



# **BOARD MEETING**

## **A G E N D A**

**Thursday, 7 March 2013**

**10.30 am**

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

**Our Vision:**

Better Health, Better Lives, Whānau Ora

**Our Mission:**

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

*Remember to visit our Website at [www.southerndhb.govt.nz](http://www.southerndhb.govt.nz)*

# SOUTHERN DISTRICT HEALTH BOARD MEETING

Thursday, 7 March 2013, 10.30 am  
Board Room, Southland Hospital Campus, Invercargill

## A G E N D A

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**Confidential Session:**

**RESOLUTION:**

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

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

<i>General subject:</i>	<i>Reasons for passing this resolution:</i>	<i>Grounds for passing the resolution:</i>
<b>Previous Public Excluded Board Minutes</b>	As per reasons set out in previous agenda	S 32(a), Schedule 3, NZ Public Health and Disability Act 2000 – that the public conduct of this part of the meeting would be likely to result in the disclosure of information for which good reason for withholding exists under sections 9(2)(a), 9(2)(f), 9(2)(i), 9(2)(j) of the Official Information Act 1982, that is withholding the information is necessary to: protect the privacy of natural persons; maintain the constitutional conventions which protect the confidentiality of advice tendered by Ministers of the Crown and officials; to enable a Minister of the Crown or any Department or organisation holding the information to carry on, without prejudice or disadvantage, commercial activities and negotiations.
<b>Review of Public Excluded Action Sheet</b>	Personal privacy and to allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(i), 9(2)(j), and 9(2)(a).
<b>Annual Plan 2013/14</b>	Plan is subject to Ministerial approval	As above, sections 9(2)(f)(iv) and 9(2)(j).
<b>Public Excluded Advisory Committee Reports</b> a) Disability Support Advisory Committee and Community & Public Health Advisory Committee ▪ 7 February 2013 b) Hospital Advisory Committee ▪ 7 February 2013 ▪ 6 March 2013 ▪ Sentinel Events Report c) Audit & Risk Committee ▪ 7 March 2013 ▪ Internal and External Audit Arrangements	Commercial sensitivity and to allow activities and negotiations to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).
<b>Risk Report</b>	To allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).
<b>Legal Issues</b>	To allow activities to be carried on without prejudice or disadvantage	As above, section 9(2)(j).
<b>Organisational Change</b> ▪ 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
<b>Joe BUTTERFIELD (Chairman)</b>	01.03.2012 06.12.2010	1. Member, South Island Neurosurgical Board <b>Son-in-law:</b> 2. Partner, Polson Higgs, Chartered Accountants. 3. Trustee, Corstorphine Baptist Community Trust	1. 2. Does some accounting work for Southern PHO. 3. Has a mental health contract with Southern DHB.
<b>Paul MENZIES (Deputy Chairman)</b>	10.02.2010 10.02.2010 06.10.2011 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.
<b>Neville COOK</b>	04.03.2008 04.03.2008 04.03.2008 26.03.2008	1. Board Member, Invercargill Licensing Trust. 2. Board Member, Invercargill Licensing Trust Foundation. 3. Councillor, Environment Southland. 4. Trustee, Norman Jones Foundation.	1. Possible conflict with funding requests. 2. Possible conflict with funding requests. 3. Nil. 4. Possible conflict with funding requests.
<b>Sandra Cook</b>	01.09.2011	1. Te Runanga o Ngāi Tahu	1. Holds a "right of first refusal" over certain Crown properties. Also seen as a Treaty partner and affiliates may hold contracts from Southern DHB from time to time.
<b>Kaye CROWTHER</b>	09.11.2007 14.08.2008 14.08.2008 12.02.2009 05.09.2012 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.
<b>Mary FLANNERY</b>	17.11.2010 10.11.2011	1. Trustee, Rural Otago Primary Health Organisation 2. Associate Solicitor, Bodkins/AWS Legal, Alexandra. 3. Partner, Tayside Farm Partnership. 4. Director, New Zealand Irrigation Board.	1. Was contracted to Southern DHB – contracts assigned to Southern PHO (will be wound up) 2. Nil 3. Nil 4. Nil

Board Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB
<b>James Malcolm MACPHERSON</b>	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  <b>Spouse - Susan Elizabeth Macpherson:</b> 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.
<b>Tahu POTIKI</b>	15.12.2007 03.04.2008 24.11.2009  03.06.2010	1. Director, Arataki Associates. 2. Representative to Te Runanga o Ngai Tahu. 3. Trustee of Ngai Tahu Charitable Trust. 4. Board Member, Relationship Services NZ. 5. Board Member, Environmental Science and Research	1. Contracted to Southern DHB, funded provider in the past ie Araiteuru Whare Hauora Ltd. 2. & 3. Treaty Partner - affiliated providers may contract to Southern DHB. Te Runanga o Ngai Tahu has right of first refusal on disposal of property. 4. No apparent conflict. 5. CRI involved in public health research.
<b>Branko SIJNJA</b>	07.02.2008  04.02.2009  22.06.2010  07.06.2012	1. Director, Clutha Community Health Company Limited. 2. 0.8 FTE Director Rural Medical Immersion Programme, University of Otago School of Medicine. 3. 0.2 FTE Employee, Clutha Health First General Practice 4. Director of Southern Community Laboratories	1. Operates publicly funded secondary health services under contract to Southern DHB. 2. Possible conflicts between Southern DHB and University interests. 3. Employed as a part-time GP.

Board Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB
<b>Richard John THOMSON</b>	13.12.2001  23.09.2003 29.03.2010 06.04.2011	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.	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.
<b>Tim WARD</b>	14.09.2009 01.05.2010 01.05.2010  10.12.2012	1. Partner, BDO Invercargill, Chartered Accountants. 2. Trustee, Verdon College Board of Trustees. 3. Council Member, Southern Institute of Technology (SIT). 4. Director of Southern Community Laboratories Otago-Southland	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 January 2013

Employee Name	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern District Health Board
Richard Bunton	17.03.2004  22.06.2012  29.04.2010	<ol style="list-style-type: none"> <li>1. Managing Director of Rockburn Wines Ltd.</li> <li>2. Director of Mainland Cardiothoracic Associates Ltd.</li> <li>3. Director of the Southern Cardiothoracic Institute Ltd.</li> <li>4. Director of Wholehearted Ltd.</li> <li>5. Chairman, Board of Cardiothoracic Surgery, RACS.</li> <li>6. Trustee, Dunedin Heart Unit Trust.</li> <li>7. Chairman, Dunedin Basic Medical Sciences Trust.</li> </ol>	<ol style="list-style-type: none"> <li>1. The only potential conflict would be if the Southern DHB decided to use this product for Southern DHB functions.</li> <li>2. This company holds the Southern DHB contract for publicly funded Cardiac Surgery. Potential conflict exists in the renegotiation of this contract.</li> <li>3. This company provides private cardiological services to Otago and Southland. A potential conflict would exist if the Southern DHB were to contract with this company.</li> <li>4. This company is one used for personal trading and apart from issues raised in '2' no conflict exists.</li> <li>5. No conflict.</li> <li>6. No conflict.</li> <li>7. No conflict.</li> </ol>
Donovan Clarke	02.02.2011  18.12.2012	<ol style="list-style-type: none"> <li>1. Te Waipounamu Delegate, Te Piringa, National Maori Disability Advisory Group.</li> <li>2. Director, Great Western Steakhouse, New Lynn, Auckland.</li> <li>3. The Child and Youth Health Compass Steering Group.</li> </ol>	<ol style="list-style-type: none"> <li>1. Nil.</li> <li>2. Nil.</li> <li>3. Nil.</li> </ol>
Carole Heatly	14.03.2012	Nil.	
Robert Mackway-Jones	28.08.2007	1. Close association (wife) employed by Dunedin Hospital.	1. Reporting line to Purchasing Team leader.
Lexie O'Shea	01.07.2007	1. Trustee, Gilmour Trust.	1. Southland Hospital Trust.
Lynda McCutcheon	22.06.2012	1. Member of the University of Otago, School of Physiotherapy, Admissions Committee.	
John Pine	17.11.201	Nil.	

Employee Name	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern District Health Board
Leanne Samuel	01.07.2007 01.07.2007 01.07.2007 29.10.2009 01.10.2010	1. Southern Health Welfare Trust (Trustee). 2. Member of Community Trust of Southland Health Scholarships Panel. 3. Member of Board of Studies at Southern Institute of Technology. 4. Southland Medical Foundation Inc (member). 5. Member of National Elective Services Productivity and Workforce Programme Steering Group.	1. Southland Hospital Trust. 2. Nil. 3. Potential conflict if the DHB purchases services from this organisation. 4. Southland Trust. 5. Nil.
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

Friday, 8 February 2013, 10.00 am  
Board Room, Wakari Hospital Campus, Dunedin

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**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 Steve Addison Executive Director Communications  
Ms Jeanette Kloosterman Board Secretary  
Ms Cherie Wells General Manager Corporate Services

## 1.0 CHAIR'S OPENING COMMENTS

The Chair welcomed everyone to the meeting.

## 2.0 APOLOGIES

There were no apologies from members.

## 3.0 DECLARATION OF INTERESTS

*It was resolved:*

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

## 4.0 DEPUTATIONS – HOME AND COMMUNITY SUPPORT SERVICES

The Board received a delegation and petition with 13,044 signatures (including an on-line component) from Presbyterian Support Otago (PSO), disAbilities Resource Centre Southland and C.A.R.E. Independent Association of Staff, requesting that the Board, "reconsider its decision to have only three providers of Home and Community Support Services and instead resolve to have four such providers and award the fourth contract to Presbyterian Support Otago's Enliven service in partnership with disAbilities Resource Centre Southland Charitable Trust."

They submitted that, "local organisations are the best providers of care for our older people", and considered that, "such a decision will be in the best interest of the clients of the service, the staff who provide the care and support to those clients and to the wider community in which they live."

Dr Keren Skegg outlined the views of a group of relatives of people cared for by Presbyterian Support Otago under its Community First programme. She informed the Board that the relatives were not consulted about the proposed change and were concerned about the risk of this group of clients ending up in residential care as a result of the changes.

Mrs Jo Millar, representing the Grey Power associations operating in the Southern DHB area, expressed the associations' concern that Presbyterian Support Otago and disAbilities Resource Centre would no longer be providers, and that consumer input had not been sought from Grey Power. She sought an assurance that the preferred providers had experience operating in parts of New Zealand that were identical to the Southern DHB area.

Mr Frazer Barton, PSO Board Chair, and Mrs Gillian Bremner, PSO Chief Executive, then presented the views of Presbyterian Support Otago. They outlined the reasons for their request to be appointed a fourth provider, including their belief that the process was flawed and disadvantaged them.

Following the presentations, Mr Barton and Mrs Bremner answered members' questions about their support for the proposed direction for home and community support services and staff transfer process, should the planned changes proceed.

In response to members' questions, Mr Barton gave an undertaking that PSO would co-operate in the transfer process should they fail to be selected as a provider.

The Board formally received the petition, along with the following tabled items:

- A letter from the Stewart Island Health Committee, dated 7 February 2013;
- A petition from Oban Presbyterian Church (signed by 29 people) and an accompanying letter from Dr Selwyn Yeoman, Moderator of the Southern Presbytery;
- The text of the on-line petition;
- A report on the probity of the tender process by McHale Group.

In closing, the Chairman acknowledged the points made in the *Otago Daily Times* editorial of 7 February, local media and by members of the public, but advised that the DHB's ability to comment was restricted by the contractual/tendering process.

He acknowledged the concerns of the public but noted that most people's minds would be put at ease if all the facts were known.

The Chairman stated that the new model of care would provide better care to the community. The Board had consulted widely on how it would work and it was well supported. It was disappointed in PSO's response to the situation and that misinformation had led to vulnerable clients being concerned about their care and staff being concerned about their jobs.

The Chief Executive Officer (CEO) stressed that the most important people were patients and clients, and the people who provide care to them. It was important that patient care would continue and that clients continue, where possible, to be cared for in their own homes, and in most cases, by the carer they currently had.

The CEO emphasised that staff would not lose their jobs, and in most cases will be able to stay with their current patient group, and care would not stop or be delayed.

The Chairman informed the submitters that the Board had listened to their views and thanked them for attending. He advised that, because the matter was subject to threatened litigation and concerned commercial contracts, the issues raised would be discussed by the Board in the public excluded section of the meeting that afternoon.

## **5.0 CONFIRMATION OF PREVIOUS MINUTES**

*It was resolved:*

**"That the minutes of the 13 December 2012 Board meeting be approved and adopted as a true and correct record."**

## **6.0 MATTERS ARISING**

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

## **7.0 ACTION SHEET**

The Board reviewed the action sheet (agenda item 7) and noted that a progress report on primary care after hours services would be submitted to the next meeting of the Disability Support and Community & Public Health Advisory Committees.

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

The Chief Executive Officer's monthly report (agenda item 8) was taken as read and the CEO took questions from members.

*It was resolved:*

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

### **Letter of Expectations**

*It was resolved:*

**"That the Minister's letter of expectations for 2013/14 be noted."**

## 9.0 2012/13 ANNUAL PLAN

A letter from the Minister of Health, approving Southern DHB's 2012/13 Annual Plan, was circulated with the agenda (item 9).

*It was resolved:*

**"That receipt of the Minister's approval be noted."**

## 10.0 FINANCIAL REPORT

The Executive Director Finance & Funding presented the Financial Report for the period ended 31 December 2012 (agenda item 10) and answered members' questions on the financial statements.

It was noted that annual leave liability would be considered by the Audit & Risk Committee in March, as part of the efficiency initiatives.

*It was resolved:*

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

## 11.0 ADVISORY COMMITTEE REPORTS

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

The minutes of the Disability Support Advisory Committee (DSAC) and Community & Public Health Advisory Committee (CPHAC) meeting held on 12 December 2012 were circulated with the agenda (item 11).

*It was resolved:*

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

The Board received a verbal report from Dr Macpherson, DSAC & CPHAC Chair, on the meeting of the Committees held on 7 February 2013.

*It was resolved:*

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

### Hospital Advisory Committee

Mr Menzies, Hospital Advisory Committee (HAC) Chair, gave a verbal report on the HAC meeting held on 7 February 2013 and tabled a recommendation from the committee on its terms of reference.

*It was resolved:*

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

## **Hospital Advisory Committee Terms of Reference**

The Board reviewed the Hospital Advisory Committee's terms of reference (agenda item 12b).

***It was resolved:***

**"That the Board:**

- **Note that the Hospital Advisory Committee has reviewed its terms of reference, and**
- **Adopt the terms of reference for the Hospital Advisory Committee."**

## **Iwi Governance Committee**

The minutes of the Iwi Governance Committee (IGC) meeting held on 12 December 2012 were circulated with the agenda (item 11).

***It was resolved:***

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

The Board received a verbal report from Ms Cook on the Iwi Governance Committee meeting held on 7 February 2013.

***It was resolved:***

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

## **12.0 CONTRACTS REGISTER**

The Funding contracts register (expenses) for December 2012 and January 2013 were circulated with the agenda (item 14) for members' information.

*Mr Menzies declared an interest in the Southern PHO contract and Mr Butterfield declared an interest in the Corstorphine Baptist Community Trust contract.*

*Mr Butterfield, Chairman, withdrew and the Deputy Chairman took the Chair while the Corstorphine Baptist Community Trust contract was considered.*

***It was resolved:***

**"That advice of the Corstorphine Baptist Community Trust variation to agreement be received."**

*Mr Butterfield resumed the Chair and Mr Menzies, Deputy Chair, withdrew while the remaining contracts were considered.*

***It was resolved:***

**"That the contracts registers for December 2012 and January 2013 be received."**

**PUBLIC EXCLUDED SESSION**

**At 11.05 am, it was resolved:**

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

<b>General subject:</b>	<b>Reasons for passing this resolution:</b>	<b>Grounds for passing the resolution:</b>
<b>Previous Public Excluded Board Minutes</b>	As per reasons set out in previous agenda	S 32(a), Schedule 3, NZ Public Health and Disability Act 2000 – that the public conduct of this part of the meeting would be likely to result in the disclosure of information for which good reason for withholding exists under sections 9(2)(a), 9(2)(f), 9(2)(i), 9(2)(j) of the Official Information Act 1982, that is withholding the information is necessary to: protect the privacy of natural persons; maintain the constitutional conventions which protect the confidentiality of advice tendered by Ministers of the Crown and officials; to enable a Minister of the Crown or any Department or organisation holding the information to carry on, without prejudice or disadvantage, commercial activities and negotiations.
<b>Review of Public Excluded Action Sheet</b>	Personal privacy and to allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(i), 9(2)(j), and 9(2)(a).
<b>Annual Plan 2013/14</b>	Plan is subject to Ministerial approval	As above, sections 9(2)(f)(iv) and 9(2)(j).
<b>South Island Regional Health Services Plan 2013-16</b>	Plan is subject to Ministerial approval	As above, sections 9(2)(f)(iv) and 9(2)(j).
<b>Public Excluded Advisory Committee Reports</b> a) Disability Support Advisory Committee and Community & Public Health Advisory Committee <ul style="list-style-type: none"> <li>▪ 12 December 2012</li> <li>▪ 7 February 2012</li> <li>▪ Home &amp; Community Support Services Contract</li> </ul> b) Hospital Advisory Committee <ul style="list-style-type: none"> <li>▪ 7 February 2012</li> <li>▪ Capex – Neurosurgery Microscope</li> <li>▪ NZ Blood Service Deed of Renewal and Variation of Lease</li> <li>▪ Sentinel Events Report</li> </ul> c) Audit & Risk Committee <ul style="list-style-type: none"> <li>▪ 13 December 2012</li> </ul>	Commercial sensitivity and to allow activities and negotiations to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).

<b>General subject:</b>	<b>Reasons for passing this resolution:</b>	<b>Grounds for passing the resolution:</b>
<b>Contract Approvals</b>	Commercial sensitivity and to allow activities and negotiations to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).
<b>Risk Report</b>	To allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).
<b>Legal Issues</b>	To allow activities to be carried on without prejudice or disadvantage	As above, section 9(2)(j).
<b>Organisational Change</b> <ul style="list-style-type: none"> <li>▪ Verbal Update</li> </ul>	To allow activities to be carried on without prejudice or disadvantage	As above, section 9(2)(j).
<b>Home and Community Support Services (HCSS) Contract</b>	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 public session of the meeting then closed.*

Confirmed as a true and correct record:

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

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

## Southern District Health Board

# BOARD MEETING ACTION SHEET

As at 26 February 2013

Action Point No.	SUBJECT	ACTION REQUIRED	BY	STATUS	EXPECTED COMPLETION DATE
044-2011/02	<b>Smokefree Environment Amendment Bill</b> (Minute item 9.0)	A draft policy statement on smokefree environments to be developed and submitted to CPHAC to provide direction to future service provision in this area.	EDFF PHS	To be progressed as part of the South Island Public Health work stream.	
60-2011/05		Timeframe to be provided for completion of the draft policy statement.		Southern DHB does have its own policy that was created in March 2010 and is due for review in 2012.	
191-2012/11		Update to be provided.		Waiting on finalisation of the South Island policy position.	
194-2012/12	<b>Primary Care Report on After Hours Services</b> (Minute item 10.0)	PHO to provide a two-monthly progress report to DSAC/CPHAC.	EDFF		April 2013



## SOUTHERN DISTRICT HEALTH BOARD

<b>Title:</b>	<b>CHIEF EXECUTIVE OFFICER'S REPORT</b>		
<b>Report to:</b>	Board		
<b>Date of Meeting:</b>	7 March 2013		
<b>Summary:</b>			
The issues considered in this paper are:			
<ul style="list-style-type: none"> <li>▪ Monthly DHB activity.</li> </ul>			
<b>Specific implications for consideration</b> (financial/workforce/risk/legal etc):			
<b>Financial:</b>	No specific implications.		
<b>Workforce:</b>	No specific implications.		
<b>Other:</b>	No specific implications.		
<b>Document previously submitted to:</b>	Not applicable, report submitted directly to Board. Detailed Provider Arm information contained in HAC agenda papers and Planning & Funding information in DSAC/CPHAC agenda papers.		<b>Date:</b> n/a
<b>Approved by Chief Executive Officer:</b>			<b>Date:</b> 26/02/2013
<b>Prepared by:</b>		<b>Presented by:</b>	
Executive Director Finance and Funding Executive Director Patient Services		Carole Heatly Chief Executive Officer	
<b>Date:</b> 26/02/2013			
<b>RECOMMENDATION:</b>			
<ol style="list-style-type: none"> <li>1. That the Board receive the report.</li> </ol>			

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## CHIEF EXECUTIVE OFFICER'S REPORT

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### 1. DHB FINANCIAL PERFORMANCE

The year to date deficit of \$10.7m (as at 31 January) is unfavourable to budget by \$1.5m. A detailed analysis of the financial situation is contained in the Financial Report.

### 2. PROVIDER ARM

#### Contract Performance

- Elective **caseweights** delivered (c wd) by Southern DHB Provider Arm were 97 (10%) behind plan in January 2013. Year to date elective caseweights are 213 (3%) above plan.
- Acute **caseweights** delivered (c wd) by the Southern DHB Provider Arm were 194 (8%) over plan in January 2013. Year to date acute caseweights are 2,484 (14%) over plan.

#### Financial Performance

- An unfavourable variance of \$1,231k was recorded by the Southern DHB Provider Arm for the month of January 2013. For the year to date (YTD) the result is unfavourable by \$466k.
- Revenue for January 2013 was unfavourable by \$134k. Expenses for January 2013 were unfavourable against plan by \$1,097k.

### 3. PLANNING AND FUNDING

A lot of activity is occurring on the preparation of the 2013/14 Annual Plan. The financial model is due with the National Health Board on 1 March and the plan itself on 25 March.

#### Primary & Community

100% of the recent contract variations for the Community Pharmaceutical Services Agreement (CPSA) have been finalised during February. The variation is part of the on-going national implementation of a new service and funding model for the CPSA.

#### Health of Older Persons – Home & Community Support Proposal

A series of meetings have been held throughout the district during the weeks of 18 February and 25 February to inform stakeholders of the new home and community support services model. Different times were scheduled for clients, families and other stakeholders, along with times for staff groups and provider groups.

#### Mental Health & Addictions

A working party has commenced activity on new models of care for community mental health and addictions services, as signalled in the Strategic Plan. On 21 February a

large group attended a workshop in Cromwell presented by Bruce Kamradt, an international expert who specialises in child and youth mental health services. The workshop looked at various aspects on systems of care design, service development and financing.

A workshop was also held in Dunedin on 25 February, presented by Ken Jue, an international expert on physical and mental health and founder of the award winning programme inSHAPE. The workshop considered whole of health issues through the principles of recovery and social inclusion.

Carole Heatly  
**Chief Executive Officer**

26 February 2013

# SOUTHERN DHB FINANCIAL REPORT

Financial Report as at: 31 January 2013  
 Report Prepared by: Robert Mackway-Jones, Exec Director Finance & Funding  
 Date: 25 February 2013

## Recommendations:

- That the Board note the Financial Report

## Overview Section

### Results Summary

Month				Year to Date			Annual
Actual	Budget	Variance		Actual	Budget	Variance	Budget
\$' 000	\$' 000	\$' 000		\$' 000	\$' 000	\$' 000	\$' 000
70,079	70,559	(480)	Revenue	495,064	495,064	0	849,207
(26,257)	(26,042)	(215)	Less Personnel Costs	(186,787)	(186,583)	(204)	(322,736)
(44,417)	(43,409)	(1,008)	Less Other Costs	(318,951)	(317,703)	(1,248)	(537,453)
(595)	1,108	(1,703)	Net Surplus / (Deficit)	(10,674)	(9,222)	(1,452)	(10,982)

- The January YTD result is a deficit of \$10.7m which is unfavourable to budget by \$1.5m
- January's result was unfavourable; driven by provider-arm clinical supplies costs and a continuing negative impact of various funder demand driven service lines (IDF inflows, home support & hospital level ARC)
- The current trend of expenditure would project a potential year-end budget over-run of \$2.7m. Many expenditure items are demand driven and largely beyond control. That said; other mitigations need to be taken to avoid this scenario.

### Operational Performance

Month				Year to Date			Annual
Actual	Budget	Variance		Actual	Budget	Variance	Budget
\$' 000	\$' 000	\$' 000		\$' 000	\$' 000	\$' 000	\$' 000
(121)	(50)	(71)	Governance	(569)	(539)	(30)	(939)
(509)	(107)	(402)	Funder	(4,454)	(3,497)	(957)	(5,372)
35	1,265	(1,230)	Provider	(5,651)	(5,186)	(465)	(4,671)
(595)	1,108	(1,703)	Net Surplus / (Deficit)	(10,674)	(9,222)	(1,452)	(10,982)

- The YTD Funds result is unfavourable by \$1m with a negative variance of \$1.1m relating to IDF inflow and outflow provisions. Other key areas of unfavourable variance include home support and hospital level aged residential care
- The Provider result is \$0.5m unfavourable with clinical supply costs driving most of this variation.

## Key YTD Variances

The following areas have a significant bottom line impact:

- \$1m of Mental Health expenditure not incurred due to unfilled FTE positions
- \$0.8m of lower clinical and IT depreciation charges
- \$0.4m of impact from research account revenues and expenditures
- \$0.5m of lower primary care expenditure (SIA/HP funds)
- (\$0.3m) of unfavourable data/network & telecommunications R&M costs
- (\$0.3m) of unfavourable patient travel and accommodation expenses
- (\$0.3m) of unfavourable palliative care expenditure
- (\$0.3m) of unfavourable air ambulance patient transfers
- (\$0.3m) of unfavourable hospital level aged residential care costs
- (\$0.4m) of unfavourable laboratory testing costs
- (\$0.4m) of unfavourable patient treatment/consumables costs (spinal plates & screws, shunts & stents, IV fluids & supplies, tubes, drainage & suction)
- (\$0.6m) of unfavourable implants & prosthesis expenditure
- (\$0.8m) of unfavourable home support cost from increased clients with personal care needs
- (\$1.1m) of unfavourable Inter District Flow patient expenditure provisioning

## Capital Expenditure

The capital expenditure budget has been revised and includes:

- new capital allocation of \$18m
- carried forward capital allowance of \$20m from prior years

Planned capital expenditure also includes \$7.3m for the continuation of the Dunedin campus master site planning project (part of the \$24.38m approval) and a further \$1m for the Oral Health project which has external funding.

A full list of the capital programme is contained in the HAC meeting finance report.

## Balance Sheet and Cashflow

Cash is \$24.1m at the end of January compared to a budgeted parameter of \$35m. The difference of \$11m is timing relating to equity drawdowns and salary payments. The revised cash position for year-end is \$22m compared to the budget of \$24m.

## Detail Section

This section is presented from an overall DHB results perspective.

### Revenue

YTD, there is no overall revenue variance, however there are a number of underlying overs and unders shown as follows:

Item	\$'m	Expense Line Offset (Y/N/Partial)
Research funding (Other income)	0.9	Y, Provider-arm, various
Public Health screening service funding	0.3	P, Provider-arm, various
PHO Performance funding	(0.5)	Y, Personal Health PHO Other
IDF inflow revenue	(0.5)	P, Provider-arm, various
CTA revenue	(0.2)	N,
<u>All other revenue variances</u>	<u>0.0</u>	
Total Revenue Variation	0.0	

## Personnel Expenses

FTE Category	Mar-12	Jun-12	Sep-12	Dec-12	Jan-13	YTD Actual	YTD Budget	Variance
Medical Personnel	481	464	480	487	484	479	477	(2)
Nursing Personnel	1,583	1,573	1,577	1,574	1,568	1,576	1,572	(4)
Allied Health Personnel	685	692	687	687	676	687	697	10
Support Personnel	192	186	186	194	195	188	197	9
Management/Administration Personnel	694	696	691	693	688	691	694	3
Total Full Time Equivalents (FTE's)	3,635	3,611	3,621	3,635	3,611	3,621	3,637	16

### Medical

The combined costs YTD between salaries and medical outsourcing are on budget. The YTD salary variance itself is \$1m unfavourable with a number of underlying YTD variances:

- \$0.9m of variation due to base FTE being 7 (YTD) under budget
- (\$0.65m) of higher allowance payments
- (\$0.9m) of additional overtime payments (9 FTE equivalent)
- (\$0.4m) of annual leave variation

### Nursing

YTD Salary costs were \$0.4m over budget YTD comprising of:

- (\$0.4m) of overtime payment variance (5 FTE)
- (\$0.1m) of allowance payment variation
- (\$0.45m) of unfavourable annual leave variation
- \$0.5m of below budget indirect salary costs

### Allied

YTD Salary costs were \$0.9m below budget with the variance occurring due to:

- \$0.5m of below budget base FTE (13.6 YTD mainly in mental health)
- \$0.7m of lower costs due to staffing mix
- (\$0.1m) of allowance payment variation
- \$0.3m of below budget indirect salary costs (mainly professional fees, course conference)
- (\$0.3m) of additional overtime payments (3.8 FTE YTD)

### Support

The favourable YTD variance is offset by outsourcing costs.

### Management/Admin

FTE levels YTD are 691 (budget 694) both of which are within the Ministerial cap of 708 FTE. YTD salary costs are \$0.1m favourable to budget mainly due to unfilled positions for clinical pathways.

### Leave Liability

The table below summarises balances both for the dollar value and number of hours for each staff category. As expected, there was a large reduction of hours in January.

YTD, there is a \$1m unfavourable variance relating to leave across the salary codes. \$0.8m of this relates to leave accruals with the bulk of the variance in nursing and \$0.2m of impact where leave taken is less than budgeted (mainly SMO group). YTD, leave taken was budgeted at \$15.9m with \$15.7m of actual leave being taken.

The balance sheet liability (\$24.1m at January excluding joint clinical staff) has reduced by \$0.7m since June. However \$1.7m of this is from leave paid out on termination of employment meaning there has been residual growth of \$1m from current employees with the variances described above.

\$'s	Closing	Closing	Closing	Closing	Closing	Closing	Closing	Movement Dec12 - Jan13	Movement June12 to Jan13
	July	August	September	October	November	December	January		
1. Medical SMO	6,255,388	6,561,731	6,564,858	6,747,594	6,961,944	6,986,420	6,514,497	-471,923	367,910
1. Medical MOSS	275,969	231,153	237,250	182,877	232,704	209,566	174,614	-34,953	-259,725
1. Medical RMO	1,449,571	1,475,369	1,579,329	1,492,982	1,419,508	1,117,051	1,117,005	-46	-304,127
1. Medical House Office	228,466	260,546	278,625	293,754	200,945	214,992	228,591	13,599	-13,430
2. Nursing	9,406,336	9,647,589	9,650,175	9,599,213	9,699,756	9,624,154	9,166,456	-457,699	-241,767
3. Allied	3,232,734	3,317,723	3,370,795	3,435,354	3,529,795	3,544,355	3,013,747	-530,608	-183,319
4. Support	813,190	832,712	840,473	856,943	874,324	868,850	818,917	-49,933	12,876
5. Management Admin	3,246,613	3,361,845	3,406,316	3,526,457	3,553,429	3,634,485	3,048,044	-586,441	-144,732
<b>Totals</b>	<b>24,908,269</b>	<b>25,688,668</b>	<b>25,927,821</b>	<b>26,135,174</b>	<b>26,472,405</b>	<b>26,199,873</b>	<b>24,081,870</b>	<b>-2,118,003</b>	<b>-766,313</b>
Hours	Closing	Closing	Closing	Closing	Closing	Closing	Closing	Movement Dec12 - Jan13	Movement June12 to Jan13
	July	August	September	October	November	December	January		
1. Medical SMO	47,503	49,241	50,390.66	51,553.00	53,093.34	53,337.54	49,509.31	-3,828	2,783
1. Medical MOSS	2,695	2,260	2,380.43	2,305.00	2,271.97	1,996.49	1,677.91	-319	-2,462
1. Medical RMO	23,598	24,175	24,362.50	23,934.00	22,883.82	18,162.56	18,176.48	14	-4,949
1. Medical House Office	5,109	5,639	5,953.90	6,191.00	4,305.14	4,542.64	4,856.06	313	-579
2. Nursing	271,876	277,738	277,525	275,139	276,862	273,852	260,464	-13,388	-11,485
3. Allied	97,565	100,027	101,484	103,153	105,662	105,629	88,032	-17,597	-8,850
4. Support	35,292	35,800	36,045	36,428	36,997	36,958	35,133	-1,825	169
5. Management Admin	111,255	113,255	115,434	117,456	119,848	122,957	104,430	-18,527	-6,336
<b>Totals</b>	<b>594,894</b>	<b>608,135</b>	<b>613,575</b>	<b>616,159</b>	<b>621,923</b>	<b>617,435</b>	<b>562,279</b>	<b>-55,156</b>	<b>-31,709</b>
<b>Movement Hrs</b>	<b>906</b>	<b>13,241</b>	<b>5,440</b>	<b>2,584</b>	<b>5,764</b>	<b>-4,488</b>	<b>-55,156</b>		

### Outsourced Services Expenses

Outsourced costs are \$0.4m under budget YTD.

The medical variance of \$1.1m favourable is mix driven (locum v staff) and needs to be viewed with the medical salary variance.

Both the allied and management/admin costs offset favourable variances in the salary area as well. The support variance is higher than the offsetting salary component.

There is also around \$0.1m of costs associated with research, where there is an offsetting revenue item.

The Governance area is also contributing around \$0.2m 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

There was a considerable negative variance in January to take the overall YTD position to \$0.9m over budget. Ignoring a favourable depreciation variance, the total overrun would be \$1.3m.

The HAC report commented in some detail on the key variances. Larger categories of negative YTD variance include:

- \$0.4m for hip Prosthesis
- \$0.2m of implants & other prosthesis
- \$0.1m for tubes, drainage & suction consumables
- \$0.1m for spinal plates & screws
- \$0.1m for shunts & stents
- \$0.1m for IV fluids & IV supplies
- \$0.1m of clinical equipment leasing
- \$0.1m of clinical equipment repairs & maintenance
- \$0.1m of continence & ostomy supplies

We are projecting the clinical supplies area to remain over spent at year-end.

### **Infrastructure & Non-Clinical Supplies Expenditure**

This category is \$0.4m favourable YTD to the revised budget; however depreciation charges for IT have been adjusted by \$0.3m which was budgeted to occur in June.

IT/Telecommunication costs (excluding the depreciation charges) are \$0.3m over budget with steady growth in data network costs. A lot of this cost relates to images being sent. Part of the \$0.3m variance relates to minor purchases (cell phones, CISCO network phones). Local and toll call costs have remained consistent with 2009-2011 levels.

Transport costs are \$0.2m over budget where savings factored following the fleet utilisation reviews have not been fully implemented.

### **Personal Health Payments (Not including Provider-arm)**

Larger unfavourable variances relate to palliative care costs (\$0.3m), laboratory costs (\$0.4m), patient travel (\$0.3m) and IDF outflows (\$0.6m).

Palliative care costs have a large variance with the number of short term exceptional circumstances funding being applied to manage these patients in various rest homes. 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 genetic 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.

### **IDFs**

The outflow table with data to December is provided below. The potential liability (0.6m) has decreased slightly compared to the November data set.

<b>DHB Name</b>	<b>Actuals</b>	<b>Budget</b>	<b>Variances</b>	<b>Variance in Dollars</b>
Auckland	213.92	161.05	-52.87	(243,969)
Bay of Plenty	5.70	10.46	4.76	21,981
Canterbury	952.40	872.50	-79.90	(368,710)
Capital and Coast	24.41	22.30	-2.11	(9,731)
Counties Manukau	103.97	124.75	20.78	95,894
Hawkes Bay	1.55	2.29	0.74	3,408
Hutt Valley	24.09	11.54	-12.55	(57,894)
Lakes	6.66	12.00	5.35	24,664
MidCentral	9.26	10.58	1.32	6,078
Nelson Marlborough	18.69	24.90	6.21	28,650
Northland	5.24	7.26	2.02	9,320
South Canterbury	17.94	24.39	6.45	29,740
Tairāwhiti	0.54	1.18	0.64	2,968
Taranaki	0.17	2.18	2.00	9,236
Waikato	33.49	12.40	-21.10	(97,350)
Wairarapa	1.67	2.95	1.28	5,905
Waitemata	17.02	11.00	-6.02	(27,800)
West Coast	3.26	7.76	4.50	20,761
Whanganui	8.74	3.81	-4.92	(22,722)
<b>Total</b>	<b>1448.71</b>	<b>1325.28</b>	<b>-123.43</b>	<b>(569,568)</b>



Of the \$0.6m provision, \$0.4m relates to acute events and \$0.2m relates to elective procedures. Of the acute events; \$0.5m of unfavourable variation is due to paediatric oncology volumes at Canterbury DHB and \$0.3m of paediatric neurology volume at Auckland DHB.

IDF inflows also have an unfavourable position. A provision of \$0.5m has been booked which is less than the data table shows. This is because a number of data related issues are being cleared. \$0.3m of this relates to acute activity and the residual \$0.2m being elective referrals.

DHB Name	Actuals	Budget	Variances	Variance in Dollars
Auckland	16.06	20.97	-4.91	(22,657)
Bay of Plenty	10.30	13.50	-3.20	(14,762)
Canterbury	161.92	189.43	-27.51	(126,961)
Capital and Coast	8.56	22.99	-14.42	(66,554)
Counties Manukau	10.21	12.89	-2.68	(12,350)
Hawkes Bay	3.13	4.77	-1.64	(7,581)
Hutt Valley	0.63	5.87	-5.24	(24,173)
Lakes	8.34	10.90	-2.55	(11,780)
MidCentral	5.30	3.30	2.00	9,249
Nelson Marlborough	25.52	38.88	-13.36	(61,655)
Northland	6.87	3.23	3.63	16,771
South Canterbury	108.44	134.66	-26.23	(121,020)
Tairāwhiti	2.33	1.47	0.86	3,959
Taranaki	2.95	5.70	-2.75	(12,680)
Waikato	7.73	16.67	-8.94	(41,232)
Wairarapa	2.68	1.95	0.73	3,384
Waitemata	18.82	23.02	-4.20	(19,359)
West Coast	6.54	38.92	-32.38	(149,402)
Whanganui	1.95	1.75	0.20	927
<b>Total</b>	<b>408.30</b>	<b>550.87</b>	<b>-142.57</b>	<b>(657,876)</b>

#### **Mental Health (Not including Provider-arm)**

The bulk of the favourable variance of \$0.2m is attributable to demand driven residential support and home based support services.

#### **Disability Support (Not including Provider-arm)**

Overall disability support expenditure is \$1.1m over budget. The bulk of this (\$0.8m) relates to home support where personal care hours have increased significantly. This has resulted from a 53% (July 2012-Jan 2013) increase in clients receiving personal care allocations. The average hours allocated of 6.33 per week has remained constant.

There is some unfavourable variance in hospital level aged residential care with bed days around 4,000 above budget.

## **Financial Statements**

The following financial statements are attached:

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

**Southern District Health Board**  
**Jan-13**

<b>Part 4: DHB Consolidated</b>	<b>Current Month</b>				<b>Year to Date</b>				<b>Annual</b>
	<b>Actual</b>	<b>Budget</b>	<b>Variance</b>	<b>Variance</b>	<b>Actual</b>	<b>Budget</b>	<b>Variance</b>	<b>Variance</b>	<b>Budget</b>
	<b>\$(000)</b>	<b>\$(000)</b>	<b>\$(000)</b>	<b>%</b>	<b>\$(000)</b>	<b>\$(000)</b>	<b>\$(000)</b>	<b>%</b>	<b>\$(000)</b>
<b>Part 4.1: Statement of Financial Performance</b>									
<b>REVENUE</b>									
<b>Ministry of Health</b>									
MoH - Vote Health Non Mental Health	55,366	55,374	(8) U		387,509	387,619	(110) U		664,490
MoH - Vote Health Mental Health	6,992	6,992			48,944	48,944			83,905
PBF Adjustments	-	-			-	-			-
MoH Funding Subcontracts	3,104	3,141	(36) U	(1%)	21,793	21,986	(193) U	(1%)	37,690
MoH - Personal Health	19	-	19 F		88	-	88 F		-
MoH - Mental Health	-	-			-	-			-
MoH - Public Health	10	11		(3%)	73	76	(2) U	(3%)	130
MoH - Disability Support Services	749	739	10 F	1%	5,214	5,171	43 F	1%	8,864
MoH - Maori Health	-	-			-	-			-
Clinical Training Agency	442	543	(100) U	(19%)	3,577	3,798	(221) U	(6%)	6,510
Internal - DHB Funder to DHB Provider	-	-			-	-			-
<b>Ministry of Health Total</b>	<b>66,682</b>	<b>66,799</b>	<b>(117) U</b>		<b>467,198</b>	<b>467,594</b>	<b>(396) U</b>		<b>801,589</b>
<b>Other Government</b>									
IDF's - Mental Health Services	145	145			1,018	1,018			1,746
IDF's - All others (non Mental health)	1,170	1,511	(340) U	(23%)	10,072	10,575	(503) U	(5%)	18,129
Other DHB's	28	25	3 F	12%	188	175	14 F	8%	299
Training Fees and Subsidies	25	20	5 F	25%	145	141	4 F	3%	242
Accident Insurance	686	544	142 F	26%	5,190	5,084	106 F	2%	8,754
Other Government	377	417	(40) U	(10%)	3,241	2,919	322 F	11%	5,004
<b>Other Government Total</b>	<b>2,432</b>	<b>2,662</b>	<b>(231) U</b>	<b>(9%)</b>	<b>19,855</b>	<b>19,912</b>	<b>(57) U</b>		<b>34,174</b>
<b>Government and Crown Agency Total</b>	<b>69,114</b>	<b>69,462</b>	<b>(347) U</b>	<b>(1%)</b>	<b>487,053</b>	<b>487,506</b>	<b>(454) U</b>		<b>835,763</b>
<b>Other Revenue</b>									
Patient / Consumer Sourced	218	268	(50) U	(19%)	1,611	1,749	(138) U	(8%)	3,414
Other Income	748	830	(82) U	(10%)	6,400	5,810	591 F	10%	10,030
<b>Other Revenue Total</b>	<b>965</b>	<b>1,097</b>	<b>(132) U</b>	<b>(12%)</b>	<b>8,011</b>	<b>7,558</b>	<b>453 F</b>	<b>6%</b>	<b>13,444</b>
<b>REVENUE TOTAL</b>	<b>70,079</b>	<b>70,559</b>	<b>(480) U</b>	<b>(1%)</b>	<b>495,064</b>	<b>495,064</b>			<b>849,207</b>
<b>EXPENSES</b>									
<b>Personnel Expenses</b>									
Medical Personnel	(8,596)	(8,446)	(150) U	(2%)	(59,248)	(58,214)	(1,034) U	(2%)	(99,761)
Nursing Personnel	(9,958)	(9,862)	(95) U	(1%)	(69,677)	(69,304)	(373) U	(1%)	(120,114)
Allied Health Personnel	(3,617)	(3,694)	77 F	2%	(27,453)	(28,463)	1,010 F	4%	(48,635)
Support Services Personnel	(837)	(817)	(20) U	(2%)	(5,505)	(5,577)	73 F	1%	(9,590)
Management / Admin Personnel	(3,249)	(3,224)	(26) U	(1%)	(24,905)	(25,025)	120 F		(44,636)
<b>Personnel Costs Total</b>	<b>(26,257)</b>	<b>(26,042)</b>	<b>(214) U</b>	<b>(1%)</b>	<b>(186,787)</b>	<b>(186,583)</b>	<b>(205) U</b>		<b>(322,736)</b>
<b>Outsourced Expenses</b>									
Medical Personnel	(473)	(734)	261 F	36%	(4,334)	(5,435)	1,101 F	20%	(9,207)
Nursing Personnel	(5)	(3)	(2) U	(54%)	(29)	(23)	(5) U	(23%)	(40)
Allied Health Personnel	(49)	(24)	(25) U	(105%)	(358)	(169)	(189) U	(111%)	(290)
Support Personnel	(36)	(23)	(13) U	(56%)	(381)	(156)	(226) U	(145%)	(273)
Management / Administration Personnel	(8)	(1)	(6) U	(462%)	(8)	(9)	2 F	16%	(16)
Outsourced Clinical Services	(497)	(319)	(179) U	(56%)	(3,982)	(3,870)	(113) U	(3%)	(5,892)
Outsourced Corporate / Governance Services	(140)	(124)	(16) U	(13%)	(885)	(867)	(18) U	(2%)	(1,514)
Outsourced Funder Services	(115)	(88)	(26) U	(30%)	(820)	(663)	(157) U	(24%)	(1,116)
<b>Outsourced Services Total</b>	<b>(1,323)</b>	<b>(1,316)</b>	<b>(7) U</b>	<b>(1%)</b>	<b>(10,797)</b>	<b>(11,192)</b>	<b>395 F</b>	<b>4%</b>	<b>(18,349)</b>
<b>Clinical Supplies</b>									
Treatment Disposables	(2,610)	(2,135)	(476) U	(22%)	(17,645)	(17,377)	(268) U	(2%)	(29,763)
Diagnostic Supplies & Other Clinical Supplies	(158)	(117)	(41) U	(35%)	(1,061)	(1,097)	36 F	3%	(1,867)
Instruments & Equipment	(1,311)	(1,315)	4 F		(9,273)	(9,333)	60 F	1%	(12,420)
Patient Appliances	(257)	(159)	(99) U	(62%)	(1,313)	(1,169)	(143) U	(12%)	(2,021)
Implants & Prosthesis	(817)	(478)	(339) U	(71%)	(6,337)	(5,712)	(625) U	(11%)	(10,033)
Pharmaceuticals	(1,151)	(1,164)	12 F	1%	(10,800)	(10,918)	118 F	1%	(18,531)
Other Clinical Supplies	(234)	(203)	(31) U	(15%)	(1,987)	(1,891)	(96) U	(5%)	(3,216)
<b>Clinical Supplies Total</b>	<b>(6,538)</b>	<b>(5,570)</b>	<b>(968) U</b>	<b>(17%)</b>	<b>(48,416)</b>	<b>(47,496)</b>	<b>(919) U</b>	<b>(2%)</b>	<b>(77,852)</b>
<b>Infrastructure &amp; Non Clinical Expenses</b>									
Hotel Services, Laundry & Cleaning	(1,100)	(1,053)	(47) U	(5%)	(7,542)	(7,546)	4 F		(12,959)
Facilities	(1,651)	(1,758)	107 F	6%	(12,612)	(12,812)	201 F	2%	(22,190)
Transport	(317)	(331)	14 F	4%	(2,542)	(2,387)	(155) U	(7%)	(4,027)
IT Systems & Telecommunications	(926)	(928)	2 F		(6,126)	(6,253)	128 F	2%	(8,659)
Interest & Financing Charges	(1,263)	(1,270)	7 F	1%	(8,913)	(9,013)	100 F	1%	(15,491)
Professional Fees & Expenses	(255)	(158)	(96) U	(61%)	(1,314)	(1,191)	(123) U	(10%)	(1,984)
Other Operating Expenses	(335)	(366)	31 F	8%	(2,605)	(2,810)	205 F	7%	(4,312)
Democracy	(37)	(42)	5 F	12%	(281)	(293)	12 F	4%	(502)
Subsidiaries & Joint Ventures	-	-			-	-			-
<b>Infrastructure &amp; Non-Clinical Supplies Total</b>	<b>(5,884)</b>	<b>(5,906)</b>	<b>22 F</b>		<b>(41,935)</b>	<b>(42,306)</b>	<b>371 F</b>	<b>1%</b>	<b>(70,125)</b>

**Southern District Health Board**  
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<b>Part 4: DHB Consolidated</b>	<b>Current Month</b>				<b>Year to Date</b>				<b>Annual</b>
	<b>Actual</b>	<b>Budget</b>	<b>Variance</b>	<b>Variance</b>	<b>Actual</b>	<b>Budget</b>	<b>Variance</b>	<b>Variance</b>	<b>Budget</b>
	<b>\$(000)</b>	<b>\$(000)</b>	<b>\$(000)</b>	<b>%</b>	<b>\$(000)</b>	<b>\$(000)</b>	<b>\$(000)</b>	<b>%</b>	<b>\$(000)</b>
<b>Payments to Providers</b>									
<b>Personal Health</b>									
Child and Youth	(31)	(69)	38 F	55%	(209)	(485)	276 F	57%	(831)
Laboratory	(2,652)	(2,570)	(82) U	(3%)	(18,350)	(17,961)	(389) U	(2%)	(30,783)
Infertility Treatment Services	-	(10)	10 F		-	(69)	69 F		(118)
Maternity	(218)	(221)	3 F	1%	(1,563)	(1,537)	(26) U	(2%)	(2,642)
Maternity (Tertiary & Secondary)	(5)	(14)	9 F	67%	(19)	(95)	76 F	80%	(163)
Pregnancy and Parenting Education	(9)	(10)	1 F	10%	(57)	(67)	11 F	16%	(115)
Maternity Payment Schedule	-	-	-		-	-	-		-
Neo Natal	-	-	-		-	-	-		-
Sexual Health	-	-	-		-	-	-		-
Adolescent Dental Benefit	(71)	(110)	39 F	35%	(1,181)	(1,169)	(12) U	(1%)	(2,231)
Other Dental Services	-	-	-		-	-	-		-
Dental - Low Income Adult	(90)	(68)	(22) U	(33%)	(526)	(475)	(51) U	(11%)	(815)
Child (School) Dental Services	(82)	(49)	(33) U	(66%)	(330)	(345)	15 F	4%	(591)
Secondary / Tertiary Dental	(139)	(139)	-		(970)	(970)	-		(1,663)
Pharmaceuticals	(5,566)	(5,764)	198 F	3%	(43,535)	(43,400)	(136) U		(72,806)
Pharmaceutical Cancer Treatment Drugs	-	-	-		-	-	-		-
Pharmacy Services	(106)	(31)	(75) U	(238%)	(221)	(220)	(1) U		(377)
Management Referred Services	-	-	-		-	-	-		-
General Medical Subsidy	(149)	(120)	(29) U	(24%)	(968)	(837)	(132) U	(16%)	(1,434)
Primary Practice Services - Capitated	(3,371)	(3,365)	(6) U		(23,532)	(23,556)	24 F		(40,382)
Primary Health Care Strategy - Care	(245)	(255)	11 F	4%	(1,695)	(1,788)	92 F	5%	(3,065)
Primary Health Care Strategy - Health	(240)	(277)	37 F	13%	(1,436)	(1,936)	500 F	26%	(3,319)
Primary Health Care Strategy - Other	(209)	(287)	78 F	27%	(1,474)	(2,008)	533 F	27%	(3,442)
Practice Nurse Subsidy	(15)	(16)	1 F	4%	(97)	(113)	16 F	14%	(194)
Rural Support for Primary Health Pro	(1,255)	(1,284)	29 F	2%	(8,972)	(8,988)	16 F		(15,408)
Immunisation	(42)	(62)	21 F	33%	(392)	(472)	80 F	17%	(1,995)
Radiology	(151)	(176)	25 F	14%	(1,054)	(1,229)	175 F	14%	(2,107)
Palliative Care	(440)	(478)	39 F	8%	(3,622)	(3,349)	(273) U	(8%)	(5,742)
Meals on Wheels	(20)	(19)	(1) U	(1%)	(130)	(135)	5 F	4%	(232)
Domiciliary & District Nursing	(399)	(417)	18 F	4%	(3,029)	(2,920)	(109) U	(4%)	(5,005)
Community based Allied Health	(165)	(165)	-		(1,152)	(1,155)	2 F		(1,979)
Chronic Disease Management and Educa	(78)	(83)	5 F	6%	(584)	(578)	(7) U	(1%)	(990)
Medical Inpatients	-	-	-		-	-	-		-
Medical Outpatients	(368)	(368)	-		(2,576)	(2,573)	(3) U		(4,410)
Surgical Inpatients	(43)	(36)	(7) U	(19%)	(335)	(251)	(83) U	(33%)	(431)
Surgical Outpatients	(138)	(152)	14 F	9%	(971)	(1,064)	93 F	9%	(1,824)
Paediatric Inpatients	-	-	-		-	-	-		-
Paediatric Outpatients	-	-	-		-	-	-		-
Pacific Peoples' Health	-	(4)	4 F		(30)	(26)	(4) U	(14%)	(45)
Emergency Services	(150)	(163)	13 F	8%	(1,104)	(1,142)	38 F	3%	(1,959)
Minor Personal Health Expenditure	(51)	(82)	30 F	37%	(413)	(571)	158 F	28%	(978)
Price adjusters and Premium	(150)	(83)	(67) U	81%	(724)	(580)	(144) U	25%	(995)
Travel & Accommodation	(446)	(419)	(27) U	(7%)	(3,000)	(2,658)	(342) U	(13%)	(4,339)
Inter District Flow Personal Health	(2,116)	(2,155)	39 F	2%	(15,734)	(15,084)	(650) U	(4%)	(25,859)
<b>Personal Health Total</b>	<b>(19,207)</b>	<b>(19,518)</b>	<b>311 F</b>	<b>2%</b>	<b>(139,986)</b>	<b>(139,805)</b>	<b>(180) U</b>		<b>(239,268)</b>
<b>Mental Health</b>									
Mental Health to allocate	-	-	-		-	-	-		-
Acute Mental Health Inpatients	-	-	-		-	-	-		-
Sub-Acute & Long Term Mental Health	-	-	-		-	-	-		-
Crisis Respite	(5)	(2)	(3) U	(125%)	(32)	(14)	(18) U	(124%)	(25)
Alcohol & Other Drugs - General	(82)	(83)	1 F	1%	(574)	(583)	9 F	2%	(999)
Alcohol & Other Drugs - Child & Youth	(39)	(39)	-		(275)	(275)	-		(471)
Methadone	-	-	-		-	-	-		-
Dual Diagnosis - Alcohol & Other Drugs	(7)	(7)	-		(39)	(49)	10 F	20%	(84)
Dual Diagnosis - MH/ID	-	-	-		-	-	-		-
Eating Disorder	(14)	(14)	-		(98)	(98)	-		(168)
Maternal Mental Health	(4)	(4)	-		(33)	(26)	(7) U	(29%)	(44)
Child & Youth Mental Health Services	(304)	(317)	13 F	4%	(2,143)	(2,216)	73 F	3%	(3,799)
Forensic Services	-	-	-		-	-	-		-
Kaupapa Maori Mental Health Services	(6)	(6)	-		(43)	(44)	1 F	2%	(75)
Kaupapa Maori Mental Health - Residential	-	-	-		-	-	-		-
Kaupapa Maori Mental Health - Inpati	-	-	-		-	-	-		-
Mental Health Community Services	(111)	(106)	(6) U	(5%)	(784)	(739)	(45) U	(6%)	(1,267)
Prison/Court Liaison	-	-	-		-	-	-		-
Mental Health Workforce Development	-	(1)	1 F		-	(4)	4 F		(7)
Day Activity & Work Rehabilitation S	(133)	(123)	(10) U	(8%)	(954)	(936)	(18) U	(2%)	(1,552)
Mental Health Funded Services for Older People	-	-	-		-	-	-		-
Advocacy / Peer Support - Consumer	(23)	(23)	-		(182)	(164)	(18) U	(11%)	(281)
Other Home Based Residential Support	(312)	(317)	5 F	2%	(2,147)	(2,218)	71 F	3%	(3,803)
Advocacy / Peer Support - Families	(52)	(50)	(2) U	(5%)	(415)	(351)	(64) U	(18%)	(600)
Community Residential Beds & Service	(376)	(424)	48 F	11%	(2,691)	(2,865)	174 F	6%	(4,983)
Minor Mental Health Expenditure	(36)	(34)	(2) U	(5%)	(238)	(238)	-		(409)
Inter District Flow Mental Health	(431)	(431)	-		(3,018)	(3,018)	-		(5,174)
<b>Mental Health Total</b>	<b>(1,934)</b>	<b>(1,980)</b>	<b>46 F</b>	<b>2%</b>	<b>(13,666)</b>	<b>(13,839)</b>	<b>173 F</b>	<b>1%</b>	<b>(23,741)</b>

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<b>Part 4: DHB Consolidated</b>	<b>Current Month</b>				<b>Year to Date</b>				<b>Annual</b>
	<b>Actual</b>	<b>Budget</b>	<b>Variance</b>	<b>Variance</b>	<b>Actual</b>	<b>Budget</b>	<b>Variance</b>	<b>Variance</b>	<b>Budget</b>
	<b>\$(000)</b>	<b>\$(000)</b>	<b>\$(000)</b>	<b>%</b>	<b>\$(000)</b>	<b>\$(000)</b>	<b>\$(000)</b>	<b>%</b>	<b>\$(000)</b>
<b>Public Health</b>									
Alcohol & Drug	-	-			-	-			-
Communicable Diseases	-	-			-	-			-
Injury Prevention	-	-			-	-			-
Mental Health	-	-			-	-			-
Screening Programmes	-	-			-	-			-
Nutrition and Physical Activity	(23)	(23)			(159)	(159)			(272)
Physical Environment	-	-			-	-			-
Public Health Infrastructure	-	-			-	-			-
Sexual Health	(1)	(1)		(1%)	(5)	(5)		(1%)	(9)
Social Environments	-	-			-	-			-
Tobacco Control	(2)	(12)	11 F	86%	(108)	(87)	(20) U	(23%)	(150)
Well Child Promotion	-	-			-	-			-
Meningococcal	-	-			-	-			-
<b>Public Health Total</b>	<b>(25)</b>	<b>(36)</b>	<b>11 F</b>	<b>30%</b>	<b>(272)</b>	<b>(251)</b>	<b>(21) U</b>	<b>(8%)</b>	<b>(431)</b>
<b>Disability Support Services</b>									
AT & R (Assessment, Treatment and Re	(294)	(294)			(2,061)	(2,060)	(1) U		(3,532)
Information and Advisory	(1)	(1)			(4)	(4)		1%	(6)
Needs Assessment	(24)	(21)	(2) U	(11%)	(162)	(150)	(12) U	(8%)	(257)
Service Co-ordination	-	-			10	-	10 F		-
Home Support	(1,428)	(1,106)	(321) U	(29%)	(8,339)	(7,567)	(771) U	(10%)	(12,978)
Carer Support	(140)	(143)	3 F	2%	(946)	(1,003)	57 F	6%	(1,719)
Residential Care: Rest Homes	(2,963)	(3,036)	72 F	2%	(21,185)	(21,143)	(42) U		(36,213)
Residential Care: Loans Adjustment	35	22	13 F	57%	120	155	(36) U	(23%)	266
Long Term Chronic Conditions	(103)	(83)	(20) U	(23%)	(661)	(583)	(78) U	(13%)	(1,000)
Residential Care: Hospitals	(3,718)	(3,544)	(174) U	(5%)	(24,723)	(24,420)	(303) U	(1%)	(41,840)
Ageing in Place	-	-			-	-			-
Environmental Support Services	(96)	(100)	4 F	4%	(702)	(699)	(3) U		(1,199)
Day Programmes	(19)	(24)	5 F	21%	(184)	(190)	6 F	3%	(312)
Expenditure to Attend Treatment ETAT	-	-			-	-			-
Minor Disability Support Expenditure	-	(8)	8 F		-	(58)	58 F		(100)
Respite Care	(112)	(84)	(29) U	(35%)	(597)	(585)	(12) U	(2%)	(1,003)
Community Health Services & Support	(205)	(206)	2 F	1%	(1,315)	(1,343)	29 F	2%	(2,374)
Inter District Flow Disability Support	(309)	(321)	12 F	4%	(2,230)	(2,246)	16 F	1%	(3,851)
Disability Support Other	-	-			-	-			-
<b>Disability Support Services Total</b>	<b>(9,378)</b>	<b>(8,951)</b>	<b>(427) U</b>	<b>(5%)</b>	<b>(62,979)</b>	<b>(61,897)</b>	<b>(1,081) U</b>	<b>(2%)</b>	<b>(106,119)</b>
<b>Maori Health</b>									
Maori Service Development	(22)	(22)			(154)	(154)			(265)
Maori Provider Assistance Infrastruc	-	-			-	-			-
Maori Workforce Development	-	-			-	-			-
Minor Maori Health Expenditure	-	-			-	-			-
Whanau Ora Services	(107)	(109)	2 F	2%	(746)	(761)	15 F	2%	(1,305)
<b>Maori Health Total</b>	<b>(129)</b>	<b>(131)</b>	<b>2 F</b>	<b>2%</b>	<b>(901)</b>	<b>(916)</b>	<b>15 F</b>	<b>2%</b>	<b>(1,570)</b>
Internal Allocations	-	-			-	-			-
<b>Total Expenses</b>	<b>(70,674)</b>	<b>(69,451)</b>	<b>(1,224) U</b>	<b>(2%)</b>	<b>(505,738)</b>	<b>(504,286)</b>	<b>(1,452) U</b>		<b>(860,189)</b>
<b>Net Surplus/ (Deficit)</b>	<b>(595)</b>	<b>1,108</b>	<b>(1,703) U</b>	<b>(154%)</b>	<b>(10,674)</b>	<b>(9,221)</b>	<b>(1,452) U</b>	<b>(16%)</b>	<b>(10,982)</b>
<i>Zero Check</i>	-	-			-	-			-
<b>Part 4.1 A: Supplementary Information to Statement of Financial Performance</b>									
Depreciation - Clinical Equipment	(606)	(775)	169 F	22%	(4,450)	(4,801)	351 F	7%	(4,847)
Depreciation - Non Residential Buildings & Plant	(626)	(650)	24 F	4%	(4,391)	(4,475)	84 F	2%	(7,736)
Depreciation - Motor Vehicles	(10)	(6)	(4) U	(66%)	(67)	(44)	(24) U	(55%)	(75)
Depreciation - Information Technology	(296)	(361)	64 F	18%	(1,898)	(2,276)	378 F	17%	(1,843)
Depreciation - Other Equipment	(44)	(45)	1 F	1%	(330)	(313)	(17) U	(5%)	(537)
<b>Total Depreciation</b>	<b>(1,583)</b>	<b>(1,837)</b>	<b>254 F</b>	<b>14%</b>	<b>(11,136)</b>	<b>(11,909)</b>	<b>773 F</b>	<b>6%</b>	<b>(15,038)</b>
Interest Cost from Funder Loans	-	-			-	-			-
Interest Costs from CHFA	(432)	(433)	1 F		(2,999)	(3,001)	2 F		(5,036)
Financing Component of Operating Leases	(24)	(21)	(2) U	(10%)	(125)	(159)	34 F	21%	(260)
Capital Charge	(789)	(788)	(1) U		(5,659)	(5,656)	(2) U		(9,858)

# Southern District Health Board

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<b>Part 4: DHB Consolidated</b>	<b>Current Month Actual \$ (000)</b>	<b>Previous Month Actual \$ (000)</b>	<b>Movement \$ (000)</b>	<b>Current Budget \$ (000)</b>	<b>Current Year Opening Balance Sheet \$ (000)</b>	<b>Annual Budget \$ (000)</b>
<b>Part 4.2: Balance Sheet</b>						
<b>Current Assets</b>						
Petty Cash	15	15	-	13	13	13
Bank	72	344	(272)	-	9,706	-
Short Term Investments - HBL	23,999	27,882	(3,883)	35,398	-	24,043
Short Term Investments	-	-	-	-	30,053	-
Prepayments	2,481	2,530	(49)	1,493	1,493	1,493
Accounts Receivable	5,745	5,303	442	7,922	6,196	8,591
Provision for Doubtful Debts	(1,695)	(1,695)	-	(1,695)	(1,695)	(1,695)
Accrued Debtors	19,791	24,742	(4,950)	15,540	15,540	15,540
Inventory / Stock	4,435	4,422	13	4,265	4,265	4,265
<b>Current Assets Total</b>	<b>54,844</b>	<b>63,543</b>	<b>(8,699)</b>	<b>62,937</b>	<b>65,571</b>	<b>52,251</b>
<b>Non Current Assets</b>						
Land, Buildings & Plant	244,187	244,159	28	251,475	240,152	259,181
Clinical Equipment (incl Finance Leases)	103,812	103,615	197	114,760	105,105	126,173
Other Equipment (incl Finance Leases)	14,032	14,015	17	13,194	12,904	13,401
Information Technology	33,661	33,677	(16)	34,480	32,108	38,897
Motor Vehicles	1,074	1,072	1	700	692	707
Provision Depreciation - Buildings & Plant	(21,292)	(20,666)	(626)	(21,375)	(16,900)	(24,636)
Provision Depreciation - Clinical Equipment	(76,164)	(75,591)	(574)	(81,772)	(76,971)	(81,818)
Provision Depreciation - Other Equipment	(11,581)	(11,537)	(44)	(11,667)	(11,354)	(11,891)
Provision Depreciation - Information Technology	(26,078)	(25,835)	(243)	(26,691)	(24,415)	(26,258)
Provision Depreciation - Motor Vehicles	(337)	(326)	(10)	(313)	(269)	(344)
WIP	19,205	18,280	926	17,500	20,869	17,500
Investment in Associates	278	278	-	328	278	328
Long Term Investments	-	-	-	815	-	1,842
<b>Non Current Assets Total</b>	<b>280,797</b>	<b>281,141</b>	<b>(344)</b>	<b>291,434</b>	<b>282,198</b>	<b>313,082</b>
<b>Current Liabilities</b>						
Accounts Payable Control	(4,717)	(3,013)	(1,705)	(3,823)	(5,053)	(4,905)
Accrued Creditors	(26,242)	(35,271)	9,030	(27,517)	(32,124)	(28,299)
Income Received in Advance	(2,683)	(1,743)	(939)	(1,614)	(1,614)	(1,614)
Capital Charge Payable	(789)	-	(789)	(788)	-	(4,990)
GST & Tax Provisions	(4,555)	(8,560)	4,004	(8,611)	(6,842)	(7,938)
Term Loans - Finance Leases (current portion)	(972)	(1,120)	148	(1,408)	(1,408)	(1,408)
Term Loans - Crown (current portion)	(17,963)	(17,963)	-	(27,745)	(28,045)	(27,445)
Payroll Accrual & Clearing Accounts	(12,211)	(9,684)	(2,527)	(18,657)	(11,671)	(17,583)
Employee Entitlement Provisions	(42,711)	(43,985)	1,273	(44,035)	(44,036)	(44,034)
<b>Current Liabilities Total</b>	<b>(112,843)</b>	<b>(121,338)</b>	<b>8,495</b>	<b>(134,198)</b>	<b>(130,793)</b>	<b>(138,216)</b>
<b>WORKING CAPITAL</b>	<b>(57,999)</b>	<b>(57,795)</b>	<b>(204)</b>	<b>(71,261)</b>	<b>(65,222)</b>	<b>(85,966)</b>
<b>NET FUNDS EMPLOYED</b>	<b>222,798</b>	<b>223,345</b>	<b>(547)</b>	<b>220,173</b>	<b>216,976</b>	<b>227,116</b>
<b>Non Current Liabilities</b>						
Long Service Leave - Non Current Portion	(3,376)	(3,376)	-	(3,376)	(3,376)	(3,376)
Retirement Gratuities - Non Current Portion	(11,545)	(11,456)	(89)	(11,487)	(11,487)	(11,487)
Other Employee Entitlement Provisions	(1,232)	(1,232)	-	(1,232)	(1,232)	(1,232)
Term Loans - Finance Leases (non current portion)	(2,041)	(2,127)	86	(787)	(1,669)	(324)
Term Loans - Crown (non current portion)	(84,408)	(84,392)	(16)	(74,732)	(74,732)	(74,732)
Custodial Funds	-	-	-	-	-	-
<b>Non Current Liabilities Total</b>	<b>(102,602)</b>	<b>(102,583)</b>	<b>(19)</b>	<b>(91,614)</b>	<b>(92,496)</b>	<b>(91,151)</b>
<b>Crown Equity</b>						
Crown Equity	(154,552)	(154,552)	-	(154,552)	(154,552)	(154,552)
Crown Equity Injection	(6,389)	(6,360)	(28)	(13,300)	-	(23,174)
Crown Equity Repayments	-	-	-	-	-	707
Trust and Special Funds (no restricted use)	(5,196)	(5,155)	(41)	-	(4,850)	-
Revaluation Reserve	(85,362)	(85,362)	-	(85,362)	(85,362)	(85,362)
Retained Earnings - DHB Governance & Funding	2,331	2,210	121	2,302	1,762	2,702
Retained Earnings - DHB Provider	95,690	95,683	7	90,028	89,693	89,514
Retained Earnings - Funds	33,282	32,773	509	32,325	28,828	34,200
<b>Crown Equity Total</b>	<b>(120,196)</b>	<b>(120,763)</b>	<b>567</b>	<b>(128,559)</b>	<b>(124,481)</b>	<b>(135,965)</b>
<b>NET FUNDS EMPLOYED</b>	<b>(222,798)</b>	<b>(223,345)</b>	<b>547</b>	<b>(220,173)</b>	<b>(216,976)</b>	<b>(227,116)</b>
Zero Check	-	-	-	-	-	-
<b>Part 4.3: Statement of Movement in Equity</b>						
Total equity at beginning of the period	(120,763)	(121,922)		(124,480)	(124,481)	(124,481)
Net Results for Period	595	1,160		9,221	-	10,982
Revaluation of Fixed Assets	-	-		-	-	-
Equity Injections - Deficit Support	-	-		(7,000)	-	(11,900)
Equity Injections - Capital Projects	(28)	-		(6,300)	-	(11,274)
Equity Repayments	-	-		-	-	707
Other	-	-		-	-	-
Movement in Trust and Special Funds	-	-		-	-	-
<b>Total Equity at end of the period</b>	<b>(120,196)</b>	<b>(120,763)</b>		<b>(128,559)</b>	<b>(124,481)</b>	<b>(135,965)</b>

# Board Cash Flow - Southern

## Jan-13

<b>Part 4: DHB Consolidated</b>	Current Month			Year to Date			Annual
	Actual	Budget	Variance	Actual	Budget	Variance	Budget
	\$(000)	\$(000)	\$(000)	\$(000)	\$(000)	\$(000)	\$(000)
<b>Part 4.4 Statement of Cashflows</b>							
<b>Operating Revenue</b>							
Government and Crown Agency Revenue	74,561	69,569	4,992 F	484,320	485,965	(1,645) U	833,648
Other Revenue Received	775	870	(95) U	6,548	6,251	297 F	11,205
<b>Total Receipts</b>	<b>75,336</b>	<b>70,438</b>	<b>4,898 F</b>	<b>490,868</b>	<b>492,216</b>	<b>(1,348) U</b>	<b>844,853</b>
<b>Total Payments</b>							
Payments for Personnel	(24,915)	(31,071)	6,156 F	(187,514)	(179,597)	(7,917) U	(316,823)
Payments for Supplies	(9,660)	(11,272)	1,612 F	(80,708)	(81,659)	951 F	(136,543)
Interest Paid	(24)	(21)	(3) U	(2,839)	(2,682)	(157) U	(5,112)
Capital Charge Paid	-	(4,868)	4,868 F	(4,870)	(7,128)	2,258 F	(7,128)
GST (Net) & Tax	(4,004)	(152)	(3,852) U	(2,287)	2,491	(4,778) U	2,672
Payment to own DHB Provider (Eliminated)	-	-	-	-	-	-	-
Payment to own DHB Governance & Funding Admin	-	-	-	-	-	-	-
Payments to other DHBs	(3,073)	(2,907)	(166) U	(23,416)	(20,349)	(3,067) U	(34,884)
Payments to Providers	(36,549)	(28,448)	(8,101) U	(199,060)	(196,605)	(2,455) U	(336,253)
<b>Total Payments</b>	<b>(78,225)</b>	<b>(78,741)</b>	<b>516 F</b>	<b>(500,695)</b>	<b>(485,529)</b>	<b>(15,166) U</b>	<b>(834,071)</b>
<b>Net Cashflow from Operating</b>	<b>(2,889)</b>	<b>(8,303)</b>	<b>5,414 F</b>	<b>(9,827)</b>	<b>6,687</b>	<b>(16,514) U</b>	<b>10,782</b>
<b>Investing Activities</b>							
Interest Receipts 3rd Party	191	185	6 F	1,402	1,295	107 F	2,220
Sale of Fixed Assets	-	-	-	62	-	62 F	-
<b>Capital Expenditure</b>							
Land, Buildings & Plant	(188)	(1,862)	1,674 F	(6,193)	(11,323)	5,130 F	(19,029)
Clinical Equipment	(762)	(1,400)	638 F	(3,839)	(9,655)	5,816 F	(21,068)
Other Equipment	(24)	(41)	17 F	(290)	(290)	-	(497)
Information Technology	(117)	(200)	83 F	(1,160)	(1,857)	697 F	(5,869)
Motor Vehicles	(138)	(1)	(137) U	(596)	(8)	(588) U	(15)
<b>Total Capital Expenditure</b>	<b>(1,228)</b>	<b>(3,504)</b>	<b>2,276 F</b>	<b>(12,078)</b>	<b>(23,133)</b>	<b>11,055 F</b>	<b>(46,478)</b>
Increase in Investments and Restricted & Trust Funds Asset	-	(171)	171 F	-	(815)	815 F	(1,842)
<b>Net Cashflow from Investing</b>	<b>(1,038)</b>	<b>(3,490)</b>	<b>2,452 F</b>	<b>(10,614)</b>	<b>(22,653)</b>	<b>12,039 F</b>	<b>(46,100)</b>
<b>Financing Activities</b>							
Equity Injections	28	7,000	(6,972) U	6,389	13,300	(6,911) U	22,467
<b>New Debt</b>							
Private Sector	-	-	-	-	-	-	-
CHFA	-	-	-	-	-	-	-
<b>Repaid Debt</b>							
Private Sector	(256)	(173)	(83) U	(1,111)	(1,396)	285 F	(2,265)
CHFA	-	-	-	(523)	(300)	(223) U	(600)
<b>Other Non-Current Liability Movement</b>							
Other Equity Movement	-	-	-	-	-	-	-
<b>Net Cashflow from Financing</b>	<b>(228)</b>	<b>6,827</b>	<b>(7,055) U</b>	<b>4,755</b>	<b>11,604</b>	<b>(6,849) U</b>	<b>19,602</b>
<b>Net Cashflow</b>	<b>(4,155)</b>	<b>(4,966)</b>	<b>811 F</b>	<b>(15,686)</b>	<b>(4,362)</b>	<b>(11,324) U</b>	<b>(15,717)</b>
Plus Cash (Opening)	28,241	40,377	(12,136) U	39,772	39,773	(1) U	39,773
Cash (Closing)	<b>24,086</b>	<b>35,411</b>	<b>(11,325) U</b>	<b>24,086</b>	<b>35,411</b>	<b>(11,325) U</b>	<b>24,056</b>
<b>Carry Forward Check</b>							
<b>Closing Cash made up of:</b>							
Petty Cash	15	13	2 F	15	13	2 F	13
Bank (Overdraft)	72	-	72 F	72	-	72 F	-
Short Term Investments	23,999	35,398	(11,399) U	23,999	35,398	(11,399) U	24,043
<b>Total Cashflow Cash (Closing)</b>	<b>24,086</b>	<b>35,411</b>	<b>(11,325) U</b>	<b>24,086</b>	<b>35,411</b>	<b>(11,325) U</b>	<b>24,056</b>

# Southern District Health Board

**Minutes of the Joint Meeting of the Disability Support Advisory Committee and Community & Public Health Advisory Committee held on Thursday, 7 February 2013, commencing at 10.00 am, in the Board Room, Main Block, Wakari Hospital Campus, Dunedin**

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

**In Attendance:** Mr Joe Butterfield Board Chair (from 10.15 am)  
Mr Paul Menzies Deputy Chair (from 11.30 am)  
Mr Robert Mackway-Jones Executive Director Finance & Funding  
Ms Carole Heatly Chief Executive Officer  
Mrs Sharon Adler Portfolio Manager, Health of Older Persons and Disability  
Mrs Thelma Brown Portfolio Manager, Public & Population Health  
Mrs Adele Knowles Portfolio Manager, Primary & Community  
Ms Jeanette Kloosterman Board Secretary

## 1.0 WELCOME

The Chairman welcomed everyone to the meeting.

## 2.0 APOLOGIES

There were no apologies.

## 3.0 MEMBERS' DECLARATION OF INTEREST

*It was resolved:*

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

## 4.0 PREVIOUS MINUTES

*It was resolved:*

**"That the minutes of the joint meeting of the Disability Support Advisory Committee and Community & Public Health Advisory Committee held on 12 December 2012 be approved and adopted as a true and correct record."**

## **5.0 ACTION SHEET**

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

The Executive Director Finance & Funding noted that the first communicable disease trend report had been received and was included in the agenda.

## **6.0 PRIMARY AND COMMUNITY**

Mrs Adele Knowles, Portfolio Manager, presented her report on Primary and Community activity (agenda item 6) and took questions from members.

The Committees requested that a definition of acronyms be included in future reports.

*Mr Joe Butterfield, Board Chairman, joined the meeting at 10.15 am.*

## **7.0 PUBLIC & POPULATION HEALTH**

Mrs Thelma Brown, Portfolio Manager, presented her report on Primary and Community activity (agenda item 7) and took questions from members.

The Chief Executive Officer acknowledged the efforts of staff in achieving outstanding results for B4School checks and the newborn hearing screening programme.

The Committees requested that further information on the Gore Social Sector Trial be submitted to the next meeting.

The Committees considered reports on Public Health South (PHS) activity for November and December 2012 and a report on pertussis (whooping cough).

## **8.0 MENTAL HEALTH AND ADDICTIONS**

The Executive Director Finance & Funding presented the Mental Health and Addiction Portfolio activity report (agenda item 8) and drew members' attention to the presentations by Bruce Kamradt in Cromwell on 21 February and Ken Jue in Dunedin on 25 February 2013.

## **9.0 FINANCIAL REPORT**

The Executive Director Finance & Funding presented the Funder Financial Report for the period ended 31 December 2012 (agenda item 9).

***It was resolved:***

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



## 10.0 GENERAL

### Visit of Director-General of Health

The Chief Executive Officer gave a brief verbal report on the visit of Dr Kevin Woods, Director General of Health, on 5 February 2013.

### CONFIDENTIAL SESSION

**At 11.00 am it was resolved that the public be excluded for the following agenda items:**

<i>General subject:</i>	<i>Reason for passing this resolution:</i>	<i>Grounds for passing the resolution:</i>
1. Previous Minutes	As per reasons set out in previous agenda.	S 34(a), Schedule 4, NZ Public Health and Disability Act 2000 – that the public conduct of this part of the meeting would be likely to result in the disclosure of information for which good reason for withholding exists under sections 9(2)(f)(iv), 9(2)(i) and 9(2)(j) of the Official Information Act 1982, that is, the withholding of the information is necessary to maintain the constitutional conventions for the time being which protect the confidentiality of advice tendered by Ministers of the Crown and officials or 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 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).
3. Annual Plan 2013/14 – Planning Outline	Plan is subject to Ministerial approval.	As above, sections 9(2)(f)(iv) and 9(2)(j).

The meeting closed at 12.15 pm.

Confirmed as a correct record:

Chairman .....

Date .....

## Southern District Health Board

### Minutes of the Hospital Advisory Committee Meeting held on Thursday, 7 February 2013, commencing at 2.00pm in the Board Room, Main Block, 2<sup>nd</sup> Floor, West Wing, Wakari Hospital Campus

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<b>Present:</b>	Mr Paul Menzies Mr Neville Cook Dr Malcolm Macpherson Dr Branko Sijnja Mr Richard Thomson Mr Tim Ward	Chairman
<b>In Attendance:</b>	Mr Joe Butterfield Ms Sandra Cook Mrs Kaye Crowther Ms Mary Flannery Ms Carole Heatly Mrs Lexie O'Shea  Mrs Jane Collins  Mr Grant Paris Ms Stacey Belser Mrs Joanne Fannin	Board Chairman Board member Board member Board member Chief Executive Officer Executive Director of Patient Services/Deputy CEO Acting Executive Director of Nursing and Midwifery Senior Business Analyst Communications Officer via videolink Board Secretary Southland

#### 1.0 WELCOME AND APOLOGIES

The Chairman welcomed everyone to the meeting. Apologies were noted from HAC member, Mr Tahu Potiki and management members Mr Richard Bunton, Mrs Leanne Samuel and Mr David Tulloch.

*It was resolved:*

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

#### 2.0 MEMBERS' DECLARATION OF INTEREST

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

#### 3.0 CONFIRMATION OF PREVIOUS MINUTES

*It was resolved:*

**"That the minutes of the 7 November 2012 Hospital Advisory Committee meeting be approved and adopted as a true and correct record."**

#### 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.

**Monitoring and Financial Reports** – the actions are partially covered by the new reporting format, with some areas continuing as a work in progress.

**EDPS Report – Emergency Department (ED)** – regular updates on the ED Observation Unit in Dunedin will continue via monthly reporting. It was agreed that the action relating to the comparison of ED attendances versus presentations in primary care should be referred to the Community and Public Health Advisory Committee/Disability Support Advisory Committee (CPHAC/DSAC). Reporting was requested on whether there is a change in throughput with visits to General Practitioners (GPs) and, if so, what is driving that.

## **6.0 EXECUTIVE DIRECTOR OF PATIENT SERVICES (EDPS) REPORT**

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

Southern DHB is not actively electing to bring patients back that would previously have been an IDF outflow, but the present staffing mix is more supportive of doing in-house procedures in areas such as Neurosurgery. Planning is based on the best available data and the ninth Theatre coming on stream in April 2013 will assist with throughput. Acute case weight delivery (cwd) is up and the EDPS/DCEO is to provide an update on whether the volume is above as well. The Senior Business Analyst (SBA) is to provide information on IDF actual trends for the previous financial year.

*The Board Chairman, Mr Joe Butterfield and Board member, Ms Mary Flannery joined the meeting at 2.20pm.*

The decision on whether to outsource is reassessed every month and is dependent on whether cwd and discharge targets are met.

It is expected that the Linear Accelerator will meet the needs of the district's population and from time to time Southern DHB will be in a position to support other DHBs.

Significant effort is going in to reach the target for assisting smokers to quit, with smokefree co-ordinators at both base hospitals working out in the rural hospitals. Post discharge calls are being made if a person is missed during their hospital visit.

Although information for skin lesions is being captured in different ways across the district, the Ministry of Health (MoH) is receiving all the information they require and the result is more favourable than recorded in the discharge information.

The EDPS/DCEO report provides commentary on recovery action being undertaken where underperformance is indicated on the Key Performance Indicator (KPI) data report. The red on the KPI sheet can indicate either under or over performance against plan.

ED attendances are in line with other DHBs across Australasia.

Members received the letter from the MoH acknowledging Southern DHB's efforts with B4 School Checks and commended staff on the work being done in this area.

The EDPS/DCEO advised that the new Provider Arm Directorate Leadership Teams are working to address the challenges with Imaging wait times. Advice was received that both a national and South Island radiology working

party have programmes of work underway in this area and an assurance was given that in the interim acute and semi-urgent patients across Southern DHB are being prioritised and receiving their diagnostics in a timely way. New national targets are imminent that will further impact this area and the EDPS/DCEO is to keep members informed of developments.

## **7.0 REVIEW OF HAC TERMS OF REFERENCE (ToR)**

In discussion it was noted that, with the exception of Lakes District Hospital, the rural hospital trusts have their own Board who monitors their individual contract responsibilities and the relationship for that sector is with the Planning and Funding arm of the organisation.

*The CEO joined the meeting at 2.50pm.*

Advice was received regarding the on-going engagement the CEO and EDPS/DCEO have with the General Managers of rural hospitals, involving them in planning workshops for care pathways, early discharge, etc. It was agreed that the performance of the rural hospitals should be monitored by Planning and Funding and reported through the CPHAC/DSAC. The EDPS/DCEO advised that the base and rural hospitals work as one operationally to utilise beds across the whole district when the need arises. The Chair of the CPHAC/DSAC noted the value in understanding the scope and scale of the capacity within rural hospitals and the extent to which they impact on Southern DHB's service delivery.

***It was resolved:***

**"That the Board:**

- **Notes that the Hospital Advisory Committee has reviewed the Terms of Reference, and**
- **Adopt the Terms of Reference for the Hospital Advisory Committee."**

## **8.0 REPORT BY THE ACTING EXECUTIVE DIRECTOR OF NURSING AND MIDWIFERY (EDNM)**

The Trendcare Hospital Efficiency graphs for the year-to-date to December 2012 were received. In response to concerns raised, the EDPS/DCEO advised that more information is required as the monitoring has not been in place long enough to identify the impact of seasonal variations. It was acknowledged that staff are working extremely hard, with the high occupancy rate and the high hours per patient day cited. Care capacity work currently underway will assist in identifying whether the staffing is adequate.

## **9.0 FINANCIAL REPORT**

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

Advice was received that the positive result for Annual Leave Liability is expected to continue with the area being managed by the Executive Director of Human Resources.

*The CEO left the meeting at 3.15pm.*

Feedback is to be provided on where the research accounts should be included in the budget.

Clarification was sought on the Air Ambulance graph contained in the report and the SBA is to provide an update on that. Concern was raised at the level of acceptable variation indicated in the graph. Advice was received that ACC pay direct for Air Ambulance costs.

Concern was raised over the \$250K unfavourable result for telecommunications and the SBA is to provide a report on what is driving the increase.

The Chairman confirmed that the status quo is to remain for future reporting on capital and the SBA confirmed that details are captured for all donated assets and cash.

## 10.0 HUMAN RESOURCES (HR) DASHBOARD

The report was received and taken as read.

## 11.0 MASTER SITE PLANNING – DUNEDIN AND WAKARI HOSPITALS

The report was received and taken as read and members noted that the projects are within budget.

***It was resolved:***

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

## 12.0 CONFIDENTIAL SESSION

***At 3.30pm, it was resolved:***

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

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

<b>General subject:</b>	<b>Reasons for passing this resolution:</b>	<b>Grounds for passing the resolution:</b>
<b>Neurosurgery Microscope</b>	Commercial sensitivity and to allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).
<b>New Zealand Blood Service, Deed of Renewal and Variation of Lease</b>	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 Committee resumed in public session at 4.05pm.

*The meeting closed at 4.05pm.*

Confirmed as a true and correct record:

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

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

## Southern District Health Board

### Minutes of the Iwi Governance Committee Meeting held on Thursday, 7 February 2013, commencing at 12.00pm in Meeting Room 2, 2nd Floor, Main Block, West Wing, Wakari Hospital Campus

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<b>Present:</b>	Mrs Eleanor Murphy Mr Taare Bradshaw Ms Sandra Cook Mrs Kaye Crowther Ms Kingi Dirks Mr Peter Ellison Mr Paul Menzies Ms Odele Stehlin Mrs Ann Wakefield	Ōtākou Rūnaka – Chair Hokonui Rūnaka Board Member, Southern DHB Board Member, Southern DHB Moeraki Rūnaka Puketeraki Rūnaka Deputy Chairman, Southern DHB Waihōpai Rūnaka Ōraka Aparima Rūnaka
<b>In Attendance:</b>	Ms Carole Heatly Mr Donovan Clarke Ms Pania Coote Mrs Joanne Fannin	Chief Executive Officer Kaiwhakahaere Hauora Māori District Manager Māori Health 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 and Mr Tahu Potiki, Board member, Southern DHB. Apologies for lateness were received from Board members, Ms Sandra Cook and Mr Paul Menzies. An apology for early departure was received from the CEO, Ms Carole Heatly. 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. No changes were advised.

#### 3.0 CONFIRMATION OF PREVIOUS MINUTES

*It was resolved:*

**"That the minutes of the 12 December 2012 Iwi Governance Committee meeting be approved and adopted as a true and correct record."**

#### 4.0 MATTERS ARISING

The Chair advised of the change in date for the signing of the Principles of Relationship (PoR) with Southern PHO and this is now to take place at Hokonui Marae.

#### 5.0 ACTION SHEET

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

- **Action No. 83 – Long Term Strategic Plan** – confirmation was received that the Long Term Strategic Plan will be discussed at the wānanga to be held on 6 March 2013. Participants at the wānanga were confirmed as the Management Advisory Group Māori Health (MAGMH), Iwi Governance Committee (IGC) and the CEO, Southern PHO. The Executive Director of Māori Health/Kaiwhakahaere Hauora Māori (KHM) advised that a draft copy of the document would be circulated prior to the wānanga.
- **Action No. 104 – General, Māori Health Targets and Outcomes** – advice was received on progress being made following the recent stocktake. Contracts need to reflect the deliverables required within the Māori Health Plan (MHP). A copy of a report prepared by the Portfolio Manager Population and Public Health (PMPPH) for the Community and Public Health Advisory Committee/Disability Support Advisory Committee (CPHAC/DSAC) was tabled for members' information (*appendix 1*). Ms Sandra Cook advised the need for Māori Health to be reflected in all relevant reports to Board and a request was made for the reports to be adapted for presentation to both the CPHAC/DSAC and IGC meetings. The reports should detail impacts, actions and outcomes for relevant areas within Māori Health.

## 6.0 UPDATE BY CHIEF EXECUTIVE OFFICER

The CEO's report was received and the CEO provided an update with the following key points noted:

- The word 'Otago' is to be replaced with 'Southern' throughout the Tikaka Best Practice policies and the policies are to be circulated to the Senior Leadership Team (SLT) to raise awareness and ensure the Chief Medical Officer (CMO) and clinical leaders have input. Members requested that Mr Tahu Potiki and Mr Taare Bradshaw read and provide feedback on the use of the kaitahu dialect in the policies. Ms Sandra Cook advised the need to be mindful of the cost implications of some of the policies and how that could be managed.
- An update was provided on the Minister's Health targets with pleasing progress in the areas of shorter wait times in Emergency Departments (ED) and waiting times for Cancer Treatment. Immunisation rates are the best in the country and work continues with Southern PHO and General Practitioners to improve access to after hours care for under six year olds.
- Advice was received on the change to the Pharmacy contracts, work being done by Health Benefits Ltd (HBL) and the changes in the Health of the Older Person (HOP) area.
- The CEO referred to the Minister's Letter of Expectation and advised on management's commitment to ensure that the promises made to the community are delivered on. Advice was received on the on-going challenges with the budget.
- An update was provided on the recent visits by the Minister of Health and the Director-General of Health.
- Discussion was held on recruitment and the CEO advised on her vision for the future for Southern DHB.

*The CEO left the meeting at 1.10pm.*

## 7.0 ACTION SHEET Cont.

- **Action No. 106 – Draft Annual Plan (AP)** – the 2013/14 draft AP should be available by the end of March 2013.
- **Action No. 119 – Māori Health Plan (MHP)** – discussion was held on the concept of one MHP across the SDHB and SPHO. Discussion was held on the



SPHO proposal to reduce their number of Advisory Groups and the planned model for the future.

- **Action No. 123 – IGC Workshop** – a further IGC workshop is to be planned in 2013 as the workshop in March 2013 is to focus on the Long Term Strategic Plan.

## **8.0 UPDATE BY THE KAIWHAKAHAERE HAUORA MĀORI (KHM)**

The KHM's report was received and the KHM provided an update on a number of areas within the report. He spoke to the key areas identified in the report and noted the update from Ms Donna Cormack on Data Ethnicity Audit Tool Review (*appendix 2*).

A meeting with the leadership team for the Women's and Children's Directorate has been set up and similar meetings are being finalised with the remaining four directorates to discuss how best to use the MHP as a means of implementation and measurement and identify the priorities that align within each directorate.

An update will be provided by the Portfolio Manager, Population and Public Health (PMPPH) on the Māori Provider contract review. Further discussions are to be held with the Māori Providers.

The District Manager Māori Health (DMMH), Ms Pania Coote, advised on the review process for the Māori Mental Health Services. The provision of service delivery is being standardised across the district.

An update was provided on the visit by the Director-General of Health, Mr Kevin Woods with the Director-General indicating a return visit to look at Whānau Ora across the district.

An update was provided by the DMMH on progress with the health priorities contained within the MHP. A full dashboard is to be provided for the meeting in May 2013.

## **9.0 REPORTING UPDATE**

The DMMH advised that she has received the guidelines for the 2013/14 MHP and she advised on the following changes to the priorities:

- Diabetes has been removed.
- Workforce has been replaced by Rheumatic Fever. Members noted that this was a problem confined to the North Island.
- Child health has replaced maternal health – title change only.
- The regional priorities have been removed.

It was agreed that smokefree environments be removed as a local priority and diabetes replace that.

## **10.0 POLICIES**

Two additional Tikaka Best Practice Policies were tabled for information (*appendix 3*) and the DMMH advised on the process used for the updating of the policies. Advice was received that the policy relating to linen had been established with cost savings achieved at the time and the DMMH advised similar procedures were in place across all DHBs nationally. A request was made for a process to be put in place to ensure regular updating of the policies for endorsement through the IGC. Members are to e-mail any feedback on the

policies to the DMMH. A request was made for the Ngai Tahu Research Ethical Group in Dunedin to be used as a reference group.

## 11.0 GENERAL

**Retirement of Kaumatua, Karaka Roberts** - the KHM reminded members of the Poroporoaki to be held for Mr Roberts on 23 February 2013.

**Meeting Schedule** – advice was received on the schedule with no meetings from October 2013 to February 2014. The BSS is to re-look at the schedule and send out options for members' consideration.

## 12.0 CONCLUSION

The meeting concluded with a closing karakia.

*The meeting closed at 1.55pm.*

Confirmed as a true and correct record:

Chair: \_\_\_\_\_

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

## SOUTHERN DISTRICT HEALTH BOARD

*The Audit & Risk Committee will be considering the following request at its meeting on 7 March 2013 and will make a recommendation to Board.*

<b>Title:</b>	<b>Power of Attorney (3)</b>	
<b>Report to:</b>	Risk and Audit Committee	
<b>Date of Meeting:</b>	7 March 2013	
<b>Summary:</b>		
The issues considered in this paper are:		
<ul style="list-style-type: none"> <li>▪ Section 127(2) of the Crown Entities Act 2004 requires the Board (by 2 of its members) to execute any deed i.e deeds cannot be signed in any other manner. The Act allows for an alternative – being that a deed may be signed on behalf of the Board by an attorney appointed under a Power of Attorney.</li> <li>▪ To enable the signing of deeds at convenience, it is proposed 3 powers of attorney be created. The attorneys to be created are Carole Heatly, Lexie O’Shea and Robert Mackway-Jones.</li> <li>▪ A register should be established where documents are signed by power of attorney.</li> </ul>		
<b>Specific implications for consideration</b> (financial/workforce/risk/legal etc):		
<b>Financial:</b>	N/A	
<b>Workforce:</b>	N/A	
<b>Other:</b>	The creation of additional signing authorities creates greater convenience and reduces signing burden on Board. However, a register should be established where documents are signed by power of attorney as a means of tracking. In addition, a certificate of non-revocation would need to accompany any document signed under power of attorney. Corporate Solicitor can maintain POA register, certificates of non-revocation and certified copies of POAs.	
<b>Document previously submitted to:</b>	N/A	<b>Date:</b>
<b>Approved by Chief Executive Officer:</b>	Pending	<b>Date:</b> dd/mm/yy
<b>Prepared by:</b> Melanie Naulls, Corporate Solicitor <b>Date:</b> 18 February 2013		<b>Presented by:</b> N/A
<b>RECOMMENDATION:</b>		
<b>That the Board approve execution by Board of Powers of Attorney (3).</b>		

**FUNDING ADMINISTRATION**  
**CONTRACTS REGISTER (EXPENSES) - FEBRUARY 2013**

PROVIDER NAME	DESCRIPTION OF SERVICES	SIGNED BY	CONTRACT/VARIATION END DATE
Calvary Hospital Southland Ltd t.a Calvary Hospital Service Schedule	Exceptional Circumstances Palliative Care for a Named Individual.	Peter Hay	10.03.13
Presbyterian Support Southland t.a Vickery Court Service Schedule	Exceptional Circumstances Palliative Care for a Named Individual.	Peter Hay	17.03.13
Presbyterian Support Southland t.a Peacehaven Service Schedule	Exceptional Circumstances Palliative Care for a Named Individual.	Peter Hay	09.11.12
Southern Primary Health Organisation Variation to Agreement	Workforce Development	Peter Hay	31.10.13
Gwynn Holdings Limited t.a Rata Park Rest Home Variation to Agreement	Long Term Support - Chronic Health Conditions	Peter Hay	20.12.13
Ryman Healthcare Ltd t.a Yvette Williams Service Schedule	Exceptional Circumstances Palliative Care for a Named Individual.	Peter Hay	05.01.13
Presbyterian Support Otago Incorporated Variation to Agreement	Long Term Support - Chronic Health Conditions	Peter Hay	19.12.13
Healthcare of New Zealand Limited Variation to Agreement	Home Based Support Services - Personal Health	Peter Hay	03.06.13
Radius Residential Care Ltd t.a Radius Fulton Home Service Schedule	Exceptional Circumstances Palliative Care for a Named Individual.	Peter Hay	12.03.13
Ryman Healthcare Ltd t.a Jackson Hospital Service Schedule	Exceptional Circumstances Palliative Care for a Named Individual.	Peter Hay	16.01.13
Ryman Healthcare Ltd t.a Yvette Williams Service Schedule	Exceptional Circumstances Palliative Care for a Named Individual.	Peter Hay	18.03.13

**FUNDING ADMINISTRATION**  
**CONTRACTS REGISTER (EXPENSES) - FEBRUARY 2013**

Presbyterian Support Otago Incorporated t.a Iona Hospital Service Schedule	Exceptional Circumstances Palliative Care for a Named Individual.	Peter Hay	29.03.13
Ryman Healthcare Ltd t.a Jackson Hospital Service Schedule	Exceptional Circumstances Palliative Care for a Named Individual.	Peter Hay	26.03.13
Presbyterian Support Southland t.a Vickery Court Service Schedule	Exceptional Circumstances Palliative Care for a Named Individual.	Peter Hay	07.04.13
Samana Rest Homes Limited t.a Samana Rest Home Variation to Agreement	Individual Agreement for a Named Individual	Peter Hay	09.08.13
Oxford Court Lifecare Limited t.a Oxford Court Agreement	Long Term Support - Chronic Health Conditions	Peter Hay	11.01.14
Ryman Healthcare Ltd t.a Anthony Wilding Service Schedule	Exceptional Circumstances Palliative Care for a Named Individual.	Peter Hay	14.04.13
Mossbrea Healthcare Limited t.a Mossbrae Home & Hospital Variation to Agreement	Exceptional Circumstances Palliative Care for a Named Individual.	Peter Hay	10.01.13
Student Health Otago Polytechnic Variation to Agreement	Dunedin After Hours (Over Night) Primary Care	Peter Hay	31.12.13
Radius Residential Care Limited t.a Radius Fulton Care Centre Service Schedule	Exceptional Circumstances Palliative Care for a Named Individual.	Peter Hay	15.04.13
Presbyterian Support Southland t.a Resthaven Service Schedule	Exceptional Circumstances Palliative Care for a Named Individual.	Peter Hay	09.04.13
Mossbrea Healthcare Limited t.a Mossbrae Home & Hospital Variation to Agreement	Exceptional Circumstances Palliative Care for a Named Individual.	Peter Hay	15.01.13
Ryman Healthcare Limited t.a Yvette Williams Agreement	Long Term Support - Chronic Health Conditions	Peter Hay	30.01.14

**FUNDING ADMINISTRATION  
CONTRACTS REGISTER (EXPENSES) - FEBRUARY 2013**

Alzheimer's Disease & Related Disorders Society Otago Incorporated t.a Alzheimer's Society Otago Variation to Agreement	Dementia Carer Support	Peter Hay	31.08.13
Presbyterian Support Southland t.a Vickery Court Service Schedule	Exceptional Circumstances Palliative Care for a Named Individual.	Peter Hay	27.04.13
Ryman Healthcare Limited t.a Rowena Jackson Ltd Service Schedule	Exceptional Circumstances Palliative Care for a Named Individual.	Peter Hay	24.04.13
Ryman Healthcare Limited t.a Rowena Jackson Ltd Service Schedule	Exceptional Circumstances Palliative Care for a Named Individual.	Peter Hay	22.04.13
Ryman Healthcare Limited t.a Yvette Williams Service Schedule	Exceptional Circumstances Palliative Care for a Named Individual.	Peter Hay	25.12.12
Presbyterian Support Otago t.a Elmslie House Service Schedule	Exceptional Circumstances Palliative Care for a Named Individual.	Peter Hay	23.04.13
Ryman Healthcare Limited t.a Yvette Williams Service Schedule	Exceptional Circumstances Palliative Care for a Named Individual.	Peter Hay	17.04.13
Seniorcare Asset Management Ltd t.a Rendell on Reed Service Schedule	Exceptional Circumstances Palliative Care for a Named Individual.	Peter Hay	23.04.13
Seniorcare Asset Management Ltd t.a Rendell on Reed Service Schedule	Exceptional Circumstances Palliative Care for a Named Individual.	Peter Hay	29.04.13

**TOTAL AMOUNT FOR THE MONTH: \$538,556.40**