



BOARD MEETING

A G E N D A

Thursday, 2 August 2012

10.30 am

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

Our Vision:

Better Health, Better Lives, Whānau Ora

Our Mission:

We work in partnership with people and communities to achieve their optimum health and wellbeing. We seek excellence through a culture of learning, inquiry, service and caring.

Remember to visit our Website at www.southerndhb.govt.nz

SOUTHERN DISTRICT HEALTH BOARD MEETING

Thursday, 2 August 2012, 10.30 am
Board Room, Southland Hospital Campus, Invercargill

A G E N D A

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Confidential Session:

RESOLUTION:

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

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

General subject:	Reasons for passing this resolution:	Grounds for passing the resolution:
Previous Public Excluded Board Minutes	As per reasons set out in previous agenda	S 32(a), Schedule 3, NZ Public Health and Disability Act 2000 – that the public conduct of this part of the meeting would be likely to result in the disclosure of information for which good reason for withholding exists under sections 9(2)(a), 9(2)(f), 9(2)(i), 9(2)(j) of the Official Information Act 1982, that is withholding the information is necessary to: protect the privacy of natural persons; maintain the constitutional conventions which protect the confidentiality of advice tendered by Ministers of the Crown and officials; to enable a Minister of the Crown or any Department or organisation holding the information to carry on, without prejudice or disadvantage, commercial activities and negotiations.
Review of Public Excluded Action Sheet	Personal privacy and to allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(i), 9(2)(j), and 9(2)(a).
Annual Plan	Plan is subject to Ministerial approval	As above, sections 9(2)(f)(iv) and 9(2)(j).
Public Excluded Advisory Committee Reports a) Disability Support Advisory Committee and Community & Public Health Advisory Committee <ul style="list-style-type: none"> ▪ 1 August 2012 ▪ Home and Community Support Services Proposal for Change b) Hospitals Advisory Committee <ul style="list-style-type: none"> ▪ 4 July 2012 ▪ 1 August 2012 c) Clinical Advisory Committee <ul style="list-style-type: none"> ▪ 4 July 2012 ▪ 1 August 2012 d) Audit & Risk Committee <ul style="list-style-type: none"> ▪ 18 July 2012 ▪ 2 August 2012 ▪ Audit Programme 	Commercial sensitivity and to allow activities and negotiations to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).

Contract Approvals	Commercial sensitivity	As above, section 9(2)(i).
Sentinel Events Report	Personal privacy and to allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(j), 9(2)(a)
Risk Report	To allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).
Legal Issues	To allow activities to be carried on without prejudice or disadvantage	As above, section 9(2)(j).
Organisational Change <ul style="list-style-type: none"> ▪ Verbal Update 	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
Joe BUTTERFIELD (Chairman)	01.03.2012 06.12.2010	1. Member, South Island Neurosurgical Board Son-in-law: 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.
Paul MENZIES (Deputy Chairman)	10.02.2010 10.02.2010 06.10.2011	1. Wife a member on the Southland Child Youth Mortality Review Group. 2. Wife a member on the Child and Youth Health Advisory Committee. 3. Trustee, Southern PHO	1. Nil. 2. Nil. 3. Appointed as a trustee by Southern DHB. PHO is contracted to the DHB.
Neville COOK	04.03.2008 04.03.2008 04.03.2008 26.03.2008	1. Board Member, Invercargill Licensing Trust. 2. Board Member, Invercargill Licensing Trust Foundation. 3. Councillor, Environment Southland. 4. Trustee, Norman Jones Foundation.	1. Possible conflict with funding requests. 2. Possible conflict with funding requests. 3. Nil. 4. Possible conflict with funding requests.
Sandra Cook	01.09.2011	1. Te Runanga o Ngāi Tahu	1. Holds a "right of first refusal" over certain Crown properties. Also seen as a Treaty partner and affiliates may hold contracts from Southern DHB from time to time.
Kaye CROWTHER	09.11.2007 14.08.2008 14.08.2008 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.
Mary FLANNERY	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
James <u>Malcolm</u> MACPHERSON	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 Spouse - Susan Elizabeth Macpherson: 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.
Tahu POTIKI	15.12.2007 03.04.2008 24.11.2009 03.06.2010	1. Director, Arataki Associates. 2. Representative to Te Runanga o Ngai Tahu. 3. Trustee of Ngai Tahu Charitable Trust. 4. Board Member, Relationship Services NZ. 5. Board Member, Environmental Science and Research	1. Contracted to Southern DHB, funded provider in the past ie Araiteuru Whare Hauora Ltd. 2. & 3. Treaty Partner - affiliated providers may contract to Southern DHB. Te Runanga o Ngai Tahu has right of first refusal on disposal of property. 4. No apparent conflict. 5. CRI involved in public health research.
Branko SIJNJA	07.02.2008 04.02.2009 22.06.2010 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
Richard John THOMSON	13.12.2001 23.09.2003 29.03.2010 06.04.2011	<ol style="list-style-type: none"> 1. Managing Director, Thomson & Cessford Ltd. 2. Director, Susanna Shaya Imports Ltd 3. Chairperson and Trustee, Hawksbury Community Living Trust. 4. Trustee, HealthCare Otago Charitable Trust. 5. Director, Composite Retail Group. 6. Councillor, Dunedin City Council. 	<ol style="list-style-type: none"> 1. Thomson & Cessford Ltd is the company name for the Acquisitions Retail Chain. Southern DHB staff occasionally purchase goods for their departments from it. 2. Susanna Shaya Imports is a homeware importing company. It has no dealings with Southern DHB. 3. Hawksbury Trust runs residential homes for intellectually disabled adults in Otago and Canterbury. It does not have contracts with Southern DHB. 4. Health Care Otago Charitable Trust regularly receives grant applications from staff and departments of Southern DHB, as well as other community organisations. 5. May have some stores that deal with Southern DHB.
Tim WARD	14.09.2009 01.05.2010 01.05.2010	<ol style="list-style-type: none"> 1. Partner, BDO Invercargill, Chartered Accountants. 2. Trustee, Verdon College Board of Trustees. 3. Council Member, Southern Institute of Technology (SIT). 	<ol style="list-style-type: none"> 1. May have some Southern DHB patients and staff as clients. 2. Verdon is a participant in the employment incubator programme. 3. Supply of goods and services between Southern DHB and SIT.

SOUTHERN DISTRICT HEALTH BOARD

INTERESTS REGISTER FOR THE EXECUTIVE MANAGEMENT TEAM

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

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

Present:	Mr Paul Menzies Mr Neville Cook Mrs Kaye Crowther Mrs Mary Flannery Dr Malcolm Macpherson Mr Tahu Potiki Dr Branko Sijnja Mr Richard Thomson Mr Tim Ward	Acting Chair (from 10.25 am)
In Attendance:	Mr Stuart McLauchlan Ms Carole Heatly Mrs Lexie O'Shea Mr Steve Addison Mr David Dickson Mrs Leanne Samuel Mr David Tulloch Ms Jeanette Kloosterman Ms Cherie Wells	Crown Monitor (until 11.50 am) Chief Executive Officer Executive Director Patient Services Executive Director Communications Acting Executive Director Finance & Funding Executive Director Nursing & Midwifery Chief Medical Officer (by videolink) Board Secretary General Manager Corporate Services

1.0 CHAIR'S OPENING COMMENTS

The Acting Chair welcomed everyone to the meeting.

2.0 DELEGATION FROM SOUTHLANDERS FOR LIFE

The Board received a delegation and petition (signed by 2,058 people) from Southlanders for Life requesting that the Board reverse the "decision of their management to provide abortion services in Southland".

Mr Norman MacLean and Patricia Conradson presented the views of Southlanders for Life and outlined the reasons for their request. A written summary and a letter from Viliame Sotutu, Community Paediatrician, were distributed to Board members.

3.0 APOLOGIES

Apologies were received from Mr Joe Butterfield, Board Chair, and Ms Sandra Cook, Board Member.

4.0 DECLARATION OF INTERESTS

It was resolved:

"That the Interests Register be received."

5.0 CONFIRMATION OF PREVIOUS MINUTES

It was resolved:

"That the minutes of the 7 June 2012 Board meeting be approved and adopted as a true and correct record."

6.0 MATTERS ARISING

There were no matters arising from the previous minutes.

7.0 ACTION SHEET

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

8.0 CHIEF EXECUTIVE OFFICER'S REPORT

Dr Macpherson and Dr Sijnja declared an interest in the item on free after hours visits for under six year-olds.

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."

Mr Richard Thomson joined the meeting at 10.25 am.

9.0 FINANCIAL REPORT

The Acting Executive Director Finance & Funding presented the Financial Report for the period ended 31 May 2012 (agenda item 8) and answered members' questions on the financial statements.

The Audit & Risk Committee Chair expressed the Board's disappointment with the financial result. The Chief Executive Officer reported that PwC had been engaged to assist with understanding the large unexpected movement.

It was resolved:

"That the Financial Report be received."

10.0 NATIONAL HEALTH BOARD AND SOUTHERN DHB JOINT ASSESSMENT OF SYSTEMS: DUNEDIN HOSPITAL

The Board considered a progress report on implementing the organisation-wide recommendations from the National Health Board (NHB) and Southern DHB assessment of systems at Dunedin Hospital (agenda item 9).

It was resolved:

"That the report be received."

11.0 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 6 June 2012 were circulated with the agenda (item 10).

It was resolved:

"That the minutes be received."

Hospital Advisory Committee

The minutes of the Hospital Advisory Committee (HAC) meeting held on 6 June 2012 were circulated with the agenda (item 11).

It was resolved:

"That the minutes be received."

The Board received a verbal report from Mr Menzies, HAC Chair, on the meeting held on 4 July 2012.

It was resolved:

"That the verbal report be received."

Iwi Governance Committee

The Board received a verbal report from Mrs Crowther on the meeting of the Iwi Governance Committee held on 5 July 2012.

It was resolved:

"That the verbal report be received."

12.0 CONTRACTS REGISTER

The Funding contracts register (expenses) for June 2012 was circulated with the agenda (item 13) for members' information.

It was resolved:

"That the register be received."

CONFIDENTIAL SESSION

At 11.00 am, it was resolved:

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

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

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

The meeting adjourned for lunch at 12.15 pm and resumed at 12.45 pm.

The meeting closed at 2.00 pm.

Confirmed as a true and correct record:

Chairman: _____

Date: _____

Southern District Health Board
BOARD MEETING ACTION SHEET
As at 24 July 2012

Action Point No.	SUBJECT	ACTION REQUIRED	BY	STATUS	EXPECTED COMPLETION DATE
043-2011/02 59-2011/05	Alcohol Law Reform Bill (Minute item 9.0)	That a draft policy statement on alcohol be developed and submitted to CPHAC to provide direction to future service provision in this area, including the issue of education. Timeframe to be provided for completion of the draft policy statement.	EDFF PHS	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	Smokefree Environment Amendment Bill (Minute item 9.0)	A draft policy statement on smokefree environments to be developed and submitted to CPHAC to provide direction to future service provision in this area. Timeframe to be provided for completion of the draft policy statement.	EDFF PHS	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.	

SOUTHERN DISTRICT HEALTH BOARD

Title:	CHIEF EXECUTIVE OFFICER'S REPORT	
Report to:	Board	
Date of Meeting:	2 August 2012	
Summary:		
The issues considered in this paper are:		
<ul style="list-style-type: none"> ▪ Monthly DHB activity. 		
Specific implications for consideration (financial/workforce/risk/legal etc):		
Financial:	No specific implications.	
Workforce:	No specific implications.	
Other:	No specific implications.	
Document previously submitted to:	Not applicable, report submitted directly to Board. Detailed Provider Arm information contained in HAC agenda papers and Planning & Funding information in DSAC/CPHAC agenda papers.	Date: n/a
Approved by Chief Executive Officer:		Date: 24/07/12
Prepared by: Acting GM Planning & Funding Executive Director Patient Services Date: 24/07/12		Presented by: Carole Heatly Chief Executive Officer
RECOMMENDATIONS:		
<ol style="list-style-type: none"> 1. That the Board receive the report. 		

CHIEF EXECUTIVE OFFICER'S REPORT

1. DHB FINANCIAL PERFORMANCE

For the financial year to 30 June 2012, the unaudited result is a deficit of \$12.7m, which is \$2.2m worse than budget. However, year-end adjustments still need to be made to stock and inter-district flows (IDFs).

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 20.82% (247.43 cwds) above plan for June 2012. Year to date case weighted volumes are 5.19% (736.17 cwds) above plan.
- Health Target Elective **discharges** delivered for Southern DHB were 86 above plan for June 2012. Year-end elective discharges are 258 above plan.

Financial Performance

- An unfavourable variance of \$322k was recorded in the Provider Arm for the month of June 2012. For the year to date (YTD) the result is unfavourable by \$6,584k.
- Revenue for June 2012 was favourable against budget by \$4,371k. Expenses for June 2012 were unfavourable against plan by \$4,693k.

3. PLANNING AND FUNDING

Primary & Community

Pharmacy

A significant amount of work occurred during June and July to finalise agreements under the new national contract. All pharmacies across the district now have a new agreement which is effective from 1 July 2012.

Free Under 6 Visits After Hours

100% coverage has been achieved, although further work with Invercargill General Practice is ongoing to improve the current arrangements.

Health of Older Persons

Health of Older People - Ageing in Place Strategy

The consultation period for the DHB's Home and Community Support Services Proposal for Change has now concluded. A report of the feedback is included in the

CPHAC/DSAC public agenda, with a revised proposal in excluded business for discussion and notification to key parties before being publicly released.

Carole Heatly
Chief Executive Officer

24 July 2012

SOUTHERN DHB FINANCIAL REPORT

Financial Report as at: 30 June 2012
Report Prepared by: David Dickson, Finance Manager
Date: 23 July 2012

Recommendations:

- That the Board note the Financial Report

Overview Section

Results Summary

Month			Year to Date			Annual	
Actual	Budget	Variance	Actual	Budget	Variance	Budget	
\$' 000	\$' 000	\$' 000	\$' 000	\$' 000	\$' 000	\$' 000	
73,855	69,257	4,598	Revenue	836,089	828,419	7,670	828,419
(29,386)	(26,490)	(2,896)	Less Personnel Costs	(316,102)	(307,524)	(8,578)	(307,524)
(46,077)	(44,006)	(2,071)	Less Other Costs	(532,687)	(531,385)	(1,302)	(531,387)
(1,608)	(1,239)	(369)	Net Surplus / (Deficit)	(12,700)	(10,490)	(2,210)	(10,492)

- The June result was unfavourable to budget by \$0.3m, with a continuing decline in financial performance by the provider-arm
- YTD, the un-audited result is now a deficit of \$12.7m which is \$2.2m worse than budget, final YE adjustment still need to be made to stock and IDFs.

Key Variances

- Funds recorded as revenue in June - \$3.9m
- Employee entitlements adjusted in June following actuarial assessment for Retiring leave, long service leave revaluation, sabbatical and gratuities at 30 June was unfavourable to budget by \$1.1m (total liability increased \$2.1m)
- Provider Arm personnel costs continue over budget (YTD variance \$8.5m less out sourced medical favourable variance of \$1.1m)
- Outsourced costs over budget (excluding medical personnel with offset in staff costs) YTD (\$3.2m)
- Clinical supplies over budget \$1.7m YTD

Capital Expenditure

A summary has been provided to HAC. Baseline capital expenditure is budgeted at \$45.9m in 2011/12 which includes carryover of \$15.7m from prior years. Of the \$45.9m, \$31.7m has been committed and \$17.4m spent. Total cash flow for the year is \$34.6 against a budget of \$45.9m. The difference will be carried forward to the 2012-13 year.

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 and Deficit support in June of \$10m.

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	6,552	6,209	343	6,209
(238)	(236)	(2)	(2,935)	(2,827)	(108)	(2,827)
(238)	(281)	43	(3,155)	(3,382)	227	(3,382)
70	0	70	462	0	462	0

Summary Comment:

The Governance result for the year is \$0.5m favourable.

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 June	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	36,176	35,915	261	29,591	29,396	195	65,767	65,311	456
Less Expenses									
Personal Health	(27,879)	(27,490)	(389)	(19,554)	(19,431)	(123)	(47,433)	(46,921)	(512)
Mental Health	(5,022)	(5,111)	89	(2,020)	(2,039)	19	(7,042)	(7,150)	108
Disability Support	(1,838)	(1,838)	0	(8,716)	(8,508)	(208)	(10,554)	(10,346)	(208)
Public Health	(867)	(935)	68	(18)	(14)	(4)	(885)	(949)	64
Maori Health	(24)	(24)	0	(139)	(143)	4	(163)	(167)	4
Other	(546)	(517)	(29)	0	0	0	(546)	(517)	(29)
Expenses	(36,176)	(35,915)	(261)	(30,447)	(30,135)	(312)	(66,623)	(66,050)	(573)
Net Surplus / (Deficit)	0	0	(0)	(856)	(739)	(117)	(856)	(739)	(117)

Year to Date (June)	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	432,370	431,068	1,302	353,730	352,661	1,069	786,100	783,729	2,371	783,729
Less Expenses										
Personal Health	(332,462)	(329,966)	(2,496)	(230,253)	(234,526)	4,273	(562,715)	(564,492)	1,777	(564,492)
Mental Health	(59,956)	(61,341)	1,385	(23,653)	(24,411)	758	(83,609)	(85,752)	2,143	(85,752)
Disability Support	(22,053)	(22,053)	0	(105,201)	(102,822)	(2,379)	(127,254)	(124,875)	(2,379)	(124,876)
Public Health	(11,070)	(11,223)	153	(25)	(165)	140	(11,095)	(11,388)	293	(11,388)
Maori Health	(277)	(277)	0	(1,666)	(1,716)	50	(1,943)	(1,993)	50	(1,993)
Other	(6,552)	(6,208)	(344)	0	(1)	1	(6,552)	(6,209)	(343)	(6,209)
Expenses	(432,370)	(431,068)	(1,302)	(360,798)	(363,641)	2,843	(793,168)	(794,709)	1,541	(794,710)
Net Surplus / (Deficit)	0	0	0	(7,068)	(10,980)	3,912	(7,068)	(10,980)	3,912	(10,981)

Summary Comment:

The years result is favourable to budget by \$3.9m, with the June result being \$0.1m unfavourable to budget.

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
 - \$0.5m 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
 - \$0.2m of lower immunisation costs (excl HPV)
- \$2.1m of other favourable mental health expenditure
- \$0.9m of lower net payments to PHO, mainly SIA/HP payments
- \$0.5m 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
- (\$0.7m) of unfavourable IDF wash-up provision for 11/12
- (\$1.1m) of net residential care / ageing in place expenditure
- (\$0.9m) of renal and cardiology test volumes paid to provider-arm (medical outpatients)
- (\$0.4m) IDF PCT wash-up, net impact on inflows and outflows

Revenue

YTD, revenue is \$2.4m 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	0.9	Y, School Dental Services
Dementia Funding	0.7	Y, DSS ARC Rest Homes
Long Term Conditions funding	1.0	Y, DSS, Chronic Conditions
HBL activity funding	0.3	Y, Outsourced expenses
PHO Very Low Cost Access funding	0.2	Y, PHO Other
Maternity funding	0.1	P, Maternity Services
PHO Performance Management funding	(0.8)	Y, PHO Other
HEHA funding	(0.2)	Y, Public Health Nutrition
All other revenue variances	0.2	N
Total Revenue Variation	2.4	

Expenditure

Mental Health

The \$2.1m YTD variance has \$1.4m 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 \$1.6m unfavourable variance for the year. This includes the pricing impact of the additional dementia funding of \$0.7m leaving a residual deficit of \$0.9m. Hospital level residential care is \$1.3m over budget. Of this \$2.2m there are offsets for this expenditure in the community services line and day programmes lines (\$0.7m) 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 \$0.6m.

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 \$0.5m 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 slightly unfavourable and when combined with the PCT line pharmaceuticals are favourable overall in line with the pharmacy 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 \$0.7m favourable, PCT wash-up \$1.5m (offset in inflows), with the unfavourable difference of \$0.8m largely related to the budget adjustment for 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	
43,715	39,344	4,371	Revenue	475,808	469,551	6,257	469,551
(29,148)	(26,254)	(2,894)	Less Personnel Costs	(313,167)	(304,697)	(8,470)	(304,697)
(15,389)	(13,590)	(1,799)	Less Other Costs	(168,734)	(164,363)	(4,371)	(164,363)
(822)	(500)	(322)	Net Surplus / (Deficit)	(6,093)	491	(6,584)	491

Summary of Result:

- The June result is a deficit of \$0.8m and is \$0.3m worse than budget; there are two significant impacts in the month. Firstly is the annual valuation of employee entitlements including retiring leave, sabbatical leave and long service leave. This year these valuations have increased by \$2.1m, mostly due to a change in the discount rate applied as required by treasury. The expected increase (mainly gratuity liability) occurred but was offset by favourable impacts from a lower wage growth rate used in the calculation. The budget for this was \$1.0m, resulting in an unfavourable variance of \$1.1m in June.
- The second significant impact is due to funds previously recorded as a liability on the balance sheet that have now been treated as income. This treatment reflects the fact the conditions attached to these funds have been met, and although we will be expending these funds on research and asset purchases in subsequent years as has been agreed, there is no contractual obligation on the DHB, therefore these no longer meet the definition of a liability, and shouldn't remain on the DHB balance sheet. They will however sit within restricted equity to ensure they are identified and that the funds are spent appropriately.

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

- Dunedin / Otago sites; (\$4.6) unfavourable
- Southland sites; (\$0.1m) unfavourable
- Shared services; (\$1.8m) unfavourable (this includes the \$2.1m impact of the employee entitlement assessment which has been allocated to these cost centres rather than splitting between Otago/Southland).

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.

The following are the key unfavourable variances:

Category	YTD \$'m
Otago Medical Personnel / Outsourced Costs	(5.1)
Otago Allied Health Personnel (Excluding Mental Health) Costs	(1.4)
Otago Outsourced Clinical Services expenditure	(1.8)
Otago Patient Treatment Disposable Costs	(1.5)
Southland Outsourced Clinical Services expenditure	(1.1)
Otago Management / Admin Personnel Costs	(0.9)
Southland Instruments & Equipment expenditure	(0.5)

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

Category	YTD \$'m
Revenue from funds previously recorded as a liability	3.9
Southland Medical Personnel & Medical Outsourced Costs	1.0
District Facilities expenditure	0.5
Southland Nursing Personnel (Excluding Mental Health) Costs	0.8
Patient Appliances (Otago)	0.5

Revenue

Overall revenue has a \$6.2m favourable variation; with differences to budget as shown below:

Item	\$'m	Expense Line Offset (Y/N/Partial)
Revenue from funds previously recorded as a liability	3.9	N
Mental Health funding (Internal Revenue)	(1.4)	Y, Salaries (Nursing, Allied mainly)
Electives incentive revenue	0.6	Y, Outsourced costs
Community Pharms + PCT Claiming (Internal Rev)	(0.9)	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	0.9	P, Salaries and supplies
Non-Resident revenues	0.6	P, Clinical supplies & bad debts
SSC Kiwi saver subsidies	0.6	Y, Salaries
<u>All other revenue variances</u>	<u>0.9</u>	<u>N</u>
Total Revenue Variation	6.2	

Personnel Costs

Total personnel costs above budget for the month \$2.9m and \$8.5m YTD. FTEs are 10 over plan for the month but under plan YTD 16.

Medical

Medical salary costs continued to trend above budget, the June 2012 month by \$1.7m, YTD costs are sitting \$6.3m greater than budget. FTEs are over plan by 13 for the month and 15 YTD.

Additional FTE has been appointed, leave has not been taken as budgeted and overtime costs being incurred are higher than those budgeted; for the month \$326k against a plan of \$140k, (YTD \$3.6m against plan of \$1.7m; part of the reason is in the junior doctor area where permanent staff (junior and senior) pick up additional shifts to cover vacant positions. The overtime charge also reflects call backs for when junior doctors are working on call. There are additional costs also being incurred in the senior area where additional sessions are being worked.

When reviewing the medical costs it is important to combine together the salary lines and medical outsourcing costs as the Southland site has a portion of its medical establishment budgeted in the outsourced cost category. The net variance for medical is \$5.2m unfavourable.

Nursing

Nursing costs are \$709k unfavourably against budget for the month. YTD the result for nursing is favourable against budget by \$123k. FTEs are above plan for the month by 10 but YTD are 8 under plan.

The rise in FTE levels over the year relates to a number of items including;

- higher sick leave than in the earlier months
- higher training leave than in the first half of the financial year
- a continual high level of patient watches dealing mainly with confused patients
- services appointing to their budgeted FTE levels

YTD accident leave and other leave have exceeded budget levels but sick leave has stayed within plan. YTD overtime is above budget (\$560k) but is partially offset with a favourable variance against allowances (\$386k). The overtime variation relates to patient watches, double shifts and call backs in those areas that work on call. YTD Indirect nursing costs are on plan. YTD training and relocation expenses are all so on plan, professional fees, recruitment and parental leave payments are over YTD. The June result reflects the impact of employee entitlement revaluation, (a \$477k unfavourable variation from budget).

Allied

Allied health costs are over plan for the month (\$177k) and YTD (\$1,047). FTEs are within plan for the month 5 and 16 YTD. This result also includes the budgeted vacancy factors at each site so if these were removed then the FTE result would be greater than reported.

The YTD FTE variance should be driving a favourable result with FTEs being lower than what was budgeted, however this is offset with leave not being taken, allowances (\$170k above plan YTD), overtime (\$402k more than planned YTD), other leave and long service leave costs exceeding budgeted levels. Also the lump sum payment for the Public Service Association (PSA) settlement, where the budget reflected a part year increase.

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

YTD the majority of all indirect costs including training, professional fees, recruitment and relocation reside below plan. Parental leave costs are greater than what was planned by \$133k. The actuarial valuations included an additional expense against budget of \$127k for gratuities and \$135k for long service leave.

Management/Admin

YTD management administration FTE are within plan by 1. YTD Salary costs are over plan due to the lump sum payment for the South Island Clerical and New Zealand Nursing Organisation, clerical awards. Indirect salary costs are \$88k outside of plan YTD. Recruitment costs are over plan and the gratuity revaluation has impacted the YTD result.

Leave Liability

We currently have \$29.9m of leave liabilities on the balance sheet. Of this, annual leave accounts for \$24.3m (excluding joint clinical staff). The table below shows the dollar value by staff category and the hours. The table shows balances from March to June 2012. For June the value increased by \$0.6m, with 16,296 additional hours added to entitlements.

Employee Annual Leave					
Liability reports					
	Closing March	Closing April	Closing May	Closing June	Movement June
1. Medical SMO	4,533,500.00	4,573,400.46	4,730,920.05	4,689,642.03	-41,278.02
1. Medical MOSS	345,226.53	360,255.98	373,481.22	409,893.28	36,412.06
1. Medical RMO	1,159,711.95	1,238,736.17	1,369,321.46	1,477,895.03	108,573.57
1. Medical House Officers	164,712.58	196,368.50	212,238.27	255,437.71	43,199.44
2. Nursing	9,236,123.22	9,417,105.14	9,717,530.47	9,944,722.24	227,191.77
3. Allied	2,909,380.99	3,022,714.85	3,226,420.10	3,348,396.88	121,976.78
4. Support	768,965.71	790,061.66	812,639.95	847,703.93	35,063.98
5. Management Admin	3,120,091.66	3,126,347.90	3,282,651.82	3,342,914.15	60,262.33
Totals	22,237,712.64	22,724,990.66	23,725,203.34	24,316,605.25	591,401.91

Hours	Closing March	Closing April	Closing May	Closing June	Movement June	Standard FTE	Avg Hours
Senior Doctors	48,983.66	49,192.52	50,745.10	50,866.37	121.26	200	254
RMO & House Officers	22,227.58	24,171.64	26,684.75	28,560.05	1,875.30	238	120
Nursing	254,773.89	258,684.19	266,169.45	271,949.34	5,779.89	1,506	181
Allied	85,752.62	88,590.85	93,137.20	96,881.78	3,744.58	687	141
Support	32,045.47	32,711.83	32,992.29	34,963.94	1,971.66	175	200
Management / Admin	102,845.66	103,579.28	107,962.40	110,766.30	2,803.89	676	164
Totals	546,628.87	556,930.31	577,691.19	593,987.78	16,296.59	3,483	

Non Personnel Expenditure

Outsourced

YTD outsourced costs are over budget by \$2,168K (12%). The outsourced medical line needs to be considered alongside the medical salary costs, and the favourable result for this line is positive as there are more permanent doctors recruited.

The outsourced clinical services line relates to activity being undertaken outside of the provider arm facilities with private providers, the use of this line has once again contributed to the overspend for the month, YTD this line is overspent by \$2,953k (49%). The key reasons for expenditure against this category this financial year has been:

- to meet the elective services target of no one waiting greater than 6 months,
- achievement of elective volumes,
- meeting Radiology service demand which has included outsourcing support to cover vacancies

Clinical Supplies

Clinical supplies costs incurred for the month equal \$6,912k against a budget of \$6,474k resulting in an unfavourable variance of \$438k. The YTD position is 2% (\$1.7m) worse than budget

The YTD result reflects higher than budgeted blood products (\$525k), continence and hygiene supplies (\$261k), renal supplies (\$359k) and dressing costs (\$203k) (treatment disposables). Lower hip and knee prostheses costs were incurred compared against plan in the first half of the but this was always a timing issue related to volume delivery, combined knee and hip prostheses costs are \$134k greater than plan, other implant costs \$322k greater than budget, a \$278k overrun against screws nails and plates costs relating to the acute activity through-out the year has also been incurred.

Disposable instruments costs are over plan due to a move to more disposable use and laparoscopic type surgery there is a small offset with a change in coding from patient consumables.

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

Infrastructure & Non-Clinical

Infrastructure and non clinical costs for the month are \$6,432k against a budget of \$5,603k, resulting in a favourable variance of \$829k. The YTD variance is unfavourable by \$520k (1%)

YTD Hotel Services, Laundry and Cleaning costs are within budget. Food and grocery costs are \$139k over budget. Laundry charges are under budget \$264k, cleaning supplies are also behind budget \$81k.

Facilities costs YTD remain within budget. The result includes lower utilities costs (\$267k) (electricity, steam, gas and water), lower maintenance costs (\$354k) and lower building and plant depreciation (\$346k), these favourable variances are slightly offset with an over run against waste removal (\$24k), also an over run against external storage (\$64k) and Insurance on plant and buildings (\$344k).

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

The YTD position for Information Technology Systems and Telecommunications is a \$537k unfavourable variance against budget. Depreciation is \$207k greater than the phased budget. Software charges – maintenance fees are \$152k above budget. Telecommunication costs are \$114k above budget due to mobile phone charges, repairs and maintenance and minor purchase costs being greater than plan

4. Financial Statements

The following financial statements are attached:

- Governance result
- Provider-arm result
- Funder result
- Balance Sheet
- Cashflow statement
- Quarterly Treasury report per the Treasury policy requirement

Southern District Health Board

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Part 1: DHB Governance and Funding Administration	Current Month				Year to Date				Annual
	Actual	Budget	Variance	Variance	Actual	Budget	Variance	Variance	Budget
	\$(000)	\$(000)	\$(000)	%	\$(000)	\$(000)	\$(000)	%	\$(000)
Part 1.1: Statement of Financial Performance									
REVENUE									
Government and Crown Agency sourced									
Internal - DHB Funder to DHB Provider	546	517	29 F	6%	6,552	6,209	343 F	6%	6,209
Other DHB's	-	-	-	-	-	-	-	-	-
Other Government	-	-	-	-	-	-	-	-	-
Government and Crown Agency Sourced Total	546	517	29 F	6%	6,552	6,209	343 F	6%	6,209
Other Income	-	-	-	-	-	-	-	-	-
REVENUE TOTAL	546	517	29 F	6%	6,552	6,209	343 F	6%	6,209
EXPENSES									
Personnel Expenses									
Medical Personnel	(13)	-	(13) U		(107)	-	(107) U		-
Nursing Personnel	(1)	-	(1) U		(10)	-	(10) U		-
Allied Health Personnel	-	-	-		-	-	-		-
Support Services Personnel	-	-	-		-	-	-		-
Management / Admin Personnel	(225)	(236)	11 F	5%	(2,818)	(2,827)	9 F		(2,827)
Personnel Costs Total	(238)	(236)	(3) U	(1%)	(2,935)	(2,827)	(108) U	(4%)	(2,827)
Outsourced Expenses									
Medical Personnel	-	-	-		-	-	-		-
Nursing Personnel	-	-	-		-	-	-		-
Allied Health Personnel	-	-	-		-	-	-		-
Support Personnel	-	-	-		-	-	-		-
Management / Administration Personnel	-	(1)	1 F		-	(17)	17 F		(17)
Outsourced Clinical Services	-	-	-		-	-	-		-
Outsourced Corporate / Governance Services	-	-	-		-	-	-		-
Outsourced Funder Services	(23)	(69)	46 F	67%	(182)	(828)	646 F	78%	(828)
Outsourced Services Total	(23)	(70)	48 F	68%	(182)	(845)	663 F	78%	(845)
Clinical Supplies									
Treatment Disposables	(1)	-	(1) U		(2)	-	(2) U		-
Diagnostic Supplies & Other Clinical Supplies	-	-	-		-	-	-		-
Instruments & Equipment	-	-	-		-	-	-		-
Patient Appliances	-	-	-		-	-	-		-
Implants & Prosthesis	-	-	-		-	-	-		-
Pharmaceuticals	-	-	-		-	-	-		-
Other Clinical Supplies	-	-	-		-	-	-		-
Clinical Supplies Total	(1)	-	(1) U		(2)	-	(2) U		-
Infrastructure & Non Clinical Expenses									
Hotel Services, Laundry & Cleaning Facilities	(5)	(3)	(2) U	(66%)	(25)	(37)	13 F	34%	(37)
Transport	(15)	(12)	(3) U	(21%)	(167)	(147)	(20) U	(14%)	(147)
IT Systems & Telecommunications	(9)	(7)	(2) U	(28%)	(66)	(85)	19 F	22%	(85)
Interest & Financing Charges	(21)	(26)	5 F	18%	(256)	(314)	58 F	18%	(314)
Professional Fees & Expenses	(111)	(107)	(4) U	(4%)	(1,487)	(1,285)	(202) U	(16%)	(1,285)
Other Operating Expenses	(12)	(15)	3 F	19%	(162)	(183)	21 F	12%	(183)
Democracy	(39)	(41)	1 F	3%	(466)	(486)	20 F	4%	(486)
Subsidiaries & Joint Ventures	-	-	-		(341)	-	(341) U		-
Infrastructure & Non-Clinical Supplies Total	(213)	(211)	(2) U	(1%)	(2,970)	(2,537)	(433) U	(17%)	(2,537)
Internal Allocations	-	-	-		-	-	-		-
Other	-	-	-		-	-	-		-
Total Expenses	(476)	(517)	42 F	8%	(6,090)	(6,209)	119 F	2%	(6,209)
Net Surplus/ (Deficit)	70	-	70 F		462	-	462 F		-
<i>Zero Check</i>	-	-	-		-	-	-		-
Interest Costs from CHFA	-	-	-		-	-	-		-
Capital Charge	-	-	-		-	-	-		-
Part 1.2 : Full Time Equivalent Numbers									
Medical Personnel	-	-	-		1	-	-		-
Nursing Personnel	-	-	-		-	-	-		-
Allied Health Personnel	-	-	-		-	-	-		-
Support Personnel	-	-	-		-	-	-		-
Management / Administration Personnel	23	22	-		22	22	-		22
Total Full Equivalents (FTE's)	24	22			23	22			22

Southern District Health Board
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Part 2: DHB provider	Current Month				Year to Date				Annual
	Actual	Budget	Variance	Variance	Actual	Budget	Variance	Variance	Budget
	\$(000)	\$(000)	\$(000)	%	\$(000)	\$(000)	\$(000)	%	\$(000)
Part 2.1: Statement of Financial Performance									
REVENUE									
Ministry of Health									
MoH - Personal Health	38	164	(126) U	(77%)	66	738	(672) U	(91%)	738
MoH - Mental Health	-	-	-	-	-	-	-	-	-
MoH - Public Health	10	24	(13) U	(56%)	126	286	(160) U	(56%)	286
MoH - Disability Support Services	829	741	89 F	12%	8,792	8,890	(98) U	(1%)	8,890
MoH - Maori Health	-	-	-	-	-	-	-	-	-
Clinical Training Agency	620	531	89 F	17%	6,746	6,378	369 F	6%	6,378
Internal - DHB Funder to DHB Provider	35,628	35,398	230 F	1%	425,819	424,861	958 F		424,861
Ministry of Health Total	37,126	36,858	268 F	1%	441,550	441,153	397 F		441,153
Other Government									
Other DHB's	139	25	115 F	466%	633	295	338 F	114%	295
Training Fees and Subsidies	37	9	28 F	302%	239	112	127 F	114%	112
Accident Insurance	548	796	(249) U	(31%)	8,612	8,793	(182) U	(2%)	8,793
Other Government	632	368	264 F	72%	4,944	4,420	523 F	12%	4,420
Other Government Total	1,357	1,199	158 F	13%	14,428	13,621	807 F	6%	13,621
Government and Crown Agency Total									
	38,483	38,057	427 F	1%	455,978	454,774	1,204 F		454,774
Other Revenue									
Patient / Consumer Sourced	284	243	42 F	17%	3,567	3,089	478 F	15%	3,089
Other Income	4,948	1,045	3,902 F	373%	16,264	11,688	4,576 F	39%	11,688
Other Revenue Total	5,232	1,288	3,944 F	306%	19,831	14,777	5,054 F	34%	14,777
REVENUE TOTAL									
	43,715	39,344	4,371 F	11%	475,808	469,551	6,258 F	1%	469,551
EXPENSES									
Personnel Expenses									
Medical Personnel	(9,474)	(7,718)	(1,756) U	(23%)	(98,702)	(92,355)	(6,346) U	(7%)	(92,355)
Nursing Personnel	(11,128)	(10,419)	(709) U	(7%)	(118,477)	(118,599)	123 F		(118,599)
Allied Health Personnel	(4,289)	(4,112)	(177) U	(4%)	(47,621)	(46,574)	(1,047) U	(2%)	(46,574)
Support Services Personnel	(766)	(807)	41 F	5%	(9,325)	(9,258)	(67) U	(1%)	(9,258)
Management / Admin Personnel	(3,491)	(3,198)	(293) U	(9%)	(39,042)	(37,911)	(1,132) U	(3%)	(37,911)
Personnel Costs Total	(29,148)	(26,254)	(2,894) U	(11%)	(313,167)	(304,697)	(8,469) U	(3%)	(304,697)
Outsourced Expenses									
Medical Personnel	(844)	(922)	79 F	9%	(9,905)	(11,053)	1,148 F	10%	(11,053)
Nursing Personnel	(21)	(2)	(18) U	(736%)	(117)	(30)	(87) U	(289%)	(30)
Allied Health Personnel	(37)	(13)	(23) U	(174%)	(299)	(163)	(136) U	(83%)	(163)
Support Personnel	(43)	(22)	(21) U	(97%)	(320)	(265)	(55) U	(21%)	(265)
Management / Administration Personnel	(3)	(2)	(1)	(14%)	(137)	(28)	(109) U	(386%)	(28)
Outsourced Clinical Services	(1,018)	(470)	(549) U	(117%)	(8,976)	(6,023)	(2,953) U	(49%)	(6,023)
Outsourced Corporate / Governance Services	(80)	(81)	1 F	1%	(939)	(962)	23 F	2%	(962)
Outsourced Funder Services	-	-	-	-	-	-	-	-	-
Outsourced Services Total	(2,045)	(1,513)	(532) U	(35%)	(20,691)	(18,524)	(2,168) U	(12%)	(18,524)
Clinical Supplies									
Treatment Disposables	(2,606)	(2,393)	(214) U	(9%)	(28,940)	(27,645)	(1,295) U	(5%)	(27,645)
Diagnostic Supplies & Other Clinical Supplies	(167)	(135)	(32) U	(23%)	(1,853)	(1,717)	(136) U	(8%)	(1,717)
Instruments & Equipment	(1,145)	(1,213)	67 F	6%	(15,263)	(14,375)	(888) U	(6%)	(14,375)
Patient Appliances	(158)	(201)	43 F	21%	(1,981)	(2,312)	331 F	14%	(2,312)
Implants & Prosthesis	(973)	(789)	(184) U	(23%)	(10,130)	(9,730)	(400) U	(4%)	(9,730)
Pharmaceuticals	(1,636)	(1,490)	(146) U	(10%)	(18,489)	(18,728)	239 F	1%	(18,728)
Other Clinical Supplies	(226)	(253)	27 F	11%	(2,665)	(3,130)	464 F	15%	(3,130)
Clinical Supplies Total	(6,912)	(6,474)	(438) U	(7%)	(79,321)	(77,637)	(1,685) U	(2%)	(77,637)
Infrastructure & Non Clinical Expenses									
Hotel Services, Laundry & Cleaning	(1,035)	(1,058)	23 F	2%	(12,653)	(12,760)	107 F	1%	(12,760)
Facilities	(2,032)	(1,791)	(242) U	(14%)	(19,769)	(20,332)	563 F	3%	(20,332)
Transport	(346)	(324)	(21) U	(7%)	(4,031)	(3,814)	(216) U	(6%)	(3,814)
IT Systems & Telecommunications	(1,032)	(853)	(179) U	(21%)	(10,677)	(10,140)	(537) U	(5%)	(10,140)
Interest & Financing Charges	(1,201)	(1,037)	(164) U	(16%)	(14,499)	(14,148)	(350) U	(2%)	(14,148)
Professional Fees & Expenses	(483)	(141)	(342) U	(243%)	(1,793)	(1,718)	(75) U	(4%)	(1,718)
Other Operating Expenses	(303)	(399)	96 F	24%	(5,300)	(5,289)	(11) U		(5,289)
Democracy	-	-	-	-	-	-	-	-	-
Subsidiaries & Joint Ventures	-	-	-	-	-	-	-	-	-
Infrastructure & Non-Clinical Supplies Total	(6,432)	(5,603)	(829) U	(15%)	(68,722)	(68,202)	(520) U	(1%)	(68,202)
Total Expenses									
	(44,537)	(39,844)	(4,693) U	(12%)	(481,902)	(469,060)	(12,842) U	(3%)	(469,060)
Net Surplus/ (Deficit)									
	(822)	(500)	(322) U	(64%)	(6,093)	491	(6,584) U		491

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Part 2: DHB provider	Current Month				Year to Date				Annual
	Actual	Budget	Variance	Variance	Actual	Budget	Variance	Variance	Budget
	\$(000)	\$(000)	\$(000)	%	\$(000)	\$(000)	\$(000)	%	\$(000)
<i>Zero Check</i>	-	-			-	-			-
Part 2.1 A: Supplementary Information to Statement of Financial Performance									
Depreciation - Clinical Equipment	(659)	(698)	39 F	6%	(8,200)	(8,287)	87 F	1%	(8,287)
Depreciation - Non Res Buildings & Plant	(634)	(680)	46 F	7%	(7,263)	(7,609)	345 F	5%	(7,609)
Depreciation - Motor Vehicles	(4)	(14)	9 F	70%	(48)	(131)	84 F	64%	(131)
Depreciation - Information Technology	(338)	(318)	(20) U	(6%)	(3,922)	(3,715)	(206) U	(6%)	(3,715)
Depreciation - Other Equipment	(47)	(61)	14 F	23%	(654)	(715)	61 F	9%	(715)
Total Depreciation	(1,682)	(1,771)	89 F	5%	(20,086)	(20,458)	371 F	2%	(20,458)
Interest Cost from Funder Loans	-	-			-	-			-
Interest Costs from CHFA	(426)	(399)	(26) U	(7%)	(5,028)	(4,877)	(152) U	(3%)	(4,877)
Financing Component of Operating Leases	(18)	(32)	15 F	45%	(282)	(392)	110 F	28%	(392)
Capital Charge	(753)	(598)	(155) U	(26%)	(9,110)	(8,792)	(318) U	(4%)	(8,792)
Part 1.2 : Full Time Equivalent Numbers									
Medical Personnel	464	451			467	452			452
Nursing Personnel	1,573	1,563			1,556	1,564			1,564
Allied Health Personnel	692	697			680	696			696
Support Personnel	186	199			190	196			196
Management / Administration Personnel	673	669			668	669			669
Total Full Time Equivalent (FTE's)	3,588	3,578			3,561	3,576			3,576

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Part 3: DHB Funds	Current Month				Year to Date				Annual
	Actual	Budget	Variance	Variance	Actual	Budget	Variance	Variance	Budget
	\$(000)	\$(000)	\$(000)	%	\$(000)	\$(000)	\$(000)	%	\$(000)
Part 3.1: Statement of Financial Performance									
REVENUE									
Ministry of Health									
MoH - Vote Health Non Mental Health	53,898	53,438	460 F	1%	644,373	641,259	3,114 F		641,259
MoH - Vote Health Mental Health	6,946	6,945	1 F		83,347	83,338	9 F		83,338
PBF Adjustments	-	-			-	-			-
MoH Funding Subcontracts	2,900	2,983	(82) U	(3%)	35,703	35,791	(88) U		35,791
Ministry of Health Total	63,744	63,366	379 F	1%	763,423	760,388	3,035 F		760,388
Other Government									
IDF's - Mental Health Services	151	151			1,817	1,817			1,817
IDF's - All others (non Mental health)	1,872	1,794	78 F	4%	20,859	21,524	(664) U	(3%)	21,524
Other Government Total	2,023	1,945	78 F	4%	22,677	23,341	(664) U	(3%)	23,341
Government and Crown Agency Sourced Total	65,767	65,311	457 F	1%	786,100	783,729	2,371 F		783,729
REVENUE TOTAL	65,767	65,311	457 F	1%	786,100	783,729	2,371 F		783,729
EXPENSES									
Outsourced Expenses									
Outsourced Funder Services	(546)	(517)	(29) U	(6%)	(6,552)	(6,209)	(343) U	(6%)	(6,209)
Payments to Providers									
Personal Health									
Child and Youth	(387)	(339)	(47) U	(14%)	(4,298)	(4,070)	(228) U	(6%)	(4,070)
Laboratory	(2,526)	(2,584)	58 F	2%	(30,540)	(31,009)	469 F	2%	(31,009)
Infertility Treatment Services	(94)	(94)			(1,128)	(1,128)			(1,128)
Maternity	(202)	(200)	(2) U	(1%)	(2,414)	(2,390)	(23) U	(1%)	(2,390)
Maternity (Tertiary & Secondary)	(1,449)	(1,456)	7 F	1%	(17,457)	(17,464)	6 F		(17,464)
Pregnancy and Parenting Education	(14)	(10)	(4) U	(42%)	(105)	(119)	14 F	12%	(119)
Maternity Payment Schedule	-	-			-	-			-
Neo Natal	(672)	(672)			(8,064)	(8,064)			(8,064)
Sexual Health	(95)	(97)	2 F	2%	(1,144)	(1,163)	19 F	2%	(1,163)
Adolescent Dental Benefit	(221)	(232)	11 F	5%	(2,419)	(2,539)	120 F	5%	(2,539)
Other Dental Services	-	-			-	-			-
Dental - Low Income Adult	(94)	(77)	(17) U	(23%)	(1,044)	(917)	(127) U	(14%)	(917)
Child (School) Dental Services	(603)	(548)	(55) U	(10%)	(7,213)	(6,524)	(689) U	(11%)	(6,524)
Secondary / Tertiary Dental	(256)	(259)	3 F	1%	(3,073)	(3,095)	21 F	1%	(3,095)
Pharmaceuticals	(6,630)	(6,527)	(103) U	(2%)	(78,840)	(78,694)	(146) U		(78,694)
Pharmaceutical Cancer Treatment Drugs	(556)	(352)	(204) U	(58%)	(3,751)	(4,220)	469 F	11%	(4,220)
Management Referred Services	-	-			-	-			-
General Medical Subsidy	(183)	(162)	(22) U	(13%)	(1,715)	(1,344)	(371) U	(28%)	(1,344)
Primary Practice Services - Capitated	(3,308)	(3,255)	(53) U	(2%)	(39,379)	(39,063)	(316) U	(1%)	(39,063)
Primary Health Care Strategy - Care	(240)	(263)	23 F	9%	(2,980)	(3,151)	171 F	5%	(3,151)
Primary Health Care Strategy - Health	(145)	(165)	20 F	12%	(1,696)	(3,195)	1,499 F	47%	(3,195)
Primary Health Care Strategy - Other	(209)	(287)	78 F	27%	(2,783)	(3,454)	672 F	19%	(3,454)
Practice Nurse Subsidy	(27)	(17)	(11) U	(63%)	(216)	(211)	(5) U	(2%)	(211)
Rural Support for Primary Health Pro	(1,204)	(1,365)	162 F	12%	(14,871)	(16,385)	1,515 F	9%	(16,385)
Immunisation	(283)	(152)	(131) U	(86%)	(2,420)	(2,596)	176 F	7%	(2,596)
Radiology	(406)	(400)	(6) U	(2%)	(4,869)	(4,796)	(73) U	(2%)	(4,796)
Palliative Care	(382)	(391)	9 F	2%	(5,034)	(4,689)	(346) U	(7%)	(4,689)
Meals on Wheels	(54)	(58)	4 F	7%	(663)	(702)	39 F	6%	(702)
Domiciliary & District Nursing	(1,490)	(1,444)	(46) U	(3%)	(17,699)	(17,328)	(371) U	(2%)	(17,328)
Community based Allied Health	(573)	(594)	21 F	4%	(6,876)	(7,127)	251 F	4%	(7,127)
Chronic Disease Management and Educa	(263)	(250)	(13) U	(5%)	(2,929)	(2,997)	68 F	2%	(2,997)
Medical Inpatients	(5,418)	(5,394)	(24) U		(64,848)	(64,728)	(120) U		(64,728)
Medical Outpatients	(3,426)	(3,332)	(94) U	(3%)	(41,117)	(39,984)	(1,133) U	(3%)	(39,984)
Surgical Inpatients	(10,052)	(10,056)	4 F		(120,625)	(120,676)	51 F		(120,676)
Surgical Outpatients	(1,823)	(1,703)	(120) U	(7%)	(21,207)	(20,432)	(775) U	(4%)	(20,432)
Paediatric Inpatients	(621)	(621)			(7,454)	(7,454)			(7,454)
Paediatric Outpatients	(337)	(337)			(4,050)	(4,050)			(4,050)
Pacific Peoples' Health	(10)	(10)			(132)	(117)	(15) U	(13%)	(117)
Emergency Services	(1,533)	(1,533)			(18,396)	(18,394)	(2) U		(18,394)
Minor Personal Health Expenditure	(74)	(101)	27 F	27%	(792)	(1,207)	415 F	34%	(1,207)
Price adjusters and Premium	890	894	(3) U		10,806	10,723	83 F	1%	10,723
Travel & Accommodation	(392)	(364)	(28) U	(8%)	(4,518)	(4,363)	(155) U	(4%)	(4,363)
Inter District Flow Personal Health	(2,073)	(2,115)	41 F	2%	(24,763)	(25,376)	613 F	2%	(25,376)
Personal Health Total	(47,434)	(46,920)	(514) U	(1%)	(562,715)	(564,492)	1,778 F		(564,492)

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Part 3: DHB Funds	Current Month				Year to Date				Annual
	Actual	Budget	Variance	Variance	Actual	Budget	Variance	Variance	Budget
	\$(000)	\$(000)	\$(000)	%	\$(000)	\$(000)	\$(000)	%	\$(000)
Mental Health									
Mental Health to allocate	-	-			-	-			-
Acute Mental Health Inpatients	(1,268)	(1,268)			(15,219)	(15,219)			(15,219)
Sub-Acute & Long Term Mental Health	(354)	(354)			(4,247)	(4,247)			(4,247)
Crisis Respite	(25)	(34)	8 F	24%	(305)	(404)	99 F	24%	(404)
Alcohol & Other Drugs - General	(336)	(346)	10 F	3%	(3,978)	(4,153)	176 F	4%	(4,153)
Alcohol & Other Drugs - Child & Youth	(48)	(107)	59 F	55%	(764)	(1,282)	517 F	40%	(1,282)
Methodone	(92)	(92)			(1,098)	(1,098)			(1,098)
Dual Diagnosis - Alcohol & Other Drugs	(20)	(7)	(13) U	(186%)	(103)	(83)	(20) U	(24%)	(83)
Dual Diagnosis - MH/ID	(9)	(5)	(3) U	(60%)	(102)	(64)	(38) U	(60%)	(64)
Eating Disorder	(14)	(14)			(167)	(168)	1 F		(168)
Maternal Mental Health	-	-			-	-			-
Child & Youth Mental Health Services	(768)	(724)	(43) U	(6%)	(8,978)	(8,688)	(290) U	(3%)	(8,688)
Forensic Services	(451)	(466)	15 F	3%	(5,478)	(5,595)	116 F	2%	(5,595)
Kaupapa Maori Mental Health Services	(143)	(147)	4 F	3%	(1,514)	(1,768)	254 F	14%	(1,768)
Kaupapa Maori Mental Health - Residential	-	(29)	29 F		(109)	(345)	236 F	68%	(345)
Kaupapa Maori Mental Health - Inpati	-	-			-	-			-
Mental Health Community Services	(1,710)	(1,767)	57 F	3%	(20,513)	(21,201)	689 F	3%	(21,201)
Prison/Court Liaison	(43)	(42)			(511)	(505)	(6) U	(1%)	(505)
Mental Health Workforce Development	-	(1)	1 F		(6)	(14)	8 F	59%	(14)
Day Activity & Work Rehabilitation S	(216)	(202)	(14) U	(7%)	(2,274)	(2,423)	149 F	6%	(2,423)
Mental Health Funded Services for Older People	(34)	(34)			(386)	(405)	19 F	5%	(405)
Advocacy / Peer Support - Consumer	(56)	(59)	3 F	4%	(637)	(700)	63 F	9%	(700)
Other Home Based Residential Support	(358)	(307)	(51) U	(17%)	(3,856)	(3,681)	(175) U	(5%)	(3,681)
Advocacy / Peer Support - Families	(46)	(51)	5 F	10%	(551)	(607)	56 F	9%	(607)
Community Residential Beds & Service	(499)	(544)	45 F	8%	(5,973)	(6,504)	531 F	8%	(6,504)
Minor Mental Health Expenditure	(64)	(61)	(3) U	(5%)	(975)	(733)	(241) U	(33%)	(733)
Inter District Flow Mental Health	(489)	(489)			(5,864)	(5,864)			(5,864)
Mental Health Total	(7,042)	(7,150)	109 F	2%	(83,609)	(85,752)	2,143 F	2%	(85,752)
Public Health									
Alcohol & Drug	(39)	(39)			(465)	(465)			(465)
Communicable Diseases	(57)	(57)			(686)	(686)			(686)
Injury Prevention	(2)	(2)			(25)	(25)			(25)
Screening Programmes	(397)	(406)	9 F	2%	(4,613)	(4,869)	256 F	5%	(4,869)
Mental Health	(24)	(17)	(7) U	(43%)	(284)	(199)	(85) U	(43%)	(199)
Nutrition and Physical Activity	(158)	(114)	(43) U	(38%)	(1,214)	(1,371)	157 F	11%	(1,371)
Physical Environment	(53)	(53)			(640)	(640)			(640)
Public Health Infrastructure	(150)	(138)	(13) U	(9%)	(1,805)	(1,653)	(152) U	(9%)	(1,653)
Sexual Health	(16)	(15)	(1) U	(5%)	(190)	(182)	(9) U	(5%)	(182)
Social Environments	(23)	(22)	(2) U	(2%)	(271)	(265)	(5) U	(2%)	(265)
Tobacco Control	35	(84)	119 F	142%	(877)	(1,008)	130 F	13%	(1,008)
Well Child Promotion	(2)	(2)			(25)	(25)			(25)
Meningococcal	-	-			-	-			-
Public Health Total	(885)	(949)	64 F	7%	(11,095)	(11,388)	292 F	3%	(11,388)
Disability Support Services									
AT & R (Assessment, Treatment and Re	(1,905)	(1,918)	13 F	1%	(22,861)	(23,018)	158 F	1%	(23,018)
Information and Advisory	(1)	(1)			(6)	(6)			(6)
Needs Assessment	(118)	(115)	(3) U	(3%)	(1,414)	(1,375)	(39) U	(3%)	(1,375)
Service Co-ordination	(126)	(126)			(1,512)	(1,512)			(1,512)
Home Support	(1,111)	(1,157)	46 F	4%	(13,276)	(13,888)	612 F	4%	(13,888)
Carer Support	(161)	(168)	7 F	4%	(1,840)	(2,019)	179 F	9%	(2,019)
Residential Care: Rest Homes	(2,865)	(2,725)	(141) U	(5%)	(35,732)	(34,170)	(1,562) U	(5%)	(34,170)
Residential Care: Loans Adjustment	26	23	4 F	17%	292	271	21 F	8%	271
Long Term Chronic Conditions	(129)	-	(129) U		(1,261)	-	(1,261) U		-
Residential Care: Hospitals	(3,360)	(3,266)	(94) U	(3%)	(40,489)	(39,189)	(1,300) U	(3%)	(39,189)
Ageing in Place	(113)	(114)			(1,343)	(1,364)	21 F	2%	(1,364)
Environmental Support Services	(96)	(100)	3 F	3%	(1,167)	(1,179)	12 F	1%	(1,179)
Day Programmes	(20)	(57)	37 F	64%	(285)	(459)	174 F	38%	(459)
Expenditure to Attend Treatment ETAT	-	-			-	-			-
Respite Care	(68)	(75)	7 F	9%	(863)	(899)	36 F	4%	(899)
Community Health Services & Support	(166)	(197)	30 F	15%	(1,312)	(1,844)	532 F	29%	(1,844)
Inter District Flow Disability Support	(341)	(352)	11 F	3%	(4,183)	(4,223)	39 F	1%	(4,223)
Disability Support Other	-	-			-	-			-
Disability Support Services Total	(10,554)	(10,346)	(208) U	(2%)	(127,254)	(124,875)	(2,379) U	(2%)	(124,875)
Maori Health									
Maori Service Development	(22)	(22)			(264)	(268)	4 F	1%	(268)
Maori Provider Assistance Infrastruc	-	-			-	-			-
Maori Workforce Development	-	-			-	-			-
Minor Maori Health Expenditure	(24)	(27)	3 F	11%	(290)	(327)	37 F	11%	(327)
Whanau Ora Services	(116)	(117)	1 F	1%	(1,389)	(1,398)	9 F	1%	(1,398)
Maori Health Total	(163)	(167)	4 F	2%	(1,943)	(1,993)	50 F	3%	(1,993)
Total Expenses	(66,623)	(66,049)	(574) U	(1%)	(793,169)	(794,710)	1,541 F		(794,710)
Net Surplus/ (Deficit)	(856)	(739)	(117) U	(16%)	(7,069)	(10,981)	3,912 F	36%	(10,981)
<i>Zero Check</i>	-	-			-	-			-

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Part 4: DHB Consolidated	Current Month				Year to Date				Annual
	Actual	Budget	Variance	Variance	Actual	Budget	Variance	Variance	Budget
	\$(000)	\$(000)	\$(000)	%	\$(000)	\$(000)	\$(000)	%	\$(000)
Part 4.1: Statement of Financial Performance									
REVENUE									
Ministry of Health									
MoH - Vote Health Non Mental Health	53,898	53,438	460 F	1%	644,373	641,259	3,114 F		641,259
MoH - Vote Health Mental Health	6,946	6,945	1 F		83,347	83,338	9 F		83,338
PBF Adjustments	-	-			-	-			-
MoH Funding Subcontracts	2,900	2,983	(82) U	(3%)	35,703	35,791	(88) U		35,791
MoH - Personal Health	38	164	(126) U	(77%)	66	738	(672) U	(91%)	738
MoH - Mental Health	-	-			-	-			-
MoH - Public Health	10	24	(13) U	(56%)	126	286	(160) U	(56%)	286
MoH - Disability Support Services	829	741	89 F	12%	8,792	8,890	(98) U	(1%)	8,890
MoH - Maori Health	-	-			-	-			-
Clinical Training Agency	620	531	89 F	17%	6,746	6,378	369 F	6%	6,378
Internal - DHB Funder to DHB Provider	-	-			-	-			-
Ministry of Health Total	65,243	64,826	417 F	1%	779,154	776,680	2,474 F		776,680
Other Government									
IDF's - Mental Health Services	151	151			1,817	1,817			1,817
IDF's - All others (non Mental health)	1,872	1,794	78 F	4%	20,859	21,524	(664) U	(3%)	21,524
Other DHB's	139	25	115 F	466%	633	295	338 F	114%	295
Training Fees and Subsidies	37	9	28 F	302%	239	112	127 F	114%	112
Accident Insurance	548	796	(249) U	(31%)	8,612	8,793	(182) U	(2%)	8,793
Other Government	632	368	264 F	72%	4,944	4,420	523 F	12%	4,420
Other Government Total	3,380	3,144	236 F	8%	37,105	36,962	143 F		36,962
Government and Crown Agency Total	68,623	67,969	653 F	1%	816,258	813,642	2,617 F		813,642
Other Revenue									
Patient / Consumer Sourced	284	243	42 F	17%	3,567	3,089	478 F	15%	3,089
Other Income	4,948	1,045	3,902 F	373%	16,264	11,688	4,576 F	39%	11,688
Other Revenue Total	5,232	1,288	3,944 F	306%	19,831	14,777	5,054 F	34%	14,777
REVENUE TOTAL	73,855	69,257	4,597 F	7%	836,089	828,419	7,670 F	1%	828,419
EXPENSES									
Personnel Expenses									
Medical Personnel	(9,487)	(7,718)	(1,769) U	(23%)	(98,809)	(92,355)	(6,453) U	(7%)	(92,355)
Nursing Personnel	(11,130)	(10,419)	(710) U	(7%)	(118,487)	(118,599)	113 F		(118,599)
Allied Health Personnel	(4,289)	(4,112)	(177) U	(4%)	(47,621)	(46,574)	(1,047) U	(2%)	(46,574)
Support Services Personnel	(766)	(807)	41 F	5%	(9,325)	(9,258)	(67) U	(1%)	(9,258)
Management / Admin Personnel	(3,715)	(3,434)	(281) U	(8%)	(41,861)	(40,738)	(1,123) U	(3%)	(40,738)
Personnel Costs Total	(29,386)	(26,490)	(2,896) U	(11%)	(316,102)	(307,524)	(8,578) U	(3%)	(307,524)
Outsourced Expenses									
Medical Personnel	(844)	(922)	79 F	9%	(9,905)	(11,053)	1,148 F	10%	(11,053)
Nursing Personnel	(21)	(2)	(18) U	(736%)	(117)	(30)	(87) U	(289%)	(30)
Allied Health Personnel	(37)	(13)	(23) U	(174%)	(299)	(163)	(136) U	(83%)	(163)
Support Personnel	(43)	(22)	(21) U	(97%)	(320)	(265)	(55) U	(21%)	(265)
Management / Administration Personnel	(3)	(4)	1 F	30%	(137)	(45)	(92) U	(203%)	(45)
Outsourced Clinical Services	(1,018)	(470)	(549) U	(117%)	(8,976)	(6,023)	(2,953) U	(49%)	(6,023)
Outsourced Corporate / Governance Services	(80)	(81)	1 F	1%	(939)	(962)	23 F	2%	(962)
Outsourced Funder Services	(23)	(69)	46 F	67%	(182)	(828)	646 F	78%	(828)
Outsourced Services Total	(2,068)	(1,583)	(484) U	(31%)	(20,874)	(19,369)	(1,505) U	(8%)	(19,369)
Clinical Supplies									
Treatment Disposables	(2,608)	(2,393)	(215) U	(9%)	(28,942)	(27,645)	(1,296) U	(5%)	(27,645)
Diagnostic Supplies & Other Clinical Supplies	(167)	(135)	(32) U	(23%)	(1,853)	(1,717)	(136) U	(8%)	(1,717)
Instruments & Equipment	(1,145)	(1,213)	67 F	6%	(15,264)	(14,375)	(888) U	(6%)	(14,375)
Patient Appliances	(158)	(201)	43 F	21%	(1,981)	(2,312)	331 F	14%	(2,312)
Implants & Prosthesis	(973)	(789)	(184) U	(23%)	(10,130)	(9,730)	(400) U	(4%)	(9,730)
Pharmaceuticals	(1,636)	(1,490)	(146) U	(10%)	(18,489)	(18,728)	239 F	1%	(18,728)
Other Clinical Supplies	(226)	(253)	27 F	11%	(2,665)	(3,130)	464 F	15%	(3,130)
Clinical Supplies Total	(6,914)	(6,474)	(440) U	(7%)	(79,323)	(77,637)	(1,686) U	(2%)	(77,637)
Infrastructure & Non Clinical Expenses									
Hotel Services, Laundry & Cleaning	(1,040)	(1,061)	21 F	2%	(12,678)	(12,797)	119 F	1%	(12,797)
Facilities	(2,032)	(1,791)	(242) U	(14%)	(19,770)	(20,332)	562 F	3%	(20,332)
Transport	(361)	(337)	(24) U	(7%)	(4,197)	(3,961)	(237) U	(6%)	(3,961)
IT Systems & Telecommunications	(1,041)	(860)	(181) U	(21%)	(10,744)	(10,225)	(519) U	(5%)	(10,225)
Interest & Financing Charges	(1,222)	(1,063)	(159) U	(15%)	(14,755)	(14,463)	(292) U	(2%)	(14,463)
Professional Fees & Expenses	(594)	(248)	(346) U	(140%)	(3,280)	(3,003)	(277) U	(9%)	(3,003)
Other Operating Expenses	(316)	(414)	99 F	24%	(5,461)	(5,472)	11 F		(5,472)
Democracy	(39)	(41)	1 F	3%	(466)	(486)	20 F	4%	(486)
Subsidiaries & Joint Ventures	-	-			(341)	-	(341) U		-
Infrastructure & Non-Clinical Supplies Total	(6,645)	(5,815)	(831) U	(14%)	(71,692)	(70,739)	(954) U	(1%)	(70,739)

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Part 4: DHB Consolidated	Current Month				Year to Date				Annual
	Actual	Budget	Variance	Variance	Actual	Budget	Variance	Variance	Budget
	\$(000)	\$(000)	\$(000)	%	\$(000)	\$(000)	\$(000)	%	\$(000)
Payments to Providers									
Personal Health									
Child and Youth	(49)	(43)	(6) U	(15%)	(577)	(512)	(65) U	(13%)	(512)
Laboratory	(2,526)	(2,583)	58 F	2%	(30,533)	(31,002)	469 F	2%	(31,002)
Infertility Treatment Services	-	-	-	-	-	-	-	-	-
Maternity	(145)	(144)	(2) U	(1%)	(1,740)	(1,717)	(23) U	(1%)	(1,717)
Maternity (Tertiary & Secondary)	(63)	(70)	7 F	10%	(826)	(833)	6 F	1%	(833)
Pregnancy and Parenting Education	(12)	(8)	(4) U	(55%)	(75)	(89)	14 F	16%	(89)
Maternity Payment Schedule	-	-	-	-	-	-	-	-	-
Neo Natal	-	-	-	-	-	-	-	-	-
Sexual Health	-	(2)	2 F	-	-	(19)	19 F	99%	(19)
Adolescent Dental Benefit	(204)	(207)	3 F	1%	(2,067)	(2,231)	164 F	7%	(2,231)
Other Dental Services	-	-	-	-	-	-	-	-	-
Dental - Low Income Adult	(75)	(58)	(17) U	(30%)	(815)	(688)	(127) U	(18%)	(688)
Child (School) Dental Services	(40)	(59)	19 F	33%	(454)	(653)	199 F	30%	(653)
Secondary / Tertiary Dental	(139)	(141)	3 F	2%	(1,663)	(1,684)	21 F	1%	(1,684)
Pharmaceuticals	(6,302)	(6,098)	(204) U	(3%)	(74,293)	(73,554)	(739) U	(1%)	(73,554)
Pharmaceutical Cancer Treatment Drugs	(75)	-	(75) U	-	361	-	361 F	-	-
Management Referred Services	-	-	-	-	-	-	-	-	-
General Medical Subsidy	(183)	(162)	(22) U	(13%)	(1,715)	(1,344)	(371) U	(28%)	(1,344)
Primary Practice Services - Capitated	(3,308)	(3,255)	(53) U	(2%)	(39,379)	(39,063)	(316) U	(1%)	(39,063)
Primary Health Care Strategy - Care	(240)	(263)	23 F	9%	(2,980)	(3,151)	171 F	5%	(3,151)
Primary Health Care Strategy - Health	(145)	(165)	20 F	12%	(1,696)	(3,195)	1,499 F	47%	(3,195)
Primary Health Care Strategy - Other	(209)	(287)	78 F	27%	(2,783)	(3,454)	672 F	19%	(3,454)
Practice Nurse Subsidy	(27)	(17)	(11) U	(63%)	(216)	(211)	(5) U	(2%)	(211)
Rural Support for Primary Health Pro	(1,128)	(1,290)	162 F	13%	(13,965)	(15,479)	1,515 F	10%	(15,479)
Immunisation	(215)	(107)	(109) U	(102%)	(1,603)	(1,969)	366 F	19%	(1,969)
Radiology	(149)	(143)	(6) U	(4%)	(1,784)	(1,712)	(73) U	(4%)	(1,712)
Palliative Care	(382)	(391)	9 F	2%	(5,034)	(4,689)	(346) U	(7%)	(4,689)
Meals on Wheels	(19)	(24)	4 F	18%	(246)	(285)	39 F	14%	(285)
Domiciliary & District Nursing	(446)	(400)	(46) U	(12%)	(5,163)	(4,792)	(371) U	(8%)	(4,792)
Community based Allied Health	(162)	(183)	21 F	12%	(1,946)	(2,197)	251 F	11%	(2,197)
Chronic Disease Management and Educa	(92)	(79)	(13) U	(17%)	(874)	(942)	68 F	7%	(942)
Medical Inpatients	-	-	-	-	-	-	-	-	-
Medical Outpatients	(347)	(341)	(7) U	(2%)	(4,170)	(4,087)	(83) U	(2%)	(4,087)
Surgical Inpatients	(6)	(10)	4 F	43%	(66)	(117)	51 F	43%	(117)
Surgical Outpatients	(141)	(137)	(4) U	(3%)	(1,687)	(1,648)	(39) U	(2%)	(1,648)
Paediatric Inpatients	-	-	-	-	-	-	-	-	-
Paediatric Outpatients	-	-	-	-	-	-	-	-	-
Pacific Peoples' Health	-	-	-	-	(15)	-	(15) U	-	-
Emergency Services	(147)	(147)	-	-	(1,762)	(1,760)	(2) U	-	(1,760)
Minor Personal Health Expenditure	(48)	(75)	27 F	36%	(483)	(898)	415 F	46%	(898)
Price adjusters and Premium	(71)	(72)	1 F	(1%)	(773)	(861)	87 F	(10%)	(861)
Travel & Accommodation	(388)	(359)	(28) U	(8%)	(4,468)	(4,313)	(155) U	(4%)	(4,313)
Inter District Flow Personal Health	(2,073)	(2,115)	41 F	2%	(24,763)	(25,376)	613 F	2%	(25,376)
Personal Health Total	(19,555)	(19,430)	(125) U	(1%)	(230,253)	(234,526)	4,272 F	2%	(234,526)
Mental Health									
Mental Health to allocate	-	-	-	-	-	-	-	-	-
Acute Mental Health Inpatients	-	-	-	-	-	-	-	-	-
Sub-Acute & Long Term Mental Health	-	-	-	-	-	-	-	-	-
Crisis Respite	(9)	(18)	8 F	47%	(113)	(212)	99 F	47%	(212)
Alcohol & Other Drugs - General	(76)	(81)	5 F	6%	(851)	(966)	115 F	12%	(966)
Alcohol & Other Drugs - Child & Youth	(39)	(98)	59 F	61%	(653)	(1,171)	517 F	44%	(1,171)
Methadone	-	-	-	-	-	-	-	-	-
Dual Diagnosis - Alcohol & Other Drugs	(20)	(7)	(13) U	(186%)	(103)	(83)	(20) U	(24%)	(83)
Dual Diagnosis - MH/ID	-	-	-	-	-	-	-	-	-
Eating Disorder	(14)	(14)	-	-	(167)	(168)	1 F	-	(168)
Child & Youth Mental Health Services	(278)	(214)	(64) U	(30%)	(3,038)	(2,562)	(476) U	(19%)	(2,562)
Forensic Services	-	-	-	-	-	-	-	52%	-
Kaupapa Maori Mental Health Services	-	-	-	-	-	-	-	-	-
Kaupapa Maori Mental Health - Residential	-	(29)	29 F	-	(109)	(345)	236 F	68%	(345)
Kaupapa Maori Mental Health - Inpati	-	-	-	-	-	-	-	-	-
Mental Health Community Services	(91)	(107)	16 F	15%	(1,257)	(1,276)	20 F	2%	(1,276)
Prison/Court Liaison	-	-	-	-	-	-	-	-	-
Mental Health Workforce Development	-	(1)	1 F	-	(6)	(14)	8 F	59%	(14)
Day Activity & Work Rehabilitation S	(157)	(141)	(16) U	(12%)	(1,566)	(1,687)	120 F	7%	(1,687)
Mental Health Funded Services for Older People	-	-	-	-	-	-	-	-	-
Advocacy / Peer Support - Consumer	(23)	(25)	3 F	10%	(248)	(301)	53 F	18%	(301)
Other Home Based Residential Support	(322)	(265)	(57) U	(22%)	(3,443)	(3,182)	(261) U	(8%)	(3,182)
Advocacy / Peer Support - Families	(46)	(51)	5 F	10%	(551)	(607)	56 F	9%	(607)
Community Residential Beds & Service	(428)	(473)	45 F	9%	(5,119)	(5,650)	531 F	9%	(5,650)
Minor Mental Health Expenditure	(30)	(27)	(3) U	(10%)	(565)	(323)	(241) U	(75%)	(323)
Inter District Flow Mental Health	(489)	(489)	-	-	(5,864)	(5,864)	-	-	(5,864)
Mental Health Total	(2,020)	(2,039)	18 F	1%	(23,653)	(24,411)	759 F	3%	(24,411)

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Part 4: DHB Consolidated	Current Month				Year to Date				Annual
	Actual	Budget	Variance	Variance	Actual	Budget	Variance	Variance	Budget
	\$(000)	\$(000)	\$(000)	%	\$(000)	\$(000)	\$(000)	%	\$(000)
Public Health									
Screening Programmes	-	(12)	12 F		-	(144)	144 F		(144)
Nutrition and Physical Activity	(17)	(2)	(15) U	(879%)	(10)	(21)	11 F	51%	(21)
Physical Environment	-	-	-		-	-	-		-
Public Health Infrastructure	-	-	-		-	-	-		-
Sexual Health	(1)	-	(1) U		(9)	-	(9) U		-
Social Environments	-	-	-		(5)	-	(5) U		-
Tobacco Control	-	-	-		-	-	-		-
Well Child Promotion	-	-	-		-	-	-		-
Meningococcal	-	-	-		-	-	-		-
Public Health Total	(18)	(14)	(5) U	(33%)	(25)	(165)	140 F	85%	(165)
Disability Support Services									
AT & R (Assessment, Treatment and Re Information and Advisory	(308)	(321)	13 F	4%	(3,691)	(3,849)	158 F	4%	(3,849)
Needs Assessment	(1)	(1)	-		(6)	(6)	-		(6)
Service Co-ordination	(23)	(20)	(3) U	(16%)	(273)	(234)	(39) U	(16%)	(234)
Home Support	(3)	(3)	-		(40)	(40)	-		(40)
Carer Support	(1,111)	(1,157)	46 F	4%	(13,276)	(13,888)	612 F	4%	(13,888)
Residential Care: Rest Homes	(161)	(168)	7 F	4%	(1,840)	(2,019)	179 F	9%	(2,019)
Residential Care: Loans Adjustment	(2,865)	(2,725)	(141) U	(5%)	(35,732)	(34,170)	(1,562) U	(5%)	(34,170)
Long Term Chronic Conditions	26	23	4 F	17%	292	271	21 F	8%	271
Residential Care: Hospitals	(129)	-	(129) U		(1,261)	-	(1,261) U		-
Ageing in Place	(3,360)	(3,266)	(94) U	(3%)	(40,489)	(39,189)	(1,300) U	(3%)	(39,189)
Environmental Support Services	(111)	(112)	1 F	1%	(1,317)	(1,338)	21 F	2%	(1,338)
Day Programmes	(96)	(100)	3 F	3%	(1,167)	(1,179)	12 F	1%	(1,179)
Expenditure to Attend Treatment ETAT	(20)	(57)	37 F	64%	(285)	(459)	174 F	38%	(459)
Respite Care	-	-	-		-	-	-		-
Community Health Services & Support	(68)	(75)	7 F	9%	(863)	(899)	36 F	4%	(899)
Inter District Flow Disability Support	(146)	(176)	30 F	17%	(1,068)	(1,600)	532 F	33%	(1,600)
Disability Support Other	(341)	(352)	11 F	3%	(4,183)	(4,223)	39 F	1%	(4,223)
Disability Support Services Total	(8,716)	(8,508)	(208) U	(2%)	(105,201)	(102,822)	(2,379) U	(2%)	(102,822)
Maori Health									
Maori Service Development	(22)	(22)	-	1%	(264)	(268)	4 F	1%	(268)
Minor Maori Health Expenditure	(9)	(12)	3 F	26%	(107)	(144)	37 F	26%	(144)
Whanau Ora Services	(109)	(109)	1 F	1%	(1,295)	(1,304)	9 F	1%	(1,304)
Maori Health Total	(139)	(143)	4 F	3%	(1,666)	(1,716)	50 F	3%	(1,716)
Internal Allocations	-	-	-		-	-	-		-
Total Expenses	(75,462)	(70,496)	(4,966) U	(7%)	(848,789)	(838,909)	(9,881) U	(1%)	(838,909)
Net Surplus/ (Deficit)	(1,608)	(1,239)	(369) U	(30%)	(12,700)	(10,490)	(2,210) U	(21%)	(10,490)
<i>Zero Check</i>	-	-	-		-	-	-		-
Part 4.1 A: Supplementary Information to Statement of Financial Performance									
Depreciation - Clinical Equipment	(659)	(698)	39 F	6%	(8,200)	(8,287)	87 F	1%	(8,287)
Depreciation - Non Residential Buildings & Plant	(634)	(680)	46 F	7%	(7,263)	(7,609)	345 F	5%	(7,609)
Depreciation - Motor Vehicles	(4)	(14)	9 F	70%	(48)	(131)	84 F	64%	(131)
Depreciation - Information Technology	(338)	(318)	(20) U	(6%)	(3,922)	(3,715)	(206) U	(6%)	(3,715)
Depreciation - Other Equipment	(47)	(61)	14 F	23%	(654)	(715)	61 F	9%	(715)
Total Depreciation	(1,682)	(1,771)	89 F	5%	(20,086)	(20,458)	371 F	2%	(20,458)
Interest Cost from Funder Loans	-	-	-		-	-	-		-
Interest Costs from CHFA	(426)	(399)	(26) U	(7%)	(5,028)	(4,877)	(152) U	(3%)	(4,877)
Financing Component of Operating Leases	(18)	(32)	15 F	45%	(282)	(392)	110 F	28%	(392)
Capital Charge	(753)	(598)	(155) U	(26%)	(9,110)	(8,792)	(318) U	(4%)	(8,792)

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Part 4: DHB Consolidated	Current Month Actual \$ (000)	Previous Month Actual \$ (000)	Movement \$ (000)	Current Budget \$ (000)	Current Year Opening Balance Sheet \$ (000)	Annual Budget \$ (000)
Part 4.2: Balance Sheet						
Current Assets						
Petty Cash	13	13	-	13	14	13
Bank	9,706	(395)	10,101	583	3,838	583
Short Term Investments	30,053	31,793	(1,740)	11,000	33,442	11,000
Short Term Investments	-	-	-	-	-	-
Prepayments	1,493	1,919	(427)	1,808	2,089	1,808
Accounts Receivable	6,196	11,288	(5,092)	9,865	6,559	9,865
Provision for Doubtful Debts	(1,695)	(1,813)	119	(1,492)	(1,426)	(1,492)
Accrued Debtors	15,017	17,998	(2,980)	19,896	19,197	19,896
Inventory / Stock	4,520	4,566	(46)	4,370	4,605	4,370
Assets Held for Resale	-	-	-	-	-	-
Current Assets Total	65,303	65,368	(65)	46,043	68,317	46,043
Non Current Assets						
Land, Buildings & Plant	240,152	239,487	665	240,663	229,596	240,663
Clinical Equipment	105,105	105,199	(94)	126,717	99,470	126,717
Other Equipment (incl Finance Leases)	12,563	12,561	2	13,962	12,670	13,962
Information Technology	32,449	32,366	82	36,164	30,489	36,164
Motor Vehicles	692	710	(18)	1,751	714	1,751
Provision Depreciation - Buildings & Plant	(16,900)	(16,266)	(634)	(17,311)	(9,642)	(17,311)
Provision Depreciation - Clinical Equipment	(76,971)	(76,777)	(194)	(90,360)	(75,683)	(90,360)
Provision Depreciation - Other Equipment	(11,183)	(11,149)	(35)	(11,433)	(10,718)	(11,433)
Provision Depreciation - Information Technology	(24,585)	(24,287)	(299)	(25,819)	(21,481)	(25,819)
Provision Depreciation - Motor Vehicles	(269)	(291)	22	(398)	(268)	(398)
WIP	17,500	15,784	1,716	17,506	8,304	17,506
Investment in Subsidiaries	-	-	-	-	-	-
Investment in Associates	326	326	-	238	326	238
Long Term Investments	-	-	-	-	-	-
Non Current Assets Total	278,877	277,665	1,212	291,679	263,778	291,679
Current Liabilities						
Accounts Payable Control	(5,053)	(6,645)	1,592	(4,822)	(2,849)	(4,822)
Accrued Creditors	(28,669)	(29,382)	713	(36,598)	(31,703)	(36,598)
Income Received in Advance	(1,614)	(2,112)	498	(2,419)	(1,168)	(2,419)
Capital Charge Payable	-	(3,765)	3,765	(598)	(796)	(598)
GST & Tax Provisions	(6,842)	(5,888)	(954)	(2,791)	(6,098)	(2,791)
Term Loans - Finance Leases (current portion)	(1,408)	(1,411)	3	(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	(11,735)	(12,047)	311	(10,818)	(11,889)	(10,818)
Employee Entitlement Provisions	(40,370)	(41,828)	1,458	(38,621)	(40,424)	(38,621)
Current Liabilities Total	(123,737)	(131,125)	7,388	(103,022)	(102,775)	(103,022)
WORKING CAPITAL	(58,434)	(65,757)	7,323	(56,979)	(34,458)	(56,979)
NET FUNDS EMPLOYED	220,443	211,909	8,535	234,699	229,320	234,699
Non Current Liabilities						
Long Service Leave - Non Current Portion	(6,098)	(3,069)	(3,029)	(3,348)	(3,069)	(3,348)
Retirement Gratuities - Non Current Portion	(11,969)	(10,492)	(1,477)	(10,088)	(10,520)	(10,088)
Other Employee Entitlement Provisions	(1,292)	(1,109)	(183)	(1,109)	(1,109)	(1,109)
Term Loans - Finance Leases (non current portion)	(1,669)	(1,678)	9	(61)	(2,592)	(61)
Term Loans - Private (non current portion)	-	-	-	-	-	-
Term Loans - Crown (non current portion)	(74,398)	(74,374)	(24)	(90,891)	(91,274)	(90,891)
Custodial Funds	-	(3,854)	3,854	(3,857)	(3,830)	(3,857)
Non Current Liabilities Total	(95,426)	(94,576)	(850)	(109,354)	(112,395)	(109,354)
Crown Equity						
Crown Equity	(133,759)	(133,759)	-	(133,103)	(133,759)	(133,103)
Crown Equity Injection	(21,500)	(11,500)	(10,000)	(21,778)	-	(21,778)
Crown Equity Repayments	707	-	707	707	-	707
Trust and Special Funds (no restricted use)	(5,451)	(1,509)	(3,942)	(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	1,540	1,610	(70)	2,082	2,002	2,082
Retained Earnings - DHB Provider	89,734	84,969	4,764	79,966	79,633	79,966
Retained Earnings - Funds	29,073	28,218	856	34,536	22,004	34,536
Crown Equity Total	(125,018)	(117,333)	(7,685)	(125,346)	(116,925)	(125,346)
NET FUNDS EMPLOYED	(220,444)	(211,909)	(8,535)	(234,699)	(229,320)	(234,699)
Zero Check	-	-	-	-	-	-
Part 4.3: Statement of Movement in Equity						
Total equity at beginning of the period	(117,333)	(122,578)	-	(234,699)	(116,925)	(114,764)
Net Results for Period	1,608	6,547	-	1,239	-	10,490
Revaluation of Fixed Assets	-	-	-	-	-	-
Equity Injections / Repayments	(9,293)	(1,303)	-	(493)	-	(21,071)
Other	-	-	-	-	-	-
Movement in Trust and Special Funds	-	-	-	-	-	-
Total Equity at end of the period	(125,018)	(117,333)	(7,685)	(233,953)	(116,925)	(125,346)

Board Cash Flow - Southern

Jun-12

Part 4: DHB Consolidated	Current Month			Year to Date			Annual
	Actual	Budget	Variance	Actual	Budget	Variance	Budget
	\$(000)	\$(000)	\$(000)	\$(000)	\$(000)	\$(000)	\$(000)
Part 4.4 Statement of Cashflows							
Operating Revenue							
Government and Crown Agency Revenue	76,078	67,758	8,320 F	821,516	813,386	8,130 F	813,386
Other Revenue Received	1,097	1,020	77 F	13,677	12,453	1,224 F	12,453
Total Receipts	77,175	68,778	8,397 F	835,193	825,840	9,353 F	825,840
Payments							
Payments for Personnel	(26,467)	(24,910)	(1,557) U	(311,649)	(311,477)	(172) U	(311,477)
Payments for Supplies	(13,692)	(11,305)	(2,387) U	(135,348)	(132,975)	(2,373) U	(132,975)
Interest Paid	(776)	(46)	(730) U	(5,209)	(4,741)	(468) U	(4,741)
Capital Charge Paid	(4,518)	(733)	(3,785) U	(9,906)	(8,908)	(998) U	(8,908)
GST (Net) & Tax	954	(81)	1,035 F	745	(512)	1,257 F	(512)
Payment to own DHB Provider (Eliminated)	-	-	-	-	-	-	-
Payment to own DHB Governance & Funding Admin	-	-	-	-	-	-	-
Payments to other DHBs	(3,047)	(2,955)	(92) U	(35,425)	(35,463)	38 F	(35,463)
Payments to Providers	(27,925)	(27,549)	(376) U	(327,347)	(328,218)	871 F	(328,218)
Total Payments	(75,471)	(67,580)	(7,891) U	(824,139)	(822,294)	(1,845) U	(822,294)
Net Cashflow from Operating	1,704	1,198	506 F	11,054	3,546	7,508 F	3,546
Investing Activities							
Interest Receipts 3rd Party	185	186	(1) U	2,176	2,231	(55) U	2,231
Sale of Fixed Assets	18	-	18 F	50	-	50 F	-
Capital Expenditure							
Land, Buildings & Plant	(1,897)	(2,182)	286 F	(19,773)	(23,672)	3,899 F	(23,672)
Clinical Equipment	(383)	(3,611)	3,228 F	(10,365)	(15,322)	4,957 F	(15,322)
Other Equipment	(419)	(107)	(312) U	(528)	(1,287)	759 F	(1,287)
Information Technology	(191)	(158)	(33) U	(3,799)	(4,713)	914 F	(4,713)
Motor Vehicles	(8)	(5)	(3) U	(151)	(1,002)	851 F	(1,002)
Total Capital Expenditure	(2,897)	(6,063)	3,166 F	(34,616)	(45,995)	11,379 F	(45,995)
Increase in Investments and Restricted & Trust Funds Assets	78	-	78 F	102	-	102 F	-
Net Cashflow from Investing	(2,616)	(5,877)	3,261 F	(32,288)	(43,764)	11,476 F	(43,764)
Financing Activities							
Equity Injections	10,000	493	9,507 F	21,500	21,071	429 F	21,071
New Debt							
Private Sector	-	-	-	-	-	-	-
CHFA	-	-	-	11,150	-	11,150 F	-
Repaid Debt							
Private Sector	(19)	(234)	215 F	(2,711)	(3,400)	689 F	(3,400)
CHFA	-	-	-	(5,520)	(920)	(4,600) U	(920)
Other Non-Current Liability Movement							
Other Equity Movement	(707)	-	(707) U	(707)	-	(707) U	-

Monthly Treasury Report

June 2012

Ratios and Cash Management

Financial Ratios	ACTUAL 30/06/2012	BUDGET 30/06/2012	ACTUAL 31/05/2012
Interest Cover is not less than 2.5 times	2.39	2.89	2.50
Total Debt divided by (Debt plus Equity) not to exceed 65%	45.04%	43.14%	46.61%
Secured Liabilities not more than 5% of Assets	0.89%	0.65%	0.90%
Guaranteeing Assets more than 95% of Group Assets	100.00%	100.00%	100.00%

Cash Management	30/06/2012	31/05/2012	30/04/2012	Summary 1/4 ending 30/06/2012	Summary 1/4 ending 31/03/2012
BNZ Bank Account:					
Cheque A/c High (\$000)	\$252	\$505	\$1,773	\$1,773	\$3,053
Cheque A/c Average (\$000)	\$145	\$192	\$285	\$207	\$539
Days in Overdraft	0		0	0	5
Overdraft High (\$000)	\$0	\$0	\$0	\$0	\$(349)
ASB Bank Account:					
Cheque A/c High (\$000)	\$101	\$168	\$136	\$168	\$641
Cheque A/c Average (\$000)	\$123	\$95	\$104	\$85	\$130
Days in Overdraft	0	0	0	0	1
Overdraft High (\$000)	\$0	\$0	\$0	\$0	\$(795)
Westpac Bank Account:					
Cheque A/c High (\$000)	\$9,698	\$5,176	\$11,410	\$11,410	\$4,845
Cheque A/c Average (\$000)	\$2,200	\$1,312	\$1,592	\$1,068	\$898
Days in Overdraft	1	0	5	6	0
Overdraft High (\$000)	\$(45)	\$0	\$(389)	\$(389)	\$0

Debt as at Month End (\$000)

	Amount (\$000)	Due	Base Rate	Margin	Total Rate
CHFA SL007 70811/71051	5,000	16/07/2012	4.90%		4.90%
CHFA Sthn DHB 77101/77341	5,000	16/07/2012	3.88%		3.88%
CHFA SL008 46895/47135	12,000	15/04/2013	6.11%		6.11%
CHFA OT DHB 54632	5,000	15/04/2013	6.96%		6.96%
CHFA Sthn DHB 76495/76735	10,000	15/04/2014	4.28%		4.28%
CHFA OT DHB 54633	6,250	15/04/2015	6.55%		6.55%
CHFA SL007 70812/71052	6,000	15/04/2016	5.75%		5.75%
CHFA Sthn DHB 77102/77342	10,000	15/04/2016	4.75%		4.75%
CHFA OT DHB 54634	10,000	15/12/2017	6.42%		6.42%
CHFA Sthn DHB 76496/76736	10,000	15/12/2018	5.06%		5.06%
CHFA Sthn DHB 77045/77285	4,500	15/03/2019	4.34%		4.34%
CHFA Sthn DHB 77103/77343	7,000	15/12/2019	5.22%		5.22%
CHFA Sthn DHB 82851/83091	1,250	15/05/2021	4.40%		4.40%
CHFA Sthn DHB 82846/83086	5,400	15/05/2021	4.40%		4.40%
CHFA Dunstan Loan (fair value)	4,196	Qrtly Instalment	0.00%		0.00%
EECA Loans (fair value)	847	Qrtly Instalment	0.00%		0.00%
Finance Leases	3,076	Mthly & Qtrly Instalment	3.34%-8.93%		
Total Debt & Overdraft	105,519				4.63%

Cash Balances as at Month End (\$000)

	Rate Ranges %	Due Date Range	\$000
<u>Short Term Deposits:</u>			
ANZ Bank			
ASB Bank	3.57% - 3.69%	4/7 - 6/7	6,000
ASB Bank	2.50%	On Call	0
BNZ Bank	2.45%	On Call	0
National Bank	3.20%	On Call	24,053
Westpac Bank	3.10%	On Call	0
Westpac Bank	3.73% - 3.88%	5/6 - 13/6	0
<u>Other:</u>			
Cash at Bank ASB			3
Cash at Bank BNZ			86
Cash at Bank Westpac			9,617
Petty Cash			13
Total Cash Balances /(O/D)			39,772

Monthly Treasury Report

June 2012

Quarterly Cash Forecast - 12 months

	2012-13 Qtr 1	2012-13 Qtr 2	2012-13 Qtr 3	2012-13 Qtr 4
Cashflow from Operating Activities	4,585	5,441	6,768	(3,187)
Investing Activities	(10,324)	(13,630)	(6,331)	(5,159)
Financing Activities	4,981	(2,864)	6,059	6,314
Net Cash Flow	(758)	(11,053)	6,496	(2,032)
Opening Cash Balance	39,772	39,014	27,961	34,457
Closing Cash Balance	39,014	27,961	34,457	32,425

Accounts Receivable / Accounts Payable

	Current	1 Month	2 Months	3 Months and over	Total	Previous Month Total	Increase / (Decrease) % from previous Month
Aged Debtors Analysis	2,741 44%	931 15%	472 8%	2,051 33%	6,196	11,288	(45%)
Provision for Doubtful Debts					(1,695)	(1,813)	(7%)
Bad Debts Written Off					6	6	0%
Aged Creditors Analysis	4,482 89%	234 5%	203 4%	133 3%	5,053	6,645	(24%)

Interest Rate Derivatives and Foreign Exchange derivatives

None Currently

Southern District Health Board

Jun-12

Part 3: DHB Funds	Year to Date				YTD Variance NGO	YTD Variance DHB Provider	Annual Budget \$(000)
	Actual	Budget	Variance	Variance			
	\$(000)	\$(000)	\$(000)	%			
Part 3.1: Statement of Financial Performance							
REVENUE							
Ministry of Health							
MoH - Vote Health Non Mental Health	644,373	641,259	3,114	F			641,259
MoH - Vote Health Mental Health	83,347	83,338	9	F			83,338
PBF Adjustments	-	-	-				-
MoH Funding Subcontracts	35,703	35,791	(88)	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	-	-	-				-
Ministry of Health Total	763,423	760,388	3,035	F			760,388
Other Government							
IDF's - Mental Health Services	1,817	1,817	-				1,817
IDF's - All others (non Mental health)	20,859	21,524	(664)	U	(3%)		21,524
Other DHB's	-	-	-				-
Training Fees and Subsidies	-	-	-				-
Accident Insurance	-	-	-				-
Other Government	-	-	-				-
Other Government Total	22,677	23,341	(664)	U	(3%)		23,341
Government and Crown Agency Sourced Total	786,100	783,729	2,371	F			783,729
Other Revenue							
Patient / Consumer Sourced	-	-	-				-
Other Income	-	-	-				-
Other Revenue Total	-	-	-				-
REVENUE TOTAL	786,100	783,729	2,371	F			783,729
EXPENSES							
Outsourced Expenses							
Outsourced Funder Services	(6,552)	(6,209)	(343)	U	(6%)	(343)	(6,209)
Other Outsourced Expenses	-	-	-				-
Other Expenses	-	-	-				-
Payments to Providers							
Personal Health							
Child and Youth	(4,298)	(4,070)	(228)	U	(6%)	(65)	(4,070)
Laboratory	(30,540)	(31,009)	469	F	2%	469	(31,009)
Infertility Treatment Services	(1,128)	(1,128)	-			-	(1,128)
Maternity	(2,414)	(2,390)	(23)	U	(1%)	(23)	(2,390)
Maternity (Tertiary & Secondary)	(17,457)	(17,464)	6	F		6	(17,464)
Pregnancy and Parenting Education	(105)	(119)	14	F	12%	14	(119)
Maternity Payment Schedule	-	-	-			-	-
Neo Natal	(8,064)	(8,064)	-			-	(8,064)
Sexual Health	(1,144)	(1,163)	19	F	2%	19	(1,163)
Adolescent Dental Benefit	(2,419)	(2,539)	120	F	5%	164	(2,539)
Other Dental Services	-	-	-			-	-
Dental - Low Income Adult	(1,044)	(917)	(127)	U	(14%)	(127)	(917)
Child (School) Dental Services	(7,213)	(6,524)	(689)	U	(11%)	199	(6,524)
Secondary / Tertiary Dental	(3,073)	(3,095)	21	F	1%	21	(3,095)
Pharmaceuticals	(78,840)	(78,694)	(146)	U		(739)	(78,694)
Pharmaceutical Cancer Treatment Drugs	(3,751)	(4,220)	469	F	11%	361	(4,220)
Management Referred Services	-	-	-			-	-
General Medical Subsidy	(1,715)	(1,344)	(371)	U	(28%)	(371)	(1,344)
Primary Practice Services - Capitated	(39,379)	(39,063)	(316)	U	(1%)	(316)	(39,063)
Primary Health Care Strategy - Care	(2,980)	(3,151)	171	F	5%	171	(3,151)
Primary Health Care Strategy - Health	(1,696)	(3,195)	1,499	F	47%	1,499	(3,195)
Primary Health Care Strategy - Other	(2,783)	(3,454)	672	F	19%	672	(3,454)
Practice Nurse Subsidy	(216)	(211)	(5)	U	(2%)	(5)	(211)
Rural Support for Primary Health Pro	(14,871)	(16,385)	1,515	F	9%	1,515	(16,385)
Immunisation	(2,420)	(2,596)	176	F	7%	366	(2,596)
Radiology	(4,869)	(4,796)	(73)	U	(2%)	(73)	(4,796)
Palliative Care	(5,034)	(4,689)	(346)	U	(7%)	(346)	(4,689)
Meals on Wheels	(663)	(702)	39	F	6%	39	(702)
Domiciliary & District Nursing	(17,699)	(17,328)	(371)	U	(2%)	(371)	(17,328)
Community based Allied Health	(6,876)	(7,127)	251	F	4%	251	(7,127)
Chronic Disease Management and Educa	(2,929)	(2,997)	68	F	2%	68	(2,997)
Medical Inpatients	(64,848)	(64,728)	(120)	U		-	(64,728)
Medical Outpatients	(41,117)	(39,984)	(1,133)	U	(3%)	(83)	(39,984)
Surgical Inpatients	(120,625)	(120,676)	51	F		51	(120,676)
Surgical Outpatients	(21,207)	(20,432)	(775)	U	(4%)	(39)	(20,432)
Paediatric Inpatients	(7,454)	(7,454)	-			-	(7,454)
Paediatric Outpatients	(4,050)	(4,050)	-			-	(4,050)
Pacific Peoples' Health	(132)	(117)	(15)	U	(13%)	(15)	(117)
Emergency Services	(18,396)	(18,394)	(2)	U		(2)	(18,394)
Minor Personal Health Expenditure	(792)	(1,207)	415	F	34%	415	(1,207)
Price adjusters and Premium	10,806	10,723	83	F	1%	87	(4)
Travel & Accomodation	(4,518)	(4,363)	(155)	U	(4%)	(155)	(4,363)
Inter District Flow Personal Health	(24,763)	(25,376)	613	F	2%	615	(25,376)
Personal Health Total	(562,715)	(564,492)	1,778	F		4,272	(564,492)
Mental Health							

Mental Health to allocate	-	-			-	-	-
Acute Mental Health Inpatients	(15,219)	(15,219)			-	-	(15,219)
Sub-Acute & Long Term Mental Health	(4,247)	(4,247)			-	-	(4,247)
Crisis Respite	(305)	(404)	99 F	24%	99	-	(404)
Alcohol & Other Drugs - General	(3,978)	(4,153)	176 F	4%	115	61	(4,153)
Alcohol & Other Drugs - Child & Youth	(764)	(1,282)	517 F	40%	517	-	(1,282)
Methadone	(1,098)	(1,098)					(1,098)
Dual Diagnosis - Alcohol & Other Drugs	(103)	(83)	(20) U	(24%)	(20)	-	(83)
Dual Diagnosis - MH/ID	(102)	(64)	(38) U	(60%)	-	(38)	(64)
Eating Disorder	(167)	(168)	1 F		1	-	(168)
Maternal Mental Health	-	-			(476)	476	-
Child & Youth Mental Health Services	(8,978)	(8,688)	(290) U	(3%)	-	(290)	(8,688)
Forensic Services	(5,478)	(5,595)	116 F	2%	-	116	(5,595)
Kaupapa Maori Mental Health Services	(1,514)	(1,768)	254 F	14%	236	18	(1,768)
Kaupapa Maori Mental Health - Residential	(109)	(345)	236 F	68%	-	236	(345)
Kaupapa Maori Mental Health - Inpati	-	-			20	(20)	-
Mental Health Community Services	(20,513)	(21,201)	689 F	3%	-	689	(21,201)
Prison/Court Liaison	(511)	(505)	(6) U	(1%)	8	(14)	(505)
Mental Health Workforce Development	(6)	(14)	8 F	59%	120	(112)	(14)
Day Activity & Work Rehabilitation S	(2,274)	(2,423)	149 F	6%	-	149	(2,423)
Mental Health Funded Services for Older People	(386)	(405)	19 F	5%	53	(34)	(405)
Advocacy / Peer Support - Consumer	(637)	(700)	63 F	9%	(261)	324	(700)
Other Home Based Residential Support	(3,856)	(3,681)	(175) U	(5%)	56	(231)	(3,681)
Advocacy / Peer Support - Families	(551)	(607)	56 F	9%	531	(475)	(607)
Community Residential Beds & Service	(5,973)	(6,504)	531 F	8%	(241)	772	10,723
Minor Mental Health Expenditure	(975)	(733)	(241) U	(33%)	-	(241)	(4,363)
Inter District Flow Mental Health	(5,864)	(5,864)					(25,376)
Mental Health Total	(83,609)	(85,752)	2,143 F	2%	758	1,386	(85,752)
Public Health							
Alcohol & Drug	(465)	(465)					(465)
Communicable Diseases	(686)	(686)			-	-	(686)
Injury Prevention	(25)	(25)			-	-	(25)
Screening Programmes	(4,613)	(4,869)	256 F	5%	144	(144)	(4,869)
Mental Health	(284)	(199)	(85) U	(43%)	11	245	(199)
Nutrition and Physical Activity	(1,214)	(1,371)	157 F	11%	-	(85)	(1,371)
Physical Environment	(640)	(640)			-	157	(640)
Public Health Infrastructure	(1,805)	(1,653)	(152) U	(9%)	(9)	9	(1,653)
Sexual Health	(190)	(182)	(9) U	(5%)	(5)	(147)	(182)
Social Environments	(271)	(265)	(5) U	(2%)	-	(9)	(265)
Tobacco Control	(877)	(1,008)	130 F	13%	-	(5)	(1,008)
Well Child Promotion	(25)	(25)			-	130	(25)
Meningococcal	-	-			-	-	-
Public Health Total	(11,095)	(11,388)	292 F	3%	141	151	(11,388)
Disability Support Services							
AT & R (Assessment, Treatment and Re Information and Advisory	(22,861)	(23,018)	158 F	1%	158	(158)	(23,018)
Needs Assessment	(6)	(6)			-	158	(6)
Service Co-ordination	(1,414)	(1,375)	(39) U	(3%)	(39)	39	(1,375)
Home Support	(1,512)	(1,512)			-	(39)	(1,512)
Carer Support	(13,276)	(13,888)	612 F	4%	612	(612)	(13,888)
Residential Care: Rest Homes	(1,840)	(2,019)	179 F	9%	179	433	(2,019)
Residential Care: Loans Adjustment	(35,732)	(34,170)	(1,562) U	(5%)	(1,562)	1,741	(34,170)
Long Term Chronic Conditions	292	271	21 F	8%	21	(1,583)	271
Residential Care: Hospitals	(1,261)	-	(1,261) U		(1,261)	1,282	-
Ageing in Place	(40,489)	(39,189)	(1,300) U	(3%)	(1,300)	39	(39,189)
Environmental Support Services	(1,343)	(1,364)	21 F	2%	21	(1,321)	(1,364)
Day Programmes	(1,167)	(1,179)	12 F	1%	12	9	(1,179)
Expenditure to Attend Treatment ETAT	(285)	(459)	174 F	38%	174	(162)	(459)
Respite Care	-	-			-	174	-
Community Health Services & Support	(863)	(899)	36 F	4%	36	(36)	(899)
Inter District Flow Disability Support	(1,312)	(1,844)	532 F	29%	532	(496)	(1,844)
Disability Support Other	(4,183)	(4,223)	39 F	1%	39	493	(4,223)
Disability Support Services Total	(127,254)	(124,875)	(2,379) U	(2%)	(2,378)	-	(124,875)
Maori Health							
Maori Service Development	(264)	(268)	4 F	1%	4	4	(268)
Maori Provider Assistance Infrastruc	-	-			-	4	-
Maori Workforce Development	-	-			-	-	-
Minor Maori Health Expenditure	(290)	(327)	37 F	11%	34	37	(327)
Whanau Ora Services	(1,389)	(1,398)	9 F	1%	8	9	(1,398)
Maori Health Total	(1,943)	(1,993)	50 F	3%	46	(5)	(1,993)
Internal Allocations	-	-					-
Total Expenses	(793,169)	(794,710)	1,541 F		2,839	(1,305)	(794,710)
Net Surplus/ (Deficit)	(7,069)	(10,981)	3,912 F	36%			(10,981)
Zero Check	-	-					-

SOUTHERN DISTRICT HEALTH BOARD

The Community & Public Health and Disability Support Advisory Committees will be considering the following report at its meeting on 1 August 2012 and will make a recommendation to the Board.

Please refer to the August DSAC/CPHAC agenda for the full report.

Title:	Draft Southern District Health Board Position Statement on Alcohol
Report to:	Community and Public Health Advisory Committee
Date of Meeting:	01 August 2012
Summary:	
<p>A position statement on Alcohol was developed in partnership between the three South Island Public Health Units for consideration by all South Island District Health Boards. The approval process has commenced in each South Island District Health Board.</p>	
<p>The draft position statement proposes that Southern DHB will:</p>	
<ul style="list-style-type: none">• Develop an Alcohol Harm Reduction Strategy which will outline actions to be taken by Southern DHB to reduce alcohol related harm.• Collect consistent information on alcohol-related presentations within the Southern district• Work with Territorial Local Authorities to develop local alcohol plans that seek to reduce alcohol-related harm	
<p>The draft position statement identifies five evidence based solutions which Southern DHB will advocate for:</p>	
<ul style="list-style-type: none">• Raise alcohol prices• Raise the alcohol purchase age• Reduce alcohol accessibility• Reduce marketing and advertising of alcohol• Reduce legal blood-alcohol limits for drivers	
<p>The draft position statement includes an appendix summarising the available evidence. The accompanying background paper provides an in depth review of the evidence considered in drafting the position paper.</p>	
<p>The draft position statement has been endorsed by CPHAC at Nelson Marlborough DHB with recommendations their Boards adopt the position statement. South Canterbury DHB CPHAC has requested that the alcohol strategy recommended in the draft position statement be developed for their consideration before making a final recommendation. Canterbury DHB CPHAC will consider the draft position statement at their next meeting.</p>	
<p>West Coast DHB unanimously adopted the position statement at their most recent meeting.</p>	
<p>Included with the draft position statement and background paper is a scoping report summarising activity on the development of a Southern DHB alcohol harm reduction strategy which was endorsed by the Executive Management Team following a proposal by the Clinical Board in October 2010.</p>	

Specific implications for consideration (financial/workforce/risk/legal etc):		
Financial:	Nil	
Workforce:	Workforce will be required to develop an Alcohol Harm Reduction Strategy as recommended in the draft position statement.	
Other:	The draft position statement provides an opportunity for South Island DHBs to adopt a consistent position on alcohol across the region, which will have a bearing on efforts to encourage other sectors to adopt a similar course of action.	
Document previously submitted to:	EMT	Date: 07/06/2012
Approved by Chief Executive Officer:	Pending	Date: dd/mm/yy
Prepared by: South Island Public Health Units Date: 27/04/2012	Presented by: Marion Poore	
RECOMMENDATIONS:		
<ol style="list-style-type: none"> 1. That the Community and Public Health Advisory Committee review and provide feedback on the draft position statement and endorse its submission to Southern District Health Board. 		

POSITION STATEMENT ON ALCOHOL

This position statement is consistent with the position statements of Nelson Marlborough, West Coast, Canterbury, and South Canterbury District Health Boards and should be read in conjunction with the evidence-based background paper on alcohol.¹ Both documents have been developed collaboratively by the South Island Public Health Units and represent the South Island DHBs working together to address alcohol-related harm.

The Southern District Health Board acknowledges the wide range of alcohol-related harm that is experienced by people within the Southern district and that the burden of this harm is carried disproportionately by some population groups. It recognises that alcohol use is a major risk factor for numerous health conditions, injuries and social problems. Additionally, alcohol-related harm costs the health sector significant money, time and resources.

Southern DHB POSITION:

The Southern District Health Board will reduce the alcohol-related harm experienced by people within the Southern district by developing an Alcohol Harm Reduction Strategy. This strategy will set out the actions Southern District Health Board will undertake to reduce alcohol-related harm, including a communication plan.

The Southern District Health Board will identify and record alcohol-related presentations within the Southern district in a consistent manner.

The Southern District Health Board will support and assist Territorial Authorities to develop local alcohol plans that seek to reduce alcohol-related harm by providing information on alcohol-related presentations to emergency departments, and other information pertaining to the burden of alcohol. It will provide further evidence-based advice to assist with these plans.

EVIDENCE BASED SOLUTIONS:

The Southern District Health Board will advocate for the following evidence-based solutions to reduce the alcohol-related harm experienced by New Zealanders²:

Raise alcohol prices

- Increase levels of excise tax on alcohol by at least 50%

¹ A summary of evidence from the paper is attached as an appendix. Full references are in the background paper.

² These recommendations align with the CDHB's Submission to The Law Commission's Issues Paper on the Reform of New Zealand's Liquor Laws (2009), and with those contained in a recent Commentary from the Injury Prevention Research Unit: Kypri, K., Maclennan, B., Langley, J.D., and Connor, J.L. 2011. 'The *Alcohol Reform Bill*: More tinkering than reform in response to the New Zealand public's demand for better laws'. *Drug and Alcohol Review* 30, 428-433.

- Adjust excise tax so that alcohol products taxed directly on level of ethanol
- Use revenue from increase in excise tax to reduce harm amongst high-risk consumers
- Set minimum retail price for alcohol (per alcohol unit)

Raise the alcohol purchase age

- Restore alcohol purchase age to 20 years for both on-licences and off-licences
- Ensure enforcement of minimum purchase age
- Additionally, make it an offence for an adult other than a parent/guardian to supply alcohol to a child; and require parents/guardians who supply alcohol to their child to supervise the consumption of that alcohol

Reduce alcohol accessibility

- Restrict on-licences from selling alcohol after 2am
- Restrict off-licences to selling alcohol between 8am and 10pm
- Restrict convenience stores / dairies from selling alcohol
- Tighten law on granting of liquor licences – provide further grounds to refuse licences (e.g. detrimental social impact to community)
- Tighten restrictions on numbers of outlets in a given area

Reduce marketing and advertising of alcohol

- Ban alcohol sponsorship of sporting and cultural events
- Ban advertising of alcohol from television and cinema
- Advertising of alcohol to convey only basic information about the product
- Put health warning labels on alcohol products
- Ensure alcoholic beverages are labelled with ingredient and nutritional information
- Prohibit marketing of alcohol to youth

Reduce legal blood-alcohol limits for drivers

- Lower the legal blood alcohol (BAC) limit from 80mg/100ml blood to 50mg/100ml blood

APPENDIX: Summary of Evidence

Alcohol Related Harm:

Alcohol use is a major risk factor for numerous health conditions, injuries and social problems, causing approximately 4% of deaths worldwide and (in 2000) 3.9% of all deaths in New Zealand. Much acute harm results from intoxication and includes: road traffic injuries and fatalities, burns, falls, drowning, poisoning, foetal alcohol spectrum disorder, assault, self-inflicted injury, suicide and homicide.

Biological effects of alcohol

Alcohol affects the brain. It alters the mood and impairs memory and psychomotor function. People who consume alcohol are less inhibited and therefore more likely to take risks and behave aggressively, leading to motor vehicle accidents and other injuries. Alcohol use is linked to a wide range of major diseases, including: heart disease, cancer, psychiatric and neurological conditions, gastrointestinal disease, and birth defects including foetal alcohol syndrome. It also contributes to diabetes, sleep disorders, and infectious diseases such as pneumonia and tuberculosis.

Unborn children and adolescents are particularly vulnerable to the effects of alcohol. Unborn children exposed to alcohol are at high risk of problems with memory, language, attention, learning, visuo-spatial ability, fine and gross motor skills, and social and adaptive functioning. Adolescent brains are still developing and therefore vulnerable to alcohol toxicity, addictive problems and psychiatric disorders.

Alcohol-related harm

Alcohol contributes to crime in New Zealand. Nearly half of all homicides in New Zealand between 1999 and 2008 involved alcohol. A third of all offenders in the year 2007/08 had consumed alcohol. Drink driving causes substantial harm - 27% of drivers in all fatal crashes between 2007 and 2009 were reported as having consumed alcohol.

Social harm results from alcohol: reportedly 12.2% of adults experienced harmful effects on friendships, social life, home life, work/study/employment opportunities, financial position, and legal problems or difficulty learning from their own drinking in the past year.

The economic cost of alcohol-related harm in New Zealand is significant. Harmful alcohol use in 2005/06 alone cost New Zealand an estimated \$4,794 million of diverted resources and lost welfare.

Alcohol-related harm and population groups

Alcohol-related harm is experienced variably throughout the population. Men have a higher rate of alcohol-related mortality than women and Māori have a higher rate than non-Māori. Evidence clearly demonstrates that Māori suffer disproportionately from a wide range of alcohol-related harms compared to non-Māori. New Zealanders with lower socioeconomic status also bear a disproportionate burden of alcohol-related harm. Children are particularly vulnerable to alcohol-related harm caused by the drinking of other people and can suffer from increased susceptibility to

child abuse, neglect and witnessing family violence if caregivers have an alcohol problem.

Cost of alcohol-related harm to the health sector

Alcohol-related harm in New Zealand costs the health sector significant money, time and resources. Intoxicated patients also impact negatively on staff and other patients. An estimated 35% of injury-based emergency department presentations are alcohol-related. From 1 November 2010 to 29 October 2011 892 patients were seen in Dunedin Hospital Emergency Department for alcohol-related presentations. The average length of stay for these patients was 4.5 hours, with an average cost to Southern District Health Board of \$1,000 per person.

NZ Drinking Pattern:

Alcohol is widely available in NZ

Alcohol is easily accessible from a wide variety of outlets and to anyone over the age of 18. It can be purchased 24 hours a day, 7 days a week and on most days of the year. Alcohol can be consumed either on the premises (on-licences) in bars, restaurants, cafes, hotels, pubs and individual clubs or at special functions; or off the premises (off-licences) when purchased from liquor stores, supermarkets, grocery stores or dairies. Alcohol is more widely available now than in the past: in 2010 the number of places which held liquor licences was 14,424; this has increased from 6,295 in 1990. It is inexpensive: reportedly, in 2010, 3 litres of cask wine could be purchased (on special) for as little as \$16.99.

Drinking patterns in NZ

According to recent surveys, most New Zealanders (85%) drink at least some alcohol. At least two-thirds of those surveyed in 2007/08 drank once a week. Of people surveyed, nearly two-thirds of all people drank to excess at least once a year and one in ten did so at least once a week. Harmful drinking is more common amongst Māori, Pacific and young people. New Zealanders tolerate excess drinking – less than half surveyed agreed that “It is never O.K. to get drunk” and over one quarter agreed that it is “O.K. to get drunk as long as it’s not everyday”. A third of those surveyed started drinking at around the age of 14.

How the current law impacts upon these drinking patterns

The Sale of Liquor Act (1989) has liberalised the sale of alcohol, allowing it to be sold widely, including from supermarkets and over a 24 hour period. Since 1999 (with an amendment to the Act), the purchase age has dropped to 18 (from 20 years), beer has become available in supermarkets and alcohol can be purchased on Sundays. District Licensing Authorities (DLAs) in each local area grant and renew licenses and stipulate opening times. Licensing Inspectors check that premises within their area comply with regulations (e.g. not selling to those who are already intoxicated). The Resource Management Act (1991) legislates how local communities manage the use of land, which requires that a District Plan be put into place and complied with. The Local Government Amendment Act 2001 allows local authorities to impose liquor bans, banning alcohol in public places at certain times. The Land Transport Amendment Act (2011) has lowered the blood alcohol

concentration (BAC) limit for drivers under 20 years to zero. The limit for drivers over 20 years is 80mg per 100ml blood.

Evidence Based Strategies to Reduce Harm:

Raise prices

Evidence shows that when alcohol prices go up, consumption goes down. One of the best ways to influence the consumption of alcohol is through pricing. Alcohol prices are subject to excise tax, which in New Zealand is set at a particular rate depending on which band of alcohol strength the product falls into (e.g. alcoholic beverages between 9-14% alcohol are taxed at 10%). Currently excise tax rates are lower than that of other countries; they are also not adjusted for inflation. In New Zealand there is often a price differential between on and off-licences, which encourages 'pre-loading' (loading up on cheap alcohol before frequenting on-licences).

Raise the purchase age

Research shows that the legal purchase age affects how much youth drink. A lower purchase age has been associated with increased harm (including traffic crashes). In order for a higher purchase age to be effective, it needs to be combined with adequate enforcement. A higher purchase age acknowledges that the effect of alcohol and its harms is much greater on the adolescent brain as it is still developing.

Reduce alcohol accessibility

It is scientifically and economically effective to restrict the physical availability of alcohol in order to reduce harm. Limiting the physical availability of alcohol can be achieved through limiting the hours and days of sale, and controlling outlet density. Currently alcohol is too easily purchased and facilitates pre-loading. There are often too many alcohol outlets within an area – high densities of alcohol outlets have been shown to be associated with increased harm, including traffic crashes.

Reduce marketing and advertising

Advertising of alcohol has increased in many countries over recent decades, including New Zealand. Prior to the 1980s alcohol advertising in New Zealand was mostly non-existent, due to legislation controlling the advertising of alcohol – now alcohol advertising is left to the self-regulation of the industry. Since 1992, advertising of alcohol has been allowed on both television and radio – albeit at restricted times (9pm-6am) for television. Since 1987 alcohol companies have been allowed to sponsor sports and advertise corporately. Alcohol advertisements often sell the image that drinking is attractive, glamorous and fun; and these messages are particularly appealing to young people. Alcohol advertising not only leads to greater consumption of alcohol, but also colours people's perceptions of the drinking habits of others.

Reduce legal blood alcohol limits for drivers

With increasing levels of alcohol in the blood, driving performance declines. Currently (as of 2011), there is zero tolerance for drivers under 20 years with any alcohol at all in their blood. Drivers over 20 are legally entitled to drive after drinking with no more than 80mg per 100ml of alcohol in the blood. In 2009 in New Zealand, 138 deaths resulted from traffic accidents where alcohol (and/or drug use) was a

contributing factor. Research has shown that the risk of traffic crashes goes up proportionate to the level of alcohol in the blood: the risk doubles for those with 0.05% BAC compared to those with none; there is ten times the risk for those with 0.08% BAC; and one hundred times the risk for those with 0.15% BAC or higher.

Southern District Health Board

Minutes of the Hospital Advisory Committee Meeting held on Wednesday, 4 July 2012, commencing at 2.00pm in the Board Room, Main Block, 2nd Level, West Wing, Wakari Hospital Campus

Present:	Mr Paul Menzies Mr Neville Cook Dr Malcolm Macpherson Mr Tahu Potiki Dr Branko Sijnja Mr Richard Thomson Mr Tim Ward	Chairman
In Attendance:	Mrs Kaye Crowther Ms Carole Heatly Mrs Lexie O'Shea Mrs Leanne Samuel Mr David Tulloch Mr Grant Paris Ms Stacy Belser Mrs Joanne Fannin	Board member Chief Executive Officer Executive Director of Patient Services/ Deputy CEO Executive Director of Nursing and Midwifery Executive Medical Director Senior Business Analyst, Otago Community Relations Officer, Southland via vc Board Secretary Southland

1.0 WELCOME AND APOLOGIES

The Chairman welcomed everyone to the meeting. There were no apologies.

2.0 MEMBERS' DECLARATION OF INTEREST

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

3.0 CONFIRMATION OF PREVIOUS MINUTES

It was resolved:

"That the minutes of the 6 June 2012 Hospital Advisory Committee meeting be approved and adopted as a true and correct record."

4.0 MATTERS ARISING

There were no matters arising.

5.0 ACTION SHEET

The HAC meeting action sheet was received. The triage data is being collated and a report will be provided for the HAC meeting as soon as it is available.

6.0 CHIEF OPERATING OFFICERS' REPORT

The Chief Operating Officers' report was received and the Executive Director of Patient Services/Deputy CEO (EDPS/DCEO) responded to members' questions.

Cover Sheet for Report – a request was made for future cover sheets to include the financial and any other implications for Southern DHB.

Better Help for Smokers to Quit – subsequent to the report being prepared, the Ministry of Health (MoH) advised that admissions that they had previously asked be excluded should be included and work is progressing on ensuring the appropriate paperwork is in place.

Process Mapping – is happening in a number of areas to identify how patients can better be moved through the system. The Orthopaedic Patient Pathway has now moved on to the implementation stage and a number of streams of work from this will be reported to the HAC in relation to taking the pathway process to the next stage. Skills learnt are being transferred to benefit other areas.

Number of Patients given certainty and their wait time for treatment - the six month criteria was met as at the end of June 2012. In 12 months time all patients will be treated within five months. The efforts of the staff in achieving this target were acknowledged.

Southern DHB Imaging Wait Time – the cost of contracting out versus running additional clinics in-house after hours was discussed. The CEO advised the need to maximise the network of scanners available across the Southern DHB district. The 'Better Way of Working – Radiology' project will assist in addressing this.

7.0 CHIEF OPERATING OFFICER'S REPORT, OTAGO

The report was received and the EDPS/DCEO responded to members' questions.

Dunedin Hospital occupancy – the additional cost required for a 98% occupancy rate compared to 85% occupancy was discussed.

Emergency Department attendances – the CEO requested a comparison of data from other hospitals on the number of attendances and the number of admissions through ED. The recent success with the after hours access for under six year olds was achieved due to the collaborative approach with Southern PHO. The CEO noted this has given a good basis for further work around the most efficient use of all out of hours services throughout the Southern DHB district.

National Health Board (NHB) and Southern DHB Joint Assessment of Systems – Dunedin Hospital – a request was made for the dashboard to be updated to identify what 'completion' looks like.

8.0 CHIEF OPERATING OFFICER'S REPORT, SOUTHLAND

The report was received and the EDPS/DCEO responded to members' questions.

Annual Plan – Acute Theatre Utilisation – an update was provided following a recent pilot and whilst there was a better outcome for patients, the shift from the elective to the acute area was noted.

The Productive Operating Theatre (TPOT) – a comparison of data across the Dunedin and Southland Hospital sites is difficult at the current time, due to the difference in the way the data is collected. The introduction of Theatre Compass on the Dunedin site will enable comparisons to take place at a district and national level. The efficiencies to be gained through the utilisation of Clinical Nurse Specialists and the acknowledgement of the value they add by Senior Medical Officers was highlighted by the Executive Director of Nursing and Midwifery (EDNM).

9.0 CHIEF NURSING AND MIDWIFERY OFFICER'S REPORT

The report was received and taken as read. The CEO commended the EDNM for progressing with the first stage of the Care Capacity Demand Management (CCDM) pilot, which involved surveying staff, noting the challenge of progressing when a change management process is underway.

10.0 CHIEF MEDICAL OFFICER'S REPORT

The report was received and taken as read.

11.0 FINANCIAL REPORT

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

The draft employee evaluation has been received and the draft estimate for the value of gratuities is \$3.5M against a budget of \$1M. The difference is due to decreased interest rates.

The Senior Business Analyst (SBA) Otago is to provide an update at the meeting to be held on 1 August 2012 identifying the difference between the cost of capital and the interest rates.

The SBA reported on the \$450K that had not been accrued in previous month and noted that better processes have now been put in place for the future.

The CEO acknowledged the disappointing unfavourable fiscal position and provided an assurance that the risks had been identified and outlined the steps being taken by management to address the issues identified and create efficiencies.

Discussion was held on the reporting mechanism for HAC into the future when services are provided in a more district wide manner. An assurance of equity of access across the Southern DHB district within each service was sought.

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.

It was resolved:

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

15.0 CONFIDENTIAL SESSION

At 3.30pm, it was resolved:

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

General subject:	Reasons for passing this resolution:	Grounds for passing the resolution:
Previous Public Excluded Hospital Advisory Committee Minutes	As per reasons set out in previous agenda	<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>
Risk Register	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>
Southland Incubator Programme	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>
SPECT/CT Purchase	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>

The meeting closed at 4.00pm.

Confirmed as a true and correct record:

Chairman: _____

Date: _____

Southern District Health Board

Minutes of the Iwi Governance Committee Meeting held on Wednesday, 4 July 2012, commencing at 12.00pm in the Board Room, Main Block, 2nd Level, West Wing, Wakari Hospital Campus

Present:	Mrs Eleanor Murphy	Ōtākou Rūnaka - Chair
	Mr Taare Bradshaw	Hokonui Rūnaka
	Mrs Kaye Crowther	Board Member, Southern DHB
	Ms Kingi Dirks	Moeraki Rūnaka
	Mr Peter Ellison	Puketeraki Rūnaka
	Mr Paul Menzies	Deputy Chairman, Southern DHB
	Mr Tahu Potiki	Board member, Southern DHB
	Ms Odele Stehlin	Waihōpai Rūnaka
In Attendance:	Ms Carole Heatly	Chief Executive Officer
	Mr Donovan Clarke	Kaiwhakahaere Hauora Māori
	Ms Pania Coote	District Manager Māori Health
	Mrs Joanne Fannin	Board Secretary Southland

1.0 WELCOME APOLOGIES AND KARAKIA

The Chair welcomed members to the meeting and a mihi welcoming the CEO, Ms Carole Heatly, to her first IGC meeting was provided by Mr Taare Bradshaw. The Executive Director of Māori Health/Kaiwhakahaere Hauora Māori (KHM) and CEO responded to the mihi. Apologies were noted from IGC Deputy Chair, Ms Hana Morgan and IGC members, Mrs Ann Wakefield and Ms Sandra Cook. An apology was also noted from the Southern PHO CEO, Mr Ian Macara, who was unable to present to the meeting as scheduled.

It was resolved:

"That the apologies as noted be accepted."

2.0 MEMBERS' DECLARATION OF INTEREST

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

3.0 CONFIRMATION OF PREVIOUS MINUTES

It was resolved:

"That the minutes of the 6 June 2012 Iwi Governance Committee meeting be approved and adopted as a true and correct record, subject to a change to the resolution at bullet point 13.0 on page 3 of the minutes, with the wording 'Where a member is on leave for a prolonged period' to be removed."

4.0 MATTERS ARISING

The Committee discussed the amendment to the previous minutes as outlined.

5.0 ACTION SHEET

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

- **Action No. 83 – long-term strategic plan** – an update will be provided in August and the joint Wānanga is planned for November 2012.
- **Action No. 85 – meetings** – the Committee agreed that monthly meetings would continue through to the signing off on the long-term strategic plan in November 2012. Meetings for the 2013 calendar year are to be bi-monthly.
- **Action No. 92 – Southern PHO Māori Health Plan** – the need for Southern DHB and Southern PHO to work more closely together on Southern PHO's Māori Health Plan in the future was noted.

It was resolved:

"That the Iwi Governance Committee endorses Southern PHO's Māori Health Plan, subject to the inclusion of the new Māori Health targets and the issues raised by Ms Stehlin being considered."

- **Action No. 104 – Māori Health targets and outcomes** – the information requested is to be provided for the meeting to be held on 1 August 2012. Southern PHO is to advise on the number of Māori enrolled with a GP.
- **Action No. 106** – the Committee noted that consideration is being given to integrating the MHAP within the DHB Annual Plan (AP).

IGC member, Mr Tahu Potiki, joined the meeting at 12.50pm.

- **Action No. 107** – the CEO and Board Chairman are to consider the request by the IGC to include 'Māori' under 'specific implications for consideration' on the reporting template to Board.
- **Action No. 109** – the Committee considered a one page summary (*appendix one*) as an alternative to CVs being provided by potential candidates being considered as Māori representatives on various Advisory Group/Committees.

It was resolved:

"That the Iwi Governance Committee endorses the Iwi Governance Committee – Advisory Position template, subject to the inclusion of the words 'or any known conflict of interest' in row four of the table."

6.0 UPDATE BY THE KAIWHAKAHAERE HAUORA MĀORI (KHM)

The KHM's report was received and the KHM responded to members' questions. An update was provided on the reporting cycle against the MHIP and it was noted that the dashboard is being enhanced to include more specific targets and will be presented to the IGC in August 2012.

7.0 UPDATE BY CHIEF EXECUTIVE OFFICER

The Committee received the CEO's report. An update was provided on the restructure process and the unfavourable fiscal position and the steps being taken to address that.

8.0 UPDATE BY IGC CHAIR

Southern PHO - the Committee received the draft Southern PHO Principles of Relationship between Murihiku and Araiteuru Runaka and the Southern PHO. The KHM is to discuss with the CEO, Southern PHO his role under the PoR.

It was resolved:

"That the Iwi Governance Committee supports in principle the Southern Primary Health Organisation Principles of Relationship, subject to an amendment to the quorum to read 'a majority of the Committee' and acceptance by the individual Runaka covered under the proposed PoR document".

9.0 ADVISORY GROUP MINUTES

The minutes from the Southern DHB Management Advisory Group Māori Health and the Southern PHO Māori Health Advisory Group were received.

10.0 GENERAL

Health of the Older Person (HOP) Consultation document – the Committee received a copy of the HOP consultation document. A request was made that for future consultation documents the Māori Health Directorate (MHD) provide a brief summary and recommendation for approval by the Committee.

Whānau Ora – following discussion, the Committee requested that Whānau Ora be included on the agenda for the IGC meeting to be held on 1 August 2012.

11.0 CONCLUSION

The meeting concluded with a closing karakia.

The meeting closed at 1.40pm.

Confirmed as a true and correct record:

Chair: _____

Date: _____



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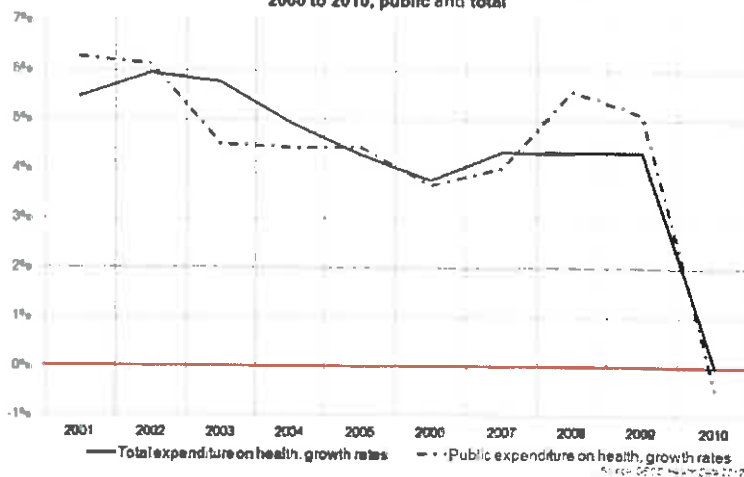
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Growth in health spending grinds to a halt

28/06/2012 - Growth in health spending slowed or fell in real terms in 2010 in almost all OECD countries, reversing a long-term trend of rapid increases, according to [OECD Health Data 2012](#).

Overall health spending grew by nearly 5% per year in real terms in OECD countries over the period 2000-2009, but this was followed by zero growth in 2010. Preliminary figures for a limited number of countries suggest little or no growth in 2011. The halt in total health spending in 2010 was driven by a fall of 0.5% in public spending for health, following an increase of over 5% per year in 2008 and 2009.

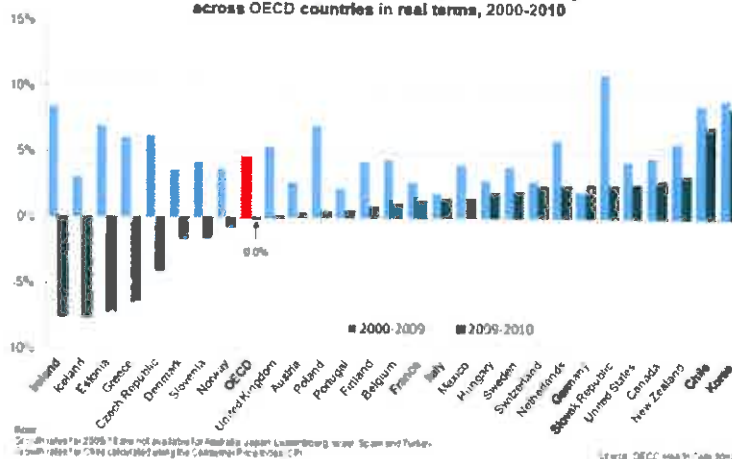
Figure 1. Average OECD health expenditure growth rates in real terms, 2000 to 2010, public and total



While government health spending tended to be maintained at the start of the economic crisis, cuts in spending really began to take effect in 2010. This was particularly the case in the European countries hardest hit by the recession.

In Ireland, cuts in government spending drove total health spending down by 7.6% in 2010, compared with an average yearly growth rate of 8.4% between 2000 and 2009. Similarly, health spending in Iceland fell by 7.5%, as a result of a 9.3% reduction in public spending. In Estonia, following an average growth rate of nearly 7% per year from 2000 to 2009, expenditure on health dropped by 7.3% in 2010, driven by reductions in both public and private spending. In Greece, estimates suggest that total health spending fell by 6.5% in 2010 after a yearly growth rate of more than 6% on average since 2000.

Figure 2. Average annual growth in health spending across OECD countries in real terms, 2000-2010



[Click here to access more charts and the data in Excel](#)

Reductions in public spending were achieved through a range of policy measures. In Ireland, most of the reductions have been achieved through cuts in wages or the fees paid to professionals and pharmaceutical companies, and through actual reductions in the number of health workers. Estonia cut administrative costs in the ministry of health and also reduced the prices of publicly reimbursed health services.

Investment plans have also been put on hold in a number of countries, including Estonia, Ireland, Iceland and Czech Republic, while gains in efficiency have been pursued through mergers of hospitals or ministries, or accelerating the move from in-patient hospitalisation towards out-patient care and day surgery. The use of generic drugs has also been expanded in a number of countries.

Other measures have been introduced to make people pay more out of their pockets. For example, Ireland increased the share of direct payments by households for prescribed medicines and appliances, while the Czech Republic increased users' charges for hospital stays.

Outside of Europe, health spending growth slowed in 2010, to around 3% in the United States, Canada and New Zealand. Growth remained at more than 6% in Korea.

As a result of the zero growth in health spending across OECD countries in 2010, the percentage of GDP devoted to health stabilised or declined slightly in most countries. Health spending accounted for 9.5% of GDP on average across OECD countries in 2010, compared with 9.6% in 2009.

In 2010, health spending as a share of GDP remained by far the highest in the United States (17.6% of GDP), followed by the Netherlands (12%), France and Germany (11.6%). The lowest shares of national income devoted to health are in Mexico (6.2%) and Turkey (6.1%). In Japan, the share of spending allocated to health has increased substantially in recent years to 9.5%, up from 7.6% in 2000, and is now equal to the OECD average. The share also increased in Korea to 7.1% in 2010, up from 4.5% in 2000.

These are some of the short- and long-term trends shown in **OECD Health Data 2012**, the most comprehensive source of comparable statistics on health and health systems across the 34 OECD countries. Covering the period 1960 to 2010, this interactive database can be used for comparative analyses on health status, risk factors to health, health care resources and utilisation, and health expenditure and financing.

OECD Health Data 2012 is available in OECD.Stat, the statistics portal for all OECD databases. More information about the database is available at www.oecd.org/health/healthdata.

For further information about the content, please contact Gaétan Lafortune (tel. 33 1 45 24 92 67 or gaetan.lafortune@oecd.org) or Mark Pearson (tel. 33 1 45 24 92 69 or mark.pearson@oecd.org) in the OECD Health Division.

Also available:

*L'augmentation des dépenses de santé marque le pas (French)

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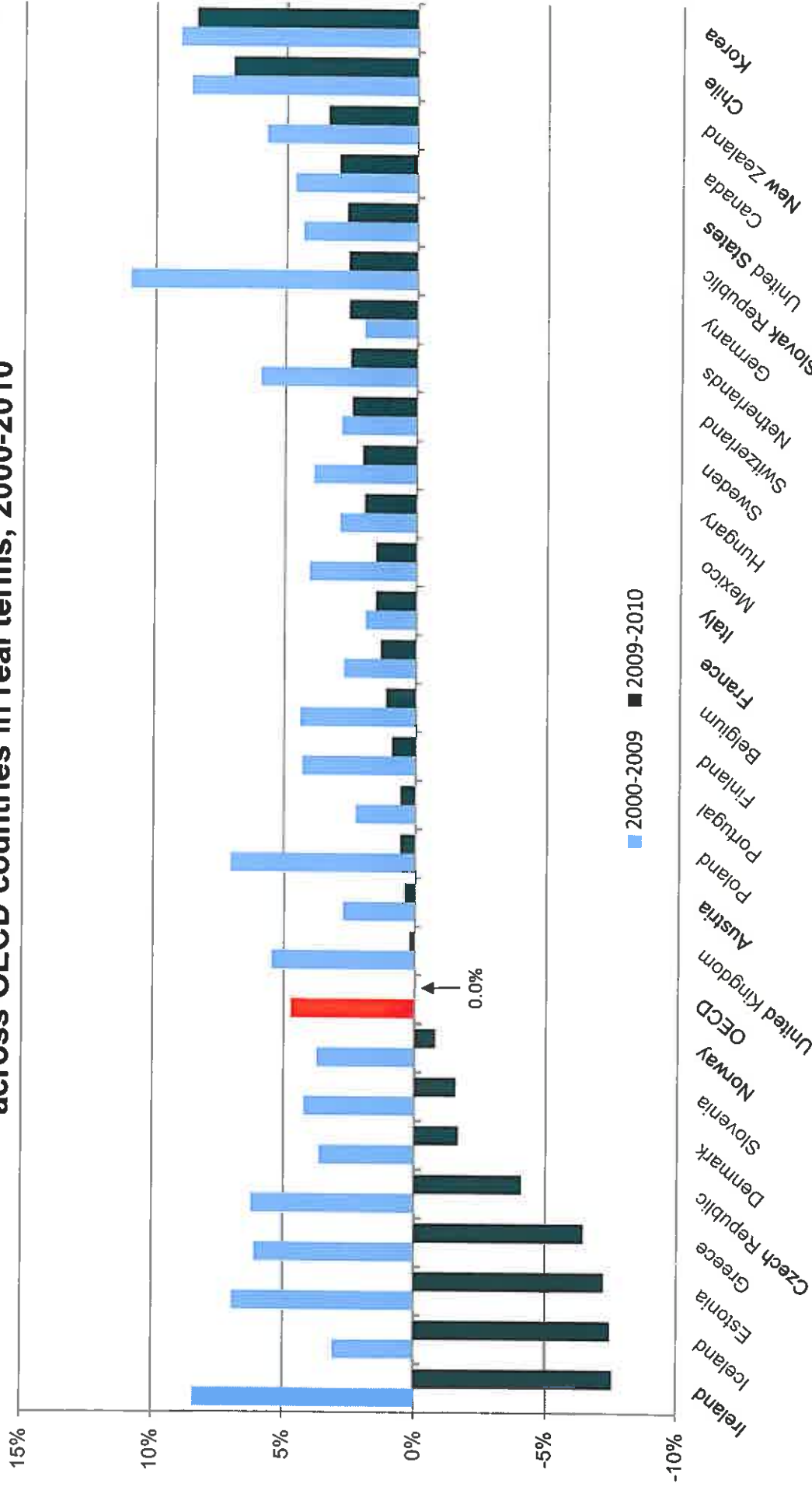
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Figure 2. Average annual growth in health spending across OECD countries in real terms, 2000-2010



Note: Growth rates for 2009/10 are not available for Australia, Japan, Luxembourg, Israel, Spain and Turkey. Growth rates for Chile calculated using the Consumer Price Index (CPI).

Source: OECD Health Data 2012.

HEALTH EXPENDITURE

Annual growth rate of total expenditure on health, in real terms

	2000-2001	2001-2002	2002-2003	2003-2004	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2000-2009 (or nearest year)
Australia	5.0	6.3	3.3	6.1	1.7	3.9	4.1	4.6	6.4		4.6
Austria	1.6	3.8	2.7	4.6	2.3	1.7	4.2	3.6	2.7	0.4	2.7
Belgium	2.9	3.4	19.1	4.6	1.4	-2.5	3.2	5.0	3.7	1.1	4.4
Canada	7.2	6.0	3.8	3.0	3.5	4.3	2.9	3.0	4.6	3.0	4.6
Chile 1	5.8	3.6	18.6	6.8	7.7	9.0	10.1	3.9	13.3	7.1	8.7
Czech Republic	4.9	8.1	8.9	1.4	7.2	3.3	3.0	7.8	11.7	-4.1	6.6
Denmark	5.3	3.0	2.3	4.1	3.5	5.0	2.2	1.2	5.9	-1.7	3.6
Estonia	-2.4	6.3	11.0	9.4	6.5	10.0	10.6	12.6	-0.5	-7.3	6.9
Finland	5.2	7.1	6.5	4.9	5.7	3.4	1.5	3.5	1.1	0.9	4.3
France	3.1	4.4	4.5	3.5	2.9	1.9	2.1	-0.9	3.3	1.3	2.7
Germany	2.6	2.1	1.4	-1.2	2.0	2.0	1.7	3.2	4.1	2.6	2.0
Greece	16.4	6.9	4.0	1.4	12.8	6.4	4.0	3.0	0.9	-6.5	5.1
Hungary	4.6	9.6	17.2	0.5	6.8	1.6	-7.0	-1.9	-3.4	2.0	2.9
Iceland	2.2	8.8	4.7	2.6	2.5	1.2	5.5	1.6	-1.4	-7.5	3.1
Ireland	15.2	11.0	8.2	8.1	6.2	4.8	8.0	11.3	3.5	-7.6	8.4
Israel	6.7	-1.5	0.4	3.7	5.7	1.4	5.3	5.3	-1.8		2.8
Italy	3.8	2.0	0.1	5.5	4.2	3.0	-2.1	1.7	-1.0	1.5	1.9
Japan	3.1	0.9	3.3	2.2	3.6	1.7	2.4	2.7	4.2	2.7	2.7
Korea	17.3	4.2	8.4	6.0	12.2	12.3	9.5	4.8	7.5	8.5	9.1
Luxembourg	1.5	16.2	-5.8	11.7	2.1	2.4	-1.9	-3.8	10.1		3.4
Mexico	7.5	3.9	4.2	7.6	1.5	1.7	5.1	2.4	2.8	1.5	4.1
Netherlands	6.3	7.0	10.5	4.3	0.6	2.3	15.7	3.6	4.1	2.5	6.0
New Zealand	4.9	9.2	1.5	5.9	7.9	7.3	-0.4	7.4	8.6	3.4	5.8
Norway	4.5	8.3	3.6	2.7	2.4	1.3	3.7	3.9	2.8	-0.8	3.7
Poland	7.4	9.7	2.3	4.7	3.8	6.0	9.1	14.3	6.5	0.6	7.0
Portugal	1.6	1.1	3.8	4.8	3.8	-1.7	2.0	2.2	2.8	0.6	2.3
Slovak Republic	3.6	7.0	8.3	30.2	4.2	13.0	16.6	9.4	8.5	2.6	10.9
Slovenia	6.7	4.4	3.2	0.8	4.1	4.9	1.2	9.8	2.8	-1.6	4.2
Spain	4.1	2.8	16.2	3.7	4.5	4.9	5.2	6.6	2.8	5.6	5.6
Sweden	9.7	6.7	3.2	1.7	2.9	3.0	2.9	2.9	2.3	3.9	3.9
Switzerland	5.5	3.5	2.9	2.9	1.9	-0.6	2.1	3.3	4.2	2.4	2.9
Turkey	-1.7	10.2	4.9	10.0	10.0	14.0	8.7	1.3			7.1
United Kingdom	6.4	7.1	6.3	5.9	5.2	5.3	3.7	2.2	7.0	0.2	5.4
United States	6.0	7.7	6.2	4.1	3.4	3.3	3.3	2.4	2.7	2.7	4.3
OECD AVERAGE											4.7

Source: OECD Health Data 2012

<http://stats.oecd.org/Index.aspx?DataSetCode=SHA>

1. Growth rates for Chile calculated using the Consumer Price Index (CPI).

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FUNDING ADMINISTRATION
CONTRACTS REGISTER (EXPENSES) - JULY 2012

PROVIDER NAME	DESCRIPTION OF SERVICES	ANNUAL AMOUNT	SIGNED BY	CONTRACT/VARIATION END DATE
Charlotte Jean Maternity Hospital Limited Agreement	Charlotte Jean Primary Maternity	\$1,483,293.69	Peter Hay	31.03.15
Dunedin Community Care Trust Variation to Agreement	Community Residential Care for a Named Individual.	\$16,976.16	Peter Hay	31.10.12
St John's Parish (Roslyn) Friends of the Aged & Needy Society t.a Leslie Groves Variation to Agreement	Age Related Day Care Services.		Peter Hay	31.12.12
Mosgiel Elderly Care Trust Variation to Agreement	Age Related Day Care Services.		Peter Hay	31.12.12
Parata Anglican Charitable Trust Baord Variation to Agreement	Age Related Day Care Services.		Peter Hay	31.12.12
Northern Southland Health Limited Agreement	Lumsden Primary Maternity	\$349,837.26	Peter Hay	31.03.13
Ryman Healthcare Limited t.a Rowena Jackson Variation to Agreement	Age Related Day Care Services		Peter Hay	31.12.12
Milton Elder Care Turst Variation to Agreement	Age Related Day Care Services		Peter Hay	31.12.12
Presbyterian Support Otago Incorporated Variation to Agreement	Age Related Day Care Services		Peter Hay	31.12.12
Corstorphine Baptist Community Trust Variation to Agreement	Additional Support for a Named Individual.	\$15,679.30	Peter Hay	31.10.12
Adventure Development Limited Variation to Agreement	Community Child, Adolescent & Youth Service (ADC & YADS)	\$1,036,919.77	Peter Hay	30.06.13
Montecillo Veterans Home & Hospital Limited Service Schedule	Exceptional Circumstances Palliative Care for a Named Individual.	\$16,304.24	Peter Hay	14.08.12

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

Presbyterian Support Otago Incorporated t.a Iona Hospital Service Schedule	Exceptional Circumstances Palliative Care for a Named Individual.	\$16,054.92	Peter Hay	21.08.12
Presbyterian Support Otago Incorporated t.a Ross Hospital Service Schedule	Exceptional Circumstances Palliative Care for a Named Individual.	\$16,304.24	Peter Hay	14.08.12
Enable New Zealand Variation to Agreement	Short Term Equipment - Otago Rural	\$80,479.68	Peter Hay	30.06.13
Oceania Care Company Limited t.a Longwood Lifestyle Village Service Schedule	Exceptional Circumstances Palliative Care for a Named Individual.	\$16,223.28	Peter Hay	08.08.12
Lake Wakatipu Home & Hospital Limited Agreement	Exceptional Circumstances Palliative Care Head Agreement.		Peter Hay	03.08.20
Lake Wakatipu Home & Hospital Limited Service Schedule	Exceptional Circumstances Palliative Care for a Named Individual.	\$16,602.32	Peter Hay	02.08.12
Waiau Health Trust Limited Variation to Agreement	Age Related Day Care Services		Peter Hay	31.12.12
Central Southland Hospital Charitable Trust Board Variation to Agreement	Age Related Day Care Services		Peter Hay	31.12.12
Presbyterian Support Southland t.a Vickery Court Service Schedule	Exceptional Circumstances Palliative Care for a Named Individual.	\$16,103.68	Peter Hay	09.08.12
Southern Health Services Limited Variation to Agreement	Clinical Community Mental Health Service	\$428,092.78	Peter Hay	30.06.13

TOTAL AMOUNT FOR THE MONTH: \$3,508,871.32