



# BOARD MEETING

## AGENDA

**Thursday, 5 July 2012**

**10.00 am**

**Board Room, Level 2, West Wing, Main Block  
Wakari Hospital Campus  
271 Taieri Road, Dunedin**



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# SOUTHERN DISTRICT HEALTH BOARD MEETING

Thursday, 5 July 2012, 10.00 am  
Board Room, Wakari Hospital Campus, Dunedin

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**Confidential Session:**

**RESOLUTION:**

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

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

<b><i>General subject:</i></b>	<b><i>Reasons for passing this resolution:</i></b>	<b><i>Grounds for passing the resolution:</i></b>
<b>Previous Public Excluded Board Minutes</b>	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.
<b>Review of Public Excluded Action Sheet</b>	Personal privacy and to allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(i), 9(2)(j), and 9(2)(a).
<b>Annual Plan</b>	Plan is subject to Ministerial approval	As above, sections 9(2)(f)(iv) and 9(2)(j).
<b>Public Excluded Advisory Committee Reports</b> a) Disability Support Advisory Committee and Community & Public Health Advisory Committee ▪ 6 June 2012 b) Hospital Advisory Committee ▪ 6 June 2012 ▪ 4 July 2012 ▪ Sthld Incubator Programme ▪ Spect CT Purchase c) Clinical Advisory Committee ▪ 6 June 2012 ▪ 4 July 2012 d) Iwi Governance Committee ▪ 6 June 2012 e) Audit & Risk Committee ▪ 7 June 2012	Commercial sensitivity and to allow activities and negotiations to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).

<b><i>General subject:</i></b>	<b><i>Reasons for passing this resolution:</i></b>	<b><i>Grounds for passing the resolution:</i></b>
<b>Contract Approvals</b> <ul style="list-style-type: none"> <li>▪ ACC Elective Surgery</li> <li>▪ Rural After Hours Health Care Funding</li> <li>▪ Pharmacy Services</li> <li>▪ Oral Health Services</li> <li>▪ Age Related Residential Care Services</li> </ul>	Commercial sensitivity	As above, section 9(2)(i).
<b>Sentinel Events Report</b>	Personal privacy and to allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(j), 9(2)(a)
<b>Risk Report</b>	To allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).
<b>Legal Issues</b>	To allow activities to be carried on without prejudice or disadvantage	As above, section 9(2)(j).
<b>EMT Restructure Implementation</b> <ul style="list-style-type: none"> <li>▪ Verbal update</li> </ul>	To allow activities to be carried on without prejudice or disadvantage	As above, section 9(2)(j).

# SOUTHERN DISTRICT HEALTH BOARD

## INTERESTS REGISTER

Board Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB
<b>Joe BUTTERFIELD (Chairman)</b>	01.03.2012 06.12.2010	1. Member, South Island Neurosurgical Board <b>Son-in-law:</b> 2. Partner, Polson Higgs, Chartered Accountants. 3. Trustee, Corstorphine Baptist Community Trust	1. 2. Does some accounting work for Southern PHO. 3. Has a mental health contract with Southern DHB.
<b>Paul MENZIES (Deputy Chairman)</b>	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.
<b>Neville COOK</b>	04.03.2008 04.03.2008 04.03.2008 26.03.2008	1. Board Member, Invercargill Licensing Trust. 2. Board Member, Invercargill Licensing Trust Foundation. 3. Councillor, Environment Southland. 4. Trustee, Norman Jones Foundation.	1. Possible conflict with funding requests. 2. Possible conflict with funding requests. 3. Nil. 4. Possible conflict with funding requests.
<b>Sandra Cook</b>	01.09.2011	1. Te Runanga o Ngāi Tahu	1. Holds a "right of first refusal" over certain Crown properties. Also seen as a Treaty partner and affiliates may hold contracts from Southern DHB from time to time.
<b>Kaye CROWTHER</b>	09.11.2007 14.08.2008 14.08.2008 12.02.2009 05.12.2010 01.03.2012	1. Employee of WHK South. 2. Trustee of Plunket Foundation. 3. Trustee of Wakatipu Plunket Charitable Trust. 4. Corresponding member for health and family affairs, National Council of Women. 5. Member of advisory panel for No 10, Invercargill. 6. DHB representative on the Gore Social Sector Trial	1. Possible conflict if DHB contracts HR services from JCL and Progressive Consulting, which are subsidiaries of WHK. 2. Nil. 3. Nil. 4. Nil.
<b>Mary FLANNERY</b>	17.11.2010 10.11.2011	1. Trustee, Rural Otago Primary Health Organisation 2. Associate Solicitor, Bodkins/AWS Legal, Alexandra. 3. Partner, Tayside Farm Partnership. 4. Director, 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
<b>James Malcolm MACPHERSON</b>	28.06.2005 09.03.2011 25.11.2010	1. Member Otago Polytechnic Council. 2. Contractor and Tutor, Otago Polytechnic. 3. Member Central Lakes Trust.	1. (OP has training interests in common with the DHB, no ) 2. (personal interest.) 3. CLT is a community funder in its region, which includes

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	4. Member Roxburgh Gorge Trail Charitable Trust. 5. Part owner, Alexandra Medical Centre. 6. Co-Principal, Brilliant New Zealand Ltd. 7. Chairman, Jolendale Charitable Trust. 8. Shareholder, Medco Properties Ltd 9. Director, Centennial Health Ltd  <b>Spouse - Susan Elizabeth Macpherson:</b> 10. GP Principal, Centennial Health Ltd, Alexandra. 11. Branch Medical Advisor, ACC, Alexandra.	Dunstan and Lakes District Hospitals, plus a wide range of community and primary services and service providers, and is a possible future funder. 4. Nil. 5. The AMC is tenanted by all of Alexandra's GPs and a pharmacy, and is also occasionally used by related service providers, including midwives and the University of Otago Medical School. A range of potential conflicts. 6. BNZL is a consultancy which may have an involvement with health sector organisations. 7. Nil. 8. 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. 9. & 10. Board discussions relating to primary health providers or primary referred services may involve conflicts of interest. Declare where appropriate and withdraw where prudent. 11. ACC is a major customer of the DHB. Remote possibility of an influence, no personal interest.
<b>Tahu POTIKI</b>	15.12.2007 03.04.2008 24.11.2009  03.06.2010	1. Director, Arataki Associates. 2. Representative to Te Runanga o Ngai Tahu. 3. Trustee of Ngai Tahu Charitable Trust. 4. Board Member, Relationship Services NZ. 5. Board Member, Environmental Science and Research	1. Contracted to Southern DHB, funded provider in the past ie Araiteuru Whare Hauora Ltd. 2. & 3. Treaty Partner - affiliated providers may contract to Southern DHB. Te Runanga o Ngai Tahu has right of first refusal on disposal of property. 4. No apparent conflict. 5. CRI involved in public health research.
<b>Branko SIJNJA</b>	07.02.2008  04.02.2009  22.06.2010  07.06.2012	1. Director, Clutha Community Health Company Limited. 2. 0.8 FTE Director Rural Medical Immersion Programme, University of Otago School of Medicine. 3. 0.2 FTE Employee, Clutha Health First General Practice 4. Director of Southern Community Laboratories	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.

Board Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB
<b>Richard John THOMSON</b>	13.12.2001  23.09.2003 29.03.2010 06.04.2011	<ol style="list-style-type: none"> <li>1. Managing Director, Thomson &amp; Cessford Ltd.</li> <li>2. Director, Susanna Shaya Imports Ltd</li> <li>3. Chairperson and Trustee, Hawksbury Community Living Trust.</li> <li>4. Trustee, HealthCare Otago Charitable Trust.</li> <li>5. Director, Composite Retail Group.</li> <li>6. Councillor, Dunedin City Council.</li> </ol>	<ol style="list-style-type: none"> <li>1. Thomson &amp; Cessford Ltd is the company name for the Acquisitions Retail Chain. Southern DHB staff occasionally purchase goods for their departments from it.</li> <li>2. Susanna Shaya Imports is a homeware importing company. It has no dealings with Southern DHB.</li> <li>3. Hawksbury Trust runs residential homes for intellectually disabled adults in Otago and Canterbury. It does not have contracts with Southern DHB.</li> <li>4. Health Care Otago Charitable Trust regularly receives grant applications from staff and departments of Southern DHB, as well as other community organisations.</li> <li>5. May have some stores that deal with Southern DHB.</li> </ol>
<b>Tim WARD</b>	14.09.2009 01.05.2010 01.05.2010	<ol style="list-style-type: none"> <li>1. Partner, BDO Invercargill, Chartered Accountants.</li> <li>2. Trustee, Verdon College Board of Trustees.</li> <li>3. Council Member, Southern Institute of Technology (SIT).</li> </ol>	<ol style="list-style-type: none"> <li>1. May have some Southern DHB patients and staff as clients.</li> <li>2. Verdon is a participant in the employment incubator programme.</li> <li>3. Supply of goods and services between Southern DHB and SIT.</li> </ol>

## SOUTHERN DISTRICT HEALTH BOARD

### INTERESTS REGISTER FOR THE EXECUTIVE MANAGEMENT TEAM

As at July 2012

Employee Name	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern District Health Board
Richard Bunton	17.03.2004  22.06.2012  29.04.2010	<ol style="list-style-type: none"> <li>1. Managing Director of Rockburn Wines Ltd.</li> <li>2. Director of Mainland Cardiothoracic Associates Ltd.</li> <li>3. Director of the Southern Cardiothoracic Institute Ltd.</li> <li>4. Director of Wholehearted Ltd.</li> <li>5. Chairman, Board of Cardiothoracic Surgery, RACS.</li> <li>6. Trustee, Dunedin Heart Unit Trust.</li> <li>7. Chairman, Dunedin Basic Medical Sciences Trust.</li> </ol>	<ol style="list-style-type: none"> <li>1. The only potential conflict would be if the Southern DHB decided to use this product for Southern DHB functions.</li> <li>2. This company holds the Southern DHB contract for publicly funded Cardiac Surgery. Potential conflict exists in the renegotiation of this contract.</li> <li>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.</li> <li>4. This company is one used for personal trading and apart from issues raised in '2' no conflict exists.</li> <li>5. No conflict.</li> <li>6. No conflict.</li> <li>7. No conflict.</li> </ol>
Donovan Clarke	02.02.2011	<ol style="list-style-type: none"> <li>1. Te Waipounamu Delegate, Te Piringa, National Maori Disability Advisory Group.</li> <li>2. Director, Great Western Steakhouse, New Lynn, Auckland.</li> </ol>	<ol style="list-style-type: none"> <li>1. Nil.</li> <li>2. Nil.</li> </ol>
Carole Heatly	14.03.2012	Nil	
Robert Mackway-Jones	28.08.2007	<ol style="list-style-type: none"> <li>1. Close association (wife) employed by Dunedin Hospital.</li> </ol>	<ol style="list-style-type: none"> <li>1. Reporting line to Purchasing Team leader.</li> </ol>
Lexie O'Shea	01.07.2007	<ol style="list-style-type: none"> <li>1. Trustee, Gilmour Trust.</li> </ol>	<ol style="list-style-type: none"> <li>1. Southland Hospital Trust.</li> </ol>
Lynda McCutcheon	22.06.2012	<ol style="list-style-type: none"> <li>1. Member of the University of Otago, School of Physiotherapy, Admissions Committee</li> </ol>	
John Pine	17.11.201	Nil	
Leanne Samuel	01.07.2007 01.07.2007	<ol style="list-style-type: none"> <li>1. Southern Health Welfare Trust (Trustee).</li> <li>2. Member of Community Trust of Southland Health Scholarships Panel.</li> </ol>	<ol style="list-style-type: none"> <li>1. Southland Hospital Trust.</li> <li>2. Nil.</li> <li>3. Potential conflict if the DHB purchases services from this</li> </ol>



Employee Name	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern District Health Board
	01.07.2007 29.10.2009 01.10.2010	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.	organisation. 4. Southland Trust. 5. 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.

# Minutes of the Southern District Health Board Meeting

Thursday, 7 June 2012, 10.30 am  
Board Room, 1<sup>st</sup> Floor, Dunedin Hospital

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

**In Attendance:** Mr Stuart McLauchlan Crown Monitor  
Ms Carole Heatly Chief Executive Officer  
Mrs Lexie O'Shea Deputy Chief Executive Officer/Chief  
Operating Officer, Southland  
Mr Steve Addison Public Relations and Communications  
Manager  
Mrs Vivian Blake Chief Operating Officer, Otago  
Mr Donovan Clarke Kaiwhakahaere Hauora Māori  
Mr Robert Mackway-Jones General Manager, Finance & Funding  
Mrs Leanne Samuel Chief Nursing & Midwifery Officer  
Mr David Tulloch Chief Medical Officer  
Ms Jeanette Kloosterman Board Secretary  
Ms Cherie Wells CEO Support Manager

## 1.0 APOLOGIES

Apologies were received from Messrs Neville Cook and Tahu Potiki. An apology for an early departure was received from Dr Branko Sijnja.

## 2.0 CHAIR'S OPENING COMMENTS

The Chair welcomed everyone to the meeting.

## 3.0 DECLARATION OF INTERESTS

The following updates to the Interests Register were received from Dr Branko Sijnja:

- Director, Southern Community Laboratories
- 0.8 FTE Director Rural Medical Immersion Programme of University of Otago School of Medicine
- 0.2 FTE Clutha Health First General Practice (formerly Balclutha General Practitioners Ltd)

***It was resolved:***

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

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

*It was resolved:*

**"That the minutes of the 3 May 2012 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 received.

The General Manager Finance & Funding reported that a draft policy statement on alcohol would be submitted to the next meeting of the Disability Support and Community & Public Health Advisory Committees.

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

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

*It was resolved:*

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

#### **8.0 FINANCIAL REPORT**

The General Manager, Finance & Funding presented the Financial Report for the period ended 30 April 2012 (agenda item 8) and answered members' questions on the financial statements.

*It was resolved:*

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

#### **9.0 WAKATIPU HEALTH SERVICES**

The Board considered a progress report on implementing the Wakatipu Health Services Expert Panel's recommendations (agenda item 9).

*It was resolved:*

**"That the report be received."**

#### **10.0 CT SCANNER FOR CENTRAL OTAGO/LAKES DISTRICT**

The Board considered a report on investing in increased CT scanning services in the Central Otago/Lakes District area (agenda item 10).

*It was resolved:*

**"That the Board:**

1. Endorse the strategic context outlined in the paper;
2. Endorse the two site strategic approach for CT scanning capacity in the Central Otago/Lakes District area;
3. Note the detail of the public/private partnership at Lakes District Hospital site will need to be finalised and investment costs for this submitted at a later date;
4. Approve the investment proposed of up to \$2.2m in operational costs over the next seven years to support CT scanner installations at Lakes District Hospital and Dunstan Hospital;
5. Note that the annualised operational cost in year 1 is \$189k against a total budget provision of \$300k."

## **11.0 SOUTH ISLAND REGIONAL HEALTH SERVICES PLAN**

The Board considered a progress report on the South Island Regional Health Services Plan (agenda item 11).

*It was resolved:*

**"That the report be received."**

## **12.0 ADVISORY COMMITTEE REPORTS**

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

The minutes of the joint meeting of the Disability Support Advisory Committee (DSAC) and Community & Public Health Advisory Committee (CPHAC) held on 2 May 2012 were circulated with the agenda (item 12).

*It was resolved:*

**"That the minutes be received."**

Dr Macpherson, Chair of DSAC and CPHAC, gave a verbal report of the meeting held on 6 June 2012.

*It was resolved:*

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

### **Hospital Advisory Committee**

The minutes of the Hospital Advisory Committee (HAC) meeting held on 2 May 2012 were circulated with the agenda (item 13).

*It was resolved:*

**"That the minutes be received."**

The Board received a verbal report from Mr Menzies, HAC Chair, on the meeting held on 6 June 2012.

***It was resolved:***

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

#### **Iwi Governance Committee**

The minutes of the Iwi Governance Committee meeting held on 2 May 2012 were circulated with the agenda (item 14).

***It was resolved:***

**"That the minutes be received."**

The Board received a verbal report from Ms Cook on the meeting of the Committee held on 6 June 2012.

***It was resolved:***

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

#### **Audit and Risk Committee**

The Board received a verbal report from Mr Ward, Chair of the Audit and Risk Committee (ARC), on the meeting of the Committee held earlier that morning. Recommendations were received from the Committee on its terms of reference and debt renewal.

#### **ARC Terms of Reference**

***It was resolved:***

**"That the current terms of reference for the Audit and Risk Committee be approved for a further one year term."**

#### **Crown Health Financing Agency (CHFA) Debt Renewal**

***It was resolved:***

**"That the Board approve the \$10.0m loans maturing on 16 July 2012 being renewed to 15 May 2021 at an indicative rate of 3.73%."**

### **13.0 CONTRACTS REGISTER**

The Funding contracts register (expenses) for May 2012 was circulated with the agenda (item 16) for members' information.

***It was resolved:***

**"That the register be received."**

**CONFIDENTIAL SESSION**

*At 11.30 am, it was resolved:*

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

<b>General subject:</b>	<b>Reasons for passing this resolution:</b>	<b>Grounds for passing the resolution:</b>
<b>Previous Public Excluded Board Minutes</b>	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.
<b>Review of Public Excluded Action Sheet</b>	Personal privacy and to allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(i), 9(2)(j), and 9(2)(a).
<b>Annual Plan 2012/13</b>	Plan is subject to Ministerial approval	As above, sections 9(2)(f)(iv) and 9(2)(j).
<b>Health Benefits Ltd Business Case</b>	Commercial sensitivity and to allow activities and negotiations to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).

<b>General subject:</b>	<b>Reasons for passing this resolution:</b>	<b>Grounds for passing the resolution:</b>
<p><b>Public Excluded Advisory Committee Reports</b></p> <p>a) Disability Support Advisory Committee and Community &amp; Public Health Advisory Committee</p> <ul style="list-style-type: none"> <li>▪ 6 June 2012</li> <li>▪ Home Based Support Services</li> </ul> <p>b) Hospitals Advisory Committee</p> <ul style="list-style-type: none"> <li>▪ 2 May 2012</li> <li>▪ 6 June 2012</li> <li>▪ Southland &amp; Dunstan Hospitals Boiler Upgrade</li> </ul> <p>c) Clinical Advisory Committee</p> <ul style="list-style-type: none"> <li>▪ 2 May 2012</li> <li>▪ 6 June</li> </ul> <p>d) Audit &amp; Risk Committee</p> <ul style="list-style-type: none"> <li>▪ 7 June 2012</li> <li>▪ Wakatipu ARC – Lease Assignment</li> <li>▪ Insurance Cover</li> </ul> <p>e) Iwi Governance Committee</p> <ul style="list-style-type: none"> <li>▪ Māori Health Plan 2012/13</li> </ul>	<p>Commercial sensitivity and to allow activities and negotiations to be carried on without prejudice or disadvantage</p>	<p>As above, sections 9(2)(i) and 9(2)(j).</p>
<p><b>Contract Approvals</b></p> <ul style="list-style-type: none"> <li>▪ Southern PHO – After Hours Primary Care Initiatives</li> <li>▪ HWNZ – Clinical Training</li> </ul>	<p>Commercial sensitivity</p>	<p>As above, section 9(2)(i).</p>
<p><b>Sentinel Events Report</b></p>	<p>Personal privacy and to allow activities to be carried on without prejudice or disadvantage</p>	<p>As above, sections 9(2)(j), 9(2)(a)</p>
<p><b>Risk Report</b></p>	<p>To allow activities to be carried on without prejudice or disadvantage</p>	<p>As above, sections 9(2)(i) and 9(2)(j).</p>
<p><b>Legal Issues</b></p>	<p>To allow activities to be carried on without prejudice or disadvantage</p>	<p>As above, section 9(2)(j).</p>

<b>General subject:</b>	<b>Reasons for passing this resolution:</b>	<b>Grounds for passing the resolution:</b>
<b>EMT Proposal for Change</b> <ul style="list-style-type: none"> <li>▪ Verbal update</li> </ul>	To allow activities to be carried on without prejudice or disadvantage	As above, section 9(2)(j).

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

*The meeting closed at 2.20 pm.*

Confirmed as a true and correct record:

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

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



**Southern District Health Board**  
**BOARD MEETING ACTION SHEET**  
**As at 27 June 2012**

Action Point No.	SUBJECT	ACTION REQUIRED	BY	STATUS	EXPECTED COMPLETION DATE
043-2011/02  59-2011/05	<b>Alcohol Law Reform Bill</b> (Minute item 9.0)	That a draft policy statement on alcohol be developed and submitted to CPHAC to provide direction to future service provision in this area, including the issue of education.  Timeframe to be provided for completion of the draft policy statement.	PHS GMFF	Being progressed as part of the South Island Public Health work stream.  Draft to be submitted to August DSAC/CPHAC meeting.	
044-2011/02  60-2011/05	<b>Smokefree Environment Amendment Bill</b> (Minute item 9.0)	A draft policy statement on smokefree environments to be developed and submitted to CPHAC to provide direction to future service provision in this area.  Timeframe to be provided for completion of the draft policy statement.	PHS GMFF	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.	
106-2012/05	<b>NHB/SDHB Joint Assessment of Systems – Dunedin Hospital</b> (Minute item 9.0)	Column to be added to report indicating timelines and expected completion dates.	CEO/ CEOSM	Completed.	n/a
109-2012/06	<b>Interests Register</b> (Minute item 3.0)	Dr Sijnja's entry to be updated.	BS	Completed.	n/a

## SOUTHERN DISTRICT HEALTH BOARD

<b>Title:</b>	<b>CHIEF EXECUTIVE OFFICER'S REPORT</b>	
<b>Report to:</b>	Board	
<b>Date of Meeting:</b>	05 July 2012	
<b>Summary:</b>		
The issues considered in this paper are:		
<ul style="list-style-type: none"> <li>▪ Monthly DHB activity.</li> </ul>		
<b>Specific implications for consideration</b> (financial/workforce/risk/legal etc):		
<b>Financial:</b>	No specific implications.	
<b>Workforce:</b>	No specific implications.	
<b>Other:</b>	No specific implications.	
<b>Document previously submitted to:</b>	Not applicable, report submitted directly to Board. Detailed Provider Arm information contained in HAC agenda papers.	<b>Date:</b> n/a
<b>Approved by Chief Executive Officer:</b>		<b>Date:</b> 27/06/12
<b>Prepared by:</b>		<b>Presented by:</b>
CEO Support Manager Acting GM Planning & Funding Chief Operating Officers		Carole Heatly Chief Executive Officer
<b>Date:</b> 26/06/12		
<b>RECOMMENDATIONS:</b>		
<ol style="list-style-type: none"> <li>1. That the Board receive the report.</li> </ol>		

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## CHIEF EXECUTIVE OFFICER'S REPORT

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### 1. DHB FINANCIAL PERFORMANCE

For the financial year to 31 May 2012, the deficit of \$11.1m is \$1.8m worse than budget. A deficit of \$12.1m is forecast for year-end, with a decline in the Provider Arm result remaining the key issue.

A detailed analysis of the financial situation is contained in the Financial Report.

### 2. PROVIDER ARM

#### Contract Performance

- Elective **caseweights** delivered (c wd) for Southern DHB were 1.49% (20.37 cwds) above plan for May 2012. Year to date case weighted volumes are 4.49% (584 cwds) above plan.
- Health Target Elective **discharges** delivered for Southern DHB were 1 above plan for May 2012. Year to date elective discharges are 283 above plan.

#### Financial Performance

- An unfavourable variance of \$2,853k was recorded in the Provider Arm for the month of May 2012. Year to date the result is unfavourable by \$6,262k.
- Revenue for May 2012 was favourable against budget by \$1,454k. Expenses for May 2012 were unfavourable against plan by \$4,307k.

### 3. PLANNING AND FUNDING

#### Mental Health & Addictions Service Development

The main focus of the Mental Health and Addiction Portfolio is on beginning to implement *Raise HOPE: Hapaia te Tumanako 2012-2015 - The Southern DHB Mental Health and Addiction Strategic Plan*. Significant work is occurring to develop measurement indicators for the outcomes framework within the plan. Baseline data is beginning to be collated to enable on-going measurement and evaluation.

A proposal has been released that seeks feedback by 9 July 2012 on the future service model for Hulme House, a residential service based in Dunedin.

The formal launch of *Raise HOPE: Hapaia te Tumanako* will be on 10 August 2012 at a forum to mark 100 days since the plan was approved. The forum will update stakeholders on implementation progress and provide an opportunity for workforce development and networking.

## **Primary & Community**

### *Pharmacy*

We are working with pharmacists to complete the Community Pharmacy Services Agreements, which are due to be signed by 23 July 2012.

### *Maternity*

The final draft plan for the implementation of the framework is due at the beginning of July. Implementation can proceed once final approval is received from the Ministry of Health and DHB.

### *Laboratories*

An audit has been completed for Southern Community Laboratories. The final report will be some weeks away but no material issues have been identified.

### *Replacement of Get Checked in General Practice*

The funding for the Diabetes Care Improvement package will remain in Primary Care for people with diabetes. Southern PHO has consulted with General Practice and the final feedback will be incorporated into a plan which will link with the Diabetes Strategy.

### *Free Under 6 Visits After Hours*

The principles of funding for this initiative are that the funding will be based on an eligible population and will go to those who are providing the service. We are working closely with the PHO to ensure that the policy can be implemented by 1 July.

## **Health of Older Persons**

### *Health of Older People - Ageing in Place Strategy*

The DHB Home and Community Support Services Proposal for Change was publicly released for consultation on 18 June 2012. The proposal is aimed at supporting more older people to live safely and independently in the community.

The proposals include introducing a 'restorative' approach to home based support services to support maximisation of client independence, and introducing new sector standards to enhance quality of care. Proposals also include developing an enhanced care/case manager role for older clients with complex needs.

The DHB is undertaking a four week consultation period.

### *Wakatipu Age Related Care (ARC) Service Transition*

Lake Wakatipu Home and Hospital formally transferred to Bupa Care Services on 10 June 2012. Preparations with the existing provider and Bupa allowed for a seamless transition for families and residents.

## **Public & Population Health**

A significant amount of activity is occurring in the following areas:

- Gateway Assessment Programme - on-going activities in collaboration with Child, Youth and Family and Ministry of Education for the introduction of the programme.
- Family Violence Intervention programme – stocktake of services.
- Sexual Health services – stocktake of services.

- Tobacco Control Plan (TCP) – activities to reach primary and secondary target and on-going implementation of the TCP.
- Maori Health – review of all contracts.
- Pacific Health – on-going support for development of services.
- HEHA – working to finalise all activities as funding ceases on 30 June 2012.

### **Hospital & Specialist Services**

We are working with stakeholders to implement the decision on the CT scanner in Central Otago/Lakes District.

Work continues with the staff of Ranfurly Hospital on developing an understanding of the health needs for the area against services currently delivered, so that we can build an understanding of future requirements.

Having agreed the scope of work in Ophthalmology and Radiology, we are preparing background information to inform the next stage of planning.

Carole Heatly  
**Chief Executive Officer**

27 June 2012



The 10 largest favourable variances are:

Category	Area	YTD \$'m
NGO Personal Health expenditure	Funder	3.0
Mental Health Personnel (revenue not paid to DHB provider)	Funder	1.3
Primary Care expenditure	Funder	0.9
Southland Medical Personnel & Medical Outsourced Costs	Provider	0.8
NGO Mental Health expenditure	Funder	0.7
District Facilities expenditure	Provider	0.7
Cancer Drugs expenditure (PCT)	Funder	0.7
Southland Nursing Personnel (Excluding Mental Health) Costs	Provider	0.6
Home Based Support expenditure	Funder	0.6
Patient Appliances (Otago)	Provider	0.5

These items have commentary and further detail provided in sections 2 and 3 of this report.

### Year End Forecast Summary

Year-end forecasts have been updated and are summarised below:

\$'000	Prior Forecast	Forecast	Budget
Governance result	410	410	0
Funder Result	(6,204)	(6,604)	(10,981)
Provider Result	(4,381)	(5,911)	489
Projected operating result	(10,175)	(12,105)	(10,492)
Building Valuation write-downs	Likely Nil	Likely Nil	
One off investments	Up to \$0.3m	\$0.0m	
Projected Net Surplus / (Deficit)	(\$10.5m)	(\$12.1m)	(\$10.5m)

The key issue remains the continued decline in the provider-arm result.

### 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; \$30.1 m has been committed (\$15.7 has been paid in the current year) leaving a residual \$15.8m available. Externally funded assets include the Dunedin Master Site Planning Project, the medium secure ID unit, Oral Health. \$15.4m has been paid for these projects in the current financial year.

Total cash-flow for capital is \$31.7m compared to a budgeted amount of \$39.9m. As shown above, this is a timing issue.

### Balance Sheet and Cashflow

An unused debt facility was drawn on in March (\$6.65m) to provide cash for future capital investment. We also received \$9.8m of equity for the externally funding capital works in April. Deficit support of \$10m has been requested.

## Detail Section

The DHB is required to report on its three operational arms. These are set out in the following sections and provide supporting detail for the key variances identified in the overview section.

### 1. YTD 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	6,006	5,692	314	6,209
(266)	(236)	(30)	(2,697)	(2,591)	(106)	(2,827)
(226)	(281)	55	(2,917)	(3,101)	184	(3,382)
54	0	54	392	0	392	0

#### Summary Comment:

The net result continues to remain favourable YTD.

Additional funding has been provided to the DHB to part fund most of the activities of HBL, the agency assessing national collective opportunities. The associated costs for this are part of the Other Costs. Overall non-personnel expenditure is well below budget YTD with fees paid to SISSAL/DHBNZ, provider audits and other DHB internal and external audits all lower than plan.

### 2. YTD DHB Funds Results

The summary tables below have been split to show the components of the DHB funder result that are paid to the DHB provider-arm and those paid to other providers.

The DHB funds financial statement sheet attached to this report shows the line by line split of expenditure into the DHB provider and all other providers (called NGOs).

Month of May	To / From Provider-arm			To / From NGOs			Total		
	Actual	Budget	Variance	Actual	Budget	Variance	Actual	Budget	Variance
	\$ '000	\$ '000	\$ '000	\$ '000	\$ '000	\$ '000	\$ '000	\$ '000	\$ '000
Revenue	36,718	35,916	802	27,330	29,395	(2,065)	64,048	65,311	(1,263)
<b>Less Expenses</b>									
Personal Health	(28,299)	(27,491)	(808)	(18,048)	(19,784)	1,736	(46,347)	(47,275)	928
Mental Health	(5,048)	(5,111)	63	(2,088)	(2,039)	(49)	(7,136)	(7,150)	14
Disability Support	(1,838)	(1,838)	0	(8,835)	(8,524)	(311)	(10,673)	(10,362)	(311)
Public Health	(964)	(935)	(29)	(1)	(14)	13	(965)	(949)	(16)
Maori Health	(23)	(24)	1	(140)	(143)	3	(163)	(167)	4
Other	(546)	(517)	(29)	0	0	0	(546)	(517)	(29)
Expenses	(36,718)	(35,916)	(802)	(29,112)	(30,504)	1,392	(65,830)	(66,420)	590
Net Surplus / (Deficit)	0	0	(0)	(1,782)	(1,109)	(673)	(1,782)	(1,109)	(673)



Year to Date (May)	To / From Provider-arm			To / From NGOs			Total			Annual Budget
	Actual	Budget	Variance	Actual	Budget	Variance	Actual	Budget	Variance	
	\$' 000	\$' 000	\$' 000	\$' 000	\$' 000	\$' 000	\$' 000	\$' 000	\$' 000	
Revenue	396,197	395,153	1,044	324,135	323,265	870	720,332	718,418	1,914	783,729
<b>Less Expenses</b>										
Personal Health	(304,583)	(302,476)	(2,107)	(210,698)	(215,096)	4,398	(515,281)	(517,572)	2,291	(564,492)
Mental Health	(54,935)	(56,229)	1,294	(21,632)	(22,373)	741	(76,567)	(78,602)	2,035	(85,752)
Disability Support	(20,215)	(20,215)	0	(96,485)	(94,314)	(2,171)	(116,700)	(114,529)	(2,171)	(124,876)
Public Health	(10,204)	(10,288)	84	(6)	(151)	145	(10,210)	(10,439)	229	(11,388)
Maori Health	(254)	(254)	0	(1,527)	(1,573)	46	(1,781)	(1,827)	46	(1,993)
Other	(6,006)	(5,691)	(315)	0	0	0	(6,006)	(5,692)	(314)	(6,209)
Expenses	(396,197)	(395,153)	(1,044)	(330,348)	(333,507)	3,159	(726,545)	(728,661)	2,116	(794,710)
Net Surplus / (Deficit)	0	0	0	(6,213)	(10,242)	4,029	(6,213)	(10,243)	4,030	(10,981)

### Summary Comment:

The YTD result is favourable to budget by \$4.0m. The year-end forecast result is expected to be better than budget by \$4.4m. The forecast change from April is mainly due to an IDF wash-up for PCT drugs advised in May.

Key drivers of this YTD variance include:

- \$3.0m of impacts for personal health revenues and expenditure including
  - \$0.5m of revenue for personal health expenditure in 10/11
  - \$0.4m of lower laboratory expenditure for non-schedule testing and share of national claims from un-coded NHI events
  - \$0.7m of lower than budgeted pricing impacts
  - \$0.6m of “duplicated” SIA budget
  - \$0.3m of lower immunisation costs (excl HPV)
- \$2.0m of other favourable mental health expenditure
- \$0.9m of lower net payments to PHO, mainly SIA/HP payments
- \$0.7m of below budget PCT expenditure (with \$0.3m rebate from 10/11 and \$0.3m in hospital services)
- \$0.6m of below budget home support allocations
- (\$0.5m) of unfavourable IDF wash-up provision for 11/12
- (\$0.9m) of net residential care / ageing in place expenditure
- (\$1.0 m) of renal and cardiology test volumes paid to provider-arm (medical outpatients)
- (\$0.4m) IDF PCT wash-up, net impact on inflows and outflows

The May result was a deficit of \$1.7m, this compared to the prior forecast result for a deficit of (\$1.4m). The change from the prior forecast is mostly due to the IDF PCT wash-up advised in May.

### Revenue

YTD, revenue is \$1.9m above budget however the bulk of this has associated cost offsets.

Item	\$'m	Expense Line Offset (Y/N/Partial)
IDF PCT wash-up	(1.9)	P IDF Outflows
IDF's from Canterbury for ARC	0.6	Y, DSS ARC expenditure
Elective incentive funding	0.6	Y, Personal Health (to provider)
IDF wash-up earthquake related personal health	0.5	N, Various but 10/11
IDF wash-up for current year	0.2	N,
Oral Health business case funding	0.8	Y, School Dental Services
Dementia Funding	0.6	Y, DSS ARC Rest Homes
Long Term Conditions funding	0.9	Y, DSS, Chronic Conditions
HBL activity funding	0.2	Y, Outsourced expenses

PHO Very Low Cost Access funding	0.1	Y, PHO Other
Maternity funding	0.1	P, Maternity Services
PHO Performance Management funding	(0.7)	Y, PHO Other
HEHA funding	(0.2)	Y, Public Health Nutrition
<u>All other revenue variances</u>	<u>0.1</u>	<u>N</u>
Total Revenue Variation	1.9	

## **Expenditure**

### ***Mental Health***

The \$2m YTD variance has \$1.3m of funding not paid to the provider-arm where funded FTE positions have not been filled. Half of the residual \$0.7m of below budget expenditure to NGO's relates to the residential bed funding line with the other half resulting from a number of other contractual changes. The variance in Alcohol & Drug Child & Youth services is offset against the Child & Youth line due to purchase unit changes within a contract.

### ***Disability Support***

Rest home level residential care services have a \$1.4m unfavourable variance to May. This includes the pricing impact of the additional dementia funding of \$0.5m leaving a residual deficit of \$0.9m. Hospital level residential care is \$1.2m over budget. Of this \$2.1m there are offsets for this expenditure in the community services line and day programmes lines (\$0.6m) plus some offset with the IDF funding from Canterbury (\$0.6m). The net unfavourable variance is therefore \$0.9m.

Home support allocations continue to be managed within budget; the favourable financial variance is \$0.5m.

### ***Personal Health***

As reported last month some of the expenditure variances are impacting the bottom line and remain mostly the same; some of the more significant ones include:

- The PHO Health line has a \$1.5m has a favourable variance of which \$0.9m relates to SIA/HP funds to the PHO. The residual variance is due to a duplicated SIA budget.
- 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 as well as a number of other lines. The net favourable impact is around \$0.7m. Although directly unrelated, both the GMS claiming and capitation expenditure are over budget (combined \$0.5m) which dilutes the impact of this variation and the discretionary allowances budgeted in the minor personal health expense line.
- Laboratory expenditure is \$0.4m 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 is tracking below budget; this expenditure is paid to the provider-arm.

- The community pharmaceuticals line is now on budget, and the total budget is based on Pharmac forecasts.

### **IDF Inflows/Outflows**

#### Inflows

IDF revenue is \$0.7m unfavourable to budget. This is represented by PCT wash-up of (\$1.9m) offset partly in outflows; \$0.6m from Canterbury DHB for ARC and a further \$0.5m from Canterbury DHB relating to personal health cost (Labs, Pharms, GM subsidies etc.) as a result of resident movements following the Christchurch earthquake..

#### Outflows

IDF expenditure is \$0.6m favourable, PCT wash-up \$1.5m (offset in inflows), with the difference related to the budget adjustment relating to the cardiology volumes.

### **3. DHB Provider Summary Results**

Month				Year to Date			Annual
Actual	Budget	Variance		Actual	Budget	Variance	Budget
\$' 000	\$' 000	\$' 000		\$' 000	\$' 000	\$' 000	\$' 000
40,504	39,050	1,454	Revenue	432,093	430,207	1,886	469,551
(28,810)	(27,099)	(1,711)	Less Personnel Costs	(284,019)	(278,443)	(5,576)	(304,700)
(16,514)	(13,918)	(2,596)	Less Other Costs	(153,345)	(150,773)	(2,572)	(164,362)
(4,820)	(1,967)	(2,853)	Net Surplus / (Deficit)	(5,271)	991	(6,262)	489

#### **Summary of Result:**

- The provider result continues to track significantly worse than budget and the recent forecasts
- May's deficit is \$4.8m and is \$2.8m worse than budget
- The forecast has been revised further and shows further expected deterioration with a forecast deficit at year-end of \$5.9m which would be \$6.4m worse than budgeted

As reported to HAC, unfavourable variance is split as follows:

- Dunedin / Otago sites; (\$6.9m) unfavourable
- Southland sites; (\$0.3m) unfavourable
- Shared services; \$1.0m favourable

It should be noted that the Dunedin / Otago site results does contain some regional services such as Oncology. Equally, the shared services site report contains some revenue items that are not easily allocated. Hence the site splits are indicative rather than definitive.

From the overview section, the following variances are the key ones:

Category	YTD \$'m
Otago Medical Personnel / Outsourced Costs	(4.30)
Otago Allied Health Personnel (Excluding Mental Health) Costs	(1.40)
Otago Outsourced Clinical Services expenditure	(1.40)
Otago Patient Treatment Disposable Costs	(1.30)
Southland Outsourced Clinical Services expenditure	(0.90)
Otago Management / Admin Personnel Costs	(0.80)
Southland Instruments & Equipment expenditure	(0.50)

Fortunately, some financial buffer is provided by the following items:

Category	YTD \$'m
Southland Medical Personnel & Medical Outsourced Costs	0.8
District Facilities expenditure	0.7
Southland Nursing Personnel (Excluding Mental Health) Costs	0.6
Patient Appliances (Otago)	0.5

### **Revenue**

Overall revenue has a \$1.8m favourable 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	(0.2)	Y, Salaries (nursing) & expenses
Mental Health funding (Internal Revenue)	(1.3)	Y, Salaries (Nursing, Allied mainly)
Electives incentive revenue	0.6	Y, Outsourced costs
Community Pharms + PCT Claiming (Internal Rev)	(0.7)	Y, Pharmaceuticals
Renal / Cardiology funding (Internal Revenue)	1.0	N, but costs in existing budgets, offset is in funder result (no DHB consolidated impact)
Oral Health funding	0.8	P, Salaries and supplies
Non-Resident revenues	0.6	P, Clinical supplies & bad debts
SSC Kiwi saver subsidies	0.5	Y, Salaries
<u>All other revenue variances</u>	<u>0.5</u>	<u>N</u>
Total Revenue Variation	1.8	

### **Personnel Costs**

FTE dropped 42 from April levels and were only 7 FTE above budget. This is skewed by site however with Otago being 36FTE over budget offset by favourable variances in Southland / District services. This is not a true offset however as favourable FTE variances may be offset by things like

- reduced contracted revenue
- increased outsourced revenue
- increase in additional duty payments that do not always attract an FTE component.

FTE is now within the 12/13 budget (3,606FTE) although this has not been approved at this stage.

Paid FTE has grown across the DHB by 78 since the start of the financial year as per the table below with both sites contributing to this increase.

A summary of salary variances and FTE by staff type is provided below:

**Site FTE Variance Analysis**

Description	Monthly FTE Variance				YTD FTE Variance			
	Otago	Southland	Shared	Total Provider	Otago	Southland	Shared	Total Provider
Medical	(15)	(2)	0	(18)	(11)	(4)	0	(15)
Nursing	(6)	(5)	0	(11)	7	2	0	9
Allied Health	(10)	19	(0)	8	(0)	18	(0)	17
Support	(1)	5	8	11	(2)	3	4	5
Mgmt / Admin	(3)	(4)	9	2	(4)	(1)	7	1
<b>Total</b>	<b>(36)</b>	<b>13</b>	<b>16</b>	<b>(7)</b>	<b>(11)</b>	<b>18</b>	<b>11</b>	<b>18</b>

**Site \$ Variance Analysis**

Description	Monthly \$000s Variance				YTD \$000s Variance			
	Otago	Southland	Shared	Total Provider	Otago	Southland	Shared	Total Provider
Medical	(\$19)	24	(1)	(795)	(3,978)	(601)	(12)	(4,590)
Nursing	(290)	44	5	(241)	176	573	83	832
Allied Health	(463)	(89)	(8)	(560)	(1,453)	610	(27)	(870)
Support	(28)	5	2	(21)	(179)	6	65	(108)
Mgmt / Admin	(93)	(32)	32	(93)	(835)	(276)	271	(839)
<b>Total</b>	<b>(1,693)</b>	<b>(48)</b>	<b>31</b>	<b>(1,710)</b>	<b>(6,269)</b>	<b>313</b>	<b>380</b>	<b>(5,576)</b>

A summary by staff type highlights the following drivers for the dollar variances

- **Medical** – largely due to increase in RMO numbers, with partial offset in Southland outsourcing costs (see below). SMO settlement also greater than budget.
- **Nursing** – 11FTE over budget for the month as above, a component in each site. Costs continue to be over budget at Otago due to annual leave not being taken.
- **Allied Health** – driven by Otago, with increasing FTE now being greater than budget. Vacancy factor that was previously relied upon has been eroded. Lump sum award settlement paid out in May having a significant impact on the accounts (over \$0.5m). Year to date annual leave not being taken to levels required adding to the year to date dollar variance.
- **Management / Admin** – unfavourable dollar variance driven by higher FTE levels, lump sum award settlement impacting ytd variances and annual leave not being taken to budget.

Although FTE dropped for the month, we still saw a significant unfavourable variance in payroll costs for the month. Lump sum award settlements accounted for over \$600k of this variance, however non budgeted FTE and annual leave issues continue to drive costs above budget.

	Monthly Variance		YTD Variance		Budgeted YTD	
	FTE	\$000s	FTE	\$000s	FTE	Variance %
<b>SMO</b>	- 16	- 233	- 4	- 588	35	-11%
<b>RMO</b>	- 23	- 202	- 7	- 638	35	-21%
<b>Nursing</b>	- 30	- 158	- 15	- 765	200	-7%
<b>Allied</b>	- 14	- 71	- 13	- 656	96	-14%
<b>Support</b>	- 9	- 32	- 3	- 95	24	-11%
<b>Mgmt / Admin</b>	- 40	- 179	- 11	- 489	90	-12%
	- 132	- \$ 675	- 52	- \$ 3,232	481	-11%

As shown above, year to date annual leave taken is 11% under budget across all staff types. The financial impact of this is difficult to assess as it depends on whether the staff are covered or not while on leave.

A negative financial impact occurs when staff not covered do not take annual leave. Looking at the above table, a large percentage of SMOs, Allied, Support and Admin staff would not be covered while on leave. The year to date impact of this is over \$1.5m.

We currently have \$29m of leave liabilities on the balance sheet. Of this, annual leave accounts for 23.7m (excluding joint clinical staff). The table below shows the dollar value by staff category and the hours. The table shows balances from February to May 2012. For May the value increased by \$1.0m, with 20,760 additional hours added to entitlements.

Employee Annual Leave Liability reports							
	Closing February	Closing March	Closing April	Closing May	Movement May		
1. Medical SMO	4,306,511.47	4,533,500.00	4,573,400.46	4,730,920.05	157,519.59		
1. Medical MOSS	315,639.92	345,226.53	360,255.98	373,481.22	13,225.24		
1. Medical RMO	1,068,773.71	1,159,711.95	1,238,736.17	1,369,321.46	130,585.29		
1. Medical House Officers	144,665.43	164,712.58	196,368.50	212,238.27	15,869.77		
2. Nursing	9,070,253.47	9,236,123.22	9,417,105.14	9,717,530.47	300,425.33		
3. Allied	2,789,682.23	2,909,380.99	3,022,714.85	3,226,420.10	203,705.25		
4. Support	756,082.01	768,965.71	790,061.66	812,639.95	22,578.29		
5. Management Admin	3,066,432.81	3,120,091.66	3,126,347.90	3,282,651.82	156,303.92		
<b>Totals</b>	<b>21,518,041.05</b>	<b>22,237,712.64</b>	<b>22,724,990.66</b>	<b>23,725,203.34</b>	<b>1,000,212.68</b>		
Hours	Closing February	Closing March	Closing April	Closing May	Movement May	Standard FTE	Avg Hours
Senior Doctors	47,909.44	48,983.66	49,192.52	50,745.10	1,552.58	200	253
RMO & House Officers	20,654.05	22,227.58	24,171.64	26,684.75	2,513.11	238	112
Nursing	250,551.08	254,773.89	258,684.19	266,169.45	7,485.26	1,506	177
Allied	81,856.81	85,752.62	88,590.85	93,137.20	4,546.35	687	136
Support	31,674.22	32,045.47	32,711.83	32,992.29	280.45	175	189
Management / Admin	100,721.59	102,845.66	103,579.28	107,962.40	4,383.13	676	160
<b>Totals</b>	<b>533,367.19</b>	<b>546,628.87</b>	<b>556,930.31</b>	<b>577,691.19</b>	<b>20,760.88</b>	<b>3,483</b>	

## Non Personnel Expenditure

### Outsourced

Outsourced costs are over budget by \$1.2m for the month (82%) driving the year to date unfavourable variance. The outsourced medical line, although favourable by \$1.1m, needs to be considered alongside the unfavourable medical salary costs as there has been a shift from outsourced to permanent FTE.

The outsourced clinical services line relates to activity being undertaken outside of the provider arm facilities with private providers. An analysis of the monthly variance (\$1.1m) highlights the following reasons;

- Vacancy cover relates to outsourced retinal procedures with DPH losing its Vitreoretinal surgeon as well as outsourcing in Invercargill to cover Radiologist and ENT vacancies.
- Clinical safety relates to new requirements to outsource reads in DPH for Mammography

- Other includes prior period invoicing received from the Dental School (SDHB receives offset revenue), as well as Southern Cross invoicing for Orthopaedic procedures offset by ACC revenue. We are also incurring a monthly charge for the rehousing of the Hulme house patients due to the seismic results.

### Clinical Supplies

Clinical supplies costs incurred for the month equal \$7.5m against a budget of \$6.6m resulting in an unfavourable variance of \$1.0m the year to date position is \$1.2m worse than budget.

The main areas are;

Implants and Prosthesis, driven by volume and patient type, this months overspend is due to increased hip volumes, spinal surgery and cardiac implants (latter offset by revenue from ADHB) at DPH. As well as the actual implant cost, associated costs within this cost category such as screws nails and plates also increase in direct relationship to activity.

On a year to date basis the Dunedin site is on budget, the overspend driven by activity at Invercargill.

Pharmaceuticals, the overspend in this months accounts is due to increased charges through the DPH Oncology/Haematology Outpatient service. This has been over budget consistently this year due to a combination of

- new drugs being approved by Pharmac (eg Bortezomib)
- drugs being opened up for a wider range of patients (eg Rituximab)
- different cohort of patients from year to year affecting the spend (eg Herceptin spend a lot higher in 2012-13 in Dunedin than previous)

Underspends in other cost centres have been masking the unfavourable variance in this cost centre. Now that the other cost centres are spending their budget, this overspend is highlighted.

Instruments and Equipment, continued overspends in disposable instruments due to a move to more disposable use and laparoscopic type surgery partially drive this variance, combined with an overspend in minor clinical equipment purchases (due to increased acute activity in main operating theatres and more ERCPs being performed in gastroenterology). Laundry costs are favourable year to date by approx. \$0.2m which may reflect lower volumes being laundered.

Treatment Disposables, the monthly and year to date unfavourable variance have the same drivers, being higher than budgeted blood products (\$0.4m ytd), continence and hygiene supplies (\$0.2m ytd), renal supplies (\$0.3m ytd) and dressing costs (\$0.2m ytd)

Air ambulance charges are lower than planned related directly to volume. Health promotion costs are also tracking below budget.

### Infrastructure & Non-Clinical

Infrastructure and non clinical costs for the month are \$6.1m with a budget of \$5.7, resulting in an unfavourable variance of \$0.4m. The year to date variance is still favourable by \$0.3 against budget.

Year to date, Hotel Services, Laundry and Cleaning costs are within budget. Overspends in food costs offset by lower than budgeted laundry charges.

Facilities costs year to date are favourable \$0.8m. This is a result of lower than budgeted utility costs \$0.4m (electricity, steam, gas and water), lower maintenance costs \$0.4m, lower building and plant depreciation \$0.3m, offset partially by increased insurance costs which are unfavourable year to date by \$0.33.

Information Technology Systems and Telecommunications are \$0.3m unfavourable against budget. Depreciation is \$0.2m greater than budget. Interest and Financing charges are unfavourable \$0.2m due to higher than budgeted interest costs and capital charge.

Professional fees and expenses are within budget by \$0.3m. Consultant fees and affiliation fees are also less than budget

Other operating expenses are unfavourable \$0.1m, the major variances in this area is the doubtful debt provision which is \$0.3m over budget (offset by increase in non-resident revenue) and HEHA grants which are over \$0.1m (also offset by revenue).The expense group – “other operating expenses” is on budget year to date due to underspends in stationery, printing, books and corporate training.

**4. Year End Forecast Detail**

Funder Forecast

The funder year end result projection is for a deficit of \$6.6m. This is worse than the prior forecast mostly due to an IDF PCT wash-up advised in May (0.4m)

Funder-arm Forecast	YTD	June	YE
Actual & Forecast Result	(6,213)	(391)	(6,604)
Funder Budget	(10,242)	(739)	(10,981)

The \$4.4m projected improved result to budget is attributable to the key variances listed in the funder detail section. Items still with some potential variability include acute IDF inflows and outflows and elective services funding dependent on all volume targets and ESPI compliance.

Some deterioration is projected to the current IDF position and increased immunisation costs in the last two months, which is why overall the forecast result is very close to the budget for the last two months.

Provider Forecast

The expected result has deteriorated further to a likely deficit of \$5.9m

Provider-arm Forecast	YTD	June	YE
Actual & Forecast Result	(5,271)	(640)	(5,911)
Provider Budget	991	(500)	491

The June projected result includes \$1m of budgeted costs for increases in employee entitlement revaluations, this is primarily around grand-parented gratuity entitlement clauses in various agreements. This is now looking likely to have a significant impact, which is not built into the current forecast result. June will see increasing activity in facilities maintenance where activity has been deferred due to the team being involved in other large capital projects.



## **5. Financial Statements**

The following financial statements are attached:

- Governance result
- Provider-arm result
- Funder result
- Funder result with expenditure split between DHB provider and all other providers
- Balance Sheet
- Cashflow statement

# Southern District Health Board

May-12

<b>Part 1: DHB Governance and Funding Administration</b>	Current Month				Year to Date				Annual
	Actual	Budget	Variance	Variance	Actual	Budget	Variance	Variance	Budget
	\$(000)	\$(000)	\$(000)	%	\$(000)	\$(000)	\$(000)	%	\$(000)
<b>Part 1.1: Statement of Financial Performance</b>									
<b>REVENUE</b>									
<b>Government and Crown Agency sourced</b>									
Internal - DHB Funder to DHB Provider	546	517	29 F	6%	6,006	5,692	314 F	6%	6,209
Other DHB's	-	-			-	-			-
Other Government	-	-			-	-			-
<b>Government and Crown Agency Sourced Total</b>	<b>546</b>	<b>517</b>	<b>29 F</b>	<b>6%</b>	<b>6,006</b>	<b>5,692</b>	<b>314 F</b>	<b>6%</b>	<b>6,209</b>
Other Income	-	-			-	-			-
<b>REVENUE TOTAL</b>	<b>546</b>	<b>517</b>	<b>29 F</b>	<b>6%</b>	<b>6,006</b>	<b>5,692</b>	<b>314 F</b>	<b>6%</b>	<b>6,209</b>
<b>EXPENSES</b>									
<b>Personnel Expenses</b>									
Medical Personnel	(13)	-	(13) U		(94)	-	(94) U		-
Nursing Personnel	(1)	-	(1) U		(9)	-	(9) U		-
Allied Health Personnel	-	-			-	-			-
Support Services Personnel	-	-			-	-			-
Management / Admin Personnel	(252)	(236)	(17) U	(7%)	(2,594)	(2,591)	(2) U		(2,827)
<b>Personnel Costs Total</b>	<b>(266)</b>	<b>(236)</b>	<b>(31) U</b>	<b>(13%)</b>	<b>(2,697)</b>	<b>(2,591)</b>	<b>(105) U</b>	<b>(4%)</b>	<b>(2,827)</b>
<b>Outsourced Expenses</b>									
Medical Personnel	-	-			-	-			-
Nursing Personnel	-	-			-	-			-
Allied Health Personnel	-	-			-	-			-
Support Personnel	-	-			-	-			-
Management / Administration Personnel	-	(1)	1 F		-	(16)	16 F		(17)
Outsourced Clinical Services	-	-			-	-			-
Outsourced Corporate / Governance Services	-	-			-	-			-
Outsourced Funder Services	(16)	(69)	53 F	77%	(160)	(759)	600 F	79%	(828)
<b>Outsourced Services Total</b>	<b>(16)</b>	<b>(70)</b>	<b>55 F</b>	<b>78%</b>	<b>(160)</b>	<b>(775)</b>	<b>615 F</b>	<b>79%</b>	<b>(845)</b>
<b>Clinical Supplies</b>									
Treatment Disposables	-	-			-	-		(351%)	-
Diagnostic Supplies & Other Clinical Supplies	-	-			-	-			-
Instruments & Equipment	-	-			-	-			-
Patient Appliances	-	-			-	-			-
Implants & Prosthesis	-	-			-	-			-
Pharmaceuticals	-	-			-	-			-
Other Clinical Supplies	-	-			-	-			-
<b>Clinical Supplies Total</b>	<b>-</b>	<b>-</b>			<b>-</b>	<b>-</b>		<b>(536%)</b>	<b>-</b>
<b>Infrastructure &amp; Non Clinical Expenses</b>									
Hotel Services, Laundry & Cleaning Facilities	(2)	(3)	1 F	36%	(20)	(34)	15 F	43%	(37)
Transport	(13)	(12)	(1) U	(7%)	(152)	(134)	(18) U	(13%)	(147)
IT Systems & Telecommunications	(7)	(7)		(2%)	(57)	(78)	21 F	27%	(85)
Interest & Financing Charges	(21)	(26)	5 F	18%	(235)	(288)	53 F	18%	(314)
Professional Fees & Expenses	(105)	(107)	2 F	2%	(1,376)	(1,178)	(198) U	(17%)	(1,285)
Other Operating Expenses	(13)	(15)	2 F	15%	(149)	(168)	18 F	11%	(183)
Democracy	(48)	(41)	(8) U	(19%)	(427)	(446)	19 F	4%	(486)
Subsidiaries & Joint Ventures	-	-			(341)	-	(341) U		-
<b>Infrastructure &amp; Non-Clinical Supplies Total</b>	<b>(210)</b>	<b>(211)</b>	<b>2 F</b>	<b>1%</b>	<b>(2,757)</b>	<b>(2,326)</b>	<b>(432) U</b>	<b>(19%)</b>	<b>(2,537)</b>
Internal Allocations	-	-			-	-			-
Other	-	-			-	-			-
<b>Total Expenses</b>	<b>(492)</b>	<b>(517)</b>	<b>26 F</b>	<b>5%</b>	<b>(5,614)</b>	<b>(5,692)</b>	<b>78 F</b>	<b>1%</b>	<b>(6,209)</b>
<b>Net Surplus/ (Deficit)</b>	<b>54</b>	<b>-</b>	<b>54 F</b>		<b>392</b>	<b>-</b>	<b>392 F</b>		<b>-</b>
<i>Zero Check</i>	-	-			-	-			-
Interest Costs from CHFA	-	-			-	-			-
Capital Charge	-	-			-	-			-
<b>Part 1.2 : Full Time Equivalent Numbers</b>									
Medical Personnel	1	-			1	-			-
Nursing Personnel	-	-			-	-			-
Allied Health Personnel	-	-			-	-			-
Support Personnel	-	-			-	-			-
Management / Administration Personnel	23	22			22	22			22
<b>Total Full Equivalents (FTE's)</b>	<b>24</b>	<b>22</b>			<b>23</b>	<b>22</b>			<b>22</b>

# Southern District Health Board

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<b>Part 2: DHB provider</b>	<b>Current Month</b>				<b>Year to Date</b>				<b>Annual</b>
	<b>Actual</b>	<b>Budget</b>	<b>Variance</b>	<b>Variance</b>	<b>Actual</b>	<b>Budget</b>	<b>Variance</b>	<b>Variance</b>	<b>Budget</b>
	<b>\$(000)</b>	<b>\$(000)</b>	<b>\$(000)</b>	<b>%</b>	<b>\$(000)</b>	<b>\$(000)</b>	<b>\$(000)</b>	<b>%</b>	<b>\$(000)</b>
<b>Part 2.1: Statement of Financial Performance</b>									
<b>REVENUE</b>									
<b>Ministry of Health</b>									
MoH - Vote Health Non Mental Health	-	-	-	-	-	-	-	-	-
MoH - Vote Health Mental Health	-	-	-	-	-	-	-	-	-
PBF Adjustments	-	-	-	-	-	-	-	-	-
MoH Funding Subcontracts	-	-	-	-	-	-	-	-	-
MoH - Personal Health	5	20	(15) U	(74%)	28	574	(546) U	(95%)	738
MoH - Mental Health	-	-	-	-	-	-	-	-	-
MoH - Public Health	10	24	(13) U	(56%)	116	262	(146) U	(56%)	286
MoH - Disability Support Services	774	741	33 F	5%	7,963	8,149	(187) U	(2%)	8,890
MoH - Maori Health	-	-	-	-	-	-	-	-	-
Clinical Training Agency	732	531	201 F	38%	6,126	5,846	280 F	5%	6,378
Internal - DHB Funder to DHB Provider	36,171	35,398	773 F	2%	390,191	389,463	728 F		424,861
<b>Ministry of Health Total</b>	<b>37,694</b>	<b>36,714</b>	<b>980 F</b>	<b>3%</b>	<b>404,423</b>	<b>404,295</b>	<b>129 F</b>		<b>441,153</b>
<b>Other Government</b>									
IDF's - Mental Health Services	-	-	-	-	-	-	-	-	-
IDF's - All others (non Mental health)	-	-	-	-	-	-	-	-	-
Other DHB's	235	25	211 F	857%	494	271	223 F	82%	295
Training Fees and Subsidies	11	9	2 F	18%	202	103	99 F	97%	112
Accident Insurance	913	729	184 F	25%	8,064	7,997	67 F	1%	8,793
Other Government	404	368	36 F	10%	4,311	4,052	259 F	6%	4,420
<b>Other Government Total</b>	<b>1,564</b>	<b>1,131</b>	<b>433 F</b>	<b>38%</b>	<b>13,071</b>	<b>12,422</b>	<b>649 F</b>	<b>5%</b>	<b>13,621</b>
<b>Government and Crown Agency Total</b>	<b>39,257</b>	<b>37,845</b>	<b>1,412 F</b>	<b>4%</b>	<b>417,494</b>	<b>416,717</b>	<b>777 F</b>		<b>454,774</b>
<b>Other Revenue</b>									
Patient / Consumer Sourced	178	246	(69) U	(28%)	3,283	2,847	436 F	15%	3,089
Other Income	1,069	959	110 F	11%	11,316	10,643	673 F	6%	11,688
<b>Other Revenue Total</b>	<b>1,247</b>	<b>1,206</b>	<b>41 F</b>	<b>3%</b>	<b>14,599</b>	<b>13,489</b>	<b>1,109 F</b>	<b>8%</b>	<b>14,777</b>
<b>REVENUE TOTAL</b>	<b>40,504</b>	<b>39,050</b>	<b>1,454 F</b>	<b>4%</b>	<b>432,093</b>	<b>430,207</b>	<b>1,887 F</b>		<b>469,551</b>
<b>EXPENSES</b>									
<b>Personnel Expenses</b>									
Medical Personnel	(9,041)	(8,246)	(795) U	(10%)	(89,228)	(84,638)	(4,590) U	(5%)	(92,355)
Nursing Personnel	(10,500)	(10,258)	(241) U	(2%)	(107,348)	(108,180)	832 F	1%	(118,599)
Allied Health Personnel	(4,901)	(4,341)	(560) U	(13%)	(43,332)	(42,462)	(870) U	(2%)	(46,574)
Support Services Personnel	(859)	(838)	(21) U	(3%)	(8,559)	(8,451)	(108) U	(1%)	(9,258)
Management / Admin Personnel	(3,509)	(3,416)	(93) U	(3%)	(35,552)	(34,713)	(839) U	(2%)	(37,911)
<b>Personnel Costs Total</b>	<b>(28,810)</b>	<b>(27,099)</b>	<b>(1,710) U</b>	<b>(6%)</b>	<b>(284,019)</b>	<b>(278,443)</b>	<b>(5,576) U</b>	<b>(2%)</b>	<b>(304,697)</b>
<b>Outsourced Expenses</b>									
Medical Personnel	(949)	(922)	(27) U	(3%)	(9,061)	(10,131)	1,069 F	11%	(11,053)
Nursing Personnel	(44)	(3)	(42) U	(2%)	(96)	(28)	(68) U	(249%)	(30)
Allied Health Personnel	(33)	(14)	(19) U	(140%)	(262)	(150)	(112) U	(75%)	(163)
Support Personnel	(68)	(22)	(45) U	(202%)	(277)	(243)	(33) U	(14%)	(265)
Management / Administration Personnel	(12)	(2)	(9) U	(383%)	(134)	(26)	(108) U	(419%)	(28)
Outsourced Clinical Services	(1,590)	(482)	(1,108) U	(230%)	(7,958)	(5,553)	(2,405) U	(43%)	(6,023)
Outsourced Corporate / Governance Services	(82)	(81)	(1) U	(1%)	(859)	(881)	22 F	3%	(962)
Outsourced Funder Services	-	-	-	-	-	-	-	-	-
<b>Outsourced Services Total</b>	<b>(2,779)</b>	<b>(1,526)</b>	<b>(1,252) U</b>	<b>(82%)</b>	<b>(18,646)</b>	<b>(17,011)</b>	<b>(1,636) U</b>	<b>(10%)</b>	<b>(18,524)</b>
<b>Clinical Supplies</b>									
Treatment Disposables	(2,624)	(2,478)	(147) U	(6%)	(26,333)	(25,252)	(1,081) U	(4%)	(27,645)
Diagnostic Supplies & Other Clinical Supplies	(177)	(140)	(36) U	(26%)	(1,686)	(1,582)	(104) U	(7%)	(1,717)
Instruments & Equipment	(1,357)	(1,159)	(198) U	(17%)	(14,118)	(13,163)	(956) U	(7%)	(14,375)
Patient Appliances	(189)	(204)	15 F	7%	(1,823)	(2,111)	288 F	14%	(2,312)
Implants & Prosthesis	(1,227)	(816)	(411) U	(50%)	(9,157)	(8,941)	(216) U	(2%)	(9,730)
Pharmaceuticals	(1,778)	(1,536)	(241) U	(16%)	(16,853)	(17,238)	385 F	2%	(18,728)
Other Clinical Supplies	(227)	(262)	34 F	13%	(2,439)	(2,877)	437 F	15%	(3,130)
<b>Clinical Supplies Total</b>	<b>(7,578)</b>	<b>(6,595)</b>	<b>(983) U</b>	<b>(15%)</b>	<b>(72,409)</b>	<b>(71,163)</b>	<b>(1,246) U</b>	<b>(2%)</b>	<b>(77,637)</b>
<b>Infrastructure &amp; Non Clinical Expenses</b>									
Hotel Services, Laundry & Cleaning	(1,160)	(1,079)	(81) U	(8%)	(11,618)	(11,702)	84 F	1%	(12,760)
Facilities	(1,673)	(1,804)	131 F	7%	(17,737)	(18,541)	805 F	4%	(20,332)
Transport	(403)	(329)	(74) U	(22%)	(3,685)	(3,490)	(195) U	(6%)	(3,814)
IT Systems & Telecommunications	(923)	(854)	(68) U	(8%)	(9,645)	(9,287)	(359) U	(4%)	(10,140)
Interest & Financing Charges	(1,253)	(1,187)	(66) U	(6%)	(13,298)	(13,111)	(187) U	(1%)	(14,148)
Professional Fees & Expenses	(237)	(141)	(97) U	(69%)	(1,310)	(1,577)	267 F	17%	(1,718)
Other Operating Expenses	(509)	(404)	(105) U	(26%)	(4,996)	(4,890)	(106) U	(2%)	(5,289)
Democracy	-	-	-	-	-	-	-	-	-
Subsidiaries & Joint Ventures	-	-	-	-	-	-	-	-	-
<b>Infrastructure &amp; Non-Clinical Supplies Total</b>	<b>(6,158)</b>	<b>(5,797)</b>	<b>(361) U</b>	<b>(6%)</b>	<b>(62,290)</b>	<b>(62,599)</b>	<b>309 F</b>		<b>(68,202)</b>

# Southern District Health Board

May-12

<b>Part 2: DHB provider</b>	Current Month				Year to Date				Annual
	Actual	Budget	Variance	Variance	Actual	Budget	Variance	Variance	Budget
	\$(000)	\$(000)	\$(000)	%	\$(000)	\$(000)	\$(000)	%	\$(000)
Other Costs and Internal Allocations	-	-			-	-			-
<b>Total Expenses</b>	<b>(45,324)</b>	<b>(41,018)</b>	<b>(4,307) U</b>	<b>(10%)</b>	<b>(437,364)</b>	<b>(429,215)</b>	<b>(8,149) U</b>	<b>(2%)</b>	<b>(469,060)</b>
<b>Net Surplus/ (Deficit)</b>	<b>(4,820)</b>	<b>(1,967)</b>	<b>(2,853) U</b>	<b>(145%)</b>	<b>(5,271)</b>	<b>991</b>	<b>(6,262) U</b>	<b>(632%)</b>	<b>491</b>
<i>Zero Check</i>	-	-			-	-			-
<b>Part 2.1 A: Supplementary Information to Statement of Financial Performance</b>									
Depreciation - Clinical Equipment	(700)	(649)	(51) U	(8%)	(7,541)	(7,589)	48 F	1%	(8,287)
Depreciation - Non Res Buildings & Plant	(611)	(680)	69 F	10%	(6,629)	(6,929)	300 F	4%	(7,609)
Depreciation - Motor Vehicles	(4)	(14)	10 F	71%	(43)	(118)	74 F	63%	(131)
Depreciation - Information Technology	(347)	(319)	(28) U	(9%)	(3,584)	(3,397)	(187) U	(6%)	(3,715)
Depreciation - Other Equipment	(47)	(61)	14 F	23%	(607)	(654)	47 F	7%	(715)
<b>Total Depreciation</b>	<b>(1,708)</b>	<b>(1,722)</b>	<b>13 F</b>	<b>1%</b>	<b>(18,405)</b>	<b>(18,687)</b>	<b>282 F</b>	<b>2%</b>	<b>(20,458)</b>
Interest Cost from Funder Loans	-	-			-	-			-
Interest Costs from CHFA	(477)	(413)	(64) U	(16%)	(4,603)	(4,478)	(125) U	(3%)	(4,877)
Financing Component of Operating Leases	(19)	(33)	15 F	44%	(264)	(360)	96 F	27%	(392)
Capital Charge	(753)	(733)	(20) U	(3%)	(8,357)	(8,193)	(164) U	(2%)	(8,792)
<b>Part 1.2 : Full Time Equivalent Numbers</b>									
Medical Personnel	468	451			468	452			452
Nursing Personnel	1,574	1,563			1,555	1,564			1,564
Allied Health Personnel	689	697			679	696			696
Support Personnel	187	199			190	196			196
Management / Administration Personnel	666	669			667	669			669
<b>Total Full Time Equivalent (FTE's)</b>	<b>3,585</b>	<b>3,578</b>			<b>3,558</b>	<b>3,576</b>			<b>3,576</b>

# Southern District Health Board

## May-12

<b>Part 3: DHB Funds</b>	<b>Current Month</b>				<b>Year to Date</b>				<b>Annual</b>
	<b>Actual</b>	<b>Budget</b>	<b>Variance</b>	<b>Variance</b>	<b>Actual</b>	<b>Budget</b>	<b>Variance</b>	<b>Variance</b>	<b>Budget</b>
	<b>\$(000)</b>	<b>\$(000)</b>	<b>\$(000)</b>	<b>%</b>	<b>\$(000)</b>	<b>\$(000)</b>	<b>\$(000)</b>	<b>%</b>	<b>\$(000)</b>
<b>Part 3.1: Statement of Financial Performance</b>									
<b>REVENUE</b>									
<b>Ministry of Health</b>									
MoH - Vote Health Non Mental Health	53,536	53,438	98 F		590,475	587,821	2,654 F		641,259
MoH - Vote Health Mental Health	6,946	6,945	1 F		76,402	76,393	9 F		83,338
PBF Adjustments	-	-			-	-			-
MoH Funding Subcontracts	3,603	2,983	621 F	21%	32,802	32,808	(6) U		35,791
MoH - Personal Health	-	-			-	-			-
MoH - Mental Health	-	-			-	-			-
MoH - Public Health	-	-			-	-			-
MoH - Disability Support Services	-	-			-	-			-
MoH - Maori Health	-	-			-	-			-
Clinical Training Agency	-	-			-	-			-
Internal - DHB Funder to DHB Provider	-	-			-	-			-
<b>Ministry of Health Total</b>	<b>64,085</b>	<b>63,366</b>	<b>720 F</b>	<b>1%</b>	<b>699,679</b>	<b>697,022</b>	<b>2,657 F</b>		<b>760,388</b>
<b>Other Government</b>									
IDF's - Mental Health Services	151	151			1,666	1,666			1,817
IDF's - All others (non Mental health)	(188)	1,794	(1,982) U	(110%)	18,988	19,730	(742) U	(4%)	21,524
Other DHB's	-	-			-	-			-
Training Fees and Subsidies	-	-			-	-			-
Accident Insurance	-	-			-	-			-
Other Government	-	-			-	-			-
<b>Other Government Total</b>	<b>(37)</b>	<b>1,945</b>	<b>(1,982) U</b>	<b>(102%)</b>	<b>20,654</b>	<b>21,396</b>	<b>(742) U</b>	<b>(3%)</b>	<b>23,341</b>
<b>Government and Crown Agency Sourced Total</b>	<b>64,048</b>	<b>65,311</b>	<b>(1,262) U</b>	<b>(2%)</b>	<b>720,332</b>	<b>718,418</b>	<b>1,914 F</b>		<b>783,729</b>
<b>Other Revenue</b>									
Patient / Consumer Sourced	-	-			-	-			-
Other Income	-	-			-	-			-
<b>Other Revenue Total</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>REVENUE TOTAL</b>	<b>64,048</b>	<b>65,311</b>	<b>(1,262) U</b>	<b>(2%)</b>	<b>720,332</b>	<b>718,418</b>	<b>1,914 F</b>		<b>783,729</b>
<b>EXPENSES</b>									
<b>Outsourced Expenses</b>									
Outsourced Funder Services	(546)	(517)	(29) U	(6%)	(6,006)	(5,692)	(314) U	(6%)	(6,209)
Other Outsourced Expenses	-	-			-	-			-
Other Expenses	-	-			-	-			-
<b>Payments to Providers</b>									
<b>Personal Health</b>									
Child and Youth	(343)	(339)	(3) U	(1%)	(3,911)	(3,731)	(180) U	(5%)	(4,070)
Laboratory	(2,592)	(2,584)	(8) U		(28,014)	(28,425)	411 F	1%	(31,009)
Infertility Treatment Services	(94)	(94)			(1,034)	(1,034)			(1,128)
Maternity	(192)	(200)	8 F	4%	(2,212)	(2,191)	(21) U	(1%)	(2,390)
Maternity (Tertiary & Secondary)	(1,471)	(1,456)	(15) U	(1%)	(16,008)	(16,007)	(1) U		(17,464)
Pregnancy and Parenting Education	(9)	(10)	1 F	8%	(90)	(109)	19 F	17%	(119)
Maternity Payment Schedule	-	-			-	-			-
Neo Natal	(672)	(672)			(7,392)	(7,392)			(8,064)
Sexual Health	(95)	(97)	2 F	2%	(1,049)	(1,066)	17 F	2%	(1,163)
Adolescent Dental Benefit	(287)	(243)	(44) U	(18%)	(2,197)	(2,306)	109 F	5%	(2,539)
Other Dental Services	-	-			-	-			-
Dental - Low Income Adult	(62)	(77)	15 F	20%	(950)	(840)	(110) U	(13%)	(917)
Child (School) Dental Services	(531)	(554)	23 F	4%	(6,610)	(5,976)	(634) U	(11%)	(6,524)
Secondary / Tertiary Dental	(256)	(259)	3 F	1%	(2,817)	(2,836)	19 F	1%	(3,095)
Pharmaceuticals	(6,380)	(6,762)	382 F	6%	(72,210)	(72,168)	(42) U		(78,694)
Pharmaceutical Cancer Treatment Drugs	(295)	(352)	57 F	16%	(3,195)	(3,868)	673 F	17%	(4,220)
Management Referred Services	-	-			-	-			-
General Medical Subsidy	(145)	(115)	(30) U	(26%)	(1,532)	(1,183)	(349) U	(30%)	(1,344)
Primary Practice Services - Capitated	(3,311)	(3,255)	(56) U	(2%)	(36,071)	(35,808)	(263) U	(1%)	(39,063)
Primary Health Care Strategy - Care	(240)	(263)	23 F	9%	(2,740)	(2,888)	148 F	5%	(3,151)
Primary Health Care Strategy - Health	(157)	(165)	8 F	5%	(1,552)	(3,030)	1,478 F	49%	(3,195)
Primary Health Care Strategy - Other	(209)	(287)	78 F	27%	(2,574)	(3,167)	594 F	19%	(3,454)
Practice Nurse Subsidy	(23)	(18)	(5) U	(29%)	(189)	(194)	6 F	3%	(211)
Rural Support for Primary Health Pro	(1,204)	(1,365)	162 F	12%	(13,667)	(15,020)	1,353 F	9%	(16,385)
Immunisation	(320)	(299)	(20) U	(7%)	(2,137)	(2,444)	307 F	13%	(2,596)
Radiology	(406)	(400)	(6) U	(2%)	(4,463)	(4,396)	(67) U	(2%)	(4,796)
Palliative Care	(392)	(391)	(1) U		(4,652)	(4,298)	(354) U	(8%)	(4,689)
Meals on Wheels	(55)	(58)	4 F	6%	(608)	(643)	35 F	5%	(702)
Domiciliary & District Nursing	(1,488)	(1,444)	(44) U	(3%)	(16,209)	(15,884)	(325) U	(2%)	(17,328)
Community based Allied Health	(573)	(594)	21 F	4%	(6,303)	(6,533)	230 F	4%	(7,127)
Chronic Disease Management and Educa	(222)	(250)	28 F	11%	(2,666)	(2,747)	81 F	3%	(2,997)
Medical Inpatients	(5,418)	(5,394)	(24) U		(59,431)	(59,334)	(96) U		(64,728)
Medical Outpatients	(3,426)	(3,332)	(94) U	(3%)	(37,691)	(36,652)	(1,039) U	(3%)	(39,984)

# Southern District Health Board

## May-12

<b>Part 3: DHB Funds</b>	<b>Current Month</b>				<b>Year to Date</b>				<b>Annual</b>
	<b>Actual</b>	<b>Budget</b>	<b>Variance</b>	<b>Variance</b>	<b>Actual</b>	<b>Budget</b>	<b>Variance</b>	<b>Variance</b>	<b>Budget</b>
	<b>\$(000)</b>	<b>\$(000)</b>	<b>\$(000)</b>	<b>%</b>	<b>\$(000)</b>	<b>\$(000)</b>	<b>\$(000)</b>	<b>%</b>	<b>\$(000)</b>
Surgical Inpatients	(10,052)	(10,056)	4 F		(110,573)	(110,620)	47 F		(120,676)
Surgical Outpatients	(2,309)	(1,703)	(606) U	(36%)	(19,385)	(18,730)	(655) U	(3%)	(20,432)
Paediatric Inpatients	(621)	(621)			(6,833)	(6,833)			(7,454)
Paediatric Outpatients	(337)	(337)			(3,712)	(3,712)			(4,050)
Pacific Peoples' Health	(25)	(10)	(15) U	(154%)	(122)	(107)	(15) U	(14%)	(117)
Emergency Services	(1,533)	(1,533)			(16,863)	(16,861)	(2) U		(18,394)
Minor Personal Health Expenditure	(272)	(101)	(172) U	(171%)	(718)	(1,106)	388 F	35%	(1,207)
Price adjusters and Premium	906	894	12 F	1%	9,916	9,830	86 F	1%	10,723
Travel & Accommodation	(424)	(364)	(61) U	(17%)	(4,126)	(3,999)	(126) U	(3%)	(4,363)
Inter District Flow Personal Health	(812)	(2,115)	1,302 F	62%	(22,690)	(23,262)	572 F	2%	(25,376)
<b>Personal Health Total</b>	<b>(46,347)</b>	<b>(47,275)</b>	<b>928 F</b>	<b>2%</b>	<b>(515,281)</b>	<b>(517,572)</b>	<b>2,292 F</b>		<b>(564,492)</b>
<b>Mental Health</b>									
Mental Health to allocate	-	-			-	-			-
Acute Mental Health Inpatients	(1,268)	(1,268)			(13,951)	(13,951)			(15,219)
Sub-Acute & Long Term Mental Health	(354)	(354)			(3,893)	(3,893)			(4,247)
Crisis Respite	(25)	(34)	8 F	24%	(279)	(370)	90 F	24%	(404)
Alcohol & Other Drugs - General	(341)	(346)	5 F	2%	(3,642)	(3,807)	165 F	4%	(4,153)
Alcohol & Other Drugs - Child & Youth	(48)	(107)	59 F	55%	(716)	(1,175)	458 F	39%	(1,282)
Methadone	(92)	(92)			(1,007)	(1,007)			(1,098)
Dual Diagnosis - Alcohol & Other Drugs	(23)	(7)	(16) U	(234%)	(83)	(76)	(7) U	(9%)	(83)
Dual Diagnosis - MH/ID	(9)	(5)	(3) U	(60%)	(94)	(59)	(35) U	(60%)	(64)
Eating Disorder	(14)	(14)			(153)	(154)	1 F		(168)
Maternal Mental Health	-	-			-	-			-
Child & Youth Mental Health Services	(776)	(724)	(52) U	(7%)	(8,210)	(7,964)	(247) U	(3%)	(8,688)
Forensic Services	(403)	(466)	63 F	14%	(5,027)	(5,128)	101 F	2%	(5,595)
Kaupapa Maori Mental Health Services	(148)	(147)			(1,371)	(1,620)	249 F	15%	(1,768)
Kaupapa Maori Mental Health - Residential	-	(29)	29 F		(109)	(317)	207 F	66%	(345)
Kaupapa Maori Mental Health - Inpati	-	-			-	-			-
Mental Health Community Services	(1,754)	(1,767)	13 F	1%	(18,802)	(19,434)	632 F	3%	(21,201)
Prison/Court Liaison	(86)	(42)	(44) U	(105%)	(469)	(463)	(5) U	(1%)	(505)
Mental Health Workforce Development	-	(1)	1 F		(6)	(12)	7 F	55%	(14)
Day Activity & Work Rehabilitation S	(192)	(202)	11 F	5%	(2,058)	(2,221)	163 F	7%	(2,423)
Mental Health Funded Services for Older People	(34)	(34)			(352)	(372)	19 F	5%	(405)
Advocacy / Peer Support - Consumer	(56)	(59)	3 F	4%	(581)	(642)	60 F	9%	(700)
Other Home Based Residential Support	(367)	(307)	(60) U	(20%)	(3,499)	(3,374)	(125) U	(4%)	(3,681)
Advocacy / Peer Support - Families	(28)	(51)	23 F	45%	(505)	(556)	51 F	9%	(607)
Community Residential Beds & Service	(465)	(544)	79 F	15%	(5,474)	(5,960)	486 F	8%	(6,504)
Minor Mental Health Expenditure	(165)	(61)	(104) U	(170%)	(911)	(672)	(238) U	(35%)	(733)
Inter District Flow Mental Health	(489)	(489)			(5,375)	(5,375)			(5,864)
<b>Mental Health Total</b>	<b>(7,136)</b>	<b>(7,150)</b>	<b>14 F</b>		<b>(76,567)</b>	<b>(78,602)</b>	<b>2,034 F</b>	<b>3%</b>	<b>(85,752)</b>
<b>Public Health</b>									
Alcohol & Drug	(39)	(39)			(427)	(427)			(465)
Communicable Diseases	(57)	(57)			(629)	(629)			(686)
Injury Prevention	(2)	(2)			(23)	(23)			(25)
Screening Programmes	(350)	(406)	55 F	14%	(4,216)	(4,463)	247 F	6%	(4,869)
Mental Health	(24)	(17)	(7) U	(43%)	(260)	(182)	(78) U	(43%)	(199)
Nutrition and Physical Activity	(166)	(114)	(51) U	(45%)	(1,057)	(1,257)	200 F	16%	(1,371)
Physical Environment	(53)	(53)			(587)	(587)			(640)
Public Health Infrastructure	(150)	(138)	(13) U	(9%)	(1,654)	(1,515)	(139) U	(9%)	(1,653)
Sexual Health	(16)	(15)	(1) U	(5%)	(175)	(166)	(8) U	(5%)	(182)
Social Environments	(23)	(22)			(248)	(243)	(5) U	(2%)	(265)
Tobacco Control	(83)	(84)	1 F	1%	(913)	(924)	11 F	1%	(1,008)
Well Child Promotion	(2)	(2)			(23)	(23)			(25)
Meningococcal	-	-			-	-			-
<b>Public Health Total</b>	<b>(965)</b>	<b>(949)</b>	<b>(16) U</b>	<b>(2%)</b>	<b>(10,210)</b>	<b>(10,439)</b>	<b>228 F</b>	<b>2%</b>	<b>(11,388)</b>
<b>Disability Support Services</b>									
AT & R (Assessment, Treatment and Re	(1,905)	(1,918)	13 F	1%	(20,956)	(21,100)	145 F	1%	(23,018)
Information and Advisory	(1)	(1)			(6)	(6)			(6)
Needs Assessment	(123)	(115)	(9) U	(7%)	(1,296)	(1,261)	(35) U	(3%)	(1,375)
Service Co-ordination	(126)	(126)			(1,386)	(1,386)			(1,512)
Home Support	(1,128)	(1,157)	29 F	3%	(12,165)	(12,730)	565 F	4%	(13,888)
Carer Support	(165)	(168)	3 F	2%	(1,679)	(1,851)	172 F	9%	(2,019)
Residential Care: Rest Homes	(3,045)	(2,757)	(288) U	(10%)	(32,867)	(31,445)	(1,422) U	(5%)	(34,170)
Residential Care: Loans Adjustment	19	23	(3) U	(15%)	266	248	17 F	7%	271
Long Term Chronic Conditions	(151)	-	(151) U		(1,132)	-	(1,132) U		-
Residential Care: Hospitals	(3,457)	(3,266)	(191) U	(6%)	(37,129)	(35,923)	(1,207) U	(3%)	(39,189)
Ageing in Place	(113)	(114)			(1,230)	(1,250)	20 F	2%	(1,364)
Environmental Support Services	(101)	(100)	(1) U	(1%)	(1,071)	(1,080)	8 F	1%	(1,179)
Day Programmes	(22)	(52)	30 F	58%	(265)	(403)	137 F	34%	(459)
Expenditure to Attend Treatment ETAT	-	-			-	-			-
Respite Care	(72)	(75)	3 F	4%	(795)	(824)	29 F	4%	(899)
Community Health Services & Support	53	(185)	238 F	129%	(1,146)	(1,648)	502 F	30%	(1,844)
Inter District Flow Disability Support	(336)	(352)	16 F	4%	(3,843)	(3,871)	28 F	1%	(4,223)
Disability Support Other	-	-			-	-			-
<b>Disability Support Services Total</b>	<b>(10,673)</b>	<b>(10,362)</b>	<b>(311) U</b>	<b>(3%)</b>	<b>(116,700)</b>	<b>(114,529)</b>	<b>(2,171) U</b>	<b>(2%)</b>	<b>(124,875)</b>

**Southern District Health Board**  
**May-12**

<b>Part 3: DHB Funds</b>	<b>Current Month</b>				<b>Year to Date</b>				<b>Annual</b>
	<b>Actual</b>	<b>Budget</b>	<b>Variance</b>	<b>Variance</b>	<b>Actual</b>	<b>Budget</b>	<b>Variance</b>	<b>Variance</b>	<b>Budget</b>
	<b>\$(000)</b>	<b>\$(000)</b>	<b>\$(000)</b>	<b>%</b>	<b>\$(000)</b>	<b>\$(000)</b>	<b>\$(000)</b>	<b>%</b>	<b>\$(000)</b>
<b>Maori Health</b>									
Maori Service Development	(22)	(22)		1%	(242)	(246)	4 F	1%	(268)
Maori Provider Assistance Infrastruc	-	-			-	-			-
Maori Workforce Development	-	-			-	-			-
Minor Maori Health Expenditure	(24)	(27)	3 F	11%	(266)	(300)	34 F	11%	(327)
Whanau Ora Services	(117)	(117)			(1,273)	(1,281)	8 F	1%	(1,398)
<b>Maori Health Total</b>	<b>(163)</b>	<b>(167)</b>	<b>4 F</b>	<b>2%</b>	<b>(1,781)</b>	<b>(1,827)</b>	<b>46 F</b>	<b>3%</b>	<b>(1,993)</b>
Internal Allocations	-	-			-	-			-
<b>Total Expenses</b>	<b>(65,830)</b>	<b>(66,420)</b>	<b>590 F</b>	<b>1%</b>	<b>(726,546)</b>	<b>(728,660)</b>	<b>2,114 F</b>		<b>(794,710)</b>
<b>Summary of Results</b>									
Subtotal of IDF Revenue	(37)	1,945	(1,982) U	(102%)	20,654	21,396	(742) U	(3%)	23,341
Subtotal all other Revenue	64,085	63,366	720 F	1%	699,679	697,022	2,657 F		760,388
<b>Revenue Total</b>	<b>64,048</b>	<b>65,311</b>	<b>(1,262) U</b>	<b>(2%)</b>	<b>720,332</b>	<b>718,418</b>	<b>1,914 F</b>		<b>783,729</b>
Subtotal of IDF Expenditure	(1,637)	(2,955)	1,318 F	45%	(31,908)	(32,508)	600 F	2%	(35,463)
Subtotal all other Expenditure	(64,192)	(63,465)	(728) U	(1%)	(694,638)	(696,152)	1,515 F		(759,247)
<b>Expenses Total</b>	<b>(65,830)</b>	<b>(66,420)</b>	<b>590 F</b>	<b>1%</b>	<b>(726,546)</b>	<b>(728,660)</b>	<b>2,114 F</b>		<b>(794,710)</b>
<b>Net Surplus/ (Deficit)</b>	<b>(1,781)</b>	<b>(1,109)</b>	<b>(672) U</b>	<b>(61%)</b>	<b>(6,213)</b>	<b>(10,242)</b>	<b>4,029 F</b>	<b>39%</b>	<b>(10,981)</b>
<i>Zero Check</i>	-	-			-	-			-

# Southern District Health Board

May-12

<b>Part 4: DHB Consolidated</b>	<b>Current Month</b>				<b>Year to Date</b>				<b>Annual</b>
	<b>Actual</b>	<b>Budget</b>	<b>Variance</b>	<b>Variance</b>	<b>Actual</b>	<b>Budget</b>	<b>Variance</b>	<b>Variance</b>	<b>Budget</b>
	<b>\$(000)</b>	<b>\$(000)</b>	<b>\$(000)</b>	<b>%</b>	<b>\$(000)</b>	<b>\$(000)</b>	<b>\$(000)</b>	<b>%</b>	<b>\$(000)</b>
<b>Part 4.1: Statement of Financial Performance</b>									
<b>REVENUE</b>									
<b>Ministry of Health</b>									
MoH - Vote Health Non Mental Health	53,536	53,438	98 F		590,475	587,821	2,654 F		641,259
MoH - Vote Health Mental Health	6,946	6,945	1 F		76,402	76,393	9 F		83,338
PBF Adjustments	-	-			-	-			-
MoH Funding Subcontracts	3,603	2,983	621 F	21%	32,802	32,808	(6) U		35,791
MoH - Personal Health	5	20	(15) U	(74%)	28	574	(546) U	(95%)	738
MoH - Mental Health	-	-			-	-			-
MoH - Public Health	10	24	(13) U	(56%)	116	262	(146) U	(56%)	286
MoH - Disability Support Services	774	741	33 F	5%	7,963	8,149	(187) U	(2%)	8,890
MoH - Maori Health	-	-			-	-			-
Clinical Training Agency	732	531	201 F	38%	6,126	5,846	280 F	5%	6,378
Internal - DHB Funder to DHB Provider	-	-			-	-			-
<b>Ministry of Health Total</b>	<b>65,608</b>	<b>64,682</b>	<b>926 F</b>	<b>1%</b>	<b>713,911</b>	<b>711,854</b>	<b>2,057 F</b>		<b>776,680</b>
<b>Other Government</b>									
IDF's - Mental Health Services	151	151			1,666	1,666			1,817
IDF's - All others (non Mental health)	(188)	1,794	(1,982) U	(110%)	18,988	19,730	(742) U	(4%)	21,524
Other DHB's	235	25	211 F	857%	494	271	223 F	82%	295
Training Fees and Subsidies	11	9	2 F	18%	202	103	99 F	97%	112
Accident Insurance	913	729	184 F	25%	8,064	7,997	67 F	1%	8,793
Other Government	404	368	36 F	10%	4,311	4,052	259 F	6%	4,420
<b>Other Government Total</b>	<b>1,527</b>	<b>3,076</b>	<b>(1,549) U</b>	<b>(50%)</b>	<b>33,725</b>	<b>33,818</b>	<b>(94) U</b>		<b>36,962</b>
<b>Government and Crown Agency Total</b>	<b>67,134</b>	<b>67,758</b>	<b>(623) U</b>	<b>(1%)</b>	<b>747,636</b>	<b>745,672</b>	<b>1,963 F</b>		<b>813,642</b>
<b>Other Revenue</b>									
Patient / Consumer Sourced	178	246	(69) U	(28%)	3,283	2,847	436 F	15%	3,089
Other Income	1,069	959	110 F	11%	11,316	10,643	673 F	6%	11,688
<b>Other Revenue Total</b>	<b>1,247</b>	<b>1,206</b>	<b>41 F</b>	<b>3%</b>	<b>14,599</b>	<b>13,489</b>	<b>1,109 F</b>	<b>8%</b>	<b>14,777</b>
<b>REVENUE TOTAL</b>	<b>68,381</b>	<b>68,963</b>	<b>(582) U</b>	<b>(1%)</b>	<b>762,234</b>	<b>759,162</b>	<b>3,073 F</b>		<b>828,419</b>
<b>EXPENSES</b>									
<b>Personnel Expenses</b>									
Medical Personnel	(9,054)	(8,246)	(808) U	(10%)	(89,322)	(84,638)	(4,685) U	(6%)	(92,355)
Nursing Personnel	(10,501)	(10,258)	(242) U	(2%)	(107,357)	(108,180)	823 F	1%	(118,599)
Allied Health Personnel	(4,901)	(4,341)	(560) U	(13%)	(43,332)	(42,462)	(870) U	(2%)	(46,574)
Support Services Personnel	(859)	(838)	(21) U	(3%)	(8,559)	(8,451)	(108) U	(1%)	(9,258)
Management / Admin Personnel	(3,761)	(3,651)	(109) U	(3%)	(38,146)	(37,304)	(842) U	(2%)	(40,738)
<b>Personnel Costs Total</b>	<b>(29,076)</b>	<b>(27,335)</b>	<b>(1,741) U</b>	<b>(6%)</b>	<b>(286,716)</b>	<b>(281,034)</b>	<b>(5,681) U</b>	<b>(2%)</b>	<b>(307,524)</b>
<b>Outsourced Expenses</b>									
Medical Personnel	(949)	(922)	(27) U	(3%)	(9,061)	(10,131)	1,069 F	11%	(11,053)
Nursing Personnel	(44)	(3)	(42) U		(96)	(28)	(68) U	(249%)	(30)
Allied Health Personnel	(33)	(14)	(19) U	(140%)	(262)	(150)	(112) U	(75%)	(163)
Support Personnel	(68)	(22)	(45) U	(202%)	(277)	(243)	(33) U	(14%)	(265)
Management / Administration Personnel	(12)	(4)	(8) U	(203%)	(134)	(41)	(93) U	(224%)	(45)
Outsourced Clinical Services	(1,590)	(482)	(1,108) U	(230%)	(7,958)	(5,553)	(2,405) U	(43%)	(6,023)
Outsourced Corporate / Governance Services	(82)	(81)	(1) U	(1%)	(859)	(881)	22 F	3%	(962)
Outsourced Funder Services	(16)	(69)	53 F	77%	(160)	(759)	600 F	79%	(828)
<b>Outsourced Services Total</b>	<b>(2,794)</b>	<b>(1,597)</b>	<b>(1,197) U</b>	<b>(75%)</b>	<b>(18,806)</b>	<b>(17,785)</b>	<b>(1,020) U</b>	<b>(6%)</b>	<b>(19,369)</b>
<b>Clinical Supplies</b>									
Treatment Disposables	(2,624)	(2,478)	(147) U	(6%)	(26,334)	(25,252)	(1,081) U	(4%)	(27,645)
Diagnostic Supplies & Other Clinical Supplies	(177)	(140)	(36) U	(26%)	(1,686)	(1,582)	(104) U	(7%)	(1,717)
Instruments & Equipment	(1,357)	(1,159)	(198) U	(17%)	(14,118)	(13,163)	(956) U	(7%)	(14,375)
Patient Appliances	(189)	(204)	15 F	7%	(1,823)	(2,111)	288 F	14%	(2,312)
Implants & Prosthesis	(1,227)	(816)	(411) U	(50%)	(9,157)	(8,941)	(216) U	(2%)	(9,730)
Pharmaceuticals	(1,778)	(1,536)	(241) U	(16%)	(16,853)	(17,238)	385 F	2%	(18,728)
Other Clinical Supplies	(227)	(262)	34 F	13%	(2,439)	(2,877)	437 F	15%	(3,130)
<b>Clinical Supplies Total</b>	<b>(7,578)</b>	<b>(6,595)</b>	<b>(984) U</b>	<b>(15%)</b>	<b>(72,410)</b>	<b>(71,163)</b>	<b>(1,247) U</b>	<b>(2%)</b>	<b>(77,637)</b>
<b>Infrastructure &amp; Non Clinical Expenses</b>									
Hotel Services, Laundry & Cleaning	(1,162)	(1,082)	(80) U	(7%)	(11,638)	(11,736)	98 F	1%	(12,797)
Facilities	(1,673)	(1,804)	131 F	7%	(17,737)	(18,541)	804 F	4%	(20,332)
Transport	(416)	(341)	(75) U	(22%)	(3,837)	(3,624)	(213) U	(6%)	(3,961)
IT Systems & Telecommunications	(930)	(861)	(69) U	(8%)	(9,702)	(9,364)	(338) U	(4%)	(10,225)
Interest & Financing Charges	(1,274)	(1,213)	(61) U	(5%)	(13,533)	(13,400)	(133) U	(1%)	(14,463)
Professional Fees & Expenses	(342)	(248)	(95) U	(38%)	(2,686)	(2,755)	69 F	3%	(3,003)
Other Operating Expenses	(522)	(419)	(103) U	(25%)	(5,146)	(5,058)	(88) U	(2%)	(5,472)
Democracy	(48)	(41)	(8) U	(19%)	(427)	(446)	19 F	4%	(486)
Subsidiaries & Joint Ventures	-	-			(341)	-	(341) U		-
<b>Infrastructure &amp; Non-Clinical Supplies Total</b>	<b>(6,368)</b>	<b>(6,009)</b>	<b>(359) U</b>	<b>(6%)</b>	<b>(65,047)</b>	<b>(64,924)</b>	<b>(123) U</b>		<b>(70,739)</b>



# Southern District Health Board

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<b>Part 4: DHB Consolidated</b>	<b>Current Month</b>				<b>Year to Date</b>				<b>Annual</b>
	<b>Actual</b>	<b>Budget</b>	<b>Variance</b>	<b>Variance</b>	<b>Actual</b>	<b>Budget</b>	<b>Variance</b>	<b>Variance</b>	<b>Budget</b>
	<b>\$(000)</b>	<b>\$(000)</b>	<b>\$(000)</b>	<b>%</b>	<b>\$(000)</b>	<b>\$(000)</b>	<b>\$(000)</b>	<b>%</b>	<b>\$(000)</b>
<b>Payments to Providers</b>									
<b>Personal Health</b>									
Child and Youth	(22)	(43)	21 F	48%	(528)	(469)	(59) U	(12%)	(512)
Laboratory	(2,592)	(2,583)	(8) U		(28,007)	(28,418)	411 F	1%	(31,002)
Infertility Treatment Services	-	-			-	-			-
Maternity	(136)	(144)	8 F	5%	(1,594)	(1,573)	(21) U	(1%)	(1,717)
Maternity (Tertiary & Secondary)	(85)	(70)	(15) U	(21%)	(763)	(763)	(1) U		(833)
Pregnancy and Parenting Education	(7)	(8)	1 F	11%	(63)	(82)	19 F	23%	(89)
Maternity Payment Schedule	-	-			-	-			-
Neo Natal	-	-			-	-			-
Sexual Health	-	(2)	2 F		-	(18)	17 F	99%	(19)
Adolescent Dental Benefit	(266)	(217)	(49) U	(23%)	(1,863)	(2,025)	162 F	8%	(2,231)
Other Dental Services	-	-			-	-			-
Dental - Low Income Adult	(42)	(58)	15 F	26%	(740)	(630)	(110) U	(17%)	(688)
Child (School) Dental Services	33	(64)	97 F	151%	(414)	(594)	180 F	30%	(653)
Secondary / Tertiary Dental	(139)	(141)	3 F	2%	(1,524)	(1,543)	19 F	1%	(1,684)
Pharmaceuticals	(5,995)	(6,334)	339 F	5%	(67,991)	(67,455)	(535) U	(1%)	(73,554)
Pharmaceutical Cancer Treatment Drugs	75	-	75 F		436	-	436 F		-
Management Referred Services	-	-			-	-			-
General Medical Subsidy	(145)	(115)	(30) U	(26%)	(1,532)	(1,183)	(349) U	(30%)	(1,344)
Primary Practice Services - Capitated	(3,311)	(3,255)	(56) U	(2%)	(36,071)	(35,808)	(263) U	(1%)	(39,063)
Primary Health Care Strategy - Care	(240)	(263)	23 F	9%	(2,740)	(2,888)	148 F	5%	(3,151)
Primary Health Care Strategy - Health	(157)	(165)	8 F	5%	(1,552)	(3,030)	1,478 F	49%	(3,195)
Primary Health Care Strategy - Other	(209)	(287)	78 F	27%	(2,574)	(3,167)	594 F	19%	(3,454)
Practice Nurse Subsidy	(23)	(18)	(5) U	(29%)	(189)	(194)	6 F	3%	(211)
Rural Support for Primary Health Pro	(1,128)	(1,290)	162 F	13%	(12,837)	(14,190)	1,353 F	10%	(15,479)
Immunisation	(245)	(254)	9 F	4%	(1,388)	(1,862)	475 F	25%	(1,969)
Radiology	(149)	(143)	(6) U	(4%)	(1,636)	(1,569)	(67) U	(4%)	(1,712)
Palliative Care	(392)	(391)	(1) U		(4,652)	(4,298)	(354) U	(8%)	(4,689)
Meals on Wheels	(20)	(24)	4 F	15%	(226)	(261)	35 F	13%	(285)
Domiciliary & District Nursing	(443)	(400)	(44) U	(11%)	(4,717)	(4,393)	(325) U	(7%)	(4,792)
Community based Allied Health	(162)	(183)	21 F	12%	(1,784)	(2,014)	230 F	11%	(2,197)
Chronic Disease Management and Educa	(51)	(79)	28 F	35%	(782)	(863)	81 F	9%	(942)
Medical Inpatients	-	-			-	-			-
Medical Outpatients	(347)	(341)	(7) U	(2%)	(3,823)	(3,747)	(76) U	(2%)	(4,087)
Surgical Inpatients	(6)	(10)	4 F	43%	(61)	(107)	47 F	43%	(117)
Surgical Outpatients	(143)	(137)	(6) U	(4%)	(1,546)	(1,510)	(35) U	(2%)	(1,648)
Paediatric Inpatients	-	-			-	-			-
Paediatric Outpatients	-	-			-	-			-
Pacific Peoples' Health	(15)	-	(15) U		(15)	-	(15) U		-
Emergency Services	(147)	(147)			(1,615)	(1,614)	(2) U		(1,760)
Minor Personal Health Expenditure	(247)	(75)	(172) U	(230%)	(435)	(823)	388 F	47%	(898)
Price adjusters and Premium	(60)	(72)	12 F	(17%)	(703)	(789)	86 F	(11%)	(861)
Travel & Accomodation	(420)	(359)	(61) U	(17%)	(4,080)	(3,954)	(126) U	(3%)	(4,313)
Inter District Flow Personal Health	(812)	(2,115)	1,302 F	62%	(22,690)	(23,262)	572 F	2%	(25,376)
<b>Personal Health Total</b>	<b>(18,048)</b>	<b>(19,784)</b>	<b>1,736 F</b>	<b>9%</b>	<b>(210,698)</b>	<b>(215,096)</b>	<b>4,397 F</b>	<b>2%</b>	<b>(234,526)</b>
<b>Mental Health</b>									
Mental Health to allocate	-	-			-	-			-
Acute Mental Health Inpatients	-	-			-	-			-
Sub-Acute & Long Term Mental Health	-	-			-	-			-
Crisis Respite	(9)	(18)	8 F	47%	(104)	(194)	90 F	47%	(212)
Alcohol & Other Drugs - General	(80)	(81)		1%	(775)	(885)	110 F	12%	(966)
Alcohol & Other Drugs - Child & Youth	(39)	(98)	59 F	61%	(615)	(1,073)	458 F	43%	(1,171)
Methadone	-	-			-	-			-
Dual Diagnosis - Alcohol & Other Drugs	(23)	(7)	(16) U	(234%)	(83)	(76)	(7) U	(9%)	(83)
Dual Diagnosis - MH/ID	-	-			-	-			-
Eating Disorder	(14)	(14)			(153)	(154)	1 F		(168)
Child & Youth Mental Health Services	(278)	(214)	(64) U	(30%)	(2,760)	(2,348)	(412) U	(18%)	(2,562)
Forensic Services	-	-			-	-			-
Kaupapa Maori Mental Health Services	-	-			-	-			-
Kaupapa Maori Mental Health - Residential	-	(29)	29 F		(109)	(317)	207 F	66%	(345)
Kaupapa Maori Mental Health - Inpati	-	-			-	-			-
Mental Health Community Services	(118)	(107)	(11) U	(10%)	(1,166)	(1,170)	4 F		(1,276)
Prison/Court Liaison	-	-			-	-			-
Mental Health Workforce Development	-	(1)	1 F		(6)	(12)	7 F	55%	(14)
Day Activity & Work Rehabilitation S	(132)	(141)	9 F	6%	(1,409)	(1,546)	136 F	9%	(1,687)
Mental Health Funded Services for Older People	-	-			-	-			-
Advocacy / Peer Support - Consumer	(23)	(25)	3 F	10%	(225)	(276)	51 F	18%	(301)
Other Home Based Residential Support	(331)	(265)	(66) U	(25%)	(3,121)	(2,917)	(204) U	(7%)	(3,182)
Advocacy / Peer Support - Families	(28)	(51)	23 F	45%	(505)	(556)	51 F	9%	(607)
Community Residential Beds & Service	(394)	(473)	79 F	17%	(4,691)	(5,177)	486 F	9%	(5,650)
Minor Mental Health Expenditure	(131)	(27)	(104) U	(384%)	(535)	(296)	(238) U	(80%)	(323)
Inter District Flow Mental Health	(489)	(489)			(5,375)	(5,375)			(5,864)
<b>Mental Health Total</b>	<b>(2,088)</b>	<b>(2,039)</b>	<b>(50) U</b>	<b>(2%)</b>	<b>(21,632)</b>	<b>(22,373)</b>	<b>740 F</b>	<b>3%</b>	<b>(24,411)</b>

# Southern District Health Board

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<b>Part 4: DHB Consolidated</b>	<b>Current Month</b>				<b>Year to Date</b>				<b>Annual</b>
	<b>Actual</b>	<b>Budget</b>	<b>Variance</b>	<b>Variance</b>	<b>Actual</b>	<b>Budget</b>	<b>Variance</b>	<b>Variance</b>	<b>Budget</b>
	<b>\$(000)</b>	<b>\$(000)</b>	<b>\$(000)</b>	<b>%</b>	<b>\$(000)</b>	<b>\$(000)</b>	<b>\$(000)</b>	<b>%</b>	<b>\$(000)</b>
<b>Public Health</b>									
Alcohol & Drug	-	-			-	-			-
Communicable Diseases	-	-			-	-			-
Injury Prevention	-	-			-	-			-
Mental Health	-	-			-	-			-
Screening Programmes	-	(12)	12 F		-	(132)	132 F		(144)
Nutrition and Physical Activity	-	(2)	2 F		7	(19)	26 F	136%	(21)
Physical Environment	-	-			-	-			-
Public Health Infrastructure	-	-			-	-			-
Sexual Health	(1)	-	(1) U		(8)	-	(8) U		-
Social Environments	-	-			(5)	-	(5) U		-
Tobacco Control	-	-			-	-			-
Well Child Promotion	-	-			-	-			-
Meningococcal	-	-			-	-			-
<b>Public Health Total</b>	<b>(1)</b>	<b>(14)</b>	<b>13 F</b>	<b>92%</b>	<b>(6)</b>	<b>(151)</b>	<b>145 F</b>	<b>96%</b>	<b>(165)</b>
<b>Disability Support Services</b>									
AT & R (Assessment, Treatment and Re Information and Advisory	(308)	(321)	13 F	4%	(3,383)	(3,528)	145 F	4%	(3,849)
Needs Assessment	(1)	(1)			(6)	(6)			(6)
Service Co-ordination	(28)	(20)	(9) U	(44%)	(250)	(215)	(35) U	(16%)	(234)
Home Support	(3)	(3)			(37)	(37)			(40)
Carer Support	(1,128)	(1,157)	29 F	3%	(12,165)	(12,730)	565 F	4%	(13,888)
Residential Care: Rest Homes	(165)	(168)	3 F	2%	(1,679)	(1,851)	172 F	9%	(2,019)
Residential Care: Loans Adjustment	(3,045)	(2,757)	(288) U	(10%)	(32,867)	(31,445)	(1,422) U	(5%)	(34,170)
Long Term Chronic Conditions	19	23	(3) U	(15%)	266	248	17 F	7%	271
Residential Care: Hospitals	(151)	-	(151) U		(1,132)	-	(1,132) U		-
Ageing in Place	(3,457)	(3,266)	(191) U	(6%)	(37,129)	(35,923)	(1,207) U	(3%)	(39,189)
Environmental Support Services	(111)	(112)			(1,206)	(1,227)	20 F	2%	(1,338)
Day Programmes	(101)	(100)	(1) U	(1%)	(1,071)	(1,080)	8 F	1%	(1,179)
Expenditure to Attend Treatment ETAT	(22)	(52)	30 F	58%	(265)	(403)	137 F	34%	(459)
Respite Care	-	-			-	-			-
Community Health Services & Support	(72)	(75)	3 F	4%	(795)	(824)	29 F	4%	(899)
Inter District Flow Disability Support	73	(165)	238 F	144%	(921)	(1,423)	502 F	35%	(1,600)
Disability Support Other	(336)	(352)	16 F	4%	(3,843)	(3,871)	28 F	1%	(4,223)
<b>Disability Support Services Total</b>	<b>(8,835)</b>	<b>(8,524)</b>	<b>(311) U</b>	<b>(4%)</b>	<b>(96,485)</b>	<b>(94,314)</b>	<b>(2,171) U</b>	<b>(2%)</b>	<b>(102,822)</b>
<b>Maori Health</b>									
Maori Service Development	(22)	(22)		1%	(242)	(246)	4 F	1%	(268)
Minor Maori Health Expenditure	(9)	(12)	3 F	26%	(98)	(132)	34 F	26%	(144)
Whanau Ora Services	(109)	(109)			(1,187)	(1,195)	8 F	1%	(1,304)
<b>Maori Health Total</b>	<b>(140)</b>	<b>(143)</b>	<b>4 F</b>	<b>3%</b>	<b>(1,527)</b>	<b>(1,573)</b>	<b>46 F</b>	<b>3%</b>	<b>(1,716)</b>
Internal Allocations	-	-			-	-			-
<b>Total Expenses</b>	<b>(74,929)</b>	<b>(72,040)</b>	<b>(2,889) U</b>	<b>(4%)</b>	<b>(773,327)</b>	<b>(768,413)</b>	<b>(4,914) U</b>	<b>(1%)</b>	<b>(838,909)</b>
<b>Net Surplus/ (Deficit)</b>	<b>(6,547)</b>	<b>(3,077)</b>	<b>(3,471) U</b>	<b>(113%)</b>	<b>(11,092)</b>	<b>(9,251)</b>	<b>(1,842) U</b>	<b>(20%)</b>	<b>(10,490)</b>
<i>Zero Check</i>	-	-			-	-			-
<b>Part 4.1 A: Supplementary Information to Statement of Financial Performance</b>									
Depreciation - Clinical Equipment	(700)	(649)	(51) U	(8%)	(7,541)	(7,589)	48 F	1%	(8,287)
Depreciation - Non Residential Buildings & Plant	(611)	(680)	69 F	10%	(6,629)	(6,929)	300 F	4%	(7,609)
Depreciation - Motor Vehicles	(4)	(14)	10 F	71%	(43)	(118)	74 F	63%	(131)
Depreciation - Information Technology	(347)	(319)	(28) U	(9%)	(3,584)	(3,397)	(187) U	(6%)	(3,715)
Depreciation - Other Equipment	(47)	(61)	14 F	23%	(607)	(654)	47 F	7%	(715)
Total Depreciation	(1,708)	(1,722)	13 F	1%	(18,405)	(18,687)	282 F	2%	(20,458)
Interest Cost from Funder Loans	-	-			-	-			-
Interest Costs from CHFA	(477)	(413)	(64) U	(16%)	(4,603)	(4,478)	(125) U	(3%)	(4,877)
Financing Component of Operating Leases	(19)	(33)	15 F	44%	(264)	(360)	96 F	27%	(392)
Capital Charge	(753)	(733)	(20) U	(3%)	(8,357)	(8,193)	(164) U	(2%)	(8,792)

# Southern District Health Board

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<b>Part 4: DHB Consolidated</b>	<b>Current Month Actual \$ (000)</b>	<b>Previous Month Actual \$ (000)</b>	<b>Movement \$ (000)</b>	<b>Current Budget \$ (000)</b>	<b>Current Year Opening Balance Sheet \$ (000)</b>	<b>Annual Budget \$ (000)</b>
<b>Part 4.2: Balance Sheet</b>						
<b>Current Assets</b>						
Petty Cash	13	13	-	13	14	13
Bank	(395)	942	(1,337)	505	3,838	583
Short Term Investments	31,793	36,289	(4,496)	15,500	33,442	11,000
Short Term Investments	-	-	-	-	-	-
Prepayments	1,919	1,745	174	1,808	2,089	1,808
Accounts Receivable	11,288	11,175	112	9,535	6,559	9,865
Provision for Doubtful Debts	(1,813)	(1,813)	-	(1,492)	(1,426)	(1,492)
Accrued Debtors	17,997	21,491	(3,494)	19,895	19,197	19,896
Inventory / Stock	4,566	4,616	(50)	4,370	4,605	4,370
Assets Held for Resale	-	-	-	-	-	-
<b>Current Assets Total</b>	<b>65,368</b>	<b>74,459</b>	<b>(9,091)</b>	<b>50,134</b>	<b>68,317</b>	<b>46,043</b>
<b>Non Current Assets</b>						
Land, Buildings & Plant	239,487	238,882	605	240,525	229,596	240,663
Clinical Equipment	105,199	101,858	3,341	123,106	99,470	126,717
Other Equipment (incl Finance Leases)	12,561	12,879	(318)	13,855	12,670	13,962
Information Technology	32,366	31,947	419	35,916	30,489	36,164
Motor Vehicles	710	710	-	1,746	714	1,751
Provision Depreciation - Buildings & Plant	(16,266)	(15,655)	(611)	(16,631)	(9,642)	(17,311)
Provision Depreciation - Clinical Equipment	(76,777)	(76,888)	112	(89,662)	(75,683)	(90,360)
Provision Depreciation - Other Equipment	(11,149)	(11,272)	124	(11,372)	(10,718)	(11,433)
Provision Depreciation - Information Technology	(24,287)	(23,949)	(337)	(25,501)	(21,481)	(25,819)
Provision Depreciation - Motor Vehicles	(291)	(287)	(4)	(385)	(268)	(398)
WIP	15,784	18,860	(3,076)	15,462	8,304	17,506
Investment in Subsidiaries	-	-	-	-	-	-
Investment in Associates	326	326	-	238	326	238
Long Term Investments	-	-	-	-	-	-
<b>Non Current Assets Total</b>	<b>277,665</b>	<b>277,411</b>	<b>255</b>	<b>287,296</b>	<b>263,778</b>	<b>291,679</b>
<b>Current Liabilities</b>						
Accounts Payable Control	(6,645)	(3,605)	(3,040)	(4,997)	(2,849)	(4,822)
Accrued Creditors	(29,382)	(31,160)	1,778	(36,589)	(31,703)	(36,598)
Income Received in Advance	(2,112)	(2,864)	752	(2,419)	(1,168)	(2,419)
Capital Charge Payable	(3,765)	(3,012)	(753)	(733)	(796)	(598)
GST & Tax Provisions	(5,888)	(10,132)	4,244	(2,888)	(6,098)	(2,791)
Term Loans - Finance Leases (current portion)	(1,411)	(1,252)	(159)	(2,125)	(2,599)	(2,125)
Term Loans - Private (current portion)	-	-	-	-	-	-
Term Loans - Crown (current portion)	(28,045)	(28,045)	-	(4,229)	(5,249)	(4,229)
Payroll Accrual & Clearing Accounts	(12,047)	(13,622)	1,576	(9,238)	(11,889)	(10,818)
Employee Entitlement Provisions	(41,828)	(40,679)	(1,149)	(38,621)	(40,424)	(38,621)
<b>Current Liabilities Total</b>	<b>(131,124)</b>	<b>(134,373)</b>	<b>3,249</b>	<b>(101,841)</b>	<b>(102,775)</b>	<b>(103,022)</b>
<b>WORKING CAPITAL</b>	<b>(65,757)</b>	<b>(59,915)</b>	<b>(5,842)</b>	<b>(51,707)</b>	<b>(34,458)</b>	<b>(56,979)</b>
<b>NET FUNDS EMPLOYED</b>	<b>211,909</b>	<b>217,496</b>	<b>(5,588)</b>	<b>235,589</b>	<b>229,320</b>	<b>234,699</b>
<b>Non Current Liabilities</b>						
Long Service Leave - Non Current Portion	(3,069)	(3,069)	-	(3,348)	(3,069)	(3,348)
Retirement Gratuities - Non Current Portion	(10,492)	(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	(1,678)	(1,880)	202	(205)	(2,592)	(61)
Term Loans - Private (non current portion)	-	-	-	-	-	-
Term Loans - Crown (non current portion)	(74,374)	(74,611)	237	(90,891)	(91,274)	(90,891)
Custodial Funds	(3,854)	(3,758)	(96)	(3,857)	(3,830)	(3,857)
<b>Non Current Liabilities Total</b>	<b>(94,576)</b>	<b>(94,918)</b>	<b>343</b>	<b>(109,498)</b>	<b>(112,395)</b>	<b>(109,354)</b>
<b>Crown Equity</b>						
Crown Equity	(133,759)	(133,759)	-	(133,103)	(133,759)	(133,103)
Crown Equity Injection	(11,500)	(10,198)	(1,303)	(20,578)	-	(21,778)
Crown Equity Repayments	-	-	-	-	-	707
Trust and Special Funds (no restricted use)	(1,509)	(1,513)	4	(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	1,610	1,664	(54)	2,082	2,002	2,082
Retained Earnings - DHB Provider	84,969	80,153	4,816	79,466	79,633	79,966
Retained Earnings - Funds	28,218	26,436	1,781	33,798	22,004	34,536
<b>Crown Equity Total</b>	<b>(117,333)</b>	<b>(122,578)</b>	<b>5,245</b>	<b>(126,092)</b>	<b>(116,925)</b>	<b>(125,346)</b>
<b>NET FUNDS EMPLOYED</b>	<b>(211,909)</b>	<b>(217,496)</b>	<b>5,588</b>	<b>(235,589)</b>	<b>(229,320)</b>	<b>(234,699)</b>
Zero Check	-	-	-	-	-	-
<b>Part 4.3: Statement of Movement in Equity</b>						
Total equity at beginning of the period	(122,578)	(114,329)		(117,768)	(116,925)	(114,764)
Net Results for Period	6,547	1,562		3,077	-	10,490
Revaluation of Fixed Assets	-	-		-	-	-
Equity Injections / Repayments	(1,303)	(9,811)		(11,400)	-	(21,071)
Other	-	-		-	-	-
Movement in Trust and Special Funds	-	-		-	-	-
<b>Total Equity at end of the period</b>	<b>(117,333)</b>	<b>(122,578)</b>		<b>(126,092)</b>	<b>(116,925)</b>	<b>(125,346)</b>

# Board Cash Flow - Southern May-12

<b>Part 4: DHB Consolidated</b>	Current Month			Year to Date			Annual
	Actual	Budget	Variance	Actual	Budget	Variance	Budget
	\$(000)	\$(000)	\$(000)	\$(000)	\$(000)	\$(000)	\$(000)
<b>Part 4.4 Statement of Cashflows</b>							
<b>Operating Revenue</b>							
Government and Crown Agency Revenue	69,764	67,874	1,890 F	745,439	745,629	(191) U	813,386
Other Revenue Received	1,072	1,020	52 F	12,580	11,433	1,147 F	12,453
<b>Total Receipts</b>	<b>70,836</b>	<b>68,894</b>	<b>1,942 F</b>	<b>758,019</b>	<b>757,062</b>	<b>957 F</b>	<b>825,840</b>
<b>Payments</b>							
Payments for Personnel	(29,503)	(36,490)	6,987 F	(285,182)	(286,567)	1,385 F	(311,477)
Payments for Supplies	(11,610)	(11,366)	(244) U	(121,656)	(121,670)	14 F	(132,975)
Interest Paid	(55)	(131)	76 F	(4,432)	(4,694)	262 F	(4,741)
Capital Charge Paid	-	(649)	649 F	(5,388)	(8,175)	2,787 F	(8,908)
GST (Net) & Tax	(4,244)	(255)	(3,989) U	(209)	(431)	222 F	(512)
Payment to own DHB Provider (Eliminated)	-	-	-	-	-	-	-
Payment to own DHB Governance & Funding Admin	-	-	-	-	-	-	-
Payments to other DHBs	(1,661)	(2,955)	1,294 F	(32,379)	(32,508)	129 F	(35,463)
Payments to Providers	(28,903)	(27,601)	(1,302) U	(299,422)	(300,669)	1,247 F	(328,218)
<b>Total Payments</b>	<b>(75,976)</b>	<b>(79,447)</b>	<b>3,471 F</b>	<b>(748,668)</b>	<b>(754,713)</b>	<b>6,045 F</b>	<b>(822,294)</b>
<b>Net Cashflow from Operating</b>	<b>(5,140)</b>	<b>(10,553)</b>	<b>5,413 F</b>	<b>9,351</b>	<b>2,349</b>	<b>7,001 F</b>	<b>3,546</b>
<b>Investing Activities</b>							
Interest Receipts 3rd Party	175	186	(11) U	1,992	2,045	(53) U	2,231
Sale of Fixed Assets	-	-	-	32	-	32 F	-
<b>Capital Expenditure</b>							
Land, Buildings & Plant	(1,184)	(2,229)	1,045 F	(17,876)	(21,490)	3,614 F	(23,672)
Clinical Equipment	(468)	(2,741)	2,273 F	(9,981)	(11,711)	1,730 F	(15,322)
Other Equipment	138	(107)	245 F	(109)	(1,180)	1,071 F	(1,287)
Information Technology	(395)	(420)	25 F	(3,608)	(4,555)	947 F	(4,713)
Motor Vehicles	-	(5)	5 F	(144)	(997)	853 F	(1,002)
<b>Total Capital Expenditure</b>	<b>(1,909)</b>	<b>(5,502)</b>	<b>3,593 F</b>	<b>(31,718)</b>	<b>(39,933)</b>	<b>8,214 F</b>	<b>(45,995)</b>
Increase in Investments and Restricted & Trust Funds Assets	96	-	96 F	24	-	24 F	-
<b>Net Cashflow from Investing</b>	<b>(1,638)</b>	<b>(5,316)</b>	<b>3,678 F</b>	<b>(29,671)</b>	<b>(37,887)</b>	<b>8,216 F</b>	<b>(43,764)</b>
<b>Financing Activities</b>							
Equity Injections	1,303	11,400	(10,097) U	11,500	20,578	(9,078) U	21,071
<b>New Debt</b>							
Private Sector	-	-	-	-	-	-	-
CHFA	-	-	-	11,150	-	11,150 F	-
<b>Repaid Debt</b>							
Private Sector	(97)	(234)	137 F	(2,691)	(3,166)	474 F	(3,400)
CHFA	(261)	(230)	(31) U	(5,519)	(920)	(4,599) U	(920)
<b>Other Non-Current Liability Movement</b>							
Other Equity Movement	-	-	-	-	-	-	-
<b>Net Cashflow from Financing</b>	<b>945</b>	<b>10,936</b>	<b>(9,991) U</b>	<b>14,439</b>	<b>16,493</b>	<b>(2,054) U</b>	<b>16,751</b>
<b>Net Cashflow</b>	<b>(5,833)</b>	<b>(4,933)</b>	<b>(900) U</b>	<b>(5,881)</b>	<b>(19,046)</b>	<b>13,164 F</b>	<b>(23,467)</b>
Plus Cash (Opening)	37,244	20,951	16,293 F	37,293	35,063	2,229 F	35,063
Cash (Closing)	<b>31,411</b>	<b>16,018</b>	<b>15,393 F</b>	<b>31,411</b>	<b>16,018</b>	<b>15,393 F</b>	<b>11,596</b>
<b>Carry Forward Check</b>							
<b>Closing Cash made up of:</b>							
Petty Cash	13	13	-	13	13	-	13
Bank (Overdraft)	(395)	505	900 F	(395)	505	900 F	583
Short Term Investments	31,793	15,500	(16,293) U	31,793	15,500	(16,293) U	11,000
<b>Total Cashflow Cash (Closing)</b>	<b>31,411</b>	<b>16,018</b>	<b>15,393 F</b>	<b>31,411</b>	<b>16,018</b>	<b>15,393 F</b>	<b>11,596</b>

**Southern District Health Board**  
**May-12**

<b>Part 3: DHB Funds</b>	Year to Date				YTD Variance	YTD Variance	Annual Budget	
	Actual	Budget	Variance	Variance				DHB Provider
	\$(000)	\$(000)	\$(000)	%				NGO
<b>Part 3.1: Statement of Financial Performance</b>								
<b>REVENUE</b>								
<b>Ministry of Health</b>								
MoH - Vote Health Non Mental Health	590,475	587,821	2,654 F				641,259	
MoH - Vote Health Mental Health	76,402	76,393	9 F				83,338	
PBF Adjustments	-	-					-	
MoH Funding Subcontracts	32,802	32,808	(6) U				35,791	
MoH - Personal Health	-	-					-	
MoH - Mental Health	-	-					-	
MoH - Public Health	-	-					-	
MoH - Disability Support Services	-	-					-	
MoH - Maori Health	-	-					-	
Clinical Training Agency	-	-					-	
Internal - DHB Funder to DHB Provider	-	-					-	
<b>Ministry of Health Total</b>	<b>699,679</b>	<b>697,022</b>	<b>2,657 F</b>				<b>760,388</b>	
<b>Other Government</b>								
IDF's - Mental Health Services	1,666	1,666					1,817	
IDF's - All others (non Mental health)	18,988	19,730	(742) U	(4%)			21,524	
Other DHB's	-	-					-	
Training Fees and Subsidies	-	-					-	
Accident Insurance	-	-					-	
Other Government	-	-					-	
<b>Other Government Total</b>	<b>20,654</b>	<b>21,396</b>	<b>(742) U</b>	<b>(3%)</b>			<b>23,341</b>	
<b>Government and Crown Agency Sourced Total</b>								
	<b>720,332</b>	<b>718,418</b>	<b>1,914 F</b>				<b>783,729</b>	
<b>Other Revenue</b>								
Patient / Consumer Sourced	-	-					-	
Other Income	-	-					-	
<b>Other Revenue Total</b>	<b>-</b>	<b>-</b>					<b>-</b>	
<b>REVENUE TOTAL</b>	<b>720,332</b>	<b>718,418</b>	<b>1,914 F</b>				<b>783,729</b>	
<b>EXPENSES</b>								
<b>Outsourced Expenses</b>								
Outsourced Funder Services	(6,006)	(5,692)	(314) U	(6%)	-	(314)	(6,209)	
Other Outsourced Expenses	-	-					-	
Other Expenses	-	-					-	
<b>Payments to Providers</b>								
<b>Personal Health</b>								
Child and Youth	(3,911)	(3,731)	(180) U	(5%)	(59)	(121)	(4,070)	
Laboratory	(28,014)	(28,425)	411 F	1%	411	-	(31,009)	
Infertility Treatment Services	(1,034)	(1,034)			-	-	(1,128)	
Maternity	(2,212)	(2,191)	(21) U	(1%)	(21)	-	(2,390)	
Maternity (Tertiary & Secondary)	(16,008)	(16,007)	(1) U		-	(1)	(17,464)	
Pregnancy and Parenting Education	(90)	(109)	19 F	17%	19	-	(119)	
Maternity Payment Schedule	-	-			-	-	-	
Neo Natal	(7,392)	(7,392)			-	-	(8,064)	
Sexual Health	(1,049)	(1,066)	17 F	2%	18	(1)	(1,163)	
Adolescent Dental Benefit	(2,197)	(2,306)	109 F	5%	162	(53)	(2,539)	
Other Dental Services	-	-			-	-	-	
Dental - Low Income Adult	(950)	(840)	(110) U	(13%)	(110)	-	(917)	
Child (School) Dental Services	(6,610)	(5,976)	(634) U	(11%)	180	(814)	(6,524)	
Secondary / Tertiary Dental	(2,817)	(2,836)	19 F	1%	19	-	(3,095)	
Pharmaceuticals	(72,210)	(72,168)	(42) U		(536)	494	(78,694)	
Pharmaceutical Cancer Treatment Drugs	(3,195)	(3,868)	673 F	17%	436	237	(4,220)	
Management Referred Services	-	-			-	-	-	
General Medical Subsidy	(1,532)	(1,183)	(349) U	(30%)	(349)	-	(1,344)	
Primary Practice Services - Capitated	(36,071)	(35,808)	(263) U	(1%)	(263)	-	(39,063)	
Primary Health Care Strategy - Care	(2,740)	(2,888)	148 F	5%	148	-	(3,151)	
Primary Health Care Strategy - Health	(1,552)	(3,030)	1,478 F	49%	1,478	-	(3,195)	
Primary Health Care Strategy - Other	(2,574)	(3,167)	594 F	19%	594	-	(3,454)	
Practice Nurse Subsidy	(189)	(194)	6 F	3%	6	-	(211)	
Rural Support for Primary Health Pro	(13,667)	(15,020)	1,353 F	9%	1,353	-	(16,385)	
Immunisation	(2,137)	(2,444)	307 F	13%	474	(167)	(2,596)	
Radiology	(4,463)	(4,396)	(67) U	(2%)	(67)	-	(4,796)	
Palliative Care	(4,652)	(4,298)	(354) U	(8%)	(354)	-	(4,689)	
Meals on Wheels	(608)	(643)	35 F	5%	35	-	(702)	
Domiciliary & District Nursing	(16,209)	(15,884)	(325) U	(2%)	(324)	(1)	(17,328)	
Community based Allied Health	(6,303)	(6,533)	230 F	4%	230	-	(7,127)	
Chronic Disease Management and Educa	(2,666)	(2,747)	81 F	3%	81	-	(2,997)	
Medical Inpatients	(59,431)	(59,334)	(96) U		1	(97)	(64,728)	
Medical Outpatients	(37,691)	(36,652)	(1,039) U	(3%)	(76)	(963)	(39,984)	
Surgical Inpatients	(110,573)	(110,620)	47 F		46	1	(120,676)	
Surgical Outpatients	(19,385)	(18,730)	(655) U	(3%)	(36)	(619)	(20,432)	
Paediatric Inpatients	(6,833)	(6,833)			-	-	(7,454)	
Paediatric Outpatients	(3,712)	(3,712)			-	-	(4,050)	

Pacific Peoples' Health	(122)	(107)	(15) U	(14%)	(15)	-	(117)
Emergency Services	(16,863)	(16,861)	(2) U		(1)	(1)	(18,394)
Minor Personal Health Expenditure	(718)	(1,106)	388 F	35%	388	-	(1,207)
Price adjusters and Premium	9,916	9,830	86 F	1%	86	-	10,723
Travel & Accommodation	(4,126)	(3,999)	(126) U	(3%)	(125)	(1)	(4,363)
Inter District Flow Personal Health	(22,690)	(23,262)	572 F	2%	572	-	(25,376)
<b>Personal Health Total</b>	<b>(515,281)</b>	<b>(517,572)</b>	<b>2,292 F</b>		<b>4,401</b>	<b>(2,107)</b>	<b>(564,492)</b>
<b>Mental Health</b>							
Acute Mental Health Inpatients	(13,951)	(13,951)			-	-	(15,219)
Sub-Acute & Long Term Mental Health	(3,893)	(3,893)			-	-	(4,247)
Crisis Respite	(279)	(370)	90 F	24%	89	1	(404)
Alcohol & Other Drugs - General	(3,642)	(3,807)	165 F	4%	110	55	(4,153)
Alcohol & Other Drugs - Child & Youth	(716)	(1,175)	458 F	39%	457	1	(1,282)
Methadone	(1,007)	(1,007)			-	-	(1,098)
Dual Diagnosis - Alcohol & Other Drugs	(83)	(76)	(7) U	(9%)	(7)	-	(83)
Dual Diagnosis - MH/ID	(94)	(59)	(35) U	(60%)	-	(35)	(64)
Eating Disorder	(153)	(154)	1 F		1	-	(168)
Maternal Mental Health	-	-			(412)	412	-
Child & Youth Mental Health Services	(8,210)	(7,964)	(247) U	(3%)	(1)	(246)	(8,688)
Forensic Services	(5,027)	(5,128)	101 F	2%	-	101	(5,595)
Kaupapa Maori Mental Health Services	(1,371)	(1,620)	249 F	15%	-	249	(1,768)
Kaupapa Maori Mental Health - Residential	(109)	(317)	207 F	66%	207	-	(345)
Kaupapa Maori Mental Health - Inpati	-	-			-	-	-
Mental Health Community Services	(18,802)	(19,434)	632 F	3%	4	628	(21,201)
Prison/Court Liaison	(469)	(463)	(5) U	(1%)	1	(6)	(505)
Mental Health Workforce Development	(6)	(12)	7 F	55%	7	-	(14)
Day Activity & Work Rehabilitation S	(2,058)	(2,221)	163 F	7%	137	26	(2,423)
Mental Health Funded Services for Older People	(352)	(372)	19 F	5%	(1)	20	(405)
Advocacy / Peer Support - Consumer	(581)	(642)	60 F	9%	50	10	(700)
Other Home Based Residential Support	(3,499)	(3,374)	(125) U	(4%)	(204)	79	(3,681)
Advocacy / Peer Support - Families	(505)	(556)	51 F	9%	51	-	(607)
Community Residential Beds & Service	(5,474)	(5,960)	486 F	8%	486	-	(6,504)
Minor Mental Health Expenditure	(911)	(672)	(238) U	(35%)	(238)	-	(733)
Inter District Flow Mental Health	(5,375)	(5,375)			-	-	(5,864)
<b>Mental Health Total</b>	<b>(76,567)</b>	<b>(78,602)</b>	<b>2,034 F</b>	<b>3%</b>	<b>737</b>	<b>1,295</b>	<b>(85,752)</b>
<b>Public Health</b>							
Alcohol & Drug	(427)	(427)			-	-	(465)
Communicable Diseases	(629)	(629)			-	-	(686)
Injury Prevention	(23)	(23)			-	-	(25)
Screening Programmes	(4,216)	(4,463)	247 F	6%	132	115	(4,869)
Mental Health	(260)	(182)	(78) U	(43%)	26	(104)	(199)
Nutrition and Physical Activity	(1,057)	(1,257)	200 F	16%	-	200	(1,371)
Physical Environment	(587)	(587)			-	-	(640)
Public Health Infrastructure	(1,654)	(1,515)	(139) U	(9%)	-	(139)	(1,653)
Sexual Health	(175)	(166)	(8) U	(5%)	(8)	-	(182)
Social Environments	(248)	(243)	(5) U	(2%)	(5)	-	(265)
Tobacco Control	(913)	(924)	11 F	1%	-	11	(1,008)
Well Child Promotion	(23)	(23)			-	-	(25)
Meningococcal	-	-			-	-	-
<b>Public Health Total</b>	<b>(10,210)</b>	<b>(10,439)</b>	<b>228 F</b>	<b>2%</b>	<b>145</b>	<b>83</b>	<b>(11,388)</b>
<b>Disability Support Services</b>							
AT & R (Assessment, Treatment and Re	(20,956)	(21,100)	145 F	1%	145	-	(23,018)
Information and Advisory	(6)	(6)			-	-	(6)
Needs Assessment	(1,296)	(1,261)	(35) U	(3%)	(35)	-	(1,375)
Service Co-ordination	(1,386)	(1,386)			-	-	(1,512)
Home Support	(12,165)	(12,730)	565 F	4%	565	-	(13,888)
Carer Support	(1,679)	(1,851)	172 F	9%	172	-	(2,019)
Residential Care: Rest Homes	(32,867)	(31,445)	(1,422) U	(5%)	(1,422)	-	(34,170)
Residential Care: Loans Adjustment	266	248	17 F	7%	17	-	271
Long Term Chronic Conditions	(1,132)	-	(1,132) U		(1,132)	-	-
Residential Care: Hospitals	(37,129)	(35,923)	(1,207) U	(3%)	(1,207)	-	(39,189)
Ageing in Place	(1,230)	(1,250)	20 F	2%	20	-	(1,364)
Environmental Support Services	(1,071)	(1,080)	8 F	1%	8	-	(1,179)
Day Programmes	(265)	(403)	137 F	34%	137	-	(459)
Expenditure to Attend Treatment ETAT	-	-			-	-	-
Respite Care	(795)	(824)	29 F	4%	29	-	(899)
Community Health Services & Support	(1,146)	(1,648)	502 F	30%	502	-	(1,844)
Inter District Flow Disability Support	(3,843)	(3,871)	28 F	1%	28	-	(4,223)
Disability Support Other	-	-			-	-	-
<b>Disability Support Services Total</b>	<b>(116,700)</b>	<b>(114,529)</b>	<b>(2,171) U</b>	<b>(2%)</b>	<b>(2,173)</b>	<b>-</b>	<b>(124,875)</b>
<b>Maori Health</b>							
Maori Service Development	(242)	(246)	4 F	1%	4	-	(268)
Minor Maori Health Expenditure	(266)	(300)	34 F	11%	34	-	(327)
Whanau Ora Services	(1,273)	(1,281)	8 F	1%	8	-	(1,398)
<b>Maori Health Total</b>	<b>(1,781)</b>	<b>(1,827)</b>	<b>46 F</b>	<b>3%</b>	<b>46</b>	<b>-</b>	<b>(1,993)</b>
Internal Allocations	-	-			-	-	-
<b>Total Expenses</b>	<b>(726,546)</b>	<b>(728,660)</b>	<b>2,114 F</b>		<b>3,156</b>	<b>(1,043)</b>	<b>(794,710)</b>
<b>Net Surplus/ (Deficit)</b>	<b>(6,213)</b>	<b>(10,242)</b>	<b>4,029 F</b>	<b>39%</b>			<b>(10,981)</b>
Zero Check	-	-					-

# 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	
<b>Strategy</b>						
1. Ensure all staff have a good understanding of the vision and strategic direction of the DHB.	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.  <b>Good progress has been made through the reorganisation of the executive team as we move towards a unified organisation. This will be followed next month by a strategic plan summary as part of the ongoing communications process about the future direction of the DHB.</b>
8. Develop and implement a communication plan that outlines an effective internal and external communication strategy.	Completed				✓	Public relations and communications role appointed. Operational communications strategy completed and operational.
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.	June 2012	✓				Agree. The South Island Strategy will be assessed along with the local strategic plan.

Recommendation	Completion Date	PROGRESS				COMMENT
		Scoping	Behind	On Track	Completed	
18	Establish, implement and monitor a patient safety and quality and risk framework for the Southern DHB.	Ongoing			✓	A Provider Arm Executive team contingent visited Counties Manakau DHB & Ko Awatea to understand their framework of quality & risk. Feedback provided to wider EMT & plan being established
15	Complete facility planning and development for Dunedin Hospital in collaboration with University and taking into consideration the regional services of Southern DHB.				✓	The business case for facility planning was released on the Government Electronic Tenders Service (GETS) website in February. Requests for proposals close on 20 April.  <b>Work is underway to look at optimising the Dunedin and Wakari sites.</b>
<b>Governance</b>						
2.	Clarify the roles and responsibilities of governance and management to staff based on governance and management best practice.	October 2011			✓	Agreed. To be finalised after appointment of new CEO.  <b>Restructure of executive implemented 2 July 2012, and second phase of restructure currently being planned.</b>
<b>Leadership &amp; Structure</b>						
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.	From March 2012			✓	A draft proposal will be developed for consultation with all staff.  <b>Executive structure in place from 2 July 2012. Planning underway for next phase of restructure.</b>
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.	Post March 2012	✓			Agreed <b>and underway as part of restructure.</b>
5.	Appoint a Director of Allied, Scientific and Technical Staff at executive level.	Completed			✓	Interim solution implemented. Allied Health Director is now participating at Executive level.  <b>Director Allied Health, Scientific &amp; Technical appointed to executive.</b>
9	Appoint a Chief Executive who can convey an inspiring and compelling vision of the future to all staff and stakeholders.	Completed			✓	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.	From November 2011			✓	To be considered along with the quality framework and strategy, as part of #18 <b>and the organisational restructure.</b>
<b>Learning &amp; Development</b>						
6.	Provide managers and clinicians who are appointed to senior management and leadership roles with orientation, training and mentoring opportunities.	Ongoing			✓	Agree. A programme for leadership development is being established.



Recommendation	Completion Date	PROGRESS				COMMENT
		Scoping	Behind	On Track	Completed	
<b>Financial</b>						
7.	Remove the current financial boundaries reflecting the previous Southland and Otago DHBs.	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.	April 2012			✓	Agree will undertake as part of the development of the 2012/13 annual planning process.
<b>Collaboration</b>						
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.	Completed			✓	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.  Strategic planning workshop held with Health Sciences Division leadership group. A framework for progressing the ideas identified is currently being worked-up.  <b>Workshop with the School of Business scheduled for July.</b>  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.	Completed and ongoing			✓	Agree. Regular meetings in place.
<b>Operational</b>						
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, 6 June 2012, commencing at 10.00 am, in the Board Room, 1<sup>st</sup> Floor, Dunedin Hospital

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**Present:** Dr Malcolm Macpherson Chairman  
Mr Neville Cook (by videoconference)  
Ms Sandra Cook  
Mrs Kaye Crowther  
Mrs Mary Flannery

**In Attendance:** Mr Paul Menzies Deputy Board Chair (from 11.20 am)  
Mr Robert Mackway-Jones General Manager, Finance & Funding  
Ms Leanne Illingworth Portfolio Manager – Health of Older Persons and Disability  
Mrs Adele Knowles Portfolio Manager – Primary and Community  
Ms Jeanette Kloosterman Board Secretary  
Ms Nyia Strachan Communications Officer

### 1.0 WELCOME

The Chairman welcomed everyone to the meeting.

### 2.0 APOLOGIES

There were no apologies.

### 3.0 MEMBERS' DECLARATION OF INTEREST

*It was resolved:*

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

### 4.0 PREVIOUS MINUTES

*It was resolved:*

**"That the minutes of the joint meeting of the Disability Support Advisory Committee and Community & Public Health Advisory Committee held on 2 May 2012 be approved and adopted as a true and correct record."**

### 5.0 ACTION SHEET

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

## **6.0 PRIMARY AND COMMUNITY**

*Dr Malcolm Macpherson reminded the Committees of his interest in this area as a spouse of a GP and part owner of a medical centre.*

Ms Adele Knowles, Portfolio Manager, presented her report on Primary and Community Portfolio activity (agenda item 6) and informed the Committees that the Pharmacy Services Agreement was signed on 1 June 2012.

The Committees requested:

- That they be kept informed of community oral health issues;
- That they be notified of Planning & Funding public consultation meetings.

## **7.0 HOSPITAL AND SPECIALIST SERVICES**

The General Manager, Finance & Funding, presented a report on Hospital and Specialist Services Portfolio activity (agenda item 7).

## **8.0 PUBLIC AND POPULATION HEALTH**

The General Manager, Finance & Funding, presented a report on Public and Population Health Portfolio activity (agenda item 8).

The Committees:

- Requested information on the implementation of Whānau Ora within the district;
- Requested that their congratulations be passed on to all those involved in the Vaccine Preventable Disease Programme for achieving the Health Immunisation Target of 95% for Quarter 3.

## **9.0 MENTAL HEALTH AND ADDICTIONS**

The General Manager, Finance & Funding, presented a report on Mental Health and Addiction Portfolio activity (agenda item 9).

## **10.0 HEALTH OF OLDER PERSONS AND DISABILITY**

Ms Leanne Illingworth, Portfolio Manager, presented her report on Health of Older People (HOP) and Disability Portfolio activity (agenda item 10).

## **11.0 FINANCIAL REPORT**

The General Manager, Finance & Funding presented the Funder Financial Report for the period ended 30 April 2012 (agenda item 11).

***It was resolved:***

**"That the portfolio and financial reports be received."**

**CONFIDENTIAL SESSION**

***At 10.50 am it was resolved that the public be excluded for the following agenda items:***

<i>General subject:</i>	<i>Reason for passing this resolution:</i>	<i>Grounds for passing the resolution:</i>
1. Previous Minutes	As per reasons set out in previous agenda.	S 34(a), Schedule 4, NZ Public Health and Disability Act 2000 – that the public conduct of this part of the meeting would be likely to result in the disclosure of information for which good reason for withholding exists under sections 9(2)(i) and 9(2)(j) of the Official Information Act 1982, that is, the withholding of the information is necessary to enable a Minister of the Crown or any Department or organisation holding the information to carry out, without prejudice or disadvantage, commercial activities and negotiations.
2. Home Based Support Services	Commercial Sensitivity	As above, sections 9(2)(i) and 9(2)(j).

The meeting closed at 11.40 am.

Confirmed as a correct record:

Chairman .....

Date .....

## Southern District Health Board

### Minutes of the Hospital Advisory Committee Meeting held on Wednesday, 6 June 2012, commencing at 2.30pm in the Board Room, 1<sup>st</sup> Floor, Dunedin Hospital

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<b>Present:</b>	Mr Paul Menzies Mr Neville Cook Dr Malcolm Macpherson Dr Branko Sijnja Mr Richard Thomson Mr Tim Ward	Chairman via videoconference
<b>In Attendance:</b>	Mrs Kaye Crowther Ms Mary Flannery Ms Carole Heatly Mrs Lexie O'Shea Mrs Vivian Blake Mrs Leanne Samuel Mr David Tulloch Mr Grant Paris Ms Nyia Strachan Mrs Joanne Fannin	Board member Board member Chief Executive Officer Chief Operating Officer, Southland/Deputy CEO Chief Operating Officer, Otago Chief Nursing and Midwifery Officer Chief Medical Officer Senior Business Analyst, Otago Community Relations Officer, Otago Board Secretary Southland

#### 1.0 WELCOME AND APOLOGIES

The Chairman welcomed everyone to the meeting. An apology was noted from HAC member, Mr Tahu Potiki and Mr Neville Cook apologised in advance for his early departure from the meeting.

***It was resolved:***

**"That the apologies be accepted."**

#### 2.0 MEMBERS' DECLARATION OF INTEREST

The Chairman called for any adjustments or amendments to the Interests Register. Mr Tim Ward advised of his appointment to the Southern Community Laboratory Otago and Southland. Dr Branko Sijnja advised that his hours at the Otago University had increased from 0.5 to 0.8.

#### 3.0 CONFIRMATION OF PREVIOUS MINUTES

***It was resolved:***

**"That the minutes of the 2 May 2012 Hospital Advisory Committee meeting be approved and adopted as a true and correct record."**

#### 4.0 MATTERS ARISING

It was noted that the South Island Regional Capital Committee has approved the Ninth Operating Theatre for Dunedin Hospital.

#### 5.0 ACTION SHEET

The HAC meeting action sheet was received.

***HAC member, Mr Malcolm Macpherson, joined the meeting at 2.33pm.***

## 6.0 CHIEF OPERATING OFFICERS' REPORT

The Chief Operating Officers' report was received and the Chief Operating Officers responded to members' questions.

**Service Delivery** – the correlation between the unfavourable financial position and the higher volumes and occupancy at Dunedin Hospital were highlighted.

**Health Targets** – it was noted that on a couple of occasions the Emergency Department (ED), Dunedin Hospital, had exceeded the Minister's target by achieving 100% of patients admitted, discharged or transferred from an ED within six hours.

**Emergency Department** – members noted the 14% growth in presentations through the ED and that Southland has more presentations per head of population than Dunedin. Continual process changes are being made within EDs to cope with the additional volumes presenting. A request was made for further information on the level of triage presenting at EDs across the district.

*The Community Relations Officer joined the meeting at 2.45pm.*

*The Chief Operating Officer Otago joined the meeting at 2.50pm.*

**Imaging Wait Time Update** - members noted the plan to establish consistent referral, prioritisation and wait time criteria across Southland and Dunedin Hospitals and requested that more definitive information be provided in future reports showing timelines and identifying the process.

## 7.0 CHIEF OPERATING OFFICER'S REPORT, OTAGO

The report was received and the Chief Operating Officer, Otago, Mrs Vivian Blake, responded to members' questions.

**Dunedin Hospital Analysis** – members noted the analysis for the 12 month period from April 2011 to April 2012:

- 244 additional hours of watches and specials for patients.
- 723 additional overtime hours worked.
- 123 additional patients admitted from the ED.
- Despite the additional volumes, length of stay has not increased.
- Bed days have increased by 234.

*The Chief Executive Officer joined the meeting at 3.20pm.*

*HAC member, Mr Neville Cook, left the meeting at 3.30pm.*

## 8.0 CHIEF OPERATING OFFICER'S REPORT, SOUTHLAND

The report was received and the Chief Operating Officer, Southland/Deputy CEO, Mrs Lexie O'Shea, responded to members' questions.

**Theatre Compass** – members noted the continual improvement pathway being pursued through the Theatre Compass model.

## 9.0 CHIEF NURSING AND MIDWIFERY OFFICER'S REPORT

The report was received and taken as read.

## 10.0 CHIEF MEDICAL OFFICER'S REPORT, SOUTHLAND

The report was received and a response provided to members' questions.

The CMO confirmed that Internal Medicine would be included in the dashboard for the meeting to be held on 4 July 2012.

#### **11.0 FINANCIAL REPORT**

The report was received and a response provided to members' questions.

The CEO highlighted the importance of working with primary care to ensure a strong primary care infrastructure is in place to enable early discharge and ensure the hospital is as efficient as it can be.

Preliminary results for May 2012 indicate that nursing FTE numbers have decreased, but the Senior Business Analyst (SBA) Otago cautioned it did not necessarily indicate a fiscal reduction.

The SBA Otago advised that the forecast was now for a deficit of \$4.4M. This has the potential to be impacted further and escalate to \$5.5M based on the following:

- Failure to secure Elective Service Performance Indicator (ESPI) funding.
- The actuarial valuation of gratuities.
- The trend in FTE, annual leave and associated payroll costs.

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

The report was received and taken as read.

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

The report was received and taken as read.

#### **14.0 BUILDING AND PROPERTY SERVICES**

The report was received and taken as read.

#### **15.0 MAORI HEALTH ACTION PLAN DASHBOARD 2011/12**

The report was received and taken as read.

#### **16.0 GENERAL BUSINESS**

In response to a request, an update was provided on the process and timeframe for Termination of Pregnancy and Abortion services in Southland. It was noted that Southland women already access the service, but currently have to travel to do so.

***It was resolved:***

***"That the management and financial reports be received and noted."***

#### **17.0 CONFIDENTIAL SESSION**

***At 4.10pm, it was resolved:***

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

<b>General subject:</b>	<b>Reasons for passing this resolution:</b>	<b>Grounds for passing the resolution:</b>
<b>Previous Public Excluded Hospital Advisory Committee Minutes</b>	<i>As per reasons set out in previous agenda</i>	<i>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.</i>
<b>Risk Register</b>	Commercial sensitivity and to allow activities to be carried on without prejudice or disadvantage	<i>As above, sections 9(2)(i) and 9(2)(j).</i>
<b>Southland and Dunstan Hospitals Boiler Upgrade</b>	Commercial sensitivity and to allow activities to be carried on without prejudice or disadvantage	<i>As above, sections 9(2)(i) and 9(2)(j).</i>
<b>Southland Medical Officers' Unit Update</b>	Personal privacy and to allow activities to be carried on without prejudice or disadvantage	<i>As above, sections 9(2)(i) and 9(2)(j) and 9(2)(a).</i>

*The meeting closed at 5.00pm.*

Confirmed as a true and correct record:

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

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



**FUNDING ADMINISTRATION  
CONTRACTS REGISTER (EXPENSES) - JUNE 2012**

PROVIDER NAME	DESCRIPTION OF SERVICES	SIGNED BY	CONTRACT/VARIATION END DATE
Presbyterian Support Southland t.a Vickery Court Service Schedule	Exceptional Circumstances Palliative Care for a Named Individual.	Peter Hay	24.04.12
Presbyterian Support Southland t.a Vickery Court Service Schedule	Exceptional Circumstances Palliative Care for a Named Individual.	Peter Hay	23.07.12
Oceania Care Company Limited t.a Windsor Park Service Schedule	Exceptional Circumstances Palliative Care for a Named Individual.	Peter Hay	29.07.12
JM & DT McMillan Trust t.a Chateau Village Service Schedule	Exceptional Circumstances Palliative Care for a Named Individual.	Peter Hay	07.04.12
Radius Residential Care Ltd t.a Radius Fulton Care Centre Service Schedule	Exceptional Circumstances Palliative Care for a Named Individual.	Peter Hay	15.07.12
University of Otago - School of Dentistry Variation to Agreement	Inpatient/Outpatient Dental & Emergency Dental Services.	Peter Hay	30.04.14
Uruuruwhenua Health Agreement	Smoking Cessation Services	Peter Hay	06.06.14
Supporting Families Southland for Mental Wellness t.a Supporting Families Southland Agreement	Supporting Families Southland for Mental Wellness.	Peter Hay	31.03.13
Presbyterian Support Southland t.a Vickery Court Service Schedule	Exceptional Circumstances Palliative Care for a Named Individual.	Peter Hay	09.08.12
Presbyterian Support Southland t.a Peacehaven Service Schedule	Exceptional Circumstances Palliative Care for a Named Individual.	Peter Hay	02.08.12
Marne Street Hospital Limited Service Schedule	Exceptional Circumstances Palliative Care for a Named Individual.	Peter Hay	26.07.12
PACT Group Variation to Agreement	Individual Funding Agreement for the Care for a Named Individual.	Peter Hay	30.06.13

**FUNDING ADMINISTRATION**  
**CONTRACTS REGISTER (EXPENSES) - JUNE 2012**

Royal New Zealand Plunket Society Incorporated Agreement	Perinatal Mental Health Specialist Community Service.	Peter Hay	30.04.13
Presbyterian Support Southland t.a Ross Hospital Service Schedule	Exceptional Circumstances Palliative Care for a Named Individual.	Peter Hay	03.08.12
Te Roopu Tautoko Ki Te Tonga Incorporated Variation to Agreement	Whanau Ora	Peter Hay	31.03.13

**TOTAL AMOUNT FOR THE MONTH: \$2,438,291.09**