Southern District Health Board

BOARD MEETING

A G E N D A

Thursday, 6 June 2013

10.30 am

Board Room, Level 2, West Wing, Main Block
Wakari Hospital Campus
371 Taieri Road, Dunedin

Our Vision:
Better Health, Better Lives, Whānau Ora

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

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

SOUTHERN DISTRICT HEALTH BOARD MEETING

Thursday, 6 June 2013, 10.30 am
Board Room, Wakari Hospital Campus, Dunedin

A G E N D A

Confidential Session:

RESOLUTION:
That the Board exclude the public for the 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).
Public Excluded Advisory Committee Reports a) Disability Support and Community & Public Health Advisory Committees • 1 May 2013 • 5 June 2013 • PHO Agreement • Laboratories Contract b) Hospital Advisory Committee ▪ 1 May 2013 ▪ 5 June 2013 ▪ Capex -Southland Generator ▪ Contract Approvals ▪ Lease Aprovals c) Audit & Risk Committee ▪ 2 May 2013 ▪ 6 June 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).
Contract Approvals ▪ Planning & Funding	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).
Southern DHB & University of Otago Relationship Development	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:*
Risk Report	To allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).
Legal Issues	To allow activities to be carried on without prejudice or disadvantage	As above, section 9(2)(j).
Organisational Change ▪ Verbal Update	To allow activities to be carried on without prejudice or disadvantage	As above, section 9(2)(j).

SOUTHERN DISTRICT HEALTH BOARD

INTERESTS REGISTER

Board Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB
Joe BUTTERFIELD (Chairman)	01.03.2012 06.12.2010	1. Member, South Island Neurosurgical Board **Son-in-law:** 2. Partner, Polson Higgs, Chartered Accountants. 3. Trustee, Corstorphine Baptist Community Trust	1. 2. Does some accounting work for Southern PHO. 3. Has a mental health contract with Southern DHB.
Paul MENZIES (Deputy Chairman)	10.02.2010 10.02.2010 06.10.2011 02.08.2012	1. Wife a member on the Southland Child Youth Mortality Review Group. 2. Wife a member on the Child and Youth Health Advisory Committee. 3. Trustee, Southern PHO. 4. Wife a trustee of Number 10, Youth One Stop Shop, Invercargill.	1. Nil. 2. Nil. 3. Appointed as a trustee by Southern DHB. PHO is contracted to the DHB. 4. Possible conflict with funding requests.
Neville COOK	04.03.2008 04.03.2008 04.03.2008 26.03.2008	1. Board Member, Invercargill Licensing Trust. 2. Board Member, Invercargill Licensing Trust Foundation. 3. Councillor, Environment Southland. 4. Trustee, Norman Jones Foundation.	1. Possible conflict with funding requests. 2. Possible conflict with funding requests. 3. Nil. 4. Possible conflict with funding requests.
Sandra COOK	01.09.2011	1. Te Runanga o Ngāi Tahu	1. Holds a "right of first refusal" over certain Crown properties. Also seen as a Treaty partner and affiliates may hold contracts from Southern DHB from time to time.
Kaye CROWTHER	09.11.2007 14.08.2008 12.02.2009 05.09.2012 01.03.2012	1. Employee of WHK South. 2. Trustee of Wakatipu Plunket Charitable Trust. 3. Corresponding member for health and family affairs, National Council of Women. 4. Trustee for No 10 Youth Health Centre, Invercargill. 5. 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.
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 <u>Malcolm</u> 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 23.04.2013	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 6. Chairman of He Waka Kotuia o Araiteuru	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. 6. Possible conflict when provider contract comes up for renewal.
Branko SIJNJA	07.02.2008 04.02.2009	1. Director, Clutha Community Health Company Limited. 2. 0.8 FTE Director Rural Medical Immersion Programme, University of Otago School of Medicine.	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
	22.06.2010 07.06.2012	3. 0.2 FTE Employee, Clutha Halth First General Practice 4. Director of Southern Community Laboratories	
Richard John THOMSON	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.
Tim WARD	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 May 2013

Employee Name	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern District Health Board
Peter Beirne		tba	
Richard Bunton	17.03.2004 22.06.2012 29.04.2010	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.	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 05.04.2013	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. 4. Cancer Care Co-ordinator Evaluation Advisory Group.	1. Nil. 2. Nil. 3. Nil. 4. Nil.
Carole Heatly	14.03.2012	Nil.	
Sharon Kletchko		1. GM Strategy & Planning Nelson Marlborough DHB 2. Chair, SI Alliance GMs P&F Network (supported by SIAPO)	

Employee Name	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern District Health Board
		3. Chair, National GMs P&F Network (supported by DHBSS) 4. Member, SIA Service Planning & Integration Team 5. Member, Southern Cancer Network Steering Group 6. Member, National Cancer Coordination Steering Group 7. Deputy Chair NZ Standards Council 8. Registered Health Professional - Specialist Medical 9. Member Royal Australasian College of Physicians (RACP) - NZ Executive 10. Deputy Chair RACP - NZ Policy and Advocacy Committee 11. Chair, Medicines Review Statutory Committee (Minister of Health appointment) 12. Member, Named Pharmaceutical Patient Access (NPPA) Panel 13. Board Member, EVIDEM Collaboration (International group on multi-criteria decision-making)	
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.	
Leanne Samuel	01.07.2007 01.07.2007 01.07.2007 29.10.2009	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).	1. Southland Hospital Trust. 2. Nil. 3. Potential conflict if the DHB purchases services from this organisation. 4. Southland Trust. 5. Nil.

Employee Name	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern District Health Board
	01.10.2010	5. Member of National Elective Services Productivity and Workforce Programme Steering Group.	
David Tulloch	23.11.2010 02.06.2011 17.08.2012	1. Southland Urology (Director). 2. Southern Surgical Services (Director). 3. UA Central Otago Urology Services Limited (Director). 4. Trustee, Gilmour Trust.	1. Potential conflict if DHB purchases services. 2. Potential conflict if DHB purchases services. 3. Potential conflict if DHB purchases services. 4. Southland Hospital Trust.

Minutes of the Southern District Health Board Meeting

Thursday, 2 May 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	
	Dr Branko Sijnja	
	Mr Richard Thomson	(by videoconference)
	Mr Tim Ward	
In Attendance:	Ms Carole Heatly	Chief Executive Officer
	Mrs Lexie O'Shea	Deputy Chief Executive Officer/Executive Director Patient Services
	Mr Peter Beirne	Executive Director Finance
	Mr Robert Mackway-Jones	Executive Director Planning & Funding
	Mr David Tulloch	Chief Medical Officer
	Mrs Leanne Samuel	Executive Director Nursing & Midwifery
	Mr Steve Addison	Executive Director Communications
	Mr Donovan Clarke	Kaiwhakahaere Hauora Māori
	Ms Jeanette Kloosterman	Board Secretary (by videoconference)
	Ms Cherie Wells	General Manager Corporate Services

1.0 CHAIR'S OPENING COMMENTS

The Chair welcomed everyone and noted that Robert Mackway-Jones, Executive Director Planning & Funding, was attending his last Board meeting before leaving the DHB.

Mr Mackway-Jones' contribution was acknowledged and he was thanked for his work during the 18 years he had been with the organisation.

2.0 APOLOGIES

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

3.0 DECLARATION OF INTERESTS

The Chairman requested that the Executive Director Finance, in conjunction with the Board Secretary, review the guidelines and practice for recording and publishing interests.

It was resolved:

"That the Interests Register be received."

4.0 CONFIRMATION OF PREVIOUS MINUTES

It was resolved:

"That the minutes of the 11 April 2013 Board meeting be approved and adopted as a true and correct record."

5.0 MATTERS ARISING

Debt Renewal

The Executive Director Finance reported that the debt maturing on 15 April 2013 had been rolled over on the due date at rates slightly better than those indicated, resulting in an additional $50k saving.

6.0 ACTION SHEET

The Board reviewed the action sheet (agenda item 6) and noted:

- That the target figure for annual leave utilisation would be submitted to the Audit and Risk Committee;
- That the Chair and Chief Executive would be meeting with the Southern PHO Chair and Chief Executive on 6 May 2013, and an update would be provided to the June DSAC/CPHAC meeting.

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.

Ministry of Justice Coronial Services

Ms Cook noted that the Southern DHB had submitted a response to the Ministry of Justice stating that it would not like to lose coronial services from its district and reported that the Iwi Governance Committee held a strong view that supported the stance taken by the DHB.

It was resolved:

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

8.0 FINANCIAL REPORT

The Financial Report for the period ended 31 March 2013 (agenda item 8) was taken as read and the Executive Director Finance answered members' questions on the financial statements and forecast.

The Board:

- Requested that a report on asset management and deferred maintenance be submitted to the August meeting;

- Requested that the Chief Medical Officer report back on the amount of medication prescribed and dispensed to patients at one time and any related waste and safety issues.

It was resolved:

"That the Financial Report be received."

9.0 ADVISORY COMMITTEE REPORTS

Disability Support Advisory Committee and Community & Public Health Advisory Committee

Dr Macpherson, Chair of the Disability Support Advisory Committee (DSAC) and Community & Public Health Advisory Committee (CPHAC), reported that a meeting of the committees had been held on 1 May 2013.

Hospital Advisory Committee

The minutes of the Hospital Advisory Committee (HAC) meeting held on 10 April 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 1 May 2013.

It was resolved:

"That the verbal report be received."

Iwi Governance Committee

The Board received a verbal report from Ms Cook on the meeting of the Iwi Governance Committee held on 1 May 2013.

It was resolved:

"That the verbal report be received."

Audit and Risk Committee

Mr Ward, Chair of the Audit and Risk Committee (ARC), reported that ARC had met earlier that morning and reviewed the Contracts Approval, Delegation of Authority and Capital Expenditure policies. ARC recommended that the Board approve the revised policies with some minor amendment (agenda item 12).

Contracts Approval Policy

It was resolved:

"That the Board approve the revised Contracts Approval Policy."

Delegation of Authority Policy

Mr Ward informed the Board that there was an expectation a sector-wide delegations of authority (DOA) policy would be developed, so only minor wording changes had been made to the current policy. In addition, it had been agreed at the ARC meeting:

- That the Level 2 delegations would be revised to reflect the current Executive Management Team structure (page 19 of the DOA);
- That the last sentence on the right-hand column of page 21 be amended to read, "All staff appointments have an automated workflow that requires recommendation from L5 to L3 and approval by *at least two* L2 managers".

The Board requested:

- That the Board Committees section of the policy be amended to reflect that the appointment of members to the Iwi Governance Committee is governed by the Principles of Relationship agreement with Murihiku and Araiteuru Rūnaka;
- That section 6.1.7, Clinical Advisory Committee, be deleted.

It was resolved:

> **"That, subject to the amendments requested, the Board approve the revised Delegation of Authority Policy."**

Capital Expenditure Policy

Mr Ward reported that the ARC recommended that, with the following changes, the Board approve the revised Capital Expenditure Policy:

- Last heading on the second page to be corrected to read "Capital Approval Group";
- That the word "large" be deleted from the last bullet point under the heading "Applying for Capital Expenditure", as it was not only large items that required Ministerial approval.

It was resolved:

> **"That, subject to the amendments requested, the Board approve the revised Capital Expenditure Policy."**

10.0 INFORMATION ITEM

Complaints to the Health and Disability Commissioner involving District Health Boards

The Board considered a report from the Health and Disability Commissioner (HDC) on complaints related to DHBs received by the HDC over the six-month period 1 July-31 December 2012 (agenda item 13).

It was resolved:

"That the report be received."

11.0 CONTRACTS REGISTER

The Funding contracts register (expenses) for April 2013 was circulated with the agenda (item 14) for members' information.

Mr Butterfield declared an interest in the Corstorphine Baptist Community Trust contract.

It was resolved:

"That the contracts register, with the exception of the Corstorphine Baptist Community Trust contract, be received."

Mr Butterfield withdrew while the Corstorphine Baptist Community Trust contract was considered. Mr Menzies took the Chair.

It was resolved:

"That advice of the Corstorphine Baptist Community Trust contract variation be received."

Mr Butterfield resumed in the Chair.

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.

General subject:	*Reasons for passing this resolution:*	*Grounds for passing the resolution:*
Review of Public Excluded Action Sheet	Personal privacy and to allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(i), 9(2)(j), and 9(2)(a).
Annual Plan Update	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 and Community & Public Health Advisory Committees • 1 May 2013 b) Hospital Advisory Committee ▪ 10 April 2013 ▪ 1 May 2013 ▪ Electricity Contract c) Audit & Risk Committee ▪ 2 May 2013 d) Iwi Governance Committee ▪ Māori Health Plan 2013/14	Commercial sensitivity and to allow activities and negotiations to be carried on without prejudice or disadvantage Plan is subject to Ministerial approval	As above, sections 9(2)(i) and 9(2)(j). As above, sections 9(2)(f)(iv) and 9(2)(j).
Contract Approvals ▪ 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).
Organisational Change ▪ 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 24 May 2013

Action Point No.	SUBJECT	ACTION REQUIRED	BY	STATUS	EXPECTED COMPLETION DATE
044-2011/02 60-2011/05 191-2012/11	**Smokefree Environment Amendment Bill** (Minute item 9.0)	A draft policy statement on smokefree environments to be developed and submitted to CPHAC to provide direction to future service provision in this area. Timeframe to be provided for completion of the draft policy statement. Update to be provided.	EDP&F PHS	To be progressed as part of the South Island Public Health work stream. Southern DHB does have its own policy that was created in March 2010 and is due for review in 2012. 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.	EDP&F	Not scheduled yet.	
205-2013/04	**Leave Liability** (Minute item 8.0)	Target figure for annual leave utilisation to be submitted to the Audit & Risk Committee.	EDF	Refer to Audit & Risk Committee agenda.	June 2013
211-2013/05	**Asset Management** (Minute item 8.0)	Report on asset management and deferred maintenance to be submitted to August meeting.	EDF		August 2013
212-2013/05	**Pharmaceuticals** (Minute item 8.0)	CMO to report back on the amount of medication prescribed and dispensed to patients at any one time and any related waste and safety issues.	CMO EDP&F		
213-2013/05	**Delegations of Authority Policy** (Minute item 9.0)	▪ L2 delegations to be revised to reflect the current EMT structure; ▪ Last sentence on right-hand column of p21 to read, "All staff appointments have an automated workflow that	EDF	Changes made and being communicated to staff.	Completed

Action Point No.	SUBJECT	ACTION REQUIRED	BY	STATUS	EXPECTED COMPLETION DATE
		requires recommendation from L5 to L3 and approval by *at least two* L2 managers"; ▪ Board Committees section to be amended to reflect the appointment of IGC members is governed by the Principles of Relationship agreement with Murihiku and Araiteuru Rūnaka; ▪ Section 6.1.7 Clinical Advisory Committee to be deleted.			

SOUTHERN DISTRICT HEALTH BOARD

Title:	**CHIEF EXECUTIVE OFFICER'S REPORT**
Report to:	Board
Date of Meeting:	6 June 2013

Summary:

The issues considered in this paper are:

- 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:** 28/05/2013

Prepared by: Executive Director Finance and Funding Executive Director Patient Services General Manager Corporate Services **Date:** 24/05/2013	**Presented by:** Carole Heatly Chief Executive Officer

RECOMMENDATION:

1. **That the Board receive the report.**

CHIEF EXECUTIVE OFFICER'S REPORT

1. DHB FINANCIAL PERFORMANCE

The year to date deficit of $12.7m (as at 30 April) is unfavourable to budget by $1.4m. 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 52 behind plan in April 2013 (4%). Year to date elective caseweights are 165 above plan (1%).

- Acute **caseweights** delivered (cwd) by the Southern DHB Provider Arm were 175 over plan in April 2013 (7%). Year to date acute caseweights are 3,175 over plan (13%).

Financial Performance

- An unfavourable variance of $23k was recorded by the Southern DHB Provider Arm for the month of April 2013. Year to date the result is unfavourable by $514k.

- Revenue for April 2013 was favourable by $33k. Expenses for April 2013 were unfavourable against plan by $56k.

3. PLANNING AND FUNDING

Health of Older Persons

Home & Community Support Services: Transfers of clients and staff between providers has now been completed and the new service model starts from 1 July. The progress has gone very smoothly overall.

Annual Plan

The updated plan has been resubmitted to the National Health Boards but remains confidential until approved by the Minister.

4. WORLD HEALTH ORGANISATION (WHO) HOSPITAL GOVERNANCE PROJECT

Southern DHB has agreed to participate in a study of "public hospital governance in New Zealand". Professor Robin Gauld, from the Department of Preventative and Social Medicine, University of Otago, has been commissioned by the WHO Asia Pacific Observatory on Health Systems and Policies to undertake the study. This is part of a comparative international study of public hospitals and will involve four other DHBs. The aim of the study is to look at:

- How DHBs and their hospitals respond to national policy
- How DHB hospitals are structured and governed
- How different internal factors such as organisational capacity (technical and managerial) and service design contribute to quality and efficiency
- How external factors interact with hospital governance and clinical care
- How hospital performance is measured (internally and relative to others) and how this information is used by managers, clinicians, national policy makers and others.

Southern DHB's involvement in the study will be to provide access to various data and to host a site visit from Robin to interview key leaders. The information collected from the five DHBs will be written up into a New Zealand case study; the WHO will then workshop the case study at a meeting (probably based in Wellington in November), with a representative from the DHB present to input into discussion and refinements.

5. OPTIONAL PROTOCOL CONVENTION AGAINST TORTURE

A report from the Ombudsman on the National Preventive Mechanism for United Nations Reporting on the Optional Protocol to the Convention Against Torture and other Cruel, Inhumane or Degrading Treatment or Punishment visit to the Southern DHB's Ward 9b in March 2013 is attached as Appendix 1 for the Board to note.

6. SOUTHERN DHB AND UNIVERSITY OF OTAGO RELATIONSHIP DEVELOPMENT

Southern DHB and the University of Otago, Health Science Division, recently undertook a body of work to further understand the relationship between the two organisations, broaden the relationship and to optimise opportunities for further collaboration.

A report on this work was submitted to the 6 May 2013 Joint Relations Committee meeting. The report makes 16 recommendations as the result of a stock-take and identified areas for opportunities and improvement. A copy of the report is included in the public excluded agenda for the Board to note. The Joint Relations Committee support the 16 recommendations; I am therefore seeking Board endorsement of the recommendations so that we can proceed with developing the relationship.

Carole Heatly
Chief Executive Officer

27 May 2013

Ombudsman
Fairness for all

Our Ref: 4/1/10

15 May 2013

17 MAY 2013

Ms Carole Heatly
Chief Executive
Southern District Health Board
Private Bag 1921
Dunedin 9054

Dear Ms Heatly

OPTIONAL PROTOCOL CONVENTION AGAINST TORTURE (COTA) VISIT REPORT

I **attach** a copy of my Report of the National Preventive Mechanism (NPM) for United Nations Reporting on the Optional Protocol to the Convention Against Torture and other Cruel, Inhumane or Degrading Treatment or Punishment (COTA) visit to the Southern District Health Board's Ward 9b, Wakari Hospital on 20 March 2013.

The visit was conducted under my delegation by Inspectors Greg Price and Jacki Jones (COTA). A draft copy of the Reports were provided to the relevant managers at Auckland City Hospital as to fact, finding or omission and their comments have been included in the final version of the Reports.

I would like to record my appreciation for the full co-operation extended to my Inspectors by everyone concerned.

Yours sincerely

Dame Beverley Wakem DNZM, CBE
Chief Ombudsman
National Preventive Mechanism

Attach: Report on SDHB's Ward 9b Wakari Hospital under the Crimes of Torture Act 1989

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Report on an unannounced inspection of Southern District Health Board's Ward 9b Intensive and Acute Mental Health Ward Under the Crimes of Torture Act 1989

20 March 2013

Dame Beverley Wakem DNZM CBE
Chief Ombudsman
National Preventive Mechanism

Executive Summary

Background

1. In 2007, the Ombudsmen were designated one of the National Preventive Mechanisms (NPMs) under the Crimes of Torture Act (COTA), with responsibility for examining and monitoring the general conditions and treatment of patients in New Zealand secure hospitals.

2. On 20 March 2013, Inspectors Greg Price and Jacki Jones (to whom I have delegated authority to carry out visits of places of detention under COTA) visited Ward 9b (the Ward) which is located within Wakari Hospital grounds.

Findings

3. The Inspectors were pleased to note a number of positive findings during their visit, for example:

    - There was no evidence that any patients had been subject to torture, or cruel, inhuman or degrading treatment in the six months preceding the visit.
    - The District Health Board has a comprehensive complaint management framework in place.
    - The standard of record keeping was good.
    - Although looking a little tired, the Ward is generally organised, clean and tidy.
    - The Inspectors had no concerns with the level of outdoor exercise patients can access.
    - Patients have regular access to family and friends, if they choose.

Recommendations

- I have no recommendations to make.

Consultation

4. A draft copy of this report was forwarded to Ward 9b management for comment as to fact, finding or omission prior to finalisation and distribution. Their comments have been included below.

Ward 9b comments

Ward 9b staff found the two inspectors were professional, courteous and respectfully inquisitive in their interactions with staff and clients.

Staff that reviewed the draft document felt it was an accurate reflection.

Fact page

Ward 9b (the Ward)

Ward 9b is a 17 bed intensive and acute care mental health inpatient unit run by the Southern District Health Board Mental Health, Addiction and Intellectual Disability Service. Inpatient services provide comprehensive, multi-disciplinary health assessment, treatment and stabilisation for those persons unable to be cared for safely in a less restrictive area. This is provided by Nurses, Support Staff, Consultant Psychiatrists and other Medical Staff, Clinical Psychologist, Occupational Therapist, Social Worker, Pharmacist, and Maori Mental Health Workers from Te Oranga Tonu Tonga as well as others as relevant[1].

The average length of stay is 15 days.

Region

Dunedin

District Health Board (DHB)

Southern DHB

Operating capacity

17 (plus 2 seclusion rooms)

Last inspection

Unannounced inspection March 2013

Announced informal visit June 2009

[1] Welcome to Ward 9B Wakari Hospital pamphlet.

The Visit

1. Ward 9b (the Ward) was visited on 20 March 2013. The visit was conducted by Inspectors Greg Price and Jacki Jones.[2]

Visit methodology

2. The Inspectors requested that some information be made available during and after the visit. This included:

    - A list of patients and the legislative reference under which they were being detained (on the day).
    - The seclusion and restraint data for the previous six months and the Seclusion and Restraint policy.
    - The number of complaints for the previous six months and the complaints policy.
    - Information for patients on admission and discharge.

3. At the commencement of the visit the Inspectors met with the Charge Nurse Manager, Paul Stewart, before being shown around the Ward. On the day of the visit there were 17 patients in the Ward; eight females and nine males.

4. Whilst it is not always possible for the Inspectors to examine all aspects of detention during the visit, the following areas were examined on this occasion.[3]

Treatment

- Torture, or cruel, inhuman or degrading treatment
- Seclusion
- Restraints
- Patients' views

Protective measures

- Complaints process
- Records

Material conditions

- Accommodation
- Sanitary facilities

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[2] Acting under delegation of the National Preventive Mechanism (NPM) Chief Ombudsman Dame Beverley Wakem and Ombudsman David McGee.

[3] Our inspection methodology is informed by the Association for the Prevention of Torture's Practical Guide to Monitoring Places of Detention (2004) Geneva, available at www.apt.ch.

Regimes and activities

- Outdoor exercise
- Access to family and friends.

Treatment

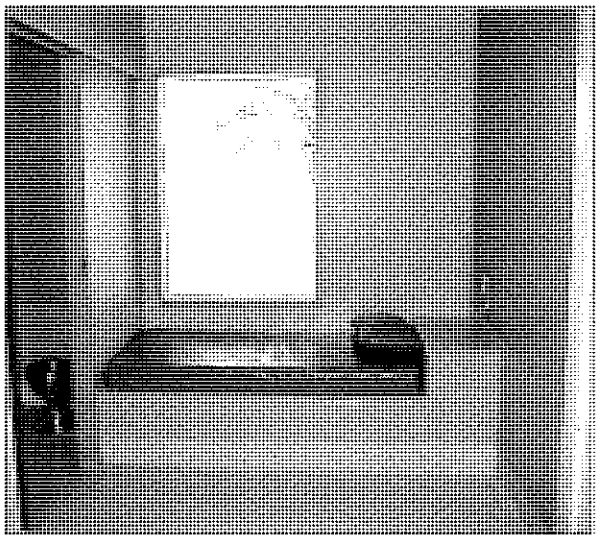
Torture or cruel, inhuman or degrading treatment

5. There was no evidence that any patients had been subject to torture, or cruel, inhuman or degrading treatment in the six months preceding the visit.

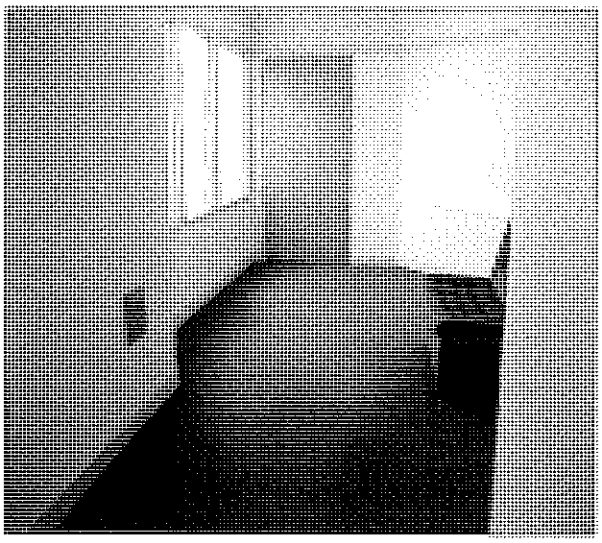
Seclusion

6. The two seclusion rooms both have en-suite facilities and are separate from the main Ward. Although very basic, the rooms have natural light, and heating and ventilation. Both rooms have a pleasant view from their window (which is private) and not over looked.

7. There is a small lounge area outside the seclusion rooms where patients can have time out from the main Ward, if they choose.



Seclusion room



Quiet area

8. There were no patients in seclusion on the day of the visit.

9. There were 164 seclusion incidents involving 68 patients and a total seclusion time of 4,452.35 hours for the period September 2012 – February 2013. These figures are broken down over the page.

	Sept 2012	Oct	Nov	Dec	Jan 2013	Feb
Total episodes	23	34	33	24	24	26
Number patients	11	15	14	10	10	8
Total time	614.9	855.3	881.2	929.4	488.1	683.45
Shortest period	2.5	1	1.3	1.5	0.5	1.8
Longest period	84.8	93	143.4	281	118	132.8
Average time	55.9	25.1	26.7	38.7	20.3	26.3

10. Seventy seven episodes of seclusion (46.9 per cent) can be attributed to two long term patients with a combined seclusion time of 1,409.6 hours over the six months period. If you deduct these figures from the overall seclusion total it reduces by just under one third (3,042.75). However, seclusion use in the Ward seems reasonably high.

Restraints

11. There were 133 incidents of restraint involving 34 patients for the period 1 August 2012 – 28 February 2013. One hundred and six (79.6 per cent) were partial restraint (holding arms) and 27 were full restraint (prone on the floor). The average duration of each incident was 5.25 minutes. The following is a break down of incidents for the seven month period:

	Aug 2012	Sept	Oct	Nov	Dec	Jan 2012	Feb
Incidents	39	8	29	21	23	23	17
Partial	29	8	26	17	18	19	16
Full	10	0	3	4	5	4	1
Patients	10	6	16	11	8	8	8
Time (mins)	4.89	3.25	4.54	6.17	5.27	8.21	3.56

12. Sixty two restraint incidents (46.6 per cent) can be attributed to two long term patients. The majority of these were partial restraints of two to three minutes duration.

13. The Inspectors had no concerns with the number of restraint incidents in the Ward.

Patients' views

14. Patients confirmed that regular, consumer group meetings take place in the Ward to see how the service is doing and how the Ward could improve things. They were also aware of how to make a complaint should they need to. Consumer group meetings are not minuted.

15. All the patients we spoke with could tell us why they were being detained in the Ward and some were able to tell us which section of the Mental Health (Compulsory Care and Treatment) Act applied to them. Patients spoken to have a reasonable understanding of the medication they were on.

16. Patients were reasonably complimentary about the staff and the Ward and felt facilities were adequate.

17. There were no complaints about the standard of food or access to clean clothing and bedding.

18. Most patients said there were activities both on and off the Ward which they could attend if they choose. Family and friends could visit the Ward and, in some cases, take patients out for day trips. Everyone spoken with said they had access to a telephone (and their mobile) on a regular basis.

Recommendations - Treatment

- I have no recommendations to make.

Protective measures

Complaints process

19. There were four recorded complaints in the Ward for the period July – December 2012. All complaints were responded to within the DHB timeframes.

20. The DHB has a comprehensive patient/service user complaints management policy in place which is coordinated by Patient Affairs (Otago arm).

21. There is an abundance of information available to patients and family during the admission process (Information for People/Families Who Use Mental Health and Intellectual Disability Services Booklet), discharge process and through posters/leaflets around the site, on the complaints process.

22. Patients have access to the District Inspectors if they wish to raise any concerns about their treatment or detention in the Ward. Their contact details are displayed within the Ward.

23. There were no issues arising out of the complaints process in the Ward.

Records

24. There were 17 patients in the Ward on the day of the visit comprising eight females and nine males. One patient was an informal admission under the Mental Health Act. The Inspector checked the files of nine formal patients. All files contained the necessary paperwork to detain and treat them in the Ward.

25. The standard of record keeping was good.

Recommendations – Protective measures

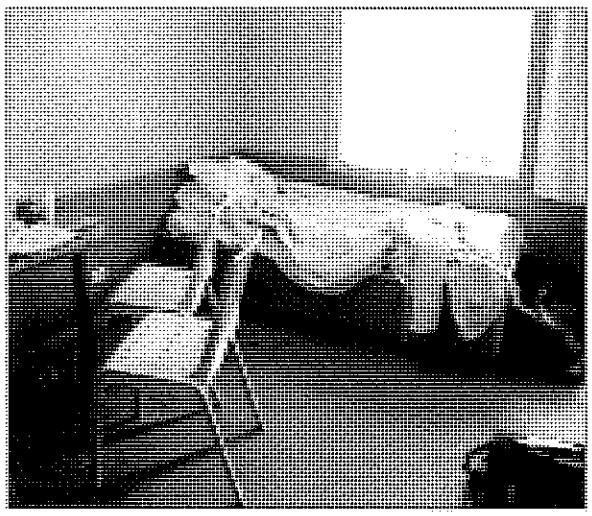
26. I have no recommendations to make.

Material conditions

Accommodation

27. Set in the grounds of Wakari Hospital, the Ward, both inside and out, is clean and tidy although a little dated.

28. There are 17 bedrooms in the Ward; four have en-suite facilities. Rooms are relatively large with sufficient storage for personal possessions. The rooms are currently being upgraded from carpeted floors and fixed beds (below left) to vinyl flooring and hospital beds (below right).



29. Rooms have plenty of natural light with curtains to afford privacy when required. Rooms were clean and free from graffiti.

30. Patients are not locked in their rooms at night but have the facility to lock their own rooms if they choose.

31. Patients have access to clean bedding on request and have laundry facilities at their disposal.

Sanitary facilities

32. Although looking a little tired and dated, there are sufficient bathrooms and toilets in the Ward for the number of patients.

33. Doors lock from the inside affording patients privacy.

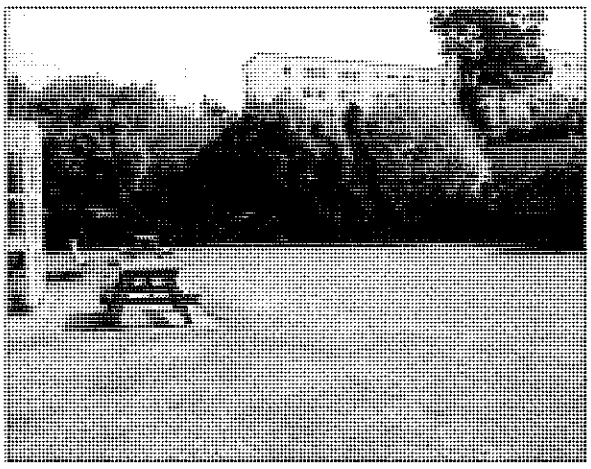
Recommendations – Material conditions

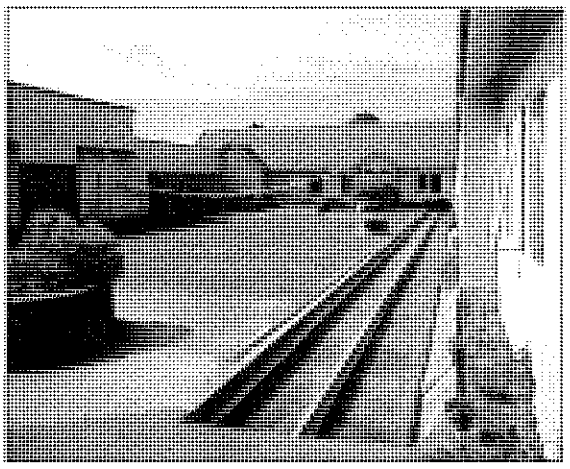
- I have no recommendations to make.

Regimes and activities

Outdoor exercise

34. Patients have unlimited access to daily exercise in two areas. A large garden (below left) and a courtyard (below right). There is seating and shade available and an adequate level of privacy in both areas.





35. Other recreational facilities in the Ward include; a pool table, some light exercise equipment, bowls, petanque, table tennis, badminton, tennis and volleyball.

36. There are two television lounges in the Ward and patients can have their own stereos and T.Vs in their bedrooms if they choose.

37. The Inspectors had no issues with patients' access to outdoor exercise.

Access to family and friends

38. Patients can receive visitors seven days a week if they choose. Monday to Friday visits preferably late afternoon/early evening. Visits take place in the Visitors' room unless other arrangements have been made.

39. Patients have access to a telephone in the Ward from 7am to 10.30pm. Local calls are paid by the Ward. If patients need to call family outside the local area, reasonable phone calls are accepted. Cell-phones are placed in the patients' locked boxes and may be used only at the main desk with staff present.

40. Mail is delivered to the Ward Monday to Saturday.

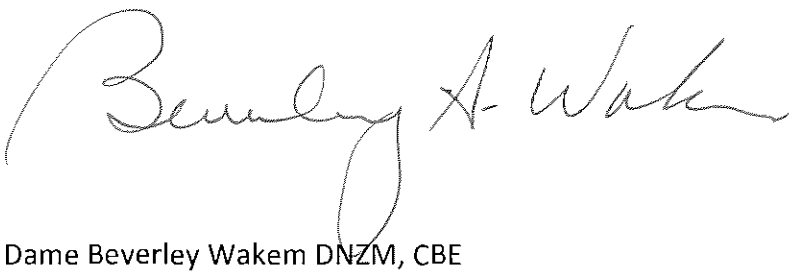
41. The Inspectors have no concerns with patients' access to family and friends.

Recommendations – Access to family and friends

- I have no recommendations to make.

Acknowledgement

42. I appreciate the full co-operation extended by the hospital managers and staff to the Inspectors during their visit to the Ward. I also acknowledge the work that would have been involved in collating the information sought by the Inspectors.



Dame Beverley Wakem DNZM, CBE
Chief Ombudsman
National Preventive Mechanism

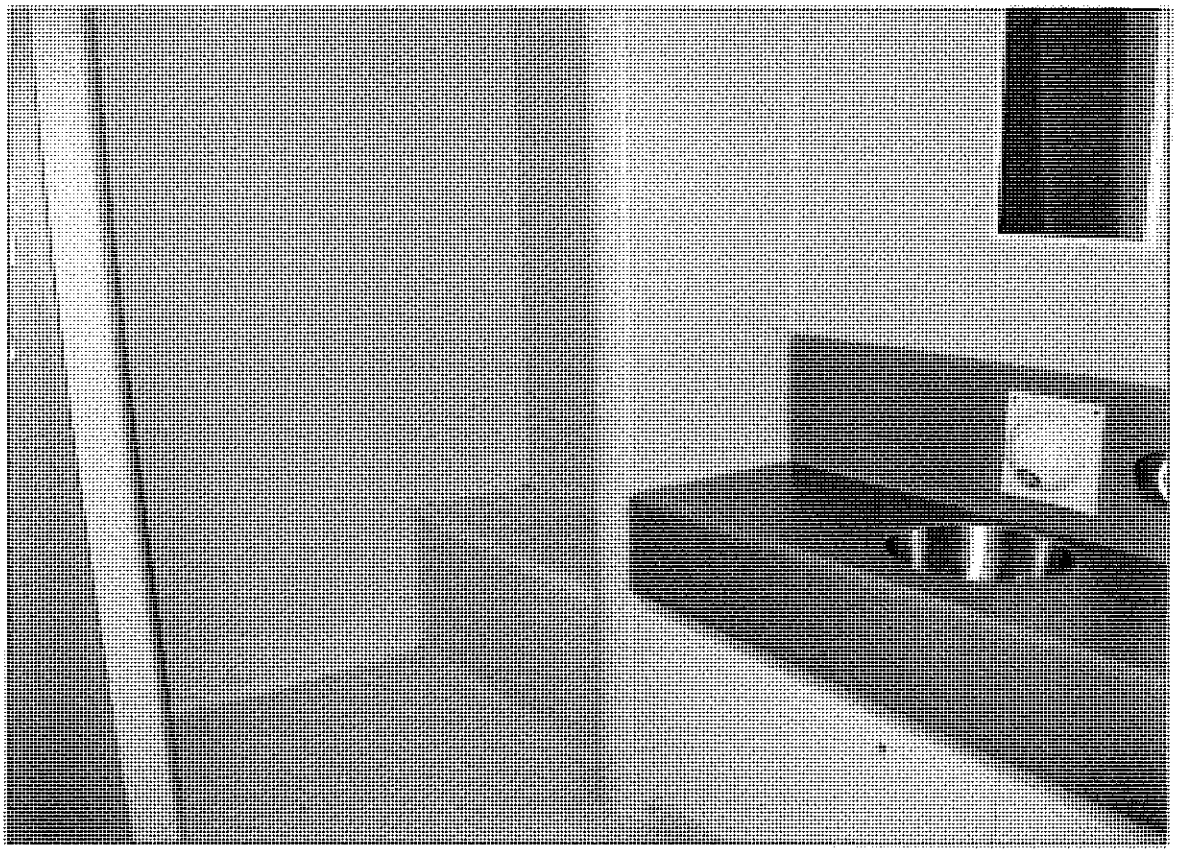
Appendix 1: Ward photographs

T.V lounge

Dining area

Sensory modulation/visitors room

One of two daily meal choices that come from the kitchen at Dunedin Hospital



Bathroom facilities

Appendix 2:
Overview of OPCAT – Health and Disability places of detention

1. In 2007 the New Zealand Government ratified a United Nations convention called the Optional Protocol to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (*OPCAT*). The objective of OPCAT is to establish a system of regular visits undertaken by an independent national body to places where people are deprived of their liberty, in order to prevent torture and other cruel, inhuman or degrading treatment or punishment.

2. The Crimes of Torture Act 1989 (*COTA*) was amended by the Crimes of Torture Amendment Act 2006 to enable New Zealand to meet its international obligations under OPCAT. Section 16 of COTA defines a *"place af detention"* as:

> *"...any place in New Zealand where persons are or may be deprived of liberty, including, for example, detention or custody in...*
>
> *a hospital*
>
> *a secure facility as defined in section 9(2) of the Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003..."*

3. Pursuant to section 26 of COTA, an Ombudsman holding office under the Ombudsmen Act 1975 was designated a National Preventive Mechanism (NPM) for certain places of detention, including hospitals and the secure facilities identified above.

4. Under section 27 of COTA, an NPM's functions, in respect of places of detention, include:

   - to examine the conditions of detention applying to detainees and the treatment of detainees; and
   - to make any recommendations it considers appropriate to the person in charge of a place of detention:
   - for improving the conditions of detention applying to detainees;
   - for improving the treatment of detainees;
   - for preventing torture and other cruel, inhuman or degrading treatment or punishment in places of detention.

5. To facilitate the exercise of their NPM functions, the Ombudsmen have delegated their powers to inspect places of detention to Inspector's (COTA). This is to ensure that there is a separation between the Ombudsmen's preventive monitoring function under OPCAT and the Ombudsmen's investigation function under the Ombudsmen Act by using separate visits and staff for each function.

SOUTHERN DHB FINANCIAL REPORT

Financial Report as at: **30 April 2013**
Report Prepared by: **David Dickson - Finance Manager**
Date: **21 May 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
70,471	70,782	(311)	Revenue	707,006	707,603	(597)	849,207
(29,270)	(27,989)	(1,281)	Less Personnel Costs	(269,232)	(266,017)	(3,215)	(322,736)
(43,931)	(45,298)	1,367	Less Other Costs	(450,560)	(452,935)	2,375	(537,453)
(2,730)	(2,505)	(225)	Net Surplus / (Deficit)	(12,786)	(11,349)	(1,437)	(10,982)

- The April YTD result is a deficit of $12.7m which is unfavourable to budget by $1.4m.
- The April result was $0.2m unfavourable to budget, with the Funder $0.2m unfavourable due to lower revenue than budget with costs overall on budget, the Provider was on budget overall, however personnel costs continue to exceed budget and are offset in the month by clinical supplies, infrastructure and non-clinical expenditure under budget.
- The 2012/13 year end forecast has been revised based on April trends and has worsened from the projected deficit of $12.2m last month to $13.3m. Planned one-off provisions are being review with the objective of reducing the projected deficit. The current projection is made up of a Provider projection of $6.3m deficit, Funder projection $6m deficit, and Governance at a $1m deficit. This projection includes planned expenditure to obtain compliance with waiting times targets, and therefore substantially assumes SDHB's bonus payments associated with achievement of those targets.

Operational Performance

Month				Year to Date			Annual
Actual	Budget	Variance		Actual	Budget	Variance	Budget
$' 000	$' 000	$' 000		$' 000	$' 000	$' 000	$' 000
(92)	(86)	(6)	Governance	(880)	(763)	(117)	(939)
(443)	(247)	(196)	Funder	(4,943)	(4,138)	(805)	(5,372)
(2,195)	(2,172)	(23)	Provider	(6,963)	(6,448)	(515)	(4,671)
(2,730)	(2,505)	(225)	Net Surplus / (Deficit)	(12,786)	(11,349)	(1,437)	(10,982)

- The YTD Funder result is unfavourable by $0.8m with unfavourable variances in subcontract revenue, IDF revenue, Lab costs, home support partly offset by favourable variances in Pharmaceuticals, Mental Health due to the wash-up, and Residential care relating to Rest homes.

- The Provider result is $0.5m unfavourable with medical and nursing costs unfavourable YTD.

Key YTD Variances

The following areas have a significant bottom line impact:

- $1.7m of lower clinical and IT depreciation charges
- $1.3m of Mental Health expenditure not incurred due to unfilled FTE positions (only minor movement from March)
- $0.4m of impact from research account revenues and expenditures
- $0.3m of lower primary care expenditure (SIA/HP funds)
- ($0.3m) of unfavourable palliative care expenditure
- ($0.4m) of unfavourable IS Microsoft licensing costs
- ($0.4m) of unfavourable patient travel and accommodation expenses
- ($0.4m) of unfavourable community pharmaceuticals expenditure
- ($0.5m) of unfavourable Inter District Out-Flow patient expenditure provisioning
- ($0.5m) of unfavourable implants & prosthesis expenditure
- ($0.5m) of unfavourable laboratory testing costs
- ($1.2m) of unfavourable home support cost from increased clients with personal care needs
- ($1.4m) of nursing salary cost variation

Capital Expenditure
Of the $37m baseline capital budget, at the end of April $20.1m has been committed leaving availability of a further $16.9m.

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

Balance Sheet and Cashflow
Cash is $26.2m at the end of April compared to a budget of $41.0m. Timing differences of approximately $15m relating to equity injections of $10m for both deficit support and capital funding, and timing of supplier and personnel payments.

Detail Section

This section is presented from an overall DHB results perspective.

Revenue
YTD, there is a $0.6m unfavourable 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	0.1	P, Provider-arm, various
PHO Performance funding	(0.7)	Y, Personal Health PHO Other
Non-Resident revenue	(0.3)	P, Provider-arm, various
IDF Revenue	(0.2)	P, Funder arm Pharms costs
All other revenue variances	(0.3)	
Total Revenue Variation	(0.6)	

Personnel Expenses

April salary costs varied unfavourably to forecast and budget by $1.3m, with FTE continuing to be a main driver for the variance, along with leave and professional fee variances

Medical

YTD, the combined variance to budget is $1.1m unfavourable and we have now forecast Medical (both salary and outsource) to exceed budget by $1.7m by year end. FTE levels and leave uptake will continue to be the risk variables for this forecasted result.

The April result has moved the YTD unfavourable salary variance to $2.9m. Major drivers include:

- $1.3m favourable variance due to base FTE being 4 under budget (SMOs are 6 FTE under offset by RMOs 2 FTE over budget)
- ($1.3m) of higher allowance payments (mainly SMO)
- ($1.4m) of additional overtime payments (9 FTE equivalent - $ variance evenly split RMO's and SMO's)
- ($0.9m) of annual leave variation (50% of this is due to leave taken at levels less than budget)

Nursing

Nursing salary costs were $0.3m higher than forecast and $0.4m higher than budget for the April. FTE levels increased during the month and were the predominate reason for the variance.

The increase in FTE was consistent with an increase in stat leave over the Easter holiday period and is consistent with FTE movements in previous years over this period. The forecast predicts FTE to come down to March's FTE levels for May and June which is 10 FTE higher than previously forecasted for these months.

A change in the FTE forecast along with April's result has resulted in the forecast for the year increasing by $0.5m.

YTD salary costs excluding research accounts are $1.0m over budget (1%) comprising of:

- ($0.6m) of overtime payment variance (5 FTE)
- ($0.2m) of allowance payment variation
- ($0.9m) of unfavourable annual leave variation (this is leave accrual values rather than leave taken amounts)
- $0.6m of below budget indirect salary costs (mainly course conference / training)
- $0.4m of favourable rate variation (salary scale / staff mix)

Allied

Allied personnel costs were $0.2m over forecast and budget in April. The was no FTE movement in April so FTE remains around 690.

YTD Salary costs favourable variance has reduced from last month to be $0.7m below budget. The variance lies within the following areas:

- $0.7m 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

- $0.1m of below budget indirect salary costs (mainly professional fees, course conference)
- ($0.5m) of additional overtime payments (4 FTE YTD)

Support

The favourable ytd variance is offset by outsourcing costs. On a monthly basis the favourable salaried variance was driven by FTE and staff mix.

Management/Admin

The April result was essentially on forecast and budget.

- FTE levels are on slightly higher than budget for April (669 vs budget of 667 FTE) and year to date slightly lower (667 vs budget of 668 FTE), which is within the Ministerial cap of 683 FTE (Provider only). Costs still remain within budget YTD, with underspends in indirect payroll costs $0.3m offsetting the overspend in allowances $0.2m. Negative annual leave variances are offset by favourable staff mix rate variances.

Leave Liability

The balance sheet liability ($25.2m at April excluding joint clinical staff) has increased by $0.4 since June 2012. However $2.0m of this is from leave paid out on termination of employment meaning there has been residual growth of $2.4m from current employees. Another measure is the March 2012 to March 2013 comparative in hours; this has increased by 29,863 hours or 5.36%.

$	Closing September	Closing October	Closing November	Closing December	Closing January	Closing February	Closing March	Closing April	Movement Mar - Apr
1. Medical SMO	6,564,858	6,747,594	6,961,944	6,986,420	6,514,497	6,453,603	6,629,680	6,701,513	71,832.72
1. Medical MOSS	237,250	182,877	232,704	209,566	174,614	169,925	204,954	234,144	29,190.76
1. Medical RMO	1,579,329	1,492,982	1,419,508	1,117,051	1,117,005	1,131,679	1,261,967	1,323,601	61,634.42
1. Medical House Officers	278,625	293,754	200,945	214,992	228,591	232,852	269,851	282,946	13,095.14
2. Nursing	9,650,176	9,599,213	9,699,756	9,624,154	9,166,456	9,343,375	9,430,363	9,552,405	122,041.87
3. Allied	3,370,795	3,435,354	3,529,795	3,544,355	3,013,747	3,013,177	3,108,110	2,986,399	-121,710.77
4. Support	840,473	856,943	874,324	868,850	818,917	813,302	821,765	826,159	4,394.02
5. Management Admin	3,406,316	3,526,457	3,553,429	3,634,485	3,048,044	3,086,627	3,281,613	3,305,904	24,291.05
Totals	**25,927,822**	**26,135,174**	**26,472,405**	**26,199,873**	**24,081,870**	**24,244,539**	**25,008,303**	**25,213,072**	**204,769.21**

Hours	Closing September	Closing October	Closing November	Closing December	Closing January	Closing February	Closing March	Closing April	Movement Mar - Apr
1. Medical SMO	50,390.66	51,553.00	53,093.34	53,337.54	49,509.31	48,677.44	50,349.88	50,817.00	467.12
1. Medical MOSS	2,380.43	2,305.00	2,271.97	1,996.49	1,677.91	1,585.97	2,087.79	2,366.00	278.21
1. Medical RMO	24,362.50	23,934.00	22,883.82	18,162.56	18,176.48	18,254.94	20,313.89	21,148.00	834.11
1. Medical House Officers	5,953.90	6,191.00	4,305.14	4,542.64	4,856.06	4,960.38	5,748.41	6,280.00	531.59
2. Nursing	277,525.41	275,139.00	276,862.00	273,852.00	260,464.00	265,360.58	266,985.82	269,769.00	2,783.18
3. Allied	101,484.22	103,153.00	105,662.00	105,629.00	88,032.00	87,977.26	91,425.49	89,070.00	-2,355.49
4. Support	36,045.48	36,428.00	36,997.00	36,958.00	35,133.00	34,896.82	35,524.60	35,820.00	295.40
5. Management Admin	115,433.62	117,456.00	119,848.00	122,957.00	104,430.00	105,842.84	110,483.70	111,524.00	1,040.30
Totals	**613,576.21**	**616,159.00**	**621,923.27**	**617,435.23**	**562,278.76**	**567,556.23**	**582,919.58**	**586,794.00**	**3,874.42**

Movement Hours	*5,441*	*2,583*	*5,764*	*-4,488*	*-55,156*	*5,277*	*15,363*	*3,874*	

Outsourced Services Expenses

Outsourced costs excluding research expenditure are $1m under budget year to date, $1.6m of this due to favourable outsourced medical costs which are referred to in the personnel comments above.

Unfavourable variances in outsourced allied outsourcing ($0.2m) are offset by favourable salary variances.

Overruns in outsourced support staff ($0.25m) are only partially offset as the Food service continue to resource above budget due a number of staff on long term ACC sick leave.

Clinical Supplies Expenses

Clinical supplies are $0.6m favourable for the month and $0.7m favourable YTD. (Excluding research expenditure)

April's spend in clinical supplies continues its close relationship with case weighted volumes delivered.

The correlation between these two data sets is once again strong, being;

- 0.69 – Correlation from July 12 to April 13. (quite strong)

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

Infrastructure & Non-Clinical Supplies Expenditure

This category is $698k favourable for the month and $1,753k favourable YTD (excluding research expenditure).

The monthly variance was driven by continued favourable variances in;

- Utility costs (coal, steam and electricity)
- Stationery and printing
- Depreciation (both IT and Building). IT depreciation is $840k favourable YTD of which $550k is due to the recognition of the change in the useful life. This was budgeted in June so is a timing difference.

Despite these favourable areas, there are still areas of significant overspend in Telecommunication costs which are $359k over budget YTD, driven by data network fees and repairs and maintenance costs. Also, in transport costs which were on budget for the month reflecting continued close management of these costs, however they are still $155k over budget YTD. This variance is due to higher than budgeted expenditure on lease costs and depreciation.

Personal Health Payments (Not including Provider-arm)

Much of the April variances continue the trend from prior months, with variances in;

- Community pharmaceuticals ($0.4m)
- Palliative care costs ($0.3m)
- Laboratory costs ($0.5m)
- patient travel ($0.4m)
- IDF outflows ($0.5m)

The community pharmaceutical line has an underlying unfavourable variance of $0.6m based on Pharmac forecasts. There is a $0.3m reduction of diabetes test strip expenditure which has an IDF inflow revenue offset.

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.

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.

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, along with child and youth services.

Disability Support (Not including Provider-arm)
Overall disability support expenditure is $0.6m over budget. $1.2m of this relates to home support where personal care hours have increased significantly. This is partly offset in residential care with rest homes trending down resulting in favourable variances in April and also YTD.

Financial Statements

The following financial statements are attached:

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

Southern District Health Board

Apr-13

Part 4: DHB Consolidated	Current Month Actual $(000)	Current Month Budget $(000)	Current Month Variance $(000)	Current Month Variance %	Year to Date Actual $(000)	Year to Date Budget $(000)	Year to Date Variance $(000)	Year to Date Variance %	Annual Budget $(000)
Part 4.1: Statement of Financial Performance									
REVENUE									
Ministry of Health									
MoH - Vote Health Non Mental Health	55,368	55,374	(6) U	0%	553,617	553,742	(125) U	0%	664,490
MoH - Vote Health Mental Health	6,992	6,992	0 F	0%	69,921	69,921	0 F	0%	83,905
PBF Adjustments	-	-	0 F	n/m	-	-	0 F	n/m	-
MoH Funding Subcontracts	2,874	3,141	(267) U	(8%)	30,225	31,408	(1,184) U	(4%)	37,690
MoH - Personal Health	-	-	0 F	n/m	92	-	92 F	n/m	-
MoH - Mental Health	-	-	0 F	n/m	-	-	0 F	n/m	-
MoH - Public Health	10	11	0 F	(3%)	105	108	(3) U	(3%)	130
MoH - Disability Support Services	745	739	6 F	1%	7,450	7,387	63 F	1%	8,864
MoH - Maori Health	-	-	0 F	n/m	-	-	0 F	n/m	-
Clinical Training Agency	606	543	64 F	12%	5,596	5,425	170 F	3%	6,510
Internal - DHB Funder to DHB Provider	-	-	0 F	(131%)	-	-	0 F	##########	-
Ministry of Health Total	**66,596**	**66,799**	**(203) U**	0%	**667,005**	**667,991**	**(986) U**	0%	**801,589**
Other Government									
IDF's - Mental Health Services	145	145	0 F	0%	1,455	1,455	0 F	0%	1,746
IDF's - All others (non Mental health)	1,569	1,511	58 F	4%	14,903	15,107	(205) U	(1%)	18,129
Other DHB's	18	25	(6) U	(26%)	261	249	12 F	5%	299
Training Fees and Subsidies	(16)	20	(36) U	(181%)	168	202	(33) U	(17%)	242
Accident Insurance	671	736	(66) U	(9%)	7,331	7,201	129 F	2%	8,754
Other Government	408	417	(9) U	(2%)	4,584	4,170	414 F	10%	5,004
Other Government Total	**2,795**	**2,855**	**(59) U**	**(2%)**	**28,702**	**28,385**	**317 F**	**1%**	**34,174**
Government and Crown Agency Total	**69,391**	**69,654**	**(263) U**	0%	**695,707**	**696,376**	**(669) U**	0%	**835,763**
Other Revenue									
Patient / Consumer Sourced	247	276	(29) U	(11%)	2,498	2,901	(403) U	(14%)	3,414
Other Income	833	852	(19) U	(2%)	8,801	8,326	475 F	6%	10,030
Other Revenue Total	**1,080**	**1,128**	**(48) U**	**(4%)**	**11,299**	**11,227**	**72 F**	**1%**	**13,444**
REVENUE TOTAL	**70,471**	**70,782**	**(311) U**	0%	**707,006**	**707,603**	**(597) U**	0%	**849,207**
EXPENSES									
Personnel Expenses									
Medical Personnel	(9,268)	(8,594)	(674) U	(8%)	(85,759)	(82,865)	(2,894) U	(3%)	(99,761)
Nursing Personnel	(11,195)	(10,735)	(460) U	(4%)	(100,639)	(99,253)	(1,386) U	(1%)	(120,114)
Allied Health Personnel	(4,295)	(4,147)	(148) U	(4%)	(39,603)	(40,336)	733 F	2%	(48,635)
Support Services Personnel	(839)	(855)	16 F	2%	(7,881)	(7,938)	57 F	1%	(9,590)
Management / Admin Personnel	(3,673)	(3,658)	(15) U	(0%)	(35,350)	(35,624)	275 F	1%	(44,636)
Personnel Costs Total	**(29,270)**	**(27,989)**	**(1,281) U**	**(5%)**	**(269,232)**	**(266,017)**	**(3,215) U**	**(1%)**	**(322,736)**
Outsourced Expenses									
Medical Personnel	(497)	(734)	237 F	32%	(5,809)	(7,670)	1,861 F	24%	(9,207)
Nursing Personnel	(2)	(3)	2 F	52%	(35)	(33)	(1) U	(4%)	(40)
Allied Health Personnel	(41)	(24)	(17) U	(71%)	(497)	(242)	(255) U	(105%)	(290)
Support Personnel	(30)	(24)	(7) U	(28%)	(478)	(227)	(251) U	(111%)	(273)
Management / Administration Personnel	3	(1)	4 F	323%	(53)	(13)	(39) U	(293%)	(16)
Outsourced Clinical Services	(682)	(426)	(255) U	(60%)	(5,772)	(5,121)	(651) U	(13%)	(5,892)
Outsourced Corporate / Governance Services	(138)	(127)	(11) U	(9%)	(1,279)	(1,250)	(29) U	(2%)	(1,514)
Outsourced Funder Services	(115)	(88)	(26) U	(30%)	(1,176)	(932)	(244) U	(26%)	(1,116)
Outsourced Services Total	**(1,501)**	**(1,427)**	**(74) U**	**(5%)**	**(15,098)**	**(15,488)**	**389 F**	**3%**	**(18,349)**
Clinical Supplies									
Treatment Disposables	(2,543)	(2,492)	(50) U	(2%)	(24,789)	(24,623)	(167) U	(1%)	(29,763)
Diagnostic Supplies & Other Clinical Supplies	(133)	(164)	31 F	19%	(1,487)	(1,576)	88 F	6%	(1,867)
Instruments & Equipment	(1,316)	(1,409)	92 F	7%	(13,000)	(13,504)	503 F	4%	(12,420)
Patient Appliances	(161)	(167)	6 F	4%	(1,728)	(1,669)	(58) U	(3%)	(2,021)
Implants & Prosthesis	(884)	(843)	(42) U	(5%)	(8,826)	(8,336)	(491) U	(6%)	(10,033)
Pharmaceuticals	(1,186)	(1,615)	429 F	27%	(14,915)	(15,644)	729 F	5%	(18,531)
Other Clinical Supplies	(160)	(281)	121 F	43%	(2,638)	(2,714)	76 F	3%	(3,216)
Clinical Supplies Total	**(6,384)**	**(6,970)**	**587 F**	**8%**	**(67,384)**	**(68,064)**	**681 F**	**1%**	**(77,852)**
Infrastructure & Non Clinical Expenses									
Hotel Services, Laundry & Cleaning	(993)	(1,082)	89 F	8%	(10,591)	(10,793)	202 F	2%	(12,959)
Facilities	(1,695)	(1,941)	247 F	13%	(17,492)	(18,378)	886 F	5%	(22,190)
Transport	(322)	(332)	9 F	3%	(3,541)	(3,368)	(172) U	(5%)	(4,027)
IT Systems & Telecommunications	(679)	(928)	250 F	27%	(8,885)	(9,038)	154 F	2%	(8,659)
Interest & Financing Charges	(1,234)	(1,295)	61 F	5%	(12,657)	(12,925)	268 F	2%	(15,491)
Professional Fees & Expenses	(136)	(158)	22 F	14%	(1,772)	(1,667)	(106) U	(6%)	(1,984)
Other Operating Expenses	(343)	(366)	24 F	6%	(3,635)	(3,919)	284 F	7%	(4,312)
Democracy	(38)	(42)	4 F	9%	(396)	(419)	23 F	5%	(502)
Subsidiaries & Joint Ventures	-	-	-	n/m	-	-	-	n/m	-
Infrastructure & Non-Clinical Supplies Total	**(5,439)**	**(6,145)**	**706 F**	**11%**	**(58,969)**	**(60,507)**	**1,538 F**	**3%**	**(70,125)**

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Part 4: DHB Consolidated	Current Month Actual $(000)	Current Month Budget $(000)	Current Month Variance $(000)	Current Month Variance %	Year to Date Actual $(000)	Year to Date Budget $(000)	Year to Date Variance $(000)	Year to Date Variance %	Annual Budget $(000)
Payments to Providers									
Personal Health									
Child and Youth	(29)	(69)	40 F	58%	(328)	(692)	364 F	53%	(831)
Laboratory	(2,606)	(2,570)	(37) U	(1%)	(26,192)	(25,657)	(535) U	(2%)	(30,783)
Infertility Treatment Services	-	(10)	10 F	100%	-	(98)	98 F	100%	(118)
Maternity	(220)	(221)	1 F	1%	(2,221)	(2,200)	(22) U	(1%)	(2,642)
Maternity (Tertiary & Secondary)	(13)	(14)	1 F	4%	(38)	(136)	98 F	72%	(163)
Pregnancy and Parenting Education	(4)	(10)	5 F	56%	(81)	(96)	15 F	16%	(115)
Maternity Payment Schedule	-	-	-	n/m	-	-	-	n/m	-
Neo Natal	-	-	-	100%	-	-	-	100%	-
Sexual Health	-	-	-	100%	-	-	-	100%	-
Adolescent Dental Benefit	(215)	(244)	29 F	12%	(1,713)	(1,804)	91 F	5%	(2,231)
Other Dental Services	-	-	-	n/m	-	-	-	n/m	-
Dental - Low Income Adult	(60)	(68)	8 F	11%	(671)	(679)	8 F	1%	(815)
Child (School) Dental Services	(26)	(49)	23 F	47%	(440)	(493)	53 F	11%	(591)
Secondary / Tertiary Dental	(139)	(139)	-	(0%)	(1,386)	(1,386)	-	(0%)	(1,663)
Pharmaceuticals	(5,765)	(5,716)	(49) U	(1%)	(60,891)	(60,500)	(391) U	(1%)	(72,806)
Pharmaceutical Cancer Treatment Drugs	-	-	-	103%	-	-	-	100%	-
Pharmacy Services	(129)	(31)	(98) U	(311%)	(389)	(314)	(74) U	(24%)	(377)
Management Referred Services	-	-	-	n/m	-	-	-	n/m	-
General Medical Subsidy	(109)	(120)	10 F	9%	(1,369)	(1,195)	(174) U	(15%)	(1,434)
Primary Practice Services - Capitated	(3,379)	(3,365)	(14) U	(0%)	(33,664)	(33,652)	(13) U	(0%)	(40,382)
Primary Health Care Strategy - Care	(247)	(255)	9 F	3%	(2,431)	(2,554)	123 F	5%	(3,065)
Primary Health Care Strategy - Health	(327)	(277)	(50) U	(18%)	(2,540)	(2,766)	226 F	8%	(3,319)
Primary Health Care Strategy - Other	(215)	(287)	72 F	25%	(2,160)	(2,868)	709 F	25%	(3,442)
Practice Nurse Subsidy	(15)	(16)	1 F	8%	(142)	(162)	20 F	12%	(194)
Rural Support for Primary Health Pro	(1,283)	(1,284)	1 F	(0%)	(12,821)	(12,840)	19 F	(0%)	(15,408)
Immunisation	(482)	(470)	(12) U	(3%)	(1,564)	(1,645)	81 F	5%	(1,995)
Radiology	(151)	(176)	25 F	14%	(1,506)	(1,756)	250 F	14%	(2,107)
Palliative Care	(481)	(478)	(2) U	(0%)	(5,073)	(4,785)	(288) U	(6%)	(5,742)
Meals on Wheels	(19)	(19)	-	(1%)	(189)	(193)	4 F	2%	(232)
Domicilary & District Nursing	(440)	(417)	(23) U	(6%)	(4,313)	(4,171)	(142) U	(3%)	(5,005)
Community based Allied Health	(174)	(165)	(9) U	(5%)	(1,656)	(1,649)	(7) U	(0%)	(1,979)
Chronic Disease Management and Educa	(78)	(83)	5 F	6%	(819)	(825)	6 F	1%	(990)
Medical Inpatients	-	-	-	100%	-	-	-	100%	-
Medical Outpatients	(368)	(368)	-	(0%)	(3,680)	(3,675)	(4) U	(0%)	(4,410)
Surgical Inpatients	325	(36)	361 F	1004%	(110)	(359)	250 F	70%	(431)
Surgical Outpatients	(139)	(152)	13 F	9%	(1,386)	(1,520)	134 F	9%	(1,824)
Paediatric Inpatients	-	-	-	n/m	-	-	-	n/m	-
Paediatric Outpatients	-	-	-	n/m	-	-	-	n/m	-
Pacific Peoples' Health	(4)	(4)	-	(0%)	(41)	(38)	(4) U	(10%)	(45)
Emergency Services	(150)	(163)	13 F	8%	(1,562)	(1,632)	70 F	4%	(1,959)
Minor Personal Health Expenditure	(46)	(82)	36 F	44%	(531)	(815)	284 F	35%	(978)
Price adjusters and Premium	(74)	(83)	8 F	(10%)	(975)	(829)	(146) U	18%	(995)
Travel & Accomodation	(296)	(222)	(73) U	(33%)	(3,987)	(3,554)	(433) U	(12%)	(4,339)
Inter District Flow Personal Health	(2,222)	(2,155)	(68) U	(3%)	(22,049)	(21,549)	(500) U	(2%)	(25,859)
Personal Health Total	**(19,581)**	**(19,816)**	**235 F**	**1%**	**(198,918)**	**(199,087)**	**169 F**	**(0%)**	**(239,268)**
Mental Health									
Mental Health to allocate	-	-	-	n/m	-	-	-	n/m	-
Acute Mental Health Inpatients	-	-	-	n/m	-	-	-	n/m	-
Sub-Acute & Long Term Mental Health	-	-	-	n/m	-	-	-	n/m	-
Crisis Respite	(5)	(2)	(3) U	(125%)	(46)	(21)	(26) U	(124%)	(25)
Alcohol & Other Drugs - General	(84)	(83)	-	(1%)	(822)	(833)	10 F	1%	(999)
Alcohol & Other Drugs - Child & Youth	(40)	(39)	-	(1%)	(393)	(392)	-	(0%)	(471)
Methadone	-	-	-	n/m	-	-	-	n/m	-
Dual Diagnosis - Alcohol & Other Drugs	-	(7)	7 F	100%	(13)	(70)	57 F	82%	(84)
Dual Diagnosis - MH/ID	-	-	-	n/m	-	-	-	n/m	-
Eating Disorder	(14)	(14)	-	(0%)	(139)	(140)	1 F	(0%)	(168)
Maternal Mental Health	(4)	(4)	-	(0%)	(44)	(37)	(7) U	(20%)	(44)
Child & Youth Mental Health Services	(292)	(317)	24 F	8%	(2,935)	(3,166)	230 F	7%	(3,799)
Forensic Services	-	-	-	100%	-	-	-	100%	-
Kaupapa Maori Mental Health Services	(6)	(6)	-	2%	(61)	(63)	1 F	2%	(75)
Kaupapa Maori Mental Health - Residentual	-	-	-	n/m	-	-	-	n/m	-
Kaupapa Maori Mental Health - Inpati	-	-	-	n/m	-	-	-	n/m	-
Mental Health Community Services	(112)	(106)	(6) U	(6%)	(1,111)	(1,056)	(55) U	(5%)	(1,267)
Prison/Court Liaison	-	-	-	100%	-	-	-	100%	-
Mental Health Workforce Development	-	(1)	1 F	100%	-	(6)	6 F	100%	(7)
Day Activity & Work Rehabilitation S	(133)	(123)	(10) U	(8%)	(1,354)	(1,306)	(48) U	(4%)	(1,552)
Mental Health Funded Services for Older People	-	-	-	n/m	-	-	-	n/m	-
Advocacy / Peer Support - Consumer	(23)	(23)	-	2%	(252)	(234)	(18) U	(7%)	(281)
Other Home Based Residential Support	(303)	(317)	14 F	5%	(3,137)	(3,169)	31 F	1%	(3,803)
Advocacy / Peer Support - Families	(52)	(50)	(2) U	(4%)	(571)	(501)	(70) U	(14%)	(600)
Community Residential Beds & Service	(422)	(424)	1 F	(0%)	(4,012)	(4,136)	124 F	3%	(4,983)
Minor Mental Health Expenditure	(28)	(34)	6 F	18%	(335)	(340)	6 F	2%	(409)
Inter District Flow Mental Health	(431)	(431)	-	(0%)	(4,312)	(4,312)	-	(0%)	(5,174)
Mental Health Total	**(1,947)**	**(1,980)**	**33 F**	**2%**	**(19,539)**	**(19,780)**	**242 F**	**1%**	**(23,741)**

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Part 4: DHB Consolidated	Current Month				Year to Date				Annual
	Actual $(000)	Budget $(000)	Variance $(000)	Variance %	Actual $(000)	Budget $(000)	Variance $(000)	Variance %	Budget $(000)
Public Health									
Alcohol & Drug	-	-	-	n/m	-	-	-	n/m	-
Communicable Diseases	-	-	-	n/m	-	-	-	n/m	-
Injury Prevention	-	-	-	n/m	-	-	-	n/m	-
Mental Health	-	-	-	n/m	-	-	-	n/m	-
Screening Programmes	-	-	-	100%	-	-	-	100%	-
Nutrition and Physical Activity	(23)	(23)	-	(0%)	(227)	(227)	-	(0%)	(272)
Physical Environment	-	-	-	n/m	-	-	-	n/m	-
Public Health Infrastructure	-	-	-	n/m	-	-	-	n/m	-
Sexual Health	(1)	(1)	-	(1%)	(7)	(7)	-	(1%)	(9)
Social Environments	-	-	-	100%	-	-	-	100%	-
Tobacco Control	(20)	(12)	(7) U	(60%)	(152)	(125)	(27) U	(22%)	(150)
Well Child Promotion	-	-	-	n/m	-	-	-	n/m	-
Meningococcal	-	-	-	n/m	-	-	-	n/m	-
Public Health Total	**(43)**	**(36)**	**(8) U**	**(21%)**	**(387)**	**(359)**	**(28) U**	**(8%)**	**(431)**
Disability Support Services									
AT & R (Assessment, Treatment and Re	(294)	(294)	-	(0%)	(2,945)	(2,944)	(1) U	(0%)	(3,532)
Information and Advisory	(1)	(1)	-	(0%)	(5)	(5)	-	1%	(6)
Needs Assessment	(24)	(21)	(2) U	(11%)	(235)	(214)	(20) U	(9%)	(257)
Service Co-ordination	-	-	-	n/m	10	-	10 F	n/m	-
Home Support	(1,164)	(1,076)	(88) U	(8%)	(12,001)	(10,826)	(1,175) U	(11%)	(12,978)
Carer Support	(124)	(143)	19 F	13%	(1,314)	(1,433)	119 F	8%	(1,719)
Residential Care: Rest Homes	(2,809)	(3,009)	199 F	7%	(29,469)	(30,155)	686 F	2%	(36,213)
Residential Care: Loans Adjustment	9	22	(13) U	(60%)	149	222	(73) U	(33%)	266
Long Term Chronic Conditions	(107)	(83)	(23) U	(28%)	(971)	(833)	(138) U	(17%)	(1,000)
Residential Care: Hospitals	(3,603)	(3,444)	(159) U	(5%)	(34,842)	(34,801)	(41) U	(0%)	(41,840)
Ageing in Place	-	-	-	n/m	-	-	-	n/m	-
Environmental Support Services	(96)	(100)	4 F	4%	(1,000)	(999)	(1) U	(0%)	(1,199)
Day Programmes	(28)	(24)	(4) U	(15%)	(269)	(263)	(6) U	(2%)	(312)
Expenditure to Attend Treatment ETAT	-	-	-	n/m	-	-	-	n/m	-
Minor Disability Support Expenditure	-	(8)	8 F	100%	-	(83)	83 F	100%	(100)
Respite Care	(139)	(84)	(56) U	(66%)	(1,034)	(836)	(198) U	(24%)	(1,003)
Community Health Services & Support	(218)	(206)	(12) U	(6%)	(1,883)	(1,962)	79 F	4%	(2,374)
Inter District Flow Disability Support	(309)	(321)	12 F	4%	(3,170)	(3,209)	39 F	1%	(3,851)
Disability Support Other	-	-	-	n/m	-	-	-	n/m	-
Disability Support Services Total	**(8,908)**	**(8,792)**	**(115) U**	**(1%)**	**(88,980)**	**(88,342)**	**(638) U**	**(1%)**	**(106,119)**
Maori Health									
Maori Service Development	(22)	(22)	-	(0%)	(220)	(220)	-	(0%)	(265)
Maori Provider Assistance Infrastruc	-	-	-	n/m	-	-	-	n/m	-
Moari Workforce Development	-	-	-	n/m	-	-	-	n/m	-
Minor Maori Health Expenditure	-	-	-	n/m	-	-	-	n/m	-
Whanau Ora Services	(107)	(109)	2 F	2%	(1,065)	(1,088)	23 F	2%	(1,305)
Maori Health Total	**(129)**	**(131)**	**2 F**	**2%**	**(1,285)**	**(1,308)**	**23 F**	**2%**	**(1,570)**
Internal Allocations	-	-	-	n/m	-	-	-	n/m	-
Total Expenses	**(73,201)**	**(73,287)**	**86 F**	(0%)	**(719,792)**	**(718,952)**	**(839) U**	(0%)	**(860,189)**
Net Surplus/ (Deficit)	**(2,730)**	**(2,506)**	**(225) U**	**(9%)**	**(12,786)**	**(11,350)**	**(1,436) U**	**(13%)**	**(10,982)**
Zero Check	-	-			-	-			-
Part 4.1 A: Supplementary Information to Statement of Financial Performance									
Depreciation - Clinical Equipment	(637)	(775)	139 F	18%	(6,315)	(7,128)	812 F	11%	(4,847)
Depreciation - Non Residential Buildings & Plant	(670)	(654)	(16) U	(3%)	(6,357)	(6,429)	72 F	1%	(7,736)
Depreciation - Motor Vehicles	(17)	(6)	(11) U	(173%)	(109)	(62)	(46) U	(74%)	(75)
Depreciation - Information Techology	(18)	(361)	343 F	95%	(2,517)	(3,358)	842 F	25%	(1,843)
Depreciation - Other Equipment	(61)	(45)	(17) U	(37%)	(494)	(447)	(46) U	(10%)	(537)
Total Depreciation	(1,403)	(1,841)	437 F	24%	(15,791)	(17,424)	1,633 F	9%	(15,038)
Interest Cost from Funder Loans	-	-	-	n/m	-	-	-	n/m	-
Interest Costs from CHFA	(394)	(407)	13 F	3%	(4,215)	(4,233)	18 F	(0%)	(5,036)
Financing Component of Operating Leases	(32)	(20)	(11) U	(56%)	(222)	(221)	(2) U	(1%)	(260)
Capital Charge	(789)	(840)	51 F	6%	(8,024)	(8,190)	165 F	2%	(9,858)

Southern District Health Board

Apr-13

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	(29)	178	(207)	-	9,706	-
Short Term Investments - HBL	26,228	23,666	2,562	40,991	-	24,043
Short Term Investments	-	-	-	-	30,053	-
Prepayments	2,079	2,567	(489)	1,493	1,493	1,493
Accounts Receivable	5,118	8,214	(3,096)	8,379	6,196	8,591
Provision for Doubtful Debts	(1,699)	(1,699)	-	(1,695)	(1,695)	(1,695)
Accrued Debtors	20,027	15,473	4,554	15,540	15,540	15,540
Inventory / Stock	4,437	4,405	31	4,265	4,265	4,265
Current Assets Total	**56,175**	**52,819**	**3,356**	**68,987**	**65,571**	**52,251**
Non Current Assets						
Land, Buildings & Plant	257,429	256,267	1,162	255,991	240,152	259,181
Clinical Equipment (incl Finance Leases)	106,258	104,266	1,991	120,173	105,105	126,173
Other Equipment (incl Finance Leases)	15,377	15,295	82	13,319	12,904	13,401
Information Technology	35,833	35,571	263	36,376	32,108	38,897
Motor Vehicles	1,474	1,268	206	704	692	707
Provision Depreciation - Buildings & Plant	(23,257)	(22,587)	(670)	(23,329)	(16,900)	(24,636)
Provision Depreciation - Clinical Equipment	(77,368)	(76,747)	(621)	(84,099)	(76,971)	(81,818)
Provision Depreciation - Other Equipment	(11,744)	(11,683)	(61)	(11,801)	(11,354)	(11,891)
Provision Depreciation - Information Technology	(26,599)	(26,645)	46	(27,773)	(24,415)	(26,258)
Provision Depreciation - Motor Vehicles	(370)	(352)	(17)	(332)	(269)	(344)
WIP	9,240	9,881	(641)	17,500	20,869	17,500
Investment in Associates	278	278	-	328	278	328
Long Term Investments	1,421	1,215	207	1,415	-	1,842
Non Current Assets Total	**287,972**	**286,026**	**1,946**	**298,473**	**282,198**	**313,082**
Current Liabilities						
Accounts Payable Control	(4,512)	(3,633)	(880)	(5,557)	(5,053)	(4,905)
Accrued Creditors	(25,826)	(26,098)	273	(27,958)	(32,124)	(28,299)
Income Received in Advance	(1,504)	(1,626)	122	(1,614)	(1,614)	(1,614)
Capital Charge Payable	(3,154)	(2,366)	(789)	(3,322)	-	(4,990)
GST & Tax Provisions	(7,938)	(4,535)	(3,402)	(8,324)	(6,842)	(7,938)
Term Loans - Finance Leases (current portion)	(858)	(1,097)	239	(1,408)	(1,408)	(1,408)
Term Loans - Crown (current portion)	(10,885)	(17,884)	7,000	(27,595)	(28,045)	(27,445)
Payroll Accrual & Clearing Accounts	(15,588)	(13,451)	(2,138)	(25,889)	(11,671)	(17,583)
Employee Entitlement Provisions	(45,290)	(43,820)	(1,469)	(44,035)	(44,036)	(44,034)
Current Liabilities Total	**(115,555)**	**(114,511)**	**(1,044)**	**(145,701)**	**(130,793)**	**(138,216)**
WORKING CAPITAL	**(59,380)**	**(61,692)**	**2,312**	**(76,714)**	**(65,222)**	**(85,966)**
NET FUNDS EMPLOYED	**228,592**	**224,334**	**4,258**	**221,759**	**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)	(11,540)	-	(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 portio	(3,101)	(3,113)	11	(508)	(1,669)	(324)
Term Loans - Crown (non current portion)	(91,275)	(84,259)	(7,016)	(74,732)	(74,732)	(74,732)
Custodial Funds	-	-	-	-	-	-
Non Current Liabilities Total	**(110,525)**	**(103,520)**	**(7,005)**	**(91,335)**	**(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)	-	(17,293)	-	(23,174)
Crown Equity Repayments	-	-	-	-	-	707
Trust and Special Funds (no restricted use)	(5,021)	(5,003)	(18)	-	(4,850)	-
Revaluation Reserve	(85,362)	(85,362)	-	(85,362)	(85,362)	(85,362)
Retained Earnings - DHB Governance & Funding	2,642	2,550	92	2,526	1,762	2,702
Retained Earnings - DHB Provider	96,843	94,613	2,230	91,291	89,693	89,514
Retained Earnings - Funds	33,771	33,329	443	32,966	28,828	34,200
Crown Equity Total	**(118,067)**	**(120,814)**	**2,747**	**(130,423)**	**(124,481)**	**(135,965)**
NET FUNDS EMPLOYED	**(228,592)**	**(224,334)**	**(4,258)**	**(221,759)**	**(216,976)**	**(227,116)**
Zero Check	-	-	-	-	-	-
Part 4.3: Statement of Movement in Equity						
Total equity at beginning of the period	(120,814)	(122,766)		(124,480)	(124,481)	(124,481)
Net Results for Period	2,730	2,021		11,350	-	10,982
Revaluation of Fixed Assets	-	-		-	-	-
Equity Injections - Deficit Support	-	-		(7,000)	-	(11,900)
Equity Injections - Capital Projects	-	-		(10,293)	-	(11,274)
Equity Repayments	-	-		-	-	707
Other	-	-		-	-	-
Movement in Trust and Special Funds	18	(70)		-	-	-
Total Equity at end of the period	**(118,067)**	**(120,814)**		**(130,423)**	**(124,481)**	**(135,965)**

Board Cash Flow - Southern

Apr-13

Part 4: DHB Consolidated	Current Month Actual $(000)	Current Month Budget $(000)	Current Month Variance $(000)	Year to Date Actual $(000)	Year to Date Budget $(000)	Year to Date Variance $(000)	Annual Budget $(000)
Part 4.4 Statement of Cashflows							
Operating Revenue							
Government and Crown Agency Revenue	67,811	69,564	(1,753) U	692,192	694,467	(2,275) U	833,648
Other Revenue Received	917	1,072	(155) U	9,354	9,334	20 F	11,205
Total Receipts	**68,728**	**70,636**	**(1,908) U**	**701,546**	**703,801**	**(2,255) U**	**844,853**
Payments for Personnel	(25,680)	(24,489)	(1,191) U	(264,094)	(251,798)	(12,296) U	(316,823)
Payments for Supplies	(8,992)	(11,504)	2,512 F	(112,925)	(113,709)	784 F	(136,543)
Interest Paid	(1,397)	(1,386)	(11) U	(4,397)	(4,318)	(79) U	(5,112)
Capital Charge Paid	-	-	-	(4,870)	(7,128)	2,258 F	(7,128)
GST (Net) & Tax	3,402	(601)	4,003 F	1,095	2,848	(1,753) U	2,672
Payment to own DHB Provider (Eliminated)	-	-	-	-	-	-	-
Payment to own DHB Governance & Funding Admin	-	-	-	-	-	-	-
Payments to other DHBs	(3,030)	(2,907)	(123) U	(32,073)	(29,070)	(3,003) U	(34,884)
Payments to Providers	(27,233)	(28,562)	1,329 F	(281,380)	(279,910)	(1,470) U	(336,253)
Total Payments	**(62,930)**	**(69,449)**	**6,519 F**	**(698,644)**	**(683,085)**	**(15,559) U**	**(834,071)**
Net Cashflow from Operating	**5,798**	**1,187**	**4,611 F**	**2,902**	**20,716**	**(17,814) U**	**10,782**
Investing Activities							
Interest Receipts 3rd Party	163	185	(22) U	1,893	1,850	43 F	2,220
Sale of Fixed Assets	-	-	-	52	-	52 F	-
Capital Expenditure							
Land, Buildings & Plant	(844)	(1,400)	556 F	(8,136)	(15,839)	7,703 F	(19,029)
Clinical Equipment	(1,975)	(2,713)	738 F	(10,158)	(15,068)	4,910 F	(21,068)
Other Equipment	(79)	(41)	(38) U	(380)	(415)	35 F	(497)
Information Technology	(302)	(1,219)	917 F	(1,908)	(3,513)	1,605 F	(5,869)
Motor Vehicles	(4)	(1)	(3) U	(671)	(12)	(659) U	(15)
Work in Progress (Check)	-	-	-	-	-	-	-
Total Capital Expenditure	**(3,204)**	**(5,374)**	**2,170 F**	**(21,253)**	**(34,847)**	**13,594 F**	**(46,478)**
Increase in Investments and Restricted & Trust Funds Asset	(206)	(200)	(6) U	(1,421)	(1,415)	(6) U	(1,842)
Net Cashflow from Investing	**(3,247)**	**(5,389)**	**2,142 F**	**(20,729)**	**(34,412)**	**13,683 F**	**(46,100)**
Financing Activities							
Equity Injections	-	3,993	(3,993) U	6,389	17,293	(10,904) U	22,467
New Debt							
Private Sector	-	-	-	-	-	-	-
CHFA	-	-	-	-	-	-	-
Repaid Debt							
Private Sector	(195)	(174)	(21) U	(1,337)	(1,916)	579 F	(2,265)
CHFA	-	-	-	(784)	(450)	(334) U	(600)
Other Non-Current Liability Movement							
Other Equity Movement	-	-	-	-	-	-	-
Net Cashflow from Financing	**(195)**	**3,819**	**(4,014) U**	**4,268**	**14,927**	**(10,659) U**	**19,602**
Net Cashflow	**2,356**	**(383)**	2,739 F	**(13,559)**	**1,231**	(14,790) U	**(15,717)**
Plus Cash (Opening)	23,858	41,388	(17,530) U	39,772	39,773	(1) U	39,773
Cash (Closing)	**26,214**	**41,004**	**(14,790) U**	**26,214**	**41,004**	**(14,790) U**	**24,056**
Carry Forward Check							
Closing Cash made up of:							
Petty Cash	15	13	2 F	15	13	2 F	13
Bank (Overdraft)	(29)	-	(29) U	(29)	-	(29) U	-
Short Term Investments	26,228	40,991	(14,763) U	26,228	40,991	(14,763) U	24,043
Total Cashflow Cash (Closing)	**26,214**	**41,004**	**(14,790) U**	**26,214**	**41,004**	**(14,790) U**	**24,056**

SOUTHERN DISTRICT HEALTH BOARD

Title:	**ELECTIONS 2013**
Report to:	Board
Date of Meeting:	6 June 2013

Summary:

The key issues in this paper are:

- Early processing of voting documents
- Order of candidate names on voting papers

Specific implications for consideration (financial/workforce/risk/legal etc):

Financial:	n/a
Workforce:	n/a
Other:	

Document previously submitted to:	DHB Electoral Officer	**Date:** 29/04/13
Approved by Chief Executive Officer:		**Date:** 13/06/13

Prepared by: Jeanette Kloosterman Board Secretary **Date:** 06/05/24	**Presented by:** Carole Heatly Chief Executive Officer

RECOMMENDATIONS:

1. **That the Board note this report;**
2. **That the returned voting documents for the Southern District Health Board's 2013 triennial election be processed during the voting period, such early processing to be undertaken in accordance with section 79 of the Local Electoral Act 2001, the Local Electoral Regulations 2001 and the Society of Local Government Managers' Code of Best Practice;**
3. **That the Board resolve that the [Alphabetical/Pseudo-Random/Random] system be used to determine the order in which candidate names appear on voting documents.**

ELECTION 2013

1. BACKGROUND

The New Zealand Public Health and Disability Act 2000 (NZPHD) requires elections for seven of the members of the Board to be held every three years. Schedule 2 of the NZPHD Act:

(a) States that the provisions of the Local Electoral Act 2001 and regulations made under that Act apply, with all necessary modifications (proposed amendment expected May 2013), to every election of a DHB;

(b) Requires the elections of DHBs to be held in conjunction with triennial general local authority elections;

(c) Requires that every DHB election be conducted under the STV (Single Transferable Voting) electoral system;

(d) Provides that the costs incurred by every Territorial Authority in conducting an election of a DHB are to be borne and paid for by the DHB;

(e) Requires that the DHB Electoral Officer (EO) be an EO of a territorial authority within which the DHB is wholly or partly situated.

Pam Jordan, Dunedin City Council, was appointed the Southern DHB EO in April 2010 and will continue in that role for the 2013 election.

Cabinet has determined that the Southern DHB election is to be conducted across two constituencies, based on the old Southland and Otago DHB boundaries.

2. EARLY PROCESSING OF VOTING DOCUMENTS

Section 79 of the Local Electoral Act 2001 permits all local authorities to pass resolutions enabling the early processing of voting documents*. DHBs are deemed to be local authorities for the purposes of the Act.

Early processing enables preliminary and final election results to be delivered faster and reduces cost, as it allows electoral officers to carry out preparatory work progressively over the voting period. This includes opening the envelopes containing returned voting documents, rejection of invalid voting documents and recording votes from voting documents, etc. It does not permit the actual counting of votes, which cannot be performed until 12.00 noon on election day (12 October 2013).

All local authorities are being strongly urged to pass a resolution permitting early processing, as voting papers for all issues in Otago and Southland will be returned by voters in the same envelope.

(*If proposed amendments to the Local Electoral Act are passed early processing will become a decision of the Electoral Officer.)

3. ORDER OF CANDIDATES ON VOTING PAPER

The Local Electoral Regulations 2001 give local authorities (including DHBs) the option to choose the order of candidates on the voting document. The options are:

(a) Alphabetical by surname

(b) Pseudo-random order – where names are 'drawn out of a hat' and that order appears on every document

(c) Random order – where every voting document effectively has a different order on it, ie the order of candidates is randomly generated for every elector.

Pros and Cons:

Alphabetical order has the advantage that voters can find candidates easily on the voting form. Candidate profile statements will be published in alphabetical order.

A fully random option is given to avoid the possibility of unfair advantage if electors choose to vote or rank candidates in descending order from the top of the list. The main disadvantages are that candidate profiles will not be in the same order as the names on the voting papers and it will increase printing costs for some local authorities.

The pseudo-random ('names out of a hat') option also has the disadvantage that candidates' names on the voting papers will not be in the same order as the candidate profiles.

The fully random option was used for the last Southern DHB election. If the Board does not pass a resolution on the order of candidates' names, the default arrangement is alphabetical by surname.

4. KEY DATES

26 July (19 July*)	Candidate nominations open
23 August 2013, 12.00 noon (16 August*)	Candidate nominations close
20 September to 12 October	Voting period – voting closes 12.00 noon on 12 October
9 December	Members come into office (58 days after election day)

*Dates that will apply when Local Electoral Amendment Bill (No. 2) becomes law.

5. RECOMMENDATIONS

(a) That the Board note this report;

(b) That the returned voting documents for the Southern District Health Board's 2013 triennial election be processed during the voting period, such early processing to be undertaken in accordance with section 79 of the Local Electoral Act 2001, the Local Electoral Regulations 2001 and the Society of Local Government Managers' Code of Best Practice;

(c) That the Board resolve that the [Alphabetical/Pseudo-Random/Random] system be used to determine the order in which candidate names appear on voting documents.

Southern District Health Board

Minutes of the Joint Meeting of the Disability Support Advisory Committee and Community & Public Health Advisory Committee held on Wednesday, 1 May 2013, commencing at 10.00 am, in the Board Room, Southland Hospital Campus, Invercargill

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Present:	Dr Malcolm Macpherson	Chairman
	Mr Neville Cook	
	Ms Sandra Cook	
	Mrs Kaye Crowther	
	Mrs Mary Flannery	
In Attendance:	Mr Robert Mackway-Jones	Executive Director Planning & Funding
	Ms Sharon Adler	Portfolio Manager, Health of Older Persons and Disability (by videoconference)
	Ms Thelma Brown	Portfolio Manager, Public & Population Health (by videoconference)
	Ms Jeanette Kloosterman	Board Secretary (by videoconference)
	Ms Melissa Garry	Media Liaison Officer (by videoconference)

1.0 WELCOME

The Chairman welcomed everyone to the meeting and advised that Robert Mackway-Jones, Executive Director Planning & Funding, was attending his last meeting. He expressed the Committees' appreciation for the work Mr Mackway-Jones had done for them and the organisation, and the leadership he had provided, particularly in the rural areas.

In response, Mr Mackway-Jones, acknowledged the contribution made by his team.

2.0 APOLOGIES

There were no apologies.

3.0 MEMBERS' DECLARATION OF INTEREST

Mrs Crowther requested that item 2, Trustee of Plunket Foundation, be deleted from her entry in the Interests Register.

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 7 February 2013 be approved and adopted as a true and correct record."

5.0 ACTION SHEET

The Committees reviewed the action sheet (agenda item 5) and:

- Noted that the fee was a barrier to many organisations obtaining formal breastfeeding friendly certification;
- Requested that presentations be arranged from the rural trusts.

6.0 PRIMARY AND COMMUNITY

The Executive Director Planning & Funding presented the Primary and Community activity report (agenda item 6) and reported that the Diabetes Care Improvement Programme (DCIP) put in place through the PHO was being held up as an exemplar.

The Committees:

- Extended their congratulations to staff on the success of the DCIP
- Requested further information on the maternity quality and safety model.

7.0 PUBLIC & POPULATION HEALTH

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

The Committees requested:

- A copy of the Child and Youth Health Compass Questionnaire report when it is completed;
- An update on the district-wide Child and Youth Steering Group.

Gore Social Sector Trials

Ms Brown presented an update on the Gore social sector trials (agenda item 7) and summarised the highlights from her perspective.

It was noted that the Gore trial had been extended to June 2014 and another trial was due to start in South Dunedin.

8.0 MENTAL HEALTH AND ADDICTIONS

The Executive Director Planning & Funding presented the Mental Health and Addiction Portfolio activity report (agenda item 8) and took questions from members.

9.0 HEALTH OF OLDER PEOPLE

Ms Sharon Adler, Portfolio Manager, presented her report on Health of Older People (HOP) activity (agenda item 9) and took questions from members.

10.0 HOSPITAL AND SPECIALIST SERVICES

The Executive Director Planning & Funding presented the Hospital and Specialist Services Portfolio activity report (agenda item 10) and took questions from members.

The Committees were informed that:

- Because of their value, the larger hospital based trust contracts would be submitted to Board for approval in June;
- That the new CT scanner was due to be operating at Dunstan Hospital the following week.

11.0 FINANCIAL REPORT

The Executive Director Finance & Funding presented the Funder Financial Report for the period ended 31 March 2013 (agenda item 11) and answered members' questions on the financial accounts.

It was resolved:

"That the portfolio and financial reports be received."

CONFIDENTIAL SESSION

At 11.25 am it was resolved that the public be excluded for the following agenda items:

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

The meeting closed at 11.45 am.

Confirmed as a correct record:

Chairman .....

Date .....

Southern District Health Board

Minutes of the Hospital Advisory Committee Meeting held on Wednesday, 1 May 2013, commencing at 2.00pm in the Board Room, Community Services Building, Southland Hospital Campus

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

1.0 PRESENTATION ON RENAL SERVICE

Renal Consultants, Professor Rob Walker, Dr John Schollum, Dr Tracey Putt, and Service Manager in Medicine, Ms Janine Cochrane, joined the meeting to provide an update on Southern DHB's renal service. A copy of their presentation is attached (***appendix 1***). The following key points were highlighted:

- The South Island is a world leader in home dialysis, used by more than 95% of its dialysis patients.
- Home dialysis is convenient for the patient and approximately half the cost of dialysis at a clinic.
- Transplants result in cost savings, but there are insufficient organ donors to meet demand.
- There is an 8% year-on-year increase in demand for dialysis services.
- Delays experienced for surgery due to pressures on theatre time.
- Challenges for the service included Information Technology (IT) issues and lack of an adequately functioning data system. A business case for improved systems is being progressed at the current time.
- The service has a very good rapport with General Practitioners across the region.
- Approximately 70% of cases could be done through day surgery.
- The Health Connect South programme currently underway will assist in achieving better IT links between hospital clinicians and GPs and this should be in place in 12-18 months.
- The CEO advised that the opening of the ninth theatre in Dunedin the week commencing 6 May 2013 will assist in reducing surgical waiting times. The clinicians have highlighted the benefits of a well functioning day surgery service.

2.0 WELCOME AND APOLOGIES

The Chairman welcomed everyone to the meeting. Apologies were noted from the Medical Director of Patient Services, Mr Richard Bunton and the Chief Medical Officer, Mr David Tulloch.

It was resolved:

"That the apologies be accepted."

3.0 MEMBERS' DECLARATION OF INTEREST

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

4.0 CONFIRMATION OF PREVIOUS MINUTES

It was resolved:

"That the minutes of the 10 April 2013 Hospital Advisory Committee meeting be approved and adopted as a true and correct record."

5.0 MATTERS ARISING

There were no matters arising from the previous minutes.

6.0 ACTION SHEET

The HAC meeting action sheet was received and taken as read. Members noted the current status of the actions.

7.0 EXECUTIVE DIRECTOR OF PATIENT SERVICES (EDPS) REPORT

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

- Members noted a vote of thanks to staff working to achieve shorter cancer wait times. This followed advice that the 100% target was achieved, despite the service being down to two treatment machines whilst the third is being replaced and with an increase in patient numbers.
- The reduction in the average length of stay (ALOS) was pleasing.
- A reduction in the 'did not attend' (DNA) rate was noted.
- The acute readmission rate target was challenging and was on par with other DHBs. Management was committed to achieving the target.
- An increase in the number of patients waiting greater than six months from commitment to treatment for the January to March 2013 period was highlighted. The Surgical Directorate report highlights the increase and outlines what is being done to address this. Specialties contributing to the unfavourable variance are Orthopaedics, General Surgery, Ear Nose and Throat (ENT) and Urology. The EDPS is to report back on whether a similar increase has been experienced in previous years. Pathways are being implemented and this will play an important part in the process of referral management.
- Graph seven highlights the increased acute demand being experienced The demand is across all specialties, but Orthopaedics and General Surgery stand out due to the higher volumes. Internal Medicine also contributes to the trend.

- An increase in acute volume is also a national trend, as is the increase in patients waiting greater than six months from commitment to treat.
- Staff are well supported by the volunteers working within the hospital and related services.
- An update on the elective discharge performance for gynaecology indicates that patients have been removed from a caseweight to a procedural view and are now captured in the out patient data. Southern DHB is slightly under the national standardised intervention rate for gynaecology procedures and work is being done in this area. The Senior Business Analyst (SBA) advised that the volumes set by the Ministry of Health (MoH) for the Gynaecology elective discharge target had not been adjusted to reflect the expected decrease. Discussions are currently under way to remedy this. The internal Price Volume Schedule that the service manages to, had been adjusted. Concern was expressed that the actual gynaecology levels are based on a different criteria to performance. A request was made for a notation to be included to indicate when there is a difference, for example, between the MoH contract requirements and the internal production plan.
- An update was provided on the steps being taken and the work streams in place to address the increasing number of patients presenting through the Emergency Departments. Discussions continue in an endeavour to ensure that where possible patients are treated in the community.
- Following a pilot on the Dunedin Hospital site, abbreviated clinical needs assessments are being undertaken early and appropriate home supports put in place to enable earlier discharge for patients. A full clinical needs assessment is undertaken at a later date. Clarification was sought on whether those awaiting the full clinical needs assessment included the 581 patients on the waiting list as reported to the Community and Public Health Advisory Committee/Disability Support Advisory Committee (CPHAC/DSAC) on 1 May 2013.
- Advice was received on the recruitment process requirements that can result in the time lags experienced as indicated by the delay in the commencement date for three overseas Anaesthetists recently appointed.
- The EDPS/DCEO advised she would investigate the use of a further colour to highlight exception reporting and use the red solely to report on under performance on the Key Performance Indicator (KPI) report.
- The CEO confirmed that NZ is doing well with the recruitment and retention of medical staff.
- The use of the term ‘cleansing the data’ is to be replaced with ‘refreshing the data’.
- Confirmation was received that Southern DHB is doing better than what is represented in the publicly presented graphs.
- Advice was received that the data transfer issues experienced over recent months should be resolved by the end of June 2013 and it is hoped that a verified data set will be available at that stage.
- Health Benefits Ltd (HBL) are considering food services at the current time and there is no proposal currently.
- The radiology project is looking at the increase in use of high tech imaging.
- The discussion on the report from the Health and Disability Commissioner (HDC) was deferred to the Board meeting on 2 May 2013.

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

The EDNM provided an update on the Trend Care business unit efficiency graphs attached to the agenda and noted that productivity was tracking favourably. There will be changes in the data from month to month and the

EDNM recommended that members look at the year-to-date data, noting that a 0.4 variation either way is considered acceptable.

9.0 FINANCIAL REPORT

The report prepared by the SBA was presented by the Executive Director of Finance, Mr Peter Beirne.

The SBA advised that the wording under the heading 'Medical' on page five of the financial report relating to Medical staff salaries and outsourced medical is misleading and he advised this would be remedied for the report to the HAC in June 2013.

Further analysis is required relating to the variance in hips and knee prosthetic costs and an update will be provided for the report to the HAC in June 2013. The Orthopaedic team continue to look for potential savings in the area of prosthetics and this is also being addressed at a national level by HBL.

Discussion was held on the treatment of research in the financial report and the Board Chairman advised the need to include research in the financial forecast for year-end.

A request was made for further clarification around the ratio and management of medical staff salaries compared to outsourced medical costs. Management is looking at this area and a report will be provided for the November 2013 HAC meeting.

10.0 INFORMATION SYSTEMS (IS) 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.

It was resolved:

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

12.0 CONFIDENTIAL SESSION

***At 4.15pm, it* was *resolved*:**

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

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

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).
DHB Group Collective Electricity Tender Report 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).

The Committee resumed in public session at 4.20pm.

The meeting closed at 5.15pm.

Confirmed as a true and correct record:

Chairman: _____

Date: _____

Southern District Health Board

Minutes of the Iwi Governance Committee Meeting held on Wednesday, 1 May 2013, commencing at 12.15pm in the Board Room, Community Services Building, Southland Hospital Campus

Present:	Mrs Eleanor Murphy	Ōtākou Rūnaka – Chair
	Ms Hana Morgan	Awarua Rūnaka, Deputy Chair
	Mr Taare Bradshaw	Hokonui Rūnaka
	Ms Sandra Cook	Board Member, Southern DHB
	Mrs Kaye Crowther	Board Member, Southern DHB
	Ms Kingi Dirks	Moeraki Rūnaka
	Mr Peter Ellison	Puketeraki Rūnaka
	Mr Paul Menzies	Deputy Chairman, Southern DHB
	Ms Odele Stehlin	Waihōpai Rūnaka
	Mrs Ann Wakefield	Ōraka Aparima Rūnaka
In Attendance:	Ms Carole Heatly	Chief Executive Officer
	Mr Donovan Clarke	Kaiwhakahaere Hauora Māori
	Mrs Joanne Fannin	Board Secretary Southland

1.0 WELCOME APOLOGIES AND KARAKIA

The Chair welcomed members to the meeting. She noted her concern at the limited time to address a significant agenda. There were no apologies noted. An opening karakia had taken place at the Ka Rūnaka session of the meeting.

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 7 February 2013 Iwi Governance Committee meeting be approved and adopted as a true and correct record."**

4.0 MATTERS ARISING

There were no matters arising from the minutes.

5.0 WORKSHOP NOTES

The notes from the workshop held on 6 March 2013 were received and taken as read.

6.0 ACTION SHEET

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

- **Action No. 104 – General, Māori Health Targets and Outcomes –** advice was received on progress made in relation to the Māori Health targets.
- **Action No. 106 – Action Plan –** feedback on the Annual Plan (AP) is due to the Ministry of Health (MoH) by 6 May 2013. The Māori Health Directorate is to provide feedback on the Whānau Ora section of the AP. DHBs throughout the country have been requested by the MoH to work alongside Whānau Ora collectives to transform and support them. Members advised that Whānau Ora is much wider than just the Whānau Ora Collectives. A request was made that

Whānau Ora be adopted across the board throughout the Southern DHB district. Ms Sandra Cook advised that feedback to management at the Board meeting on 11 April 2013 was that there are areas within the narrative in the AP where Māori Health priorities are included and the request was made that these good examples be replicated across the document. Discussion was held on the need for a collective approach by all Government agencies to improve the health outcomes for the population, with the Ministries ensuring the approach is adopted at the highest level. The importance of regional objectives and priorities was noted.

- **Action No. 120 – Proposals/Submissions** – the KHM highlighted the submission on Psychoactive substances compiled by Public Health South and tabled for members' information (***appendix 1***). It is the intent that every submission made by Southern DHB has a Māori Health perspective and liaison is taking place with the Directorate to ensure that Māori Health input is included on every occasion. Members supported the submission as presented.
- **Action No. 123 – Joint Wānanga –** it was agreed that the next joint Wānanga is to be held on 2 October 2013 as indicated in the Work Plan.
- **Action No. 132 – Kaitahu dialect –** it was agreed that Mr Taare Bradshaw is to provide advice prior to the July 2013 meeting on where the 'ng' should be retained and not replaced with a 'k' in the Tikaka Best Practice policies.

7.0 UPDATE BY THE KAIWHAKAHAERE HAUORA MĀORI (KHM)

The KHM's report was received and an update provided on a number of areas within the report.

- The Gore trials and the new trial commencing in South Dunedin are both forms of Whānau Ora. Consideration is being given to developing a cultural training package for staff.
- Whānau Ora is wider than Māori and is about empowering people (whether they be Māori, Pacific Island or European) to manage their own life outcomes.
- Ethnicity Data – advice is pending from Ms Donna Cormack relating to phase two.
- Members acknowledged the value of including the DSAC/CPHAC papers in the IGC agenda. The KHM acknowledged the contribution that other areas are now making to the area of Māori Health.
- Provider Arm restructure.

8.0 IWI GOVERNANCE COMMITTEE WORK PLAN

The draft IGC Work Plan was tabled for members' information and feedback (***appendix 2***).

9.0 DRAFT MĀORI HEALTH PLAN (MHP) 2013/14

The following changes were requested:

- The commentary in paragraph eight on page four of the MHP is to be changed to reflect that the regional priorities have been removed and are included in the South Island Alliance Regional Services Plan.
- The introduction is to be modified to identify that Southern DHB is working with Southern PHO to ensure better outcomes.
- The draft MHP 2013/14 is to identify that all contracts across Southern DHB must have commentary around their contribution to Māori Health outcomes. Every resource available across the district should be working for Māori Health outcomes and the KHM is to discuss this requirement with the new Executive Director of Strategy, Funding and Integration.
- Contracting should be based on outcomes and for every health priority target there should be a plan in place to identify who can assist to help achieve the desired outcome for Māori.

- Attempts are being made at a national level, through the CEO group, to get a Māori Health Indicator included as one of the Minister's priority health targets.

It was agreed that the best outcomes would be achieved by agencies working together collaboratively to improve Māori Health outcomes. The KHM advised on the feedback from the MoH on the suggested changes to be made to the draft MHP 2013/14.

It was resolved:

> **"That the Iwi Governance Committee recommends that the Board approve the draft Māori Health Plan 2013/14 previously forwarded to the Ministry of Health, noting that further changes will be made following feedback."**

10.0 MĀORI HEALTH PLAN DASHBOARD

Members received and considered the draft MHP dashboard. The KHM advised on the process for updating the dashboard and the work being done by Business Analyst, Mr Mark Voice to provide a completed dashboard for the meeting in July 2013. In discussion the following was noted:

- Tamariki Ora data has not been captured in the breast feeding statistics. There are only two contracts for Tamariki Ora across Southern DHB and the providers could provide the data required. Mrs Kaye Crowther advised that the statistics provided for Plunket are national statistics as local reports are not provided. It was agreed that the reporting for the purpose of the MHP should capture both local Plunket statistics and Tamariki Ora statistics.
- Inquiries are to be made to identify whether cervical screening undertaken by local Māori Health providers are included in the statistics provided. The CEO advised that all cervical screening contracts will be through Planning and Funding to General Practices.
- A complete dashboard will be provided for the next IGC meeting and Business Analyst, Mr Mark Voice, is to attend the meeting to answer any queries.
- Members requested that narrative be provided to clarify results, e.g. where the sample data is very small.
- Ms Sandra Cook believes IGC has a role to advocate for capture of data, recording, etc.

11.0 PRINCIPLES OF RELATIONSHIP (PoR)

Members received and considered the PoR between Murihiku and Araiteuru Rūnaka.

It was resolved:

> **"That the Iwi Governance Committee recommends that the Board endorses the roll over of the Principles of Relationship (PoR) between Murihiku and Araiteuru Rūnaka and the Southern District Health Board for a further 24 month period, noting the minor change to the frequency of meetings."**

12.0 DRAFT ANNUAL PLAN (AP) 2013/14 - EMBARGOED

Members received and considered the draft AP. The KHM is to query the statement that "Southern Māori tend to have better health than other Māori in NZ".

Members queried the lack of visibility of Māori in the AP and advice was received that the Board had requested that this be addressed in their feedback to management at the Board meeting on 2 May 2013. The CEO confirmed that the

AP is being redrafted to incorporate the views of the Board and the Ministry of Health (MoH) following their feedback.

13.0 MANAGEMENT ADVISORY GROUP MĀORI HEALTH (MAGMH) TERMS OF REFERENCE (ToR)

Members received and reviewed the MAGMH ToR.

It was resolved:

"That the Iwi Governance Committee endorses the Management Advisory Group Māori Health Terms of Reference, noting the proposed change under 'accountability' on page two."

14.0 UPDATE BY CHIEF EXECUTIVE OFFICER

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

- Proposal to outsource fertility services to ensure that a service is available for the local population.
- The Ministry of Justice proposal to tender Coronial Services. Members noted their concern if the proposal resulted in the transportation of deceased whānau away from Southland and Otago respectively. The KHM has forwarded a submission relating to the proposal.

It was resolved:

"That the Iwi Governance Committee recommends that the Board endorse their recommendation that correspondence be forwarded to the Ministry of Justice, in response to their proposal for reconfiguration of Coronial Services, advising that Southern District Health Board, on behalf of its Māori population, objects strongly to any possibility of shifting the service out of the Southern District Health Board district."

- Media relationships and workshops for staff.
- The financial challenge to meet the end of financial year budget.
- The challenge to meet the target 'no patient waiting for longer than five months for elective surgery' by the end of June 2013.
- The ninth Theatre at Dunedin Hospital opens on 7 May 2013.
- Recommended that members read the article in the NZ Doctor publication on integration with primary care.
- The CEO advised she would circulate for members' information, a paper on the review of the Mid-Staffordshire inquiries and their relevance to Southern DHB.
- The challenge with contracting adequate out of hours cover and access to care for patients in Central Otago and Invercargill.
- Access to health care for the Bluff community.
- All Pharmacies across the Southern DHB district have signed their contract with Southern DHB.
- There are only two remaining GP practices in Invercargill charging for under six year old consultations.

15.0 UPDATE BY BOARD MEMBERS

Advice was received on the process for the 2013 DHB elections scheduled to take place on 12 October 2013.

16.0 MINUTES FROM MANAGEMENT ADVISORY GROUP MEETINGS

The minutes from the MAGMH meetings held on 1 February, 1 March and 5 April 2013 were noted and taken as read.

17.0 GENERAL

Whānau Ora Centre - the KHM advised on his recent visit to the Waipareira Whānau Ora centre in Henderson, Auckland and noted his intent to liaise with the CEO, Southern PHO with a view to investigating the possibility of establishing a similar facility, incorporating all services under the one roof, in Southland or Otago. Members noted the challenges with the smaller population base in Southern DHB.

18.0 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 6 June 2013 and will make a recommendation to Board.

Title:	**Equity, Deficit Support Request and Equity Repayment**
Report to:	Audit & Risk Committee
Date of Meeting:	06 June 2013

Summary: This paper details the request for deficit support for the 2012/2013 financial year, and seeks approval for the annual repayment of equity of $707k relating to capital charge and depreciation funding received in 2007.

Specific implications for consideration (financial/workforce/risk/legal etc):

Financial:	Deficit support is budgeted to occur in 2012/2013 to ensure SDHB has a sound cash position. Equity support must be received in the year the deficit occurs. The 2012/13 Annual Plan signals a planned deficit of $11.0 million and deficit support of $11.9 million. The actual result to April 2013 and the forecast for year-end show that we are likely to have an operating deficit close to our planned deficit, the deficit support signalled in the plan is required. It is proposed to submit the deficit support request to the NHB now, so that this may be drawn down in the current financial year. The timing of this was signalled in the Annual Plan as $7.0 million in January 2013 and $4.9 million in June 2013. The budgeted cash position at the end of April was $41.0 million. The actual cash position was $26.2 million, with the $7.0 million of budgeted deficit support, and timing of payments both for personnel costs, and suppliers causing this variance. In 2007 Equity was received by all DHBs to fund additional costs relating to FRS3 (revaluations) for capital charge and depreciation, resulting from the revaluations booked in June 2006. As part of that agreement an annual repayment of this funding must be made. The amount is $707,446 and is payable on the 23rd June 2013. This was included in the 2012-13 Financial plans, as equity repaid.
Workforce:	N/A
Other:	N/A

Document previously submitted to:	N/A	**Date:**
Approved by Chief Executive Officer:	Peter Beirne	**Date: 22/05/2013**

Prepared by: David Dickson, Finance Manager **Date: 20/05/2013**	**Presented by:** Peter Beirne, Exec Director Finance **p.t.o.**

RECOMMENDATIONS:

That the Audit & Risk Committee recommend:

1. **The Board resolve to request $11.9 million of deficit support from the Minister of Health, as provided for in the 2012-13 financial plan.**
2. **The Board approve repayment of Equity relating to depreciation funding received in 2007 for the amount of $0.7 million, noting this payment is included in the 2012-13 financial plan.**

SOUTHERN DISTRICT HEALTH BOARD

The Audit & Risk Committee will be considering the following request at its meeting on 6 June 2013 and will make a recommendation to Board.

Title:	**1.Revocation of Power of Attorney (R Mackway-Jones)** **2.New Power of Attorney (P Beirne)**
Report to:	Audit and Risk Committee
Date of Meeting:	5 June 2013

Summary:

The issues considered in this paper are:

- A Power of Attorney was granted by the Board to Robert Mackway Jones on 7 March 2013. Robert has resigned from the Southern District Health Board effective 23 May 2013. The Board has given written notice to Robert of the revocation of the power of attorney on 23 May 2013. For completeness, the Board should formally revoke Robert's Power of Attorney by separate deed.
- It is proposed the Board grants a new Power of Attorney to Peter Beirne to replace the departing Robert Mackway-Jones. This enables the Southern District Health Board to have access to three appointed attorneys over the district.

Specific implications for consideration (financial/workforce/risk/legal etc):

Financial:	N/A
Workforce:	N/A
Other:	The creation of additional signing authorites 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.

Document previously submitted to:	N/A	**Date:**
Approved by Chief Executive Officer:	Pending	**Date:** 20 May 2013

Prepared by: Melanie Naulls, Corporate Solicitor **Date:** 20 May 2013 2013	**Presented by:** N/A

RECOMMENDATIONS:

1. **Execution by Board of Deed of Revocation of Power of Attorney (RMJ)**
2. **Execution by Board of Power of Attorney (PJ)**

DEED OF REVOCATION

SOUTHERN DISTRICT HEALTH BOARD

ROBERT ARTHUR MACKWAY-JONES

DEED dated **2013**

WHEREAS

Southern District Health Board a statutory corporation created pursuant to the New Zealand Public Health and Disability Act 2000 ("Southern DHB") by Deed dated 7 March 2013 appointed its **Executive Director, Finance & Funding, Robert Arthur Mackway-Jones** of Dunedin ("Attorney") as its attorney to, and within the terms of that Deed, execute any and all documents on behalf of the Southern DHB ("Power of Attorney").

BY THIS DEED

Southern DHB revokes the Power of Attorney and every power conferred by it, but nothing contained in this Deed affects the validity of any act done by the Attorney by virtue of the powers conferred on him by the Power of Attorney before he receives notice of revocation.

Executed as a Deed pursuant to the provisions of the Property Law Act 2007 by:

Signed by **SOUTHERN DISTRICT HEALTH BOARD** by two of its members in the presence of:

Name of member

Signature of member

Name of member

Signature of member

Signature of witness

Name of witness

Occupation

Address

POWER OF ATTORNEY

SOUTHERN DISTRICT HEALTH BOARD

PETER JAMES BEIRNE

Power Of Attorney

DEED dated **2013**

Appointment

Southern District Health Board a statutory corporation created pursuant to the New Zealand Public Health and Disability Act 2000 ("Southern DHB") appoints its **Executive Director Finance, Peter James Beirne** of Dunedin ("Attorney") as its attorney to, within his level of delegated authority, execute any and all documents on behalf of the Southern DHB that are required by Section 127(2) of the Crown Entities Act 2004 to be entered into in the manner prescribed by Section 127(2) of the Crown Entities Act 2004.

1. Southern DHB declares and agrees that:

a. the Attorney has the power in its name to enter into any deed under this power of attorney.

b. no person or corporation dealing with the Attorney need be concerned about the enforceability of any deed signed by the Attorney in Southern DHB's name under this power of attorney.

c. Southern DHB will allow, ratify (if necessary) and confirm everything that the Attorney lawfully agrees to by deed pursuant to this power of attorney.

Executed as a Deed pursuant to the provisions of the Property Law Act 2007 by:

Signed by **SOUTHERN DISTRICT HEALTH BOARD** by two of its members in the presence of:

Name of member

Signature of member

Name of member

Signature of member

Signature of witness

Name of witness

Occupation

Address

The Audit & Risk Committee will be considering the following request at its meeting on 6 June 2013 and will make a recommendation to Board.

Revaluation of Land and Buildings – June 2013

To: **Peter Beirne, Executive Director of Finance**
Subject: **Revaluation Analysis**
Prepared by: **David Dickson, Finance Manager**
Date: **21 May 2013**

Recommendation

1. **That no revaluation of Land and Buildings be undertaken as at 30 June 2013, as indications are there is no material difference between the fair value and the carrying amount of assets.**
2. **That Board approval is sort to impair the Old Obstetrics Building in Southland due to the significant work required on the building to bring it up to a standard suitable for use. There is no impact on operating expenditure as a result of this impairment.**

1. Revaluation

Revaluations of land and buildings should be made with sufficient regularity to ensure that the carrying amount does not differ materially from that which would be determined using fair value at the end of the reporting period, with our accounting policies requiring a revaluation at least every five years.

Otago DHB and Southland DHB Land and Buildings were last revalued as at 30 April 2010 prior to these vesting to the Southern DHB.

Indicators - CPGI

To determine if there is a material change in the carrying amount, an indictor such as the Capital Goods Price Index can be used. The Capital Goods Price Index (CPGI) measures price changes for six groups of physical capital assets purchased by producers of goods and services. These are:

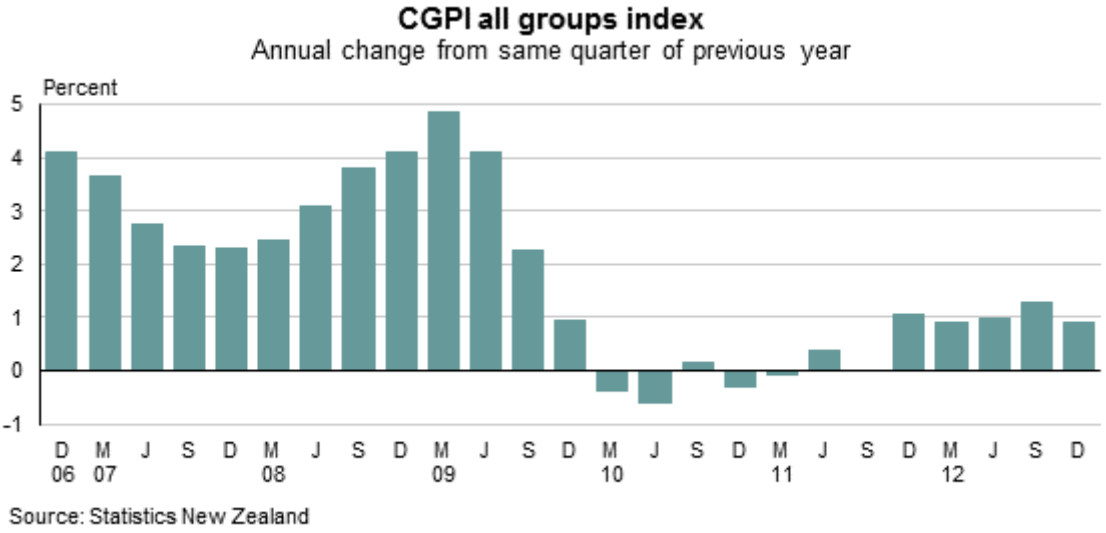
- Plant, machinery, and equipment
- Residential buildings
- Non-residential buildings
- Transport equipment
- Land improvements
- Civil construction

The CGPI is a base-weighted price index series. The weights of the commodities are determined by the relative importance within each of the asset type indexes. Weighting information has been derived from statistics on external trade, manufacturing and building, and vehicle registrations, as well as discussions with manufacturers, importers, wholesalers and retailers. Data for several years have been used, as expenditure on capital goods can be irregular.

CPGI Movement to the December 2012 quarter

The CGPI was unchanged in the December 2012 quarter, following a 0.3% rise in the September 2012 quarter. Increases in the residential buildings, civil construction, non-residential buildings, and land improvements sub-indexes were offset by decreases in the plant, machinery, and equipment, and the transport equipment sub-indexes.

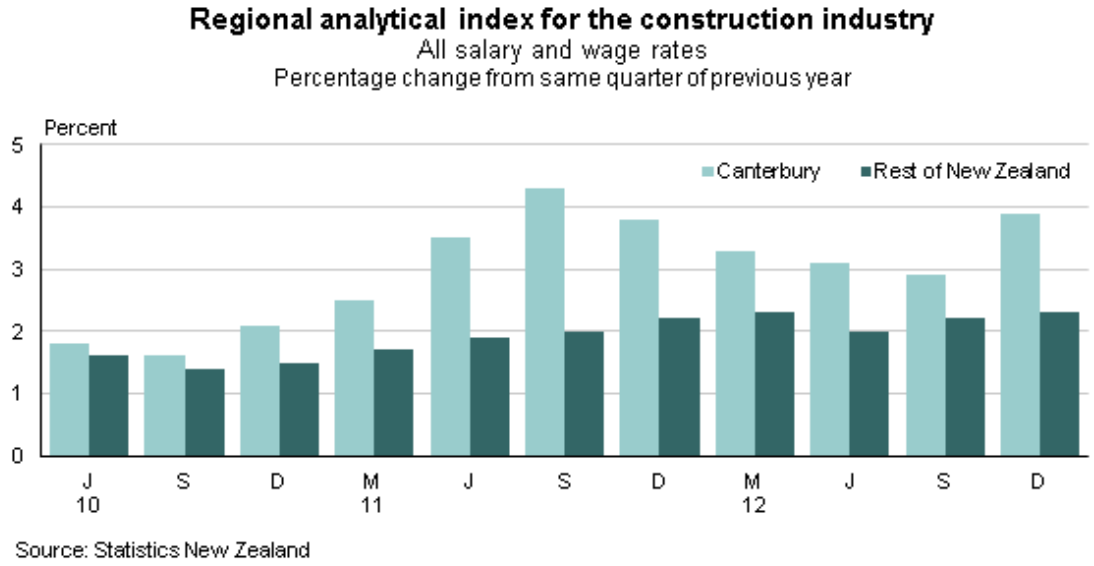
In the year to the December 2012 quarter, the CGPI rose 0.9%, with the rise in the prior year to December at 1.1%



Indicators - Building Costs and Prices

Another strong indictor of movement in values is the building cost and price.

The Labour Cost Index1 (LCI) for the construction industry (excluding Christchurch) rose 2.3% in the year to December 2012. LCI is an indicator of the labour costs of construction.



Conclusion

With small movements in both the CPGI and the regional analytical index for the construction industry it appears that over this period the value of buildings would have only had small increases. This would result is no material change in value, with the carrying amounts materially the same as the fair value.

2. Impairment

Impairment of assets occurs when the carrying amount differs from the fair value, and can be caused by damage, obsolescence, or other factors. In this case it is the condition of the building and the amount of expenditure required to bring it up to an acceptable standard for its continued use.

Southland - there are currently three vacant buildings on the Southland site;

1. Admin and Old Nurses Home Buildings

This was impaired in June 2011.

2. Obstetrics (OBU) Building

This currently has a book value of $807k, with a revaluation reserve of $1,047k. It is estimated that this building needs strengthening at a cost of $3-4 million. It is currently unused and without the significant spend on it is not able to be occupied. It is proposed that this building be impaired as at 30 June 2013 with the value written down to nil. There is no impact on the statement of financial performance due to this building having a revaluation reserve.

3. **Well Child Building – small standalone building**

This has a book value of $67k and is currently used for storage only, given the low value and the fact that it is in use it is not proposed that this building be impaired.

Otago - There are also two vacant buildings in Dunedin, Hulme House and Union Street with seismic issues. Although we are not using these buildings the market and carrying value has not been impacted and therefore no impairment is warranted.

Change of Accounting Policy – Asset Classes to include Books

The Audit & Risk Committee will be considering the following request at its meeting on 6 June 2013 and will make a recommendation to Board.

RECOMMENDATION:

That the Audit and Risk committee recommend that the Board;

Approve the change to the accounting policy for major classes of property plant and equipment to include books with useful lives estimated at 2-10 years.

Briefing to:	Audit and Risk Committee	
Reporting Period:	April 2013 – May 2013	
Author: David Dickson		**Date:** 20 May 2013
Purpose of Report :	☐ **For Information Only**	☒ **Decision Required**

Background

Currently books purchased are expensed. These can be capitalised and depreciated. This is one of the PWC turnaround initiatives and is supported. Savings identified by PWC included prior years purchases however these are not able to be capitalised under the accounting standards as the SDHB Accounting policies did not support capitalisation and depreciation of the assets. Current and future book purchases can be capitalised following this policy change. The estimated adjustment is $50-60k in lower operating costs of capitalising the current year's purchases.

Proposal

It is proposed to amend the classes of assets to include books with useful lives of 2-10 years. The IRD depreciation rate for books which are published annually or more frequently is 2 years, and other books 10 years. Other organisations such as universities have ranges of 3-10 years for this asset class.

FUNDING ADMINISTRATION
CONTRACTS REGISTER (EXPENSES) - MAY 2013

PROVIDER NAME	DESCRIPTION OF SERVICES	SIGNED BY	CONTRACT/VARIATION END DATE
Little Sisters of the Poor Aged Care New Zealand Limited t.a Sacred Heart Hospital Service Schedule	Exceptional Circumstances palliative care for a named individual	Peter Hay	27.05.13
Supporting Families Southland for Mental Wellness Variation to Agreement	Supporting Families Southland for Mental Wellness	Peter Hay	30.06.13
Roman Catholic Diocese of Dunedin Catholic Social Services Variation to Agreement	Pregnancy & Parenting	Peter Hay	31.03.14
Kai Tahu Ki Otago Limited t.a KTKO Variation to Agreement	Whanau Ora - East and North Otago	Peter Hay	31.03.14
Queenstown Medical Centre Parntership - Pregnancy & Parenting Education Variation to Agreement	Pregnancy and Parenting Education	Peter Hay	31.03.14
Pharmative Limited t.a Pharmative Solutions Community Pharmacy Services Agreement	Provision of Pharmacy Services	Peter Hay	30.06.15
Creative Arts Trust Variation to Agreement	Arts Based Day Activities	Peter Hay	31.05.14
Oceania Care Company Limited t.a Longwood Lifestyle Village Variation to Agreement	Long Term Support - Chronic Health Conditions - Residential (Longwood)	Peter Hay	30.06.13
Presbyterian Support Southland t.a Resthaven Service Schedule	Exceptional Circumstances palliative care for a named individual	Peter Hay	25.03.13
Otago Community Hospice Trust Service Schedule	Exceptional Circumstances palliative care for a named individual	Peter Hay	03.07.13
Ripponburn Holdings Limited Agreement	Day Activity	Peter Hay	30.06.14

FUNDING ADMINISTRATION
CONTRACTS REGISTER (EXPENSES) - MAY 2013

Presbyterian Support Otago Incorporated t.a Taieri Initiative Variation to Agreement	Community Health Services and Support	Peter Hay	31.05.13
Dunedin Independent Childbirth Educators Variation to Agreement	Pregnancy and Parenting Education	Peter Hay	31.03.14
Ashburn Hall Charitable Trust Variation to Agreement	Alcohol & Drug Managed Withdrawal Community Service	Peter Hay	30.06.14
Uruuruwhenua Health Variation to Agreement	Whanau Ora - Maori Communith Health Services	Peter Hay	31.03.14
Presbyterian Support Otago Incorporated t.a Elmslie House Service Schedule	Exceptional Circumstances palliative care for a named individual	Peter Hay	12.06.13
Presbyterian Support Otago Incorporated t.a Iona Hospital Service Schedule	Exceptional Circumstances palliative care for a named individual	Peter Hay	25.06.13
Presbyterian Support Otago Incorporated t.a Ross Hospital Service Schedule	Exceptional Circumstances palliative care for a named individual	Peter Hay	25.06.13
Presbyterian Support Otago Incorporated t.a Iona Hospital Service Schedule	Exceptional Circumstances palliative care for a named individual	Peter Hay	25.03.13
Little Sisters of the Poor Aged Care NZ Ltd t.a Sacred Heart Hospital Service Schedule	Exceptional Circumstances palliative care for a named individual	Peter Hay	07.07.13
BUPA Care Services NZ Ltd t.a Lake Wakatipu Home & Hospital Service Schedule	Exceptional Circumstances palliative care for a named individual	Peter Hay	12.06.13
Marne Street Hospital Limited Service Schedule	Exceptional Circumstances palliative care for a named individual	Peter Hay	04.07.13
Mossbrae Healthcare Ltd t.a Mossbrae Home & Hospital Service Schedule	Exceptional Circumstances palliative care for a named individual	Peter Hay	03.07.13

FUNDING ADMINISTRATION
CONTRACTS REGISTER (EXPENSES) - MAY 2013

Radius Residential Care Ltd t.a Radius Fulton Care Centre Service Schedule	Exceptional Circumstances palliative care for a named individual	Peter Hay	19.06.13
Radius Residential Care Ltd t.a Radius Fulton Care Centre Service Schedule	Exceptional Circumstances palliative care for a named individual	Peter Hay	08.07.13
Dunedin Home Births Association Variation to Agreement	Pregnancy and Parenting Education	Peter Hay	31.03.15
Marne Street Hospital Limited Service Schedule	Exceptional Circumstances palliative care for a named individual	Peter Hay	18.04.13
Presbyterian Support Otago Incorporated t/a Iona Hospital Service Schedule	Exceptional Circumstances palliative care for a named individual	Peter Hay	17.03.13
Presbyterian Support Otago Incorporated t/a Iona Hospital Service Schedule	Exceptional Circumstances palliative care for a named individual	Peter Hay	07.07.13
Maniototo Health Services Ltd t.a Ranfurly Hospital Service Schedule	Exceptional Circumstances palliative care for a named individual	Peter Hay	18.04.13
Presbyterian Support Southland t/a Resthaven Service Schedule	Exceptional Circumstances palliative care for a named individual	Peter Hay	13.06.13
Presbyterian Support Southland t/a Resthaven Service Schedule	Exceptional Circumstances palliative care for a named individual	Peter Hay	19.07.13
Presbyterian Support Southland t/a Vickery Court Service Schedule	Exceptional Circumstances palliative care for a named individual	Peter Hay	21.07.13
Lumino Dental Limited t.a Lumino - Gore Dental Agreement	Service Agreement for the Provision of Oral Health Services for Adolescents and Special Dental Services for Children & Adolescents	Peter Hay	30.06.15
Ryman Healthcare Ltd t.a Rowena Jackson Hospital Service Schedule	Exceptional Circumstances palliative care for a named individual	Peter Hay	26.06.13
Te Roopu Tautoko Ki Te Tonga Incorporated	Whanau Ora	Peter Hay	31.03.14

FUNDING ADMINISTRATION
CONTRACTS REGISTER (EXPENSES) - MAY 2013

Variation to Agreement			
Glenbrae Rest Home Limited t.a Glenbrae Rest Home Variation to Agreement	Individual Agreement for a Named Individual	Peter Hay	03.10.13
Ryman Healthcare Ltd t.a Yette Williams Service Schedule	Exceptional Circumstances palliative care for a named individual	Peter Hay	01.07.13
Ryman Healthcare Ltd Agreement	Day Activity	Peter Hay	30.06.14
Mosgiel Elderly Care Trust Agreement	Day Activity	Peter Hay	30.06.14
Waiau Health Trust Limited Agreement	Day Activity	Peter Hay	30.06.14
Northern Southland Health Limited Variation to Agreement	Lumsden Primary Maternity	Peter Hay	31.03.14
Seniorcare Asset Management Limited t.a Rendell on Reed Service Schedule	Exceptional Circumstances palliative care for a named individual	Peter Hay	23.07.13
JM & DT McMillant Trust t.a Chatuea Village Service Schedule	Exceptional Circumstances palliative care for a named individual	Peter Hay	10.07.13
Otago Community Hospice Trust Service Schedule	Exceptional Circumstances palliative care for a named individual	Peter Hay	30.07.13
Presbyterian Support Otago Incorporated t.a Iona Hospital Variation to Agreement	Exceptional Circumstances palliative care for a named individual	Peter Hay	29.06.13
Presbyterian Support Otago Incorporated t.a Iona Hospital Service Schedule	Exceptional Circumstances palliative care for a named individual	Peter Hay	02.08.13
Mossbrae Healthcare Ltd t.a Mossbrae Home & Hospital Service Schedule	Exceptional Circumstances palliative care for a named individual	Peter Hay	21.06.13

FUNDING ADMINISTRATION
CONTRACTS REGISTER (EXPENSES) - MAY 2013

Oceania Care Company Limited t.a Windsor Park Service Schedule	Exceptional Circumstances palliative care for a named individual	Peter Hay	18.06.13
Marne Street Hospital Limited Service Schedule	Exceptional Circumstances palliative care for a named individual	Peter Hay	31.07.13
BUPA Care Services NZ Limited t.a Lake Wakatipu Home & Hospital Variation to Agreement	Exceptional Circumstances palliative care for a named individual	Peter Hay	25.05.13
PACT Group Agreement	Lindsay Creek	Peter Hay	10.01.18

TOTAL AMOUNT FOR THE MONTH: $1,383,876.73

SOUTHERN DISTRICT HEALTH BOARD

Title:	**NATIONAL PATIENT SAFETY CAMPAIGN CERTIFICATE**
Report to:	Board
Date of Meeting:	06 June 2013

Summary:

The issues considered in this paper are:

- Signing of a pledge/certificate committing support to the national Patient Safety Campaign.

Specific implications for consideration (financial/workforce/risk/legal etc):

Financial:	No
Workforce:	Yes
Other:	No

Document previously submitted to:	Chief Executive Officer	**Date:** 15/05/13
Approved by Chief Executive Officer:	Yes	**Date:**

Prepared by:	**Presented by:**
Leanne Samuel Executive Director Of Nursing And Midwifery **Date:** 23/05/13	Leanne Samuel Executive Director of Nursing and Midwifery

RECOMMENDATION:

1. That the Board receive this report.

TITLE: NATIONAL PATIENT SAFETY CAMPAIGN

There is a national expectation that all Chief Executive Officers & Board Chairs sign a pledge/certificate committing their support to the national Patient Safety Campaign.

It will focus on four areas where evidence shows it is possible to reduce patient harm – falls, surgery, healthcare associated infections and medication safety.

District Health Boards signing the certificate pledge to be open to:

- working in partnership with patients, consumers, families and whānau
- change, improvement and innovation
- supporting an honest, transparent and respectful culture
- listening carefully and communicating clearly
- acknowledging mistakes and learning from them
- working as a team and across teams
- working across the primary and secondary sector
- using evidence-based practice
- sharing and learning from successes.

We will then be encouraged to display this certificate within our District Health Board (DHB) services as we see appropriate. This national approach aligns well to our own Southern District Health Board (SDHB) patient safety campaign launch.

- National Patient Safety Launch on 17 May 2013 in Auckland was attended by the Director of Quality, Southern DHB, who also presented for the Regional South Island Quality & Safety Service Level Alliance. As part of the lead up to the launch we promoted the Quality and Safety Commission quiz related to falls prevention and the national winner was a young registered nurse from Dunedin Ward 7A Cardiothoracic. At the request and support of the commission, Southern DHB organised for her to attend the launch where she will be presented with her prize of $1000 for professional development.

- Our Southern DHB patient safety campaign will follow in June, under the “OPEN” branding of the National Campaign but with our own Southern Zero Harm branding.

- A National Patient Safety workshop occurred the week of 20 May 2013 at Ko Awatea where the Director of Quality and the Project Manager Quality and Risk Team received sponsorship to attend this. As part of this workshop SDHB will finalise our Patient Safety Campaign plan ensuring it is fully aligned with the national launch and IHI teaching. The plan is the first programme to be launched from the Quality Improvement Performance Excellence Strategic Plan. Of note SDHB appears to be the only DHB in the South Island to have a comprehensive patient safety plan in preparation for the national launch.

- Falls would be the first area of focus. The campaign would align and work with existing patient safety campaign initiatives.

- Practical matters of organising data, patient safety boards for each ward and generally warming key clinical groups up to the launch of the patient safety campaign are occurring. Hand Hygiene is a key focus at this time. Hand Hygiene reporting graphs and information have been included in the June HAC report.