



BOARD MEETING

AGENDA

Thursday, 11 April 2013

9.30 am

**Conference Room 1, Copthorne Hotel
corner Frankton Road and Adelaide Street
Queenstown**



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SOUTHERN DISTRICT HEALTH BOARD MEETING

**Thursday, 11 April 2013, 9.30 am
Conference Room 1, Copthorne Hotel, Queenstown**

A G E N D A

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Confidential Session:

RESOLUTION:

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

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

General subject:	Reasons for passing this resolution:	Grounds for passing the resolution:
Previous Public Excluded Board Minutes	As per reasons set out in previous agenda	S 32(a), Schedule 3, NZ Public Health and Disability Act 2000 – that the public conduct of this part of the meeting would be likely to result in the disclosure of information for which good reason for withholding exists under sections 9(2)(a), 9(2)(f), 9(2)(i), 9(2)(j) of the Official Information Act 1982, that is withholding the information is necessary to: protect the privacy of natural persons; maintain the constitutional conventions which protect the confidentiality of advice tendered by Ministers of the Crown and officials; to enable a Minister of the Crown or any Department or organisation holding the information to carry on, without prejudice or disadvantage, commercial activities and negotiations.
Review of Public Excluded Action Sheet	Personal privacy and to allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(i), 9(2)(j), and 9(2)(a).
Annual Plan 2013/14	Plan is subject to Ministerial approval	As above, sections 9(2)(f)(iv) and 9(2)(j).
Queenstown Service & Facility Planning	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).
HBL Update	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).
Public Excluded Advisory Committee Reports a) Hospital Advisory Committee <ul style="list-style-type: none"> ▪ 6 March 2013 ▪ 10 April 2013 ▪ Service & Repair Agreement for Autolog Machines ▪ Upgrade of Operating Theatre Steris Machines b) Audit & Risk Committee <ul style="list-style-type: none"> ▪ 7 March 2013 	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).

<i>General subject:</i>	<i>Reasons for passing this resolution:</i>	<i>Grounds for passing the resolution:</i>
Contract Approvals <ul style="list-style-type: none"> ▪ Planning & Funding ▪ Wakari Subdivision 	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).
Risk Report	To allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).
Legal Issues	To allow activities to be carried on without prejudice or disadvantage	As above, section 9(2)(j).
Sentinel Events	Personal privacy and to allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(a) and 9(2)(j).
Organisational Change <ul style="list-style-type: none"> ▪ Verbal Update 	To allow activities to be carried on without prejudice or disadvantage	As above, section 9(2)(j).

SOUTHERN DISTRICT HEALTH BOARD

INTERESTS REGISTER

Board Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB
Joe BUTTERFIELD (Chairman)	25.03.2013 06.12.2010	1. Chairman, South Island Neurosurgical Board Son-in-law: 2. Partner, Polson Higgs, Chartered Accountants. 3. Trustee, Corstorphine Baptist Community Trust	1. 2. Does some accounting work for Southern PHO. 3. Has a mental health contract with Southern DHB.
Paul MENZIES (Deputy Chairman)	10.02.2010 10.02.2010 06.10.2011 02.08.2012	1. Wife a member on the Southland Child Youth Mortality Review Group. 2. Wife a member on the Child and Youth Health Advisory Committee. 3. Trustee, Southern PHO. 4. Wife a trustee of Number 10, Youth One Stop Shop, Invercargill.	1. Nil. 2. Nil. 3. Appointed as a trustee by Southern DHB. PHO is contracted to the DHB. 4. Possible conflict with funding requests.
Neville COOK	04.03.2008 04.03.2008 04.03.2008 26.03.2008	1. Board Member, Invercargill Licensing Trust. 2. Board Member, Invercargill Licensing Trust Foundation. 3. Councillor, Environment Southland. 4. Trustee, Norman Jones Foundation.	1. Possible conflict with funding requests. 2. Possible conflict with funding requests. 3. Nil. 4. Possible conflict with funding requests.
Sandra Cook	01.09.2011	1. Te Runanga o Ngāi Tahu	1. Holds a "right of first refusal" over certain Crown properties. Also seen as a Treaty partner and affiliates may hold contracts from Southern DHB from time to time.
Kaye CROWTHER	09.11.2007 14.08.2008 14.08.2008 12.02.2009 05.09.2012 01.03.2012	1. Employee of WHK South. 2. Trustee of Plunket Foundation. 3. Trustee of Wakatipu Plunket Charitable Trust. 4. Corresponding member for health and family affairs, National Council of Women. 5. Trustee for No 10 Youth Health Centre, Invercargill. 6. DHB representative on the Gore Social Sector Trial	1. Possible conflict if DHB contracts HR services from JCL and Progressive Consulting, which are subsidiaries of WHK. 2. Nil. 3. Nil. 4. Nil.
Mary FLANNERY	17.11.2010 10.11.2011	1. Trustee, Rural Otago Primary Health Organisation 2. Associate Solicitor, Bodkins/AWS Legal, Alexandra. 3. Partner, Tayside Farm Partnership. 4. Director, New Zealand Irrigation Board.	1. Was contracted to Southern DHB – contracts assigned to Southern PHO (will be wound up) 2. Nil 3. Nil 4. Nil

Board Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB
James Malcolm MACPHERSON	28.06.2005 09.03.2011 25.11.2010 25.11.2010 25.11.2010 28.08.2007 09.03.2011 09.03.2011 09.03.2011 13.12.2001 22.04.2003	1. Member Otago Polytechnic Council. 2. Contractor and Tutor, Otago Polytechnic. 3. Member Central Lakes Trust. 4. Member Roxburgh Gorge Trail Charitable Trust. 5. Part owner, Alexandra Medical Centre. 6. Co-Principal, Brilliant New Zealand Ltd. 7. Chairman, Jolendale Charitable Trust. 8. Shareholder, Medco Properties Ltd 9. Director, Centennial Health Ltd Spouse - Susan Elizabeth Macpherson: 10. GP Principal, Centennial Health Ltd, Alexandra. 11. Branch Medical Advisor, ACC, Alexandra.	1. (OP has training interests in common with the DHB, no) 2. (personal interest. 3. CLT is a community funder in its region, which includes Dunstan and Lakes District Hospitals, plus a wide range of community and primary services and service providers, and is a possible future funder. 4. Nil. 5. The AMC is tenanted by all of Alexandra's GPs and a pharmacy, and is also occasionally used by related service providers, including midwives and the University of Otago Medical School. A range of potential conflicts. 6. BNZL is a consultancy which may have an involvement with health sector organisations. 7. Nil. 8. MPL will be responsible for the tenancy of all of Alexandra's current GPs and a pharmacy and may also house other related service providers, including midwives and the University of Otago Medical School. A range of potential conflicts, real and theoretical. 9. & 10. Board discussions relating to primary health providers or primary referred services may involve conflicts of interest. Declare where appropriate and withdraw where prudent. 11. ACC is a major customer of the DHB. Remote possibility of an influence, no personal interest.
Tahu POTIKI	15.12.2007 03.04.2008 24.11.2009 03.06.2010	1. Director, Arataki Associates. 2. Representative to Te Runanga o Ngai Tahu. 3. Trustee of Ngai Tahu Charitable Trust. 4. Board Member, Relationship Services NZ. 5. Board Member, Environmental Science and Research	1. Contracted to Southern DHB, funded provider in the past ie Araiteuru Whare Hauora Ltd. 2. & 3. Treaty Partner - affiliated providers may contract to Southern DHB. Te Runanga o Ngai Tahu has right of first refusal on disposal of property. 4. No apparent conflict. 5. CRI involved in public health research.
Branko SIJNJA	07.02.2008 04.02.2009 22.06.2010 07.06.2012	1. Director, Clutha Community Health Company Limited. 2. 0.8 FTE Director Rural Medical Immersion Programme, University of Otago School of Medicine. 3. 0.2 FTE Employee, Clutha Health First General Practice 4. Director of Southern Community Laboratories	1. Operates publicly funded secondary health services under contract to Southern DHB. 2. Possible conflicts between Southern DHB and University interests. 3. Employed as a part-time GP.

Board Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB
Richard John THOMSON	13.12.2001 23.09.2003 29.03.2010 06.04.2011	<ol style="list-style-type: none"> 1. Managing Director, Thomson & Cessford Ltd. 2. Director, Susanna Shaya Imports Ltd 3. Chairperson and Trustee, Hawksbury Community Living Trust. 4. Trustee, HealthCare Otago Charitable Trust. 5. Director, Composite Retail Group. 6. Councillor, Dunedin City Council. 	<ol style="list-style-type: none"> 1. Thomson & Cessford Ltd is the company name for the Acquisitions Retail Chain. Southern DHB staff occasionally purchase goods for their departments from it. 2. Susanna Shaya Imports is a homeware importing company. It has no dealings with Southern DHB. 3. Hawksbury Trust runs residential homes for intellectually disabled adults in Otago and Canterbury. It does not have contracts with Southern DHB. 4. Health Care Otago Charitable Trust regularly receives grant applications from staff and departments of Southern DHB, as well as other community organisations. 5. May have some stores that deal with Southern DHB.
Tim WARD	14.09.2009 01.05.2010 01.05.2010 10.12.2012	<ol style="list-style-type: none"> 1. Partner, BDO Invercargill, Chartered Accountants. 2. Trustee, Verdon College Board of Trustees. 3. Council Member, Southern Institute of Technology (SIT). 4. Director of Southern Community Laboratories Otago-Southland 	<ol style="list-style-type: none"> 1. May have some Southern DHB patients and staff as clients. 2. Verdon is a participant in the employment incubator programme. 3. Supply of goods and services between Southern DHB and SIT.

SOUTHERN DISTRICT HEALTH BOARD

INTERESTS REGISTER FOR THE EXECUTIVE MANAGEMENT TEAM

As at 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"> 1. Managing Director of Rockburn Wines Ltd. 2. Director of Mainland Cardiothoracic Associates Ltd. 3. Director of the Southern Cardiothoracic Institute Ltd. 4. Director of Wholehearted Ltd. 5. Chairman, Board of Cardiothoracic Surgery, RACS. 6. Trustee, Dunedin Heart Unit Trust. 7. Chairman, Dunedin Basic Medical Sciences Trust. 	<ol style="list-style-type: none"> 1. The only potential conflict would be if the Southern DHB decided to use this product for Southern DHB functions. 2. This company holds the Southern DHB contract for publicly funded Cardiac Surgery. Potential conflict exists in the renegotiation of this contract. 3. This company provides private cardiological services to Otago and Southland. A potential conflict would exist if the Southern DHB were to contract with this company. 4. This company is one used for personal trading and apart from issues raised in '2' no conflict exists. 5. No conflict. 6. No conflict. 7. No conflict.
Donovan Clarke	02.02.2011 18.12.2012	<ol style="list-style-type: none"> 1. Te Waipounamu Delegate, Te Piringa, National Maori Disability Advisory Group. 2. Director, Great Western Steakhouse, New Lynn, Auckland. 3. The Child and Youth Health Compass Steering Group. 	<ol style="list-style-type: none"> 1. Nil. 2. Nil. 3. Nil.
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

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

Present:	Mr Joe Butterfield	Chair
	Mr Paul Menzies	Deputy Chair
	Mr Neville Cook	
	Ms Sandra Cook	
	Mrs Kaye Crowther	
	Mrs Mary Flannery	
	Dr Malcolm Macpherson	
	Mr Tahu Potiki	
	Dr Branko Sijnja	
	Mr Richard Thomson	(by videoconference)
	Mr Tim Ward	
In Attendance:	Mr Stuart McLauchlan	Crown Monitor (by videoconference)
	Ms Carole Heatly	Chief Executive Officer
	Mrs Lexie O'Shea	Deputy Chief Executive Officer/Executive Director Patient Services
	Mr Robert Mackway-Jones	Executive Director Finance & Funding
	Mr David Tulloch	Chief Medical Officer
	Mr Steve Addison	Executive Director Communications
	Ms Jeanette Kloosterman	Board Secretary (by videoconference)
	Ms Cherie Wells	General Manager Corporate Services (by videoconference)

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

The Chair informed the Board that his family trust held 6,000 Ryman shares but advised that this was not significant enough to create a conflict.

It was resolved:

"That the Interests Register be received."

4.0 CONFIRMATION OF PREVIOUS MINUTES

It was resolved:

"That the minutes of the 8 February 2012 Board meeting be approved and adopted as a true and correct record."

5.0 MATTERS ARISING

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

6.0 ACTION SHEET

The Board reviewed the action sheet (agenda item 6).

7.0 CHIEF EXECUTIVE OFFICER'S REPORT

The Chief Executive Officer's monthly report (agenda item 7) was taken as read and the CEO took questions from members.

The Executive Director Finance & Funding reported that the Home & Community Support Services stakeholder meetings had been well attended and positively received.

It was resolved:

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

8.0 FINANCIAL REPORT

The Executive Director Finance & Funding presented the Financial Report for the period ended 31 January 2013 (agenda item 8) and answered members' questions on the financial statements.

It was resolved:

"That the Financial Report be received."

9.0 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 7 February 2013 were circulated with the agenda (item 9).

It was resolved:

"That the minutes be received."

Hospital Advisory Committee

The minutes of the Hospital Advisory Committee (HAC) meeting held on 7 February 2013 were circulated with the agenda (item 10).

It was resolved:

"That the minutes be received."

Mr Menzies, HAC Chair, gave a verbal report on the meeting held on 6 March 2013.

It was resolved:

"That the verbal report be received."

Iwi Governance Committee

The minutes of the Iwi Governance Committee (IGC) meeting held on 7 February 2013 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 planning workshop held on 6 March 2013.

It was resolved:

"That the verbal report be received."

Audit and Risk Committee

Powers of Attorney

Mr Ward, Chair of the Audit and Risk Committee (ARC), reported that the ARC had met earlier that morning and recommended that powers of attorney be granted to the Chief Executive Officer, Deputy Chief Executive Officer and Executive Director Finance & Funding to sign deeds on behalf of the Board.

It was noted that all deeds would still go through the normal approval process as per the Delegations of Authority Policy, two people with power of attorney would be required to sign any deed, and that the Corporate Solicitor would be keeping a register of documents signed under power of attorney.

It was resolved:

"That Carole Heatly, Chief Executive Officer, Lexie O'Shea, Deputy Chief Executive Officer, and Robert Mackway-Jones, Executive Director Finance & Funding, be granted Powers of Attorney, within their delegated authority, to execute documents on behalf of the Southern District Health Board."

10.0 CONTRACTS REGISTER

The Funding contracts register (expenses) for February 2013 was circulated with the agenda (item 13) for members' information.

It was resolved:

“That the contracts register be received.”

PUBLIC EXCLUDED SESSION

At 11.30 am, it was resolved:

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

General subject:	Reasons for passing this resolution:	Grounds for passing the resolution:
Previous Public Excluded Board Minutes	As per reasons set out in previous agenda	S 32(a), Schedule 3, NZ Public Health and Disability Act 2000 – that the public conduct of this part of the meeting would be likely to result in the disclosure of information for which good reason for withholding exists under sections 9(2)(a), 9(2)(f), 9(2)(i), 9(2)(j) of the Official Information Act 1982, that is withholding the information is necessary to: protect the privacy of natural persons; maintain the constitutional conventions which protect the confidentiality of advice tendered by Ministers of the Crown and officials; to enable a Minister of the Crown or any Department or organisation holding the information to carry on, without prejudice or disadvantage, commercial activities and negotiations.
Review of Public Excluded Action Sheet	Personal privacy and to allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(i), 9(2)(j), and 9(2)(a).
Annual Plan 2013/14	Plan is subject to Ministerial approval	As above, sections 9(2)(f)(iv) and 9(2)(j)
Public Excluded Advisory Committee Reports a) Disability Support Advisory Committee and Community & Public Health Advisory Committee ▪ 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).
Risk Report	To allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).

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

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 28 March 2013

Action Point No.	SUBJECT	ACTION REQUIRED	BY	STATUS	EXPECTED COMPLETION DATE
044-2011/02	Smokefree Environment Amendment Bill (Minute item 9.0)	A draft policy statement on smokefree environments to be developed and submitted to CPHAC to provide direction to future service provision in this area.	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	Primary Care Report on After Hours Services (Minute item 10.0)	PHO to provide a two-monthly progress report to DSAC/CPHAC.	EDFF		May 2013

SOUTHERN DISTRICT HEALTH BOARD

Title:	CHIEF EXECUTIVE OFFICER'S REPORT		
Report to:	Board		
Date of Meeting:	11 April 2013		
Summary:			
The issues considered in this paper are:			
<ul style="list-style-type: none"> ▪ Monthly DHB activity. 			
Specific implications for consideration (financial/workforce/risk/legal etc):			
Financial:	No specific implications.		
Workforce:	No specific implications.		
Other:	No specific implications.		
Document previously submitted to:	Not applicable, report submitted directly to Board. Detailed Provider Arm information contained in HAC agenda papers and Planning & Funding information in DSAC/CPHAC agenda papers.		Date: n/a
Approved by Chief Executive Officer:			Date: 28/03/2013
Prepared by:		Presented by:	
Executive Director Finance and Funding Executive Director Patient Services		Carole Heatly Chief Executive Officer	
Date: 28/03/2013			
RECOMMENDATION:			
<ol style="list-style-type: none"> 1. That the Board receive the report. 			

CHIEF EXECUTIVE OFFICER'S REPORT

1. DHB FINANCIAL PERFORMANCE

The year to date deficit of \$8m (as at 28 February) is unfavourable to budget by \$1.1m. A detailed analysis of the financial situation is contained in the Financial Report.

2. PROVIDER ARM

Contract Performance

- Elective **caseweights** delivered (cwd) by Southern DHB Provider Arm were 97 behind plan in February 2013 (8%). Year to date elective caseweights are 155 above plan (2%).
- Acute **caseweights** delivered (cwd) by the Southern DHB Provider Arm were 142 under plan in February 2013 (6%). Year to date acute caseweights are 2,463 over plan (12%).

Financial Performance

- A favourable variance of \$255k was recorded by the Southern DHB Provider Arm for the month of February 2013. The year to date result is unfavourable by \$211k.
- Revenue for February 2013 was favourable by \$245k. Expenses for February 2013 were favourable against plan by \$10k.

3. PLANNING AND FUNDING

Annual Plan 2013/14

The draft 2013/14 Annual Plan has been submitted, along with the financial model, to the National Health Board. Feedback is expected in April, with the final plan to be approved by the Board and Minister prior to the end of June.

Health of Older Persons – Home and Community Support Proposal

Implementation of the new service model is continuing. Dates for the transfer of clients and staff have been agreed by the providers, with these occurring during April and May.

Mental Health and Addictions

A workshop has been held with the Implementation Advisory Group to prioritise the Strategic Plan service development areas. The finding of this work will be presented to the May DSAC/CPHAC meeting.

4. EXECUTIVE DIRECTOR FINANCE

I am pleased to welcome Peter Beirne to the role of Executive Director Finance, effective 3 April 2013. Peter has held roles at an executive level in the Health and Human Services sector for 14 years and has over 20 years experience in senior executive roles. These include Director Acute Care and Chief Operations Officer for Northern Territory Department of Health and Families, General Manager Corporate Services/Chief Financial Officer, Whanganui District Health Board, and Chief Financial Officer, MidCentral Health Limited/MidCentral District Health Board.

Carole Heatly
Chief Executive Officer

27 March 2013

SOUTHERN DHB FINANCIAL REPORT

Financial Report as at: **28 February 2013**
 Report Prepared by: **Robert Mackway-Jones, Exec Director Finance & Funding**
 Date: **26 March 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
71,057	70,877	180	Revenue	566,121	565,942	179	849,207
(25,526)	(24,793)	(733)	Less Personnel Costs	(212,313)	(211,376)	(937)	(322,736)
(42,892)	(43,821)	929	Less Other Costs	(361,843)	(361,525)	(318)	(537,453)
2,639	2,263	376	Net Surplus / (Deficit)	(8,035)	(6,959)	(1,076)	(10,982)

- The February YTD result is a deficit of \$8m which is unfavourable to budget by \$1.1m
- February's result was favourable to budget; driven by lower provider-arm clinical supplies costs and favourable movement in the projected IDF inflow wash-up position
- February's result was \$0.4m better than the February forecast, however salary related costs were worse which has some potential ongoing variance. Based on further review, the potential forecast remains at a deficit of \$13.7m although with a slightly worse provider projection (\$6.7m) and improved funder projection (\$6m deficit) with Governance projected at a \$1m deficit. As noted last month 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
(92)	(52)	(40)	Governance	(661)	(591)	(70)	(939)
728	566	162	Funder	(3,726)	(2,931)	(795)	(5,372)
2,003	1,749	254	Provider	(3,648)	(3,437)	(211)	(4,671)
2,639	2,263	376	Net Surplus / (Deficit)	(8,035)	(6,959)	(1,076)	(10,982)

- The YTD Funds result is unfavourable by \$0.8m with a negative variance with areas of unfavourable variance including IDF outflows, home support costs, laboratory costs, community pharmaceutical expenditure and patient travel & accommodation expenditure

- The Provider result is \$0.2m unfavourable with clinical supply costs and nursing salaries contributing to 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
- \$0.9m of lower clinical and IT depreciation charges
- \$0.3m of impact from research account revenues and expenditures
- \$0.3m of lower primary care expenditure (SIA/HP funds)
- (\$0.2m) of unfavourable palliative care expenditure
- (\$0.3m) of unfavourable IS Microsoft licensing costs
- (\$0.3m) of unfavourable patient travel and accommodation expenses
- (\$0.4m) of unfavourable laboratory testing costs
- (\$0.4m) of unfavourable community pharmaceuticals expenditure
- (\$0.4m) of (net) nursing salary cost variation
- (\$0.5m) of unfavourable Inter District Out-Flow patient expenditure provisioning
- (\$0.5m) of unfavourable implants & prosthesis expenditure
- (\$1.0m) of unfavourable home support cost from increased clients with personal care needs

Capital Expenditure

Of the \$37m baseline capital budget, at the end of February \$18.6m has been committed leaving availability of a further \$18.4m.

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 \$19.7m at the end of February compared to a budgeted parameter of \$38m. Timing differences of approximately \$18m exist due to elective services revenues (\$11m) and equity injections (\$7m). The revised cash position for year-end is \$22m compared to the budget of \$24m which is mainly due to GST revenue / payments items.

Detail Section

This section is presented from an overall DHB results perspective.

Revenue

YTD, there is a \$0.2m favourable revenue variance, however there are a number of underlying overs and unders shown as follows:

Item	\$'m	Expense Line Offset (Y/N/Partial)
Other income including research funding	0.5	Y, Provider-arm, various
Public Health screening service funding	0.3	P, Provider-arm, various
ACC revenue	0.2	P, Provider-arm, various
PHO Performance funding	(0.6)	Y, Personal Health PHO Other
Non-Resident revenue	(0.2)	P, Provider-arm, various
<u>All other revenue variances</u>	<u>0.0</u>	
Total Revenue Variation	0.2	

IDF inflow revenues improved significantly in February. At the end of January we had an unfavourable wash-up provision of \$0.2m booked which was less than what the data table showed.

This was because of data reporting delays to the national system which are being corrected. As a result of this correction; IDF inflow provisions are \$0.3m favourable. This \$0.5m movement accounted for most of the February forecast variation. The total variance at February is nil because of a \$0.3m contract adjustments for diabetes test strips which has an equivalent cost reduction in the community pharmaceutical line.

Personnel Expenses

FTE Category	Mar-12	Jun-12	Sep-12	Dec-12	Jan-13	Feb-13	YTD Actual	YTD Budget	Variance
Medical Personnel	481	464	480	487	484	488	480	478	(2)
Nursing Personnel	1,583	1,573	1,577	1,574	1,568	1,604	1,579	1,572	(7)
Allied Health Personnel	685	692	687	687	676	690	687	697	10
Support Personnel	192	186	186	194	195	197	189	197	8
Management/Administration Personnel	694	696	691	693	688	690	691	693	2
Total Full Time Equivalents (FTE's)	3,635	3,611	3,621	3,635	3,611	3,669	3,627	3,637	10

Medical

YTD, the combined favourable variance to budget is \$0.1m (and now the forecast) position. Any ongoing increased FTE is offset by reduced outsourced expenditure.

The YTD salary variance itself is \$1.5m unfavourable with a number of underlying YTD variances:

- \$0.9m of variation due to base FTE being 6 YTD (mainly SMO) under budget
- (\$0.7m) of higher allowance payments (mainly SMO)
- (\$1.0m) of additional overtime payments (9 FTE equivalent and mainly RMO)
- (\$0.3m) of annual leave variation

Nursing

Nursing salary costs were \$0.2m higher than forecast in February. This was driven by FTE increases including the NETP program with variation to roster patterns as per the program requirements. This has not changed for many years and is funded in part by HWNZ and should have been factored into the forecast / budget. Leave variations also impacted on the result.

YTD salary costs are now \$0.6m over budget (1%) comprising of:

- (\$0.5m) of overtime payment variance (5 FTE)
- (\$0.1m) of allowance payment variation
- (\$0.7m) of unfavourable annual leave variation (most of this is leave accrual values rather than leave taken amounts)
- \$0.6m of below budget indirect salary costs (mainly course conference / training)
- \$0.1m of favourable rate variation (salary scale / staff mix)

Please note that \$0.2m of the overrun is due to research nurses which is offset by revenue.

Allied

Allied FTE were 3 above forecast levels in February but the original forecast has under stated the likely ongoing FTE levels. The initial March payroll extract shows FTE continuing at 690 and on this assumption, the original forecast is at risk by around \$0.4m.

The February salary number was about \$150k higher than forecast but aligned to budget. Leave variance accounted for this difference.

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

- \$0.6m of below budget base FTE (13 YTD mainly in mental health)
- \$0.7m of lower costs due to staffing mix
- (\$0.1m) of allowance payment variation
- (\$0.1m) of long service leave payments
- \$0.3m of below budget indirect salary costs (mainly professional fees, course conference)
- (\$0.4m) of additional overtime payments (3.8 FTE YTD)

Support

The favourable YTD variance is offset by outsourcing costs. On a monthly basis the unfavourable variance was driven by additional overtime and allowance payments.

Management/Admin

The actual February result was better than forecast by \$0.1 and this is attributable to the forecast assuming a booking of restructuring costs. We did not do this in February and the budget had \$0.1m allowed (part of a phased approach with the bulk of the total \$2m budget phased in June). YTD costs are \$0.2m below budget with FTE also below budget.

Leave Liability

YTD, there is a \$1.2m 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 \$0.4m of impact where leave taken is less than budgeted (mainly SMO group). YTD, leave taken was budgeted at \$17.7m with \$18.1m of actual leave being taken.

The balance sheet liability (\$24.2m at February excluding joint clinical staff) has reduced by \$0.6m since June. However \$1.8m of this is from leave paid out on termination of employment meaning there has been residual growth of \$1.2m from current employees with the variances described above. Another key measure is the February 2012 to February 2013 comparative in hours; this has increased by 33,000 hours or 6.4%.

\$'s	Closing June	Closing July	Closing August	Closing September	Closing October	Closing November	Closing December	Closing January	Closing February	Movement Jan13 - Feb13
1. Medical SMO	6,146,587	6,255,388	6,561,731	6,564,858	6,747,594	6,961,944	6,986,420	6,514,497	6,453,603	60,894
1. Medical MOSS	434,338	275,969	231,153	237,250	182,877	232,704	209,566	174,614	169,925	4,688
1. Medical RMO	1,421,132	1,449,571	1,475,369	1,579,329	1,492,982	1,419,508	1,117,051	1,117,005	1,131,679	(14,674)
1. Medical House Office	242,021	228,466	260,546	278,625	293,754	200,945	214,992	228,591	232,852	(4,261)
2. Nursing	9,408,222	9,406,336	9,647,589	9,650,175	9,599,213	9,699,756	9,624,154	9,166,456	9,343,375	(176,919)
3. Allied	3,197,066	3,232,734	3,317,723	3,370,795	3,435,354	3,529,795	3,544,355	3,013,747	3,013,177	569
4. Support	806,041	813,190	832,712	840,473	856,943	874,324	868,850	818,917	813,302	5,615
5. Management Admin	3,192,776	3,246,613	3,361,845	3,406,316	3,526,457	3,553,429	3,634,485	3,048,044	3,086,627	(38,583)
Totals	24,848,183	24,908,269	25,688,668	25,927,821	26,135,174	26,472,405	26,199,873	24,081,870	24,244,539	(162,670)
Hours	Closing June	Closing July	Closing August	Closing September	Closing October	Closing November	Closing December	Closing January	Closing February	Movement Jan13 - Feb13
1. Medical SMO	46,727	47,503	49,241	50,390.66	51,553.00	53,093.34	53,337.54	49,509.31	48,677.44	832
1. Medical MOSS	4,140	2,695	2,260	2,380.43	2,305.00	2,271.97	1,996.49	1,677.91	1,585.97	92
1. Medical RMO	23,125	23,598	24,175	24,362.50	23,934.00	22,883.82	18,162.56	18,176.48	18,254.94	(78)
1. Medical House Office	5,435	5,109	5,639	5,953.90	6,191.00	4,305.14	4,542.64	4,856.06	4,960.38	(104)
2. Nursing	271,949	271,876	277,738	277,525	275,139	276,862	273,852	260,464	265,361	(4,897)
3. Allied	96,882	97,565	100,027	101,484	103,153	105,662	105,629	88,032	87,977	55
4. Support	34,964	35,292	35,800	36,045	36,428	36,997	36,958	35,133	34,897	236
5. Management Admin	110,766	111,255	113,255	115,434	117,456	119,848	122,957	104,430	105,843	(1,413)
Totals	593,988	594,894	608,135	613,575	616,159	621,923	617,435	562,279	567,556	(5,277)
Movement Hrs	16,297	906	13,241	5,440	2,584	5,764	-4,488	-55,156	5,277	

Outsourced Services Expenses

Outsourced costs are \$0.4m under budget year to date.

\$1.4m of this due to favourable outsourced medical costs which are offset by salary costs.

Unfavourable variances in outsourced allied outsourcing (\$0.2m) are offset by favourable salary variances. Overruns in outsourced support staff (\$0.2m) are only partially offset as the Food service continue to resource above budget due a number of staff on long term ACC sick leave.

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

February's spend in clinical supplies restores its relationship with caseweight volumes delivered by the Provider Arm. Last month the clinical supplies spend increased even though caseweights had decreased due to a number of reasons such as

- Patient mix and
- Unusual ordering patterns within a number of cost groupings

February's movement in costs once again reflected the movement in caseweights.

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

- \$0.4m for hip 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 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 \$0.4m over budget YTD. The main components of this spend have then been split out to isolate the areas that are driving this increasing. Points of note are;

- Data network fees were \$25k favourable in February due to the correction of some incorrect billing that had occurred. Although still \$207k overspent ytd, we expect this account to be closer to budget in the remaining months of this financial year.
- Local and toll charges continue to be favourable both monthly and ytd.
- Repairs and Maintenance costs are \$20k over budget for the month reflecting the ytd trend (\$130k unfavourable ytd).
- Mobile phone charges were \$48k over budget in February due to a correction of a credit note issue that effectively doubled the month's charges. This will not be a continuing variance.

IT costs were also unfavourable in the month by \$105k, due to a \$300k catch-up of Microsoft licencing costs. This is largely offset (although unrelated) by a favourable depreciation variance.

Transport costs are \$33k unfavourable for the month however still \$0.2m over budget YTD. This variance is due to higher than budgeted expenditure on

- lease costs
- taxis and
- domestic travel.

Personal Health Payments (Not including Provider-arm)

Larger unfavourable variances relate to community pharmaceuticals (\$0.4m), palliative care costs (\$0.2m), laboratory costs (\$0.4m), patient travel (\$0.3m) and IDF outflows (\$0.5m).

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.

The community pharmaceutical line has an underlying unfavourable variance of \$0.7m based on Pharmac forecasts. There is a \$0.3m reduction of diabetes test strip expenditure which has an IDF inflow revenue offset.

Of the IDF outflow variance, the bulk of unfavourable cost is with acute events in Paediatric Oncology and Paediatric Neurology. We expect these permanent differences to remain for the year with no significant offsets likely. That said; the latest data set to January improved by \$0.1m compared to the six-month period data set.

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. The favourable variance in the Child & Youth line has some expenditure offsets in other areas but some variance due to the Prime Minister's youth initiative not having commenced yet.

Disability Support (Not including Provider-arm)

Overall disability support expenditure is \$0.9m over budget. \$1m of this 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.

Overall aged residential care costs are within budget, although hospital level care bed utilisation is higher than planned.

Financial Statements

The following financial statements are attached:

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

Southern District Health Board

Feb-13

Part 4: DHB Consolidated	Current Month				Year to Date				Annual
	Actual	Budget	Variance	Variance	Actual	Budget	Variance	Variance	Budget
	\$(000)	\$(000)	\$(000)	%	\$(000)	\$(000)	\$(000)	%	\$(000)
Part 4.1: Statement of Financial Performance									
REVENUE									
Ministry of Health									
MoH - Vote Health Non Mental Health	55,371	55,374	(3) U		442,880	442,993	(113) U		664,490
MoH - Vote Health Mental Health	6,992	6,992			55,936	55,936			83,905
PBF Adjustments	-	-			-	-			-
MoH Funding Subcontracts	2,654	3,141	(487) U	(15%)	24,447	25,127	(680) U	(3%)	37,690
MoH - Personal Health	5	-	5 F		92	-	92 F		-
MoH - Mental Health	-	-			-	-			-
MoH - Public Health	10	11		(3%)	84	87	(3) U	(3%)	130
MoH - Disability Support Services	728	739	(11) U	(1%)	5,941	5,910	32 F	1%	8,864
MoH - Maori Health	-	-			-	-			-
Clinical Training Agency	806	543	264 F	49%	4,383	4,340	43 F	1%	6,510
Internal - DHB Funder to DHB Provider	-	-		(69%)	-	-			-
Ministry of Health Total	66,567	66,799	(232) U		533,765	534,393	(628) U		801,589
Other Government									
IDF's - Mental Health Services	145	145			1,164	1,164			1,746
IDF's - All others (non Mental health)	2,009	1,511	498 F	33%	12,082	12,086	(4) U		18,129
Other DHB's	34	25	9 F	36%	222	200	23 F	11%	299
Training Fees and Subsidies	3	20	(18) U	(87%)	147	161	(14) U	(9%)	242
Accident Insurance	758	676	81 F	12%	5,948	5,760	187 F	3%	8,754
Other Government	435	417	18 F	4%	3,676	3,336	340 F	10%	5,004
Other Government Total	3,384	2,795	589 F	21%	23,238	22,707	531 F	2%	34,174
Government and Crown Agency Total	69,950	69,594	357 F	1%	557,003	557,100	(97) U		835,763
Other Revenue									
Patient / Consumer Sourced	311	452	(141) U	(31%)	1,922	2,201	(278) U	(13%)	3,414
Other Income	796	832	(36) U	(4%)	7,196	6,641	555 F	8%	10,030
Other Revenue Total	1,107	1,283	(177) U	(14%)	9,118	8,842	277 F	3%	13,444
REVENUE TOTAL	71,057	70,877	180 F		566,121	565,942	180 F		849,207
EXPENSES									
Personnel Expenses									
Medical Personnel	(8,257)	(7,795)	(462) U	(6%)	(67,505)	(66,009)	(1,496) U	(2%)	(99,761)
Nursing Personnel	(9,441)	(9,174)	(267) U	(3%)	(79,118)	(78,478)	(640) U	(1%)	(120,114)
Allied Health Personnel	(3,799)	(3,712)	(87) U	(2%)	(31,252)	(32,175)	923 F	3%	(48,635)
Support Services Personnel	(743)	(735)	(8) U	(1%)	(6,247)	(6,313)	65 F	1%	(9,590)
Management / Admin Personnel	(3,287)	(3,377)	91 F	3%	(28,191)	(28,402)	211 F	1%	(44,636)
Personnel Costs Total	(25,526)	(24,793)	(733) U	(3%)	(212,313)	(211,376)	(937) U		(322,736)
Outsourced Expenses									
Medical Personnel	(428)	(699)	270 F	39%	(4,762)	(6,133)	1,371 F	22%	(9,207)
Nursing Personnel	(2)	(3)	1 F	37%	(31)	(27)	(4) U	(16%)	(40)
Allied Health Personnel	(46)	(24)	(21) U	(88%)	(403)	(193)	(210) U	(109%)	(290)
Support Personnel	(34)	(23)	(11) U	(46%)	(416)	(179)	(236) U	(132%)	(273)
Management / Administration Personnel	(48)	(1)	(46) U		(56)	(11)	(45) U	(417%)	(16)
Outsourced Clinical Services	(582)	(394)	(188) U	(48%)	(4,564)	(4,263)	(301) U	(7%)	(5,892)
Outsourced Corporate / Governance Services	(126)	(120)	(6) U	(5%)	(1,011)	(987)	(23) U	(2%)	(1,514)
Outsourced Funder Services	(115)	(84)	(31) U	(36%)	(934)	(747)	(188) U	(25%)	(1,116)
Outsourced Services Total	(1,380)	(1,349)	(31) U	(2%)	(12,177)	(12,541)	364 F	3%	(18,349)
Clinical Supplies									
Treatment Disposables	(2,236)	(2,293)	57 F	2%	(19,881)	(19,670)	(211) U	(1%)	(29,763)
Diagnostic Supplies & Other Clinical Supplies	(129)	(150)	20 F	13%	(1,191)	(1,246)	56 F	4%	(1,867)
Instruments & Equipment	(1,167)	(1,391)	224 F	16%	(10,440)	(10,724)	284 F	3%	(12,420)
Patient Appliances	(101)	(163)	62 F	38%	(1,413)	(1,332)	(81) U	(6%)	(2,021)
Implants & Prosthesis	(710)	(855)	145 F	17%	(7,047)	(6,567)	(481) U	(7%)	(10,033)
Pharmaceuticals	(1,358)	(1,478)	121 F	8%	(12,158)	(12,396)	238 F	2%	(18,531)
Other Clinical Supplies	(148)	(257)	110 F	43%	(2,135)	(2,148)	14 F	1%	(3,216)
Clinical Supplies Total	(5,849)	(6,587)	738 F	11%	(54,264)	(54,083)	(181) U		(77,852)
Infrastructure & Non Clinical Expenses									
Hotel Services, Laundry & Cleaning	(1,035)	(1,080)	45 F	4%	(8,577)	(8,626)	49 F	1%	(12,959)
Facilities	(1,582)	(1,794)	212 F	12%	(14,193)	(14,606)	413 F	3%	(22,190)
Transport	(341)	(303)	(38) U	(12%)	(2,883)	(2,690)	(193) U	(7%)	(4,027)
IT Systems & Telecommunications	(1,204)	(928)	(276) U	(30%)	(7,329)	(7,181)	(148) U	(2%)	(8,659)
Interest & Financing Charges	(1,227)	(1,282)	55 F	4%	(10,140)	(10,294)	155 F	2%	(15,491)
Professional Fees & Expenses	(153)	(158)	5 F	3%	(1,467)	(1,350)	(118) U	(9%)	(1,984)
Other Operating Expenses	(370)	(355)	(14) U	(4%)	(2,975)	(3,166)	191 F	6%	(4,312)
Democracy	(36)	(42)	5 F	13%	(318)	(335)	17 F	5%	(502)
Subsidiaries & Joint Ventures	-	-			-	-			-
Infrastructure & Non-Clinical Supplies Total	(5,947)	(5,942)	(4) U		(47,882)	(48,248)	366 F	1%	(70,125)

Southern District Health Board

Feb-13

Part 4: DHB Consolidated	Current Month				Year to Date				Annual
	Actual	Budget	Variance	Variance	Actual	Budget	Variance	Variance	Budget
	\$(000)	\$(000)	\$(000)	%	\$(000)	\$(000)	\$(000)	%	\$(000)
Payments to Providers									
Personal Health									
Child and Youth	(31)	(69)	39 F	56%	(239)	(554)	314 F	57%	(831)
Laboratory	(2,606)	(2,563)	(43) U	(2%)	(20,956)	(20,524)	(432) U	(2%)	(30,783)
Infertility Treatment Services	-	(10)	10 F		-	(78)	78 F		(118)
Maternity	(220)	(221)	1 F	1%	(1,782)	(1,758)	(24) U	(1%)	(2,642)
Maternity (Tertiary & Secondary)	(6)	(14)	8 F	59%	(24)	(108)	84 F	78%	(163)
Pregnancy and Parenting Education	(6)	(10)	3 F	36%	(63)	(77)	14 F	18%	(115)
Maternity Payment Schedule	-	-			-	-			-
Neo Natal	-	-			-	-			-
Sexual Health	-	-			-	-			-
Adolescent Dental Benefit	(103)	(167)	65 F	39%	(1,283)	(1,336)	53 F	4%	(2,231)
Other Dental Services	-	-			-	-			-
Dental - Low Income Adult	(60)	(68)	7 F	11%	(586)	(543)	(43) U	(8%)	(815)
Child (School) Dental Services	(8)	(49)	41 F	83%	(338)	(394)	56 F	14%	(591)
Secondary / Tertiary Dental	(139)	(139)			(1,109)	(1,109)			(1,663)
Pharmaceuticals	(5,605)	(5,358)	(247) U	(5%)	(49,140)	(48,758)	(382) U	(1%)	(72,806)
Pharmaceutical Cancer Treatment Drugs	-	-			-	-			-
Pharmacy Services	(20)	(31)	12 F	37%	(240)	(251)	11 F	4%	(377)
Management Referred Services	-	-			-	-			-
General Medical Subsidy	(178)	(120)	(58) U	(49%)	(1,146)	(956)	(190) U	(20%)	(1,434)
Primary Practice Services - Capitated	(3,373)	(3,365)	(7) U		(26,904)	(26,921)	17 F		(40,382)
Primary Health Care Strategy - Care	(245)	(255)	11 F	4%	(1,940)	(2,043)	103 F	5%	(3,065)
Primary Health Care Strategy - Health	(481)	(277)	(204) U	(74%)	(1,917)	(2,212)	295 F	13%	(3,319)
Primary Health Care Strategy - Other	(209)	(287)	78 F	27%	(1,683)	(2,294)	611 F	27%	(3,442)
Practice Nurse Subsidy	(12)	(16)	4 F	26%	(109)	(129)	20 F	15%	(194)
Rural Support for Primary Health Pro	(1,282)	(1,284)	2 F		(10,255)	(10,272)	17 F		(15,408)
Immunisation	(56)	(66)	10 F	16%	(447)	(538)	90 F	17%	(1,995)
Radiology	(151)	(176)	25 F	14%	(1,205)	(1,405)	200 F	14%	(2,107)
Palliative Care	(440)	(478)	39 F	8%	(4,062)	(3,828)	(234) U	(6%)	(5,742)
Meals on Wheels	(19)	(19)			(150)	(155)	5 F	3%	(232)
Domiciliary & District Nursing	(412)	(417)	6 F	1%	(3,440)	(3,337)	(103) U	(3%)	(5,005)
Community based Allied Health	(165)	(165)			(1,317)	(1,319)	2 F		(1,979)
Chronic Disease Management and Educa	(79)	(83)	4 F	5%	(663)	(660)	(3) U		(990)
Medical Inpatients	-	-			-	-			-
Medical Outpatients	(368)	(368)			(2,944)	(2,940)	(3) U		(4,410)
Surgical Inpatients	(54)	(36)	(18) U	(49%)	(388)	(287)	(101) U	(35%)	(431)
Surgical Outpatients	(138)	(152)	14 F	9%	(1,109)	(1,216)	107 F	9%	(1,824)
Paediatric Inpatients	-	-			-	-			-
Paediatric Outpatients	-	-			-	-			-
Pacific Peoples' Health	(4)	(4)			(34)	(30)	(4) U	(12%)	(45)
Emergency Services	(158)	(163)	5 F	3%	(1,262)	(1,306)	44 F	3%	(1,959)
Minor Personal Health Expenditure	(25)	(82)	56 F	69%	(438)	(652)	214 F	33%	(978)
Price adjusters and Premium	(102)	(83)	(19) U	23%	(826)	(663)	(163) U	25%	(995)
Travel & Accommodation	(320)	(329)	9 F	3%	(3,321)	(2,987)	(333) U	(11%)	(4,339)
Inter District Flow Personal Health	(1,990)	(2,155)	165 F	8%	(17,724)	(17,239)	(485) U	(3%)	(25,859)
Personal Health Total	(19,062)	(19,077)	16 F		(159,048)	(158,883)	(165) U		(239,268)
Mental Health									
Mental Health to allocate	-	-			-	-			-
Acute Mental Health Inpatients	-	-			-	-			-
Sub-Acute & Long Term Mental Health	-	-			-	-			-
Crisis Respite	(5)	(2)	(3) U	(125%)	(37)	(16)	(20) U	(124%)	(25)
Alcohol & Other Drugs - General	(52)	(83)	31 F	37%	(626)	(666)	40 F	6%	(999)
Alcohol & Other Drugs - Child & Youth	(39)	(39)			(314)	(314)			(471)
Methadone	-	-			-	-			-
Dual Diagnosis - Alcohol & Other Drugs	26	(7)	33 F	477%	(13)	(56)	43 F	77%	(84)
Dual Diagnosis - MH/ID	-	-			-	-			-
Eating Disorder	(14)	(14)			(111)	(112)			(168)
Maternal Mental Health	(4)	(4)			(37)	(29)	(7) U	(25%)	(44)
Child & Youth Mental Health Services	(208)	(317)	109 F	34%	(2,351)	(2,532)	182 F	7%	(3,799)
Forensic Services	-	-			-	-			-
Kaupapa Maori Mental Health Services	(6)	(6)		2%	(49)	(50)	1 F	2%	(75)
Kaupapa Maori Mental Health - Residential	-	-			-	-			-
Kaupapa Maori Mental Health - Inpati	-	-			-	-			-
Mental Health Community Services	(109)	(106)	(4) U	(4%)	(893)	(845)	(48) U	(6%)	(1,267)
Prison/Court Liaison	-	-			-	-			-
Mental Health Workforce Development	-	(1)	1 F		-	(5)	5 F		(7)
Day Activity & Work Rehabilitation S	(133)	(123)	(10) U	(8%)	(1,088)	(1,059)	(28) U	(3%)	(1,552)
Mental Health Funded Services for Older People	-	-			-	-			-
Advocacy / Peer Support - Consumer	(24)	(23)		(2%)	(206)	(187)	(19) U	(10%)	(281)
Other Home Based Residential Support	(363)	(317)	(46) U	(15%)	(2,510)	(2,535)	25 F	1%	(3,803)
Advocacy / Peer Support - Families	(54)	(50)	(4) U	(8%)	(469)	(401)	(68) U	(17%)	(600)
Community Residential Beds & Service	(502)	(424)	(79) U	(19%)	(3,193)	(3,289)	96 F	3%	(4,983)
Minor Mental Health Expenditure	(38)	(34)	(4) U	(11%)	(276)	(272)	(3) U	(1%)	(409)
Inter District Flow Mental Health	(431)	(431)			(3,450)	(3,450)			(5,174)
Mental Health Total	(1,956)	(1,980)	24 F	1%	(15,623)	(15,820)	197 F	1%	(23,741)

Southern District Health Board

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Part 4: DHB Consolidated	Current Month				Year to Date				Annual
	Actual	Budget	Variance	Variance	Actual	Budget	Variance	Variance	Budget
	\$(000)	\$(000)	\$(000)	%	\$(000)	\$(000)	\$(000)	%	\$(000)
Public Health									
Alcohol & Drug	-	-	-	-	-	-	-	-	-
Communicable Diseases	-	-	-	-	-	-	-	-	-
Injury Prevention	-	-	-	-	-	-	-	-	-
Mental Health	-	-	-	-	-	-	-	-	-
Screening Programmes	-	-	-	-	-	-	-	-	-
Nutrition and Physical Activity	(23)	(23)	-	-	(182)	(181)	-	-	(272)
Physical Environment	-	-	-	-	-	-	-	-	-
Public Health Infrastructure	-	-	-	-	-	-	-	-	-
Sexual Health	(1)	(1)	-	(1%)	(6)	(6)	-	(1%)	(9)
Social Environments	-	-	-	-	-	-	-	-	-
Tobacco Control	(10)	(12)	3 F	21%	(117)	(100)	(17) U	(18%)	(150)
Well Child Promotion	-	-	-	-	-	-	-	-	-
Meningococcal	-	-	-	-	-	-	-	-	-
Public Health Total	(33)	(36)	3 F	7%	(305)	(287)	(18) U	(6%)	(431)
Disability Support Services									
AT & R (Assessment, Treatment and Re	(294)	(294)	-	-	(2,356)	(2,355)	(1) U	-	(3,532)
Information and Advisory	(1)	(1)	-	-	(4)	(4)	-	1%	(6)
Needs Assessment	(25)	(21)	(4) U	(17%)	(187)	(172)	(15) U	(9%)	(257)
Service Co-ordination	-	-	-	-	10	-	10 F	-	-
Home Support	(1,307)	(1,106)	(201) U	(18%)	(9,646)	(8,674)	(972) U	(11%)	(12,978)
Carer Support	(111)	(143)	32 F	22%	(1,057)	(1,146)	89 F	8%	(1,719)
Residential Care: Rest Homes	(2,641)	(2,954)	314 F	11%	(23,826)	(24,097)	272 F	1%	(36,213)
Residential Care: Loans Adjustment	11	22	(11) U	(51%)	131	178	(47) U	(26%)	266
Long Term Chronic Conditions	(94)	(83)	(11) U	(13%)	(755)	(666)	(89) U	(13%)	(1,000)
Residential Care: Hospitals	(3,289)	(3,393)	104 F	3%	(28,012)	(27,813)	(199) U	(1%)	(41,840)
Ageing in Place	-	-	-	-	-	-	-	-	-
Environmental Support Services	(101)	(100)	(1) U	(1%)	(803)	(799)	(4) U	-	(1,199)
Day Programmes	(19)	(24)	6 F	24%	(203)	(214)	12 F	6%	(312)
Expenditure to Attend Treatment ETAT	-	-	-	-	-	-	-	-	-
Minor Disability Support Expenditure	-	(8)	8 F	-	-	(67)	67 F	-	(100)
Respite Care	(187)	(84)	(104) U	(124%)	(784)	(669)	(115) U	(17%)	(1,003)
Community Health Services & Support	(171)	(206)	35 F	17%	(1,486)	(1,549)	64 F	4%	(2,374)
Inter District Flow Disability Support	(309)	(321)	12 F	4%	(2,539)	(2,567)	28 F	1%	(3,851)
Disability Support Other	-	-	-	-	-	-	-	-	-
Disability Support Services Total	(8,537)	(8,718)	181 F	2%	(71,515)	(70,616)	(900) U	(1%)	(106,119)
Maori Health									
Maori Service Development	(22)	(22)	-	-	(176)	(176)	-	-	(265)
Maori Provider Assistance Infrastruc	-	-	-	-	-	-	-	-	-
Maori Workforce Development	-	-	-	-	-	-	-	-	-
Minor Maori Health Expenditure	-	-	-	-	-	-	-	-	-
Whanau Ora Services	(105)	(109)	3 F	3%	(852)	(870)	19 F	2%	(1,305)
Maori Health Total	(127)	(131)	3 F	3%	(1,028)	(1,047)	19 F	2%	(1,570)
Internal Allocations	-	-	-	-	-	-	-	-	-
Total Expenses	(68,418)	(68,615)	197 F		(574,155)	(572,901)	(1,255) U		(860,189)
Net Surplus/ (Deficit)	2,640	2,263	377 F	17%	(8,034)	(6,959)	(1,075) U	(15%)	(10,982)
<i>Zero Check</i>	-	-	-	-	-	-	-	-	-
Part 4.1 A: Supplementary Information to Statement of Financial Performance									
Depreciation - Clinical Equipment	(614)	(775)	161 F	21%	(5,064)	(5,577)	512 F	9%	(4,847)
Depreciation - Non Residential Buildings & Plant	(629)	(650)	21 F	3%	(5,020)	(5,125)	105 F	2%	(7,736)
Depreciation - Motor Vehicles	(10)	(6)	(4) U	(66%)	(78)	(50)	(28) U	(56%)	(75)
Depreciation - Information Technology	(313)	(361)	48 F	13%	(2,211)	(2,637)	426 F	16%	(1,843)
Depreciation - Other Equipment	(51)	(45)	(7) U	(15%)	(381)	(358)	(23) U	(7%)	(537)
Total Depreciation	(1,618)	(1,837)	220 F	12%	(12,754)	(13,746)	992 F	7%	(15,038)
Interest Cost from Funder Loans	-	-	-	-	-	-	-	-	-
Interest Costs from CHFA	(390)	(392)	2 F	1%	(3,389)	(3,393)	4 F	-	(5,036)
Financing Component of Operating Leases	(33)	(21)	(12) U	(57%)	(158)	(180)	22 F	12%	(260)
Capital Charge	(789)	(840)	52 F	6%	(6,447)	(6,497)	49 F	1%	(9,858)

Southern District Health Board

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Part 4: DHB Consolidated	Current Month Actual \$ (000)	Previous Month Actual \$ (000)	Movement \$ (000)	Current Budget \$ (000)	Current Year Opening Balance Sheet \$ (000)	Annual Budget \$ (000)
Part 4.2: Balance Sheet						
Current Assets						
Petty Cash	15	15	-	13	13	13
Bank	125	72	53	-	9,706	-
Short Term Investments - HBL	19,535	23,999	(4,464)	37,908	-	24,043
Short Term Investments	-	-	-	-	30,053	-
Prepayments	2,717	2,481	236	1,493	1,493	1,493
Accounts Receivable	9,436	5,745	3,691	8,349	6,196	8,591
Provision for Doubtful Debts	(1,699)	(1,695)	(5)	(1,695)	(1,695)	(1,695)
Accrued Debtors	18,157	19,791	(1,634)	15,540	15,540	15,540
Inventory / Stock	4,409	4,435	(25)	4,265	4,265	4,265
Current Assets Total	52,695	54,844	(2,149)	65,874	65,571	52,251
Non Current Assets						
Land, Buildings & Plant	247,526	244,187	3,338	253,191	240,152	259,181
Clinical Equipment (incl Finance Leases)	103,822	103,812	10	116,360	105,105	126,173
Other Equipment (incl Finance Leases)	15,292	14,032	1,260	13,236	12,904	13,401
Information Technology	35,455	33,661	1,794	34,759	32,108	38,897
Motor Vehicles	1,074	1,074	-	702	692	707
Provision Depreciation - Buildings & Plant	(21,920)	(21,292)	(629)	(22,025)	(16,900)	(24,636)
Provision Depreciation - Clinical Equipment	(76,134)	(76,164)	31	(82,548)	(76,971)	(81,818)
Provision Depreciation - Other Equipment	(11,632)	(11,581)	(51)	(11,712)	(11,354)	(11,891)
Provision Depreciation - Information Technology	(26,356)	(26,078)	(278)	(27,052)	(24,415)	(26,258)
Provision Depreciation - Motor Vehicles	(347)	(337)	(10)	(319)	(269)	(344)
WIP	18,047	19,205	(1,158)	17,500	20,869	17,500
Investment in Associates	278	278	-	328	278	328
Long Term Investments	1,015	-	1,015	1,015	-	1,842
Non Current Assets Total	286,119	280,797	5,322	293,435	282,198	313,082
Current Liabilities						
Accounts Payable Control	(5,393)	(4,717)	(676)	(4,911)	(5,053)	(4,905)
Accrued Creditors	(25,458)	(26,242)	784	(27,420)	(32,124)	(28,299)
Income Received in Advance	(2,220)	(2,683)	463	(1,614)	(1,614)	(1,614)
Capital Charge Payable	(1,577)	(789)	(789)	(1,628)	-	(4,990)
GST & Tax Provisions	(4,417)	(4,555)	138	(9,328)	(6,842)	(7,938)
Term Loans - Finance Leases (current portion)	(1,122)	(972)	(150)	(1,408)	(1,408)	(1,408)
Term Loans - Crown (current portion)	(17,884)	(17,963)	79	(27,595)	(28,045)	(27,445)
Payroll Accrual & Clearing Accounts	(11,223)	(12,211)	988	(19,028)	(11,671)	(17,583)
Employee Entitlement Provisions	(43,098)	(42,711)	(387)	(44,035)	(44,036)	(44,034)
Current Liabilities Total	(112,391)	(112,843)	451	(136,967)	(130,793)	(138,216)
WORKING CAPITAL	(59,696)	(57,999)	(1,698)	(71,093)	(65,222)	(85,966)
NET FUNDS EMPLOYED	226,422	222,798	3,625	222,342	216,976	227,116
Non Current Liabilities						
Long Service Leave - Non Current Portion	(3,376)	(3,376)	-	(3,376)	(3,376)	(3,376)
Retirement Gratuities - Non Current Portion	(11,540)	(11,545)	4	(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)	(3,115)	(2,041)	(1,074)	(694)	(1,669)	(324)
Term Loans - Crown (non current portion)	(84,393)	(84,408)	15	(74,732)	(74,732)	(74,732)
Custodial Funds	-	-	-	-	-	-
Non Current Liabilities Total	(103,656)	(102,602)	(1,054)	(91,521)	(92,496)	(91,151)
Crown Equity						
Crown Equity	(154,552)	(154,552)	-	(154,552)	(154,552)	(154,552)
Crown Equity Injection	(6,389)	(6,389)	-	(13,300)	-	(23,174)
Crown Equity Repayments	-	-	-	-	-	707
Trust and Special Funds (no restricted use)	(4,930)	(5,196)	266	-	(4,850)	-
Revaluation Reserve	(85,362)	(85,362)	-	(85,362)	(85,362)	(85,362)
Retained Earnings - DHB Governance & Funding	2,423	2,331	92	2,354	1,762	2,702
Retained Earnings - DHB Provider	93,490	95,690	(2,200)	88,280	89,693	89,514
Retained Earnings - Funds	32,553	33,282	(728)	31,759	28,828	34,200
Crown Equity Total	(122,766)	(120,196)	(2,570)	(130,821)	(124,481)	(135,965)
NET FUNDS EMPLOYED	(226,422)	(222,798)	(3,625)	(222,342)	(216,976)	(227,116)
Zero Check	-	-	-	-	-	-
Part 4.3: Statement of Movement in Equity						
Total equity at beginning of the period	(120,196)	(120,763)	-	(124,480)	(124,481)	(124,481)
Net Results for Period	(2,640)	595	-	6,959	-	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	70	-	-	-	-	-
Total Equity at end of the period	(122,766)	(120,196)	(2,570)	(130,821)	(124,481)	(135,965)

Board Cash Flow - Southern

Feb-13

Part 4: DHB Consolidated	Current Month			Year to Date			Annual
	Actual	Budget	Variance	Actual	Budget	Variance	Budget
	\$(000)	\$(000)	\$(000)	\$(000)	\$(000)	\$(000)	\$(000)
Part 4.4 Statement of Cashflows							
Operating Revenue							
Government and Crown Agency Revenue	67,436	69,403	(1,967) U	551,756	555,368	(3,612) U	833,648
Other Revenue Received	961	912	49 F	7,509	7,163	346 F	11,205
Total Receipts	68,397	70,315	(1,918) U	559,265	562,531	(3,266) U	844,853
Payments for Personnel	(26,131)	(24,423)	(1,708) U	(213,645)	(204,019)	(9,626) U	(316,823)
Payments for Supplies	(10,125)	(9,722)	(403) U	(90,833)	(91,381)	548 F	(136,543)
Interest Paid	(33)	(21)	(12) U	(2,872)	(2,703)	(169) U	(5,112)
Capital Charge Paid	-	-	-	(4,870)	(7,128)	2,258 F	(7,128)
GST (Net) & Tax	(138)	872	(1,010) U	(2,426)	3,363	(5,789) U	2,672
Payment to own DHB Provider (Eliminated)	-	-	-	-	-	-	-
Payment to own DHB Governance & Funding Admin	-	-	-	-	-	-	-
Payments to other DHBs	(2,755)	(2,907)	152 F	(26,171)	(23,256)	(2,915) U	(34,884)
Payments to Providers	(28,015)	(27,708)	(307) U	(227,074)	(224,313)	(2,761) U	(336,253)
Total Payments	(67,197)	(63,909)	(3,288) U	(567,891)	(549,436)	(18,455) U	(834,071)
Net Cashflow from Operating	1,200	6,406	(5,206) U	(8,626)	13,095	(21,721) U	10,782
Investing Activities							
Interest Receipts 3rd Party	155	185	(30) U	1,557	1,480	77 F	2,220
Sale of Fixed Assets	(9)	-	(9) U	52	-	52 F	-
Capital Expenditure							
Land, Buildings & Plant	(382)	(1,716)	1,334 F	(6,575)	(13,039)	6,464 F	(19,029)
Clinical Equipment	(3,894)	(1,600)	(2,294) U	(7,733)	(11,255)	3,522 F	(21,068)
Other Equipment	(7)	(41)	34 F	(297)	(332)	35 F	(497)
Information Technology	(367)	(200)	(167) U	(1,527)	(2,057)	530 F	(5,869)
Motor Vehicles	-	(1)	1 F	(596)	(10)	(586) U	(15)
Work in Progress (Check)	-	-	-	-	-	-	-
Total Capital Expenditure	(4,650)	(3,558)	(1,092) U	(16,728)	(26,693)	9,965 F	(46,478)
Increase in Investments and Restricted & Trust Funds Assets	(1,015)	(200)	(815) U	(1,015)	(1,015)	-	(1,842)
Net Cashflow from Investing	(5,519)	(3,573)	(1,946) U	(16,134)	(26,228)	10,094 F	(46,100)
Financing Activities							
Equity Injections	-	-	-	6,389	13,300	(6,911) U	22,467
New Debt							
Private Sector	-	-	-	-	-	-	-
CHFA	-	-	-	-	-	-	-
Repaid Debt							
Private Sector	20	(173)	193 F	(1,092)	(1,569)	477 F	(2,265)
CHFA	(111)	(150)	39 F	(634)	(450)	(184) U	(600)
Other Non-Current Liability Movement							
Other Equity Movement	-	-	-	-	-	-	-
Net Cashflow from Financing	(91)	(323)	232 F	4,663	11,281	(6,618) U	19,602
Net Cashflow	(4,411)	2,510	(6,921) U	(20,097)	(1,852)	(18,245) U	(15,717)
Plus Cash (Opening)	24,086	35,411	(11,325) U	39,772	39,773	(1) U	39,773
Cash (Closing)	19,675	37,921	(18,246) U	19,675	37,921	(18,246) U	24,056
Carry Forward Check							
Closing Cash made up of:							
Petty Cash	15	13	2 F	15	13	2 F	13
Bank (Overdraft)	125	-	125 F	125	-	125 F	-
Short Term Investments	19,535	37,908	(18,373) U	19,535	37,908	(18,373) U	24,043
Total Cashflow Cash (Closing)	19,675	37,921	(18,246) U	19,675	37,921	(18,246) U	24,056

Southern District Health Board

Minutes of the Hospital Advisory Committee Meeting held on Wednesday, 6 March 2013, commencing at 2.00pm in the Board Room, Community Services Building, Southland Hospital Campus

Present:	Mr Paul Menzies Mr Neville Cook Dr Malcolm Macpherson Mr Tahu Potiki Dr Branko Sijnja Mr Tim Ward	Chairman
In Attendance:	Mr Joe Butterfield Ms Sandra Cook Mrs Kaye Crowther Ms Carole Heatly Mrs Lexie O'Shea Mr Richard Bunton Mrs Leanne Samuel Mr Grant Paris Mrs Joanne Fannin	Board Chairman Board member Board member Chief Executive Officer Executive Director of Patient Services/Deputy CEO Medical Director of Patient Services Executive Director of Nursing and Midwifery Senior Business Analyst Board Secretary Southland

1.0 WELCOME AND APOLOGIES

The Chairman welcomed everyone to the meeting. An apology was noted from HAC member, Mr Richard Thomson. An apology for lateness was received from Dr Malcolm Macpherson.

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 February 2013 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.

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.

Advice was received on the measurement for the Day of Surgery Admissions (DOSA). The benefits of reaching the 95% target were noted. The EDPS/DCEO advised on the programme of work relating to bed nights. Advice was received that the Key Performance Indicators (KPIs) are being set as part of the Statement of Intent (SoI) for the 2013/14 financial year.

The Medical Director of Patient Services (MDPS) advised on the level of acute readmission rates identified in the report, noting that management is currently working to address the challenges in this area. He noted the targets in the report, given the diverse nature of the three base hospitals covered by the reporting. The Executive Director of Nursing and Midwifery (EDNM) advised on the benefits of providing good support systems to enable people to manage their chronic illness in the community. The importance of consistent data capture was noted.

A brief update was provided on the challenges with the capturing of Southern DHB data in the National Data Set. The Main Operating Theatre (MOT) Theatre 9 building planned completion date is 7 May 2013.

HAC member, Mr Tahu Potiki, joined the meeting at 2.25pm.

The EDPS/DCEO provided an assurance that all patients depicted on the Active Review list have an appropriate programme of care in place and that the team is focussing on areas where there are known resource constraints. There is a need to work with primary care to ensure that the thresholds for referral from General Practitioners (GPs) into certain specialities are appropriate.

The EDNM provided an assurance that the high number of deliveries in the Neonatal Unit is being managed and care is not being compromised as the Unit is being staffed appropriately. A request was made for data showing the total number of Caesarean Section rates as a percentage of the total number of births across the entire Southern DHB district and a comparison against national data compiled on the same basis.

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

The EDNM provided an update on the Care Capacity Demand Management (CCDM) and the work being carried out over the past 12 months using the TrendCare tool. She advised on the Variance Response Management (VRM) system, which uses live time data (visible to staff 24 hours a day, seven days per week) to enhance bed and staff roster management for hospitals across the district. She advised re examples on unit specific TrendCare reports and answered queries relating to the varying trends in hours per patient bed day (HPPD) and utilisation dependent on the specialty type of the various wards benchmarked against international data. The CEO advised that from a quality and safety perspective the data provided was very reassuring and the tool ensured management had the ability to be flexible with nursing staff across the wards.

HAC member, Mr Malcolm Macpherson, joined the meeting at 2.50pm.

8.0 REPORT BY THE MEDICAL DIRECTOR OF PATIENT SERVICES (MDPS)

The MDPS spoke to his report, noting the progress made in terms of Clinical governance and brief discussion was held on progress with the setting up of a Clinical Committee.

9.0 FINANCIAL REPORT

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

Advice was received on the key areas contributing to the unfavourable variance of \$1.2M for the month of January 2013. Clinical supplies were a major contributor to the unfavourable variance. The operating result was provided exclusive of the research account.

Advice was received in relation to the change to the Clinical Training Agency (CTA) Health Workforce NZ funding. This area is being monitored and an update will be provided.

The SBA is to report back on the significant increase in the cost per joint for hip and knee replacements.

Members commended management on the style of reporting provided within the financial report.

10.0 MASTER SITE PLANNING – DUNEDIN AND WAKARI HOSPITALS

The report was received and taken as read and members noted that the projects are on track and progressing well.

It was resolved:

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

11.0 CONFIDENTIAL SESSION

At 3.25pm, it was resolved:

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

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

General subject:	Reasons for passing this resolution:	Grounds for passing the resolution:
Review of Public Excluded Action Sheet	Personal privacy and to allow activities to be carried on without prejudice or disadvantage.	As above, sections 9(2)(i), 9(2)(j) and 9(2)(a).
Risk	Commercial sensitivity and to allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).
Future Developments	Commercial sensitivity and to allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).
Southern DHB Supply Chain and Procurement Update	Commercial sensitivity and to allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).
Obex Medical Contract	Commercial sensitivity and to allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).
Deed of Lease for the Orthotics Centre (NZ) Ltd	Commercial sensitivity and to allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).
Siemens (NZ) Ltd Service Contract	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 4.20pm.

The meeting closed at 4.20pm.

Confirmed as a true and correct record:

Chairman: _____

Date: _____

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

PROVIDER NAME	DESCRIPTION OF SERVICES	SIGNED BY	CONTRACT/VARIATION END DATE
Presbyterian Support Otago Incorporated t.a St Andrews Service Schedule	Exceptional Circumstances Palliative Care for a Named Individual.	Peter Hay	30.04.13
Presbyterian Support Southland t.a Peacehaven Service Schedule	Exceptional Circumstances Palliative Care for a Named Individual.	Peter Hay	05.05.13
Rose Lodge Rest Home 2006 Limited t.a Rose Lodge Rest Home Service Schedule	Exceptional Circumstances Palliative Care for a Named Individual.	Peter Hay	28.03.13
Marne Street Hospital Limited Service Schedule	Exceptional Circumstances Palliative Care for a Named Individual.	Peter Hay	29.04.13
Access Homehealth Limited Variation to Agreement	Home Based Support Services - Personal Health	Peter Hay	03.06.13
Volunteering Otago Trust Variation to Agreement	Activity Based Rehabilitation Through Volunteering	Peter Hay	31.03.15
Otago Community Hospice Trust Service Schedule	Exceptional Circumstances Palliative Care for a Named Individual.	Peter Hay	07.05.13
Calvary Hospital Southland Limited Service Schedule	Exceptional Circumstances Palliative Care for a Named Individual.	Peter Hay	30.04.13
Radius Residential Care Ltd t.a Radius Fulton Care Centre Service Schedule	Exceptional Circumstances Palliative Care for a Named Individual.	Peter Hay	09.02.13
Ryman Healthcare Limited t.a Rowena Jackson Hospital Service Schedule	Exceptional Circumstances Palliative Care for a Named Individual.	Peter Hay	28.04.13
Presbyterian Support Southland t.a Peacehaven Variation to Agreement	Exceptional Circumstances Palliative Care for a Named Individual.	Peter Hay	07.02.13

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

Presbyterian Support Southland Variation to Agreement	Long Term Support - Chronic Health Conditions - Residential	Peter Hay	12.02.14
PACT Charitable Trust Variation to Agreement	Consumer Leadership, Consultancy & Liaison	Peter Hay	30.06.13
Southern Primary Health Organisation Variation to Agreement	After Hours Primary Care Initiatives	Peter Hay	30.06.13
Marne Street Hospital Limited Service Schedule	Exceptional Circumstances Palliative Care for a Named Individual.	Peter Hay	06.05.13
Ryman Healthcare Limited t.a Yvette Williams Variation to Agreement	Exceptional Circumstances Palliative Care for a Named Individual.	Peter Hay	22.01.13
Seniorcare Asset Management Limited t.a Rendell on Reed Variation to Agreement	Exceptional Circumstances Palliative Care for a Named Individual.	Peter Hay	11.02.13
Oxford Court Lifecare Limited Variation to Agreement	Exceptional Circumstances Palliative Care for a Named Individual.	Peter Hay	12.02.13
BUPA Care Services NZ Limited t.a Lake Wakatipu Home & Hospital Service Schedule	Exceptional Circumstances Palliative Care for a Named Individual.	Peter Hay	25.04.13
Uruuruwhenua Health Variation to Agreement	Smoking Cessation Services	Peter Hay	30.06.14
Presbyterian Support Southland t.a Resthaven Service Schedule	Exceptional Circumstances Palliative Care for a Named Individual.	Peter Hay	13.05.13
Presbyterian Support Otago Incorporated t.a Ross Hospital Service Schedule	Exceptional Circumstances Palliative Care for a Named Individual.	Peter Hay	13.02.13
Ryman Healthcare Limited t.a Yvette Williams Agreement	Long Term Support - Chronic Health Conditions	Peter Hay	22.01.14

FUNDING ADMINISTRATION
CONTRACTS REGISTER (EXPENSES) - MARCH 2013

Otago Community Hospice Trust Service Schedule	Exceptional Circumstances Palliative Care for a Named Individual.	Peter Hay	14.05.13
University of Otago t.a Community Mental Health Service Variation to Agreement	Community Mental Health Service	Peter Hay	31.12.13
Oceania Care Company Limited t.a Windsor Park Service Schedule	Exceptional Circumstances Palliative Care for a Named Individual.	Peter Hay	07.05.13
Ryman Healthcare Limited t.a Yvette Williams Service Schedule	Exceptional Circumstances Palliative Care for a Named Individual.	Peter Hay	01.03.13

TOTAL AMOUNT FOR THE MONTH: \$1,181,258.73