



BOARD MEETING

A G E N D A

Thursday, 8 November 2012

11.00 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, 8 November 2012, 11.00 am
Board Room, Southland Hospital Campus, Invercargill

A G E N D A

| Item | Page No. |
|--|-----------------|
| 1. Chair's Opening Comments | |
| 2. Apologies | |
| 3. Interests Registers | 2 |
| 4. Minutes of Previous Meeting | 8 |
| 5. Matters Arising | |
| 6. Review of Action Sheet | 14 |
| 7. CEO's Report | 16 |
| 8. Financial Report | 20 |
| 9. Wakatipu Health Services | 33 |
| 10. Ronald McDonald South Island Trust Licence to Occupy, Southland Hospital | 37 |
| Advisory Committee Reports: | |
| 11. Disability Support Advisory Committee and Community & Public Health Advisory Committees | |
| a) Minutes of 3 October 2012 meeting | 40 |
| 12. Hospital Advisory Committee | |
| a) Minutes of 3 October 2012 meeting | 45 |
| b) Verbal report of 7 November 2012 meeting | |
| 13. Iwi Governance Committee | |
| a) Minutes of 3 October 2012 meeting | 50 |
| b) Verbal report of 7 November 2012 meeting | |
| 14. Contracts Register | 55 |
| 15. 2013 Meeting Schedule | 61 |

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). |
| Performance Excellence and Quality Improvement Strategy | To allow activities and negotiations to be carried on without prejudice or disadvantage | As above, section 9(2)(j). |
| Public Excluded Advisory Committee Reports a) Disability Support Advisory Committee and Community & Public Health Advisory Committee ▪ 3 October 2012 b) Hospital Advisory Committee ▪ 3 October 2012 ▪ 7 November 2012 ▪ Contract Approvals ▪ Capex – Fluoroscopy, Southland c) Clinical Advisory Committee ▪ 7 November 2012 d) Audit & Risk Committee ▪ 4 October 2012 ▪ 8 November 2012 | Commercial sensitivity and to allow activities and negotiations to be carried on without prejudice or disadvantage | As above, sections 9(2)(i) and 9(2)(j). |
| Contract Approvals | Commercial sensitivity and to allow activities and negotiations to be carried on without prejudice or disadvantage | As above, sections 9(2)(i) and 9(2)(j). |

| | | |
|--|---|---|
| Sentinel Events Report | Personal privacy and to allow activities to be carried on without prejudice or disadvantage | As above, sections 9(2)(j), 9(2)(a) |
| Risk Report | To allow activities to be carried on without prejudice or disadvantage | As above, sections 9(2)(i) and 9(2)(j). |
| Legal Issues | To allow activities to be carried on without prejudice or disadvantage | As above, section 9(2)(j). |
| Organisational Change <ul style="list-style-type: none"> ▪ Verbal Update | To allow activities to be carried on without prejudice or disadvantage | As above, section 9(2)(j). |

SOUTHERN DISTRICT HEALTH BOARD

INTERESTS REGISTER

| Board Member | Date of Entry | Interest Disclosed | Nature of Potential Interest with Southern DHB |
|---|--|---|---|
| Joe BUTTERFIELD (Chairman) | 01.03.2012 06.12.2010 | 1. Member, South Island Neurosurgical Board Son-in-law: 2. Partner, Polson Higgs, Chartered Accountants. 3. Trustee, Corstorphine Baptist Community Trust | 1. 2. Does some accounting work for Southern PHO. 3. Has a mental health contract with Southern DHB. |
| Paul MENZIES (Deputy Chairman) | 10.02.2010 10.02.2010 06.10.2011 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 05.09.2012 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. Trustee for No 10 Youth Health Centre, 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, 4 October 2012, 10.30 am
Board Room, Wakari Hospital Campus, Dunedin

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: Mr Stuart McLauchlan Crown Monitor
Ms Carole Heatly Chief Executive Officer
Mrs Lexie O'Shea Deputy Chief Executive Officer/Executive
Director Patient Services
Mr Robert Mackway-Jones Executive Director Finance & Funding
Mr David Tulloch Chief Medical Officer (by videolink)
Ms Jeanette Kloosterman Board Secretary

1.0 CHAIR'S OPENING COMMENTS

The Chair welcomed everyone to the meeting.

2.0 APOLOGIES

There were no apologies.

3.0 DECLARATION OF INTERESTS

It was resolved:

"That the Interests Register be received."

4.0 CONFIRMATION OF PREVIOUS MINUTES

It was resolved:

"That, with the following amendment, the minutes of the 6 September 2012 Board meeting be approved and adopted as a true and correct record:

- **The last sentence of the Chair's opening comments to be changed to, 'some decisions made at the Audit and Risk**

Committee on 5 September 2012 would be advised in public session'. "

5.0 MATTERS ARISING

There were no matters arising from the previous minutes that were not covered by the agenda.

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).

It was resolved:

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

8.0 FINANCIAL REPORT

The Executive Director Finance & Funding presented the Financial Report for the period ended 31 August 2012 (agenda item 8).

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 3 October 2012.

It was resolved:

"That the verbal report be received."

Hospital Advisory Committee

The minutes of the Hospital Advisory Committee (HAC) meeting held on 5 September 2012 were circulated with the agenda (item 10).

It was resolved:

"That the minutes be received."

Mr Menzies, HAC Chair, reported that the Committee had met the previous day.

Iwi Governance Committee

The minutes of the Iwi Governance Committee (IGC) meeting held on 5 September 2012 were circulated with the agenda (item 11).

It was resolved:

"That the minutes be received."

The Board received a verbal report from Mr Menzies on the meeting of the Iwi Governance Committee held on 3 October 2012.

It was resolved:

"That the verbal report be received."

10.0 AUDIT & RISK COMMITTEE

Fraud Policy

Mr T Ward, Audit and Risk Committee (ARC) Chair, reported that the ARC had reviewed the DHB's Fraud Policy and recommended that it remain unchanged.

It was resolved:

"That the Board adopt the current Fraud Policy and note that no changes are required."

11.0 CONTRACTS REGISTER

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

It was resolved:

"That the register be received."

12.0 2013 MEETING SCHEDULE

The Board considered its meeting cycle for 2013 (agenda item 14) and:

- Agreed to the suggested meeting dates;
- Agreed that the April meeting dates be moved out to 10 and 11 April;
- Requested that the location of meetings be changed to enable the auditors to attend Audit & Risk Committee meetings in Dunedin;
- Requested that management recommend a suitable date for the Board to meet in Oamaru;
- Requested that the amended schedule be resubmitted to the next meeting for approval.

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. |
| 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 ▪ 3 October 2012 b) Hospitals Advisory Committee ▪ 5 September 2012 ▪ 3 October 2012 c) Clinical Advisory Committee ▪ 3 October 2012 d) Audit & Risk Committee ▪ 5 September 2012 ▪ 4 October 2012 ▪ Annual Report | Commercial sensitivity and to allow activities and negotiations to be carried on without prejudice or disadvantage | As above, sections 9(2)(i) and 9(2)(j). |

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

Confirmed as a true and correct record:

Chairman: _____

Date: _____

Southern District Health Board

BOARD MEETING ACTION SHEET

As at 29 October 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 |
| 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. | |
| 185 – 2012/09 | CEO's Report – Assessment of Systems, Dunedin Hospital (Minute item 7.0) | The NHB and SDHB joint assessment of systems – Dunedin Hospital is to be updated with the completion date for strategy numbers 1 and 13 to read on-going. | GMCS | | Completed |
| 189-2012/10 | 2013 Meeting Schedule (Minute item 12.0) | <ul style="list-style-type: none"> ▪ April meeting dates to be moved out to 10 & 11 April; ▪ Location of meetings to be changed to enable auditors to attend ARC meetings in Dunedin; ▪ Management to recommend a suitable date for Board to meet in Oamaru; ▪ Amended schedule to be resubmitted to November meeting for approval. | BS | Amended schedule included in agenda papers. | |

SOUTHERN DISTRICT HEALTH BOARD

| | | | |
|--|--|--|-----------------------|
| Title: | CHIEF EXECUTIVE OFFICER'S REPORT | | |
| Report to: | Board | | |
| Date of Meeting: | 8 November 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: 29/10/12 |
| Prepared by: | | Presented by: | |
| GM Planning & Funding Executive Director Patient Services General Manager Corporate Services | | Carole Heatly Chief Executive Officer | |
| Date: 29/10/12 | | | |
| RECOMMENDATIONS: | | | |
| <ol style="list-style-type: none"> 1. That the Board receive the report. | | | |

CHIEF EXECUTIVE OFFICER'S REPORT

1. DHB FINANCIAL PERFORMANCE

The September result was favourable to budget by \$0.3m and the year to date result is a deficit of \$3.7m, which is aligned to the unapproved budget.

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

2. PROVIDER ARM

Contract Performance

- Elective **caseweights** delivered (cwd) by Southern DHB Provider Arm were 116 below plan in September 2012 (10%). Year to date elective caseweights are 127 below plan (3%).
- Acute **caseweights** delivered (cwd) by the Southern DHB Provider Arm were 228 over plan in September 2012 (9%). Year to date acute caseweights are 887 over plan (11%).

Financial Performance

- An unfavourable variance of \$141k was recorded in the Provider Arm for the month of September 2012. Year to date the result is unfavourable by \$1,140k.
- Revenue for September 2012 was unfavourable by \$108k. Expenses for September 2012 were unfavourable against plan by \$33k.

3. PLANNING AND FUNDING

Primary & Community

The Southern DHB and PHO Diabetes Care Improvement Programme (DCIP) received strong support when presented to members of the Ministry of Health Diabetes and CVD Team. The DCIP has replaced the Diabetes Annual Reviews in General Practice. The Local Diabetes Team (LDT) represents all stakeholders and as a regional group has been the advisory group for the development of the DCIP. The whole of sector involvement was an aspect which impressed the team at the Ministry of Health. The main elements of the DCIP are:

- Education
- Seminars and workshops for newly diagnosed people with diabetes
- Self-management support website
- Education for service providers
- Regional diabetes database
- Ministry of Health 'virtual ' prevalence database
- Southern Community Laboratory data
- Diabetes Management Programme (DMP)
- Outcomes based funding model, for continuous quality improvement

A key aspect of both the model and the funding is that it will be adjusted as initial targets are reached and in response to outcomes.

Health of Older Persons – Home and Community Support Proposal

Six providers have been selected from the recent expression of interest process for the new service model. These providers are now participating in a closed request for proposal process to select final partners for the DHB to work with. Details from these processes will be part of the CPHAC/DSAC and Board excluded agendas for December. The target start date for the new service model is July 2013.

Mental Health and Addictions

As at 1 October, Southern DHB exceeded the Ministry of Health PP7 target that 95% of (eligible) children and youth have a relapse prevention plan. This has been a strong area of focus for Planning and Funding and the services involved and represents an improvement on previous performance, and a significant achievement. Relapse Prevention Plans have been shown to be “a key component of service delivery that allows the medium to longer impacts of a serious mental illness to be minimised.”

Planning and Funding has been collaborating with Public Health South to draft a submission on the Ministry's Mental Health and Addiction Service Development Plan – Rising to the Challenge 2012-2017. Planning and Funding has also been leading arrangements for a regional consultation meeting by the Ministry, to be held in Dunedin on 1 November.

A preferred provider for Hulme House (Mental Health Supported Accommodation Services) has been identified and negotiations are continuing between the preferred provider and Provider Arm to develop a joint service delivery model. This work is currently progressing according to the indicative timeframes in the initial documentation. The resulting service will be innovative; it will be a truly integrated service delivered by Provider Arm and an NGO within the same physical location.

Funding has been received to further develop community-based Youth Forensic Services. This is being developed as a district-wide service and a group is meeting to develop the service model. The proposed service model includes a range of staff based in Invercargill and Dunedin. The service will be provided across the Southern District Health Board catchment and include Court Liaison services to the District Courts in Dunedin, Invercargill, Gore, Queenstown, Balclutha, Alexandra, and Oamaru.

Planning work is occurring on the future provision of youth primary mental health services, as part of the Prime Minister's Youth Mental Health Initiative.

Carole Heatly
Chief Executive Officer

29 October 2012

SOUTHERN DHB FINANCIAL REPORT

Financial Report as at: **30 September 2012**
 Report Prepared by: **Robert Mackway-Jones, Exec Director Finance & Funding**
 Date: **17 October 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 | Budget | Variance | | Actual | Budget | Variance | Budget |
| \$' 000 | \$' 000 | \$' 000 | | \$' 000 | \$' 000 | \$' 000 | \$' 000 |
| 70,543 | 70,418 | 125 | Revenue | 212,511 | 211,269 | 1,242 | |
| (25,150) | (24,905) | (245) | Less Personnel Costs | (78,901) | (78,822) | (79) | |
| (44,938) | (45,327) | 389 | Less Other Costs | (137,341) | (136,148) | (1,193) | |
| 455 | 186 | 269 | Net Surplus / (Deficit) | (3,731) | (3,701) | (30) | |

- The September result was a surplus of \$0.4m which was favourable to budget by \$0.3m
- The YTD result is a deficit of \$3.7m which is aligned to the unapproved budget
- A large unfavourable YTD financial result for the provider-arm is offset by a favourable result in the funder

Operational Performance

| Month | | | | Year to Date | | | Annual |
|---------|---------|----------|-------------------------|--------------|---------|----------|---------|
| Actual | Budget | Variance | | Actual | Budget | Variance | Budget |
| \$' 000 | \$' 000 | \$' 000 | | \$' 000 | \$' 000 | \$' 000 | \$' 000 |
| (13) | (28) | 15 | Governance | (154) | (141) | (13) | |
| (120) | (516) | 396 | Funder | (787) | (1,910) | 1,123 | |
| 588 | 730 | (142) | Provider | (2,790) | (1,650) | (1,140) | |
| 455 | 186 | 269 | Net Surplus / (Deficit) | (3,731) | (3,701) | (30) | |

- The YTD Governance result is unfavourable with communications costs and provisions for expenditure to the South Island Alliance and Central Technical Advisory Services (formerly DHBNZ functions) being higher than budgeted. Some offset is currently being provided by clinical pathways costs budgeted not yet being incurred.
- The YTD Funds result is favourable by \$1.1m with most of the variance relating to mental health expenditure (\$0.7m) and a further \$0.3m of gains in disability support services. Pressure points however remain in palliative care services and hospital level residential care.
- The Provider result was again unfavourable with the YTD unfavourable variance at \$1.1m. Pressure points remain with costs of clinical supplies, outsourced clinical services and

insurance premiums. Allied Health FTE in non-mental health areas is also a problem with vacancy factors not being maintained.

Key YTD Variances

- \$0.6m of Mental Health expenditure not incurred due to unfilled FTE positions
- \$0.3m of higher ACC revenues
- \$0.3m of lower disability support services costs
- \$0.3m of lower pharmaceuticals costs (net of revenue) and vaccine costs
- (\$0.9m) of unfavourable variance with clinical supply costs
- (\$0.6m) of unfavourable annual leave growth
- (\$0.4m) of unfavourable outsourcing costs (not including medical)
- (\$0.3m) of unfavourable insurance premium costs

Capital Expenditure

The detail, quantum and likely timing of the current programme is being finalised as part of the annual plan review. The detail of this will be available next month.

Balance Sheet and Cashflow

Cash is \$26.6m at the end of September which is in-line with budgeted parameters, however there are a number of offsetting but unrelated variations within this. Cash collection on a number of receivables has occurred in October (eg rebates, contract variations). Overall working capital remains outside of budget, however this is due to the mix of crown debt categorised as current.

Detail Section

This section is presented from an overall DHB results perspective.

Revenue

YTD, revenue is \$1.2m above budget however the bulk of this has associated cost offsets.

| Item | \$'m | Expense Line Offset (Y/N/Partial) |
|------------------------------------|------------|------------------------------------|
| Devolvement of Vaccine funding | 0.6 | P, Personal Health Pharmaceuticals |
| PHO Performance Management funding | (0.2) | Y, Personal Health PHO Other |
| ACC Revenue | 0.3 | P, Provider-arm |
| Other Government funding | 0.1 | P, Provider-arm |
| Breast screening service funding | 0.1 | P, Provider-arm, various |
| Research funding | 0.3 | Y, Provider-arm, various |
| <u>All other revenue variances</u> | <u>0.0</u> | |
| Total Revenue Variation | 1.2 | |

Personnel Expenses

FTE

| Category | March | June | July | August | Sept | Budget | Variance |
|--|-------|-------|-------|--------|-------|--------|----------|
| Medical Personnel | 481 | 464 | 458 | 464 | 480 | 476 | (4) |
| Nursing Personnel | 1,583 | 1,573 | 1,581 | 1,564 | 1,577 | 1,571 | (6) |
| Allied Health Personnel | 685 | 692 | 697 | 692 | 687 | 695 | 8 |
| Support Personnel | 192 | 186 | 188 | 185 | 186 | 197 | 11 |
| Management/Administration Personnel | 694 | 696 | 692 | 689 | 691 | 694 | 3 |
| Total Full Time Equivalentents (FTE's) | 3,635 | 3,611 | 3,616 | 3,594 | 3,621 | 3,632 | 11 |

FTE numbers have increased from last month; however this is primarily in medical with a shift between resource outsourced and those on staff. Overall FTE levels remain within budget however the Allied Health area has some underlying unfavourable variation in non-mental health areas where vacancy factor are not maintained. There are 19 FTE in the mental health area (11 in allied, 4

nursing, 3 medical) where unfilled positions result in a funding claw back between the DHB funder/provider.

Medical

The combined costs YTD between salaries and medical outsourcing remains unfavourable by \$0.1m. The YTD salary variance itself is \$0.2m unfavourable with a number of underlying YTD variances:

- \$0.8m of variation due to base FTE being 19 (YTD) below budget
- \$0.1m of below budget indirect salary costs (largely driven by the below budget FTE)
- (\$0.1m) of unfavourable annual and statutory leave impacts
- (\$0.3m) of higher allowance payments
- (\$0.4m) of additional overtime payments (11 FTE equivalent)
- (\$0.2m) with a timing issue due to the lump sum settlement to RMO's (minimal impact by year end)

Nursing

YTD Salary costs were \$0.3m over budget comprising of:

- (\$0.2m) of overtime payment variance (5 FTE)
- (\$0.3m) of unfavourable annual leave variation
- \$0.2m of below budget indirect salary costs

FTE are 3 over budget YTD, with this being driven by overtime generated FTE although allowing for the mental health FTE gaps resulting in funding clawback, the underlying FTE variance is around 7.

Allied

YTD Salary costs were \$0.3m below budget with YTD FTE overall 3 below budget. However there is around 11 FTE funded positions for mental health vacancies where funding of \$261k has been clawed back. Hence non-mental health FTE areas are over budget where vacancy factors are not maintained. The vacancy factor in allied is quite large being 35 FTE.

Support

The favourable variance is offset by outsourcing costs. There are also a number of minor unfavourable variances with overtime and leave in this category.

Management/Admin

Approximately two thirds of the YTD favourable variance is from the Governance area where costs have been budgeted to undertake clinical pathways development with the remainder in the provider and attributable to timing issues of salary settlements and FTE slightly below budgeted levels. Leave taken is also unfavourable to budget by around \$0.1m.

Leave Liability

Annual leave liability is \$25.9m (excluding joint clinical staff). Annual Leave liability has grown by \$1.1m since June with the budget allowing for growth of \$0.5m for the first quarter. Hence there is a total of \$0.6m of unfavourable impacts through the salary budget lines. A large focus is going into annual leave management so that leave liability does not continue to grow.

The table below summarises balances both for the dollar value and number of hours for each staff category.

| | March 12 | Closing June | Closing August | Closing September | Movement September |
|---------------------------|----------------------|----------------------|----------------------|----------------------|--------------------|
| 1. Medical SMO | 5,992,751.43 | 6,146,586.66 | 6,561,731.15 | 6,564,857.52 | 3,126.37 |
| 1. Medical MOSS | 380,462.15 | 434,338.37 | 231,153.20 | 237,250.30 | 6,097.10 |
| 1. Medical RMO | 1,109,709.04 | 1,421,132.03 | 1,475,368.66 | 1,579,329.43 | 103,960.77 |
| 1. Medical House Officers | 162,670.64 | 242,020.71 | 260,546.05 | 278,624.59 | 18,078.54 |
| 2. Nursing | 8,792,007.83 | 9,408,222.38 | 9,647,588.97 | 9,650,175.60 | 2,586.63 |
| 3. Allied | 2,814,796.41 | 3,197,065.94 | 3,317,722.60 | 3,370,795.33 | 53,072.73 |
| 4. Support | 735,123.66 | 806,041.34 | 832,711.94 | 840,472.71 | 7,760.77 |
| 5. Management Admin | 2,976,118.92 | 3,192,775.63 | 3,361,845.40 | 3,406,316.21 | 44,470.81 |
| Totals | 22,963,640.08 | 24,848,183.06 | 25,688,667.97 | 25,927,821.69 | 239,153.72 |

| Hours | Jun-11 | March 12 | Closing June | Closing August | Closing September | Movement September |
|----------------------|-------------------|-------------------|-------------------|-------------------|-------------------|--------------------|
| Senior Doctors | 49,731.77 | 48,983.66 | 50,866.37 | 51,500.78 | 52,771.08 | 1,270.31 |
| RMO & House Officers | 27,065.39 | 22,227.58 | 28,560.05 | 29,814.24 | 30,316.39 | 502.16 |
| Nursing | 250,720.50 | 254,773.89 | 271,949.34 | 277,738.48 | 277,525.41 | -213.07 |
| Allied | 84,934.95 | 85,752.62 | 96,881.78 | 100,026.57 | 101,484.22 | 1,457.65 |
| Support | 35,795.79 | 32,045.47 | 34,963.94 | 35,800.13 | 36,045.48 | 245.34 |
| Management / Admin | 109,433.48 | 102,845.66 | 110,766.30 | 113,254.80 | 115,433.62 | 2,178.83 |
| Totals | 557,681.88 | 546,628.87 | 593,987.78 | 608,134.99 | 613,576.21 | 5,441.22 |

Outsourced Services Expenses

Outsourced costs are \$0.5m over budget YTD; this is a significant unfavourable variance particularly given the budgeted outsourced elective work has not been needed and is providing a \$0.2m favourable buffer. The main areas with unfavourable variances include radiology (\$0.4m), mammography (\$0.1m) and the vitreoretinal service (\$0.1m). These costs are incurred to support the current service provision or where internal staff resource is vacant. The Governance area is also contributing around \$0.1m of the unfavourable variation with the costs of the South Island Alliance and Central TAS agency work exceeding budget. The work programme set nationally for these areas is a lot higher than the prior year.

Clinical Supplies Expenses

Overall clinical supplies are over budget by \$0.9m YTD with expenditure in September tracking under budget. Of concern is that nearly all categories having significant unfavourable variances however there is a strong correlation to acute activity and this is driving a large part of the overall variance. Another significant contributor to the YTD variance is Air Ambulance costs (other clinical supplies) which varies to budget by nearly \$0.1m however this aspect did track back considerably in September and it is felt that this variance is largely a timing issue of patient demand.

Infrastructure & Non-Clinical Supplies Expenditure

Facility related costs are \$0.2m over budget overall, a \$0.2m buffer from building related depreciation being more than offset by the insurance premium issue (\$0.4m YTD), electricity (spot pricing component) and gas (delayed savings from woodchip installation) costs all over budget. Other areas of cost challenge include transport costs where savings factored following the fleet utilisation reviews have not been fully implemented. IT costs are under budget with this driven by depreciation charges being lower from a number capital projects managed within the original budget.

Personal Health Payments (Not including Provider-arm)

Larger unfavourable variance relate to palliative care costs, laboratory costs, domiciliary & district nursing cost and patient travel. The expenditure variance in pharmaceutical costs is more than offset by additional funding.

Palliative care costs has a large variance with the number of short term exceptional circumstances funding being applied to manage these patients in various rest homes. Payments to the hospice are also higher than anticipated currently. Laboratory costs are impacted by a number of send away tests that are not part of the standard schedule of tests; there has been significant growth in recent times for genetics testing as one example. Blood product costs also exceed budget which is a pricing issue. The travel and accommodation budget also has nationally consistent criteria applied for its use and is experiencing a high level of referrals based on patient need although this did track

back in September. The Dom & District nursing costs include post discharge personal health support services and this service demand has been increasing.

Mental Health (Not including Provider-arm)

Half of the \$0.2m favourable variance is based on demand driven services of residential support and home based support services.

Disability Support (Not including Provider-arm)

Hospital level residential care is \$0.1m over budget based on provisioning the current utilisation trend. July's actual utilisation was around 19 beds more than budgeted although this tracked back in August where for the two months of data bed use is around 9 beds higher than budgeted. Rest Home and Dementia level beds are tracking lower than budgeted expectations. Home support and community support costs are also being managed within budget. The implementation of InterRAI tool now affords a consistent approach to needs assessment.

Financial Statements

The following financial statements are attached:

- DHB Consolidated Results P&L
- Balance Sheet
- Cashflow statement
- Treasury Report (quarterly summary per treasury policy requirements)

Southern District Health Board

Sep-12

| 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 | 55,410 | 55,185 | 224 F | | 166,196 | 165,556 | 640 F | |
| MoH - Vote Health Mental Health | 6,992 | 6,992 | | | 20,976 | 20,976 | | |
| MoH Funding Subcontracts | 3,070 | 3,050 | 20 F | 1% | 9,162 | 9,149 | 12 F | |
| MoH - Personal Health | 9 | - | 9 F | | 19 | - | 19 F | |
| MoH - Public Health | 10 | 11 | (1) U | (3%) | 31 | 32 | (1) U | (3%) |
| MoH - Disability Support Services | 733 | 747 | (14) U | (2%) | 2,215 | 2,241 | (26) U | (1%) |
| MoH - Maori Health | - | - | | | - | - | | |
| Clinical Training Agency | 546 | 543 | 3 F | 1% | 1,627 | 1,628 | | |
| Internal - DHB Funder to DHB Provider | - | - | | | - | - | | |
| Ministry of Health Total | 66,770 | 66,528 | 242 F | | 200,226 | 199,583 | 643 F | |
| Other Government | | | | | | | | |
| IDF's - Mental Health Services | 145 | 145 | | | 436 | 436 | | |
| IDF's - All others (non Mental health) | 1,511 | 1,511 | | | 4,523 | 4,532 | (9) U | |
| Other DHB's | 20 | 25 | (5) U | (22%) | 78 | 75 | 3 F | 4% |
| Training Fees and Subsidies | 11 | 17 | (6) U | (35%) | 57 | 51 | 7 F | 13% |
| Accident Insurance | 755 | 749 | 6 F | 1% | 2,545 | 2,188 | 358 F | 16% |
| Other Government | 328 | 392 | (64) U | (16%) | 1,253 | 1,176 | 76 F | 7% |
| Other Government Total | 2,770 | 2,839 | (69) U | (2%) | 8,893 | 8,458 | 435 F | 5% |
| Government and Crown Agency Total | 69,540 | 69,366 | 173 F | | 209,119 | 208,040 | 1,078 F | 1% |
| Other Revenue | | | | | | | | |
| Patient / Consumer Sourced | 203 | 222 | (18) U | (8%) | 612 | 733 | (121) U | (17%) |
| Other Income | 801 | 831 | (30) U | (4%) | 2,780 | 2,495 | 285 F | 11% |
| Other Revenue Total | 1,004 | 1,052 | (49) U | (5%) | 3,392 | 3,228 | 164 F | 5% |
| REVENUE TOTAL | 70,543 | 70,418 | 125 F | | 212,511 | 211,269 | 1,242 F | 1% |
| EXPENSES | | | | | | | | |
| Personnel Expenses | | | | | | | | |
| Medical Personnel | (7,764) | (7,573) | (191) U | (3%) | (24,563) | (24,342) | (221) U | (1%) |
| Nursing Personnel | (9,637) | (9,528) | (109) U | (1%) | (29,464) | (29,205) | (259) U | (1%) |
| Allied Health Personnel | (3,654) | (3,757) | 103 F | 3% | (11,934) | (12,195) | 261 F | 2% |
| Support Services Personnel | (762) | (723) | (39) U | (5%) | (2,300) | (2,343) | 44 F | 2% |
| Management / Admin Personnel | (3,333) | (3,323) | (10) U | | (10,640) | (10,737) | 97 F | 1% |
| Personnel Costs Total | (25,150) | (24,905) | (245) U | (1%) | (78,901) | (78,822) | (78) U | |
| Outsourced Expenses | | | | | | | | |
| Medical Personnel | (555) | (798) | 244 F | 31% | (2,325) | (2,395) | 70 F | 3% |
| Nursing Personnel | 4 | (3) | 8 F | 230% | (13) | (10) | (3) U | (26%) |
| Allied Health Personnel | (59) | (12) | (47) U | (389%) | (149) | (36) | (113) U | (312%) |
| Support Personnel | (57) | (22) | (34) U | (156%) | (166) | (66) | (100) U | (151%) |
| Management / Administration Personnel | - | (1) | 1 F | 86% | 3 | (4) | 7 F | 182% |
| Outsourced Clinical Services | (575) | (543) | (32) U | (6%) | (1,824) | (1,564) | (260) U | (17%) |
| Outsourced Corporate / Governance Services | (112) | (116) | 4 F | 3% | (342) | (348) | 6 F | 2% |
| Outsourced Funder Services | (124) | (92) | (32) U | (35%) | (391) | (297) | (93) U | (31%) |
| Outsourced Services Total | (1,477) | (1,588) | 111 F | 7% | (5,206) | (4,721) | (485) U | (10%) |
| Clinical Supplies | | | | | | | | |
| Treatment Disposables | (2,397) | (2,355) | (42) U | (2%) | (7,668) | (7,195) | (474) U | (7%) |
| Diagnostic Supplies & Other Clinical Supplies | (139) | (177) | 39 F | 22% | (453) | (511) | 58 F | 11% |
| Instruments & Equipment | (1,314) | (1,276) | (38) U | (3%) | (4,025) | (3,839) | (186) U | (5%) |
| Patient Appliances | (178) | (159) | (19) U | (12%) | (546) | (498) | (48) U | (10%) |
| Implants & Prosthesis | (873) | (948) | 75 F | 8% | (2,732) | (2,710) | (22) U | (1%) |
| Pharmaceuticals | (1,715) | (1,720) | 6 F | | (5,135) | (4,957) | (178) U | (4%) |
| Other Clinical Supplies | (220) | (305) | 85 F | 28% | (932) | (879) | (53) U | (6%) |
| Clinical Supplies Total | (6,835) | (6,941) | 106 F | 2% | (21,491) | (20,589) | (902) U | (4%) |
| Infrastructure & Non Clinical Expenses | | | | | | | | |
| Hotel Services, Laundry & Cleaning | (1,049) | (1,085) | 36 F | 3% | (3,275) | (3,237) | (39) U | (1%) |
| Facilities | (1,818) | (1,786) | (32) U | (2%) | (5,630) | (5,411) | (218) U | (4%) |
| Transport | (388) | (334) | (54) U | (16%) | (1,110) | (997) | (113) U | (11%) |
| IT Systems & Telecommunications | (954) | (929) | (25) U | (3%) | (2,708) | (2,818) | 110 F | 4% |
| Interest & Financing Charges | (1,229) | (1,272) | 43 F | 3% | (3,823) | (3,856) | 33 F | 1% |
| Professional Fees & Expenses | (179) | (155) | (24) U | (15%) | (469) | (445) | (24) U | (5%) |
| Other Operating Expenses | (360) | (429) | 69 F | 16% | (1,130) | (1,286) | 156 F | 12% |
| Democracy | (44) | (42) | (3) U | (6%) | (127) | (126) | (1) U | (1%) |
| Infrastructure & Non-Clinical Supplies Total | (6,022) | (6,032) | 10 F | | (18,272) | (18,175) | (96) U | (1%) |

Southern District Health Board

Sep-12

| Part 4: DHB Consolidated | Current Month | | | | Year to Date | | | |
|--|----------------------|-----------------|-----------------|-----------------|---------------------|-----------------|-----------------|-----------------|
| | Actual | Budget | Variance | Variance | Actual | Budget | Variance | Variance |
| | \$(000) | \$(000) | \$(000) | % | \$(000) | \$(000) | \$(000) | % |
| Payments to Providers | | | | | | | | |
| Personal Health | | | | | | | | |
| Child and Youth | (10) | (69) | 59 F | 85% | (84) | (208) | 123 F | 59% |
| Laboratory | (2,647) | (2,563) | (84) U | (3%) | (7,833) | (7,696) | (137) U | (2%) |
| Infertility Treatment Services | - | (10) | 10 F | | - | (29) | 29 F | |
| Maternity | (249) | (213) | (36) U | (17%) | (659) | (638) | (22) U | (3%) |
| Maternity (Tertiary & Secondary) | (1) | (13) | 12 F | 95% | (7) | (39) | 32 F | 83% |
| Pregnancy and Parenting Education | (5) | (10) | 4 F | 45% | (24) | (29) | 5 F | 16% |
| Adolescent Dental Benefit | (205) | (183) | (22) U | (12%) | (666) | (622) | (45) U | (7%) |
| Other Dental Services | - | - | | | - | - | | |
| Dental - Low Income Adult | (83) | (68) | (15) U | (22%) | (219) | (204) | (16) U | (8%) |
| Child (School) Dental Services | (61) | (49) | (12) U | (25%) | (138) | (148) | 9 F | 6% |
| Secondary / Tertiary Dental | (139) | (139) | | | (416) | (416) | | |
| Pharmaceuticals | (6,126) | (6,018) | (108) U | (2%) | (18,587) | (18,309) | (278) U | (2%) |
| Pharmaceutical Cancer Treatment Drugs | - | - | | | - | - | | |
| Pharmacy Services | (19) | (31) | 12 F | 39% | (57) | (94) | 37 F | 39% |
| General Medical Subsidy | (139) | (120) | (20) U | (17%) | (437) | (359) | (78) U | (22%) |
| Primary Practice Services - Capitated | (3,360) | (3,365) | 5 F | | (10,065) | (10,095) | 31 F | |
| Primary Health Care Strategy - Care | (240) | (255) | 15 F | 6% | (721) | (766) | 45 F | 6% |
| Primary Health Care Strategy - Health | (177) | (277) | 99 F | 36% | (563) | (830) | 267 F | 32% |
| Primary Health Care Strategy - Other | (221) | (287) | 66 F | 23% | (639) | (860) | 222 F | 26% |
| Practice Nurse Subsidy | (21) | (16) | (5) U | (31%) | (55) | (49) | (6) U | (13%) |
| Rural Support for Primary Health Pro | (1,288) | (1,277) | (11) U | (1%) | (3,855) | (3,831) | (25) U | (1%) |
| Immunisation | 5 | (69) | 74 F | 107% | (173) | (231) | 59 F | 25% |
| Radiology | (151) | (176) | 25 F | 14% | (452) | (527) | 75 F | 14% |
| Palliative Care | (522) | (439) | (83) U | (19%) | (1,595) | (1,318) | (277) U | (21%) |
| Meals on Wheels | (20) | (19) | (1) U | (5%) | (59) | (58) | (1) U | (1%) |
| Domiciliary & District Nursing | (472) | (393) | (79) U | (20%) | (1,291) | (1,179) | (111) U | (9%) |
| Community based Allied Health | (165) | (156) | (9) U | (6%) | (495) | (467) | (28) U | (6%) |
| Chronic Disease Management and Educa | (80) | (80) | | | (242) | (241) | (1) U | |
| Medical Inpatients | - | (11) | 11 F | | - | (34) | 34 F | |
| Medical Outpatients | (372) | (339) | (33) U | (10%) | (1,105) | (1,018) | (87) U | (9%) |
| Surgical Inpatients | (42) | (36) | (6) U | (17%) | (131) | (108) | (23) U | (21%) |
| Surgical Outpatients | (152) | (148) | (4) U | (3%) | (433) | (443) | 11 F | 2% |
| Pacific Peoples' Health | (8) | (4) | (4) U | | (15) | (11) | (4) U | (33%) |
| Emergency Services | (150) | (158) | 8 F | 5% | (504) | (475) | (29) U | (6%) |
| Minor Personal Health Expenditure | (52) | (82) | 29 F | 36% | (204) | (245) | 40 F | 17% |
| Price adjusters and Premium | (113) | (125) | 12 F | (10%) | (324) | (376) | 52 F | (14%) |
| Travel & Accomodation | (383) | (412) | 30 F | 7% | (1,320) | (1,244) | (76) U | (6%) |
| Inter District Flow Personal Health | (2,140) | (2,155) | 15 F | 1% | (6,418) | (6,465) | 47 F | 1% |
| Personal Health Total | (19,809) | (19,765) | (45) U | | (59,786) | (59,660) | (126) U | |
| Mental Health | | | | | | | | |
| Mental Health to allocate | - | (17) | 17 F | | - | (50) | 50 F | |
| Crisis Respite | (10) | (3) | (6) U | (194%) | (10) | (10) | | 2% |
| Alcohol & Other Drugs - General | (84) | (83) | (253) | | (253) | (250) | (4) U | (1%) |
| Alcohol & Other Drugs - Child & Youth | (40) | (39) | (1) U | (3%) | (118) | (118) | | |
| Methadone | - | - | | | - | - | | |
| Dual Diagnosis - Alcohol & Other Drugs | (10) | (7) | (3) U | (49%) | (1) | (21) | 20 F | 95% |
| Dual Diagnosis - MH/ID | - | - | | | - | - | | |
| Eating Disorder | (14) | (14) | | | (42) | (42) | | |
| Maternal Mental Health | (4) | (4) | | | (18) | (11) | (7) U | (67%) |
| Child & Youth Mental Health Services | (381) | (315) | (65) U | (21%) | (939) | (946) | 8 F | 1% |
| Forensic Services | - | - | | | - | - | | |
| Kaupapa Maori Mental Health Services | 12 | (6) | 19 F | 296% | - | (19) | 19 F | |
| Mental Health Community Services | (123) | (105) | (18) U | (17%) | (342) | (315) | (26) U | (8%) |
| Prison/Court Liaison | - | - | | | - | - | | |
| Mental Health Workforce Development | - | (1) | 1 F | | - | (2) | 2 F | |
| Day Activity & Work Rehabilitation S | (147) | (135) | (12) U | (9%) | (403) | (405) | 2 F | |
| Mental Health Funded Services for Older People | - | - | | | - | - | | |
| Advocacy / Peer Support - Consumer | (22) | (23) | 1 F | 4% | (91) | (70) | (21) U | (30%) |
| Other Home Based Residential Support | (291) | (315) | 24 F | 8% | (851) | (944) | 93 F | 10% |
| Advocacy / Peer Support - Families | (66) | (50) | (16) U | (32%) | (208) | (151) | (57) U | (38%) |
| Community Residential Beds & Service | (471) | (425) | (47) U | (11%) | (1,184) | (1,274) | 90 F | 7% |
| Minor Mental Health Expenditure | (28) | (32) | 5 F | 14% | (98) | (97) | (1) U | (1%) |
| Inter District Flow Mental Health | (431) | (431) | | | (1,294) | (1,294) | | |
| Mental Health Total | (2,109) | (2,006) | (103) U | (5%) | (5,851) | (6,018) | 167 F | 3% |

Southern District Health Board

Sep-12

| Part 4: DHB Consolidated | Current Month | | | | Year to Date | | | |
|--|----------------------|-----------------|-----------------|-----------------|---------------------|------------------|------------------|-----------------|
| | Actual | Budget | Variance | Variance | Actual | Budget | Variance | Variance |
| | \$(000) | \$(000) | \$(000) | % | \$(000) | \$(000) | \$(000) | % |
| Public Health | | | | | | | | |
| Alcohol & Drug | - | - | | | - | - | | |
| Communicable Diseases | - | - | | | - | - | | |
| Injury Prevention | - | - | | | - | - | | |
| Mental Health | - | - | | | - | - | | |
| Screening Programmes | - | - | | | - | - | | |
| Nutrition and Physical Activity | (40) | - | (40) U | | (68) | - | (68) U | |
| Physical Environment | - | - | | | - | - | | |
| Public Health Infrastructure | - | - | | | - | - | | |
| Sexual Health | (1) | (1) | | (1%) | (2) | (2) | | (1%) |
| Social Environments | 1 | - | 1 F | | - | - | | |
| Tobacco Control | (16) | (12) | (3) U | (27%) | (68) | (37) | (31) U | (82%) |
| Well Child Promotion | - | - | | | - | - | | |
| Meningococcal | - | - | | | - | - | | |
| Public Health Total | (56) | (13) | (43) U | (323%) | (139) | (40) | (99) U | (250%) |
| Disability Support Services | | | | | | | | |
| AT & R (Assessment, Treatment and Re Information and Advisory | (294) | (294) | | | (883) | (883) | | |
| Needs Assessment | (1) | (1) | | (2%) | (2) | (2) | | 2% |
| Service Co-ordination | (21) | (21) | | | (64) | (64) | | |
| Home Support | - | - | | | 10 | - | 10 F | |
| Carer Support | (1,046) | (1,106) | 61 F | 5% | (3,142) | (3,319) | 178 F | 5% |
| Residential Care: Rest Homes | (157) | (143) | (14) U | (10%) | (478) | (430) | (48) U | (11%) |
| Residential Care: Loans Adjustment | (2,932) | (3,059) | 127 F | 4% | (9,038) | (9,176) | 138 F | 2% |
| Long Term Chronic Conditions | 9 | 22 | (13) U | (58%) | 41 | 67 | (26) U | (38%) |
| Residential Care: Hospitals | (69) | (77) | 8 F | 10% | (231) | (231) | | |
| Ageing in Place | (3,350) | (3,435) | 85 F | 2% | (10,414) | (10,304) | (110) U | (1%) |
| Environmental Support Services | - | - | | | - | - | | |
| Day Programmes | (101) | (100) | (1) U | (1%) | (297) | (300) | 2 F | 1% |
| Expenditure to Attend Treatment ETAT | (35) | (26) | (9) U | (35%) | (78) | (78) | (1) U | (1%) |
| Minor Disability Support Expenditure | - | - | | | - | - | | |
| Respite Care | - | (17) | 17 F | | - | (50) | 50 F | |
| Community Health Services & Support | (60) | (67) | 6 F | 10% | (189) | (201) | 12 F | 6% |
| Inter District Flow Disability Support | (173) | (206) | 33 F | 16% | (525) | (619) | 94 F | 15% |
| Disability Support Other | (321) | (321) | | | (966) | (963) | (3) U | |
| - | - | - | | | - | - | | |
| Disability Support Services Total | (8,551) | (8,851) | 300 F | 3% | (26,257) | (26,553) | 296 F | 1% |
| Maori Health | | | | | | | | |
| Maori Service Development | (22) | (22) | | | (66) | (66) | | |
| Maori Provider Assistance Infrastruc | - | - | | | - | - | | |
| Moari Workforce Development | - | - | | | - | - | | |
| Minor Maori Health Expenditure | - | - | | | - | - | | |
| Whanau Ora Services | (56) | (109) | 53 F | 48% | (274) | (326) | 53 F | 16% |
| Maori Health Total | (78) | (131) | 53 F | 40% | (340) | (392) | 53 F | 13% |
| Internal Allocations | - | - | | | - | - | | |
| Total Expenses | (70,088) | (70,232) | 144 F | | (216,242) | (214,970) | (1,272) U | (1%) |
| Net Surplus/ (Deficit) | 455 | 186 | 269 F | 144% | (3,731) | (3,701) | (30) U | (1%) |
| Part 4.1 A: Supplementary Information to Statement of Financial Performance | | | | | | | | |
| Depreciation - Clinical Equipment | (689) | (701) | 12 F | 2% | (2,022) | (2,102) | 79 F | 4% |
| Depreciation - Non Residential Buildings & Plant | (624) | (686) | 62 F | 9% | (1,866) | (2,037) | 171 F | 8% |
| Depreciation - Motor Vehicles | (17) | (6) | (10) U | (169%) | (26) | (19) | (7) U | (39%) |
| Depreciation - Information Technology | (315) | (361) | 46 F | 13% | (997) | (1,113) | 116 F | 10% |
| Depreciation - Other Equipment | (51) | (56) | 5 F | 9% | (147) | (168) | 20 F | 12% |
| Total Depreciation | (1,696) | (1,810) | 115 F | 6% | (5,059) | (5,438) | 380 F | 7% |
| Interest Cost from Funder Loans | - | - | | | - | - | | |
| Interest Costs from CHFA | (418) | (403) | (15) U | (4%) | (1,286) | (1,234) | (52) U | (4%) |
| Financing Component of Operating Leases | (15) | (23) | 8 F | 33% | (48) | (70) | 23 F | 32% |
| Capital Charge | (774) | (818) | 45 F | 5% | (2,435) | (2,468) | 33 F | 1% |
| Medical Personnel | 480 | 476 | (4) U | | 467 | 476 | 8 F | |
| Nursing Personnel | 1577 | 1571 | (6) U | | 1574 | 1571 | (3) U | |
| Allied Health Personnel | 687 | 695 | 8 F | | 692 | 695 | 3 F | |
| Support Personnel | 186 | 197 | 11 F | | 186 | 197 | 10 F | |
| Management/Administration Personnel | 691 | 694 | 3 F | | 691 | 694 | 3 F | |
| Total Full Time Equivalentents (FTE's) | 3621 | 3632 | 11 F | | 3610 | 3632 | 22 F | |

Southern District Health Board

Sep-12

| 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 | 15 | 14 | 1 | - | 13 |
| Bank | (23) | 157 | (180) | - | 9,706 |
| Short Term Investments - HBL | 26,658 | 31,795 | (5,137) | 26,485 | - |
| Short Term Investments | - | - | - | - | 30,053 |
| Prepayments | 3,588 | 2,041 | 1,547 | 1,590 | 1,493 |
| Accounts Receivable | 6,533 | 4,840 | 1,693 | - | 6,196 |
| Provision for Doubtful Debts | (1,695) | (1,695) | - | (1,813) | (1,695) |
| Accrued Debtors | 20,770 | 18,722 | 2,047 | 27,440 | 15,540 |
| Inventory / Stock | 4,252 | 4,237 | 16 | 4,605 | 4,265 |
| Current Assets Total | 60,100 | 60,112 | (12) | 58,307 | 65,571 |
| Non Current Assets | | | | | |
| Land, Buildings & Plant | 243,493 | 243,131 | 362 | 254,469 | 240,152 |
| Clinical Equipment (incl Finance Leases) | 106,247 | 106,250 | (3) | 107,523 | 105,105 |
| Other Equipment (incl Finance Leases) | 13,094 | 13,028 | 66 | 13,170 | 12,904 |
| Information Technology | 33,564 | 33,451 | 113 | 35,897 | 32,108 |
| Motor Vehicles | 1,072 | 697 | 376 | 724 | 692 |
| Provision Depreciation - Buildings & Plant | (18,767) | (18,142) | (624) | (19,073) | (16,900) |
| Provision Depreciation - Clinical Equipment | (78,424) | (78,219) | (204) | (80,389) | (76,971) |
| Provision Depreciation - Other Equipment | (11,424) | (11,450) | 26 | (11,555) | (11,354) |
| Provision Depreciation - Information Technology | (25,374) | (25,089) | (285) | (26,002) | (24,415) |
| Provision Depreciation - Motor Vehicles | (295) | (278) | (17) | (320) | (269) |
| WIP | 16,044 | 16,193 | (149) | 15,967 | 20,869 |
| Investment in Associates | 278 | 278 | - | 328 | 278 |
| Non Current Assets Total | 279,509 | 279,849 | (340) | 290,740 | 282,198 |
| Current Liabilities | | | | | |
| Accounts Payable Control | (4,645) | (4,544) | (101) | - | (5,053) |
| Accrued Creditors | (26,325) | (25,694) | (631) | (33,817) | (32,124) |
| Income Received in Advance | (1,878) | (2,473) | 594 | (1,566) | (1,614) |
| Capital Charge Payable | (2,435) | (1,661) | (774) | (2,468) | - |
| GST & Tax Provisions | (6,410) | (6,396) | (14) | (4,396) | (6,842) |
| Term Loans - Finance Leases (current portion) | (1,216) | (1,213) | (3) | - | (1,408) |
| Term Loans - Crown (current portion) | (18,045) | (18,045) | - | (10,895) | (28,045) |
| Payroll Accrual & Clearing Accounts | (12,859) | (13,288) | 429 | (14,319) | (11,671) |
| Employee Entitlement Provisions | (43,005) | (44,368) | 1,363 | (39,512) | (44,036) |
| Current Liabilities Total | (116,819) | (117,683) | 864 | (106,973) | (130,793) |
| WORKING CAPITAL | (56,719) | (57,571) | 852 | (48,666) | (65,222) |
| NET FUNDS EMPLOYED | 222,790 | 222,277 | 512 | 242,074 | 216,976 |
| 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 portion) | (1,424) | (1,455) | 30 | (2,509) | (1,669) |
| Term Loans - Crown (non current portion) | (84,520) | (84,500) | (21) | (91,437) | (74,732) |
| Custodial Funds | - | - | - | (3,725) | - |
| Non Current Liabilities Total | (102,040) | (102,050) | 10 | (112,341) | (92,496) |
| Crown Equity | | | | | |
| Crown Equity | (154,552) | (154,552) | - | (154,951) | (154,552) |
| Crown Equity Injection | - | - | - | (6,300) | - |
| Crown Equity Repayments | - | - | - | - | - |
| Trust and Special Funds (no restricted use) | (4,818) | (4,849) | 31 | - | (5,451) |
| Revaluation Reserve | (85,362) | (85,362) | - | (85,362) | (85,362) |
| Retained Earnings - DHB Governance & Funding | 1,916 | 1,903 | 13 | 1,714 | 1,762 |
| Retained Earnings - DHB Provider | 92,451 | 93,137 | (686) | 84,797 | 90,294 |
| Retained Earnings - Funds | 29,615 | 29,494 | 121 | 30,369 | 28,828 |
| Crown Equity Total | (120,750) | (120,228) | (522) | (129,733) | (124,481) |
| NET FUNDS EMPLOYED | (222,790) | (222,277) | (512) | (242,074) | (216,976) |
| Zero Check | - | - | - | - | - |
| Part 4.3: Statement of Movement in Equity | | | | | |
| Total equity at beginning of the period | (120,228) | (123,742) | | (125,547) | (124,481) |
| Net Results for Period | (455) | 3,445 | | (186) | - |
| Revaluation of Fixed Assets | - | - | | - | - |
| Equity Injections / Repayments | - | - | | (4,000) | - |
| Other | - | - | | - | - |
| Movement in Trust and Special Funds | (67) | 69 | | - | - |
| Total Equity at end of the period | (120,750) | (120,228) | | (129,733) | (124,481) |

Board Cash Flow - Southern

Sep-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 | 65,205 | 69,325 | (4,120) U | 203,816 | 207,984 | (4,168) U |
| Other Revenue Received | 812 | 906 | (94) U | 2,779 | 3,016 | (237) U |
| Total Receipts | 66,017 | 70,231 | (4,214) U | 206,594 | 211,000 | (4,406) U |
| Payments for Personnel | (26,942) | (18,576) | (8,366) U | (78,742) | (78,331) | (411) U |
| Payments for Supplies | (12,577) | (11,530) | (1,047) U | (37,296) | (33,997) | (3,299) U |
| Interest Paid | (115) | (195) | 80 F | (366) | (461) | 95 F |
| Capital Charge Paid | - | - | - | - | (2,164) | 2,164 F |
| GST (Net) & Tax | 14 | (14) | 28 F | (433) | 360 | (793) U |
| Payment to own DHB Provider (Eliminated) | - | - | - | - | - | - |
| Payment to own DHB Governance & Funding Admin | - | - | - | - | - | - |
| Payments to other DHBs | (2,984) | (2,907) | (77) U | (10,460) | (8,721) | (1,739) U |
| Payments to Providers | (27,552) | (28,129) | 577 F | (86,589) | (84,117) | (2,472) U |
| Total Payments | (70,156) | (61,352) | (8,804) U | (213,886) | (207,432) | (6,454) U |
| Net Cashflow from Operating | (4,139) | 8,879 | (13,018) U | (7,292) | 3,567 | (10,859) U |
| Investing Activities | | | | | | |
| Interest Receipts 3rd Party | 188 | 185 | 3 F | 610 | 555 | 55 F |
| Sale of Fixed Assets | 3 | - | 3 F | 4 | - | 4 F |
| Capital Expenditure | | | | | | |
| Land, Buildings & Plant | (881) | (1,943) | 1,062 F | (3,680) | (6,898) | 3,218 F |
| Clinical Equipment | (144) | (747) | 603 F | (837) | (2,241) | 1,404 F |
| Other Equipment | (143) | (41) | (102) U | (221) | (123) | (98) U |
| Information Technology | (152) | (352) | 200 F | (656) | (1,056) | 400 F |
| Motor Vehicles | (3) | (1) | (2) U | (261) | (3) | (258) U |
| Total Capital Expenditure | (1,323) | (3,084) | 1,761 F | (5,655) | (10,323) | 4,668 F |
| Increase in Investments and Restricted & Trust Funds Assets | - | - | - | - | - | - |
| Net Cashflow from Investing | (1,132) | (2,899) | 1,767 F | (5,041) | (9,768) | 4,727 F |
| Financing Activities | | | | | | |
| Equity Injections | - | 4,000 | (4,000) U | - | 6,300 | (6,300) U |
| New Debt | | | | | | |
| Private Sector | - | - | - | - | - | - |
| CHFA | - | - | - | - | - | - |
| Repaid Debt | | | | | | |
| Private Sector | (62) | (236) | 174 F | (527) | (707) | 180 F |
| CHFA | - | - | - | (261) | (150) | (111) U |
| Other Non-Current Liability Movement | | | | | | |
| Other Equity Movement | 18 | - | 18 F | - | - | - |
| Net Cashflow from Financing | (44) | 3,764 | (3,808) U | (788) | 5,443 | (6,231) U |
| Net Cashflow | (5,315) | 9,744 | (15,059) U | (13,121) | (758) | (12,363) U |
| Plus Cash (Opening) | 31,966 | 16,742 | 15,224 F | 39,772 | 27,243 | 12,529 F |
| Cash (Closing) | 26,651 | 26,485 | 166 F | 26,651 | 26,485 | 166 F |
| Carry Forward Check | | | | | | |
| Closing Cash made up of: | | | | | | |
| Petty Cash | 15 | - | (15) U | 15 | - | (15) U |
| Bank (Overdraft) | (23) | - | 23 F | (23) | - | 23 F |
| Short Term Investments | 26,658 | 26,485 | (173) U | 26,658 | 26,485 | (173) U |
| Total Cashflow Cash (Closing) | 26,651 | 26,485 | 166 F | 26,651 | 26,485 | 166 F |

Ratios and Cash Management

| Financial Ratios (waived) | ACTUAL 30/09/2012 | BUDGET 30/09/2012 | ACTUAL 31/08/2012 |
|--|----------------------|----------------------|----------------------|
| Interest Cover is not less than 2.5 times | 2.00 | 2.33 | 0.09 |
| Total Debt divided by (Debt plus Equity) not to exceed 65% | 45.93% | 44.10% | 46.03% |
| Secured Liabilities not more than 5% of Assets | 0.78% | 0.72% | 0.78% |
| Guaranteeing Assets more than 95% of Group Assets | 100.00% | 100.00% | 100.00% |

| Cash Management | 30/09/2012 | 31/08/2012 | 31/07/2012 | Summary 1/4 ending 30/09/2012 | Summary 1/4 ending 30/06/2012 |
|------------------------------|------------|------------|------------|-------------------------------------|-------------------------------------|
| BNZ Bank Account: | | | | | |
| Cheque A/c High (\$000) | \$49 | \$363 | \$232 | \$363 | \$1,773 |
| Cheque A/c Average (\$000) | \$32 | \$193 | \$178 | \$135 | \$207 |
| Days in Overdraft | 0 | 0 | 0 | 0 | 0 |
| Overdraft High (\$000) | \$0 | \$0 | \$0 | \$0 | \$0 |
| ASB Bank Account: | | | | | |
| Cheque A/c High (\$000) | \$12 | \$74 | \$61 | \$74 | \$168 |
| Cheque A/c Average (\$000) | \$8 | \$58 | \$48 | \$39 | \$85 |
| Days in Overdraft | 0 | 0 | 0 | 0 | 0 |
| Overdraft High (\$000) | \$0 | \$0 | \$0 | \$0 | \$0 |
| Westpac Bank Account: | | | | | |
| Cheque A/c High (\$000) | \$0 | \$0 | \$0 | \$0 | \$11,410 |
| Cheque A/c Average (\$000) | \$0 | \$0 | \$313 | \$105 | \$1,068 |
| Days in Overdraft | 0 | 0 | 0 | 0 | 6 |
| Overdraft High (\$000) | \$(0) | \$(0) | \$(0) | \$(0) | \$(389) |

Debt as at Month End (\$000)

| | Amount (\$000) | Due | Base Rate | Margin | Total Rate |
|-----------------------------------|----------------|------------------|-------------|--------|--------------|
| CHFA SL008 46895/47135 | 12,000 | 15/04/2013 | 6.11% | | 6.11% |
| CHFA OT DHB 54632 | 5,000 | 15/04/2013 | 6.96% | | 6.96% |
| CHFA Sthn DHB 76495/76735 | 10,000 | 15/04/2014 | 4.28% | | 4.28% |
| CHFA OT DHB 54633 | 6,250 | 15/04/2015 | 6.55% | | 6.55% |
| CHFA SL007 70812/71052 | 6,000 | 15/04/2016 | 5.75% | | 5.75% |
| CHFA Sthn DHB 77102/77342 | 10,000 | 15/04/2016 | 4.75% | | 4.75% |
| CHFA OT DHB 54634 | 10,000 | 15/12/2017 | 6.42% | | 6.42% |
| CHFA Sthn DHB 76496/76736 | 10,000 | 15/12/2018 | 5.06% | | 5.06% |
| CHFA Sthn DHB 77045/77285 | 4,500 | 15/03/2019 | 4.34% | | 4.34% |
| CHFA Sthn DHB 77103/77343 | 7,000 | 15/12/2019 | 5.22% | | 5.22% |
| CHFA Sthn DHB 83649/83889 | 10,000 | 15/05/2021 | 3.44% | | 3.44% |
| CHFA Sthn DHB 82851/83091 | 1,250 | 15/05/2021 | 4.40% | | 4.40% |
| CHFA Sthn DHB 82846/83086 | 5,400 | 15/05/2021 | 4.40% | | 4.40% |
| CHFA Dunstan Loan (fair value) | 4,390 | Qrtly Instalment | 0.00% | | 0.00% |
| EECA Loans (fair value) | 776 | Qrtly Instalment | 0.00% | | 0.00% |
| | | Mthly & Qtrly | | | |
| Finance Leases | 2,640 | Instalment | 3.34%-8.93% | | |
| Total Debt & Overdraft | 105,206 | | | | 4.83% |

Cash Balances as at Month End (\$000)

| | Rate Ranges % | Due Date Range | \$000 |
|-----------------------------------|---------------|----------------|---------------|
| <u>Short Term Deposits:</u> | | | |
| Health Benefits Limited | | | 26,658 |
| <u>Other:</u> | | | |
| Cash at Bank ASB | | | 19 |
| Cash at Bank BNZ | | | 68 |
| Cash at Bank Westpac | | | (109) |
| Petty Cash | | | 15 |
| Total Cash Balances /(O/D) | | | 26,651 |

Quarterly Cash Forecast - 12 months

| | 2012-13 Qtr 2 | 2012-13 Qtr 3 | 2012-13 Qtr 4 | 2013-14 Qtr 1 |
|------------------------------------|------------------|------------------|------------------|------------------|
| Opening Cash | 26,651 | 15,597 | 22,093 | 20,061 |
| Cashflow from Operating Activities | 5,441 | 6,768 | (3,187) | 4,585 |
| Investing Activities | (13,630) | (6,331) | (5,159) | (10,324) |
| Financing Activities | (2,864) | 6,059 | 6,314 | 4,981 |
| Net Cash Flow | (11,053) | 6,496 | (2,032) | (758) |
| Closing Cash Balance | 15,597 | 22,093 | 20,061 | 19,303 |

Accounts Receivable / Accounts Payable

| | Current | 1 Month | 2 Months | 3 Months and over | Total | Previous Month Total | Increase / (Decrease) % from previous Month |
|-------------------------------------|---------|---------|----------|----------------------|----------------|-------------------------|--|
| Aged Debtors Analysis | 3,960 | 395 | 325 | 1,852 | 6,533 | 4,840 | 35% |
| | 61% | 6% | 5% | 28% | | | |
| Provision for Doubtful Debts | | | | | (1,695) | (1,695) | 0% |
| Bad Debts Written Off | | | | | 1 | 1 | 0% |
| Aged Creditors Analysis | 3,124 | 1,318 | 19 | 183 | 4,645 | 4,543 | 2% |
| | 67% | 28% | 0% | 4% | | | |

Interest Rate Derivatives and Foreign Exchange derivatives

None Currently

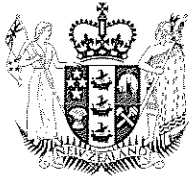
| Wakatipu Health Services Expert Panel Recommendations | | | | | | |
|---|--|--------------------|--------|----------|-----------|---|
| Expert Panel Recommendation | Targeted Completion Date | PROGRESS | | | | COMMENT |
| | | Scoping | Behind | On Track | Completed | |
| Enhancing Regional Service 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 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. Meeting with PHO scheduled 5 Nov to finalise the framework for this activity. |
| 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 special interests (GPSI) and senior medical officer with special interest | Mar 12 | | | ✓ | Agreed. Completed for the orthopaedic service; has resulted in additional clinics being undertaken at LDH. This will be developed with the parties now selected from the EOI process (see |

| Wakatipu Health Services Expert Panel Recommendations | | | | | | |
|--|--|-------------|--------|----------|-----------|--|
| Expert Panel Recommendation | Targeted Completion Date | PROGRESS | | | | COMMENT |
| | | Scoping | Behind | On Track | Completed | |
| (SMOSI) roles. | | | | | | #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. Planning work has commenced and will be incremental. The opportunity with Southern Cross is being advanced as a priority. |
| 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 a specific issue or topic is identified. An open invitation may be issued for a general activity update around campus plans. |
| 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 | | | ✓ | Gastroenterology and Scoping Service commenced in March. ENT clinics commenced March 12. Orthopaedic Service expanded. As noted in item #10. Respiratory Service commenced June 12. O&G monthly clinics commenced Aug 12. |
| 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. Links to item #11. |
| 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. |

| Wakatipu Health Services Expert Panel Recommendations | | | | | | |
|--|--|-------------|--------|----------|-----------|--|
| Expert Panel Recommendation | Targeted Completion Date | PROGRESS | | | | COMMENT |
| | | Scoping | Behind | On Track | Completed | |
| 18 | Diagnostic services such as laboratory and radiology are best consolidated onto the LDH site. | From Aug 12 | ✓ | | | Agreed. Links to recommendation 11. On site radiology services planning commenced. |
| 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. |

SOUTHERN DISTRICT HEALTH BOARD

| | | | |
|---|---|---|-----------------------|
| Title: | RONALD McDONALD SOUTH ISLAND TRUST LICENCE TO OCCUPY, SOUTHLAND HOSPITAL | | |
| Report to: | Board | | |
| Date of Meeting: | 8 November 2012 | | |
| Summary: | | | |
| <ul style="list-style-type: none"> ▪ Correspondence attached from Hon Tony Ryall re Southern District Health Board – Ronald McDonald South Island Trust Licence to Occupy Approval | | | |
| Specific implications for consideration (financial/workforce/risk/legal etc): | | | |
| Financial: | n/a | | |
| Workforce: | n/a | | |
| Other: | n/a | | |
| Document previously submitted to: | Not applicable. | | Date: n/a |
| Approved by Chief Executive Officer: | | | Date: 30/10/12 |
| Prepared by: Board Secretary | | Presented by: Lexie O'Shea Chief Executive Officer | |
| Date: 24/10/12 | | | |
| RECOMMENDATIONS: | | | |
| <ol style="list-style-type: none"> 1. That the Board note receipt of the advice. | | | |



Office of Hon Tony Ryall

Minister of Health
Minister for State Owned Enterprises

- 8 OCT 2012

03 OCT 2012

Ms Carole Heatly
Chief Executive Officer
Southern DHB
Private Bag 1921
DUNEDIN 9054

Dear Ms Heatly

Southern District Health Board (DHB) - Ronald McDonald South Island Trust Licence to Occupy Approval

Thank you for your letter of 13 August 2012 requesting approval to enter into a licence to occupy with Ronald McDonald South Island Trust for an area of approximately 243m² within Southland Hospital, Kew Road, Invercargill for the operation of a Ronald McDonald Family Room Facility.

Pursuant to clause 43(2) of Schedule 3 of the New Zealand Public Health and Disability Act 2000, I give my approval to a licence to occupy between Southern DHB and Ronald McDonald South Island Trust for a period of 34 years (including rights of renewals).

In terms of clause 43(7) of Schedule 3 of the NZPHD Act, this approval must be tabled at a meeting of the Board as soon as practicable.

Yours sincerely

Hon Tony Ryall
Minister of Health

Southern District Health Board

Minutes of the Joint Meeting of the Disability Support Advisory Committee and Community & Public Health Advisory Committee held on Wednesday, 3 October 2012, commencing at 10.00 am, in the Board Room, Main Block, Wakari Hospital Campus, Dunedin

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

In Attendance: Mr Robert Mackway-Jones Executive Director, Finance & Funding
Mrs Adele Knowles Portfolio Manager – Primary and Community
Ms Claire Lord Portfolio Analyst – Health of Older Persons and Disability
Dr Marion Poore Medical Director
Ms Jeanette Kloosterman Board Secretary

1.0 WELCOME

The Chairman welcomed everyone to the meeting.

2.0 APOLOGIES

There were no apologies.

3.0 PRESENTATION – SOUTHERN PRIMARY HEALTH ORGANISATION (PHO)

Mr Ian Macara, Chief Executive, and Ms Kaylene Holland, Primary Health Services Manager, Southern Primary Health Organisation (PHO), gave a presentation outlining: the PHO's structure, core principles, revenue, clinical programmes, and future opportunities (*copy attached as **Appendix 1***), then took questions from members.

Dr Macpherson reminded the committees of his interest in after-hours and on-call primary care services.

Mr Macara tabled the PHO's performance results for the April-June 2012 quarter.

An invitation from the Southern PHO Chair was conveyed to the Committees to hold some combined meetings with the PHO Board.

Mr Macara and Ms Holland were thanked for their presentation and they left the meeting.

4.0 PRESENTATION – WHĀNAU ORA

Mr Donovan Clarke, Kaiwhakahaere Hauora Māori, gave a presentation on Whānau Ora (family wellbeing) and its implementation (*copy attached as Appendix 2*), then took questions from members.

Mr Clarke was thanked for his presentation and he left the meeting.

5.0 PUBLIC AND POPULATION HEALTH

The report on Public and Population Health Portfolio activity (agenda item 8) was taken as read and the Executive Director Finance & Funding took questions from members.

Members extended their congratulations to the B4 Schools Check team for their Health Target achievements.

Dr Marion Poore, Medical Director, answered members' questions on communicable disease monitoring and trends.

The Committees requested that the long-run trend of communicable disease rates be shown in future reports.

Dr Poore left the meeting.

6.0 MEMBERS' DECLARATION OF INTEREST

It was resolved:

"That the Interests Register be noted."

7.0 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 1 August 2012 be approved and adopted as a true and correct record."

8.0 ACTION SHEET

The Committees reviewed the action sheet (agenda item 5) and noted that the only outstanding item was the provision of information on what was being done to encourage other work places to seek breastfeeding friendly certification.

9.0 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.

10.0 MENTAL HEALTH AND ADDICTIONS

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

The activities planned for Mental Health Awareness Week (8-14 October 2012) were noted.

11.0 HOSPITAL AND SPECIALIST SERVICES

The report on Hospital and Specialist Services Portfolio activity (agenda item 10) was taken as read and the Executive Director Finance & Funding took questions from members.

12.0 FINANCIAL REPORT

The Executive Director Finance & Funding presented the Funder Financial Report for the period ended 31 August 2012 (agenda item 11).

The Committees requested that run-charts be added to the report to show trends.

It was resolved:

"That the portfolio and financial reports be received."

CONFIDENTIAL SESSION

It was resolved that the public be excluded for the following agenda items:

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

The meeting closed at 12.20 pm.

Confirmed as a correct record:

Chairman

Date

Unconfirmed

Southern District Health Board

Minutes of the Hospital Advisory Committee Meeting held on Wednesday, 3 October 2012, commencing at 2.00pm in the Board Room, Main Block, Level 2 West Wing, Wakari Hospital Campus

| | | |
|-----------------------|---|---|
| Present: | Mr Paul Menzies Mr Neville Cook Dr Malcolm Macpherson Dr Branko Sijnja Mr Richard Thomson Mr Tim Ward | Chairman |
| In Attendance: | Mr Joe Butterfield Mrs Kaye Crowther Ms Mary Flannery Mrs Lexie O'Shea Mr Robert Mackway-Jones Ms Tina Gilbertson Mr David Tulloch Mr Grant Paris Mrs Joanne Fannin | Board Chairman Board member Board member Executive Director of Patient Services/ Deputy CEO Executive Director of Finance and Funding Acting Executive Director of Nursing and Midwifery Chief Medical Director (via video link) Senior Business Analyst Board Secretary Southland |

1.0 WELCOME AND APOLOGIES

The Chairman welcomed everyone to the meeting. An apology was noted from HAC member, Mr Tahu Potiki and the Executive Director of Nursing and Midwifery, Mrs Leanne Samuel.

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 5 September 2012 Hospital Advisory Committee meeting be approved and adopted as a true and correct record."

Ms Tina Gilbertson, Acting Executive Director of Nursing and Midwifery (EDNM) joined the meeting at 10.02am.

4.0 MATTERS ARISING

There were no matters arising from the previous minutes.

5.0 ACTION SHEET

The HAC meeting action sheet was received and taken as read.

IS Dashboard – a copy of the Business Intelligence report was tabled for information and is to be included in the November 2012 agenda.

Southern Clinical Services Dashboard – it was agreed that the dashboard would continue to be provided to the Clinical Advisory Committee (CAC) only at the current time.

6.0 EXECUTIVE DIRECTOR OF PATIENT SERVICES (EDPS) REPORT

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

Cardiothoracic Surgery – the shortfall identified in cardiothoracic was due to staff leave and the time for surgery within that specialty is within national guidelines.

Clarification was provided on the difference between the production plan against the contract outlined on page one of the EDPS/DCEO report and the elective discharge performance report for the Southern DHB population, along with the Inter District Flow (IDF) inflows and outflows. An explanation contrasting the two figures in the dialogue within the report would clarify the position. The August 2012 figures included in the report are an estimate only.

All hospitals nationally reported a significantly busy period for July/August 2012, with high admission rates. Work is being done to better understand the correlation between the acute and elective throughput.

Maintaining the six month target for Patient Flow Indicators (ESPI) and getting the dataset for Southern DHB as one group through to the MoH is challenging. There is an issue with the transfer of files and work continues with the MoH to address this. It is expected that the issue will be resolved for reporting of the October 2012 data.

The Southern DHB Imaging wait time update was noted. Radiology facilities across the district are being considered, but the Dunedin and Southland base hospitals have higher specification computed tomography (CT) units. An update was provided on the timing for the review process.

A request was made for the Chief Medical Director to ascertain whether there is benchmarking data available on the ratio of the number of normal scans versus other.

A request was made for the EDPS/DCEO to advise on the numbers involved with the Office Gynaecology Project (Dunedin site) and how much Theatre space would be freed up as a result.

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

The report and Trendcare Hospital Efficiency graphs were received and it was noted that the graphs were updated to show the target lines as requested.

There was a good match of hours per patient day (HPPD) across the organisation and utilisation was high. Concern was noted over the impact of the continued high occupancy across the two base hospital sites.

8.0 REPORT BY THE CHIEF MEDICAL DIRECTOR (CMD)

The report was received and taken as read and the CMD spoke to the areas highlighted within the report. The CMD will visit all DHBs within the South Island throughout October and November 2012 as part of the South Island Alliance road show.

Gastroenterology is now a regionalised service and the two gynaecology departments are working together well at a ground floor level.

9.0 FINANCIAL REPORT

The report was received and the Senior Business Analyst responded to members' questions.

The Mammography outsourcing was as a result of the Mammography review. The outsourcing for radiology was required for the reading of reports.

The need for a control level indicator on the graph for Air Ambulance on page three of the report was noted.

The Clinical Supplies – Hip and Knee Implants line will have an offset in timing across the year, but does not have a direct revenue off-set for the month.

Management is looking at significant projects across the district to address the fiscal position and get closer to budget.

10.0 HUMAN RESOURCES (HR) DASHBOARD

The report was received and taken as read.

11.0 INFORMATION SYSTEMS (IS) DASHBOARD

The report was received and taken as read.

12.0 MASTER SITE PLANNING – DUNEDIN AND WAKARI HOSPITALS

The report was received and taken as read. A request was made for an update on the Linac Bunker Upgrade and a report is to be provided for the HAC meeting in November 2012.

It was resolved:

“That the management and financial reports be received and noted.”

13.0 CONFIDENTIAL SESSION

At 3.15pm, 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 | 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. |
| Risk Register | Commercial sensitivity and to allow activities to be carried on without prejudice or disadvantage | As above, sections 9(2)(i) and 9(2)(j). |
| Southland Hospital Cafeteria extension | Commercial sensitivity and to allow activities to be carried on without prejudice or disadvantage | As above, sections 9(2)(i) and 9(2)(j). |
| Annual Plan | To allow activities to be carried on without prejudice or disadvantage | As above, section 9(2)(j). |

The Committee resumed in public session at 4.20pm.

The meeting closed at 4.20pm.

Confirmed as a true and correct record:

Chairman: _____

Date: _____

Southern District Health Board

Minutes of the Iwi Governance Committee Meeting held on Wednesday, 3 October 2012, commencing at 12.00pm in Corporate Meeting Room 2, Main Block, Level 2 West Wing, Wakari Hospital Campus

| | | |
|-----------------------|--------------------|-------------------------------|
| Present: | Mrs Eleanor Murphy | Ōtākou Rūnaka – Chair |
| | Mr Taare Bradshaw | Hokonui Rūnaka |
| | Ms Sandra Cook | Board Member, Southern DHB |
| | Mrs Kaye Crowther | Board Member, Southern DHB |
| | Mr Peter Ellison | Puketeraki Rūnaka |
| | Mr Paul Menzies | Deputy Chairman, 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 |
| | Ms Sally Wast | Board Member, Southern PHO |
| | Mrs Joanne Fannin | Board Secretary Southland |

1.0 WELCOME APOLOGIES AND KARAKIA

The Chair welcomed members to the meeting and apologies were noted from Ms Hana Morgan, Awarua Rūnaka, Deputy Chair; Ms Kingi Dirks, Moeraki Rūnaka and Mr Tahu Potiki, Board Member, Southern DHB. An opening karakia had taken place at the Ka Rūnaka session of the meeting.

It was resolved:

“That the apologies as noted be accepted.”

2.0 MEMBERS’ DECLARATION OF INTEREST

The Chair called for any adjustments or amendments to the Interests Register. Changes to the entry for Mrs Wakefield were noted as follows:

- Director of Pahi Ltd to be removed.
- Executive member of Ōraka-Aparima Rūnaka Inc.
- Te Runanga representative for Ōraka-Aparima Rūnaka Inc. on Ngai Tahu.

3.0 CONFIRMATION OF PREVIOUS MINUTES

It was resolved:

“That the minutes of the 5 September 2012 Iwi Governance 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 Committee received the action sheet and in discussion the following was highlighted:

- **Action No. 118 – Hokonui Rūnaka** – Mr Taare Bradshaw is to check the status of the concerns raised by Hokonui Rūnaka and report back to the IGC.
- **Action No. 119 – Action Sheet – Māori Health Plan** – the KHM is working closely and meeting with the CEO, Southern Primary Health Organisation (SPHO) on a regular basis. Preliminary discussions have been held around the advantages of a joint MHP across the SPHO and the SDHB.
- **Action No. 121 – Southern PHO** – the Chair advised on the meeting between ka Rūnaka and SPHO and advised the need for cost sharing with ongoing meetings occurring at SDHB immediately prior to the SDHB IGC meetings. The signing of the Principle of Relationship (PoR) between ka Rūnaka and the SPHO is to take place on 28 November 2012.

The Committee received the draft schedule of meetings for 2013. It was noted that the proposed IGC meetings for 2013 are bi-monthly with an additional meeting scheduled in March 2013 for a workshop. Members requested that the emphasis be on reporting progress against the Māori Health Plan targets. The CEO highlighted that the KHM attends a weekly meeting of the Executive Management Team (EMT) and provides Māori input at that level on an ongoing basis.

6.0 UPDATE BY THE KAIWHAKAHAERE HAUORA MĀORI (KHM)

The KHM's report was received and the KHM responded to members' questions.

- Congratulations to Mrs Ann Wakefield on her appointment to Te Runanga ō Ngai Tahu.
- The KHM provided an update on Whānau Ora to the joint Disability Support Advisory Committee/Community and Public Health Advisory Committee (DSAC/CPHAC) immediately prior to the IGC meeting.
- It was confirmed that the local priorities for the MHAP would be re-looked at when planning for the 2013/14 year.
- The timeline for the Ethnicity Data Audit Tool, both Secondary Care and Primary Care is quite significant and the process was outlined for members' information.
- Members noted the Māori Health Directorate Leadership Team agenda and requested that outcomes only be included for future meetings.

7.0 MĀORI HEALTH – LONG TERM STRATEGIC PLAN UPDATE

A framework for the long term strategic plan for Māori Health was tabled for members' information (*appendix 1*). The KHM advised on the consultation process to date to develop the framework. In discussion the following key areas were highlighted:

Mrs Kaye Crowther joined the meeting at 12.35pm.

- The long term strategic plan should reflect the expectations of the community and focus on key tangible areas, e.g. Mental Health addiction services, immunisation, etc.
- Members confirmed they would like Māori Health workforce development to be included in the long term strategic plan.

Ms Sandra Cook joined the meeting at 12.40pm.

- Members requested that the provision of free access to healthcare for children under six be incorporated in the long term strategic plan.
- The targets identified in the MHAP are to be incorporated in the long term strategic plan, but aspects of the partnership and relationship should also be incorporated.
- The CEO advised the need for a 'whole of population' approach.
- Planning should be based on the Southern DHB Health Needs Assessment (HNA) findings.
- Consideration is to be given to location and provision of service, which is to be as close as possible to where people live.
- The KHM is to forward members an update in mid-October ahead of the workshop on 7 November 2012.

8.0 MĀORI REPRESENTATION

A copy of the policy for Māori representation was tabled for members' information (***appendix 2***) and the process was considered.

It was agreed that the KHM should appoint directly to any internal SDHB Māori representation positions, but keep IGC members advised. An e-mail should be circulated to IGC members for any external positions. The one page application form will continue to be used and guidelines will remain in place outlining the process.

9.0 WHĀNAU ORA

The KHM provided an update on the positive activity happening within the three Whānau Ora collectives across Southern DHB.

10.0 UPDATE BY CHIEF EXECUTIVE OFFICER

The CEO's report was received and the CEO responded to members' questions. The following key points were noted:

- The CEO reported on her meeting with Pharmacists across the district.
- The significant concerns with the current financial position.
- Consideration of a health campus concept for Invercargill and Queenstown.
- Facilities at Dunedin base hospital.
- Benchmarking of clinical services nationally.
- Discussion was held on after hours care across the district.

11.0 MĀORI HEALTH ACTION PLAN (MHAP)

A report against the MHAP targets was tabled (***appendix 3***) and the District Manager Māori Health (DMMH) provided a verbal update and responded to members' questions. The following key points were noted:

- It was confirmed that all reporting will be provided to the SPHO.
- The CEO requested that the Clinical Directors receive the reporting information on a regular basis.
- A request was made for the targets to be included on the graphs.
- The 2012/13 MHAP is now up on SDHB's website.
- Members queried how outcomes from interventions will be measured and reported over time.

12.0 GENERAL

The KHM advised on his objectives for 2012/13, advising that a key result area would be his involvement in other areas of healthcare in addition to Māori Health.

Discussion was held on the Southern Health Needs Assessment (HNA) included on the Ministry of Health (MoH) website. The HNA appears to lack the necessary data to inform the work on the development of the long term strategic plan. The Māori Health profiles compiled locally should be useful when developing the long term strategic plan.

13.0 CONCLUSION

The meeting concluded with a closing karakia.

The meeting closed at 1.30pm.

Confirmed as a true and correct record:

Chair: _____

Date: _____

FUNDING ADMINISTRATION
CONTRACTS REGISTER (EXPENSES) - OCTOBER 2012

| PROVIDER NAME | DESCRIPTION OF SERVICES | SIGNED BY | CONTRACT/VARIATION END DATE |
|---|---|-----------|--------------------------------|
| Radius Residential Care Limited t.a Fulton Home Variation to Agreement | Long Term Support - Chronic Health Conditions - Residential (Fulton) | Peter Hay | 30.06.13 |
| Radius Residential Care Limited t.a Radius Fulton Care Centre Service Schedule | Exceptional Circumstances Palliative Care for a Named Individual. | Peter Hay | 14.06.12 |
| Mossbrae Healthcare Limited t.a Mossbrae Home & Hospital Service Schedule | Exceptional Circumstances Palliative Care for a Named Individual. | Peter Hay | 08.11.12 |
| Rose Lodge Rest Home 2006 Ltd t.a Rose Lodge Rest Home Agreement | Exceptional Circumstances Palliative Care Head Agreement. | Peter Hay | 03.08.20 |
| Ryman Healthcare Limited t.a Rowena Jackson Hospital Variation to Agreement | Exceptional Circumstances Palliative Care for a Named Individual. | Peter Hay | 10.10.12 |
| Access Ability Limited t.a Access Ability Otago/Southland Variation to Agreement | Long Term Support - Chronic Health Condition (NASC Management) | Peter Hay | 30.06.13 |
| Presbyterian Support Otago Incorporated t.a Ross Hospital Variation to Agreement | Exceptional Circumstances Palliative Care for a Named Individual. | Peter Hay | 14.11.12 |
| Montecillo Veterans Home and Hospital Ltd t.a Montecillo War Veteran's Home and Hospital | Exceptional Circumstances Palliative Care for a Named Individual. | Peter Hay | 14.11.12 |
| Riverton Pharmacy 2008 Ltd t.a Riverton Pharmacy Variation to Agreement | Pharmacy Services | Peter Hay | 30.06.15 |
| Presbyterian Support Otago Incorporated t.a Ross Hospital Service Schedule | Exceptional Circumstances Palliative Care for a Named Individual. | Peter Hay | 26.11.12 |
| Rose Lodge Rest Home 2006 Ltd t.a Rose Lodge Rest Home Service Schedule | Exceptional Circumstances Palliative Care for a Named Individual. | Peter Hay | 31.10.12 |

FUNDING ADMINISTRATION
CONTRACTS REGISTER (EXPENSES) - OCTOBER 2012

| | | | |
|--|---|-----------|----------|
| High View Rest Home Limited t.a High View Rest Home Service Schedule | Exceptional Circumstances Palliative Care for a Named Individual. | Peter Hay | 20.11.12 |
| Ryman Healthcare Limited t.a Rowena Jackson Hospital Service Schedule | Exceptional Circumstances Palliative Care for a Named Individual. | Peter Hay | 08.11.12 |
| Ryman Healthcare Limited t.a Yvette Williams Service Schedule | Exceptional Circumstances Palliative Care for a Named Individual. | Peter Hay | 15.11.12 |
| Presbyterian Support Otago Incorporated t.a Ross Hospital Service Schedule | Exceptional Circumstances Palliative Care for a Named Individual. | Peter Hay | 21.11.12 |
| Central Otago Health Services Limited Variation to Agreement | Health of Older People | Peter Hay | 30.06.14 |
| Central Otago Health Services Limited Variation to Agreement | Health Services Head Agreement - COHSL | Peter Hay | 30.06.14 |
| Central Otago Health Services Limited Variation to Agreement | Domiciliary Services | Peter Hay | 30.06.14 |
| Central Otago Health Services Limited Variation to Agreement | Rural Hospital Medical & Surgical Services | Peter Hay | 30.06.14 |
| Oceania Care Company Limited t.a Longwood Agreement | Individual Agreement for a Named Individual. | Peter Hay | 19.03.13 |
| Access Homehealth Limited Variation to Agreement | HBSS Central Otago, Southland, Queenstown Lakes | Peter Hay | 02.06.13 |
| Gore and Districts Community Counselling Centre Inc Variation to Agreement | Community Alcohol and Drug Services | Peter Hay | 31.07.13 |
| Marne Street Hospital Limited Variation to Agreement | Exceptional Circumstances Palliative Care for a Named Individual. | Peter Hay | 30.10.12 |

FUNDING ADMINISTRATION
CONTRACTS REGISTER (EXPENSES) - OCTOBER 2012

| | | | |
|---|--|-----------|----------|
| Oxford Court Lifecare Limited Service Schedule | Exceptional Circumstances Palliative Care for a Named Individual. | Peter Hay | 06.12.12 |
| Southern Primary Health Organisation Service Schedule | Practice Support Coordinators | Peter Hay | 31.10.12 |
| Presbyterian Support Otago Incorporated Variation to Agreement | Home Based Support Services | Peter Hay | 02.06.13 |
| Waiiau Health Trust Limited Variation to Agreement | Primary Maternity Facility | Peter Hay | 30.11.12 |
| Disabilities Resource Centre Southland Charitable Variation to Agreement | Age Related Home Based Support Services | Peter Hay | 02.06.13 |
| Mosgjel Abilities Resource Centre Incorporated Variation to Agreement | Home Based Support Services - Dunedin and Rural Otago including Clutha and North Otago | Peter Hay | 02.06.13 |
| BUPA Care Services NZ Limited t.a Lake Wakatipu Home and Hospital Service Schedule | Exceptional Circumstances Palliative Care for a Named Individual. | Peter Hay | 04.07.12 |
| St John's Parish (Roslyn) Friends of the Aged and Needy Society t.a Leslie Groves Variation to Agreement | Long Term Support - Chronic Health Conditions - Residential (Leslie Groves) | Peter Hay | 30.06.13 |
| Sylvan Bank Pharmacy 2010 Limited Variation to Agreement | Pharmacy Services | Peter Hay | 30.06.15 |
| Presbyterian Support Southland t.a Peacehaven Service Schedule | Exceptional Circumstances Palliative Care for a Named Individual. | Peter Hay | 30.11.12 |
| Presbyterian Support Southland t.a Peacehaven Service Schedule | Exceptional Circumstances Palliative Care for a Named Individual. | Peter Hay | 19.11.12 |
| Mossbrae Healthcare Limited t.a Mossbrae Home & Hospital Service Schedule | Exceptional Circumstances Palliative Care for a Named Individual. | Peter Hay | 10.12.12 |

FUNDING ADMINISTRATION
CONTRACTS REGISTER (EXPENSES) - OCTOBER 2012

| | | | |
|--|---|-----------|----------|
| Seniorcare Asset Management Limited t.a Rendell on Reed Service Schedule | Exceptional Circumstances Palliative Care for a Named Individual. | Peter Hay | 16.11.12 |
| JM & DT McMillan Trust t.a Chateau Village Service Schedule | Exceptional Circumstances Palliative Care for a Named Individual. | Peter Hay | 09.12.12 |
| Maniototo Health Services Limited t.a Ranfurly Hospital Service Schedule | Exceptional Circumstances Palliative Care for a Named Individual. | Peter Hay | 05.12.12 |
| Timeout Carers Southland Trust t.a Timeout Carers Variation to Agreement | Home Based Support Services | Peter Hay | 02.06.13 |
| Presbyterian Support Otago Incorporated t.a Iona Hospital Service Schedule | Exceptional Circumstances Palliative Care for a Named Individual. | Peter Hay | 20.11.12 |
| Supporting Families in Mental Illness Waitaki Branch Incorporated Variation to Agreement | Family Whanau Peer Support and Advocacy | Peter Hay | 30.06.13 |
| Takitimu Home Anglican Care Trust Variation to Agreement | Exceptional Circumstances Palliative Care for a Named Individual. | Peter Hay | 18.10.12 |
| Marne Street Hospital Limited Variation to Agreement | Exceptional Circumstances Palliative Care for a Named Individual. | Peter Hay | 13.12.12 |
| BUPA Care Services NZ Ltd t.a Lake Wakatipu Home & Hospital Variation to Agreement | Aged Related Respite Care | Peter Hay | 03.08.20 |
| The Mount Cargill Trust Variation to Agreement | Individual Funding for a Named Individual. | Peter Hay | 30.06.13 |
| Presbyterian Support Southland t.a Peacehaven Service Schedule | Exceptional Circumstances Palliative Care for a Named Individual. | Peter Hay | 19.12.12 |
| Marne Street Hospital Limited Service Schedule | Exceptional Circumstances Palliative Care for a Named Individual. | Peter Hay | 14.11.12 |
| Arai Te Uru Whare Hauora Limited Variation to Agreement | Tamariki Ora, Whanau Ora, DSM | Peter Hay | 31.03.13 |

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

| | | | |
|--|--|-----------|----------|
| Arai Te Uru Whare Hauora Limited Variation to Agreement | Kaupapa Maori Healthy Lifestyles Programme | Peter Hay | 31.08.13 |
|--|--|-----------|----------|

TOTAL AMOUNT FOR THE MONTH: \$1,895,306.52

SOUTHERN DISTRICT HEALTH BOARD

| | | |
|---|------------------------------|-----------------------|
| Title: | 2013 MEETING SCHEDULE | |
| Report to: | Board | |
| Date of Meeting: | 8 November 2012 | |
| Summary: | | |
| <p>Proposed meeting schedule attached, with the following amendments:</p> <ul style="list-style-type: none"> ▪ April meeting dates moved out to 10 and 11 April; ▪ Location of meetings changed to enable auditors to attend Audit & Risk Committee meetings in Dunedin (July and October); ▪ September Board and HAC meetings to be held in Oamaru, therefore IGC has been moved back a month to 31 July; ▪ The incumbent Board's term ends on 8 December 2013. The first meeting of the incoming Board has been tentatively scheduled for 12 December 2012. | | |
| Specific implications for consideration (financial/workforce/risk/legal etc): | | |
| Financial: | n/a | |
| Workforce: | n/a | |
| Other: | n/a | |
| Document previously submitted to: | Board | Date: 04/10/12 |
| Approved by Chief Executive Officer: | | Date: 30/10/12 |
| Prepared by: Board Secretary | | Presented by: |
| Date: 29/10/12 | | |
| RECOMMENDATION: | | |
| <p>1. That the Board adopt the attached meeting schedule for 2013.</p> | | |

SOUTHERN DISTRICT HEALTH BOARD MEETING SCHEDULE 2013 DRAFT 2

| MONTH | FEB | MARCH | APRIL | MAY | JUNE | JULY | AUG | SEPT | OCT | NOV | DEC |
|---|---------------------------------------|--------------------------------------|---------------------------------|--------------------------------------|--------------------------------------|--|--------------------------------------|-------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|
| Community and Public Health and Disability Support Advisory Committees 10.00 am | Thurs 07 (Dunedin) | | Wed 10 (Qtn) | | Wed 05 (Dunedin) | Wed 31 (In'gill) | | | Wed 02 (Dunedin) | | |
| Iwi Governance Committee 12.00 noon | Thurs 07 (Dunedin) | Wed 06 (In'gill) | | Wed 01 (In'gill) | | Wed 03 (Dunedin) Wed 31 (In'gill) | | | Wed 02 (Dunedin) | | |
| Hospitals Advisory Committee 2.00 pm | Thurs 07 (Dunedin) | Wed 06 (In'gill) | Wed 10 (Qtn) | Wed 01 (In'gill) | Wed 05 (Dunedin) | Wed 03 (Dunedin) Wed 31 (In'gill) Wed 31 (In'gill) | | Wed 04 (Oamaru) | Wed 02 (Dunedin) | Wed 06 (Dunedin) | |
| Audit and Risk Committee 8.00 am | | Thurs 07 (In'gill) | | | Thurs 06 (Dunedin) | | Thurs 01 (In'gill) | | Thurs 03 (Dunedin) | | |
| Board | Friday 08 (Dunedin) 10.00 am | Thurs 07 (In'gill) 10.30 am | Thurs 11 (Qtn) 9.30 am | Thurs 02 (In'gill) 10.00 am | Thurs 06 (Dunedin) 10.30 am | Thurs 04 (Dunedin) 10.00 am | Thurs 01 (In'gill) 10.30 am | Thurs 05 (Oamaru) 10.00 am | Thurs 03 (Dunedin) 10.30 am | Thurs 07 (Dunedin) 10.30 am | Thurs 12 (In'gill) 10.30 am |

Key dates that impact: 6 Feb Waitangi Day (shifted meetings forward to Thurs/Fri); 25 March is Otago Anniversary Day and 29 March, 1 & 2 April Easter (moved to 10 & 11 April as no mail delivery over Easter weekend for agendas); Mon 3 June is Queen's Birthday (agendas will need to be out early as no delivery over long weekend); Mon 28 Oct is Labour Day. As at 01.11.2012

BOARD & ADVISORY COMMITTEES PROPOSED MEETING DAYS 2013

| | JANUARY | FEBRUARY | MARCH | APRIL | MAY | JUNE | JULY | AUGUST | SEPTEMBER | OCTOBER | NOVEMBER | DECEMBER | |
|-----|------------------|----------------|------------------|-----------------|--------------|-------------------|---------------|---------|--------------|-----------------|--------------|-------------------------------|-----|
| MON | | | | 1 Easter Monday | | | 1 | | | | | | MON |
| TUE | 1 New Year1 | | | 2 Southland Ann | | | 2 | | | 1 | | | TUE |
| WED | 2 New Year2 | | | 3 | 1 Committees | | 3 Committees | | | 2 Committees | | | WED |
| THU | 3 | | | 4 | 2 BOARD | | 4 BOARD | 1 BOARD | | 3 BOARD | | | THU |
| FRI | 4 | 1 | 1 | 5 | 3 | | 5 | 2 | | 4 | 1 | | FRI |
| SAT | 5 | 2 | 2 | 6 | 4 | 1 | 6 | 3 | | 5 | 2 | | SAT |
| SUN | 6 | 3 | 3 | 7 | 5 | 2 | 7 | 4 | 1 | 6 | 3 | 1 | SUN |
| MON | 7 | 4 | 4 | 8 | 6 | 3 Queens Birthday | 8 | 5 | 2 | 7 | 4 | 2 | MON |
| TUE | 8 | 5 | 5 | 9 | 7 | 4 | 9 | 6 | 3 | 8 | 5 | 3 | TUE |
| WED | 9 | 6 Waitangi Day | 6 Committees | 10 Committees | 8 | 5 Committees | 10 | 7 | 4 Committees | 9 | 6 Committees | 4 | WED |
| THU | 10 | 7 Committees | 7 BOARD | 11 BOARD | 9 | 6 BOARD | 11 | 8 | 5 BOARD | 10 | 7 BOARD | 5 | THU |
| FRI | 11 | 8 BOARD | 8 | 12 | 10 | 7 | 12 | 9 | 6 | 11 | 8 | 6 | FRI |
| SAT | 12 | 9 | 9 | 13 | 11 | 8 | 13 | 10 | 7 | 12 Election Day | 9 | 7 | SAT |
| SUN | 13 | 10 | 10 | 14 | 12 | 9 | 14 | 11 | 8 | 13 | 10 | 8 | SUN |
| MON | 14 | 11 | 11 | 15 | 13 | 10 | 15 | 12 | 9 | 14 | 11 | 9 New Board comes into office | MON |
| TUE | 15 | 12 | 12 | 16 | 14 | 11 | 16 | 13 | 10 | 15 | 12 | 10 | TUE |
| WED | 16 | 13 | 13 | 17 | 15 | 12 | 17 | 14 | 11 | 16 | 13 | 11 | WED |
| THU | 17 | 14 | 14 | 18 | 16 | 13 | 18 | 15 | 12 | 17 | 14 | 12 BOARD | THU |
| FRI | 18 | 15 | 15 | 19 | 17 | 14 | 19 | 16 | 13 | 18 | 15 | 13 | FRI |
| SAT | 19 | 16 | 16 | 20 | 18 | 15 | 20 | 17 | 14 | 19 | 16 | 14 | SAT |
| SUN | 20 | 17 | 17 | 21 | 19 | 16 | 21 | 18 | 15 | 20 | 17 | 15 | SUN |
| MON | 21 Southland Ann | 18 | 18 | 22 | 20 | 17 | 22 | 19 | 16 | 21 | 18 | 16 | MON |
| TUE | 22 | 19 | 19 | 23 | 21 | 18 | 23 | 20 | 17 | 22 | 19 | 17 | TUE |
| WED | 23 | 20 | 20 | 24 | 22 | 19 | 24 | 21 | 18 | 23 | 20 | 18 | WED |
| THU | 24 | 21 | 21 | 25 Anzac Day | 23 | 20 | 25 | 22 | 19 | 24 | 21 | 19 | THU |
| FRI | 25 | 22 | 22 | 26 | 24 | 21 | 26 | 23 | 20 | 25 | 22 | 20 | FRI |
| SAT | 26 | 23 | 23 | 27 | 25 | 22 | 27 | 24 | 21 | 26 | 23 | 21 | SAT |
| SUN | 27 | 24 | 24 | 28 | 26 | 23 | 28 | 25 | 22 | 27 | 24 | 22 | SUN |
| MON | 28 | 25 | 25 Otago Ann Day | 29 | 27 | 24 | 29 | 26 | 23 | 28 Labour Day | 25 | 23 | MON |
| TUE | 29 | 26 | 26 | 30 | 28 | 25 | 30 | 27 | 24 | 29 | 26 | 24 | TUE |
| WED | 30 | 27 | 27 | | 29 | 26 | 31 Committees | 28 | 25 | 30 | 27 | 25 Christmas Day | WED |
| THU | 31 | 28 | 28 | | 30 | 27 | | 29 | 26 | 31 | 28 | 26 Boxing Day | THU |
| FRI | | | 29 Good Friday | | 31 | 28 | | 30 | 27 | | 29 | 27 | FRI |
| SAT | | | 30 | | | 29 | | 31 | 28 | | 30 | 28 | SAT |
| SUN | | | 31 | | | 30 | | | 29 | | | 29 | SUN |
| MON | | | | | | | | | 30 | | | 30 | MON |
| TUE | | | | | | | | | | | | 31 | TUE |
| WED | | | | | | | | | | | | | WED |
| | JANUARY | FEBRUARY | MARCH | APRIL | MAY | JUNE | JULY | AUGUST | SEPTEMBER | OCTOBER | NOVEMBER | DECEMBER | |