



BOARD MEETING

A G E N D A

Thursday, 6 September 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, 6 September 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:

<i>General subject:</i>	<i>Reasons for passing this resolution:</i>	<i>Grounds for passing the resolution:</i>
Previous Public Excluded Board Minutes	As per reasons set out in previous agenda	S 32(a), Schedule 3, NZ Public Health and Disability Act 2000 – that the public conduct of this part of the meeting would be likely to result in the disclosure of information for which good reason for withholding exists under sections 9(2)(a), 9(2)(f), 9(2)(i), 9(2)(j) of the Official Information Act 1982, that is withholding the information is necessary to: protect the privacy of natural persons; maintain the constitutional conventions which protect the confidentiality of advice tendered by Ministers of the Crown and officials; to enable a Minister of the Crown or any Department or organisation holding the information to carry on, without prejudice or disadvantage, commercial activities and negotiations.
Review of Public Excluded Action Sheet	Personal privacy and to allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(i), 9(2)(j), and 9(2)(a).
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 ▪ 1 August 2012 b) Hospitals Advisory Committee ▪ 1 August 2012 ▪ 5 September 2012 c) Clinical Advisory Committee ▪ 1 August 2012 ▪ 5 September 2012 d) Audit & Risk Committee ▪ 2 August 2012 ▪ 14 August 2012 ▪ 5 September 2012 ▪ Accreditation	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).
Review of Performance Reporting	To allow activities to be carried on without prejudice or disadvantage	As above, section 9(2)(j).
CEO Remuneration (Board members only)	Personal privacy and to allow activities and negotiations to be carried on without prejudice or disadvantage	As above, sections 9(2)(j), 9(2)(a)

SOUTHERN DISTRICT HEALTH BOARD

INTERESTS REGISTER

Board Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB
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 02.08.2012	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. 4. Wife a trustee of Number 10, Youth One Stop Shop, Invercargill.	1. Nil. 2. Nil. 3. Appointed as a trustee by Southern DHB. PHO is contracted to the DHB. 4. Possible conflict with funding requests.
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

Board Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB
James Malcolm MACPHERSON	28.06.2005 09.03.2011 25.11.2010 25.11.2010 25.11.2010 28.08.2007 09.03.2011 09.03.2011 09.03.2011 13.12.2001 22.04.2003	1. Member Otago Polytechnic Council. 2. Contractor and Tutor, Otago Polytechnic. 3. Member Central Lakes Trust. 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.	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 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 August 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 17.08.2012	1. Southland Urology (Director). 2. Southern Surgical Services (Director). 3. UA Central Otago Urology Services Limited (Director). 4. Trustee, Gilmour Trust.	1. Potential conflict if DHB purchases services. 2. Potential conflict if DHB purchases services. 3. Potential conflict if DHB purchases services. 4. Southland Hospital Trust.

Minutes of the Southern District Health Board Meeting

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

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

In Attendance: Ms Carole Heatly Chief Executive Officer
Mrs Lexie O'Shea Deputy Chief Executive Officer/Executive
Director Patient Services
Mr Steve Addison Executive Director Communications
Mr Robert Mackway-Jones Executive Director Finance & Funding
Mr David Tulloch Chief Medical Officer
Ms Cherie Wells General Manager Corporate Services (by
videolink)
Ms Jeanette Kloosterman Board Secretary (by videolink)

1.0 CHAIR'S OPENING COMMENTS

The Chair welcomed everyone to the meeting.

2.0 APOLOGIES

An apology was received from Mr Stuart McLauchlan, Crown Monitor.

It was noted that Mrs Crowther and Mrs O'Shea would be leaving the meeting at 10.50 am to attend the launch of the Countdown Kids Hospital Appeal.

3.0 DECLARATION OF INTERESTS

Mr Menzies informed the Board that his wife had been appointed a trustee of Number 10, Youth One Stop Shop, Invercargill.

It was resolved:

"That the Interests Register be received."

4.0 CONFIRMATION OF PREVIOUS MINUTES

It was resolved:

"That the minutes of the 5 July 2012 Board meeting be approved and adopted as a true and correct record."

5.0 MATTERS ARISING

There were no matters arising from the previous minutes.

6.0 ACTION SHEET

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

7.0 CHIEF EXECUTIVE OFFICER'S REPORT

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

It was resolved:

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

8.0 FINANCIAL REPORT

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

It was noted:

1. That when two significant accounting items (valuation of employee entitlements and revenue from funds previously recorded as a liability) were excluded, the monthly operating result was a deficit of \$4.5m;
2. The year-end result was still to be finalised and further reports would be provided on this in the coming months.

It was resolved:

"That the Financial Report be received."

9.0 ADVISORY COMMITTEE REPORTS

Disability Support Advisory Committee/Community & Public Health Advisory Committee

The Board received a verbal report from Dr Macpherson, Chair of the Disability Support Advisory Committee (DSAC) and Community & Public Health Advisory Committee (CPHAC), on the DSAC & CPHAC meeting held on 1 August.

A recommendation from the Committees on a position statement on alcohol was tabled.

It was resolved:

"That the verbal report be received."

Position Statement on Alcohol

Messrs Cook and Menzies declared an interest and did not vote on this item.

It was resolved:

"That the Board approve the adoption of the position statement on alcohol by the Southern DHB."

Members requested that education and a one way door policy be included in the Alcohol Harm Reduction Strategy.

Hospital Advisory Committee

The minutes of the Hospital Advisory Committee (HAC) meeting held on 4 July 2012 were circulated with the agenda (item 10).

It was resolved:

"That the minutes be received."

The Board received a verbal report from Mr Menzies, HAC Chair, on the meeting held on 1 August 2012.

It was resolved:

"That the verbal report be received."

Iwi Governance Committee

The minutes of the Iwi Governance Committee (IGC) meeting held on 4 July 2012 were circulated with the agenda (item 11).

It was resolved:

"That the minutes be received."

The Board received a verbal report from Mr Potiki on the meeting of the Iwi Governance Committee held on 1 August 2012.

It was resolved:

"That the verbal report be received."

10.0 INFORMATION ITEM

Organisation for Economic Co-operation and Development (OECD) Report on Health Spending

A report on health expenditure growth rates in OECD countries in real terms, 2000-2010 (agenda item 12), was received.

11.0 CONTRACTS REGISTER

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

The Chairman declared an interest in the Corstorphine Baptist Community Trust and withdrew while this agreement was considered.

It was resolved:

"That the register be received."

Mrs Crowther and Mrs O'Shea left the meeting at 10.50 am.

PUBLIC EXCLUDED SESSION

At 11.00 am, it was resolved:

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

(The public session of the meeting then closed.)

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.

General subject:	Reasons for passing this resolution:	Grounds for passing the resolution:
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).

General subject:	Reasons for passing this resolution:	Grounds for passing the resolution:
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).

Confirmed as a true and correct record:

Chairman: _____

Date: _____

Southern District Health Board

BOARD MEETING ACTION SHEET

As at 2 August 2012

Action Point No.	SUBJECT	ACTION REQUIRED	BY	STATUS	EXPECTED COMPLETION DATE
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.	3 October 2012
183-2012/08	Interests Register (Minute item 3.0)	Mr Menzies' entry to be updated.	BS	Completed.	n/a
184-2012/08	Alcohol Harm Reduction Strategy (Minute item 9.0)	Education and one-way door policy to be included in the Alcohol Harm Reduction Strategy.	EDFF	This is being progressed by Public Health South.	

SOUTHERN DISTRICT HEALTH BOARD

Title:	CHIEF EXECUTIVE OFFICER'S REPORT		
Report to:	Board		
Date of Meeting:	6 September 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: 27/08/2012
Prepared by:		Presented by:	
Executive Director Finance and Funding Executive Director Patient Services		Carole Heatly Chief Executive Officer	
Date: 27/08/2012			
RECOMMENDATIONS:			
<ol style="list-style-type: none"> 1. That the Board receive the report. 			

CHIEF EXECUTIVE OFFICER'S REPORT

1. DHB FINANCIAL PERFORMANCE

The result for July 2012 was a deficit of \$0.7m which was better than budget by \$0.5m, however the challenge remains to move ourselves out of a deficit position. As such, we do not have an approved annual plan as yet but have reported against the unapproved July budget.

Despite the overall favourable result the Provider Arm financial result was outside of budget, although a number of areas have improved compared to prior months. The finance report notes several key areas including a large unfavourable variance expected with insurance premium costs.

2. PROVIDER ARM

Contract Performance

- Elective **caseweights** delivered (cwd) for Southern DHB were 88 (7%) below plan for July 2012.
- Health Target Elective **discharges** delivered for Southern DHB were 34 (4%) below plan for July 2012.

It should be noted that a new data extract is currently being written that will see Southern DHB's data fed through to the Ministry of Health (MoH) in one extract (rather than two sites). The timing of this, together with year end, has meant that the MoH has not received Southern DHB's July 2012 extract from which IDF outflows are reported. In July 2012 there were 95 cwd and 54 discharges planned. All or part of the above under-delivery will, therefore, be a timing issue.

3. PLANNING AND FUNDING

Primary & Community

Diabetes

The diabetes care improvement package has now been finalised and will be implemented by GPs and the PHO. This is the replacement of the get checked programme.

Free Under 6 Visits After Hours

Invercargill General Practice still has not supported this initiative; further meetings are planned with the PHO and GPs to investigate solutions. Coverage by general practice across the district is 83%.

Health of Older Persons

Following approval of the Home and Community Support Services proposal, planning work is now focused on developing the Expression of Interest (EOI) process to

determine opportunities for parties to collaborate in the subsequent Request for Proposal (RFP) process that will contract the new service provision. The EOI will be released in September with the RFP planned for October 2012. We are targeting mid next year for the new model to be in place with a transitional period prior to that. Technical work continues on the funding pool and casemix system that forms part of this initiative.

Mental Health and Addictions

A successful 100 days forum was held on 10 August 2012 to formally launch Raise Hope – Hapaia te Tumanako, the Mental Health and Addictions Strategic Plan. Over 150 people attended with a variety of speakers providing insight to the sector. It was a good opportunity to reflect on the Plan's development and acknowledge the many people who contributed to it. Last month's CPHAC and DSAC Committees previewed the proposed reporting framework for monitoring the implementation of the plan.

Queenstown Service Planning

The EOI process for parties interested in providing and developing health services on the Frankton campus has been finalised. An initial meeting of these parties is being held on Monday 27 August 2012 in Queenstown. A press release is planned subsequent to this meeting and after this agenda issue.

4. WAKATIPU HEALTH SERVICES REPORT

The attached dashboard (*appendix one*) provides an update on progress made against the Wakatipu Health Services Expert Panel's recommendations to Southern DHB.

5. HEALTH TARGET QUARTER FOUR 2011/12 RESULTS

The Health Target Quarter Four 2011/12 Results are attached for information (*appendix two*).

6. NATIONAL HEALTH BOARD (NHB) AND SOUTHERN DHB JOINT ASSESSMENT OF SYSTEMS – DUNEDIN HOSPITAL

The attached dashboard (*appendix three*) provides an update on progress made against the NHB and Southern DHB joint assessment of systems – Dunedin Hospital.

Carole Heatly
Chief Executive Officer

27 August 2012

Wakatipu Health Services Expert Panel Recommendations						
Expert Panel Recommendation	Targeted Completion Date	PROGRESS				COMMENT
		Scoping	Behind	On Track	Completed	
Enhancing Regional Service Planning						
1	The SDHB adapts the provision of clinical services across the region to ensure that as far as possible there is equity of access and comparable outcomes.	2012/13 2013/14		✓		SDR and TLA level intervention data has been modelled. This information is being discussed with clinical teams as part of 12/13 volume setting. This will be developed as BAU following the DHB new structure implementation.
2	The SDHB develops a clinical services programme that defines pathways of care across the whole regions that are safe and as much as possible close to home.	2013/14			✓	Establishing a pathways work-stream leveraging from the SI pathways work championed by CDHB. Has a significant cost, however significant benefits. Part of DHB quality planning approach. Currently recruiting/identifying a programme lead.
3	The SDHB delegates responsibility to a tier 2 manager of the Executive team for the services provided in the Central Otago/Lakes District, ensuring that services are provided: a. Independently of historic boundaries b. In a way that best meets the needs of the patient	Oct 11			✓	GMFF Robert Mackway-Jones assigned to lead strategic planning.
Retaining Hospital Services						
4	The SDHB retains and enhances services at LDH.	On-going			✓	Agreed. Enhancement that requires funding will need to be subject to prioritization across the SDHB region.
5	LDH retains an ED.	Oct 11			✓	Agreed.
6	LDH is retained on the current hospital site and is further developed as a health campus for the Wakatipu Basin.	On-going			✓	Agreed.
Clinical Workforce						
7	LDH maintains a minimum roster of eight medical FTEs, of which one or two could be registrars, supported by HWNZ.	Dec 11			✓	Agreement reached to employ 7 FTE senior medical staff and 1 FTE registrar. Registrar position has been appointed.
8	The SDHB pursues a partnership opportunity with the University of Otago to develop a centre of excellence for the training of rural health practitioners.	TBA	✓			Agreed. Building on the existing partnership with the University of Otago. Strategic planning workshop held early March 2012.
9	LDH expands the breadth of services that the medical and nursing teams can provide.	Mar 12			✓	Agreed. For medical see #10. A specialist diabetes nurse role has been established for the central Otago/Lakes area. The role commenced 5 March.
10	The SDHB encourages the development of special interests amongst hospital/non-hospital doctors and nurses in the Wakatipu Basin. Examples include GPs with	Mar 12			✓	Agreed. Completed for the orthopaedic service; has resulted in additional clinics being undertaken at LDH.

Wakatipu Health Services Expert Panel Recommendations						
Expert Panel Recommendation	Targeted Completion Date	PROGRESS				COMMENT
		Scoping	Behind	On Track	Completed	
special interests (GPSI) and senior medical officer with special interest (SMOSI) roles.						This will be developed with the parties now selected from the EOI process (see #11).
Enhancing Integration						
11	The SDHB extends an open invitation to appropriate health providers to relocate to the LDH site, supporting the development of better integration of care on a health campus.	From Aug 12			✓	Agreed. 6 parties have been selected to progress this service development initiative. Initial meeting of these parties held 27 August 12. Public announcements are pending.
12	The SDHB facilitates (through an independent chair) a clinical services forum for ongoing dialogue on health services provision and planning in the Wakatipu Basin.	From Mar 12		✓		Agreed. Over time, benefits could be derived from linkage covering health service provision across the Central Otago/Lakes region in support of recommendations 1 & 2. Deferred until later in the year.
13	The SDHB encourages the further integration of services in the region, including sharing of resources, stronger clinical engagement between Dunstan and LDH and the development of clinical pathways and IT solutions. This would include a broader clinical forum covering the Central Otago/Lakes, or perhaps expanding to all rural health.	On-going			✓	Agreed. A collaborative group has been established between the medical officers at the Dunstan and Lakes facilities who have begun cross cover / shifts and swap shifts at the facilities and joint credentialing / training. Pathways links to item #2 where a permanent work-stream is to be established.
Improving Outpatient Services						
14	LDH expands the local and regional provision of outpatient services that better meets the needs of the Wakatipu region (including the coordination of private and public outpatient services).	Mar 12			✓	Agreed. Gastroenterology and Scoping Service commenced in March (monthly) but is now planned for fortnightly. ENT clinics commenced March 12. Orthopaedic Service expanded. As noted in item #10. Respiratory Service commenced June 12. O&G monthly clinics now commenced.
Enhanced Community Services						
15	The SDHB encourages the development of increased capacity in aged residential care beds in the Wakatipu Basin, improving the ability to provide respite care and slow stream rehabilitation services.	From Aug 12	✓			Agreed. Links to recommendation 11.
16	LDH develops palliative care bed capacity on their campus as part of aged residential care facility developments.	2012/13		✓		Additional outreach palliative services are now being provided in area by Hospice Southland. Planning & Funding have commenced service planning.

Wakatipu Health Services Expert Panel Recommendations						
Expert Panel Recommendation	Targeted Completion Date	PROGRESS				COMMENT
		Scoping	Behind	On Track	Completed	
Enhanced Diagnostic Support						
17	The SDHB supports the establishment of a CT scanner for the Central Otago region, located at LDH.	June 12				✓ DHB approval given for a staged 2 site approach. Dunstan site targeted for go-live Q1 (calendar) 2013.
18	Diagnostic services such as laboratory and radiology are best consolidated onto the LDH site.	From Aug 12	✓			Agreed. Links to recommendation 11.
Governance						
19	The SDHB retains governance of LDH, including the funding and provision of health services.	Oct 11				✓ Agreed.
20	Queenstown Lakes District Council, in consultation with the Wakatipu Health Trust and Wakatipu Health Governance Reference Group, establishes a Community Reference Group.	Nov 11				✓ Panel now appointed.
21	The SDHB commits to engaging with the Community Reference Group early in the planning of any significant changes to clinical services.	On-going				✓ Agreed. Terms of reference established. Group meets monthly with GM Finance & Funding in attendance as the DHB tier 2 manager link.

How is my DHB performing?



2011/12 QUARTER FOUR (APRIL-JUNE) RESULTS

www.health.govt.nz/healthtargets

Shorter stays in
Emergency Departments

Ranking	District Health Board	Quarter four performance	95%	Change from previous quarter
1	West Coast	100%		-
2	Whanganui	98%		-
3	South Canterbury	98%		-
4	Nelson Marlborough	98%		-
5	Tairāwhiti	98%		▲
6	Waitemata	97%		▲
7	Counties Manukau	97%		-
8	Wairarapa	97%		-
9	Hawke's Bay	96%		-
10	Canterbury	96%		-
11	Northland	95%		▲
12	Auckland	95%		-
13	Waikato	92%		-
14	Hutt Valley	91%		▼
15	Taranaki	90%		-
16	MidCentral	90%		▼
17	Southern	90%		▲
18	Bay of Plenty	89%		▼
19	Lakes	89%		-
20	Capital & Coast	87%		-
All DHBs		94%		-

Shorter stays in Emergency Departments

The target is 95 percent of patients will be admitted, discharged, or transferred from an Emergency Department (ED) within six hours. The target is a measure of the efficiency of flow of acute (urgent) patients through public hospitals, and home again.

Improved access to
Elective Surgery

Ranking	District Health Board	Quarter four performance	100%	Progress against plan (discharges)
1	Lakes	121%		▲
2	Taranaki	120%		▲
3	Northland	115%		▲
4	Counties Manukau	111%		▲
5	West Coast	110%		▲
6	Whanganui	108%		▲
7	Waitemata	108%		▲
8	Hawke's Bay	108%		▲
9	Waikato	107%		▲
10	MidCentral	106%		▲
11	Bay of Plenty	105%		▲
12	Southern	105%		▲
13	South Canterbury	104%		▲
14	Nelson Marlborough	103%		▲
15	Canterbury	102%		▲
16	Wairarapa	102%		▲
17	Hutt Valley	101%		▲
18	Tairāwhiti	101%		▲
19	Capital & Coast	100%		▲
20	Auckland	100%		▲
All DHBs		106%		▲

Improved access to elective surgery

The target is an increase in the volume of elective surgery by an average of 4000 discharges per year.
** DHBs planned to deliver 144,000 discharges for the 2011/12 year, and have delivered 8991 more.*

Shorter waits for
Cancer Treatment

Ranking	District Health Board	Quarter four performance	100%	Change from previous quarter
1	Northland	100%		-
1	Waitemata	100%		-
1	Auckland	100%		-
1	Counties Manukau	100%		-
1	Waikato	100%		-
1	Lakes	100%		-
1	Bay of Plenty	100%		-
1	Tairāwhiti	100%		-
1	Hawke's Bay	100%		-
1	Taranaki	100%		-
1	MidCentral	100%		-
1	Whanganui	100%		-
1	Capital & Coast	100%		-
1	Hutt Valley	100%		-
1	Wairarapa	100%		-
1	Nelson Marlborough	100%		-
1	West Coast	100%		-
1	Canterbury	100%		-
1	South Canterbury	100%		-
1	Southern	100%		-
All DHBs		100%		-

Shorter waits for cancer treatment

The target is all patients, ready-for-treatment, wait less than four weeks for radiotherapy. Six regional cancer centres provide radiation oncology services. These centres are in Auckland, Hamilton, Palmerston North, Wellington, Christchurch and Dunedin.
From quarter one 2012/13, this target will be expanded to include patients needing chemotherapy for cancer, as well as radiotherapy.

Increased
Immunisation

Ranking	District Health Board	Quarter four performance	95%	Change from previous quarter
1	South Canterbury	96%		▲
2	Hawke's Bay	96%		-
3	Auckland	95%		▲
4	MidCentral	95%		-
5	Southern	95%		-
6	Counties Manukau	95%		▲
7	Tairāwhiti	95%		▲
8	Waitemata	95%		▲
9	Lakes	94%		-
10	Capital & Coast	94%		▲
11	Wairarapa	94%		▼
12	Hutt Valley	94%		▲
13	Waikato	92%		-
14	Taranaki	91%		▲
15	Canterbury	91%		▼
16	Whanganui	91%		▲
17	Bay of Plenty	91%		-
18	Nelson Marlborough	87%		▲
19	Northland	84%		▼
20	West Coast	78%		▼
All DHBs		93%		-

Increased immunisation

The national immunisation target is 95 percent of two year olds will be fully immunised by July 2012. *This quarterly progress result includes children who turned two years between April and June 2012 and who were fully immunised at that stage.*
From quarter one 2012/13, the national immunisation target will change to 85 percent of eight month olds will have their primary course of immunisation at six weeks, three months and five months on time by July 2013.

Better help for
Smokers to Quit

Ranking	District Health Board	Quarter four performance	95%	Change from previous quarter
1	Lakes	99%		▼
2	Waitemata	97%		-
3	Whanganui	97%		-
4	Capital & Coast	96%		-
5	Wairarapa	96%		▲
6	Hutt Valley	96%		-
7	Southern	96%		▲
8	Nelson Marlborough	96%		▲
9	South Canterbury	96%		▼
10	Northland	94%		▲
11	Bay of Plenty	94%		▲
12	Counties Manukau	94%		-
13	Auckland	93%		▲
14	Hawke's Bay	93%		-
15	MidCentral	91%		▼
16	Canterbury	90%		▲
17	Taranaki	90%		-
18	West Coast	90%		▼
19	Tairāwhiti	90%		▲
20	Waikato	89%		▲
All DHBs		94%		▲

Better help for smokers to quit

The target is that 95 percent of hospitalised smokers will be provided with advice and help to quit by July 2012. The data covers patients presenting to Emergency Departments, day stay and other hospital based interventions.
Results for the primary care 'Better help for smokers to quit' target can be found on www.health.govt.nz/healthtargets

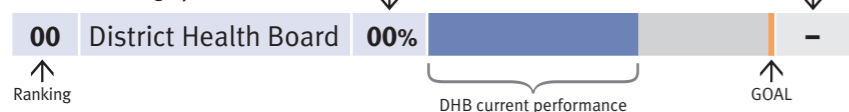
More
Heart and Diabetes Checks

Ranking	District Health Board	Quarter four provisional performance	60%	Change from previous quarter
1	Wairarapa	66%		-
2	Bay of Plenty	62%		▲
3	Whanganui	61%		▲
4	Taranaki	59%		▲
5	Hawke's Bay	58%		▲
6	Waikato	57%		▲
7	West Coast	57%		▲
8	Waitemata	56%		-
9	Lakes	56%		▲
10	Northland	54%		-
11	Capital & Coast	53%		▲
12	Counties Manukau	52%		▲
13	Tairāwhiti	50%		▲
14	Nelson Marlborough	50%		-
15	Auckland	48%		▲
16	Southern	44%		▲
17	South Canterbury	42%		▲
18	MidCentral	42%		▲
19	Hutt Valley	34%		▲
20	Canterbury	20%		▲
All DHBs		49%		▲

More heart and diabetes checks

This target is 90 percent of the eligible population will have had their cardiovascular risk assessed in the last five years to be achieved in stages by 1 July 2014. The first stage is to achieve 60 percent by July 2012, and 75 percent by July 2013.
Results for the diabetes indicators can be found on www.health.govt.nz/healthtargets.

How to read the graphs



This information should be read in conjunction with the details on the website www.health.govt.nz/healthtargets www.health.govt.nz New Zealand Government

Board Report

NHB & SDHB Joint Assessment of Systems – Dunedin Hospital

Recommendations from the five main themes identified in the Report

1. Governance

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

2. Leadership, Vision and Planning

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

3. Culture and Relationships

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

4. Quality and Patient Safety

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

5. Operational Issues

Address the operational issues that have been identified.

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

Implementation Steering Group

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

Recommendation	Completion Date	PROGRESS				COMMENT
		Scoping	Behind	On Track	Completed	

Strategy

1.	Ensure all staff have a good understanding of the vision and strategic direction of the DHB.	Completed				✓ Planning & implementation underway. Workshop with senior leadership group held in Nov/Dec/Jan to line up with Annual Planning cycle. Communication plan under development. Full programme has been developed out 12 months. Good progress has been made through the reorganisation of the executive team as we move towards a unified organisation. This will be followed next month by a strategic plan summary as part of the ongoing communications process about the future direction of the DHB. Communications strategy underway with the Southern Way publication.
8	Develop and implement a communication plan that outlines an effective internal and external communication strategy.	Completed				✓ Public relations and communications role appointed. Operational communications strategy completed and operational.
13	Complete a strategic plan, looking ahead 10 years, which takes into account the whole of Southern DHB's population and its needs. The plan is to take into consideration training and educational needs e.g. registrar training programmes.	June 2012	✓			Agree. The South Island Strategy will be assessed along with the local strategic plan.

Recommendation	Completion Date	PROGRESS				COMMENT
		Scoping	Behind	On Track	Completed	
18	Establish, implement and monitor a patient safety and quality and risk framework for the Southern DHB.	Ongoing			✓	A Provider Arm Executive team contingent visited Counties Manakau DHB and Ko Awatea to understand their framework of quality and risk. Feedback provided to wider EMT and plan being established
15	Complete facility planning and development for Dunedin Hospital in collaboration with University and taking into consideration the regional services of Southern DHB.	Ongoing			✓	The business case for facility planning was released on the Government Electronic Tenders Service (GETS) website in February. Requests for proposals closed on 20 April. Work is underway to look at optimising the Dunedin and Wakari sites.
Governance						
2.	Clarify the roles and responsibilities of governance and management to staff based on governance and management best practice.	October 2011			✓	Agreed. To be finalised after appointment of new CEO. Restructure of executive implemented 2 July 2012, and second phase of restructure currently underway.
Leadership & Structure						
3.	Review and realign management and clinical leadership roles to enable one clear structure for the organisation, with a regional focus on service delivery, removing duplication, and providing clarity of accountability and authority.	From March 2012			✓	A draft proposal will be developed for consultation with all staff. Executive structure in place from 2 July 2012. Planning underway for next phase of restructure.
4.	Make appointments to newly structured management and clinical leadership positions which demonstrate a commitment to instill the organisation's values, deliver the strategic direction, and bring an ability to model, and support the DHB through a programme of change and improvement.	Post March 2012			✓	Agreed and underway as part of restructure.
5.	Appoint a Director of Allied, Scientific and Technical Staff at executive level.	Completed			✓	Interim solution implemented. Allied Health Director is now participating at Executive level. Director Allied Health, Scientific & Technical appointed to executive.
9	Appoint a Chief Executive who can convey an inspiring and compelling vision of the future to all staff and stakeholders.	Completed			✓	Appointed. Commenced in March 2012.
19	Establish a multidisciplinary Clinical Quality Governance Board that reports to the Chief Executive, and is aligned structurally to the Executive Management Team, with an appropriately experienced senior clinical leader as Chair.	From November 2011			✓	To be considered along with the quality framework and strategy, as part of #18 and the organisational restructure.
Learning & Development						
6.	Provide managers and clinicians who are appointed to senior management and leadership roles with orientation, training and mentoring opportunities.	Ongoing			✓	Agreed. A programme for leadership development is being established.

Recommendation	Completion Date	PROGRESS				COMMENT
		Scoping	Behind	On Track	Completed	
Financial						
7.	Remove the current financial boundaries reflecting the previous Southland and Otago DHBs.	From September 2011			✓	The Executive team is developing a programme to ensure that key messages such as this are understood throughout the organisation. This is being reinforced through the current annual planning round.
17	Develop a clinical capital expenditure programme for the next three years.	April 2012			✓	Agree will undertake as part of the development of the 2012/13 annual planning process.
Collaboration						
10	To enable effective partnership decisions establish: - University representation at executive level of the DHB - A senior primary care clinician to represent primary care at the executive level of the DHB.	Completed			✓	Further opportunities to review and strengthen the relationship to be discussed at the Joint Relations Committee. This will follow a strategic planning workshop early March. Strategic planning workshop held with Health Sciences Division leadership group. A framework for progressing the ideas identified is currently being worked-up. Workshop with the School of Business scheduled for November. Agreed and will progress alongside review of organisation structure.
11	Other training and education tertiary providers in the region to be invited to meet quarterly with the DHB executive to discuss opportunities for shared innovations.	Completed and ongoing			✓	Agree. Regular meetings in place.
Operational						
22	Complete the pilot of the original 'e-medication' programme. Have the pilot evaluated by the Health Quality and Safety Commission (HQSC).	Completed			✓	This work was completed prior to the review at the end of January 2011 in accordance with the expectations of the HQSC. Further approval was given to extend the pilot until the end of October. The evaluation material has been submitted.

SOUTHERN DHB FINANCIAL REPORT

Financial Report as at: 31 July 2012
 Report Prepared by: Robert Mackway-Jones, Exec Director Finance & Funding
 Date: 21 August 2012

Recommendations:

- That the Board note the Financial Report

Overview Section

Results Summary

(NB: as the annual plan hasn't been approved, we have not published any annual figures in this report)

Month				Year to Date			Annual
Actual \$' 000	Budget \$' 000	Variance \$' 000		Actual \$' 000	Budget \$' 000	Variance \$' 000	Budget \$' 000
70,807	70,434	373	Revenue	70,807	70,434	373	
(26,109)	(26,524)	415	Less Personnel Costs	(26,109)	(26,524)	415	
(45,439)	(45,170)	(269)	Less Other Costs	(45,439)	(45,170)	(269)	
(741)	(1,260)	519	Net Surplus / (Deficit)	(741)	(1,260)	519	

- The July result was a deficit of \$0.7m which was favourable to budget by \$0.5m

Operational Performance

Month				Year to Date			Annual
Actual \$' 000	Budget \$' 000	Variance \$' 000		Actual \$' 000	Budget \$' 000	Variance \$' 000	Budget \$' 000
25	(51)	76	Governance	25	(51)	76	
(10)	(610)	600	Funds	(10)	(610)	600	
(756)	(599)	(157)	Provider	(756)	(599)	(157)	
(741)	(1,260)	519	Net Surplus / (Deficit)	(741)	(1,260)	519	

- The Governance result was favourable and was mainly due to budgeted costs for clinical pathways development not yet being incurred.
- The Funds result was favourable and was attributable to a \$0.2m claw back from the provider for unfilled mental health positions (19 FTE), \$0.1m of funds not paid to the PHO and a further \$0.1m of timing issues which will correct in August.
- The Provider result was unfavourable and was mainly due to high clinical supply costs (activity related) and high insurance premiums on the material damages policy.

Key Variances

- \$0.2m, Mental Health expenditure not incurred due to unfilled FTE positions.
- \$0.1m of below budget NGO mental health expenditure.
- \$0.1m of funder timing variances (due to correct in August).

- \$0.1m of higher ACC revenues.
- \$0.5m of favourable variance in annual leave (likely timing issue).
- (\$0.4m) of unfavourable variance with clinical supply costs.
- (\$0.1m) of unfavourable insurance premium costs with an expected year end variance of around \$1.4m for this.

Capital Expenditure

The detail of the current programme is being finalised. Baseline capital expenditure is budgeted at \$16.7m with a further \$18.8m for specific building projects and LINAC. There is also around \$14m to carry over from the 2011/12 year.

Balance Sheet and Cashflow

Cash is \$35.4m at the end of July compared to budget of \$24.9m. This is mainly attributable to timing differences with planned capital expenditure, particularly capital not yet committed from the 2011/12 programme. Account receivables and payables are both within budgeted parameters. Overall working capital is slightly outside of budgeted, however this is due to the mix of crown debt categorised as current.

Detail Section

This section is presented from an overall DHB result perspective.

Revenue

YTD, revenue is \$0.4m above budget however the bulk of this has associated cost offsets.

Item	\$'m	Expense Line Offset (Y/N/Partial)
Devolvement of Vaccine funding	0.2	Y, Personal Health Pharmaceuticals
PHO Performance Management funding	(0.1)	Y, Personal Health PHO Other
ACC Revenue	0.1	P, Provider-arm
Other Government funding	0.1	P, Provider-arm
<u>All other revenue variances</u>	<u>0.1</u>	
Total Revenue Variation	0.4	

Personnel Expenses

FTE

Category	March	April	May	June	July	Budget	Variance
Medical Personnel	481	475	469	464	458	476	18
Nursing Personnel	1,583	1,597	1,574	1,573	1,581	1,571	(10)
Allied Health Personnel	685	690	689	692	697	695	(2)
Support Personnel	192	191	187	186	188	197	9
Management/Administration Personnel	694	699	689	696	692	694	2
Total Full Time Equivalents (FTE's)	3,635	3,652	3,608	3,611	3,616	3,632	16

FTE numbers are consistent with the last two months. There are several factors impacting the view of the July FTE levels as summarised below:

Favourable variance at face value	16
Adjust for unfilled mental health FTE funded positions	(19)
Adjust for SMO/RMO vacancies offset by outsourcing (estimate)	(5)
Adjust for SMO/RMO vacancies where additional payments made (est)	(5)
<u>Adjust for food services FTE covered by outsourcing</u>	<u>(4)</u>
Underlying variance	(17)

The underlying unfavourable variance is predominantly in nursing and allied health.

Medical

Combined costs between salaries and medical outsourcing is unfavourable by \$0.1m.

The salary variance was \$0.1m favourable however there were a number of underlying variances:

- \$0.2m of favourable leave impacts.
- \$0.3m of variation due to base FTE being 28 below budget.
- (\$0.1m) of additional overtime payments (10 FTE equivalent).
- (\$0.2m) of lump sum settlement to RMOs (minimal impact by year end).
- (\$0.1m) of additional allowance payments.

Nursing

Salary costs were \$0.1m under budget comprising of:

- (\$0.1m) of overtime payment variance (5 FTE).
- \$0.1m of favourable leave variation.
- \$0.1m of below budget indirect salary costs.

Allied

Salary costs were \$0.1m below budget however non-mental health FTE were around 13 FTE over budget. Overtime costs were \$60k over budget (5 FTE).

Management/Admin

Approximately half of the variance is from the Governance area where costs have been budgeted to undertake clinical pathways development with the other half in the provider and attributable to timing issues of salary settlements.

Leave Liability

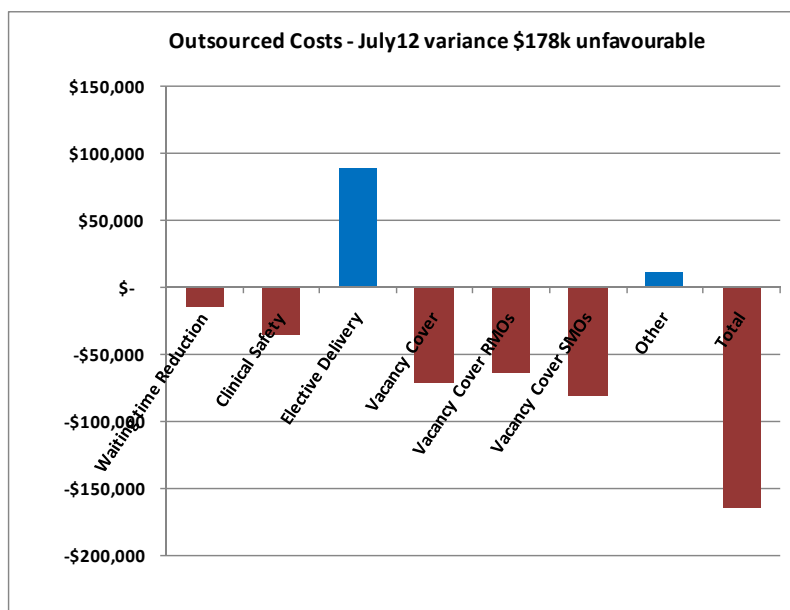
Annual leave liability is \$24.4m (excluding joint clinical staff). The table below shows the dollar value by staff category and the hours. The table shows balances from March to June 2012.

	Closing March	Closing April	Closing May	Closing June	Closing July	Movement July
1. Medical SMO	4,533,500.00	4,573,400.46	4,730,920.05	4,689,642.03	4,798,443.38	108,801.35
1. Medical MOSS	345,226.53	360,255.98	373,481.22	409,893.28	251,524.32	-158,368.96
1. Medical RMO	1,159,711.95	1,238,736.17	1,369,321.46	1,477,895.03	1,506,334.06	28,439.03
1. Medical House Officers	164,712.58	196,368.50	212,238.27	255,437.71	241,883.29	-13,554.42
2. Nursing	9,236,123.22	9,417,105.14	9,717,530.47	9,944,722.24	9,942,835.87	-1,886.37
3. Allied	2,909,380.99	3,022,714.85	3,226,420.10	3,348,396.88	3,384,065.41	35,668.53
4. Support	768,965.71	790,061.66	812,639.95	847,703.93	854,853.07	7,149.14
5. Management Admin	3,120,091.66	3,126,347.90	3,282,651.82	3,342,914.15	3,396,751.88	53,837.73
Totals	22,237,712.64	22,724,990.66	23,725,203.34	24,316,605.25	24,376,691.28	60,086.03
Hours	Closing March	Closing April	Closing May	Closing June	Closing July	Movement July
Senior Doctors	48,983.66	49,192.52	50,745.10	50,866.37	50,197.56	-668.80
RMO & House Officers	22,227.58	24,171.64	26,684.75	28,560.05	28,707.21	147.16
Nursing	254,773.89	258,684.19	266,169.45	271,949.34	271,876.49	-72.86
Allied	85,752.62	88,590.85	93,137.20	96,881.78	97,565.49	683.71
Support	32,045.47	32,711.83	32,992.29	34,963.94	35,292.25	328.30
Management / Admin	102,845.66	103,579.28	107,962.40	110,766.30	111,255.08	488.78
Totals	546,628.87	556,930.31	577,691.19	593,987.78	594,894.08	906.30

The minimal actual movement in July has provided a buffer of nearly \$0.5m compared to the expected phased uptake budgeted. This will be a likely timing issue rather than permanent variance.

Outsourced Services Expenses

The majority of outsourcing costs are provider-arm related and as shown in the graph were to cover vacancies, the remainder for clinical safety (eg outsourced mammography reads). Elective outsourcing was restricted in July resulting in an overall favourable budget variance.



Clinical Supplies Expenses

Overall clinical supplies are over budget by \$0.4m mainly with treatment disposable costs and implant/prosthesis costs. Around \$0.2m of this is attributable to over budget case-weight delivery in July (142 CWD). The implants/prosthesis costs are part of the reducing waiting times initiative.

Infrastructure & Non-Clinical Supplies Expenditure

The main problem area is with insurance premiums on the material damages policy. This incurred a \$0.1m unfavourable variance in July with an expected year end impact of \$1.4m. This is because the premium pool for the sector increased by \$10m and a change in how the premiums are allocated.

Personal Health Payments (not including Provider-arm)

The main account with a bottom line impact is the PHO – Health line which has Services to Improve Access and Health Promotion expenditure. Both of these have payments being made at below budgeted levels. Activity however is increasing and full payments could be expected in the next few months.

The lines for rural support and price adjusters contain inflationary contract pricing allowances, most of which are offset against various other lines. These relate to the Rural Hospital contracts. The PHO Other lines has a favourable variance of \$75k but has a direct revenue offset relating to the value for the PHO performance programme.

The pharmaceuticals line is over budget by \$47k; however the schedule now includes vaccine expenditure which has had funding devolved to DHBs. There should be an offsetting revenue and expenditure variance of around \$2.4m by year end.

Mental Health (not including Provider-arm)

The \$0.1m favourable variance is predominantly a timing issue of expenditure at this point.

Disability Support (not including Provider-arm)

Hospital level residential care is \$0.1m over budget based on provisioning the current utilisation trend. We do not have actual July bed days as yet. The variance for the ATR line is a timing difference which will be corrected in August. Home support allocations continue to be managed within budget.

Financial Statements

The following financial statements are attached:

- DHB Consolidated Results P&L
- Balance Sheet
- Cashflow statement

Southern District Health Board

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Part 4: DHB Consolidated	Current Month				Year to Date			
	Actual	Budget	Variance	Variance	Actual	Budget	Variance	Variance
	\$(000)	\$(000)	\$(000)	%	\$(000)	\$(000)	\$(000)	%
Part 4.1: Statement of Financial Performance								
REVENUE								
Ministry of Health								
MoH - Vote Health Non Mental Health	55,392	55,185	206 F		55,392	55,185	206 F	
MoH - Vote Health Mental Health	6,992	6,992			6,992	6,992		
MoH Funding Subcontracts	3,005	3,050	(45) U	(1%)	3,005	3,050	(45) U	(1%)
MoH - Personal Health	2	-	2 F		2	-	2 F	
MoH - Mental Health	-	-			-	-		
MoH - Public Health	10	11		(3%)	10	11		(3%)
MoH - Disability Support Services	741	747	(6) U	(1%)	741	747	(6) U	(1%)
MoH - Maori Health	-	-			-	-		
Clinical Training Agency	535	543	(8) U	(1%)	535	543	(8) U	(1%)
Internal - DHB Funder to DHB Provider	-	-			-	-		
Ministry of Health Total	66,677	66,528	149 F		66,677	66,528	149 F	
Other Government								
IDF's - Mental Health Services	145	145			145	145		
IDF's - All others (non Mental health)	1,511	1,511			1,511	1,511		
Other DHB's	29	25	4 F	15%	29	25	4 F	15%
Training Fees and Subsidies	18	17	1 F	8%	18	17	1 F	8%
Accident Insurance	849	732	117 F	16%	849	732	117 F	16%
Other Government	468	392	76 F	19%	468	392	76 F	19%
Other Government Total	3,020	2,822	198 F	7%	3,020	2,822	198 F	7%
Government and Crown Agency Total	69,697	69,350	347 F	1%	69,697	69,350	347 F	1%
Other Revenue								
Patient / Consumer Sourced	237	252	(15) U	(6%)	237	252	(15) U	(6%)
Other Income	874	832	41 F	5%	874	832	41 F	5%
Other Revenue Total	1,110	1,085	26 F	2%	1,110	1,085	26 F	2%
REVENUE TOTAL	70,807	70,434	373 F	1%	70,807	70,434	373 F	1%
EXPENSES								
Personnel Expenses								
Medical Personnel	(8,058)	(8,147)	89 F	1%	(8,058)	(8,147)	89 F	1%
Nursing Personnel	(9,765)	(9,836)	72 F	1%	(9,765)	(9,836)	72 F	1%
Allied Health Personnel	(4,037)	(4,123)	87 F	2%	(4,037)	(4,123)	87 F	2%
Support Services Personnel	(733)	(792)	59 F	7%	(733)	(792)	59 F	7%
Management / Admin Personnel	(3,517)	(3,625)	109 F	3%	(3,517)	(3,625)	109 F	3%
Personnel Costs Total	(26,109)	(26,524)	415 F	2%	(26,109)	(26,524)	415 F	2%
Outsourced Expenses								
Medical Personnel	(956)	(798)	(157) U	(20%)	(956)	(798)	(157) U	(20%)
Nursing Personnel	(14)	(3)	(10) U	(308%)	(14)	(3)	(10) U	(308%)
Allied Health Personnel	(33)	(12)	(21) U	(175%)	(33)	(12)	(21) U	(175%)
Support Personnel	(43)	(22)	(21) U	(94%)	(43)	(22)	(21) U	(94%)
Management / Administration Personnel	4	(1)	5 F	370%	4	(1)	5 F	370%
Outsourced Clinical Services	(477)	(504)	28 F	5%	(477)	(504)	28 F	5%
Outsourced Corporate / Governance Services	(117)	(116)	(1) U	(1%)	(117)	(116)	(1) U	(1%)
Outsourced Funder Services	(114)	(92)	(21) U	(23%)	(114)	(92)	(21) U	(23%)
Outsourced Services Total	(1,749)	(1,550)	(199) U	(13%)	(1,749)	(1,550)	(199) U	(13%)
Clinical Supplies								
Treatment Disposables	(2,544)	(2,355)	(189) U	(8%)	(2,544)	(2,355)	(189) U	(8%)
Diagnostic Supplies & Other Clinical Supplies	(145)	(165)	20 F	12%	(145)	(165)	20 F	12%
Instruments & Equipment	(1,336)	(1,287)	(49) U	(4%)	(1,336)	(1,287)	(49) U	(4%)
Patient Appliances	(194)	(168)	(26) U	(15%)	(194)	(168)	(26) U	(15%)
Implants & Prosthesis	(956)	(830)	(126) U	(15%)	(956)	(830)	(126) U	(15%)
Pharmaceuticals	(1,633)	(1,598)	(35) U	(2%)	(1,633)	(1,598)	(35) U	(2%)
Other Clinical Supplies	(319)	(284)	(36) U	(13%)	(319)	(284)	(36) U	(13%)
Clinical Supplies Total	(7,128)	(6,687)	(441) U	(7%)	(7,128)	(6,687)	(441) U	(7%)
Infrastructure & Non Clinical Expenses								
Hotel Services, Laundry & Cleaning	(1,090)	(1,069)	(21) U	(2%)	(1,090)	(1,069)	(21) U	(2%)
Facilities	(1,916)	(1,804)	(113) U	(6%)	(1,916)	(1,804)	(113) U	(6%)
Transport	(348)	(334)	(14) U	(4%)	(348)	(334)	(14) U	(4%)
IT Systems & Telecommunications	(881)	(944)	63 F	7%	(881)	(944)	63 F	7%
Interest & Financing Charges	(1,284)	(1,297)	12 F	1%	(1,284)	(1,297)	12 F	1%
Professional Fees & Expenses	(119)	(155)	36 F	23%	(119)	(155)	36 F	23%
Other Operating Expenses	(368)	(429)	60 F	14%	(368)	(429)	60 F	14%

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Part 4: DHB Consolidated	Current Month				Year to Date			
	Actual	Budget	Variance	Variance	Actual	Budget	Variance	Variance
	\$(000)	\$(000)	\$(000)	%	\$(000)	\$(000)	\$(000)	%
Democracy	(40)	(42)	2 F	5%	(40)	(42)	2 F	5%
Infrastructure & Non-Clinical Supplies Total	(6,046)	(6,072)	26 F		(6,046)	(6,072)	26 F	
Payments to Providers								
Personal Health								
Child and Youth	(37)	(69)	33 F	47%	(37)	(69)	33 F	47%
Laboratory	(2,613)	(2,570)	(44) U	(2%)	(2,613)	(2,570)	(44) U	(2%)
Infertility Treatment Services	-	(10)	10 F		-	(10)	10 F	
Maternity	(233)	(213)	(20) U	(9%)	(233)	(213)	(20) U	(9%)
Maternity (Tertiary & Secondary)	(2)	(13)	11 F	85%	(2)	(13)	11 F	85%
Pregnancy and Parenting Education	(13)	(10)	(4) U	(39%)	(13)	(10)	(4) U	(39%)
Adolescent Dental Benefit	(258)	(240)	(18) U	(7%)	(258)	(240)	(18) U	(7%)
Other Dental Services	-	-	-		-	-	-	
Dental - Low Income Adult	(76)	(68)	(8) U	(12%)	(76)	(68)	(8) U	(12%)
Child (School) Dental Services	(50)	(49)	(1) U	(1%)	(50)	(49)	(1) U	(1%)
Secondary / Tertiary Dental	(139)	(139)	-		(139)	(139)	-	
Pharmaceuticals	(6,084)	(6,038)	(47) U	(1%)	(6,084)	(6,038)	(47) U	(1%)
Pharmaceutical Cancer Treatment Drugs	-	-	-		-	-	-	
Pharmacy Services	(19)	(31)	12 F	39%	(19)	(31)	12 F	39%
Management Referred Services	-	-	-		-	-	-	
General Medical Subsidy	(145)	(120)	(25) U	(21%)	(145)	(120)	(25) U	(21%)
Primary Practice Services - Capitated	(3,351)	(3,365)	15 F		(3,351)	(3,365)	15 F	
Primary Health Care Strategy - Care	(240)	(255)	15 F	6%	(240)	(255)	15 F	6%
Primary Health Care Strategy - Health	(161)	(277)	116 F	42%	(161)	(277)	116 F	42%
Primary Health Care Strategy - Other	(212)	(287)	75 F	26%	(212)	(287)	75 F	26%
Practice Nurse Subsidy	(12)	(16)	4 F	26%	(12)	(16)	4 F	26%
Rural Support for Primary Health Pro	(1,189)	(1,277)	88 F	7%	(1,189)	(1,277)	88 F	7%
Immunisation	(96)	(87)	(9) U	(10%)	(96)	(87)	(9) U	(10%)
Radiology	(150)	(176)	26 F	15%	(150)	(176)	26 F	15%
Palliative Care	(506)	(439)	(67) U	(15%)	(506)	(439)	(67) U	(15%)
Meals on Wheels	(17)	(19)	2 F	11%	(17)	(19)	2 F	11%
Domiciliary & District Nursing	(358)	(393)	35 F	9%	(358)	(393)	35 F	9%
Community based Allied Health	(131)	(156)	24 F	16%	(131)	(156)	24 F	16%
Chronic Disease Management and Educa	(73)	(80)	7 F	9%	(73)	(80)	7 F	9%
Medical Inpatients	-	(11)	11 F		-	(11)	11 F	
Medical Outpatients	(363)	(339)	(24) U	(7%)	(363)	(339)	(24) U	(7%)
Surgical Inpatients	(46)	(36)	(10) U	(27%)	(46)	(36)	(10) U	(27%)
Surgical Outpatients	(144)	(148)	4 F	2%	(144)	(148)	4 F	2%
Paediatric Inpatients	-	-	-		-	-	-	
Paediatric Outpatients	-	-	-		-	-	-	
Pacific Peoples' Health	(8)	(4)	(4) U		(8)	(4)	(4) U	
Emergency Services	(150)	(158)	8 F	5%	(150)	(158)	8 F	5%
Minor Personal Health Expenditure	(85)	(82)	(4) U	(5%)	(85)	(82)	(4) U	(5%)
Price adjusters and Premium	(70)	(125)	56 F	(44%)	(70)	(125)	56 F	(44%)
Travel & Accomodation	(447)	(405)	(42) U	(10%)	(447)	(405)	(42) U	(10%)
Inter District Flow Personal Health	(2,140)	(2,155)	15 F	1%	(2,140)	(2,155)	15 F	1%
Personal Health Total	(19,620)	(19,860)	240 F	1%	(19,620)	(19,860)	240 F	1%
Mental Health								
Mental Health to allocate	-	(17)	17 F		-	(17)	17 F	
Acute Mental Health Inpatients	-	-	-		-	-	-	
Sub-Acute & Long Term Mental Health	-	-	-		-	-	-	
Crisis Respite	(3)	(3)	-		(3)	(3)	-	
Alcohol & Other Drugs - General	(87)	(83)	(4) U	(4%)	(87)	(83)	(4) U	(4%)
Alcohol & Other Drugs - Child & Youth	(39)	(39)	1 F	1%	(39)	(39)	1 F	1%
Methadone	-	-	-		-	-	-	
Dual Diagnosis - Alcohol & Other Drugs	13	(7)	20 F	284%	13	(7)	20 F	284%
Dual Diagnosis - MH/ID	-	-	-		-	-	-	
Eating Disorder	(11)	(14)	3 F	23%	(11)	(14)	3 F	23%
Maternal Mental Health	-	(4)	4 F		-	(4)	4 F	
Child & Youth Mental Health Services	(286)	(315)	30 F	9%	(286)	(315)	30 F	9%
Forensic Services	-	-	-		-	-	-	
Kaupapa Maori Mental Health Services	(6)	(6)	-		(6)	(6)	-	
Kaupapa Maori Mental Health - Residential	-	-	-		-	-	-	
Kaupapa Maori Mental Health - Inpati	-	-	-		-	-	-	
Mental Health Community Services	(107)	(105)	(2) U	(2%)	(107)	(105)	(2) U	(2%)
Prison/Court Liaison	-	-	-		-	-	-	
Mental Health Workforce Development	-	(1)	1 F		-	(1)	1 F	
Day Activity & Work Rehabilitation S	(133)	(135)	1 F	1%	(133)	(135)	1 F	1%
Mental Health Funded Services for Older People	-	-	-		-	-	-	
Advocacy / Peer Support - Consumer	(46)	(23)	(22) U	(96%)	(46)	(23)	(22) U	(96%)
Other Home Based Residential Support	(276)	(315)	39 F	12%	(276)	(315)	39 F	12%
Advocacy / Peer Support - Families	(94)	(50)	(44) U	(87%)	(94)	(50)	(44) U	(87%)
Community Residential Beds & Service	(356)	(425)	68 F	16%	(356)	(425)	68 F	16%

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Part 4: DHB Consolidated	Current Month				Year to Date			
	Actual	Budget	Variance	Variance	Actual	Budget	Variance	Variance
	\$(000)	\$(000)	\$(000)	%	\$(000)	\$(000)	\$(000)	%
Minor Mental Health Expenditure	(38)	(32)	(6) U	(18%)	(38)	(32)	(6) U	(18%)
Inter District Flow Mental Health	(431)	(431)			(431)	(431)		
Mental Health Total	(1,900)	(2,006)	106 F	5%	(1,900)	(2,006)	106 F	5%
Public Health								
Nutrition and Physical Activity	(26)	-	(26) U		(26)	-	(26) U	
Sexual Health	(1)	(1)		(1%)	(1)	(1)		(1%)
Social Environments	-	-			-	-		
Tobacco Control	(42)	(12)	(29) U	(233%)	(42)	(12)	(29) U	(233%)
Public Health Total	(69)	(13)	(56) U	(420%)	(69)	(13)	(56) U	(420%)
Disability Support Services								
AT & R (Assessment, Treatment and Re Information and Advisory	(237)	(294)	57 F	19%	(237)	(294)	57 F	19%
Needs Assessment	-	(1)	1 F	107%	-	(1)	1 F	107%
Service Co-ordination	(17)	(21)	5 F	22%	(17)	(21)	5 F	22%
Home Support	10	-	10 F		10	-	10 F	
Carer Support	(1,017)	(1,106)	89 F	8%	(1,017)	(1,106)	89 F	8%
Residential Care: Rest Homes	(158)	(143)	(15) U	(11%)	(158)	(143)	(15) U	(11%)
Residential Care: Loans Adjustment	(3,062)	(3,059)	(3) U		(3,062)	(3,059)	(3) U	
Long Term Chronic Conditions	22	22		(1%)	22	22		(1%)
Residential Care: Hospitals	(95)	(77)	(18) U	(23%)	(95)	(77)	(18) U	(23%)
Ageing in Place	(3,565)	(3,435)	(130) U	(4%)	(3,565)	(3,435)	(130) U	(4%)
Environmental Support Services	-	-			-	-		
Day Programmes	(96)	(100)	4 F	4%	(96)	(100)	4 F	4%
Expenditure to Attend Treatment ETAT	(29)	(26)	(3) U	(10%)	(29)	(26)	(3) U	(10%)
Minor Disability Support Expenditure	-	-			-	-		
Respite Care	-	(17)	17 F		-	(17)	17 F	
Community Health Services & Support	(52)	(67)	14 F	22%	(52)	(67)	14 F	22%
Inter District Flow Disability Support	(186)	(206)	21 F	10%	(186)	(206)	21 F	10%
Disability Support Other	(321)	(321)			(321)	(321)		
Disability Support Services Total	(8,803)	(8,851)	48 F	1%	(8,803)	(8,851)	48 F	1%
Maori Health								
Maori Service Development	(22)	(22)			(22)	(22)		
Maori Provider Assistance Infrastruc	-	-			-	-		
Maori Workforce Development	-	-			-	-		
Minor Maori Health Expenditure	-	-			-	-		
Whanau Ora Services	(101)	(109)	7 F	7%	(101)	(109)	7 F	7%
Maori Health Total	(123)	(131)	7 F	6%	(123)	(131)	7 F	6%
Internal Allocations	-	-			-	-		
Total Expenses	(71,548)	(71,694)	146 F		(71,548)	(71,694)	146 F	
Net Surplus/ (Deficit)	(741)	(1,260)	519 F	41%	(741)	(1,260)	519 F	41%
<i>Zero Check</i>	-	-			-	-		
Part 4.1 A: Supplementary Information to Statement of Financial Performance								
Depreciation - Clinical Equipment	(668)	(699)	30 F	4%	(668)	(699)	30 F	4%
Depreciation - Non Residential Buildings & Plant	(614)	(667)	53 F	8%	(614)	(667)	53 F	8%
Depreciation - Motor Vehicles	(4)	(6)	2 F	33%	(4)	(6)	2 F	33%
Depreciation - Information Technology	(332)	(375)	43 F	12%	(332)	(375)	43 F	12%
Depreciation - Other Equipment	(46)	(56)	10 F	17%	(46)	(56)	10 F	17%
Total Depreciation	(1,664)	(1,803)	139 F	8%	(1,664)	(1,803)	139 F	8%
Interest Cost from Funder Loans	-	-			-	-		
Interest Costs from CHFA	(436)	(415)	(20) U	(5%)	(436)	(415)	(20) U	(5%)
Financing Component of Operating Leases	(17)	(24)	7 F	31%	(17)	(24)	7 F	31%
Capital Charge	(815)	(829)	14 F	2%	(815)	(829)	14 F	2%
Medical Personnel	458	476	18 F					
Nursing Personnel	1581	1571	(10) U					
Allied Health Personnel	697	695	(2) U					
Support Personnel	188	197	9 F					
Management/Administration Personnel	692	694	2 F					
Total Full Time Equivalents (FTE's)	3616	3632	16 F					

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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)
Part 4.2: Balance Sheet					
Current Assets					
Petty Cash	13	13	-	-	13
Bank	224	9,706	(9,482)	24,864	9,706
Short Term Investments - HBL	35,222	-	35,222	-	-
Short Term Investments	-	30,053	(30,053)	-	30,053
Prepayments	1,813	1,493	321	1,590	1,493
Accounts Receivable	7,588	6,196	1,392	27,458	6,196
Provision for Doubtful Debts	(1,695)	(1,695)	-	(1,813)	(1,695)
Accrued Debtors	16,817	15,537	1,280	-	15,537
Inventory / Stock	4,245	4,265	(20)	4,605	4,265
Assets Held for Resale	-	-	-	-	-
Current Assets Total	64,227	65,568	(1,341)	56,704	65,568
Non Current Assets					
Land, Buildings & Plant	240,318	240,152	166	250,211	240,152
Clinical Equipment (incl Finance Leases)	105,995	105,105	890	106,030	105,105
Other Equipment (incl Finance Leases)	12,925	12,904	21	13,087	12,904
Information Technology	32,474	32,108	367	35,050	32,108
Motor Vehicles	692	692	-	722	692
Provision Depreciation - Buildings & Plant	(17,514)	(16,900)	(614)	(17,703)	(16,900)
Provision Depreciation - Clinical Equipment	(77,617)	(76,971)	(646)	(78,986)	(76,971)
Provision Depreciation - Other Equipment	(11,400)	(11,354)	(46)	(11,443)	(11,354)
Provision Depreciation - Information Technology	(24,746)	(24,415)	(331)	(25,264)	(24,415)
Provision Depreciation - Motor Vehicles	(273)	(269)	(4)	(307)	(269)
WIP	18,672	17,500	1,172	15,967	17,500
Investment in Subsidiaries	-	-	-	-	-
Investment in Associates	-	-	-	328	-
Long Term Investments	-	-	-	-	-
Non Current Assets Total	279,526	278,552	974	287,692	278,552
Current Liabilities					
Accounts Payable Control	(5,702)	(5,053)	(649)	(32,661)	(5,053)
Accrued Creditors	(24,483)	(28,420)	3,937	-	(28,420)
Income Received in Advance	(2,781)	(1,614)	(1,167)	(1,566)	(1,614)
Capital Charge Payable	(815)	-	(815)	(829)	-
GST & Tax Provisions	(7,027)	(6,842)	(185)	(4,417)	(6,842)
Term Loans - Finance Leases (current portion)	(1,058)	(1,408)	350	-	(1,408)
Term Loans - Private (current portion)	-	-	-	-	-
Term Loans - Crown (current portion)	(18,045)	(28,045)	10,000	(11,045)	(28,045)
Payroll Accrual & Clearing Accounts	(13,751)	(11,671)	(2,080)	(15,819)	(11,671)
Employee Entitlement Provisions	(43,423)	(43,628)	206	(39,512)	(43,628)
Current Liabilities Total	(117,085)	(126,681)	9,597	(105,849)	(126,681)
WORKING CAPITAL	(52,858)	(61,113)	8,256	(49,145)	(61,113)
NET FUNDS EMPLOYED	226,667	217,438	9,229	238,547	217,438
Non Current Liabilities					
Long Service Leave - Non Current Portion	(3,376)	(3,376)	-	(3,069)	(3,376)
Retirement Gratuities - Non Current Portion	(11,487)	(11,487)	-	(10,492)	(11,487)
Other Employee Entitlement Provisions	(1,232)	(1,232)	-	(1,109)	(1,232)
Term Loans - Finance Leases (non current portio	(1,622)	(1,669)	47	(2,839)	(1,669)
Term Loans - Private (non current portion)	-	-	-	-	-
Term Loans - Crown (non current portion)	(84,746)	(74,732)	(10,014)	(91,437)	(74,732)
Custodial Funds	-	-	-	(3,725)	-
Non Current Liabilities Total	(102,463)	(92,496)	(9,967)	(112,671)	(92,496)
Crown Equity					
Crown Equity	(154,552)	(133,759)	-	(154,951)	(154,552)
Crown Equity Injection	-	(21,500)	-	-	-
Crown Equity Repayments	-	707	-	-	-
Trust and Special Funds (no restricted use)	(5,452)	(5,451)	(1)	-	(5,451)
Revaluation Reserve	(85,362)	(85,362)	-	(85,362)	(85,362)
Revaluation Reserve - Trust Assets	-	-	-	-	-
Retained Earnings - DHB Governance & Funding	1,745	1,770	(25)	1,624	1,770
Retained Earnings - DHB Provider	90,707	89,952	755	83,745	89,952
Retained Earnings - Funds	28,709	28,699	10	29,069	28,699
Crown Equity Total	(124,204)	(124,943)	739	(125,875)	(124,943)
NET FUNDS EMPLOYED	(226,667)	(217,438)	(9,229)	(238,547)	(217,438)
Zero Check	-	-	-	-	-
Part 4.3: Statement of Movement in Equity					
Total equity at beginning of the period	(124,943)	(117,333)		(127,136)	(124,943)
Net Results for Period	741	1,683		1,260	-
Revaluation of Fixed Assets	-	-		-	-
Equity Injections / Repayments	-	(9,293)		-	-
Other	-	-		-	-
Movement in Trust and Special Funds	(2)	-		-	-
Total Equity at end of the period	(124,204)	(124,943)		(125,875)	(124,943)

Board Cash Flow - Southern

Jul-12

Part 4: DHB Consolidated	Current Month			Year to Date		
	Actual	Budget	Variance	Actual	Budget	Variance
	\$(000)	\$(000)	\$(000)	\$(000)	\$(000)	\$(000)
Part 4.4 Statement of Cashflows						
Operating Revenue						
Government and Crown Agency Revenue	68,192	69,309	(1,117) U	68,192	69,309	(1,117) U
Other Revenue Received	903	1,395	(492) U	903	1,395	(492) U
Total Receipts	69,095	70,704	(1,609) U	69,095	70,704	(1,609) U
Payments for Personnel	(24,235)	(24,532)	297 F	(24,235)	(24,532)	297 F
Payments for Supplies	(10,480)	(11,229)	749 F	(10,480)	(11,229)	749 F
Interest Paid	(236)	(243)	7 F	(236)	(243)	7 F
Capital Charge Paid	-	(2,164)	2,164 F	-	(2,164)	2,164 F
GST (Net) & Tax	185	44	141 F	185	44	141 F
Payment to own DHB Provider (Eliminated)	-	-	-	-	-	-
Payment to own DHB Governance & Funding Admin	-	-	-	-	-	-
Payments to other DHBs	(4,454)	(2,907)	(1,547) U	(4,454)	(2,907)	(1,547) U
Payments to Providers	(31,362)	(28,034)	(3,328) U	(31,362)	(28,034)	(3,328) U
Total Payments	(70,582)	(69,065)	(1,517) U	(70,582)	(69,065)	(1,517) U
Net Cashflow from Operating	(1,487)	1,639	(3,126) U	(1,487)	1,639	(3,126) U
Investing Activities						
Interest Receipts 3rd Party	208	-	208 F	208	-	208 F
Sale of Fixed Assets	-	-	-	-	-	-
Capital Expenditure						
Land, Buildings & Plant	(1,661)	(2,641)	980 F	(1,661)	(2,641)	980 F
Clinical Equipment	(352)	(747)	395 F	(352)	(747)	395 F
Other Equipment	(40)	(41)	1 F	(40)	(41)	1 F
Information Technology	(449)	(352)	(97) U	(449)	(352)	(97) U
Motor Vehicles	(130)	(1)	(129) U	(130)	(1)	(129) U
Total Capital Expenditure	(2,632)	(3,782)	1,150 F	(2,632)	(3,782)	1,150 F
Increase in Investments and Restricted & Trust Funds Assets	-	-	-	-	-	-
Net Cashflow from Investing	(2,424)	(3,782)	1,358 F	(2,424)	(3,782)	1,358 F
Financing Activities						
Equity Injections	-	-	-	-	-	-
New Debt						
Private Sector	-	-	-	-	-	-
CHFA	-	-	-	-	-	-
Repaid Debt						
Private Sector	(404)	(235)	(169) U	(404)	(235)	(169) U
CHFA	-	-	-	-	-	-
Other Non-Current Liability Movement						
Other Equity Movement	2	-	2 F	2	-	2 F
Net Cashflow from Financing	(402)	(235)	(167) U	(402)	(235)	(167) U
Net Cashflow	(4,313)	(2,378)	(1,935) U	(4,313)	(2,378)	(1,935) U
Plus Cash (Opening)	39,772	27,243	12,529 F	39,772	27,243	12,529 F
Cash (Closing)	35,459	24,864	10,595 F	35,459	24,864	10,595 F
Carry Forward Check	-	-	-	-	-	-
Closing Cash made up of:						
Petty Cash	13	-	(13) U	13	-	(13) U
Bank (Overdraft)	224	24,864	24,640 F	224	24,864	24,640 F
Short Term Investments	35,222	-	(35,222) U	35,222	-	(35,222) U
Total Cashflow Cash (Closing)	35,459	24,864	10,595 F	35,459	24,864	10,595 F

Southern District Health Board

Minutes of the Joint Meeting of the Disability Support Advisory Committee and Community & Public Health Advisory Committee held on Wednesday, 1 August 2012, commencing at 10.00 am, in the Board Room, Community Services Building, Southland Hospital Campus, Invercargill

Present: Dr Malcolm Macpherson Chairman
Mr Neville Cook
Mrs Kaye Crowther
Mrs Mary Flannery

In Attendance: Mr Robert Mackway-Jones Executive Director, Finance & Funding
Mrs Thelma Brown Portfolio Manager – Public and Population Health (by videolink)
Ms Leanne Illingworth Portfolio Manager – Health of Older Persons and Disability (by videolink)
Mrs Adele Knowles Portfolio Manager – Primary and Community (by videolink)
Dr Marion Poore Medical Officer of Health
Ms Jeanette Kloosterman Board Secretary (by videolink)
Ms Stacy Belser Communications Officer

1.0 WELCOME

The Chairman welcomed everyone to the meeting.

2.0 APOLOGIES

An apology was received from Ms Sandra Cook.

3.0 MEMBERS' DECLARATION OF INTEREST

It was resolved:

"That the Interests Register be noted."

4.0 PREVIOUS MINUTES

It was resolved:

"That the minutes of the joint meeting of the Disability Support Advisory Committee and Community & Public Health Advisory Committee held on 6 June 2012 be approved and adopted as a true and correct record."

5.0 ACTION SHEET

The Committees reviewed the action sheet (agenda item 5) and requested that the actions from the June meeting be added to it.

6.0 POSITION STATEMENT ON ALCOHOL

Mr Neville Cook declared an interest as a board member of an organisation that sells alcohol.

Dr Marion Poore, Medical Officer of Health, presented the draft position statement on alcohol (agenda item 6).

A report from the Clinical Board, recommending that the Board support staff in continuing work on alcohol harm reduction, was also circulated with the agenda.

It was resolved:

“That the Committees recommend that the Board approve the position statement on alcohol.”

The Committees requested that education be included as an action in the Alcohol Harm Reduction Strategy.

7.0 PRIMARY AND COMMUNITY

The report on Primary and Community Portfolio activity (agenda item 7) was taken as read and Mrs Adele Knowles, Portfolio Manager, took questions from members.

Mrs Knowles left the meeting at 10.35 am.

8.0 HOSPITAL AND SPECIALIST SERVICES

The report on Hospital and Specialist Services Portfolio activity (agenda item 8) was taken as read, and the General Manager, Finance & Funding, took questions from members.

9.0 MENTAL HEALTH AND ADDICTIONS

The report on Mental Health and Addiction Portfolio activity (agenda item 9) was taken as read and the General Manager, Finance & Funding, took questions from members.

The Committees considered, and provided feedback on, the proposed draft monitoring framework for the *Raise HOPE: Hapaia te Tumanako 2012-2015*, Southern DHB Mental Health and Addictions Strategic Plan.

10.0 HEALTH OF OLDER PEOPLE

The report on Health of Older People (HOP) activity (agenda item 10) was taken as read and Ms Leanne Illingworth, Portfolio Manager, took questions from members.

Ms Illingworth showed the Committees the Eldernet website, which provides information about services for older people in New Zealand, including residential care vacancies (www.eldernet.co.nz).

11.0 PUBLIC AND POPULATION HEALTH

The report on Public and Population Health Portfolio activity (agenda item 11) was taken as read and Mrs Thelma Brown, Portfolio Manager, took questions from members.

The Committees requested further information on:

- The increased incidence of some communicable diseases;
- What was being done to encourage other work places to seek breastfeeding friendly certification.

Mrs Brown left the meeting at 11.00 am.

12.0 FINANCIAL REPORT

The Executive Director Finance & Funding presented the Funder Financial Report for the period ended 30 June 2012 (agenda item 12).

It was resolved:

“That the portfolio and financial reports be received.”

CONFIDENTIAL SESSION

At 11.05 am it was resolved that the public be excluded for the following agenda items:

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

<i>General subject:</i>	<i>Reason for passing this resolution:</i>	<i>Grounds for passing the resolution:</i>
2. Home Based Support Services	Commercial Sensitivity	As above, sections 9(2)(i) and 9(2)(j).

The meeting adjourned at 12.00 noon and reconvened at 4.40 pm.

The meeting closed at 5.10 pm.

Confirmed as a correct record:

Chairman

Date

Unconfirmed

Southern District Health Board

Minutes of the Hospital Advisory Committee Meeting held on Wednesday, 1 August 2012, commencing at 2.00pm in the Board Room, Community Services Building, Southland 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:	Mr Joe Butterfield Mrs Kaye Crowther Ms Mary Flannery Ms Carole Heatly Mrs Lexie O'Shea Mr Robert Mackway-Jones Mrs Leanne Samuel Mr David Tulloch Ms Bron Anderson Ms Stacy Belser Mrs Joanne Fannin	Board Chairman Board member Board member Chief Executive Officer Executive Director of Patient Services/ Deputy CEO Executive Director of Finance and Funding Executive Director of Nursing and Midwifery Executive Medical Director Senior Business Analyst Community Relations Officer 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 4 July 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. It was agreed that future cover sheets are to indicate 'yes' if there are financial implications or 'covered by existing budget'.

6.0 DISTRICT MONITORING REPORTS

The District monitoring reports were received and the Executive Director of Patient Services/Deputy Chief Executive Officer (EDPS/DCEO) responded to members' questions.

Better Help for Smokers to Quit – the success of an initiative whereby patients are contacted post discharge was noted.

Shorter stays in Emergency Department (ED) – management advised on the work done by the Senior Operations team to ensure a hospital wide systems approach, which has resulted in the improvement in the target for shorter stays in ED. An additional 3-4% is now seen as a realistic target for further improvement once the ED observation unit is operational.

Hand Hygiene (HH) - management advised HH is an important project that is underway.

Elective Services – management advised that the target for elective surgery for the new financial year changes from patients treated within six months to treatment within five months.

Number of Patients on Active Review – management advised that work is progressing on standardising the pathway into services across the district.

Number of Patients given certainty and their wait time for treatment – an additional graph was tabled for members' information and management advised on the difference in the figures due to the timing of the printing of the respective reports.

Caseweights and discharges – Mr Tim Ward noted the financial implications of the over-delivery of services provided. Management advised that work is being done on a production plan that will ensure the number of caseweights and discharges being undertaken on a monthly basis is more closely monitored. Discussions are taking place regarding shared capacity across the South Island to ensure that health targets are met. The production plan will provide visibility across the different sites. Management confirmed that a dashboard is being worked on and will be available for the meeting in September 2012.

7.0 OTAGO PERFORMANCE REPORTS

The reports were received and the EDPS/DCEO responded to members' questions.

Infection Control – discussion was held on the compliance rate for HH across the organisation.

InterRAI – management is to provide feedback on the number of InterRAI assessments that are behind schedule for the meeting to be held on 5 September 2012.

8.0 SOUTHLAND PERFORMANCE REPORTS

The reports were received and the EDPS/DCEO responded to members' questions.

Emergency Department – the team work involved in mitigating the gaps in the ED was noted and a letter of thanks had been forwarded to the Resident Medical Officers (RMOs). It was noted that all RMOs at Southland Hospital want to return for their second year.

9.0 REPORT BY THE EXECUTIVE DIRECTOR OF NURSING AND MIDWIFERY (EDNM)

The report was received and taken as read and the EDNM spoke to the areas highlighted within the report.

10.0 FINANCIAL REPORT

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

The Senior Business Analyst advised on a discrepancy in the report and an update was available (*appendix 1*).

Discussion was held around the revenue variance for the month which came about through a change in the treatment of funds previously recorded as a liability in the balance sheet that have now been treated as income. This is to be discussed at the Audit and Risk Committee meeting and a final decision is yet to be made on the accounting treatment of the funds. The complexities around the accounting rules were noted and it was agreed that clarity is required so that the final decision is recorded.

11.0 INFORMATION SYSTEMS (IS) DASHBOARD

The report was received and taken as read and the on-going work to ensure compliance with the Public Records Act (PRA) was highlighted.

12.0 HUMAN RESOURCES (HR) DASHBOARD

The report was received and taken as read.

13.0 MASTER SITE PLANNING – DUNEDIN AND WAKARI HOSPITALS

The report was received and taken as read.

It was resolved:

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

14.0 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>
Supply Chain and Procurement Update	Commercial sensitivity and to allow activities and negotiations to be carried on without prejudice or disadvantage	<i>As above, sections 9(2)(i) and 9(2)(j).</i>
Contract for CT scanner	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>
Ronald McDonald Family Rooms Contract	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 Committee resumed in public session at 4.28pm.

The Southern DHB Imaging Wait Time Update was tabled for information and it was agreed that the paper would be discussed in the public session of the Board meeting.

The meeting closed at 4.30pm.

Confirmed as a true and correct record:

Chairman: _____

Date: _____

Southern District Health Board

Minutes of the Iwi Governance Committee Meeting held on Wednesday, 1 August 2012, commencing at 12.00pm in the Board Room, Community Services Building, Southland Hospital Campus

Present:	Mrs Eleanor Murphy	Ōtākou Rūnaka – Chair
	Ms Hana Morgan	Awarua Rūnaka – Deputy 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
	Mrs Ann Wakefield	Ōraka Aparima 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 and the Manager Public Health South, Mr Stephen Jenkins, to the meeting. An apology was noted from Ms Sandra Cook. An opening karakia had taken place at the Ka Rūnaka session of the meeting.

It was resolved:

“That the apology 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 PRESENTATION – PUBLIC HEALTH SOUTH (PHS)

Mr Stephen Jenkins provided an update on the display of posters in the Board Room championing tobacco control and smoking cessation. He then spoke to his presentation on the work undertaken by PHS, attached to the minutes as **appendix one**. Discussion was held following the presentation and Mr Jenkins responded to members’ queries.

Mr Jenkins left the meeting at 11.25am.

4.0 PRESENTATION – HOME AND COMMUNITY SUPPORT SERVICES (HCSS)

Ms Leanne Illingworth, Portfolio Manager Health of the Older Person and Disability (PMHOPD) joined the meeting via videoconference at 11.25am.

Ms Kingi Dirks noted her conflict of interest.

Ms Leanne Illingworth provided an update on Home and Community Support Services (HCSS) Proposal for Change (*appendix two*).

Discussion was held following the presentation and the PMHOPD responded to members' queries. A request was made for Rūnaka members to be invited to the hui in Southland on 9 August 2012 to discuss the HCSS Proposal for Change. Feedback was requested as soon as possible.

It was resolved:

"That the Iwi Governance Committee supports the Home and Community Support Services (HCSS) Proposal for Change in principle."

5.0 HOKONUI RŪNAKA

An update was provided for the Iwi Governance Committee on concerns raised by Hokonui Rūnaka. It was agreed that the matters raised are operational and the Rūnaka across the district would meet to address the issues and the Deputy Chair, Ms Hana Morgan, is to meet with Hokonui Rūnaka.

Mr Potiki joined the meeting at 11.55am.

6.0 CONFIRMATION OF PREVIOUS MINUTES

It was resolved:

"That the minutes of the 4 July 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 8.0 to clarify that it is the responsibility of Ka Rūnaka and Southern PHO to have the discussion and finalise the Principles of Relationship."

7.0 MATTERS ARISING

There were no matters arising from the previous minutes.

8.0 ACTION SHEET

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

- **Action No. 82 – Principles of Relationship between ka Rūnaka and Southern PHO** – arrangements are being made for the CEO, Southern PHO to attend the IGC meeting on 5 September 2012.
- **Action No. 107 – reporting template** – the CEO provided an update and it was noted that the status quo would remain. The Deputy Board Chairman advised on the rationale for the standardisation of the targets for Māori and non-Māori to ensure that expected outcomes are the same for the entire population. It was noted that the change to the targets would provide challenging for Māori Health in a number of areas due to the current inequalities and examples were outlined from the Māori Health Action Plan (MHAP).

9.0 UPDATE BY THE KAIWHAKAHAERE HAUORA MĀORI (KHM)

The KHM's report was received and the KHM responded to members' questions. The importance of the flow of information between Southern DHB and Southern PHO was noted and regular meetings with the CEO, Southern PHO continue.

10.0 MONITORING REPORTS

The Committee received the monitoring reports and the District Manager Māori Health (DMMH), Ms Pania Coote, provided an update for members' information on the four reports attached to the agenda. An updated copy of the MHIP quarterly dashboard (**appendix 3**) was tabled for members' information and the DMMH advised on the changes. In discussion on Health Workforce NZ, members acknowledged the value of the nursing student mentoring programme between Southern DHB and the Southern Institute of Technology (SIT) – He Mana Tapuhi. Members endorsed and commended management on the reporting structure and requested that the next area of focus be timelines for all targets. Discussion was held on the need to improve main stream effectiveness for Māori. The merit of outcomes based contracts was discussed. Discussion was held on the provision of cultural education.

11.0 UPDATE BY CHIEF EXECUTIVE OFFICER

The CEO's report was received and the CEO responded to members' questions. At a recent meeting, the Minister commended Southern DHB's performance against the Ministerial targets/promises to the community, but highlighted the need for delivery to continue within the population based funding allocated for the district.

12.0 UPDATE BY BOARD MEMBERS

A brief overview was provided on the meeting with the Minister and progress happening with service delivery within Southern PHO.

13.0 ADVISORY GROUP MINUTES

The minutes from the Southern DHB Management Advisory Group Māori Health meeting dated 29 June 2012 were taken as read.

14.0 GENERAL

Māori Kupu – the Committee endorsed the Māori Kupu presented by Mr Tahu Potiki as noted below:

- Southern District Health Board - Piki te Ora.
- Southern Primary Health Organisation - Hauora Matua ki te Tonga.

15.0 CONCLUSION

The meeting concluded with a closing karakia.

The meeting closed at 1.40pm.

Confirmed as a true and correct record:

Chair: _____

Date: _____

FUNDING ADMINISTRATION
CONTRACTS REGISTER (EXPENSES) - AUGUST 2012

PROVIDER NAME	DESCRIPTION OF SERVICES	SIGNED BY	CONTRACT/VARIATION END DATE
St Clair Park Residential Centre Limited Variation to Agreement	Residential Long Term Care	Peter Hay	30.06.14
Presbyterian Support Otago Incorporated t.a St Andrews Home Service Schedule	Exceptional Circumstances Palliative Care for a Named Individual.	Peter Hay	09.06.12
Presbyterian Support Otago Incorporated t.a Ross Hospital Service Schedule	Exceptional Circumstances Palliative Care for a Named Individual.	Peter Hay	24.08.12
Hawwari Pharmacy Limited t.a Brockville Pharmacy Variation to Agreement	Pharmacy Services	Peter Hay	30.06.15
Tokomairiro waiora Incorporated Variation to Agreement	Whanau Ora - Maori Community Health Services.	Peter Hay	31.03.13
Oceania Care Company Limited t.a Windsor Park Service Schedule	Exceptional Circumstances Palliative Care for a Named Individual.	Peter Hay	17.08.12
Bainfield Gardens Limited Agreement	Vocational Support	Peter Hay	30.06.13
Schizophrenia Fellowship NZ Inc - Otago t.a Supporting Families In Mental Variation to Agreement	Family Whanau Peer Support & Advocacy & Vocation.	Peter Hay	30.06.13
Little Sisters of the Poor Aged Care New Zealand Limited t.a Sacred Heart Hospital Variation to Agreement	Exceptional Circumstances Palliative Care for a Named Individual.	Peter Hay	22.08.12
Radius Residential Care Ltd t.a Radius Fulton Care Centre Service Schedule	Exceptional Circumstances Palliative Care for a Named Individual.	Peter Hay	06.08.12
Youthline Otago Incorporated Agreement	Mental Health Postvention	Peter Hay	30.06.13

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

Birchleigh Management Limited t.a Birchleigh Residential Care Centre Service Schedule	Exceptional Circumstances Palliative Care for a Named Individual.	Peter Hay	23.08.12
Anglican Family Care Centre (Inc) Variation to Agreement	South Otago Care Centre (Inc)	Peter Hay	30.06.13
Miramare Limited Variation to Agreement	Mental Health Needs Assessment and Service Coordination.	Peter Hay	30.06.13
Invercargill UFS Dispensary t.a UFS Amcal Dispensary Variation to Agreement	Pharmacy Services	Peter Hay	30.06.15
Marne Street Hospital Limited Service Schedule	Exceptional Circumstances Palliative Care for a Named Individual.	Peter Hay	30.08.12
Presbyterian Support Otago Incorporated t.a St Andrews Service Schedule	Exceptional Circumstances Palliative Care for a Named Individual.	Peter Hay	05.09.12
Presbyterian Support Otago Incorporated t.a Iona Hospital Service Schedule	Exceptional Circumstances Palliative Care for a Named Individual.	Peter Hay	23.08.12
Southland Youth Health One Stop Shop Trust t.a No 10 One Stop Shop Agreement	Primary Youth Health Service	Peter Hay	24.06.13
Lakes District Air Rescue Trust Variation to Agreement	Lakes District Air Rescue Trust	Ron Craft	31.07.13
Southern PHO Variation to Agreement	General Practitioner Special Interest - GPSI	Peter Hay	30.06.13
Oxford Court Lifecare Limited Service Schedule	Exceptional Circumstances Palliative Care for a Named Individual.	Peter Hay	29.05.12
Seniorcare Asset Management Limited t.a Rendell on Reed Service Schedule	Exceptional Circumstances Palliative Care for a Named Individual.	Peter Hay	30.08.12

FUNDING ADMINISTRATION
CONTRACTS REGISTER (EXPENSES) - AUGUST 2012

Ryman Healthcare Limited t.a Yvette Williams Service Schedule	Exceptional Circumstances Palliative Care for a Named Individual.	Peter Hay	29.08.12
Montecillo Veterans Home and Hospital Ltd t.a Montecillo Veterans Home and Hospital Service Schedule	Exceptional Circumstances Palliative Care for a Named Individual.	Peter Hay	14.09.12
Montecillo Veterans Home and Hospital Ltd t.a Montecillo Veterans Home and Hospital Service Schedule	Exceptional Circumstances Palliative Care for a Named Individual.	Peter Hay	13.09.12
Montecillo Veterans Home and Hospital Ltd t.a Montecillo Veterans Home and Hospital Service Schedule	Exceptional Circumstances Palliative Care for a Named Individual.	Peter Hay	07.09.12
Ripponburn Holdings Limited Service Schedule	Age Related Day Care Services	Peter Hay	31.12.12
Ryman Healthcare Limited t.a Yvette Williams Service Schedule	Exceptional Circumstances Palliative Care for a Named Individual.	Peter Hay	28.08.12
Presbyterian Support Services Southland Trust Service Schedule	Exceptional Circumstances Palliative Care for a Named Individual.	Peter Hay	03.09.12
Michael Jameson Variation to Agreement	Endodontic Treatment	Peter Hay	30.06.14
Supporting Families Southland for Mental Wellness t.a Supporting Families Variation to Agreement	Supporting Families Southland for Mental Wellness	Peter Hay	31.03.13
Waitaki District Health Services Limited Variation to Agreement	Primary Maternity Facility Services	Peter Hay	30.06.14
Waitaki District Health Services Limited Variation to Agreement	Domicillary Services	Peter Hay	30.06.14
Waitaki District Health Services Limited Variation to Agreement	Health of Older People	Peter Hay	30.06.14

FUNDING ADMINISTRATION
CONTRACTS REGISTER (EXPENSES) - AUGUST 2012

Waitaki District Health Services Limited Variation to Agreement	Rural Hospital Medical & Surgical Services.	Peter Hay	30.06.14
Clutha Community Health Company Ltd t.a Clutha Health First Variation to Agreement	Domicillary Services	Peter Hay	30.06.14
Clutha Community Health Company Ltd t.a Clutha Health First Variation to Agreement	Health of Older People	Peter Hay	30.06.14
Clutha Community Health Company Ltd t.a Clutha Health First Variation to Agreement	Primary Maternity Facility Services	Peter Hay	30.06.14
Clutha Community Health Company Ltd t.a Clutha Health First Variation to Agreement	Rural Hospital Medical & Surgical Services.	Peter Hay	30.06.14
Otago Community Hospice Trust Service Schedule	Exceptional Circumstances Palliative Care for a Named Individual.	Peter Hay	09.10.12
Ryman Healthcare Limited t.a Yvette Williams Service Schedule	Exceptional Circumstances Palliative Care for a Named Individual.	Peter Hay	25.09.12
Waitaki District Health Services Limited t.a Takaro Lodge Service Schedule	Exceptional Circumstances Palliative Care for a Named Individual.	Peter Hay	04.07.12
Seniorcare Asset Management Limited t.a Rendell on Reed Service Schedule	Exceptional Circumstances Palliative Care for a Named Individual.	Peter Hay	08.06.12
Seniorcare Asset Management Limited t.a Rendell on Reed Service Schedule	Exceptional Circumstances Palliative Care for a Named Individual.	Peter Hay	28.09.12
Presbyterian Support Southland t.a Peacehaven Service Schedule	Exceptional Circumstances Palliative Care for a Named Individual.	Peter Hay	13.09.12
Presbyterian Support Southland t.a Peacehaven Service Schedule	Exceptional Circumstances Palliative Care for a Named Individual.	Peter Hay	02.10.12

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Presbyterian Support Southland t.a Peacehaven Service Schedule	Exceptional Circumstances Palliative Care for a Named Individual.	Peter Hay	25.09.12
Marne Street Hospital Limited Service Schedule	Exceptional Circumstances Palliative Care for a Named Individual.	Peter Hay	20.09.12
Oxford Court Lifecare Limited Service Schedule	Exceptional Circumstances Palliative Care for a Named Individual.	Peter Hay	03.10.12
Ryman Healthcare Limited t.a Yvette Williams Service Schedule	Exceptional Circumstances Palliative Care for a Named Individual.	Peter Hay	15.07.12
Ryman Healthcare Limited t.a Rowena Jackson Hospital Service Schedule	Exceptional Circumstances Palliative Care for a Named Individual.	Peter Hay	27.06.12
Maniototo Health Services Limited Service Schedule	Maternity Resource Centre	Peter Hay	30.06.14
Maniototo Health Services Limited Service Schedule	Rural Hospital Medical & Surgical Services.	Peter Hay	30.06.14
Maniototo Health Services Limited Service Schedule	Domicillary Services	Peter Hay	30.06.14
Maniototo Health Services Limited Service Schedule	Child & Youth - Well Child Services	Peter Hay	30.06.13
St Clair Park Residential Centre Ltd t.a St Clair Park Variation to Agreement	Long Term Support - Chronic Health Conditions - Residential (St Clair Park)	Peter Hay	30.06.13
Presbyterian Support Otago Incorporated Variation to Agreement	Activity Based and Employment Rehabilitation.	Peter Hay	30.06.13
BUPA Care Services NZ Ltd t.a Lake Wakatipu Home & Hospital Variation to Agreement	Aged Related Residential Care	Peter Hay	03.08.20

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Supporting Families in mental Illness Central Otago Variation to Agreement	Family Whanau Peer Support & Activity Based Recovery	Peter Hay	30.06.13
Disabilities Resource Centre Southland Charitable Variation to Agreement	Long Term Support - Chronic Health Conditions - Home Based Support (Southland)	Peter Hay	31.03.13
Harbour View Rest Home 2005 Limited t.a Harbour View Rest Home Variation to Agreement	Long Term Support - Chronic Health Conditions	Peter Hay	30.06.13

TOTAL AMOUNT FOR THE MONTH: \$5,549,765.95