



BOARD MEETING

AGENDA

Thursday, 1 March 2012

10.00 am

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



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SOUTHERN DISTRICT HEALTH BOARD MEETING

Thursday, 1 March 2012
10.00 am

Board Room, Community Services Building, Invercargill

A G E N D A

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Confidential Session:**RESOLUTION:**

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

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

<i>General subject:</i>	<i>Reasons for passing this resolution:</i>	<i>Grounds for passing the resolution:</i>
Previous Public Excluded Board Minutes	As per reasons set out in previous agenda	S 32(a), Schedule 3, NZ Public Health and Disability Act 2000 – that the public conduct of this part of the meeting would be likely to result in the disclosure of information for which good reason for withholding exists under sections 9(2)(a), 9(2)(f), 9(2)(i), 9(2)(j) of the Official Information Act 1982, that is withholding the information is necessary to: protect the privacy of natural persons; maintain the constitutional conventions which protect the confidentiality of advice tendered by Ministers of the Crown and officials; to enable a Minister of the Crown or any Department or organisation holding the information to carry on, without prejudice or disadvantage, commercial activities and negotiations.
Review of Public Excluded Action Sheet	Personal privacy and to allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(i), 9(2)(j), and 9(2)(a).
SCLOS Board of Directors	Personal privacy and to allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(i), 9(2)(j), and 9(2)(a).
Annual Plan	Plan is subject to Ministerial approval	As above, sections 9(2)(f)(iv) and 9(2)(j).
Project Opportunities	Commercial sensitivity and to allow activities and negotiations to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).
South Island Health Services Plan 2012/13	Plan is subject to Ministerial approval	As above, sections 9(2)(f)(iv) and 9(2)(j).

General subject:	Reasons for passing this resolution:	Grounds for passing the resolution:
Community Pharmacy Services Model	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).
HBL Programme Update	Commercial sensitivity and to allow activities and negotiations to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).
Public Excluded Advisory Committee Reports <ul style="list-style-type: none"> a) Disability Support Advisory Committee and Community & Public Health Advisory Committee <ul style="list-style-type: none"> ▪ 1 February 2012 b) Clinical Advisory Committee <ul style="list-style-type: none"> ▪ 1 February 2012 ▪ 29 February 2012 c) Hospitals Advisory Committee <ul style="list-style-type: none"> ▪ 1 February 2012 ▪ 29 February 2012 ▪ Annual Plan – Electronic Medicines Management Business Case d) Audit & Risk Committee <ul style="list-style-type: none"> ▪ 1 March 2012 ▪ Banking and Treasury Arrangements 	Commercial sensitivity and to allow activities and negotiations to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).
Contract Approvals <ul style="list-style-type: none"> ▪ Siemens service contract for Artis Zee DSA Unit 	Commercial sensitivity	As above, section 9(2)(i).
Sentinel Events Reporting	Personal privacy and to allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(j), 9(2)(a)
Risk Report	To allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).

SOUTHERN DISTRICT HEALTH BOARD

INTERESTS REGISTER

Board Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB
Joe BUTTERFIELD (Chairman)	06.12.2010	Son-in-law: 1. Partner, Polson Higgs, Chartered Accountants. 2. Trustee, Corstorphine Baptist Community Trust	1. Does some accounting work for Southern PHO. 2. Has a mental health contract with Southern DHB.
Paul MENZIES (Deputy Chairman)	10.02.2010 10.02.2010 06.10.2011	1. Wife a member on the Southland Child Youth Mortality Review Group. 2. Wife a member on the Child and Youth Health Advisory Committee. 3. Trustee, Southern PHO	1. Nil. 2. Nil. 3. Appointed as a trustee by Southern DHB. PHO is contracted to the DHB.
Neville COOK	04.03.2008 04.03.2008 04.03.2008 26.03.2008	1. Board Member, Invercargill Licensing Trust. 2. Board Member, Invercargill Licensing Trust Foundation. 3. Councillor, Environment Southland. 4. Trustee, Norman Jones Foundation.	1. Possible conflict with funding requests. 2. Possible conflict with funding requests. 3. Nil. 4. Possible conflict with funding requests.
Sandra Cook	01.09.2011	1. Te Runanga o Ngāi Tahu	1. Holds a "right of first refusal" over certain Crown properties. Also seen as a Treaty partner and affiliates may hold contracts from Southern DHB from time to time.
Kaye CROWTHER	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.
Mary FLANNERY	17.11.2010 10.11.2011	1. Trustee, Rural Otago Primary Health Organisation 2. Associate Solicitor, Bodkins Alexandra. 3. Partner, Tayside Farm Partnership. 4. New Zealand Irrigation Board	1. Was contracted to Southern DHB – contracts assigned to Southern PHO (will be wound up) 2. Nil 3. Nil 4. Nil
James Malcolm MACPHERSON	28.06.2005 09.03.2011 16.10.2009 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.	1. (OP has training interests in common with the DHB, no) 2. (personal interest.) 3. OCH provides contracted services for Southern DHB, no personal involvement.

Board Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB
	25.11.2010 25.11.2010 28.08.2007 09.03.2011 09.03.2011 09.03.2011 13.12.2001 22.04.2003	5. Member Roxburgh Gorge Trail Charitable Trust. 6. Part owner, Alexandra Medical Centre. 7. Co-Principal, Brilliant New Zealand Ltd. 8. Chairman, Jolendale Charitable Trust. 9. Director, Medco Properties Ltd 10. Director, Centennial Health Ltd Spouse - Susan Elizabeth Macpherson: 11. GP Principal, Centennial Health Ltd, Alexandra. 12. Branch Medical Advisor, ACC, Alexandra.	4. CLT is a community funder in its region, which includes Dunstan and Lakes District Hospitals, plus a wide range of community and primary services and service providers, and is a possible future funder. 5. Nil. 6. The AMC will be tenanted by all of Alexandra's current GPs and a pharmacy and may also house other related service providers, including midwives and the University of Otago Medical School. A range of potential conflicts, real and theoretical. 7. BNZL is a consultancy which may have an involvement with health sector organisations. 8. Nil. 9. MPL will be responsible for the tenancy of all of Alexandra's current GPs and a pharmacy and may also house other related service providers, including midwives and the University of Otago Medical School. A range of potential conflicts, real and theoretical. 10. (Any DHB decisions relating to or involving primary) 11. (health providers, PHOs or primary referred services) (are likely to have a direct personal (family) effect.) (Declare and withdraw as a matter of course.) 12. ACC is a major customer of the DHB. Remote possibility of an influence, no personal interest.
Tahu POTIKI	15.12.2007 03.04.2008 24.11.2009 03.06.2010	1. Director, Arataki Associates. 2. Representative to Te Runanga o Ngai Tahu. 3. Trustee of Ngai Tahu Charitable Trust. 4. Board Member, Relationship Services NZ. 5. Board Member, Environmental Science and Research	1. Contracted to Southern DHB, funded provider in the past ie Araiteuru Whare Hauora Ltd. 2. & 3. Treaty Partner - affiliated providers may contract to Southern DHB. Te Runanga o Ngai Tahu has right of first refusal on disposal of property. 4. No apparent conflict. 5. CRI involved in public health research.
Branko SIJNJA	07.02.2008 04.02.2009 22.06.2010	1. Director, Clutha Community Health Company Limited. 2. 0.5 FTE Director Rural Immersion Programme, Otago University School of Medicine. 3. Employee, Balclutha General Practitioners Limited	1. Operates publicly funded secondary health services under contract to Southern DHB. 2. Possible conflicts between Southern DHB and University interests. 3. Employed as a part-time GP.
Richard John THOMSON	13.12.2001	1. Managing Director, Thomson & Cessford Ltd. 2. Director, Susanna Shaya Imports Ltd 3. Chairperson and Trustee, Hawksbury Community	1. Thomson & Cessford Ltd is the company name for the Acquisitions Retail Chain. Southern DHB staff occasionally purchase goods for their departments from

Board Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB
	23.09.2003 29.03.2010 06.04.2011	Living Trust. 4. Trustee, HealthCare Otago Charitable Trust. 5. Director, Composite Retail Group. 6. Councillor, Dunedin City Council.	it. 2. Susanna Shaya Imports is a homeware importing company. It has no dealings with Southern DHB. 3. Hawksbury Trust runs residential homes for intellectually disabled adults in Otago and Canterbury. It does not have contracts with Southern DHB. 4. Health Care Otago Charitable Trust regularly receives grant applications from staff and departments of Southern DHB, as well as other community organisations. 5. May have some stores that deal with Southern DHB.
Tim WARD	14.09.2009 01.05.2010 01.05.2010	1. Partner, BDO Invercargill, Chartered Accountants. 2. Trustee, Verdon College Board of Trustees. 3. Council Member, Southern Institute of Technology (SIT).	1. May have some Southern DHB patients and staff as clients. 2. Verdon is a participant in the employment incubator programme. 3. Supply of goods and services between Southern DHB and SIT.

SOUTHERN DISTRICT HEALTH BOARD

INTERESTS REGISTER FOR THE EXECUTIVE MANAGEMENT TEAM

As at February 2012

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.
Steve Addison	21.02.2012	1. Mother-in-law (Anne Gover) Gore District Councillor 2. Father-in-law (Keith Gover) on Board of Gore Counselling Centre	
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	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.	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.

Employee Name	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern District Health Board
	23.02.2010	8. Otago Rugby Union (Director).	6. No conflict. 7. No conflict. 8. No conflict.
Donovan Clarke	02.02.2011	1. Te Waipounamu Delegate, Te Piringa, National Maori Disability Advisory Group. 2. Director, Great Western Steakhouse, New Lynn, Auckland.	1. Nil. 2. Nil.
Tina Gilbertson	16.11.2011	Nil	
Robert Mackway-Jones	28.08.2007	1. Close association (wife) employed by Dunedin Hospital.	1. Reporting line to Purchasing Team leader.
Lexie O'Shea	01.07.2007	1. Trustee, Gilmour Trust.	1. Southland Hospital Trust.
Lynda McCutcheon	24.01.2012	Nil	
John Pine	17.11.201	Nil	
Leanne Samuel	01.07.2007 01.07.2007 01.07.2007 29.10.2009 01.10.2010	1. Southern Health Welfare Trust (Trustee). 2. Member of Community Trust of Southland Health Scholarships Panel. 3. Member of Board of Studies at Southern Institute of Technology. 4. Southland Medical Foundation Inc (Member) 5. Member of National Elective Services Productivity and Workforce Programme Steering Group.	1. Southland Hospital Trust. 2. Nil. 3. Potential conflict if the DHB purchases services from this organisation. 4. Southland Trust. 5. Nil.
John Simpson		Nil	
David Tulloch	23.11.2010 02.06.2011	1. Southland Urology (Director) 2. Southern Surgical Services (Director) 3. UA Central Otago Urology Services Limited (Director)	1. Potential conflict if DHB purchases services. 2. Potential conflict if DHB purchases services. 3. Potential conflict if DHB purchases services.
Ian Macara (in attendance at EMT as CEO of the Southern PHO)	26.08.2010	Nil	

Minutes of the Southern District Health Board Meeting

Thursday, 2 February 2012, 10.00 am
Board Room, 1st Floor, Dunedin Hospital

Present: Mr Joe Butterfield Chair
Mr Paul Menzies Deputy Chair
Ms Sandra Cook
Mr Neville Cook
Mrs Kaye Crowther
Mrs Mary Flannery
Dr Malcolm Macpherson
Mr Tahu Potiki
Dr Branko Sijnja
Mr Tim Ward

In Attendance: Mr Stuart McLauchlan Crown Monitor
Mrs Lexie O'Shea Acting Chief Executive Officer
Mr Stephen Addison PR & Communications Manager
Mrs Vivian Blake Chief Operating Officer, Otago
Mrs Tina Gilbertson Acting Chief Nursing & Midwifery Officer
Mr Robert Mackway-Jones General Manager, Finance & Funding
Mrs Leanne Samuel Acting Chief Operating Officer, Southland
Mr David Tulloch Chief Medical Officer
Ms Jeanette Kloosterman Board Secretary

1.0 APOLOGIES

An apology was received from Mr Richard Thomson.

2.0 CHAIR'S OPENING COMMENTS

The Chairman welcomed everyone to the meeting.

3.0 DECLARATION OF INTERESTS

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

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 15 December 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 ACTION SHEET

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

7.0 ACTING CHIEF EXECUTIVE OFFICER'S REPORT

The Acting Chief Executive Officer presented her monthly report (agenda item 7), and tabled the Quarter One 2011/12 Performance Overview.

Mr Tahu Potiki joined the meeting at 10.02 am.

It was resolved:

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

8.0 FINANCIAL REPORT

The General Manager, Finance & Funding, presented the Financial Report for the period ended 31 December 2011 (agenda item 8) and answered members' questions on the financial accounts.

The Board noted that it was expected the year-end financial result would be on budget.

It was resolved:

"That the Financial Report be noted."

9.0 LOAN REQUEST

The Board considered a request to draw on the unused loan facility with the Crown Health Financing Agency (CHFA) (agenda item 9).

The Board was informed that this facility would be used to build cash reserves for capital expenditure over the next few years. Each capital item would still be submitted to the Board for approval.

It was resolved:

- "1. That the Board draw a \$6.65 million loan against its current Crown Health Financing Agency debt facility;**
- 2. That the General Manager Finance & Funding/CEO finalise the drawdown notice."**

10.0 EQUITY REQUEST

The Board considered a request to seek deficit support from the Minister of Health (agenda item 10).

It was resolved:

- "1. That the Board request \$10 million of deficit support from the Minister of Health;**
- 2. That the General Manager, Finance & Funding provide a suitable letter for this purpose for the Chair's signature."**

11.0 WAKATIPU HEALTH SERVICES

The Board considered a progress report on the Wakatipu Health Services Expert Panel's recommendations, and terms of reference for clinical discussion on a CT scanner for Central Otago/Queenstown-Lakes District (agenda item 11).

It was noted that a recommendation on the location of a CT scanner would be submitted to the June Board meeting.

It was resolved:

"That the report be noted."

12.0 ADVISORY COMMITTEE REPORTS

Audit and Risk Committee

DHB Governance Manual

The Board considered a draft Governance Manual for Southern DHB (agenda item 12a). The Chair of the Audit and Risk Committee (ARC) reported that this was considered by the ARC at its meeting on 15 December 2011 and had been circulated to Board members for comment.

It was resolved:

"That the Board adopt the Governance Manual."

Credit Card Policy

The Board considered a recommendation from the Audit and Risk Committee that the updated Credit Card Policy be approved (agenda item 12b).

It was resolved:

“That the Board approve the Credit Card Policy.”

Disability Support Advisory Committee/Community & Public Health Advisory Committee

The Board received a verbal report from Dr Macpherson, Disability Support Advisory Committee and Community & Public Health Advisory Committee (DSAC/CPHAC) Chair, on the joint meeting of the Committees held the previous day.

Submissions Process

Dr Macpherson reported that DSAC/CPHAC had been asked to approve three principles for a submissions process but had asked to see the developed policy before making a decision (agenda item 13b).

The Board noted the proposed submissions process had been referred back to management for further work.

DSAC/CPHAC Terms of Reference

A recommendation from DSAC/CPHAC to change their terms of reference to reflect that the Strategic Plan had been replaced by regional plans, and that the terms of reference be reviewed at the beginning of each new Board term, was tabled.

It was resolved:

“That the Board approve the changes to the Disability Support Advisory Committee and Community & Public Health Advisory Committee terms of reference.”

Hospitals Advisory Committee

The Board received a verbal report from Mr Menzies, Hospital Advisory Committee (HAC) Chair, on the meeting of the Committee held the previous afternoon.

It was resolved:

“That the verbal report be noted.”

HAC Terms of Reference

Mr Menzies reported that the Hospital Advisory Committee had reviewed their terms of reference and recommended that these remain unchanged (agenda item 14), and that the HAC continue to meet monthly.

It was resolved:

"That the Board's previous decision regarding Hospital Advisory Committee (HAC) meeting frequency be revoked and the HAC continue to generally meet monthly up to ten times a year, and that the terms of reference be changed accordingly."

Iwi Governance Committee

The minutes of the Iwi Governance Committee meeting held on 14 December 2011 (agenda item 15), which were reported on verbally at the last meeting, were taken as read.

Mr Tahu Potiki gave a verbal report on the Iwi Governance Committee (IGC) meeting held on 1 February 2012 and invited members to attend the IGC workshop on 29 February 2012, at which the Regional Leadership Group for Whānau Ora, Te Waipounamu, would be presenting.

It was resolved:

"That the report be noted."

13.0 INFORMATION ITEM: GOVERNMENT PRIORITIES

An extract from the speech delivered by the Governor-General at the opening of Parliament on 21 December 2011, which set out the new Government's priorities for public health services, was circulated with the agenda (item 16) for members' information.

The Chairman reported that the Minister's Letter of Expectations had also been received and circulated to members.

It was resolved:

"That the report be noted."

14.0 CONTRACTS REGISTER

The Funding contracts register (expenses) for December 2011 and January 2012 was circulated with the agenda (item 17) for members' information.

It was resolved:

"That the register be noted."

CONFIDENTIAL SESSION

At 10.40 am, it was resolved:

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

General subject:	Reasons for passing this resolution:	Grounds for passing the resolution:
Previous Public Excluded Board Minutes	Commercial sensitivity and to allow activities and negotiations to be carried on without prejudice or disadvantage	S 32(a), Schedule 3, NZ Public Health and Disability Act 2000 – that the public conduct of this part of the meeting would be likely to result in the disclosure of information for which good reason for withholding exists under sections 9(2)(f)(iv), 9(2)(i), 9(2)(j) of the Official Information Act 1982, that is withholding the information is necessary to: maintain the constitutional conventions which protect the confidentiality of advice tendered by Ministers of the Crown and officials; enable a Minister of the Crown or any Department or organisation holding the information to carry on, without prejudice or disadvantage, commercial activities and negotiations.
Review of Public Excluded Action Sheet	Personal privacy and to allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(i), 9(2)(j), and 9(2)(a) to protect the privacy of natural persons.
SCLOS Board of Directors	Personal privacy and to allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(i), 9(2)(j), and 9(2)(a) to protect the privacy of natural persons.
HBL Indicative Case for Change Finance Procurement & Supply Chain Management	Commercial sensitivity and to allow activities and negotiations to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).

General subject:	Reasons for passing this resolution:	Grounds for passing the resolution:
Public Excluded Advisory Committee Reports a) Audit & Risk Committee <ul style="list-style-type: none"> ▪ 15 December 2011 b) Disability Support Advisory Committee and Community & Public Health Advisory Committee <ul style="list-style-type: none"> ▪ 1 February 2012 ▪ Mental Health & Addictions Strategic Plan ▪ PHO Clinical Programme Funding c) Clinical Advisory Committee <ul style="list-style-type: none"> ▪ 1 February 2012 d) Hospitals Advisory Committee <ul style="list-style-type: none"> ▪ 1 February 2011 	Commercial sensitivity and to allow activities and negotiations to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).
Contract Approvals	Commercial sensitivity and to allow activities and negotiations to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).
Sentinel Events Reporting	Personal privacy and to allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(i), 9(2)(j), 9(2)(a)
Risk Report	To allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).
Annual Plan 2012/2013	Subject to Ministerial approval	As above, section 9(2)(f)(iv).
Project Opportunities	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).

The Board adjourned at 11.45 am for a planning workshop and to have lunch with the PHO Board.

Mr McLauchlan left at 1.00 pm and Mr Menzies at 2.00 pm.

The meeting reconvened at 2.15 pm.

Ms Sandra Cook left the meeting at 3.00 pm and Mr Tahu Potiki at 3.20 pm.

15.0 NEXT MEETING

It was agreed that the next meeting in Invercargill would commence at 10.00 am.

The meeting closed at 3.30 pm.

Confirmed as a true and correct record:

Chairman: _____

Date: _____

Southern District Health Board

BOARD MEETING ACTION SHEET

As at 22 February 2012

Action Point No.	SUBJECT	ACTION REQUIRED	BY	STATUS	EXPECTED COMPLETION DATE
043-2011/02 59-2011/05	Alcohol Law Reform Bill (Minute item 9.0)	That a draft policy statement on alcohol be developed and submitted to CPHAC to provide direction to future service provision in this area, including the issue of education. Timeframe to be provided for completion of the draft policy statement.	PHS GMFF	Being progressed as part of the South Island Public Health work stream. Not complete as yet.	
044-2011/02 60-2011/05	Smokefree Environment Amendment Bill (Minute item 9.0)	A draft policy statement on smokefree environments to be developed and submitted to CPHAC to provide direction to future service provision in this area. Timeframe to be provided for completion of the draft policy statement.	PHS GMFF	To be progressed as part of the South Island Public Health work stream. Southern DHB does have its own policy that was created in March 2010 and is due for review in 2012.	
90-2011/12	Wakatipu Service Planning – CT Scanner (Minute item 8.0)	Management to proceed with the review and submit a recommendation to the Board by the June 2012 meeting.	GMFF		June 2012

CHIEF EXECUTIVE OFFICER'S REPORT

RECOMMENDATION:

1. That the Board note this report.

1. DHB FINANCIAL PERFORMANCE

As at 31 January 2012 the year to date (YTD) result for Southern DHB is a deficit of \$1.2m, which is \$2.5m ahead of the budgeted deficit. The favourable variance result is mainly attributable to \$1.5m below budget mental health expenditure, SIA/HP funds (\$0.8m), below budget for the hospital and PCT pharmaceutical expenditure (\$0.7m), IDF wash-up from 10/11 (\$0.5m), and lower Governance costs (\$0.4m). The January result was unfavourable to budget by \$1.7m, however this was \$0.4m better than the forecast.

The favourable Governance result is mainly due to timing of NGO audit fees and lower contributions to the former SISSAL and DHBNZ organisations. Additional funding has been provided to part fund the activities of Health Benefits Limited. The YTD Funder result is favourable by \$3m with the key drivers being unfavourable IDF wash-up provision for 11/12 (\$1.1m), claw-back for unfilled mental health positions (\$0.9m), SIA/HP/Other primary funds not allocated during the first quarter (\$0.8m), favourable mental health expenditure (\$0.6m), below budget home support allocations (\$0.5m), and IDF wash-up from 10/11 (\$0.5m).

2. PROVIDER ARM

Contract Performance

- Elective **caseweights** delivered (cwd) for Southern DHB were 14.57% (125 cwd) behind plan for January 2012. Year to date case weight volumes are 2.15% (174) above plan.
- Health Target Elective **discharges** delivered for Southern DHB were 43 below plan for January 2012. Year to date elective discharges are 16 above plan.

Financial Performance

- An unfavourable variance of \$1,516k was recorded in the Provider Arm for the month of January 2012. Year to date the result is unfavourable by \$915k.
- Revenue for January 2012 was unfavourable against budget by \$321k. Expenses for January 2012 were unfavourable against plan by \$1,195k.

3. PLANNING AND FUNDING

Mental Health & Addictions Service Development

The draft Mental Health and Addiction Strategic Plan has now been released and is available from our website at www.southerndhb.govt.nz/raisehope. The details of our consultation plan and how to participate can also be found at this site.

Annual Plan 2012/13

Significant work is going into the development of the Annual Plan. The first plan and financials are due for submission in March. Updates on the plan are in the excluded agenda.

Lexie O'Shea
Acting Chief Executive Officer

22 February 2012

SOUTHERN DHB FINANCIAL REPORT

Financial Report as at: 31 January 2012
 Report Prepared by: Robert Mackway-Jones, GM Finance & Funding
 Date: 20 February 2012

Recommendations:

- That the Board note the Financial Report

1. Consolidated Results Summary

DHB Consolidated Financial Performance January 2012

Month				Year to Date			Annual
Actual	Budget	Variance		Actual	Budget	Variance	Budget
\$' 000	\$' 000	\$' 000		\$' 000	\$' 000	\$' 000	\$' 000
68,891	69,031	(140)	Revenue	485,572	483,107	2,465	828,419
(25,027)	(24,613)	(414)	Less Personnel Costs	(177,024)	(177,058)	34	(307,527)
(44,031)	(42,865)	(1,166)	Less Other Costs	(309,775)	(309,740)	(35)	(531,384)
(167)	1,553	(1,720)	Net Surplus / (Deficit)	(1,227)	(3,691)	2,464	(10,492)

- January's result was \$1.7m unfavourable to budget; however the actual result was around \$0.4m better than the forecast (deficit of \$624k projected v \$167k actual)
- The YTD result is now a deficit of \$1.2m which is \$2.5m better than budgeted

Summary of Results January 2012

Month				Year to Date			Annual
Actual	Budget	Variance		Actual	Budget	Variance	Budget
\$' 000	\$' 000	\$' 000		\$' 000	\$' 000	\$' 000	\$' 000
45	0	45	Governance	404	0	404	0
(813)	(564)	(249)	Funds	(3,860)	(6,836)	2,976	(10,981)
601	2,117	(1,516)	Provider	2,229	3,145	(916)	489
(167)	1,553	(1,720)	Net Surplus / (Deficit)	(1,227)	(3,691)	2,464	(10,492)

- Key factors providing the bulk of favourable variance YTD include:
 - \$1.5m of below budget mental health expenditure (\$0.9m from provider-arm clawed back for unfilled FTE positions)
 - \$0.8m of SIA/HP funds
 - \$0.5m of IDF wash-up from 10/11
 - (\$1.1m) of unfavourable IDF wash-up for 11/12
 - \$0.7m of below budget hospital and PCT pharmaceutical expenditure
 - \$0.4m of lower Governance costs, mainly in timing of NGO audit fees and lower contributions to the former SISSAL and DHBZN organisations

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	3,822	3,622	200	6,209
(225)	(236)	11	Less Personnel Costs	(1,660)	(1,649)	(11)	(2,827)
(276)	(281)	5	Less Other Costs	(1,758)	(1,973)	215	(3,382)
45	0	45	Net Surplus / (Deficit)	404	0	404	0

Summary Comment:

Expenditure continues to track favourably. Additional funding has been provided to the 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.

3. DHB Funds Results

Month				Year to Date			Annual
Actual	Budget	Variance		Actual	Budget	Variance	Budget
\$' 000	\$' 000	\$' 000		\$' 000	\$' 000	\$' 000	\$' 000
65,459	65,311	148	Revenue	459,678	457,175	2,503	783,729
0	0	0	Less Personnel Costs	0	0	0	0
(66,272)	(65,875)	(397)	Less Other Costs	(463,538)	(464,011)	473	(794,710)
(813)	(564)	(249)	Net Surplus / (Deficit)	(3,860)	(6,836)	2,976	(10,981)
			Expenses				
(47,019)	(46,694)	(325)	Personal Health	(329,441)	(329,564)	123	(564,492)
(6,944)	(7,147)	203	Mental Health	(48,451)	(50,006)	1,555	(85,752)
(904)	(949)	45	Public Health	(6,474)	(6,643)	169	(11,388)
(10,698)	(10,401)	(297)	Disability Support	(74,220)	(73,016)	(1,204)	(124,876)
(161)	(167)	6	Maori Health	(1,130)	(1,160)	30	(1,993)
(546)	(517)	(29)	Other	(3,822)	(3,622)	(200)	(6,209)
(66,272)	(65,875)	(397)	Expenses	(463,538)	(464,011)	473	(794,710)

Summary Comment:

The \$813k deficit in January compared to a forecast deficit of \$898k.

The overall funder result is favourable by \$3m YTD. Key bottom line drivers include:

- \$0.9m of claw-back for unfilled mental health positions
- \$0.6m of other favourable mental health expenditure
- \$0.8m of SIA/HP/Other primary funds not allocated during the first quarter
- \$0.2m of laboratory expenditure for non-schedule testing and share of national claims from un-coded NHI events
- \$0.5m of below budget home support allocations
- \$0.4m of lower PCT drug expenditure
- \$0.5m of IDF wash-up from 10/11
- (\$1.1m) of unfavourable IDF wash-up provision for 11/12

Revenue

YTD, revenue is \$2.5m above budget however the bulk of this has associated cost offsets.

Item	\$'m	Expense Line Offset (Y/N/Partial)
IDF's from Canterbury for ARC	0.5	Y, DSS ARC expenditure
IDF wash-up final adjustment from 10/11	0.1	N,
IDF wash-up earthquake related personal health	0.5	N, Various but 10/11
Oral Health funding	0.5	Y, Child (School) dental
Dementia Funding	0.4	Y, DSS ARC Rest Homes
Long Term Conditions funding	0.7	Y, DSS, Chronic Conditions
Funding for HBL shared services	0.2	Y, Outsourced funder services
PHO Very Low Cost Access Funding	0.1	Y, PHO Health
PHO Performance Management funding	(0.2)	Y, PHO Other
Antenatal HIV screening funding	(0.1)	Y, Public Health screening
HEHA Contracts	(0.2)	Y, Public - Nutrition and physical
<u>All other revenue variances</u>	<u>0.1</u>	
Total Revenue Variation	2.5	

Expenditure

Mental Health

Of the \$1.5m favourable expenditure variance; \$0.9m 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 \$0.6m variance related to NGO contracts with this occurring in the residential bed funding line and Alcohol & Drug services. Part of January's result included claw back (\$0.1m) from a historic funding claim.

Disability Support

Rest home level residential care services has a \$0.7m unfavourable variance for the half year. This includes the impact of the additional dementia funding of \$0.4m leaving a residual deficit of \$0.3m. Utilisation is running 9% higher than plan (but at levels lower than last year), and there are offsets for this expenditure in the community services line and day programmes line plus some offset with the IDF funding from Canterbury.

Hospital level residential care is \$0.8m over budget. Utilisation is running 4% above plan. The plan (in hindsight) has been set at slightly lower levels than actuals in 2010/11. A factor of 3% growth for demographics should have been allowed. A portion of the IDF funding from Canterbury also relates to hospital level care.

Between the two categories, the total variance is \$1.5m of which \$0.9m is offset by additional funding and a further \$0.2m in other expenditure areas. The net variance of \$0.4m is less than 1% of the total budget.

Home support allocations continue to be managed within budget; the favourable financial variance is \$0.5m, there is an underlying growth in personal care allocations (5%) which is part of supporting elderly to remain at home.

Personal Health

As noted in the revenue summary, there are a number of revenue items that are offset by expenditure variances; these include:

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

- The \$0.5m unfavourable variance in Child (School) Dental Services relates to the extra Oral Health funding which is paid to the provider-arm.
- The unfavourable variance shown in medical outpatients (\$0.7m) relates to correction of volumes (renal and cardiology tests) paid to the provider-arm. It has no bottom line impact for the Consolidated DHB result, but will show as a monthly unfavourable variance of \$88k to the funder result, with the offset as additional funding in the provider-arm internal revenue figure.

Some of the expenditure variances are impacting the bottom line; some of the more significant ones include:

- The PHO Health line has a \$1.1m has a favourable variance of which \$0.8m relates to SIA/HP funds to the PHO. Reduced payments for SIA commenced from 1 October.
- 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. Some of the favourable variance in this line offsets the palliative care line which includes increased hospice funding approved.
- Laboratory expenditure is below budget, claiming for non-schedule tests and other budgeted allowances are below planned level reflecting the demand driven nature of this service.
- The minor personal health expenditure line contains funding for primary care after hours support and workforce development. Workforce development funding has commenced from 1 November. The after-hours funding is being used for phone triage support and some of the ED volume in various hospitals is supported by this funding line as an interim step. This line also contains a number of small allowances for discretionary/special case expenditure that to date have not been required.
- A large rebate for PCT drugs (\$0.3m) is reflected in the YTD result. Actual expenditure was also tracking below budget, although this was a lot closer to budget in January.

IDF Inflows/Outflows

Inflows

YTD IDF inflow revenue is \$1m favourable to budget. This is represented by \$0.5m from Canterbury DHB for ARC and a further \$0.5m from Canterbury DHB relating to personal health costs (Labs, Pharms, GM subsidies etc.) as a result of resident movements following the Christchurch earthquake.

There is no provision for wash-ups for the 11/12 financial year for other IDF with little variation at an overall level. There are some variations within DHB's, the large variances all resulting from acute events. The latest data set to December, is \$0.2m less favourable than the prior months.

DHB Name	Actuals	Budget	Variances	Variance in Dollars
Auckland	43.12	21.21	21.91	100,080.03
Bay of Plenty	6.88	15.47	-8.59	(39,232.44)
Canterbury	271.17	238.59	32.58	148,807.16
Capital and Coast	15.43	21.14	-5.71	(26,074.09)
Counties Manukau	11.85	16.57	-4.72	(21,559.64)
Hawkes Bay	5.53	6.47	-0.94	(4,307.60)
Hutt Valley	7.33	6.41	0.91	4,174.92
Lakes	7.78	4.58	3.19	14,586.58
MidCentral	6.04	2.22	3.82	17,448.18
Nelson Marlborough	32.78	39.65	-6.87	(31,393.41)
Northland	2.82	12.10	-9.28	(42,371.02)
South Canterbury	121.16	136.22	-15.07	(68,827.77)
Tairāwhiti	0.58	2.30	-1.72	(7,834.18)
Taranaki	4.77	4.73	0.04	203.19
Waikato	18.82	16.67	2.15	9,834.08
Wairarapa	0.47	1.70	-1.23	(5,622.37)
Waitemata	14.96	34.78	-19.82	(90,541.03)
West Coast	35.99	19.08	16.90	77,210.61
Whanganui	0.20	2.71	-2.51	(11,473.74)
Total	607.68	602.62	5.06	23,107.44

Outflows

DHB Name	Actuals	Budget	Variances	Variance in Dollars
Auckland	337.27	274.58	-62.69	(286,325.32)
Bay of Plenty	5.97	7.74	1.77	8,091.46
Canterbury	931.18	900.63	-30.55	(139,543.05)
Capital and Coast	46.88	26.86	-20.02	(91,423.54)
Counties Manukau	15.29	38.21	22.92	104,672.33
Hawkes Bay	9.50	3.50	-6.00	(27,405.58)
Hutt Valley	24.32	11.22	-13.09	(59,799.44)
Lakes	10.27	5.37	-4.89	(22,350.79)
MidCentral	4.33	5.82	1.49	6,820.50
Nelson Marlborough	13.13	21.60	8.47	38,706.89
Northland	4.93	7.59	2.66	12,152.63
South Canterbury	29.61	22.28	-7.34	(33,516.41)
Tairāwhiti	2.06	1.04	-1.02	(4,661.39)
Taranaki	3.98	1.84	-2.14	(9,756.74)
Waikato	45.02	24.01	-21.01	(95,967.92)
Wairarapa	1.06	2.58	1.52	6,938.50
Waitemata	13.29	11.62	-1.66	(7,592.25)
West Coast	12.72	9.09	-3.63	(16,600.31)
Whanganui	0.00	5.80	5.80	26,477.37
Total	1510.79	1381.38	-129.41	(591,083.08)

The table above, shows an overall unfavourable wash-up to the default IDF position of \$0.6m which is \$0.2m worse than the prior month.

The financials show a variance of \$1.1m, this is because the budget was adjusted downwards by \$0.8m for lower cardiology volumes than the default position.

For the six-months; this component is tracking \$0.2m unfavourably with all other services tracking unfavourably by \$0.9m (\$0.5m acute and \$0.4m elective). The elective variance is driven by ENT, paediatric cardiac, gynae and plastic & burns.

4. DHB Provider Summary Results

Month			Year to Date			Annual	
Actual	Budget	Variance	Actual	Budget	Variance	Budget	
\$ '000	\$ '000	\$ '000	\$ '000	\$ '000	\$ '000	\$ '000	
38,798	39,118	(320)	Revenue	273,643	273,803	(160)	469,551
(24,803)	(24,377)	(426)	Less Personnel Costs	(175,364)	(175,409)	45	(304,700)
(13,394)	(12,624)	(770)	Less Other Costs	(96,050)	(95,249)	(801)	(164,362)
601	2,117	(1,516)	Net Surplus / (Deficit)	2,229	3,145	(916)	489

Summary Comment:

January's result was \$1.5m worse than budget although the result was actually better than the forecast for January.

YTD, the result is now \$0.9m worse than budget. The forecast has been updated and reflects a similar position to the prior forecast with a deficit of \$0.1m projected at year end.

Revenue

Overall revenue has a \$160k unfavourable variation; however there are some larger underlying differences to budget as shown below:

Item	\$'m	Expense Line Offset (Y/N/Partial)
Medium Secure ID Unit funding	(0.4)	Y, Salaries (nursing) & expenses
Mental Health funding (Internal Revenue)	(0.9)	Y, Salaries (Nursing, Allied mainly)
Community Pharms + PCT Claiming (Internal Rev)	(0.4)	Y, Pharmaceuticals
ACC revenue	(0.2)	P, Clinical supplies
Renal / Cardiology funding (Internal Revenue)	0.6	N, but costs in existing budgets
Oral Health funding	0.5	Y, Salaries and supplies
Training revenue	0.1	Y, Salaries
Non-Resident revenues	0.2	Y, Clinical supplies
Donations and SSC subsidies	0.6	P, Salaries (Kiwisaver)
Haemophilia pool funding	0.2	P, Blood Product costs
<u>All other revenue variances</u>	<u>0.1</u>	
Total Revenue Variation	(0.2)	

Personnel Expenditure

FTE remain below budget however the level of variance has declined during the year. There is a budgeted vacancy factor (assumes rolling vacancies) of 94, meaning the different to departmental establishment numbers is considerably higher. The YTD FTE variance is 40 under budget. with the split between the sites as follows;

- Dunedin Hospital (DH) 7 FTE,
- Southland and Lakes Hospital (SLH) 25 FTE and
- Shared Services 8 FTE.

Medical

Medical salary costs are over budget in January by \$0.6m and now YTD by \$1.6m. Indirect salary costs are under \$0.2m budget YTD; hence the direct salary costs (wages, leave, overtime etc.) are considerably over budget. This is FTE driven (26 in January and 10 YTD) and with only a \$0.4m offset in outsourced medical costs.

A large amount of the January variance was driven by Stat leave entitlements / accruals and with annual leave being taken at lower levels than planned.

YTD, the (\$1.6m) unfavourable variance can be summarised into:

- (\$1m) of overtime / allowance payments
- 0.5m of offset in allowance, superannuation etc from vacancies
- (\$1m) of leave variations

Nursing

Nursing costs are \$0.5m favourable to budget for January, a continuation of the YTD trend which is now \$1.7m favourable YTD. FTEs are 19 under budget for the month compared with 20 YTD.

The key drivers for the FTE variance continue to be vacancies within the:

- incomplete medium secure unit, (9 FTE)
- ISIS rehab (4 FTE)
- inpatient mental health unit in Invercargill,
- mental health FTE contracts,
- and general vacancies within the orthopaedics ward, ISIS and community nursing in Dunedin and ED and paediatrics and maternity support in Invercargill.

The medium secure unit is opened late January and we expect these vacancies to be filled from February.

YTD, the favourable variance is driven by FTE, indirect salary cost being lower than budget (\$0.5m) and lower rates overall reflected in the staffing mix than budgeted.

Allied Health

Allied health costs reside over budget for the month but stay within plan YTD. FTEs are well within plan for the month 24 and 22 YTD.

The YTD result is being driven with the lower FTEs than what was budgeted, however this is offset with allowances, overtime, other leave and long service leave costs exceeding budgeted levels. The monthly result requires further investigation as to the setting of the statutory leave budget as an unfavourable variance of \$0.2m exists.

It is important to remember that there is an associated unfavourable variance offset in the revenue line with a portion of these unfilled FTE positions particularly in the Mental Health area.

Management / Administration

YTD management administration FTE are within plan by 3.29. Statutory leave costs for January 2012 reside \$142k over plan which has impacted unfavourably on the monthly result.

Non Personnel Expenditure

Outsourced

Outsourced clinical services are over budget for the month and YTD. As reported in prior months, outsourced clinical services costs is being driven by DH with outsourced volumes being ahead of plan. Despite previously stating this will be managed to plan by year end, the recent dropping of elective lists to accommodate acute volumes now means this is likely to remain overspent at year end with additional volumes needing to be outsourced.

Outsourced medical personnel is due to an underspend in outsourced RMO costs by SLH. This is partially offset by increased RMO personnel costs as positions are successfully recruited into.

Clinical Supplies

Clinical supplies costs incurred for the month had a unfavourable variance of \$0.6m. This result has created a negative result for the YTD position.

The YTD result reflects higher than budgeted blood products, continence, renal supplies and dressing costs (treatment disposables), lower implant and prostheses costs this is a timing issue related to volume delivery but an overrun against screws nails and plates exists relating to the acute activity through-out the year. Disposable instruments costs are over plan due to a move to more disposable use along with a change in coding from patient consumables.

The above line items have been slightly offset with lower repair and maintenance costs (instrument and equipment costs), pharmaceutical costs are lower than plan due to rebates being received and lower air ambulance charges than planned.

Infrastructure & Non-Clinical

YTD Hotel Services, Laundry and Cleaning costs are within plan. Food and grocery costs are \$83k over plan. Laundry charges are under budget \$150k, cleaning supplies are also behind budget \$55k.

Facilities costs YTD reside within planned parameters. The result includes lower utilities costs (\$168k) (electricity, steam, gas and water), lower maintenance costs (\$161k) partially due to the release of an accrual held last financial year, lower building and plant depreciation (\$176k), lower security costs (\$25k) and a lesser amount of rents incurred (\$3k) these favourable variances are slightly offset with an over run against waste removal (\$15k) and Insurance on plant and buildings (\$199k).

Transport charges are above plan YTD. The financial position is unfavourable against staff travel and there is also an over run in motor vehicle leases and fuel costs.

The YTD position for Information Technology Systems and Telecommunications is a \$247k unfavourable variance against budget. Depreciation is \$124k greater than the phased amount YTD January 2012. Software charges – maintenance fees are \$52k above budget. Telecommunication costs are \$47k above budget due to mobile phone charges, repairs and maintenance and minor purchase costs being greater than plan.

YTD Interest and Financing charges reside over the allocated budget; the key line impacting this result is the capital charge costs.

YTD Professional fees and expenses are within planned parameters by \$272k. There is lesser expenditure against consultant fees than what was budgeted for.

Other operating expenses are unfavourable YTD, The doubtful debt provision has increased and is \$181k over budget.

5. Capital Expenditure

A summary table was provided in the HAC report.

Baseline (internally funded) capital expenditure is budgeted at \$45.9m in 2011/12 which includes some carry-over of \$15.7m from the prior year's allocations. Of the \$45.9m; \$23.5m has been committed (\$9.9m has been paid) leaving a residual \$22.4m available.

Externally funded assets include the Dunedin Master Site Planning Project, the medium secure ID unit, Oral Health. Around \$7m has been paid for these projects in the current financial year.

Total cash-flow for capital is \$19.7m compared to a budgeted amount of \$25m. As shown above, this is a timing issue. We are drawing on the equity for the externally funding capital works over the next few months.

6. Year End Forecast

Year-end forecasts have been prepared and the expected result is summarised:

\$'000	Prior Forecast	Forecast	Budget
Governance result	962	751	0
Funder Result	(7,235)	(7,360)	(10,981)
Provider Result	(16)	(102)	489
Projected operating result	(6,289)	(6,711)	(10,492)
Building Valuation write-downs	Upto \$1.4m	Approx \$1m	
One off investments	Range \$0 - \$2.3m	\$0 - \$2.3m	
Projected Net Surplus / (Deficit)	(\$10m)	(\$10m)	(\$10.5m)

Forecasts have been updated with the tables below summarising the operational performance for the funder and provider along with and the rationale for the last six-month performance comparative and the assumptions used in the forecast.

Funder Forecast

Funder	YTD Variance \$' 000	Forecast Feb-June 12 \$' 000	Budget Feb-June 12 \$' 000	Variance Feb-June 12 \$' 000	YE Forecast \$' 000	Annual Budget \$' 000	Forecast Variance \$' 000
Revenue	2,503	327,738	326,554	1,184	787,416	783,729	3,687
less Expenses							
Personal Health Expenses	120	(234,858)	(234,931)	72	(564,300)	(564,492)	192
Mental Health Expenses	1,556	(34,871)	(35,745)	874	(83,322)	(85,752)	2,430
Public Health Expenses	168	(4,744)	(4,746)	2	(11,218)	(11,388)	170
Disability Support Expenses	(1,201)	(53,228)	(51,856)	(1,371)	(127,447)	(124,875)	(2,572)
Maori Health Expenses	30	(807)	(833)	26	(1,937)	(1,993)	56
Other Expenses	(200)	(2,730)	(2,587)	(143)	(6,552)	(6,209)	(343)
Total Expenses	473	(331,238)	(330,698)	(540)	(794,777)	(794,710)	(67)
Net Surplus / (Deficit)	2,976	(3,500)	(4,144)	644	(7,360)	(10,981)	3,620

The updated forecast is a deficit of \$7.4m compared to \$7.2m last month. The main difference is the projected IDF position offset by a more optimistic pharmaceuticals projection.

At January the performance is \$3m better than budget. The key areas that change over in the last five months are:

- Revenue
- Mental Health expenditure
- Residential Care expenditure

Revenue is different because the \$0.5m of personal health IDF recognised in December was a one off. Also, IDF inflows from Canterbury ARC continue to decline over the next six months.

Mental Health expenditure is expected to continue below budget, but at lower levels reflect of the increasing FTE numbers and consequently lower levels of funding clawback.

Residential care expenditure is expected to continue at current levels; however the budget declines significantly in the last six month period. This is as a result of the planning assumptions used in the ageing in place strategy which has an expenditure shift out of rest home level care and more community based support options in place. This work has commenced within the planning & funding portfolio area, but many of these supports and restorative approach to home support are needed to be in place to provide alternative options. The InterRAI assessment tool is also required to support the strategy with this going live in June of this year.

Provider Forecast

The Year-end forecast position has moved within the categories but stay relatively constant overall for the provider arm. (December 2011 forecast position of \$16k deficit)

The change includes the favourable impact of the nursing agreement, better leave movement than first predicted and a positive result in January against infrastructure costs, particularly in the facilities category.

	Year to Date			Annual			5 Months left to forecast		
	Actual	Budget	Variance	Forecast	Budget	Variance	Forecast	Budget	Variance
Revenue	273,643	273,803	(160)	469,153	469,551	(398)	195,510	195,748	(238)
Medical	(55,097)	(53,513)	(1,584)	(95,137)	(92,342)	(2,795)	(40,045)	(38,829)	(1,216)
Nursing	(66,509)	(68,233)	1,724	(115,910)	(118,599)	2,689	(49,399)	(50,366)	967
Allied	(26,362)	(26,565)	203	(45,648)	(46,574)	926	(19,286)	(20,009)	723
Support	(5,360)	(5,276)	(84)	(9,238)	(9,258)	20	(3,878)	(3,982)	104
Management Admin	(22,032)	(21,822)	(210)	(37,942)	(37,911)	(31)	(15,907)	(16,089)	182
Total Personnel	(175,360)	(175,409)	49	(303,875)	(304,684)	809	(128,515)	(129,275)	760
Outsourced Costs	(11,143)	(10,834)	(309)	(18,578)	(18,575)	(3)	(7,435)	(7,741)	306
Clinical Supplies	(45,419)	(44,853)	(566)	(78,593)	(77,637)	(956)	(33,174)	(32,784)	(390)
Infrastructure & Non Clinical supplies	(39,488)	(39,562)	74	(68,209)	(68,202)	(7)	(28,721)	(28,640)	(81)
Total Expenses	(271,410)	(270,658)	(752)	(469,255)	(469,098)	(157)	(197,845)	(198,440)	595
Net Surplus/ (Deficit)	2,233	3,145	(912)	(102)	453	(555)	(2,335)	(2,692)	357

Key points to note from the forecast are;

- Medical costs increase, representing the cost load above budget due to the settlement of the award effective January 2012
- Nursing costs continue to be favourable to budget

- Outsourcing costs are expected to climb a little in the next 5 months and revenue is reduced by \$200k for the February to June period.
- Clinical supplies have been forecast to move from the favourable position at Dec-11 to an unfavourable position as at June-12. The movement within the respective categories are shown below.

Instruments and equipment are forecast to increase with the commissioning of some major assets. We have also forecasting repairs and maintenance based on prior years spends rather than the first 6 months actuals which is unusually low.

Implants and Prostheses costs assume elective volumes will be maintained at both sites. Southland costs will increase as they catch up their elective volumes and DH costs will increase once more is bought in-house when additional acute lists start.

7. Financial Statements

The financial statements are attached.

Southern District Health Board

Jan-12

Part 1: DHB Governance and Funding Administration	Current Month				Year to Date				Annual
	Actual	Budget	Variance	Variance	Actual	Budget	Variance	Variance	Budget
	\$(000)	\$(000)	\$(000)	%	\$(000)	\$(000)	\$(000)	%	\$(000)
Part 1.1: Statement of Financial Performance									
REVENUE									
Government and Crown Agency sourced									
Internal - DHB Funder to DHB Provider	546	517	29 F	6%	3,822	3,622	200 F	6%	6,209
Other DHB's	-	-			-	-			-
Other Government	-	-			-	-			-
Government and Crown Agency Sourced Total	546	517	29 F	6%	3,822	3,622	200 F	6%	6,209
Other Income	-	-			-	-			-
REVENUE TOTAL	546	517	29 F	6%	3,822	3,622	200 F	6%	6,209
EXPENSES									
Personnel Expenses									
Medical Personnel	1	-	1 F		(48)	-	(48) U		-
Nursing Personnel	(1)	-	(1) U		(5)	-	(5) U		-
Allied Health Personnel	-	-			-	-			-
Support Services Personnel	-	-			-	-			-
Management / Admin Personnel	(224)	(236)	11 F	5%	(1,607)	(1,649)	42 F	3%	(2,827)
Personnel Costs Total	(225)	(236)	11 F	5%	(1,660)	(1,649)	(11) U	(1%)	(2,827)
Outsourced Expenses									
Medical Personnel	-	-			-	-			-
Nursing Personnel	-	-			-	-			-
Allied Health Personnel	-	-			-	-			-
Support Personnel	-	-			-	-			-
Management / Administration Personnel	-	(1)	1 F		-	(10)	10 F		(17)
Outsourced Clinical Services	-	-			-	-			-
Outsourced Corporate / Governance Services	-	-			-	-			-
Outsourced Funder Services	(16)	(69)	53 F	77%	(93)	(483)	390 F	81%	(828)
Outsourced Services Total	(16)	(70)	55 F	78%	(93)	(493)	400 F	81%	(845)
Clinical Supplies									
Treatment Disposables	-	-			-	-		(222%)	-
Diagnostic Supplies & Other Clinical Supplies	-	-			-	-			-
Instruments & Equipment	-	-			-	-			-
Patient Appliances	-	-			-	-			-
Implants & Prosthesis	-	-			-	-			-
Pharmaceuticals	-	-			-	-			-
Other Clinical Supplies	-	-			-	-			-
Clinical Supplies Total	-	-	-	-	-	-	-	(421%)	-
Infrastructure & Non Clinical Expenses									
Hotel Services, Laundry & Cleaning Facilities	(1)	(3)	2 F	55%	(13)	(22)	9 F	39%	(37)
Transport	(9)	(12)	3 F	27%	(88)	(85)	(2) U	(2%)	(147)
IT Systems & Telecommunications	(7)	(7)		7%	(36)	(49)	13 F	26%	(85)
Interest & Financing Charges	(22)	(26)	4 F	16%	(154)	(183)	29 F	16%	(314)
Professional Fees & Expenses	(142)	(107)	(35) U	(33%)	(784)	(749)	(34) U	(5%)	(1,285)
Other Operating Expenses	(15)	(15)	1 F	4%	(94)	(107)	13 F	12%	(183)
Democracy	(30)	(41)	10 F	25%	(254)	(284)	30 F	10%	(486)
Subsidiaries & Joint Ventures	(35)	-	(35) U		(242)	-	(242) U		-
Infrastructure & Non-Clinical Supplies Total	(260)	(211)	(49) U	(23%)	(1,665)	(1,480)	(185) U	(12%)	(2,537)
Internal Allocations	-	-			-	-			-
Other	-	-			-	-			-
Total Expenses	(501)	(517)	17 F	3%	(3,418)	(3,622)	204 F	6%	(6,209)
Net Surplus/ (Deficit)	45	-	45 F		404	-	404 F		-
<i>Zero Check</i>	-	-			-	-			-
Interest Costs from CHFA	-	-			-	-			-
Capital Charge	-	-			-	-			-
Part 1.2 : Full Time Equivalent Numbers									
Medical Personnel	1	-			1	-			-
Nursing Personnel	-	-			-	-			-
Allied Health Personnel	-	-			-	-			-
Support Personnel	-	-			-	-			-
Management / Administration Personnel	22	22			22	22			22
Total Full Equivalents (FTE's)	23	22			22	22			22

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Part 2: DHB provider	Current Month				Year to Date				Annual
	Actual	Budget	Variance	Variance	Actual	Budget	Variance	Variance	Budget
	\$(000)	\$(000)	\$(000)	%	\$(000)	\$(000)	\$(000)	%	\$(000)
Part 2.1: Statement of Financial Performance									
REVENUE									
Ministry of Health									
MoH - Personal Health	-	158	(158) U		7	386	(379) U	(98%)	738
MoH - Mental Health	-	-			-	-			-
MoH - Public Health	10	24	(13) U	(56%)	74	167	(93) U	(56%)	286
MoH - Disability Support Services	705	741	(36) U	(5%)	4,890	5,186	(296) U	(6%)	8,890
MoH - Maori Health	-	-			-	-			-
Clinical Training Agency	446	531	(86) U	(16%)	3,623	3,720	(97) U	(3%)	6,378
Internal - DHB Funder to DHB Provider	35,365	35,398	(33) U		247,749	247,871	(122) U		424,861
Ministry of Health Total	36,527	36,853	(326) U	(1%)	256,343	257,330	(987) U		441,153
Other Government									
Other DHB's	32	25	8 F	31%	199	172	27 F	15%	295
Training Fees and Subsidies	9	9		(1%)	148	65	83 F	126%	112
Accident Insurance	782	605	177 F	29%	4,931	5,124	(194) U	(4%)	8,793
Other Government	184	368	(184) U	(50%)	2,649	2,579	71 F	3%	4,420
Other Government Total	1,008	1,007			7,926	7,940	(14) U		13,621
Government and Crown Agency Total	37,535	37,860	(325) U	(1%)	264,269	265,270	(1,001) U		454,774
Other Revenue									
Patient / Consumer Sourced	309	263	46 F	18%	1,954	1,704	250 F	15%	3,089
Other Income	954	995	(41) U	(4%)	7,419	6,828	592 F	9%	11,688
Other Revenue Total	1,263	1,258	5 F		9,373	8,532	841 F	10%	14,777
REVENUE TOTAL	38,798	39,118	(321) U	(1%)	273,643	273,803	(160) U		469,551
EXPENSES									
Personnel Expenses									
Medical Personnel	(7,977)	(7,376)	(602) U	(8%)	(55,101)	(53,513)	(1,588) U	(3%)	(92,355)
Nursing Personnel	(9,992)	(10,481)	489 F	5%	(66,509)	(68,233)	1,724 F	3%	(118,599)
Allied Health Personnel	(3,247)	(3,138)	(109) U	(3%)	(26,362)	(26,565)	204 F	1%	(46,574)
Support Services Personnel	(829)	(745)	(84) U	(11%)	(5,360)	(5,276)	(84) U	(2%)	(9,258)
Management / Admin Personnel	(2,757)	(2,636)	(121) U	(5%)	(22,032)	(21,822)	(210) U	(1%)	(37,911)
Personnel Costs Total	(24,803)	(24,377)	(426) U	(2%)	(175,364)	(175,409)	46 F		(304,697)
Outsourced Expenses									
Medical Personnel	(883)	(918)	34 F	4%	(6,011)	(6,451)	439 F	7%	(11,053)
Nursing Personnel	(5)	(3)	(3) U	(114%)	(21)	(18)	(3) U	(18%)	(30)
Allied Health Personnel	(9)	(14)	5 F	38%	(140)	(96)	(44) U	(46%)	(163)
Support Personnel	(24)	(22)	(2) U	(8%)	(155)	(156)	1 F	1%	(265)
Management / Administration Personnel	(14)	(2)	(11) U	(467%)	(101)	(17)	(85) U	(512%)	(28)
Outsourced Clinical Services	(720)	(398)	(322) U	(81%)	(4,184)	(3,533)	(651) U	(18%)	(6,023)
Outsourced Corporate / Governance Services	(74)	(77)	3 F	4%	(531)	(564)	33 F	6%	(962)
Outsourced Funder Services	-	-			-	-			-
Outsourced Services Total	(1,730)	(1,434)	(296) U	(21%)	(11,143)	(10,834)	(309) U	(3%)	(18,524)
Clinical Supplies									
Treatment Disposables	(2,306)	(2,092)	(214) U	(10%)	(16,731)	(15,864)	(867) U	(5%)	(27,645)
Diagnostic Supplies & Other Clinical Supplies	(129)	(115)	(14) U	(13%)	(1,068)	(1,001)	(67) U	(7%)	(1,717)
Instruments & Equipment	(1,275)	(1,173)	(102) U	(9%)	(8,588)	(8,322)	(266) U	(3%)	(14,375)
Patient Appliances	(163)	(185)	22 F	12%	(1,068)	(1,328)	260 F	20%	(2,312)
Implants & Prosthesis	(741)	(529)	(211) U	(40%)	(5,725)	(5,611)	(114) U	(2%)	(9,730)
Pharmaceuticals	(1,476)	(1,294)	(182) U	(14%)	(10,723)	(10,912)	190 F	2%	(18,728)
Other Clinical Supplies	(176)	(224)	48 F	22%	(1,516)	(1,814)	298 F	16%	(3,130)
Clinical Supplies Total	(6,265)	(5,613)	(653) U	(12%)	(45,419)	(44,853)	(566) U	(1%)	(77,637)
Infrastructure & Non Clinical Expenses									
Hotel Services, Laundry & Cleaning	(1,033)	(1,056)	24 F	2%	(7,379)	(7,466)	87 F	1%	(12,760)
Facilities	(1,366)	(1,653)	287 F	17%	(11,219)	(11,570)	352 F	3%	(20,332)
Transport	(236)	(314)	78 F	25%	(2,260)	(2,214)	(46) U	(2%)	(3,814)
IT Systems & Telecommunications	(915)	(845)	(70) U	(8%)	(6,130)	(5,883)	(247) U	(4%)	(10,140)
Interest & Financing Charges	(1,251)	(1,174)	(77) U	(7%)	(8,452)	(8,271)	(180) U	(2%)	(14,148)
Professional Fees & Expenses	(152)	(144)	(8) U	(6%)	(741)	(1,012)	272 F	27%	(1,718)
Other Operating Expenses	(446)	(392)	(54) U	(14%)	(3,308)	(3,144)	(163) U	(5%)	(5,289)
Democracy	-	-			-	-			-
Subsidiaries & Joint Ventures	-	-			-	-			-
Infrastructure & Non-Clinical Supplies Total	(5,399)	(5,578)	179 F	3%	(39,488)	(39,562)	74 F		(68,202)
Other Costs and Internal Allocations	-	-			-	-			-
Total Expenses	(38,197)	(37,002)	(1,195) U	(3%)	(271,413)	(270,658)	(756) U		(469,060)
Net Surplus/ (Deficit)	601	2,117	(1,516) U	(72%)	2,229	3,145	(916) U	(29%)	491

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Part 2: DHB provider	Current Month				Year to Date				Annual
	Actual	Budget	Variance	Variance	Actual	Budget	Variance	Variance	Budget
	\$(000)	\$(000)	\$(000)	%	\$(000)	\$(000)	\$(000)	%	\$(000)
<i>Zero Check</i>	-	-			-	-			-
Part 2.1 A: Supplementary Information to Statement of Financial Performance									
Depreciation - Clinical Equipment	(683)	(704)	21 F	3%	(4,796)	(4,818)	22 F		(8,287)
Depreciation - Non Res Buildings & Plant	(595)	(626)	31 F	5%	(4,125)	(4,301)	176 F	4%	(7,609)
Depreciation - Motor Vehicles	(4)	(14)	10 F	71%	(27)	(63)	36 F	57%	(131)
Depreciation - Information Technology	(353)	(309)	(44) U	(14%)	(2,259)	(2,135)	(124) U	(6%)	(3,715)
Depreciation - Other Equipment	(55)	(59)	4 F	7%	(396)	(412)	16 F	4%	(715)
Total Depreciation	(1,690)	(1,712)	22 F	1%	(11,603)	(11,729)	127 F	1%	(20,458)
Interest Cost from Funder Loans	-	-			-	-			-
Interest Costs from CHFA	(415)	(413)	(2) U	(1%)	(2,882)	(2,867)	(15) U	(1%)	(4,877)
Financing Component of Operating Leases	(23)	(33)	10 F	31%	(184)	(231)	47 F	21%	(392)
Capital Charge	(807)	(721)	(86) U	(12%)	(5,345)	(5,121)	(224) U	(4%)	(8,792)
Part 1.2 : Full Time Equivalent Numbers									
Medical Personnel	478	452			463	453			452
Nursing Personnel	1,544	1,563			1,543	1,564			1,564
Allied Health Personnel	672	696			674	696			696
Support Personnel	193	199			190	194			196
Management / Administration Personnel	667	669			665	669			669
Total Full Time Equivalents (FTE's)	3,554	3,578			3,535	3,575			3,576

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Part 3: DHB Funds	Current Month				Year to Date				Annual
	Actual	Budget	Variance	Variance	Actual	Budget	Variance	Variance	Budget
	\$(000)	\$(000)	\$(000)	%	\$(000)	\$(000)	\$(000)	%	\$(000)
Part 3.1: Statement of Financial Performance									
REVENUE									
Ministry of Health									
MoH - Vote Health Non Mental Health	53,810	53,438	372 F	1%	375,857	374,068	1,789 F		641,259
MoH - Vote Health Mental Health	6,946	6,945	1 F		48,619	48,614	5 F		83,338
PBF Adjustments	-	-	-		-	-	-		-
MoH Funding Subcontracts	2,895	2,983	(87) U	(3%)	20,551	20,878	(327) U	(2%)	35,791
Ministry of Health Total	63,651	63,366	286 F		445,027	443,560	1,467 F		760,388
Other Government									
IDF's - Mental Health Services	151	151	-		1,060	1,060	-		1,817
IDF's - All others (non Mental health)	1,656	1,794	(137) U	(8%)	13,591	12,556	1,036 F	8%	21,524
Other Government Total	1,808	1,945	(137) U	(7%)	14,651	13,616	1,036 F	8%	23,341
Government and Crown Agency Sourced Total	65,459	65,311	148 F		459,678	457,175	2,503 F	1%	783,729
REVENUE TOTAL	65,459	65,311	148 F		459,678	457,175	2,503 F	1%	783,729
EXPENSES									
Outsourced Expenses									
Outsourced Funder Services	(546)	(517)	(29) U	(6%)	(3,822)	(3,622)	(200) U	(6%)	(6,209)
Payments to Providers									
Personal Health									
Child and Youth	(325)	(339)	14 F	4%	(2,433)	(2,374)	(59) U	(3%)	(4,070)
Laboratory	(2,510)	(2,584)	74 F	3%	(17,789)	(18,088)	299 F	2%	(31,009)
Infertility Treatment Services	(94)	(94)	-		(658)	(658)	-		(1,128)
Maternity	(203)	(199)	(4) U	(2%)	(1,417)	(1,393)	(24) U	(2%)	(2,390)
Maternity (Tertiary & Secondary)	(1,456)	(1,455)	(1) U		(10,190)	(10,185)	(5) U		(17,464)
Pregnancy and Parenting Education	(9)	(10)	1 F	12%	(56)	(69)	13 F	19%	(119)
Maternity Payment Schedule	-	-	-		-	-	-		-
Neo Natal	(672)	(672)	-		(4,704)	(4,704)	-		(8,064)
Sexual Health	(95)	(97)	2 F	3%	(667)	(679)	11 F	2%	(1,163)
Adolescent Dental Benefit	(101)	(137)	35 F	26%	(1,374)	(1,343)	(31) U	(2%)	(2,539)
Other Dental Services	-	-	-		-	-	-		-
Dental - Low Income Adult	(76)	(77)	1 F	1%	(586)	(533)	(52) U	(10%)	(917)
Child (School) Dental Services	(600)	(533)	(68) U	(13%)	(4,336)	(3,786)	(550) U	(15%)	(6,524)
Secondary / Tertiary Dental	(256)	(259)	3 F	1%	(1,793)	(1,801)	8 F		(3,095)
Pharmaceuticals	(6,425)	(6,251)	(174) U	(3%)	(47,091)	(46,847)	(244) U	(1%)	(78,694)
Pharmaceutical Cancer Treatment Drugs	(328)	(352)	24 F	7%	(1,909)	(2,462)	553 F	22%	(4,220)
Management Referred Services	-	-	-		-	-	-		-
General Medical Subsidy	(114)	(63)	(51) U	(81%)	(941)	(750)	(191) U	(25%)	(1,344)
Primary Practice Services - Capitated	(3,308)	(3,255)	(53) U	(2%)	(22,841)	(22,787)	(54) U		(39,063)
Primary Health Care Strategy - Care	(252)	(263)	10 F	4%	(1,756)	(1,838)	81 F	4%	(3,151)
Primary Health Care Strategy - Health	(284)	(469)	185 F	39%	(932)	(2,067)	1,134 F	55%	(3,195)
Primary Health Care Strategy - Other	(229)	(287)	58 F	20%	(1,875)	(2,020)	145 F	7%	(3,454)
Practice Nurse Subsidy	(15)	(16)	1 F	7%	(126)	(121)	(5) U	(4%)	(211)
Rural Support for Primary Health Pro	(1,256)	(1,365)	109 F	8%	(8,821)	(9,558)	737 F	8%	(16,385)
Immunisation	(109)	(110)	1 F	1%	(740)	(849)	108 F	13%	(2,596)
Radiology	(406)	(400)	(6) U	(2%)	(2,840)	(2,798)	(43) U	(2%)	(4,796)
Palliative Care	(452)	(391)	(61) U	(16%)	(3,049)	(2,735)	(314) U	(11%)	(4,689)
Meals on Wheels	(55)	(58)	4 F	6%	(389)	(409)	20 F	5%	(702)
Domiciliary & District Nursing	(1,577)	(1,444)	(133) U	(9%)	(10,274)	(10,108)	(166) U	(2%)	(17,328)
Community based Allied Health	(573)	(594)	21 F	4%	(4,012)	(4,157)	145 F	3%	(7,127)
Chronic Disease Management and Educa	(242)	(250)	8 F	3%	(1,748)	(1,747)	(1) U		(2,997)
Medical Inpatients	(5,394)	(5,394)	-		(37,758)	(37,758)	-		(64,728)
Medical Outpatients	(3,426)	(3,332)	(94) U	(3%)	(23,986)	(23,324)	(662) U	(3%)	(39,984)
Surgical Inpatients	(10,052)	(10,056)	4 F		(70,365)	(70,394)	30 F		(120,676)
Surgical Outpatients	(1,706)	(1,703)	(3) U		(11,934)	(11,919)	(15) U		(20,432)
Paediatric Inpatients	(621)	(621)	-		(4,348)	(4,348)	-		(7,454)
Paediatric Outpatients	(337)	(337)	-		(2,362)	(2,362)	-		(4,050)
Pacific Peoples' Health	(10)	(10)	-		(68)	(68)	-		(117)
Emergency Services	(1,533)	(1,533)	-		(10,732)	(10,730)	(2) U		(18,394)
Minor Personal Health Expenditure	(93)	(101)	7 F	7%	(293)	(704)	411 F	58%	(1,207)
Price adjusters and Premium	909	894	16 F	2%	6,304	6,255	48 F	1%	10,723
Travel & Accommodation	(411)	(364)	(47) U	(13%)	(2,669)	(2,545)	(124) U	(5%)	(4,363)
Inter District Flow Personal Health	(2,324)	(2,115)	(209) U	(10%)	(15,883)	(14,803)	(1,081) U	(7%)	(25,376)
Personal Health Total	(47,019)	(46,694)	(325) U	(1%)	(329,442)	(329,565)	123 F		(564,492)

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Part 3: DHB Funds	Current Month				Year to Date				Annual
	Actual	Budget	Variance	Variance	Actual	Budget	Variance	Variance	Budget
	\$(000)	\$(000)	\$(000)	%	\$(000)	\$(000)	\$(000)	%	\$(000)
Mental Health									
Mental Health to allocate	-	-			-	-			-
Acute Mental Health Inpatients	(1,268)	(1,268)			(8,878)	(8,878)			(15,219)
Sub-Acute & Long Term Mental Health	(354)	(354)			(2,477)	(2,477)			(4,247)
Crisis Respite	(25)	(34)	8 F	24%	(178)	(235)	58 F	24%	(404)
Alcohol & Other Drugs - General	(294)	(346)	52 F	15%	(2,330)	(2,422)	92 F	4%	(4,153)
Alcohol & Other Drugs - Child & Youth	(48)	(107)	59 F	55%	(525)	(745)	221 F	30%	(1,282)
Methadone	(92)	(92)			(641)	(641)			(1,098)
Dual Diagnosis - Alcohol & Other Drugs	(17)	(7)	(11) U	(152%)	(55)	(48)	(7) U	(14%)	(83)
Dual Diagnosis - MH/ID	(9)	(5)	(3) U	(60%)	(60)	(37)	(22) U	(60%)	(64)
Eating Disorder	(14)	(14)			(98)	(98)			(168)
Maternal Mental Health	-	-			-	-			-
Child & Youth Mental Health Services	(803)	(724)	(79) U	(11%)	(5,073)	(5,066)	(7) U		(8,688)
Forensic Services	(460)	(466)	6 F	1%	(3,234)	(3,263)	29 F	1%	(5,595)
Kaupapa Maori Mental Health Services	(137)	(147)	11 F	7%	(847)	(1,031)	184 F	18%	(1,768)
Kaupapa Maori Mental Health - Residential	(12)	(29)	17 F	57%	(109)	(202)	92 F	46%	(345)
Kaupapa Maori Mental Health - Inpati	-	-			-	-			-
Mental Health Community Services	(1,731)	(1,767)	36 F	2%	(11,882)	(12,366)	485 F	4%	(21,201)
Prison/Court Liaison	(35)	(42)	7 F	16%	(237)	(295)	58 F	20%	(505)
Mental Health Workforce Development	(1)	(1)	1 F	45%	(4)	(8)	4 F	45%	(14)
Day Activity & Work Rehabilitation S	(192)	(202)	9 F	5%	(1,335)	(1,412)	77 F	5%	(2,423)
Mental Health Funded Services for Older People	(34)	(34)			(217)	(236)	19 F	8%	(405)
Advocacy / Peer Support - Consumer	(56)	(58)	2 F	4%	(380)	(408)	28 F	7%	(700)
Other Home Based Residential Support	(262)	(307)	45 F	15%	(2,074)	(2,147)	73 F	3%	(3,681)
Advocacy / Peer Support - Families	(41)	(50)	10 F	19%	(342)	(353)	12 F	3%	(607)
Community Residential Beds & Service	(558)	(543)	(16) U	(3%)	(3,558)	(3,788)	230 F	6%	(6,504)
Minor Mental Health Expenditure	(13)	(61)	48 F	79%	(497)	(428)	(70) U	(16%)	(733)
Inter District Flow Mental Health	(489)	(489)			(3,421)	(3,421)			(5,864)
Mental Health Total	(6,944)	(7,147)	203 F	3%	(48,451)	(50,006)	1,555 F	3%	(85,752)
Public Health									
Alcohol & Drug	(39)	(39)			(271)	(271)			(465)
Communicable Diseases	(57)	(57)			(400)	(400)			(686)
Injury Prevention	(2)	(2)			(14)	(14)			(25)
Screening Programmes	(344)	(406)	62 F	15%	(2,712)	(2,840)	128 F	5%	(4,869)
Mental Health	(24)	(17)	(7) U	(43%)	(166)	(116)	(50) U	(43%)	(199)
Nutrition and Physical Activity	(111)	(114)	3 F	3%	(620)	(800)	180 F	23%	(1,371)
Physical Environment	(53)	(53)			(373)	(373)			(640)
Public Health Infrastructure	(150)	(138)	(13) U	(9%)	(1,053)	(964)	(89) U	(9%)	(1,653)
Sexual Health	(16)	(15)	(1) U	(5%)	(111)	(106)	(5) U	(5%)	(182)
Social Environments	(23)	(22)			(158)	(155)	(3) U	(2%)	(265)
Tobacco Control	(83)	(84)	1 F	1%	(581)	(588)	7 F	1%	(1,008)
Well Child Promotion	(2)	(2)			(14)	(14)			(25)
Meningococcal	-	-			-	-			-
Public Health Total	(904)	(949)	45 F	5%	(6,474)	(6,643)	169 F	3%	(11,388)
Disability Support Services									
AT & R (Assessment, Treatment and Re	(1,905)	(1,918)	13 F	1%	(13,335)	(13,427)	92 F	1%	(23,018)
Information and Advisory	(1)	(1)			(4)	(4)			(6)
Needs Assessment	(119)	(115)	(5) U	(4%)	(826)	(802)	(23) U	(3%)	(1,375)
Service Co-ordination	(126)	(126)			(882)	(882)			(1,512)
Home Support	(1,039)	(1,157)	118 F	10%	(7,620)	(8,101)	481 F	6%	(13,888)
Carer Support	(133)	(168)	36 F	21%	(1,016)	(1,178)	162 F	14%	(2,019)
Residential Care: Rest Homes	(2,889)	(2,837)	(52) U	(2%)	(20,989)	(20,279)	(710) U	(4%)	(34,170)
Residential Care: Loans Adjustment	34	23	11 F	50%	197	158	38 F	24%	271
Long Term Chronic Conditions	(321)	-	(321) U		(772)	-	(772) U		-
Residential Care: Hospitals	(3,432)	(3,266)	(167) U	(5%)	(23,681)	(22,860)	(821) U	(4%)	(39,189)
Ageing in Place	(111)	(114)	2 F	2%	(779)	(796)	17 F	2%	(1,364)
Environmental Support Services	(96)	(98)	2 F	2%	(674)	(686)	12 F	2%	(1,179)
Day Programmes	(27)	(40)	13 F	32%	(187)	(216)	29 F	13%	(459)
Expenditure to Attend Treatment ETAT	-	-			-	-			-
Respite Care	(62)	(75)	13 F	17%	(454)	(525)	70 F	13%	(899)
Community Health Services & Support	(135)	(157)	22 F	14%	(780)	(954)	174 F	18%	(1,844)
Inter District Flow Disability Support	(336)	(352)	16 F	4%	(2,418)	(2,463)	45 F	2%	(4,223)
Disability Support Other	-	-			-	-			-
Disability Support Services Total	(10,699)	(10,401)	(298) U	(3%)	(74,220)	(73,016)	(1,204) U	(2%)	(124,875)
Maori Health									
Maori Service Development	(22)	(22)			(154)	(156)	2 F	2%	(268)
Minor Maori Health Expenditure	(24)	(27)	3 F	11%	(169)	(191)	22 F	11%	(327)
Whanau Ora Services	(115)	(117)	2 F	1%	(807)	(813)	6 F	1%	(1,398)
Maori Health Total	(161)	(167)	5 F	3%	(1,130)	(1,160)	30 F	3%	(1,993)
Total Expenses	(66,272)	(65,874)	(398) U	(1%)	(463,539)	(464,011)	473 F		(794,710)
Net Surplus/ (Deficit)	(813)	(564)	(250) U	(44%)	(3,860)	(6,836)	2,976 F	44%	(10,981)
Zero Check	-	-			-	-			-

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Part 4: DHB Consolidated	Current Month				Year to Date				Annual
	Actual	Budget	Variance	Variance	Actual	Budget	Variance	Variance	Budget
	\$(000)	\$(000)	\$(000)	%	\$(000)	\$(000)	\$(000)	%	\$(000)
Part 4.1: Statement of Financial Performance									
REVENUE									
Ministry of Health									
MoH - Vote Health Non Mental Health	53,810	53,438	372 F	1%	375,857	374,068	1,789 F		641,259
MoH - Vote Health Mental Health	6,946	6,945	1 F		48,619	48,614	5 F		83,338
PBF Adjustments	-	-			-	-			-
MoH Funding Subcontracts	2,895	2,983	(87) U	(3%)	20,551	20,878	(327) U	(2%)	35,791
MoH - Personal Health	-	158	(158) U		7	386	(379) U	(98%)	738
MoH - Mental Health	-	-			-	-			-
MoH - Public Health	10	24	(13) U	(56%)	74	167	(93) U	(56%)	286
MoH - Disability Support Services	705	741	(36) U	(5%)	4,890	5,186	(296) U	(6%)	8,890
MoH - Maori Health	-	-			-	-			-
Clinical Training Agency	446	531	(86) U	(16%)	3,623	3,720	(97) U	(3%)	6,378
Internal - DHB Funder to DHB Provider	-	-			-	-			-
Ministry of Health Total	64,813	64,820	(7) U		453,620	453,019	601 F		776,680
Other Government									
IDF's - Mental Health Services	151	151			1,060	1,060			1,817
IDF's - All others (non Mental health)	1,656	1,794	(137) U	(8%)	13,591	12,556	1,036 F	8%	21,524
Other DHB's	32	25	8 F	31%	199	172	27 F	15%	295
Training Fees and Subsidies	9	9		(1%)	148	65	83 F	126%	112
Accident Insurance	782	605	177 F	29%	4,931	5,124	(194) U	(4%)	8,793
Other Government	184	368	(184) U	(50%)	2,649	2,579	71 F	3%	4,420
Other Government Total	2,815	2,952	(137) U	(5%)	22,578	21,556	1,022 F	5%	36,962
Government and Crown Agency Total	67,628	67,773	(144) U		476,198	474,575	1,623 F		813,642
Other Revenue									
Patient / Consumer Sourced	309	263	46 F	18%	1,954	1,704	250 F	15%	3,089
Other Income	954	995	(41) U	(4%)	7,419	6,828	592 F	9%	11,688
Other Revenue Total	1,263	1,258	5 F		9,373	8,532	841 F	10%	14,777
REVENUE TOTAL	68,891	69,031	(140) U		485,572	483,107	2,465 F	1%	828,419
EXPENSES									
Personnel Expenses									
Medical Personnel	(7,977)	(7,376)	(601) U	(8%)	(55,149)	(53,513)	(1,636) U	(3%)	(92,355)
Nursing Personnel	(9,993)	(10,481)	488 F	5%	(66,513)	(68,233)	1,720 F	3%	(118,599)
Allied Health Personnel	(3,247)	(3,138)	(109) U	(3%)	(26,362)	(26,565)	204 F	1%	(46,574)
Support Services Personnel	(829)	(745)	(84) U	(11%)	(5,360)	(5,276)	(84) U	(2%)	(9,258)
Management / Admin Personnel	(2,981)	(2,872)	(109) U	(4%)	(23,640)	(23,471)	(169) U	(1%)	(40,738)
Personnel Costs Total	(25,027)	(24,613)	(415) U	(2%)	(177,024)	(177,058)	35 F		(307,524)
Outsourced Expenses									
Medical Personnel	(883)	(918)	34 F	4%	(6,011)	(6,451)	439 F	7%	(11,053)
Nursing Personnel	(5)	(3)	(3) U	(114%)	(21)	(18)	(3) U	(18%)	(30)
Allied Health Personnel	(9)	(14)	5 F	38%	(140)	(96)	(44) U	(46%)	(163)
Support Personnel	(24)	(22)	(2) U	(8%)	(155)	(156)	1 F	1%	(265)
Management / Administration Personnel	(14)	(4)	(10) U	(256%)	(101)	(26)	(75) U	(283%)	(45)
Outsourced Clinical Services	(720)	(398)	(322) U	(81%)	(4,184)	(3,533)	(651) U	(18%)	(6,023)
Outsourced Corporate / Governance Services	(74)	(77)	3 F	4%	(531)	(564)	33 F	6%	(962)
Outsourced Funder Services	(16)	(69)	53 F	77%	(93)	(483)	390 F	81%	(828)
Outsourced Services Total	(1,745)	(1,505)	(241) U	(16%)	(11,236)	(11,327)	91 F	1%	(19,369)
Clinical Supplies									
Treatment Disposables	(2,306)	(2,092)	(214) U	(10%)	(16,731)	(15,864)	(867) U	(5%)	(27,645)
Diagnostic Supplies & Other Clinical Supplies	(129)	(115)	(14) U	(13%)	(1,068)	(1,001)	(67) U	(7%)	(1,717)
Instruments & Equipment	(1,275)	(1,173)	(102) U	(9%)	(8,588)	(8,322)	(266) U	(3%)	(14,375)
Patient Appliances	(163)	(185)	22 F	12%	(1,068)	(1,328)	260 F	20%	(2,312)
Implants & Prosthesis	(741)	(529)	(211) U	(40%)	(5,725)	(5,611)	(114) U	(2%)	(9,730)
Pharmaceuticals	(1,476)	(1,294)	(182) U	(14%)	(10,723)	(10,912)	190 F	2%	(18,728)
Other Clinical Supplies	(176)	(224)	48 F	22%	(1,516)	(1,814)	298 F	16%	(3,130)
Clinical Supplies Total	(6,265)	(5,613)	(653) U	(12%)	(45,419)	(44,853)	(566) U	(1%)	(77,637)
Infrastructure & Non Clinical Expenses									
Hotel Services, Laundry & Cleaning	(1,034)	(1,060)	25 F	2%	(7,392)	(7,488)	96 F	1%	(12,797)
Facilities	(1,366)	(1,653)	287 F	17%	(11,219)	(11,570)	351 F	3%	(20,332)
Transport	(245)	(326)	81 F	25%	(2,348)	(2,300)	(48) U	(2%)	(3,961)
IT Systems & Telecommunications	(921)	(852)	(70) U	(8%)	(6,167)	(5,933)	(234) U	(4%)	(10,225)
Interest & Financing Charges	(1,273)	(1,201)	(73) U	(6%)	(8,606)	(8,455)	(151) U	(2%)	(14,463)
Professional Fees & Expenses	(294)	(251)	(43) U	(17%)	(1,524)	(1,762)	237 F	13%	(3,003)
Other Operating Expenses	(461)	(408)	(53) U	(13%)	(3,401)	(3,251)	(150) U	(5%)	(5,472)
Democracy	(30)	(41)	10 F	25%	(254)	(284)	30 F	10%	(486)
Subsidiaries & Joint Ventures	(35)	-	(35) U		(242)	-	(242) U		-
Infrastructure & Non-Clinical Supplies Total	(5,659)	(5,789)	130 F	2%	(41,153)	(41,041)	(111) U		(70,739)

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Part 4: DHB Consolidated	Current Month				Year to Date				Annual
	Actual	Budget	Variance	Variance	Actual	Budget	Variance	Variance	Budget
	\$(000)	\$(000)	\$(000)	%	\$(000)	\$(000)	\$(000)	%	\$(000)
Payments to Providers									
Personal Health									
Child and Youth	(29)	(43)	14 F	33%	(284)	(298)	14 F	5%	(512)
Laboratory	(2,509)	(2,583)	74 F	3%	(17,785)	(18,084)	299 F	2%	(31,002)
Infertility Treatment Services	-	-	-	-	-	-	-	-	-
Maternity	(147)	(143)	(4) U	(3%)	(1,024)	(1,000)	(24) U	(2%)	(1,717)
Maternity (Tertiary & Secondary)	(70)	(69)	(1) U	(2%)	(489)	(484)	(5) U	(1%)	(833)
Pregnancy and Parenting Education	(6)	(7)	1 F	17%	(39)	(52)	13 F	25%	(89)
Maternity Payment Schedule	-	-	-	-	-	-	-	-	-
Neo Natal	-	-	-	-	-	-	-	-	-
Sexual Health	1	(2)	2 F	152%	-	(11)	11 F	102%	(19)
Adolescent Dental Benefit	(97)	(111)	15 F	13%	(1,102)	(1,163)	61 F	5%	(2,231)
Other Dental Services	-	-	-	-	-	-	-	-	-
Dental - Low Income Adult	(57)	(58)	1 F	2%	(452)	(400)	(52) U	(13%)	(688)
Child (School) Dental Services	(37)	(43)	6 F	14%	(393)	(361)	(32) U	(9%)	(653)
Secondary / Tertiary Dental	(139)	(141)	3 F	2%	(970)	(978)	8 F	1%	(1,684)
Pharmaceuticals	(6,054)	(5,822)	(232) U	(4%)	(44,317)	(43,848)	(468) U	(1%)	(73,554)
Pharmaceutical Cancer Treatment Drugs	-	-	-	-	361	-	361 F	-	-
Management Referred Services	-	-	-	-	-	-	-	-	-
General Medical Subsidy	(114)	(63)	(51) U	(81%)	(941)	(750)	(191) U	(25%)	(1,344)
Primary Practice Services - Capitated	(3,308)	(3,255)	(53) U	(2%)	(22,841)	(22,787)	(54) U	-	(39,063)
Primary Health Care Strategy - Care	(252)	(263)	10 F	4%	(1,756)	(1,838)	81 F	4%	(3,151)
Primary Health Care Strategy - Health	(284)	(469)	185 F	39%	(932)	(2,067)	1,134 F	55%	(3,195)
Primary Health Care Strategy - Other	(229)	(287)	58 F	20%	(1,875)	(2,020)	145 F	7%	(3,454)
Practice Nurse Subsidy	(15)	(16)	1 F	7%	(126)	(121)	(5) U	(4%)	(211)
Rural Support for Primary Health Pro	(1,181)	(1,290)	109 F	8%	(8,292)	(9,030)	737 F	8%	(15,479)
Immunisation	(50)	(65)	15 F	23%	(325)	(447)	122 F	27%	(1,969)
Radiology	(149)	(143)	(6) U	(4%)	(1,041)	(999)	(43) U	(4%)	(1,712)
Palliative Care	(452)	(391)	(61) U	(16%)	(3,049)	(2,735)	(314) U	(11%)	(4,689)
Meals on Wheels	(20)	(24)	4 F	15%	(146)	(166)	20 F	12%	(285)
Domiciliary & District Nursing	(533)	(400)	(133) U	(33%)	(2,961)	(2,795)	(166) U	(6%)	(4,792)
Community based Allied Health	(162)	(183)	21 F	12%	(1,136)	(1,281)	145 F	11%	(2,197)
Chronic Disease Management and Educa	(70)	(79)	8 F	11%	(549)	(548)	(1) U	-	(942)
Medical Inpatients	-	-	-	-	-	-	-	-	-
Medical Outpatients	(347)	(341)	(7) U	(2%)	(2,433)	(2,384)	(49) U	(2%)	(4,087)
Surgical Inpatients	(6)	(10)	4 F	43%	(39)	(68)	30 F	43%	(117)
Surgical Outpatients	(140)	(137)	(3) U	(2%)	(977)	(961)	(15) U	(2%)	(1,648)
Paediatric Inpatients	-	-	-	-	-	-	-	-	-
Paediatric Outpatients	-	-	-	-	-	-	-	-	-
Pacific Peoples' Health	-	-	-	-	-	-	-	-	-
Emergency Services	(147)	(147)	-	-	(1,029)	(1,027)	(2) U	-	(1,760)
Minor Personal Health Expenditure	(68)	(75)	7 F	10%	(113)	(524)	411 F	78%	(898)
Price adjusters and Premium	(56)	(72)	16 F	(22%)	(454)	(502)	48 F	(10%)	(861)
Travel & Accommodation	(407)	(359)	(47) U	(13%)	(2,639)	(2,516)	(124) U	(5%)	(4,313)
Inter District Flow Personal Health	(2,324)	(2,115)	(209) U	(10%)	(15,883)	(14,803)	(1,081) U	(7%)	(25,376)
Personal Health Total	(19,455)	(19,204)	(251) U	(1%)	(136,031)	(137,049)	1,017 F	1%	(234,526)
Mental Health									
Mental Health to allocate	-	-	-	-	-	-	-	-	-
Acute Mental Health Inpatients	-	-	-	-	-	-	-	-	-
Sub-Acute & Long Term Mental Health	-	-	-	-	-	-	-	-	-
Crisis Respite	(9)	(18)	8 F	47%	(66)	(123)	58 F	47%	(212)
Alcohol & Other Drugs - General	(28)	(80)	52 F	65%	(471)	(563)	92 F	16%	(966)
Alcohol & Other Drugs - Child & Youth	(39)	(98)	59 F	61%	(460)	(681)	221 F	32%	(1,171)
Methadone	-	-	-	-	-	-	-	-	-
Dual Diagnosis - Alcohol & Other Drugs	(17)	(7)	(11) U	(152%)	(55)	(48)	(7) U	(14%)	(83)
Dual Diagnosis - MH/ID	-	-	-	-	-	-	-	-	-
Eating Disorder	(14)	(14)	-	-	(98)	(98)	-	-	(168)
Child & Youth Mental Health Services	(310)	(214)	(96) U	(45%)	(1,621)	(1,493)	(128) U	(9%)	(2,562)
Forensic Services	-	-	-	-	-	-	-	-	-
Kaupapa Maori Mental Health Services	-	-	-	-	-	-	-	-	-
Kaupapa Maori Mental Health - Residential	(12)	(29)	17 F	57%	(109)	(202)	92 F	46%	(345)
Kaupapa Maori Mental Health - Inpati	-	-	-	-	-	-	-	-	-
Mental Health Community Services	(95)	(106)	11 F	11%	(736)	(744)	7 F	1%	(1,276)
Prison/Court Liaison	-	-	-	-	-	-	-	-	-
Mental Health Workforce Development	(1)	(1)	1 F	45%	(4)	(8)	4 F	45%	(14)
Day Activity & Work Rehabilitation S	(133)	(140)	7 F	5%	(920)	(982)	63 F	6%	(1,687)
Mental Health Funded Services for Older People	-	-	-	-	-	-	-	-	-
Advocacy / Peer Support - Consumer	(23)	(25)	2 F	10%	(157)	(175)	18 F	10%	(301)
Other Home Based Residential Support	(229)	(265)	36 F	14%	(1,834)	(1,856)	22 F	1%	(3,182)
Advocacy / Peer Support - Families	(41)	(50)	10 F	19%	(342)	(353)	12 F	3%	(607)
Community Residential Beds & Service	(487)	(471)	(16) U	(3%)	(3,059)	(3,289)	230 F	7%	(5,650)
Minor Mental Health Expenditure	21	(27)	48 F	179%	(258)	(189)	(70) U	(37%)	(323)
Inter District Flow Mental Health	(489)	(489)	-	-	(3,421)	(3,421)	-	-	(5,864)
Mental Health Total	(1,905)	(2,035)	130 F	6%	(13,611)	(14,224)	613 F	4%	(24,411)

Southern District Health Board
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Part 4: DHB Consolidated	Current Month				Year to Date				Annual
	Actual	Budget	Variance	Variance	Actual	Budget	Variance	Variance	Budget
	\$(000)	\$(000)	\$(000)	%	\$(000)	\$(000)	\$(000)	%	\$(000)
Public Health									
Alcohol & Drug	-	-			-	-			-
Communicable Diseases	-	-			-	-			-
Injury Prevention	-	-			-	-			-
Mental Health	-	-			-	-			-
Screening Programmes	-	(12)	12 F		-	(84)	84 F		(144)
Nutrition and Physical Activity	-	(2)	2 F		7	(12)	19 F	156%	(21)
Physical Environment	-	-			-	-			-
Public Health Infrastructure	-	-			-	-			-
Sexual Health	(1)	-	(1) U		(5)	-	(5) U		-
Social Environments	-	-			(3)	-	(3) U		-
Tobacco Control	-	-			-	-			-
Well Child Promotion	-	-			-	-			-
Meningococcal	-	-			-	-			-
Public Health Total	(1)	(14)	13 F	92%	(2)	(96)	94 F	98%	(165)
Disability Support Services									
AT & R (Assessment, Treatment and Re Information and Advisory	(308)	(321)	13 F	4%	(2,153)	(2,245)	92 F	4%	(3,849)
Needs Assessment	(1)	(1)		(6%)	(4)	(4)			(6)
Service Co-ordination	(24)	(20)	(5) U	(25%)	(160)	(137)	(23) U	(17%)	(234)
Home Support	(3)	(3)			(23)	(23)			(40)
Carer Support	(1,039)	(1,157)	118 F	10%	(7,620)	(8,101)	481 F	6%	(13,888)
Residential Care: Rest Homes	(133)	(168)	36 F	21%	(1,016)	(1,178)	162 F	14%	(2,019)
Residential Care: Loans Adjustment	(2,889)	(2,837)	(52) U	(2%)	(20,989)	(20,279)	(710) U	(4%)	(34,170)
Long Term Chronic Conditions	34	23	11 F	50%	197	158	38 F	24%	271
Residential Care: Hospitals	(321)	-	(321) U		(772)	-	(772) U		-
Ageing in Place	(3,432)	(3,266)	(167) U	(5%)	(23,681)	(22,860)	(821) U	(4%)	(39,189)
Environmental Support Services	(109)	(112)	2 F	2%	(764)	(781)	17 F	2%	(1,338)
Day Programmes	(96)	(98)	2 F	2%	(674)	(686)	12 F	2%	(1,179)
Expenditure to Attend Treatment ETAT	(27)	(40)	13 F	32%	(187)	(216)	29 F	13%	(459)
Respite Care	-	-			-	-			-
Community Health Services & Support	(62)	(75)	13 F	17%	(454)	(525)	70 F	13%	(899)
Inter District Flow Disability Support	(115)	(137)	22 F	16%	(638)	(812)	174 F	21%	(1,600)
Disability Support Other	(336)	(352)	16 F	4%	(2,418)	(2,463)	45 F	2%	(4,223)
-	-	-			-	-			-
Disability Support Services Total	(8,861)	(8,563)	(298) U	(3%)	(61,355)	(60,151)	(1,204) U	(2%)	(102,822)
Maori Health									
Maori Service Development	(22)	(22)		2%	(154)	(156)	2 F	2%	(268)
Minor Maori Health Expenditure	(9)	(12)	3 F	26%	(62)	(84)	22 F	26%	(144)
Whanau Ora Services	(107)	(109)	2 F	2%	(752)	(759)	6 F	1%	(1,304)
Maori Health Total	(138)	(143)	5 F	4%	(968)	(999)	30 F	3%	(1,716)
Internal Allocations	-	-			-	-			-
Total Expenses	(69,058)	(67,478)	(1,580) U	(2%)	(486,799)	(486,798)			(838,909)
Net Surplus/ (Deficit)	(167)	1,553	(1,720) U	(111%)	(1,227)	(3,691)	2,464 F	67%	(10,490)
<i>Zero Check</i>	-	-			-	-			-
Part 4.1 A: Supplementary Information to Statement of Financial Performance									
Depreciation - Clinical Equipment	(683)	(704)	21 F	3%	(4,796)	(4,818)	22 F		(8,287)
Depreciation - Non Residential Buildings & Plant	(595)	(626)	31 F	5%	(4,125)	(4,301)	176 F	4%	(7,609)
Depreciation - Motor Vehicles	(4)	(14)	10 F	71%	(27)	(63)	36 F	57%	(131)
Depreciation - Information Technology	(353)	(309)	(44) U	(14%)	(2,259)	(2,135)	(124) U	(6%)	(3,715)
Depreciation - Other Equipment	(55)	(59)	4 F	7%	(396)	(412)	16 F	4%	(715)
Total Depreciation	(1,690)	(1,712)	22 F	1%	(11,603)	(11,729)	127 F	1%	(20,458)
Interest Cost from Funder Loans	-	-			-	-			-
Interest Costs from CHFA	(415)	(413)	(2) U	(1%)	(2,882)	(2,867)	(15) U	(1%)	(4,877)
Financing Component of Operating Leases	(23)	(33)	10 F	31%	(184)	(231)	47 F	21%	(392)
Capital Charge	(807)	(721)	(86) U	(12%)	(5,345)	(5,121)	(224) U	(4%)	(8,792)

Southern District Health Board

Jan-12

Part 4: DHB Consolidated	Current Month Actual \$ (000)	Previous Month Actual \$ (000)	Movement \$ (000)	Current Budget \$ (000)	Current Year Opening Balance Sheet \$ (000)	Annual Budget \$ (000)
Part 4.2: Balance Sheet						
Current Assets						
Petty Cash	14	14	-	13	14	13
Bank	455	(7,682)	8,137	709	3,838	583
Short Term Investments	22,457	38,072	(15,615)	18,000	33,442	11,000
Short Term Investments	-	-	-	-	-	-
Prepayments	2,161	2,112	49	1,808	2,089	1,808
Accounts Receivable	9,372	8,692	680	9,611	6,559	9,865
Provision for Doubtful Debts	(1,665)	(1,665)	-	(1,492)	(1,426)	(1,492)
Accrued Debtors	20,405	19,601	804	19,891	19,197	19,896
Inventory / Stock	4,668	4,750	(82)	4,370	4,605	4,370
Assets Held for Resale	-	-	-	-	-	-
Current Assets Total	57,866	63,894	(6,028)	52,910	68,317	46,043
Non Current Assets						
Land, Buildings & Plant	231,396	230,770	626	236,420	229,596	240,663
Clinical Equipment	106,065	105,388	677	118,598	99,470	126,717
Other Equipment (incl Finance Leases)	12,820	12,798	22	13,426	12,670	13,962
Information Technology	31,837	31,486	351	33,796	30,489	36,164
Motor Vehicles	709	709	1	1,726	714	1,751
Provision Depreciation - Buildings & Plant	(13,768)	(13,173)	(595)	(14,004)	(9,642)	(17,311)
Provision Depreciation - Clinical Equipment	(80,041)	(79,442)	(600)	(86,891)	(75,683)	(90,360)
Provision Depreciation - Other Equipment	(11,112)	(11,058)	(55)	(11,130)	(10,718)	(11,433)
Provision Depreciation - Information Technology	(23,303)	(23,053)	(250)	(24,239)	(21,481)	(25,819)
Provision Depreciation - Motor Vehicles	(275)	(271)	(4)	(330)	(268)	(398)
WIP	17,603	16,291	1,313	11,540	8,304	17,506
Investment in Subsidiaries	-	-	-	-	-	-
Investment in Associates	326	326	-	238	326	238
Long Term Investments	-	-	-	-	-	-
Non Current Assets Total	272,256	270,771	1,485	279,149	263,778	291,679
Current Liabilities						
Accounts Payable Control	(4,847)	(3,903)	(944)	(2,894)	(2,849)	(4,822)
Accrued Creditors	(29,385)	(32,093)	2,709	(35,968)	(31,703)	(36,598)
Income Received in Advance	(2,703)	(2,782)	79	(2,419)	(1,168)	(2,419)
Capital Charge Payable	(753)	(28)	(725)	(721)	(796)	(598)
GST & Tax Provisions	(6,783)	(10,310)	3,527	(4,076)	(6,098)	(2,791)
Term Loans - Finance Leases (current portion)	(1,543)	(2,047)	504	(2,125)	(2,599)	(2,125)
Term Loans - Private (current portion)	-	-	-	-	-	-
Term Loans - Crown (current portion)	(11,045)	(11,045)	-	(4,689)	(5,249)	(4,229)
Payroll Accrual & Clearing Accounts	(12,599)	(10,850)	(1,749)	(11,823)	(11,889)	(10,818)
Employee Entitlement Provisions	(38,976)	(40,009)	1,034	(38,621)	(40,424)	(38,621)
Current Liabilities Total	(108,633)	(113,067)	4,434	(103,335)	(102,775)	(103,022)
WORKING CAPITAL	(50,767)	(49,173)	(1,594)	(50,425)	(34,458)	(56,979)
NET FUNDS EMPLOYED	221,489	221,598	(109)	228,724	229,320	234,699
Non Current Liabilities						
Long Service Leave - Non Current Portion	(3,069)	(3,069)	-	(3,348)	(3,069)	(3,348)
Retirement Gratuities - Non Current Portion	(10,492)	(10,492)	-	(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 portio	(2,033)	(1,983)	(50)	(958)	(2,592)	(61)
Term Loans - Private (non current portion)	-	-	-	-	-	-
Term Loans - Crown (non current portion)	(85,154)	(85,130)	(25)	(90,891)	(91,274)	(90,891)
Custodial Funds	(3,933)	(3,950)	17	(3,857)	(3,830)	(3,857)
Non Current Liabilities Total	(105,791)	(105,733)	(58)	(110,251)	(112,395)	(109,354)
Crown Equity						
Crown Equity	(133,759)	(133,759)	-	(133,103)	(133,759)	(133,103)
Crown Equity Injection	-	-	-	(7,400)	-	(21,778)
Crown Equity Repayments	-	-	-	-	-	707
Trust and Special Funds (no restricted use)	(1,512)	(1,507)	(5)	(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	1,598	1,643	(45)	2,082	2,002	2,082
Retained Earnings - DHB Provider	77,472	78,068	(596)	77,312	79,633	79,966
Retained Earnings - Funds	25,865	25,051	813	30,392	22,004	34,536
Crown Equity Total	(115,698)	(115,865)	167	(118,473)	(116,925)	(125,346)
NET FUNDS EMPLOYED	(221,489)	(221,598)	109	(228,724)	(229,320)	(234,699)
Zero Check	-	-	-	-	-	-
Part 4.3: Statement of Movement in Equity						
Total equity at beginning of the period	(115,865)	(115,423)		(115,520)	(116,925)	(114,764)
Net Results for Period	167	(442)		(1,553)	-	10,490
Revaluation of Fixed Assets	-	-		-	-	-
Equity Injections / Repayments	-	-		(1,400)	-	(21,071)
Other	-	-		-	-	-
Movement in Trust and Special Funds	-	-		-	-	-
Total Equity at end of the period	(115,698)	(115,865)		(118,473)	(116,925)	(125,346)

Board Cash Flow - Southern

Jan-12

Part 4: DHB Consolidated	Current Month			Year to Date			Annual
	Actual	Budget	Variance	Actual	Budget	Variance	Budget
	\$(000)	\$(000)	\$(000)	\$(000)	\$(000)	\$(000)	\$(000)
Part 4.4 Statement of Cashflows							
Operating Revenue							
Government and Crown Agency Revenue	66,066	67,750	(1,684) U	473,953	474,538	(585) U	813,386
Other Revenue Received	1,095	1,093	2 F	8,020	7,143	877 F	12,453
Total Receipts	67,161	68,843	(1,682) U	481,973	481,681	292 F	825,840
Payments for Personnel	(24,312)	(29,444)	5,132 F	(177,791)	(180,006)	2,215 F	(311,477)
Payments for Supplies	(10,851)	(10,928)	77 F	(77,742)	(78,053)	311 F	(132,975)
Interest Paid	(243)	(274)	31 F	(2,853)	(3,043)	190 F	(4,741)
Capital Charge Paid	(81)	(716)	635 F	(5,387)	(5,115)	(272) U	(8,908)
GST (Net) & Tax	(3,527)	42	(3,569) U	685	(75)	760 F	(512)
Payment to own DHB Provider (Eliminated)	-	-	-	-	-	-	-
Payment to own DHB Governance & Funding Admin	-	-	-	-	-	-	-
Payments to other DHBs	(3,170)	(2,955)	(215) U	(22,030)	(20,685)	(1,345) U	(35,463)
Payments to Providers	(28,978)	(27,606)	(1,372) U	(190,482)	(192,048)	1,566 F	(328,218)
Total Payments	(71,162)	(71,881)	719 F	(475,600)	(479,026)	3,426 F	(822,294)
Net Cashflow from Operating	(4,001)	(3,038)	(963) U	6,373	2,655	3,718 F	3,546
Investing Activities							
Interest Receipts 3rd Party	167	186	(19) U	1,327	1,303	24 F	2,231
Sale of Fixed Assets	2	-	2 F	32	-	32 F	-
Capital Expenditure							
Land, Buildings & Plant	(2,466)	(2,093)	(373) U	(10,213)	(13,461)	3,248 F	(23,672)
Clinical Equipment	(484)	(549)	65 F	(7,012)	(7,202)	190 F	(15,322)
Other Equipment	(20)	(107)	87 F	(174)	(749)	575 F	(1,287)
Information Technology	(130)	(219)	89 F	(2,294)	(2,768)	474 F	(4,713)
Motor Vehicles	(1)	(5)	4 F	(24)	(977)	953 F	(1,002)
Total Capital Expenditure	(3,101)	(2,973)	(128) U	(19,717)	(25,158)	5,441 F	(45,995)
Increase in Investments and Restricted & Trust Funds Assets	(17)	-	(17) U	103	-	103 F	-
Net Cashflow from Investing	(2,949)	(2,787)	(162) U	(18,255)	(23,855)	5,600 F	(43,764)
Financing Activities							
Equity Injections	-	1,400	(1,400) U	-	7,400	(7,400) U	21,071
New Debt							
Private Sector	-	-	-	1,648	-	1,648 F	-
CHFA	-	-	-	14,815	-	14,815 F	-
Repaid Debt							
Private Sector	(528)	(301)	(227) U	(3,636)	(2,015)	(1,621) U	(3,400)
CHFA	-	-	-	(15,312)	(525)	(14,787) U	(920)
Other Non-Current Liability Movement							
Other Equity Movement	-	-	-	-	-	-	-
Net Cashflow from Financing	(528)	1,099	(1,627) U	(2,485)	4,859	(7,344) U	16,751
Net Cashflow	(7,478)	(4,726)	(2,752) U	(14,367)	(16,341)	1,974 F	(23,467)
Plus Cash (Opening)	30,404	23,447	6,957 F	37,293	35,063	2,230 F	35,063
Cash (Closing)	22,926	18,722	4,204 F	22,926	18,722	4,204 F	11,596
Carry Forward Check							
Closing Cash made up of:							
Petty Cash	14	13	(1) U	14	13	(1) U	13
Bank (Overdraft)	455	709	254 F	455	709	254 F	583
Short Term Investments	22,457	18,000	(4,457) U	22,457	18,000	(4,457) U	11,000
Total Cashflow Cash (Closing)	22,926	18,722	4,204 F	22,926	18,722	4,204 F	11,596

WAKATIPU HEALTH COMMUNITY REFERENCE GROUP

RECOMMENDATION:

That the Board note the attached terms of reference for the Wakatipu Health Community Reference Group.

TITLE WAKATIPU HEALTH COMMUNITY REFERENCE GROUP

GUIDING PRINCIPLES

- **Collaboration**
The Wakatipu Health Community Reference Group (WHCRG), the Southern District Health Board (SDHB) will work together in a partnership based approach.
- **Open Communication**
We will communicate clearly and openly with stakeholders about our expectations, objectives and limitations, encouraging them to do the same in an effort to build a common understanding between us.
- **Integrity**
We will consistently act with integrity and honesty, respecting the differences of our partners and stakeholders.
- **Transparency**
We are committed to disclosing to stakeholders information about progress both positive or negative toward our purpose, unless such disclosures compromise other privacy commitments.

WORKSTREAM

PURPOSE

- To monitor the implementation of recommendations from the National Health Panel as appropriate
- To contribute to health planning for the Wakatipu area in the context of wider regional planning.
- To provide a community liaison role to build trust between the community and the SDHB.
- To assist in forging links between the SDHB, the community, primary health and secondary health professionals.

SCOPE

- To assist and encourage with the strategic planning of health services for the Wakatipu community and the Central Otago region.
 - To forge links between the SDHB, the community, primary health and secondary health professionals.
 - The Wakatipu Health Reference Group will not act as a fundraising entity.
 - The Wakatipu Health Reference Group will not act as a forum for complaints which should be directed to the appropriate service provider.
-

ANTICIPATED TIMEFRAME

- 24 months

ROLES AND RESPONSIBILITIES

MEMBERSHIP

- Mayor Vanessa van Uden – QLDC representative
 - Martin Hawes – Community representative
 - Tony Hill – Community representative
 - Dr Elinor Slater – Primary Care clinicians representative
 - Dr James Reid – Secondary Care clinicians representative
-
- Robert Mackway-Jones – SDHB – in attendance

CHAIR

- Mayor Vanessa van Uden

STAKEHOLDERS

- Residents of and visitors to the Wakatipu (Health consumers)
- All health professional who work within the Wakatipu
- SDHB
- NHB

MEETINGS

- Monthly – on the second Monday of the month from 9.00am to 11.00am

FACILITATION AND ADMINISTRATIVE SUPPORT

- Responsibility of SDHB – external resource will be sourced by QLDC and SDHB and paid for by SDHB

CONFLICTS OF INTEREST

- To be identified on a case by case basis
-

TARGETS/KEY RESULT AREAS

- Successful implementation of the NHB recommendations
- Resolution of health planning issues as they arise
- Improved level of trust between the community and SDHB
- Increase awareness and understanding of health services

BUDGET

- There is no budget but administration costs will be covered by SDHB

REPORTING

- Quarterly report to stakeholders

CONFIDENTIALITY

- Public comment may be made on information and discussion at meetings unless agreed otherwise.

MEDIA

- The final item on each meeting will be to agree what information will be available to media and stakeholders
- The Chair will be the media spokesperson
- The Chair and SDHB representative will share any media communications with each other.

AMENDMENTS

These terms of reference will be reviewed annually and may be altered to meet the needs of the members.

Board Report

NHB & SDHB Joint Assessment of Systems – Dunedin Hospital

Recommendations from the five main themes identified in the Report

1. Governance

Build on the growing leadership of the DHB by the new Chair. Ensure there is alignment between strategy, culture and systems/processes.

2. Leadership, Vision and Planning

Properly align a vision and strategy which supports the health needs of the Southern community. Deliver a work programme that supports the strategy, and which is in line with best practice management and leadership processes and systems that reflect, in practice, the whole merged DHB.

3. Culture and Relationships

Create a culture that encourages, enthuses and drives people to deliver the vision and work programme, improve health outcomes for the Southern community, and enable a productive and innovative working, educational and academic environment for DHB staff and its partners.

4. Quality and Patient Safety

Immediately put in place a robust and well understood patient safety and quality framework and networks to ensure a safer hospital. Appoint a person with appropriate clinical experience and seniority to provide specific leadership to this process. Invite the Health Quality and Safety Commission (HQSC) to comment on the framework before it is finalised.

5. Operational Issues

Address the operational issues that have been identified.

The actions from the 5 main themes are captured in the action points below under the headings of strategy, governance, leadership and structure, learning and development, financial, collaboration and operational.

Implementation Steering Group

Implementation steering group to be appointed with key senior clinical leaders and managers. To be chaired by an external clinical leader.

Recommendation	Completion Date	PROGRESS				COMMENT
		Scoping	Behind	On Track	Completed	
Strategy						
1. Ensure all staff have a good understanding of the vision and strategic direction of the DHB.	CEO ongoing			✓		Planning & implementation underway. Workshop with senior leadership group held in Nov/Dec/Jan to line up with Annual Planning cycle. Communication plan under development. Full programme has been developed out 12 months.
8 Develop and implement a communication plan that outlines an effective internal and external communication strategy.	Acting CEO October 2011			✓		Public relations and communications role appointed. Operational communications strategy drafted.
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. The South Island Strategy will be assessed along with the local strategic plan.
18 Establish, implement and monitor a patient safety and quality and risk framework for the Southern DHB.	EMT From September 2011	✓				Agreed. Awaiting commencement of new CEO March 2012

Recommendation	Completion Date	PROGRESS				COMMENT	
		Scoping	Behind	On Track	Completed		
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. Further work with health planners re facilities and space for the future provision of health and disability support services at Dunedin and Wakari Hospitals is being scoped.	
Governance							
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. To be finalised after appointment of new CEO.	
Leadership & Structure							
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.	March 2012	✓			Agreed. Awaiting commencement of new CEO (March 2012).	
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 March 2012	✓			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.	
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				✓	Appointed. Commences in March 2012.
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.
Learning & Development							
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. A programme for leadership development is being established.	

Recommendation	Completion Date	PROGRESS				COMMENT
		Scoping	Behind	On Track	Completed	
Financial						
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. This is being reinforced through the current annual planning round.
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.
Collaboration						
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. This will follow a strategic planning workshop early March. Agreed and will progress alongside review of organisation structure.
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. Regular meetings in place.
Operational						
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 District Health Board

Minutes of the Joint Meeting of the Disability Support Advisory Committee and Community & Public Health Advisory Committee held on Wednesday, 1 February 2012, commencing at 9.00 am, in the Board Room, Dunedin Hospital

Present:	Dr Malcolm Macpherson	Chairman
	Mr Neville Cook	
	Ms Sandra Cook	(from 9.35 am)
	Mrs Kaye Crowther	
	Mrs Mary Flannery	
In Attendance:	Mr Joe Butterfield	Board Chairman (from 10.30 am)
	Mr Robert Mackway-Jones	General Manager, Finance & Funding
	Mrs Lexie O'Shea	Acting Chief Executive Officer (from 9.50 am to 10.30 am)
	Ms Jeanette Kloosterman	Board Secretary
	Ms Nyia Strachan	Acting Communications Officer

1.0 WELCOME

The Chairman welcomed everyone to the first meeting for 2012.

2.0 APOLOGIES

An apology for lateness was received from Ms Sandra Cook.

3.0 MEMBERS' DECLARATION OF INTEREST

The Chairman called for any adjustments or amendments to the Interests Register. There were none.

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

4.0 PREVIOUS MINUTES

It was resolved:

"That the minutes of the joint meeting of the Disability Support Advisory Committee and Community & Public Health Advisory Committee held on 4 August 2011 be approved and adopted as a true and correct record."

Moved: Mr N Cook
Seconded: Mrs M Flannery

5.0 ACTION SHEET

The Committees reviewed and noted the action sheet (agenda item 5).

The General Manager, Finance & Funding reported that the regional Child and Youth Advisory Group was in its formative stages. Its terms of reference would be submitted to the next DSAC/CPHAC meeting.

6.0 WORK PLAN

The Committees reviewed the work plan for 2011/12 (agenda item 6). The General Manager, Finance & Funding answered members' questions on the various work streams and outputs status.

7.0 PHO PERFORMANCE PROGRAMME

The Committees considered a report on Primary Health Organisation (PHO) Performance Programme results for the Southern PHO as at 30 June 2011 (agenda item 7).

The General Manager, Finance & Funding informed the Committees that the PHO Performance Programme report covered a subset of the PHO performance indicators and he would include the entire set in the next agenda.

Ms Sandra Cook joined the meeting at 9.35 am.

8.0 SUBMISSIONS PROCESS

The Committees considered a report outlining a set of recommended principles for a public health submissions process (agenda item 8).

The Committees:

- Requested a copy of the proposed submission process policy and risk assessment prior to making a recommendation to Board;
- Noted the report.

9.0 HEALTH OF OLDER PEOPLE PORTFOLIO COMMUNITY MODELS OF CARE SERVICE DEVELOPMENT PLAN

The Committees considered a progress report on the Health of Older People (HOP) Portfolio Community Models of Care (CMC) Service Development Plan (agenda item 9.0).

The General Manager, Finance & Funding reported that the first meeting of the HOP Planning Advisory Committee had been held the previous week in Balclutha and some modifications to the Committee's terms of reference had been agreed to.

Mrs Lexie O'Shea, Acting Chief Executive Officer, joined the meeting at 9.50 am.

Members requested that they be added to the distribution list for the *HOP News*.

10.0 DIABETES SERVICE DEVELOPMENT

The General Manager, Finance & Funding answered members' questions on the progress report on diabetes service development circulated with the agenda (item 10).

The Committees noted the report.

11.0 SUBMISSION ON THE GREEN PAPER FOR VULNERABLE CHILDREN

The Committees considered a draft submission on the Green Paper for Vulnerable Children (agenda item 11) and suggested that the following be added to it:

- Reference to the Southland Well Child providers group in section 6, pages 8-9 of the report;
- Support for policies around Whānau Ora care.

12.0 PUBLIC HEALTH SOUTH (PHS)

A report from Public Health South (PHS) for November and December 2011 was circulated with the agenda (item 12) and was taken as read.

The Committees queried whether the notifiable disease data contained in the report was for the month or year, and whether it was available in trend format.

13.0 IMMUNISATION HEALTH TARGET 2010/11

The Committees noted that the Southern DHB had been awarded a certificate by the Ministry of Health recognising achievement of the Immunisation Health Target for 2010/11 (agenda item 13) and requested that their congratulations be conveyed to all the parties who worked to accomplish this.

14.0 TERMS OF REFERENCE

The Committees reviewed their terms of reference and recommended changes to them (agenda item 14).

It was resolved:

"That with the following further amendment the Committees endorse the terms of reference as modified and recommend the Board approve them:

- **The 'Review' section to read, "The Terms of Reference for this Committee shall be reviewed at the beginning of each new Board term."**

Moved: Mrs M Flannery
Seconded: Mrs K Crowther

Mrs L O'Shea, Acting Chief Executive Officer, left the meeting and Mr J Butterfield, Board Chairman, joined the meeting.

At 10.30 am it was resolved that the public be excluded for the following agenda items:

General subject:	Reasons for passing this resolution:	Grounds for passing the resolution:
Previous Public Excluded Minutes	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) and 9(2)(f)(iv) 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, and to maintain the constitutional convention protecting the confidentiality of advice tendered by ministers of the Crown and officials.
Mental Health & Addictions Draft Strategic Plan	To allow activities to be carried out without prejudice or disadvantage	As above, sections 9(2)(i), 9(2)(j), 9(2)(f)(iv).
PHO Clinical Programme Proposal	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).

Moved: Dr M Macpherson
 Seconded: Mrs M Flannery

The meeting closed at 11.05 am.

Confirmed as a correct record:

Chairman

Date

Southern District Health Board

Minutes of the Hospitals' Advisory Committee Meeting held on Wednesday, 1 February 2012, commencing at 2.00pm in the Board Room, 1st Floor, Dunedin Hospital

Present:	Mr Paul E Menzies Mr Neville M Cook Dr J Malcolm Macpherson Mr Tahu K Potiki Dr Branko Sijnja Mr Tim P Ward	Chairman
In Attendance:	Mr Joe G Butterfield Mrs Kaye J Crowther Mrs Lexie O'Shea Mrs Vivian Blake Mrs Tina Gilbertson Mrs Leanne Samuel Mr David Tulloch Mr Grant Paris Ms Nyia Strachan Mrs Joanne Fannin	Board Chairman Board member Acting Chief Executive Officer Chief Operating Officer, Otago Acting Chief Nursing & Midwifery Officer Acting Chief Operating Officer, Southland Chief Medical Officer Senior Business Analyst, Dunedin Acting Communications Officer Board Secretary Southland
Apologies:	Mr Richard J Thomson	HAC Member

1.0 WELCOME AND APOLOGIES

The Chairman welcomed everyone to the meeting. An apology was noted from HAC member, Mr Richard Thomson.

It was resolved:

"That the apology from Mr Richard Thomson be accepted."

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

2.0 MEMBERS' DECLARATION OF INTEREST

The Chairman called for any adjustments or amendments to the Interests Register. 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.

3.0 CONFIRMATION OF PREVIOUS MINUTES

It was resolved:

"That the minutes of the 9 November 2011 Hospitals' Advisory Committee meeting be approved and adopted as a true and correct record."

**Moved: Mr Cook
Seconded: Mr Ward
Carried**

4.0 MATTERS ARISING

There were no matters arising from the previous minutes.

5.0 ACTION SHEET

The Committee reviewed the action sheet.

6.0 HOSPITALS' ADVISORY COMMITTEE TERMS OF REFERENCE

The Committee considered the Terms of Reference and discussion was held on the frequency of meetings.

It was resolved:

"That the Hospitals' Advisory Committee recommend to the Board that the Hospitals' Advisory Committee hold ten meetings per year and that the Hospitals' Advisory Committee Terms of Reference be reviewed again at the first meeting in 2013."

7.0 CHIEF OPERATING OFFICERS' REPORT

The Chief Operating Officer, Otago, Mrs Vivian Blake, provided an update on the Chief Operating Officers' Report and took questions from members and the following highlights were noted:

- Both elective caseweights delivered and health target elective discharges delivered were ahead of plan for the month and year-to-date.
- Whilst unfavourable for the month, the year-to-date financial result was favourable.
- When looking at the Provider Arm dashboard, the Committee was asked to note that there was less activity over the December 2011/January 2012 holiday period due to annual leave.
- Good progress against the Minister's health targets was noted.
- Whilst there was one area of amber highlighted in the Elective Services Performance Indicators (ESPIs) report, the issue was being worked through and there was no cause for concern. Mr Tim Ward acknowledged the efforts of staff in getting the ESPIs back on track.
- It is likely that indicator eight – infrastructure costs per weighted output – will be discontinued due to the change to the Southern DHB model.
- The Acting Chief Operating Officer, Southland, Mrs Leanne Samuel provided an update on the acute readmission rate for Southland. Investigations are continuing and an update will be provided on completion.
- There are 33 indicators reported on nationwide and individual DHBs decide on the most relevant for inclusion in their governance reports. Locally,

management keep a 'watching brief' to ensure that the most relevant indicators are reported through to the Hospitals' Advisory Committee.

8.0 CHIEF OPERATING OFFICER'S REPORT, OTAGO

The Chief Operating Officer, Otago, provided an update on her report and took questions from members, and the following highlights were noted:

- Both elective caseweights delivered and health target elective discharges delivered were ahead of plan for the month and year-to-date.
- Operational performance was busy, with an average of six additional attendances per day in the Emergency Department (ED), Dunedin Hospital for December 2011.
- An update was provided on the operational initiatives – seismic evaluations, master site planning and '6 hours – It Matters!' The Committee noted that subsequent to the agenda going to print, approval was given by the Minister of Health for the preliminary design for the Neonatal Intensive Care Unit (NICU) and Paediatrics. The construction work on the ED Observation Unit could impact the health target for shorter stays in the ED. However, once construction work is completed, the Minister's health target for shorter stays in ED is expected to improve by a further 5-10%.
- The ESPI showing as amber for Orthopaedics was due to a data error and this is being rectified.
- Six of the recommendations contained within the National Health Board and Southern DHB Joint Assessment of Systems – Dunedin Hospital, have been completed, with the remainder being either on track or in the process of being scoped.

9.0 CHIEF OPERATING OFFICER'S REPORT, SOUTHLAND

The Acting Chief Operating Officer, Southland, provided an update on the report for the Southland Hospital site and took questions from members, and the following highlights were noted:

- Both elective caseweights delivered and health target elective discharges are below plan year-to-date, with the reasons outlined in the report.
- The Committee noted the increased activity for December 2011 with 44 admissions more than the previous December and 250 additional attendances in ED. The impact on bed capacity and the ED target was noted.

The Acting CEO, Mrs Lexie O'Shea, joined the meeting at 2.30pm.

- An acknowledgement was made to staff in the Ear Nose and Throat (ENT) Department, who saw 360 new patients in December 2011. In addition to this, Southland patients continue to be seen every week in Dunedin.
- An Ophthalmologist currently working out of Dunedin is to commence work at the Southland Hospital site in April 2012.
- Southland Hospital has been successful in receiving early recovery after surgery funding from the MoH.
- The preadmission redesign project won the CEO Quality Improvement Award in the clinical improvement category.
- A new Orthopaedic consultant has started, along with a new General Surgeon.

10.0 CHIEF MEDICAL OFFICER'S REPORT

The Chief Medical Officer, Mr David Tulloch, provided an update on the radiology issue on the Southland Hospital site, noting the excellent clinical governance used

to address the issue. An update was also provided on the Endoscopy Clinical Working Group meeting that had taken place in Southland. The meeting was positive and was a good example for other clinical services to use.

11.0 CHIEF NURSING AND MIDWIFERY OFFICER'S REPORT

The Acting Chief Nursing and Midwifery Officer, Ms Tina Gilbertson, provided an update on the Nursing and Midwifery Dashboard and the following highlights were noted:

- The current cohort of new graduates is due to commence. There is an emphasis on supporting the home grown nursing workforce.
- Health Workforce NZ funding has been allocated to provide Post Graduate Education opportunities for nurses across different sectors within Southern DHB. Progress has been made on a South Island Regional approach, ensuring that funding is available for nurses regionally for training and education.
- Progress continues with TrendCare being rolled out across both the Dunedin Hospital and Southland Hospital sites.
- Clarification was provided on the skill set required by the Fast Track Nurses working in ED on the Southland Hospital site.
- Staff continue to look at how to build on the bedside delivery of care within the restricted funding available.

12.0 FINANCIAL REPORT

The Senior Business Analyst (SBA) Dunedin, Mr Grant Paris, provided an update on his financial report and the following areas were highlighted:

- The December 2011 result was unfavourable to budget by \$151K and the year-to-date Provider Arm is \$600K favourable to budget.
- Full time equivalents (FTEs) were under budget by 19 for December 2011 and 43 YTD.
- Revenue was under budget in December 2011 by \$229K, with the variances outlined in the report. An update was provided on the lower than budgeted breast screening volumes and discussion was held on the continued decline in Accident Compensation Corporation (ACC) volumes. With the lower volumes, services are being realigned where possible to contain costs.
- The increase in Theatre activity on the Dunedin Hospital site resulted in treatment disposable costs and implants and prosthesis being over budget for the month. It is anticipated that disposable costs at the Southland Hospital site will also increase with a new Orthopaedic Surgeon commencing.
- With the Dunedin Hospital site bringing in additional work that was previously outsourced, costs will increase, but this will be offset by a reduction in the cost of outsourcing.
- Section seven outlined a forecast break even position at year end for the reasons outlined in the report.
- In discussion it was noted there would be no consequential savings due to the increase in Laparoscopic Surgery.
- The SBA clarified the assumption made regarding implants and prosthesis costs in the forecast.
- Brief discussion was held on the proposal for a ninth Theatre at the Dunedin Hospital site following a query by HAC member, Dr Branko Sijnja.
- Dr Sijnja advised on the impact the decline in ACC public funded referrals is having in the primary sector and the possible implications to the secondary and tertiary level hospital facilities into the future.
- The SBA advised that the actuarial allowance assumption had not been factored into the forecast.

13.0 INFORMATION SYSTEMS (IS) DASHBOARD

A brief update on the InterRAI implementation project was provided. Following a request from the Board Chairman, it was agreed that a brief report and timeline for both the InterRAI and Business Intelligence projects be provided to the Committee on a quarterly basis.

14.0 HUMAN RESOURCES (HR) DASHBOARD

The COO Otago confirmed that both the centralised recruitment model and the Human Resources Information Systems (HRIS) are being driven nationally and she undertook to provide further detail from a regional and national perspective for the next meeting.

15.0 BUILDING AND PROPERTY SERVICES

The COO Otago highlighted that the replacement of the Dunedin Hospital site generators would be significant and outlined the disruption this would create. She assured members that a communication plan would be put in place to ensure the public and emergency services are aware of the work-arounds during this period of time.

In response to a query by the Board Chairman regarding the gastrointestinal disease redevelopment, the COO Otago advised that Southern DHB was awaiting a response from the University of Otago, Dunedin School of Medicine request for capital support for this joint initiative.

It was confirmed that the amount for the staff cafeteria outlined on the 'Master Site Planning and Financial Update' was the total contract price, not a variance.

It was resolved:

"That the management and financial reports be noted."

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

CONFIDENTIAL SESSION

At 3.00pm, it was resolved:

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

<i>General subject:</i>	<i>Reasons for passing this resolution:</i>	<i>Grounds for passing the resolution:</i>
Previous Public Excluded Minutes	Clause 32(a) – to allow the public to be excluded where it is necessary to prevent the disclosure of information that could be withheld under the Official Information Act.	<ul style="list-style-type: none">• Where it is necessary to protect the privacy of natural persons, including deceased natural persons – section 9(2)(a).• Where it is necessary to enable Southern District Health Board to carry on without prejudice or disadvantage, negotiations – section 9(2)(j).

General subject:	Reasons for passing this resolution:	Grounds for passing the resolution:
Review of Public Excluded Action Sheet	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.	As above, sections 9(2)(a) and 9(2)(j).
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.	As above, sections 9(2)(a) and 9(2)(j).

Moved: Mr Menzies
Seconded: Dr Macpherson
Carried

The meeting closed at 3.30 pm.

Confirmed as a true and correct record:

Chairman: _____

Date: _____

Southern District Health Board

Minutes of the Iwi Governance Committee Meeting held on Wednesday, 1 February 2012, commencing at 12.00pm in the Octagonal Room, 1st Floor, Dunedin Hospital

Present:	Mrs Eleanor Murphy Mr Taare Bradshaw Ms Sandra Cook Mrs Kaye J Crowther Ms Kingi Dirks Mr Peter Ellison Mr Paul Menzies Mr Tahu Potiki Ms Odele Stehlin Mrs Ann Wakefield	Ōtākou Rūnaka - Chair Hokonui Rūnaka Board Member, Southern DHB Board member, Southern DHB Moeraki Rūnaka Puketeraki Rūnaka Deputy Chairman, Southern DHB Board member, Southern DHB Waihōpai Rūnaka Ōraka Aparima Rūnaka
In Attendance:	Mrs Lexie O'Shea Ms Thelma Brown Mrs Joanne Fannin	Acting Chief Executive Officer Portfolio Manager Public and Population Health Board Secretary Southland
Apologies:	Ms Hana Morgan Mr Donovan Clarke Ms Pania Coote	Awarua Rūnaka – Deputy Chair Kaiwhakahaere Hauora Māori District Manager Māori Health

1.0 WELCOME APOLOGIES AND KARAKIA

The Chair welcomed members to the meeting, noting that an opening karakia had taken place at the Ka Runaka session of the meeting. Apologies were noted from Ms Hana Morgan, Mr Donovan Clarke and Ms Pania Coote. Apologies for lateness were noted from Ms Sandra Cook, Mrs Kaye Crowther, Mr Paul Menzies and Mr Tahu Potiki.

It was resolved:

"That the apologies as noted be accepted."

**Moved: Ms Murphy
Seconded: Ms Dirks
Carried**

2.0 MEMBERS' DECLARATION OF INTEREST

The Chair called for any adjustments or amendments to the Interests Register. None were advised.

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

3.0 CONFIRMATION OF PREVIOUS MINUTES

It was resolved:

"That the minutes of the 14 December 2011 Iwi Governance Committee meeting be approved and adopted as a true and correct record."

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

Mr Tahu Potiki joined the meeting.

4.0 MATTERS ARISING

There were no matters arising from the previous minutes.

5.0 ACTION SHEET

The Committee reviewed the action sheet and in discussion the following was highlighted:

- **Action No. 55 and 56 – Policies and Tikaka Best Practice Policies Resource** – the Chair requested that a timeline be provided for these actions.
- **Action No. 75 – Southern PHO Board** – the Chair advised that a letter had been prepared and was being forwarded to the CEO of the Southern PHO requesting that the Board consider co-opting one member of the IGC for a specified period.
- **Action No. 78 – Whānau Ora Wananga** – it was confirmed that the Wananga would take place on 29 February 2012 in Southland from 10.00am – 1.30pm.
- **Action No. 83 – Long-term strategic plan for Māori Health** – the Acting CEO, Mrs Lexie O'Shea, advised on the work being done at an Executive and Senior Management Group level to agree a vision, mission and key strategy for Southern DHB. This was presented to the Board on 15 December 2011 and the Kaiwhakahaere Hauora Māori and Regional Project Manager Māori Health have been involved in this process. The tool (Do View) used might help when looking at strategic planning for Māori Health.

Ms Sandra Cook and Mrs Kaye Crowther joined the meeting.

- **Action No. 85 – Annual Work Plan and frequency of meetings** – it was agreed that monthly face to face meetings would continue in the interim and this would be reviewed in six months time. An annual work plan is to be prepared outlining the priorities for the IGC for the 2012/13 year.
- **Action No. 88 – Reporting against the Māori Health Implementation Plan** – reporting is to be provided on a quarterly basis in line with the reporting cycle to the Ministry of Health (MoH). The Committee requested a timeline for the reporting.
- **Action No. 91 – Governance Training** – the Acting CEO advised that a discussion is to take place at the Board meeting on 15 December 2011 and further discussion will be held at IGC once the Board has made a decision on this.

6.0 UPDATE BY THE KAIWHAKAHAERE HAUORA MĀORI (KHM)

The Portfolio Manager Public and Population Health, Ms Thelma Brown, provided an update and the following was highlighted:

MHIP – work on the plan is nearing completion. Work is to be done on the outcomes framework and the MoH have provided data sources, which will be included in the table. It is expected that the MHIP will be ready by the end of February 2012.

Proposal for Change – ka pu te ruha ka hao te rangatahi – the three management positions are in the process of being advertised and the 'go live' date for the Māori Health Directorate is the end of March 2012.

Whānau Ora – an update was provided on the work being done looking at the due diligence, plans of action and business case for the Araiteuru collective. It was confirmed that Te Puni Kokiri is the co-ordinating body and the process was outlined. The timeframes are tight and there is a lot of work involved in the due diligence process.

Te Herenga Hauora Group – an update was provided on the electives regional priority within the MHIP. Ms Fiona Pimm from South Canterbury DHB is taking the lead on this and raw data is being extracted and analysis work being done. The Chair advised the importance of identifying the disparities and knowing whether Māori are accessing services. The Southern DHB MHIP dashboard has been adopted by all DHBs within the South Island region to ensure a consistent approach.

Southern PHO – the Southern PHO Māori Health Plan (MHP) is still a work in progress. The importance of the MHP aligning as closely as possible to Southern DHB's MHAP was noted. The MHP would also incorporate additional priorities, e.g. diabetes, cardiovascular disease and sexual health.

It was resolved:

"That the Southern PHO Māori Health Plan is to be provided to the Southern DHB Management Advisory Group Māori Health for input and then forwarded to the Iwi Governance Committee for sign-off."

Inquiry into the Determinants of Well-being for Māori Children – members noted the paper prepared by Public Health South (PHS). The KHM is to provide feedback to PHS. The paper has been circulated to Māori Health Providers with a request that case studies be provided to highlight the disparities. Discussion was held on the process for submissions to Select Committees. A policy is being developed and it was noted that the CEO should be aware of all submissions being forwarded on behalf of Southern DHB and is to elevate to Board, IGC and Advisory Committees where appropriate.

It was resolved:

**"That IGC members are to provide feedback on the 'Inquiry into the Determinants of Well-being for Māori Children' to the KHM."
"That the submission, when completed, also be included in the green paper response."**

7.0 MĀORI REPRESENTATION

It was resolved:

“That the IGC nominates Ms Winsome Skerrett as representative on the BreastScreen HealthCare Regional Coordination Group subject to her agreement and Ms Odele Stehlin is to discuss this with Ms Skerrett and advise the Board Secretary Southland.”

The Chair advised that an appointment is also required to the Health of the Older Persons Advisory Committee following the resignation of Ms Kingi Dirks.

A copy of a draft advertisement calling for Expressions of Interest (EOI) for the Management Advisory Group Māori Health, following the recent resignation of two members, was tabled for information (**appendix 1**).

It was resolved:

“That the EOI as tabled be advertised in the usual manner and the BSS is to liaise with the IGC Chair and Ms Odele Stehlin regarding responses received.”

8.0 MAGMH TERMS OF REFERENCE (ToR)

The Committee noted the amended final version of the ToR included in the agenda.

9.0 UPDATE BY IGC Chair

The IGC Chair requested that Ka Runaka members consider taking on the role of Chair.

Mr Paul Menzies joined the meeting.

10.0 UPDATE BY SOUTHERN DHB BOARD MEMBER

It was noted that the new CEO, Ms Carole Heatly, is to commence on 5 March 2012 and a powhiri is to be held in Otakou. A date for the powhiri is yet to be decided.

11.0 UPDATE BY SOUTHERN DHB CHIEF EXECUTIVE OFFICER

The CEO report was noted and taken as read. The Acting CEO spoke to the report and advised that the Minister's letter of expectation has now been received by Southern DHB.

12.0 DIABETES STRATEGY

The Diabetes Strategy and Diabetes NZ points for consideration by DHBs were noted and taken as read. In discussion it was noted that the Regional Project Manager Māori Health, Ms Pania Coote, and MAGMH member, Ms Nancy Todd, are both members on the local diabetes group.

13.0 SOUTHERN PHO MHAG

The minutes from the Southern PHO MHAG meeting held on 9 December 2011 were noted and taken as read. Mr Paul Menzies provided a brief update as the Southern DHB representative on the Southern PHO Board.

14.0 GENERAL BUSINESS

In response to a request for a reporting mechanism that captures the experience of Southern DHB patients relating to their engagement with services and identifying whether this is improving over time, the Acting CEO advised that the Health, Safety and Quality Commission was undertaking a review of the best way to measure this. This would ensure a better understanding of what Southern DHB is doing well and identifying where there is room for improvement.

15.0 CONCLUSION

Mr Taare Bradshaw provided a closing karakia.

The meeting closed at 1.20 pm.

Confirmed as a true and correct record:

Chair: _____

Date: _____

FUNDING ADMINISTRATION
CONTRACTS REGISTER (EXPENSES) - FEBRUARY 2012

PROVIDER NAME	DESCRIPTION OF SERVICES	SIGNED BY	CONTRACT/VARIATION END DATE
Pacific Island Advisory & Cultural Trust (Southland) Agreement	Pacific People Community Linkage Worker.	Peter Hay	31.01.13
The Salvation Army New Zealand Trust Variation to Agreement	Mental Health & Addiction Service.	Gemma Griffin-Dzikiewicz	30.11.12
Oceania Care Company Limited t.a Cargill Home Variation to Agreement	Exceptional Circumstances Palliative Care for a Named Individual.	Gemma Griffin-Dzikiewicz	31.03.12
Corstorphine Baptist Community Trust Variation to Agreement	Mental Health Services.	Peter Hay	30.09.12
Oceania Care Company Limited t.a Windsor Park Variation to Agreement	Exceptional Circumstances Palliative Care for a Named Individual.	Leanne Illingworth	11.02.12
Presbyterian Support Southland t.a Vickery Court Service Schedule	Exceptional Circumstances Palliative Care for a Named Individual.	Leanne Illingworth	21.12.11
Hawwari Pharmacy Limited t.a BrockvillePharmacy Pharmacy Services Agreement	For the Provision of Pharmacy Services.	Peter Hay	30.04.12
Presbyterian Support Otago Incorporated t.a Elmslie House Variation to Agreement	Exceptional Circumstances Palliative Care for a Named Individual.	Leanne Illingworth	06.02.12
Ryman Healthcare Limited t.a Yvette Williams Service Schedule	Exceptional Circumstances Palliative Care for a Named Individual.	Leanne Illingworth	25.03.12
Ryman Healthcare Limited t.a Yvette Williams Service Schedule	Exceptional Circumstances Palliative Care for a Named Individual.	Leanne Illingworth	20.03.12
Radius Residential Care Limited t.a Radius Fulton Care Centre Service Schedule	Exceptional Circumstances Palliative Care for a Named Individual.	Leanne Illingworth	12.03.12
Presbyterian Support Otago Incorporated t.a Ross Hospital Service Schedule	Exceptional Circumstances Palliative Care for a Named Individual.	Leanne Illingworth	21.03.12

FUNDING ADMINISTRATION
CONTRACTS REGISTER (EXPENSES) - FEBRUARY 2012

Presbyterian Support Otago Incorporated t.a Ranui Hospital Service Schedule	Exceptional Circumstances Palliative Care for a Named Individual.	Leanne Illingworth	18.01.12
Sport Southland Agreement	Southland Maori Traditional Games Project	Peter Hay	15.01.13
Gwynn Holdings Limited t.a Rata Park Rest Home Agreement	Long Term Support - Chronic Health Conditions	Leanne Illingworth	20.12.12
Ryman Healthcare Limited t.a Rowena Jackson Retirement Hospital Service Schedule	Exceptional Circumstances Palliative Care for a Named Individual.	Leanne Illingworth	29.02.12
Presbyterian Support Otago Incorporated t.a Community First Variation to Agreement	Ageing in Place Community Support	Peter Hay	31.12.12
Southern Primary Health Organisation Variation to Agreement	Immunisation Initiatives.	Peter Hay	31.12.12
Otago Pacific People's Health Trust Variation to Agreement	Well Child Services / Tamariki Ora	Peter Hay	31.03.13
Teviot Valley Rest Home Limited Agreement	Community Residential Services, within Aged Care Facilities, for People with Chronic Health Conditions.	Leanne Illingworth	29.12.12
JM & DT McMillan Trust t.a Chateau Village Service Schedule	Exceptional Circumstances Palliative Care for a Named Individual.	Leanne Illingworth	16.04.12
Seniorcare Asset Management Limited t.a Rendell on Reed Variation to Agreement	Agre Related Respite Care.	Leanne Illingworth	03.08.20
Presbyterian Support Southland t.a Peacehaven Hospital Variation to Agreement	Exceptional Circumstances Palliative Care for a Named Individual.	Leanne Illingworth	17.04.12
Radius Residential Care Limited t.a Radius Fulton Care Centre Service Schedule	Exceptional Circumstances Palliative Care for a Named Individual.	Leanne Illingworth	19.03.12

TOTAL AMOUNT FOR THE MONTH: \$3,200,023.22