1,848 F</b>	<b>(1%)</b>	<b>(838,909)</b>
<b>Net Surplus/ (Deficit)</b>	<b>(1,315)</b>	<b>(2,064)</b>	<b>749 F</b>	<b>(36%)</b>	<b>(177)</b>	<b>(2,226)</b>	<b>2,049 F</b>	<b>(92%)</b>	<b>(10,490)</b>
<i>Zero Check</i>	-	-			-	-			-
<b>Part 4.1 A: Supplementary Information to Statement of Financial Performance</b>									
Depreciation - Clinical Equipment	(674)	(679)	5 F	(1%)	(1,365)	(1,348)	(17) U	1%	(8,287)
Depreciation - Non Residential Buildings & Plant	(586)	(606)	20 F	(3%)	(1,176)	(1,211)	35 F	(3%)	(7,609)
Depreciation - Motor Vehicles	(4)	(4)			(8)	(8)			(131)
Depreciation - Information Technology	(324)	(309)	(15) U	5%	(649)	(621)	(28) U	4%	(3,715)
Depreciation - Other Equipment	(58)	(60)	1 F	(2%)	(117)	(119)	2 F	(2%)	(715)
Total Depreciation	(1,646)	(1,657)	11 F	(1%)	(3,314)	(3,306)	(8) U		(20,458)
Interest Cost from Funder Loans	-	-			-	-			-
Interest Costs from CHFA	(412)	(412)			(825)	(825)			(4,877)
Financing Component of Operating Leases	(27)	(33)	6 F	(19%)	(57)	(67)	9 F	(14%)	(392)
Capital Charge	(831)	(745)	(86) U	12%	(1,550)	(1,492)	(57) U	4%	(8,792)

# Southern District Health Board

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<b>Part 4: DHB Consolidated</b>	<b>Current Month Actual \$ (000)</b>	<b>Previous Month Actual \$(000)</b>	<b>Movement \$(000)</b>	<b>Current Budget \$(000)</b>	<b>Current Year Opening Balance Sheet \$(000)</b>	<b>Annual Budget \$(000)</b>
<b>Part 4.2: Balance Sheet</b>						
<b>Current Assets</b>						
Petty Cash	14	14	-	13	14	13
Bank	167	106	61	414	3,838	583
Short Term Investments	31,534	37,791	(6,257)	24,500	33,442	11,000
Short Term Investments	-	-	-	-	-	-
Prepayments	2,067	2,359	(292)	1,808	2,089	1,808
Accounts Receivable	5,576	6,836	(1,260)	9,549	6,559	9,865
Provision for Doubtful Debts	(1,426)	(1,426)	-	(1,492)	(1,426)	(1,492)
Accrued Debtors	24,392	21,325	3,067	19,893	19,197	19,896
Inventory / Stock	4,537	4,586	(49)	4,370	4,605	4,370
Assets Held for Resale	-	-	-	-	-	-
<b>Current Assets Total</b>	<b>66,861</b>	<b>71,591</b>	<b>(4,730)</b>	<b>59,055</b>	<b>68,317</b>	<b>46,043</b>
<b>Non Current Assets</b>						
Land, Buildings & Plant	230,315	230,195	120	234,590	229,596	240,663
Clinical Equipment	102,263	101,322	942	113,993	99,470	126,717
Other Equipment (incl Finance Leases)	12,730	12,710	19	12,890	12,670	13,962
Information Technology	30,799	30,694	105	31,802	30,489	36,164
Motor Vehicles	711	711	-	759	714	1,751
Provision Depreciation - Buildings & Plant	(10,818)	(10,232)	(586)	(10,913)	(9,642)	(17,311)
Provision Depreciation - Clinical Equipment	(77,028)	(76,369)	(659)	(83,421)	(75,683)	(90,360)
Provision Depreciation - Other Equipment	(10,834)	(10,776)	(58)	(10,837)	(10,718)	(11,433)
Provision Depreciation - Information Technology	(22,077)	(21,753)	(324)	(22,725)	(21,481)	(25,819)
Provision Depreciation - Motor Vehicles	(272)	(268)	(4)	(275)	(268)	(398)
WIP	10,907	8,302	2,604	2,990	8,304	17,506
Investment in Subsidiaries	-	-	-	-	-	-
Investment in Associates	326	326	-	238	326	238
Long Term Investments	-	-	-	-	-	-
<b>Non Current Assets Total</b>	<b>267,021</b>	<b>264,863</b>	<b>2,159</b>	<b>269,091</b>	<b>263,778</b>	<b>291,679</b>
<b>Current Liabilities</b>						
Accounts Payable Control	(5,958)	(5,074)	(884)	(3,730)	(2,849)	(4,822)
Accrued Creditors	(30,614)	(31,144)	530	(36,890)	(31,703)	(36,598)
Income Received in Advance	(2,413)	(2,368)	(45)	(2,419)	(1,168)	(2,419)
Capital Charge Payable	(1,598)	(1,514)	(84)	(745)	(796)	(598)
GST & Tax Provisions	(5,438)	(6,363)	925	(4,475)	(6,098)	(2,791)
Term Loans - Finance Leases (current portion)	(2,408)	(2,125)	(283)	(2,125)	(2,599)	(2,125)
Term Loans - Private (current portion)	-	-	-	-	-	-
Term Loans - Crown (current portion)	(5,249)	(5,249)	-	(4,919)	(5,249)	(4,229)
Payroll Accrual & Clearing Accounts	(10,925)	(11,396)	471	(9,103)	(11,889)	(10,818)
Employee Entitlement Provisions	(40,625)	(40,774)	148	(38,621)	(40,424)	(38,621)
<b>Current Liabilities Total</b>	<b>(105,230)</b>	<b>(106,007)</b>	<b>777</b>	<b>(103,028)</b>	<b>(102,775)</b>	<b>(103,022)</b>
<b>WORKING CAPITAL</b>	<b>(38,369)</b>	<b>(34,416)</b>	<b>(3,953)</b>	<b>(43,973)</b>	<b>(34,458)</b>	<b>(56,979)</b>
<b>NET FUNDS EMPLOYED</b>	<b>228,653</b>	<b>230,447</b>	<b>(1,794)</b>	<b>225,118</b>	<b>229,320</b>	<b>234,699</b>
<b>Non Current Liabilities</b>						
Long Service Leave - Non Current Portion	(3,069)	(3,069)	-	(3,348)	(3,069)	(3,348)
Retirement Gratuities - Non Current Portion	(10,520)	(10,520)	-	(10,088)	(10,520)	(10,088)
Other Employee Entitlement Provisions	(1,109)	(1,109)	-	(1,109)	(1,109)	(1,109)
Term Loans - Finance Leases (non current portion)	(2,170)	(2,555)	385	(2,087)	(2,592)	(61)
Term Loans - Private (non current portion)	-	-	-	-	-	-
Term Loans - Crown (non current portion)	(91,167)	(91,302)	135	(90,891)	(91,274)	(90,891)
Custodial Funds	(3,872)	(3,821)	(51)	(3,857)	(3,830)	(3,857)
<b>Non Current Liabilities Total</b>	<b>(111,907)</b>	<b>(112,376)</b>	<b>469</b>	<b>(111,380)</b>	<b>(112,395)</b>	<b>(109,354)</b>
<b>Crown Equity</b>						
Crown Equity	(133,759)	(133,759)	-	(133,103)	(133,759)	(133,103)
Crown Equity Injection	-	-	-	(1,200)	-	(21,778)
Crown Equity Repayments	-	-	-	-	-	707
Trust and Special Funds (no restricted use)	(1,448)	(1,451)	3	(1,442)	(1,443)	(1,442)
Revaluation Reserve	(85,362)	(85,362)	-	(86,314)	(85,362)	(86,314)
Revaluation Reserve - Trust Assets	-	-	-	-	-	-
Retained Earnings - DHB Governance & Funding	1,775	1,901	(126)	2,082	2,002	2,082
Retained Earnings - DHB Provider	78,841	78,093	748	80,510	79,633	79,966
Retained Earnings - Funds	23,207	22,507	700	25,729	22,004	34,536
<b>Crown Equity Total</b>	<b>(116,746)</b>	<b>(118,071)</b>	<b>1,325</b>	<b>(113,738)</b>	<b>(116,925)</b>	<b>(125,346)</b>
<b>NET FUNDS EMPLOYED</b>	<b>(228,653)</b>	<b>(230,447)</b>	<b>1,794</b>	<b>(225,118)</b>	<b>(229,320)</b>	<b>(234,699)</b>
Zero Check	-	-	-	-	-	-
<b>Part 4.3: Statement of Movement in Equity</b>						
Total equity at beginning of the period	(118,071)	(116,925)	-	(114,764)	(116,925)	(114,764)
Net Results for Period	1,315	(1,138)	-	2,226	-	10,490
Revaluation of Fixed Assets	-	-	-	-	-	-
Equity Injections / Repayments	-	-	-	(1,200)	-	(21,071)
Other	-	-	-	-	-	-
Movement in Trust and Special Funds	8	(8)	-	-	-	-
<b>Total Equity at end of the period</b>	<b>(116,746)</b>	<b>(118,071)</b>	<b>1,325</b>	<b>(113,738)</b>	<b>(116,925)</b>	<b>(125,346)</b>



# Board Cash Flow - Southern

## Aug-11

<b>Part 4: DHB Consolidated</b>	Current Month			Year to Date			Annual
	Actual	Budget	Variance	Actual	Budget	Variance	Budget
	\$(000)	\$(000)	\$(000)	\$(000)	\$(000)	\$(000)	\$(000)
<b>Part 4.4 Statement of Cashflows</b>							
<b>Operating Revenue</b>							
Government and Crown Agency Revenue	66,043	67,788	(1,745) U	132,567	135,502	(2,935) U	813,386
Other Revenue Received	1,187	1,015	172 F	2,221	2,023	198 F	12,453
<b>Total Receipts</b>	<b>67,230</b>	<b>68,803</b>	<b>(1,573) U</b>	<b>134,788</b>	<b>137,525</b>	<b>(2,737) U</b>	<b>825,840</b>
<b>Payments</b>							
Payments for Personnel	(26,535)	(33,546)	7,011 F	(51,024)	(56,698)	5,674 F	(311,477)
Payments for Supplies	(10,484)	(11,149)	665 F	(20,412)	(21,974)	1,562 F	(132,975)
Interest Paid	(31)	(58)	27 F	(280)	(335)	55 F	(4,741)
Capital Charge Paid	(747)	(747)	-	(747)	(1,462)	715 F	(8,908)
GST (Net) & Tax	(925)	61	(986) U	(660)	(181)	(479) U	(512)
Payment to own DHB Provider (Eliminated)	-	-	-	-	-	-	-
Payment to own DHB Governance & Funding Admin	-	-	-	-	-	-	-
Payments to other DHBs	(3,001)	(2,955)	(46) U	(6,040)	(5,910)	(130) U	(35,463)
Payments to Providers	(27,882)	(27,593)	(289) U	(54,320)	(54,814)	494 F	(328,218)
<b>Total Payments</b>	<b>(69,605)</b>	<b>(75,987)</b>	<b>6,382 F</b>	<b>(133,483)</b>	<b>(141,374)</b>	<b>7,891 F</b>	<b>(822,294)</b>
<b>Net Cashflow from Operating</b>	<b>(2,375)</b>	<b>(7,184)</b>	<b>4,809 F</b>	<b>1,305</b>	<b>(3,849)</b>	<b>5,154 F</b>	<b>3,546</b>
<b>Investing Activities</b>							
Interest Receipts 3rd Party	203	186	17 F	404	372	32 F	2,231
Sale of Fixed Assets	1	-	1 F	2	-	2 F	-
<b>Capital Expenditure</b>							
Land, Buildings & Plant	(1,080)	(1,748)	668 F	(2,251)	(3,083)	832 F	(23,672)
Clinical Equipment	(2,347)	(1,249)	(1,098) U	(3,639)	(2,598)	(1,041) U	(15,322)
Other Equipment	(19)	(107)	88 F	(59)	(214)	155 F	(1,287)
Information Technology	(337)	(429)	92 F	(573)	(1,136)	563 F	(4,713)
Motor Vehicles	(22)	(5)	(17) U	(22)	(10)	(12) U	(1,002)
<b>Total Capital Expenditure</b>	<b>(3,805)</b>	<b>(3,538)</b>	<b>(267) U</b>	<b>(6,544)</b>	<b>(7,041)</b>	<b>497 F</b>	<b>(45,995)</b>
Increase in Investments and Restricted & Trust Funds Assets	51	-	51 F	42	-	42 F	-
<b>Net Cashflow from Investing</b>	<b>(3,550)</b>	<b>(3,352)</b>	<b>(198) U</b>	<b>(6,096)</b>	<b>(6,669)</b>	<b>573 F</b>	<b>(43,764)</b>
<b>Financing Activities</b>							
Equity Injections	-	-	-	-	1,200	(1,200) U	21,071
<b>New Debt</b>							
Private Sector	-	-	-	-	-	-	-
CHFA	-	-	-	-	-	-	-
<b>Repaid Debt</b>							
Private Sector	(101)	(230)	130 F	(626)	(523)	(103) U	(3,400)
CHFA	(162)	(295)	133 F	(161)	(295)	134 F	(920)
<b>Other Non-Current Liability Movement</b>							
Other Equity Movement	(8)	-	(8) U	-	-	-	-
<b>Net Cashflow from Financing</b>	<b>(271)</b>	<b>(525)</b>	<b>255 F</b>	<b>(787)</b>	<b>382</b>	<b>(1,169) U</b>	<b>16,751</b>
<b>Net Cashflow</b>	<b>(6,195)</b>	<b>(11,061)</b>	<b>4,865 F</b>	<b>(5,578)</b>	<b>(10,136)</b>	<b>4,558 F</b>	<b>(23,467)</b>
Plus Cash (Opening)	37,910	35,987	1,923 F	37,293	35,063	2,230 F	35,063
Cash (Closing)	<b>31,715</b>	<b>24,927</b>	<b>6,788 F</b>	<b>31,715</b>	<b>24,927</b>	<b>6,788 F</b>	<b>11,596</b>
<b>Carry Forward Check</b>							
<b>Closing Cash made up of:</b>							
Petty Cash	14	13	(1) U	14	13	(1) U	13
Bank (Overdraft)	167	414	247 F	167	414	247 F	583
Short Term Investments	31,534	24,500	(7,034) U	31,534	24,500	(7,034) U	11,000
<b>Total Cashflow Cash (Closing)</b>	<b>31,715</b>	<b>24,927</b>	<b>6,788 F</b>	<b>31,715</b>	<b>24,927</b>	<b>6,788 F</b>	<b>11,596</b>

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## DUNEDIN HOSPITAL: EMERGENCY DEPARTMENT OBSERVATION UNIT

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**RECOMMENDATION:**

That the Board note the attached letter from the Minister of Health approving funding to build an Emergency Department Observation Unit at Dunedin Hospital, including the conditions of that approval, and refer it to the Hospital Advisory Committee.



## Office of Hon Tony Ryall

Minister of Health  
Minister of State Services

15-SEP 2011

Joe Butterfield  
Chairman  
Southern District Health Board  
Private Bag 1921  
DUNEDIN 9054

Dear Joe

### **Approval of Southern District Health Board's Emergency Department Observation Unit**

I have considered Southern District Health Board's (DHB) request to fund the build of an Emergency Department Observation Unit at Dunedin Hospital. I am pleased to advise that approval of this request has been made.

This letter is my approval of expenditure in line with the requirement of the Letter of Comfort I have provided to the DHB.

The conditions of approval of the capital funding request are that:

- the total project cost of the build for Observation Unit is not to exceed \$2.7 million
- the additional operational costs will be managed within the already agreed financial path
- you provide me with a copy of the review of the functions and outcomes of the Observation Unit 12 months after implementation.

Congratulations on securing approval. I appreciate the work continuing to be made by your team in providing the necessary health services for the future of the South Island.

Yours sincerely

Hon Tony Ryall  
**MINISTER OF HEALTH**

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## **WAKATIPU HEALTH SERVICES**

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A late paper will be emailed to members as soon as available.

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

Thursday, 1 September 2011, 2.00pm  
Conference Room 1, Copthorne Hotel, Queenstown

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**Present:** Mr Paul Menzies (HAC Chairman)  
Mr Neville Cook  
Dr Malcolm Macpherson  
Mr Richard Thomson  
Mr Tim Ward

**In Attendance:** Mr Joe Butterfield (Chairman, Southern DHB)  
Mrs Kaye Crowther (Board Member, Southern DHB)  
Ms Sandra Cook (Board Member, Southern DHB)  
Ms Mary Flannery (Board Member, Southern DHB)  
Mr Brian Rousseau (Chief Executive Officer, Southern DHB)  
Mrs Lexie O'Shea (Deputy CEO/Chief Operating Officer Southland)  
Mrs Vivian Blake (Chief Operating Officer Otago)  
Mr David Tulloch (Regional Chief Medical Officer)  
Mrs Leanne Samuel (Chief Nursing and Midwifery Officer)  
Ms Bron Anderson (Senior Business Analyst Southland)  
Ms Jo Harvey (Communications Officer)  
Mrs Joanne Fannin (Board Secretary Southland – minute taker)

**Apology:** Dr Branko Sijnja (HAC Member)

## 1.0 WELCOME

The HAC Chairman, Mr Paul Menzies, welcomed everyone to the meeting, noting in particular the Board members in attendance as ex officio members, including new Board Member, Ms Sandra Cook.

## 2.0 APOLOGIES

An apology was noted from Dr Branko Sijnja.

***It was moved:***

“That the apology from Dr Branko Sijnja be accepted.”

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

## 3.0 MEMBERS' INTERESTS REGISTER

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

## 4.0 CONFIRMATION OF PREVIOUS MINUTES

***It was moved:***

“That the minutes of the Hospitals' Advisory Committee meeting held on 4 August 2011 be approved and adopted as a true and correct record of the meeting.”

Moved: Mr Thomson  
Seconded: Mr Cook  
**Carried**

There were no matters arising from the HAC meeting held on 4 August 2011 that were not covered in the agenda.

## 5.0 ACTION SHEET

**Action 55 Status Report for Southern Clinical Services** – the report is included in the agenda.

**Action 56 Re-prioritisation work for the Information Technology (IT) Programme** – a report will be included in the agenda for the HAC meeting to be held in October 2011.

**Action 57 KPI for Hospital Acquired Infections** – due to the relatively small numbers involved, it was agreed that a KPI for Hospital Acquired Infections would only be brought to the attention of the HAC if there was an unexpected increase.

**Action 60 Provision of 12 month rolling average for each KPI** – it was agreed that a 12 month rolling average is to be provided for the local Southern DHB KPIs and the COO Otago is to discuss with the national group the possibility of providing a 12 month rolling average for the national data.

## 6.0 CHIEF OPERATING OFFICERS' REPORT

The COO Southland spoke to the report, with the following key points being highlighted:

**Contract Performance** – due to recent adverse weather conditions, with snow affecting both patient attendance at clinics and the ability of staff to get to their workplace, both elective caseweights (CWDs) and Health Target Elective discharges for Southern DHB are behind plan for July 2011. A similar event occurred in August 2011 resulting in the expected result being similar for the report to the October 2011 HAC meeting. Staff are currently working on a contingency to meet plan.

**Financial Performance** – the Provider Arm (PA) achieved a favourable result for July 2011 due to lower consumable costs. In response to a query by Mr Ward in regards to ESPIs, an update was provided on contract performance and Southland is working to its recovery plan. The snow impacted progress with clinics being cancelled for ENT. Paediatric surgery was also proving challenging, but other areas were progressing to plan.

**Operational Performance** – reporting against the new PA Dashboard for the 2011/12 Annual Plan was noted.

**Health Targets** – steady progress continued in relation to the targets for better help for smokers to quit and shorter stays in Emergency Department (ED).

**Hospital Quality and Productivity Indicators (HQ&P)** – it was noted that the HQ&P Indicators are provided on a quarterly basis with the information in the agenda noted for the quarter ended March 2011. The data for the quarter ended June 2011 is currently being collated nationally.

**Gastrointestinal Disease Centre** – the lead team member for the Gastrointestinal Disease Centre recently spent a day in Southland meeting with clinical staff and management team members.

**Clinical Supply Costs per Weighted Output** – in response to a query by Mr Richard Thomson regarding the low costs by one area outlined on the graph, an update was provided, noting that all areas nationally are currently checking the integrity of the data provided and the value in sharing the learnings where there are confirmed high achievements was noted. Southern DHB was the only DHB currently sharing the information with their Board.

**Mr Joe Butterfield joined the meeting at 2.15pm.**

In response to a query by Mr Tim Ward, an update was provided on audits undertaken within the PA and the process followed for these. The Audit and Risk Committee receives a copy of the audits undertaken by the Funder Arm.

## 7.0 CHIEF OPERATING OFFICER'S REPORT, OTAGO

**Contract performance** – the COO Otago provided an update on the impact of the adverse weather conditions, with the two snow days resulting in 10 Elective Theatres not operating. Outpatient appointments were also affected.

**Operational Performance** – the high number of attendances through the ED continues and this is a national trend.

**Case weight activity data** – the under-delivery, particularly in general surgery electives, was noted. The budget has been adjusted by 400 case weights as a result of the on-going negative variance reporting in the previous financial year. It was anticipated that there would be an improvement in delivery over coming months, with Orthopaedics, Urology and General Surgery being noted as the three areas most affected by the snow days.

**Elective Service Performance Indicators (ESPIs)** – the COO Otago believed there were no areas of vulnerability with the ESPIs, noting that there needed to be three months adverse variance before there was any significant concern from a contract perspective. There are minor risks within services where there are two Clinicians, as highlighted in the recent National Health Board (NHB) review report and management are working on this.

Mr Thomson noted that despite the snow days the total activity within Dunedin Hospital was up by 2.3%. This was due to the number of acutes and the challenges with the volume coming through the ED and the bed blocks were noted.

**Diagnostic and Support Services (Otago) Update** – the challenges remain with the wait times for Computed Tomography (CT) and the Magnetic Resonance Imaging (MRI). The team are managing within the recommended wait times and are putting in place a plan to maintain the wait times on an on-going basis.

**Emergency, Medicine and Surgery Group Update** – Oncology are looking at developing a protocol for patients being discharged by 11.00am. This is being considered by most of the services as a part of the 'six hours it matters' initiative. In response to a query regarding the referral of Urology patients to Christchurch, both the COO Otago and Regional Chief Medical Officer (CMO) advised they were waiting on a response in relation to the query.

**Mental Health and Community Directorate Update** – an update was provided on the consultation process underway in relation to the DHB Care Co-ordination Centre. In response to a query by Mr Thomson, discussion was held on the challenges with the on-going issues with delays in the Enduring Power of Attorney (EPOA) process. This is a national issue and should be taken up at CEO level. The COO Otago is to provide an update for the HAC meeting to be held in October 2011.

**Women's and Children's Health and Public Health Directorate (Otago) Update** – an update was provided on the preparedness for the Rugby World Cup and the potential demand on public health services over this period.

**National Health Board (NHB) Review of Dunedin Hospital** – a copy of a recommendations and status update report was tabled for members' information (**appendix 1**). It was noted that members had previously received a copy of the full NHB Review Report. The HAC Chairman called for comments on the NHB Review Report and the recommendations and status update report. In discussion the following key points were noted:

- Mr Ward requested more detail and clarity on the steps being taken and when the milestones will be achieved and noted the need for a focus on what needs to be implemented.

- Mr Thomson welcomed the overall thrust of the report, but noted his concern at the method of presentation and tone of the report and the fact that Southern DHB did not have an involvement in the NHB process. Whilst he believed that operationally, implementation of some of the recommendations would generate a return on the costs involved, he was concerned at the financial implications of the capital expenditure required. He was not convinced that a single structure across the two main hospitals within the Southern DHB region was the direction the Board should be taking.
- Ms Flannery believed the language used in the NHB report was unhelpful and lacked an evidential base to go with the statements made. She noted the focus should be wider than just the hospitals and needed to include the integration of primary and secondary services across the Southern DHB region.
- Mrs Crowther endorsed the comments made by Ms Flannery regarding the integration of primary and secondary services across the region and noted her disappointment that the NHB did not consult with the Board on the process.
- Dr Macpherson endorsed the comments made by Mr Thomson and noted that the NHB appeared to confuse DHB and hospital. He believed this was a fundamental error that could have been fixed through discussion with the Board on the process. He believed the report was a catalyst to implement change in a more timely way.
- Mr Cook also endorsed the comments made by Mr Thomson and believed that the report was based on perceptions rather than facts. The NHB did not appear to appreciate the work that went in to the amalgamation of the two DHBs and of the services across the region. He noted that it was not possible to effect change immediately and noted the added pressure with the financial constraints both Boards had been under for a number of years. He agreed the report did give a basis for action and hoped it would give some impetus for funding to achieve some of the recommendations contained in the report.
- The HAC Chairman advised that whilst there were issues with the commentary in the body of the report, he believed that the recommendations crystallised what had been discussed at HAC and Board level for some time. The report provided an opportunity to progress with the changes required and the need for management to create an implementation plan and timeline was noted.
- The Board Chairman endorsed the need for the provision of an implementation plan and timeline and noted the need for more specificity around what the HAC would be provided with on a monthly basis to supervise and manage the process. He advised the need to identify the issues that could be handled at a management level and those that needed to be handled at a HAC/Board level.
- The CEO provided an assurance that the Workshops currently being planned by management relate to the strategic initiatives within the Annual Plan (AP) rather than the overall strategic direction. He advised that approximately 25% of the recommendations made by the NHB were wider than Dunedin Hospital and related to the overall DHB and advised that management would split the recommendations, indicating which Committee/Board would be responsible.
- Dr Macpherson stated the need for the Board to have a clearly communicated vision.

***It was moved:***

“That the Hospital Advisory Committee recommends that the Board instructs management to identify areas of responsibility within the National Health Board review report recommendations and construct an implementation plan and timeline for reporting to the appropriate Advisory Committees and Board of Southern DHB.”

Moved: Mr Menzies  
 Seconded: Mr Thomson  
**Carried**

It was agreed that there should be an overall matrix outlining all 45 recommendations that goes to all Advisory Committees and Board.



## 8.0 CHIEF OPERATING OFFICER'S REPORT, SOUTHLAND

**Contract and Operational Performance** – the COO Southland highlighted the challenges with the elective caseweight delivery (c wd), due to snow, but noted that the high acute volume had continued and overall for the month of July 2011, Southland Hospital had achieved more than its base plan.

**Chief Medical Officer's Report** – the CMO advised that by the end of September 2011 the Southland Hospital ED should be fully staffed against the current complement. He noted his gratitude to all staff involved with sorting the issue out. The HAC Chairman endorsed the vote of thanks on behalf of the HAC.

**Medical Division Update** – in response to a query by Mr Cook an update was provided on the advertising relating to keeping the ED for emergencies only. Discussion was held on the impact of the numbers going through ED. Dr Macpherson advised the need to identify whether there is an enduring change in attitude following a campaign to keep the ED for Emergencies only.

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

**Surgical Directorate Update (Southland)** – the continuing challenges with the Elective Service Performance Indicators (ESPIs) were highlighted. The concerns in the Ear Nose and Throat (ENT) and Ophthalmology relate to resources. Orthopaedics relates to timing as a result of the impact of the ski season. The challenges with the Anaesthetics workforce were noted and it is hoped that this will be resolved by the end of September 2011.

**Women and Children's Directorate Update (Southland)** – the report was noted and taken as read.

In discussion on the ESPIs, the Deputy CEO/COO Southland advised that future reports from the Ministry of Health (MoH) will show one Southern DHB view only.

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

The CNMO advised that advertising for new graduates has commenced and a significant number of applications has been received across the Southern DHB region. Roles will be offered to new graduates across the South Island on 12 October 2011 and a collaborative approach is being taken in relation to the Nursing Entry to Practice (NETP) programme.

TrendCare is being implemented, with recruitment to TrendCare Co-ordinator positions underway. Southern DHB will be hosting a national TrendCare User Group meeting in Dunedin in November 2011.

A number of Nurses are working in emergency planning around 'snow response' and RWC planning.

## 10.0 FINANCIAL REPORT

The Senior Business Analyst (SBA), Ms Bron Anderson, provided an update on her financial report for the first month of the financial year for 2011/12 and the following areas were highlighted:

- The July 2011 YTD result is favourable by \$535K against budget.
- Clinical supplies were favourable for the month but, as advised earlier, activity was lighter than anticipated so therefore this needs to be accounted for when reviewing the result.
- The mix of salaried and locum doctors needs to be monitored.
- The nursing result is favourable and is primarily driven by the FTE variance. If recruitment takes place to budgeted levels, this could result in an unfavourable result.
- The SBA referred to sections seven, eight and nine in the report and advised that there was a mistake with the shared service section of the report and this will be corrected when

reporting on the August 2011 results. This primarily related to the internal revenue being accounted in the wrong place for the community pharmaceuticals and cancer pharmaceuticals.

In response to a query by the HAC Chairman, the SBA advised that she believes the orthopaedic implant and prosthesis line is artificial. Pharmaceuticals were difficult to identify and relate against the elective delivery. She believed that the treatment disposable line was about right. An update was also provided on the unfavourable result of \$64K for Information Technology Systems and Communications.

In response to a query by Mr Thomson around unfavourable outsourced costs correlation with the elective delivery (which was about two thirds of what was budgeted), it was noted that whilst the dollars had been accrued for the activity, there was a lag in the coding activity.

#### **11.0 INFORMATION SYSTEMS (IS) DASHBOARD**

The IS dashboard was noted and the Business Intelligence (BI) report will be included in the agenda for the October 2011 HAC meeting. The DCEO/COO Southland is to discuss with the HAC Chairman the provision of a 5-10 minute presentation on BI for HAC members at the meeting in October 2011. The COO Otago advised that there are 150 reports produced by BI and confirmed that the project is currently behind on its timeline.

#### **12.0 HUMAN RESOURCES (HR) DASHBOARD**

The HR Dashboard was noted and taken as read. The CEO advised that Mr John Pine, the new General Manager, Human Resources, commenced on 29 August 2011.

#### **13.0 BUILDING AND PROPERTY SERVICES**

The COO Otago provided an update on the format of the truncated report now provided for Building and Property Services. She advised that the \$24.3M spend was on track in terms of deliverables. The area that is behind is the Acute Mental Health facility and this was not an issue as the only change was that the service would now move into the new facility after Christmas.'

It was noted that information has been forwarded to Project Control Group (PCG) members and a report is to be prepared by Mr Warren Taylor, Facilities and Site Development Manager in relation to tenders received.

Brief discussion was held on the Dunedin Hospital generators and the CEO advised that a supplier has been selected following the tender process and the new generators will be in by the end of the year. Management provided an assurance that any risk is being managed in the interim.

#### **14.0 EQUIP 4 PERIODIC REVIEW, MAY 2011**

The DCEO/COO Southland noted that the EQUIP 4 Periodic Review was the first organisation-wide audit since the Southern DHB merger. The summarised version has been presented and action plans are now being created for each of the recommendations made. In response to concerns raised by Mr Thomson, an update was provided on criterion 2.1.2 relating to the integrated organisation-wide risk management policy and system. The need for alignment of the system was noted with one site currently with a manual risk reporting system and the other site with an electronic system. The CEO advised that Southern DHB was waiting for the new national system to come out.

***It was moved:***

“That the management and financial reports be noted.”

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

**15.0 GENERAL**

Dr Macpherson queried whether consideration was being given to aligning the EQUiP 4 and other recent reports with the NHB review report. The DCEO/COO Southland confirmed the need to ensure there is a grand plan to align all the feedback provided within relevant reports.

***It was moved:***

“That the Committee move to the Public Excluded Session of the business at 3.25pm.”

Moved: Mr Menzies  
 Seconded: Dr Macpherson  
Carried

<b>Resolution</b>		
That the HAC moves into committee to consider the following agenda items.		
The general subject of each matter is to be considered while the public is excluded. The reason and the specific grounds under Section 32, Schedule 3 of the NZ Public Health and Disability Act (2000) for the passing of this resolution are as follows:		
<b><i>General Subject</i></b>	<b><i>Reason for passing this resolution</i></b>	<b><i>Grounds for passing the resolution</i></b>
Risk Register – Otago and Southland	Clause 32(a) – to allow the public to be excluded where it is necessary to prevent the disclosure of information that could be withheld under the Official Information Act.	<ul style="list-style-type: none"> <li>Where it is necessary to protect the privacy of natural persons, including deceased natural persons – section 9(2)(a)</li> <li>Where it is necessary to enable Southern District Health Board to carry on without prejudice or disadvantage, negotiations – section 9(2)(j)</li> </ul>
Southern Clinical Services Progress Report	Clause 32(a) – to allow the public to be excluded where it is necessary to prevent the disclosure of information that could be withheld under the Official Information Act.	<ul style="list-style-type: none"> <li>Where it is necessary to protect the privacy of natural persons, including deceased natural persons – section 9(2)(a)</li> <li>Where it is necessary to enable Southern District Health Board to carry on without prejudice or disadvantage, negotiations – section 9(2)(j)</li> </ul>
Southland Hospital – New Teaching Skills Laboratory and Office Accommodation	Clause 32(a) – to allow the public to be excluded where it is necessary to prevent the disclosure of information that could be withheld under the Official Information Act.	<ul style="list-style-type: none"> <li>Where it is necessary to protect the privacy of natural persons, including deceased natural persons – section 9(2)(a)</li> <li>Where it is necessary to enable Southern District Health Board to carry on without prejudice or disadvantage, negotiations – section 9(2)(j)</li> </ul>

The meeting closed at 4.30pm.

Confirmed as a true and correct record:

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

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

## Notes from the Iwi Governance Committee/Management Advisory Group Māori Health joint Workshop held on Tuesday, 30 August 2011 at 10.30am, in the Board Room, Community Services Building, Southland Hospital Campus

Workshop	Ms Eleanor Murphy	Otakou Runaka – Chair
Participants:	Mr Taare Bradshaw	Hokonui Runaka
	Ms Ria Brodie	Proxy for Puketeraki Runaka
	Ms Thelma Brown	Senior Portfolio Manager, Population and Public Health, Planning and Funding, Southern DHB
	Mr Ricky Carr	Management Advisory Group Māori Health member
	Mr Donovan Clarke	Kaiwhakahaere Hauora Māori
	Mrs Pania Coote	Regional Project Manager Māori Health
	Dr Sue Crengle	Management Advisory Group Māori Health member
	Ms Kingi Dirks	Moeraki Runaka
	Mr Paul Menzies	Deputy Chair, Southern DHB
	Ms Hana Morgan	Awarua Runaka - Deputy Chair
	Mr Tahu Potiki	Board Member, Southern DHB
	Mr Brian Rousseau	Chief Executive Officer, Southern DHB
	Ms Philomena Shelford	Management Advisory Group Māori Health member
	Ms Odele Stehlin	Waihopai Runaka
	Ms Rata Stoneman	Management Advisory Group Māori Health member
	Ms Nancy Todd	Management Advisory Group Māori Health member
	Mrs Ann Wakefield	Oraka Aparima Runaka
	Ms Trish Young	Management Advisory Group Māori Health member
	Mrs Joanne Fannin	Board Secretary Southland, Southern DHB
	Apologies:	Dr Jo Baxter
Mr Peter Ellison		Puketeraki Runaka

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### 1. WELCOME, APOLOGIES AND KARAKIA:

The IGC Chair welcomed members to the workshop and noted the apologies. The Kaiwhakahaere Hauora Māori provided an opening karakia.

### 2. INTERESTS REGISTER

The Interests Registers were noted.

### 3. DRAFT MĀORI HEALTH REPRESENTATION POLICY:

The changes to the draft Māori Health Representation Policy were noted and agreed.

**Action Point:** The Board Secretary Southland is to arrange for the Policy to go on Southern DHB's intranet sites.

*Ms Kingi Dirks, Ms Ria Brodie and Ms Nancy Todd, joined the workshop at 10.45am with apologies for lateness.*

### 4. SOUTHERN PRIMARY HEALTH ORGANISATION (PHO):

Mr Paul Menzies reported on his nomination for appointment to the Southern PHO Board as a member of the Southern DHB Board.

*Mr Taare Bradshaw joined the workshop at 11.00am with an apology for lateness.*

Discussion was held on the need to ensure alignment between the Southern DHB Māori Health Action Plan (MHAP) and the Southern PHO Māori Health Plan (MHP).

*Mr Tahu Potiki joined the workshop at 11.15am with an apology for lateness.*

**Action Point:** The Board Secretary Southland is to forward a copy of the constitution to the IGC Chair.

**Action Point:** The IGC Chair is to meet with the Southern PHO MHAG Chair to discuss the concerns raised and the recommendation made.

It was noted that only two applications have been received for the positions of Māori representative on the Southern PHO Board. Discussion was held on process and Māori representation on the Southern PHO Board.

**Action Point:** The Board Secretary Southland is to set up a videoconference meeting for Runaka members to interview the applicants on 1 September 2011.

## **5. NATIONAL HEALTH BOARD REVIEW REPORT:**

The CEO provided an update on the NHB review report. Whilst management supported the majority of the recommendations within the report, they were disappointed at the tone of the report. Implementing the recommendations will improve quality and service and will improve Māori health outcomes along with mainstream health outcomes. General discussion was held on the fair distribution of funding and capital investment across the region. The challenges in getting the workforce to work as one across the region were outlined. Discussion was held on the national pilot process. The KHM highlighted that there was no Māori representation at a Senior Management Group (SMG) level within Southern DHB. This is being addressed as part of the Māori Health Proposal for Change – ka pu te ruha ka hao te rangatahi. The KHM provided an update on the consultation process for the Proposal for Change.

## **6. APPOINTMENT OF NEW CHIEF EXECUTIVE OFFICER:**

The Deputy Board Chairman provided an update on the appointment process for the new CEO. It was noted that the Deputy CEO will fill the role of Acting CEO until an appointment is made. Māori involvement in the process will be at the interview stage. It was suggested that Māori involvement in the process should be discussed with Mr Graham Ewing, who is facilitating the recruitment process.

## **7. MĀORI HEALTH IMPLEMENTATION PLAN (MHIP):**

The Regional Project Manager Māori Health (RPMMH), Ms Pania Coote, provided an update on progress with the MHIP, noting that meetings have been held with Southern PHO and discussion was held at that meeting on using the Primary Care elements of the MHAP as the Southern PHO MHP.

A person responsible for each target area within the MHAP is being identified, along with what resource is required to achieve the desired outcomes. Discussion was held on ethnicity data capture and the use of the enrolment toolkit. Dr Sue Crengle advised that no progress has been made with the Primary Care Ethnicity Data Audit Tool Pilot. Discussions are being held with a view to progressing the pilot.

## **8. UPDATE BY KAIWHAKAHAERE HAUORA MĀORI:**

**Māori Health Implementation Plan (MHIP)** – the KHM acknowledged the work done by the RPMMH, Ms Pania Coote, to date and noted that she has been working closely with the Senior Portfolio Manager Population and Public Health (SPMPPH), Ms Thelma Brown. The importance of the links with Planning and Funding was highlighted.

The KHM provided a brief update for members as outlined in his report. A copy of the Whānau Ora presentation made at the hui hosted by the National Urban Māori Authority (NUMA), with support from Te Puni Kōkiri was tabled for information (**appendix 1**). Ms Odele Stehlin advised that the hui was valuable from a networking perspective. Ms Hana

Morgan noted the value in the presentation by Hon Tariana Turia and Ms Ann Wakefield noted that the Iwi Governance Committee (IGC) structure set up by Southern DHB appears to be more advanced than a number of DHB structures around the country. The CEO advised the importance of the relationship with Primary Care to make gains and improve outcomes for Māori Health. He also advised the need to build capacity within the KHM Māori Health team.

**Treaty of Waitangi** – the KHM advised that following discussions with the Deputy CEO/COO Southland, the framed Treaty of Waitangi is to be moved to the front entrance of Southland Hospital.

**Action Point:** The Board Secretary Southland is to send an e-mail to the DCEO/COO Southland on behalf of the IGC formally requesting that the framed Treaty of Waitangi be shifted to the front entrance of Southland Hospital.

**Tikaka Best Practice Guidelines** – the KHM and CEO provided an update following their visit and general discussion was held on the need to ensure that the Tikaka Best Practice Guidelines are adhered to.

**Whānau Ora Collectives** – the KHM and SPMPH provided an update on the review of the local Whānau Ora collectives as requested by the Ministry of Health (MoH).

The KHM advised that he would be circulating the “Whānau Ora discussion paper”, attached to the agenda, to all members following the meeting to get feedback on the questions outlined. It was noted there was no formal Terms of Reference (ToR) for the reviewing of Whānau Ora Collectives and ad hoc requests were being received to undertake the review process. Clarification is also being sought at a national level to ascertain what role DHBs have in the new Whānau Ora initiative. The need for improved communication out to Regional Leadership Groups was highlighted.

**Action Point:** The Board Secretary Southland is to arrange a workshop session on Whānau Ora in late November/early December 2011. An invitation is to be extended for the National Regional Whānau Ora taskforce members to attend.

## 9. GENERAL BUSINESS:

**Ministerial Appointment to Southern DHB** - the Ministerial appointment of Sandra Cook as the second Māori representative on the Board was noted.

**Wakatipu Health Services Report** – the report by the expert panel appointed to look at services in the Wakatipu Basin was tabled for information (**appendix 2**). Implementation of some of the recommendations will be challenging and the CEO advised that a report providing feedback on the expert panel’s recommendations will be provided for the Southern DHB Board meeting in October 2011.

**Acknowledgement of CEO** – the IGC Chair acknowledged and thanked the CEO for progressing Māori Health within Southern DHB and noted the Poroporoaki at Murihiku Marae following the workshop.

## 10. CONCLUSION:

Mr Taare Bradshaw provided a closing karakia. The workshop closed at 12.55pm.

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## **MEETING SCHEDULE 2012**

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Attached for the Board's consideration is a proposed meeting schedule for 2012. A year planner is also appended for ease of reference.

Note: The draft Iwi Governance Committee (IGC) meeting dates are to be considered by the IGC on 5 October.

## SOUTHERN DISTRICT HEALTH BOARD DRAFT MEETING SCHEDULE 2012

MONTH	FEB	MARCH	APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
<b>Community and Public Health and Disability Support Advisory Committees</b> 10.00 am	Wed 01 (Dunedin)			Wed 02 (In'gill)		Wed 04 (Dunedin)		Wed 05 (Qtn/Central)		Wed 07 (Dunedin)	
<b>Iwi Governance Committee</b> 12.00 noon	Wed 01 (TBC) (Dunedin)		Tue 03 (In'gill)	Wed 02 (In'gill)	Wed 06 (Dunedin)	Wed 04 (Dunedin)	Wed 01 (In'gill)	Tues 04 (Dunedin)	Wed 03 (Dunedin)	Wed 07 (Dunedin)	Wed 05 (In'gill)
	Wed 29 (TBC) (In'gill)		TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC
<b>Hospitals Advisory Committee</b> 2.00 pm	Wed 01 (Dunedin)		Wed 04 (Qtn/Central)	Wed 02 (In'gill)	Wed 06 (Dunedin)	Wed 04 (Dunedin)	Wed 01 (In'gill)	Wed 05 (Qtn/Central)	Wed 03 (Dunedin)	Wed 07 (Dunedin)	
	Wed 29 (In'gill)										
<b>Clinical Advisory Committee</b> 5.30 pm	Wed 01 (Dunedin)		Wed 04 (by VC)	Wed 02 (In'gill)	Wed 06 (Dunedin)	Wed 04 (Dunedin)	Wed 01 (In'gill)	Wed 05 (by VC)	Wed 03 (Dunedin)	Wed 07 (Dunedin)	
	Wed 29 (In'gill)										
<b>Audit and Risk</b> 8.00 am		Thurs 01 (In'gill)			Thurs 07 (Dunedin)		Thurs 02 (In'gill)		Thurs 04 (Dunedin)		Thurs 06 (In'gill)
<b>Board</b> 10.30 am	Thurs 02 (Dunedin)	Thurs 01 (In'gill)	Thurs 05 (Qtn/Central)	Thurs 03 (In'gill)	Thurs 07 (Dunedin)	Thurs 05 (Dunedin)	Thurs 02 (In'gill)	Thurs 06 (Qtn/Central)	Thurs 04 (Dunedin)	Thurs 08 (Dunedin)	Thurs 06 (In'gill)




## YEAR PLANNER 2012

	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER
MON												
TUE					1							
WED		1 Dunedin			2 Invercargill			1 Invercargill				
THU		2 Dunedin	1 Invercargill		3 Invercargill			2 Invercargill			1	
FRI		3	2		4	1		3			2	
SAT		4	3		5	2		4	1		3	1
SUN	1 New Year1	5	4	1	6	3	1	5	2		4	2
MON	2 New Year2	6 Waitangi Day	5	2	7	4 Queens Birthday	2	6	3	1	5	3
TUE	New Year 1 obser	7	6	3 IGC, Invercargill	8	5	3	7	4 IGC, Dunedin	2	6	4
WED	4	8	7	4 Qtn/Central	9	6 Dunedin	4 Dunedin	8	5 Qtn/Central	3 Dunedin	7 Dunedin	5 Invercargill
THU	5	9	8	5 Qtn/Central	10	7 Dunedin	5 Dunedin	9	6 Qtn/Central	4 Dunedin	8 Dunedin	6 Invercargill
FRI	6	10	9	6 Good Friday	11	8	6	10	7	5	9	7
SAT	7	11	10	7	12	9	7	11	8	6	10	8
SUN	8	12	11	8	13	10	8	12	9	7	11	9
MON	9	13	12	9 Easter Monday	14	11	9	13	10	8	12	10
TUE	10	14	13	10 Southland Ann	15	12	10	14	11	9	13	11
WED	11	15	14	11	16	13	11	15	12	10	14	12
THU	12	16	15	12	17	14	12	16	13	11	15	13
FRI	13	17	16	13	18	15	13	17	14	12	16	14
SAT	14	18	17	14	19	16	14	18	15	13	17	15
SUN	15	19	18	15	20	17	15	19	16	14	18	16
MON	16 Southland Ann	20	19 Otago Ann Day	16	21	18	16	20	17	15	19	17
TUE	17	21	20	17	22	19	17	21	18	16	20	18
WED	18	22	21	18	23	20	18	22	19	17	21	19
THU	19	23	22	19	24	21	19	23	20	18	22	20
FRI	20	24	23	20	25	22	20	24	21	19	23	21
SAT	21	25	24	21	26	23	21	25	22	20	24	22
SUN	22	26	25	22	27	24	22	26	23	21	25	23
MON	23	27	26	23	28	25	23	27	24	22 Labour Day	26	24
TUE	24	28	27	24	29	26	24	28	25	23	27	25 Christmas Day
WED	25	29 Invercargill	28	25 Anzac Day	30	27	25	29	26	24	28	26 Boxing Day
THU	26		29	26	31	28	26	30	27	25	29	27
FRI	27		30	27		29	27	31	28	26	30	28
SAT	28		31	28		30	28		29	27		29
SUN	29			29			29		30	28		30
MON	30			30			30			29		31
TUE	31						31			30		
WED										31		
	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER

**Key:**

 Board

 Advisory Committees

FUNDING ADMINISTRATION  
CONTRACTS REGISTER (EXPENSES) - SEPTEMBER 2011

PROVIDER NAME	DESCRIPTION OF SERVICES	SIGNED BY	CONTRACT/VARIATION END DATE
Otago Community Hospice Trust Variation to Agreement	Palliative Care Services.	Peter Hay	30.06.12
Gore Health Limited Service Schedule	Primary Maternity Facility Services.	Peter Hay	30.06.14
Gore Health Limited Service Schedule	Health of Older People	Peter Hay	30.06.14
Gore Health Limited Service Schedule	Domicillary Services	Peter Hay	30.06.14
Gore Health Limited Agreement	Community Health Services Head Agreement - Gore	Peter Hay	30.06.14
Gore Health Limited Service Schedule	Rural Hospital Medical & Surgical Services.	Peter Hay	30.06.14
Clutha Community Health Company Limited Agreement	Community Health Services Head Agreement - Clutha	Peter Hay	30.06.14
Clutha Community Health Company Limited Service Schedule	Primary Maternity Facility Services	Peter Hay	30.06.14
Clutha Community Health Company Limited Service Schedule	Domicillary Services	Peter Hay	30.06.14
Clutha Community Health Company Limited Service Schedule	Health of Older People	Peter Hay	30.06.14
Clutha Community Health Company Limited Service Schedule	Rural Hospital Medical & Surgical Services.	Peter Hay	30.06.14
Milton Elder Care Trust Variation to Agreement	Age Related Day Care Services.	Leanne Illingworth	30.06.12

FUNDING ADMINISTRATION  
CONTRACTS REGISTER (EXPENSES) - SEPTEMBER 2011

Royal NZ Plunket Society Incorporated Variation to Agreement	Plunket Care & Support & Facilitation Service	Thelma Brown	30.06.12
Presbyterian Support Otago Incorporated t/a Taieri Initiative Variation to Agreement	Community Health Services and Support	Peter Hay	30.06.12
Oceania Care Company No 1 Limited t/a Windsor Park Hospital Variation to Agreement	Exceptional Circumstances Palliative Care for a Named Individual.	Peter Hay	11.08.11
Access Ability Limited t/a Access Ability Otago/Southland Agreement	Long Term Support - Chronic Health Condition (NASC Management)	Leanne Illingworth	30.06.12
Mosgiel Elderly Care Trust Variation to Agreement	Age Related Day Care Services.	Leanne Illingworth	30.06.12
Ryman Healthcare Limited t/a Rowena Jackson Variation to Agreement	Age Related Day Care Services.	Leanne Illingworth	30.06.12
Presbyterian Support Otago Incorporated t/a Iona Hospital Service Schedule	Exceptional Circumstances Palliative Care for a Named Individual.	Leanne Illingworth	20.10.11
Cressida Otago Limited t/a Woodhaugh Rest Home Variation to Agreement	Age Related Respite Care.	Leanne Illingworth	03.08.20
Cressida Otago Limited t/a Woodhaugh Rest Home Variation to Agreement	Age Related Residential Care.	Leanne Illingworth	03.08.20
Crombie and Price Limited Variation to Agreement	Special Foods Wholesaler Agreement - Canterbury Region.	Adele Knowles	30.09.11
Crombie and Price Limited Variation to Agreement	Special Foods Wholesaler Agreement - Southern Region.	Adele Knowles	31.07.12
Standards Plus Limited Variation to Agreement	Health of Older People - Individualised Funding Agency Pilot.	Leanne Illingworth	31.10.11
Oceania Care Company Limited t/a Windsor Park Variation to Agreement	Exceptional Circumstances Palliative Care for a Named Individual.	Leanne Illingworth	11.11.11

FUNDING ADMINISTRATION  
CONTRACTS REGISTER (EXPENSES) - SEPTEMBER 2011

Ryman Healthcare Limited t.a Yvette Williams Hospital Service Schedule	Exceptional Circumstances Palliative Care for a Named Individual.	Leanne Illingworth	17.11.11
Radius Residential Care Limited t.a Radius Fulton Care Centre Service Schedule	Exceptional Circumstances Palliative Care for a Named Individual.	Leanne Illingworth	19.10.11
Southern Primary Health Organisation Variation to Agreement	Rural Workforce Retention Funding.	Peter Hay	30.06.12
Healthcare of New Zealand Limited Letter of Agreement	Home Based Support Services - Personal Health.	Peter Hay	31.10.11
Healthcare of New Zealand Limited Variation to Agreement	Home Based Support Services.	Peter Hay	02.09.12
Waiau Health Trust Limited Variation to Agreement	Age Related Day Care Services.	Peter Hay	30.06.12
Radius Residential Care Limited t/a Fulton Home Agreement	Long Term Support - Chronic Health Conditions - Residential for a Named Individual.	Peter Hay	30.06.12
Harbour View Rest Home (2005) Limited t/a Harbour View Rest Home Agreement	Long Term Support - Chronic Health Conditions - Residential for a Named Individual.	Peter Hay	30.06.12
Presbyterian Support Otago Incorporated Agreement	Individual Agreement Personal Care for a Named Individual.	Leanne Illingworth	30.10.11
Nga Kete Matauranga Pounamu Charitable Trust Agreement	Antenatal Breastfeeding Classes.	Thelma Brown	31.01.12
Ryman Healthcare Limited t/a Rowena Jackson Hospital Service Schedule	Exceptional Circumstances Palliative Care for a Named Individual.	Leanne Illingworth	07.10.11
Mossbrae Healthcare Limited t.a Mossbrae Home & Hospital Service Schedule	Exceptional Circumstances Palliative Care for a Named Individual.	Leanne Illingworth	17.11.11
Montecillo Veterans Home and Hospital Limited Variation to Agreement	Exceptional Circumstances Palliative Care for a Named Individual.	Leanne Illingworth	25.07.11

FUNDING ADMINISTRATION  
 CONTRACTS REGISTER (EXPENSES) - SEPTEMBER 2011

Lakes District Air Rescue Trust Variation to Agreement	Primary Response in Medical Emergency - Fees.	Ron Craft	31.07.12
Fiordland Medical Practice Variation to Agreement	Ambulatory Integrated Medical Services.	Peter Hay	28.02.14
Life Pharmacy Wall Street Dunedin Limited t/a Life Pharmacy Dunedin Variation to Agreement	Pharmacy Services. Addition of Special Foods Purchase Unit to Base Pharmacy Agreement.	Peter Hay	30.04.12

**TOTAL AMOUNT FOR THE MONTH: \$35,745,497.70**