



BOARD MEETING

A G E N D A

Thursday, 4 July 2013

10.00 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, 4 July 2013, 10.00 am
Board Room, Wakari Hospital Campus, Dunedin

A G E N D A

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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:

<i>General subject:</i>	<i>Reasons for passing this resolution:</i>	<i>Grounds for passing the resolution:</i>
Previous Public Excluded Board Minutes	As per reasons set out in previous agenda	S 32(a), Schedule 3, NZ Public Health and Disability Act 2000 – that the public conduct of this part of the meeting would be likely to result in the disclosure of information for which good reason for withholding exists under sections 9(2)(a), 9(2)(f), 9(2)(i), 9(2)(j) of the Official Information Act 1982, that is withholding the information is necessary to: protect the privacy of natural persons; maintain the constitutional conventions which protect the confidentiality of advice tendered by Ministers of the Crown and officials; to enable a Minister of the Crown or any Department or organisation holding the information to carry on, without prejudice or disadvantage, commercial activities and negotiations.
Review of Public Excluded Action Sheet	To allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).
Annual Plan	Plan is subject to Ministerial approval	As above, sections 9(2)(f)(iv) and 9(2)(j).
Southern Health Alliance	To allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).
HBL Update	To allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).
Master Site Drawdown	To allow activities to be carried on without prejudice or disadvantage	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 <ul style="list-style-type: none"> • 5 June 2013 b) Hospital Advisory Committee <ul style="list-style-type: none"> ▪ 5 June 2013 ▪ 3 July 2013 ▪ Provider Contract Approvals c) Audit & Risk Committee <ul style="list-style-type: none"> ▪ 5 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).

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

SOUTHERN DISTRICT HEALTH BOARD

INTERESTS REGISTER

Board Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB
Joe BUTTERFIELD (Chairman)	01.03.2012 06.12.2010	1. Member, South Island Neurosurgical Board Son-in-law: 2. Partner, Polson Higgs, Chartered Accountants. 3. Trustee, Corstorphine Baptist Community Trust	1. 2. Does some accounting work for Southern PHO. 3. Has a mental health contract with Southern DHB.
Paul MENZIES (Deputy Chairman)	10.02.2010 10.02.2010 06.10.2011 02.08.2012	1. Wife a member on the Southland Child Youth Mortality Review Group. 2. Wife a member on the Child and Youth Health Advisory Committee. 3. Trustee, Southern PHO. 4. Wife a trustee of Number 10, Youth One Stop Shop, Invercargill.	1. Nil. 2. Nil. 3. Appointed as a trustee by Southern DHB. PHO is contracted to the DHB. 4. Possible conflict with funding requests.
Neville COOK	04.03.2008 04.03.2008 04.03.2008 26.03.2008	1. Board Member, Invercargill Licensing Trust. 2. Board Member, Invercargill Licensing Trust Foundation. 3. Councillor, Environment Southland. 4. Trustee, Norman Jones Foundation.	1. Possible conflict with funding requests. 2. Possible conflict with funding requests. 3. Nil. 4. Possible conflict with funding requests.
Sandra COOK	01.09.2011	1. Te Runanga o Ngāi Tahu	1. Holds a "right of first refusal" over certain Crown properties. Also seen as a Treaty partner and affiliates may hold contracts from Southern DHB from time to time.
Kaye CROWTHER	09.11.2007 14.08.2008 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 Malcolm MACPHERSON	28.06.2005 09.03.2011 25.11.2010 25.11.2010 25.11.2010 28.08.2007 09.03.2011 09.03.2011 09.03.2011 13.12.2001 22.04.2003	1. Member Otago Polytechnic Council. 2. Contractor and Tutor, Otago Polytechnic. 3. Member Central Lakes Trust. 4. Member Roxburgh Gorge Trail Charitable Trust. 5. Part owner, Alexandra Medical Centre. 6. Co-Principal, Brilliant New Zealand Ltd. 7. Chairman, Jolendale Charitable Trust. 8. Shareholder, Medco Properties Ltd 9. Director, Centennial Health Ltd Spouse - Susan Elizabeth Macpherson: 10. GP Principal, Centennial Health Ltd, Alexandra. 11. Branch Medical Advisor, ACC, Alexandra.	1. (OP has training interests in common with the DHB, no) 2. (personal interest.) 3. CLT is a community funder in its region, which includes Dunstan and Lakes District Hospitals, plus a wide range of community and primary services and service providers, and is a possible future funder. 4. Nil. 5. The AMC is tenanted by all of Alexandra's GPs and a pharmacy, and is also occasionally used by related service providers, including midwives and the University of Otago Medical School. A range of potential conflicts. 6. BNZL is a consultancy which may have an involvement with health sector organisations. 7. Nil. 8. MPL will be responsible for the tenancy of all of Alexandra's current GPs and a pharmacy and may also house other related service providers, including midwives and the University of Otago Medical School. A range of potential conflicts, real and theoretical. 9. & 10. Board discussions relating to primary health providers or primary referred services may involve conflicts of interest. Declare where appropriate and withdraw where prudent. 11. ACC is a major customer of the DHB. Remote possibility of an influence, no personal interest.
Tahu POTIKI	15.12.2007 03.04.2008 24.11.2009 03.06.2010 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 Araituru	1. Contracted to Southern DHB, funded provider in the past ie Araituru 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 Halh 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 June 2013

Employee Name	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern District Health Board
Peter Beirne	20.06.2013	Nil	
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
		<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 01.07.2007 01.07.2007 01.07.2007 29.10.2009 	<ul style="list-style-type: none"> 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). 	<ul style="list-style-type: none"> 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, 6 June 2013, 10.45 am
Board Room, Wakari Hospital Campus, Dunedin

Present: Mr Joe Butterfield Chair
Mr Paul Menzies Deputy Chair (until 2.20 pm)
Mr Neville Cook
Ms Sandra Cook
Mrs Kaye Crowther
Mrs Mary Flannery
Dr Malcolm Macpherson
Mr Tahu Potiki
Dr Branko Sijnja
Mr Richard Thomson
Mr Tim Ward

In Attendance: Ms Carole Heatly Chief Executive Officer
Mr Peter Beirne Executive Director Finance
Ms Sharon Mason Acting Director of Patient Services
Mrs Leanne Samuel Executive Director Nursing & Midwifery
Mr Steve Addison Executive Director Communications
Ms Jeanette Kloosterman Board Secretary
Mr Glenn Symon Service Development Manager
Ms Cherie Wells General Manager Corporate Services

1.0 CHAIR'S OPENING COMMENTS

The Chair welcomed everyone to the meeting.

2.0 APOLOGIES

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

3.0 DECLARATION OF INTERESTS

It was resolved:

"That the Interests Register be noted."

4.0 CONFIRMATION OF PREVIOUS MINUTES

It was resolved:

"That the minutes of the 2 May 2013 Board meeting be approved and adopted as a true and correct record."

5.0 MATTERS ARISING

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

6.0 ACTION SHEET

The Board reviewed the action sheet (agenda item 6) and requested that a progress report on Primary Care after hours services be submitted to the next DSAC/CPHAC meeting.

7.0 CHIEF EXECUTIVE OFFICER'S REPORT

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

Health Targets

The CEO reported that Southern DHB had increased its performance against all six of the Health Targets during quarter 3 and thanked staff for their efforts.

The Board requested that a copy of the quarterly report be circulated to members.

It was resolved:

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

8.0 FINANCIAL REPORT

The Financial Report for the period ended 30 April 2013 (agenda item 8) was taken as read and the Executive Director Finance answered members' questions on the financial statements and forecast.

The Board:

- Noted management's current expectation that the year-end result would be a deficit of \$12.5 million;
- Requested that the ratio of capital expenditure to depreciation be reported half-yearly.

It was resolved:

"That the Financial Report be received."

9.0 ELECTIONS 2013

The Board considered a report on the 2013 Board elections (agenda item 9).

It was noted that there would be some additional cost with the random order of candidates' names on voting papers.

It was resolved:

- "1. That the Board note the 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 random system be used to determine the order in which candidate names appear on voting documents."**

10.0 ADVISORY COMMITTEE REPORTS

Disability Support Advisory Committee and Community & Public Health Advisory Committee

The minutes of the Disability Support Advisory Committee (DSAC) and Community & Public Health Advisory Committee (CPHAC) meeting held on 1 May 2013 were circulated with the agenda (item 10).

It was resolved:

"That the minutes be received."

The Board received a verbal report from Dr Macpherson, DSAC and CPHAC Chair, on the meeting of the committees held on 5 June 2013.

It was resolved:

"That the verbal report be received."

Hospital Advisory Committee

The minutes of the Hospital Advisory Committee (HAC) meeting held on 1 May 2013 were circulated with the agenda (item 11).

It was resolved:

"That the minutes be received."

Mr Menzies, HAC Chair, gave a verbal report on the meeting held on 5 June 2013.

It was resolved:

"That the verbal report be received."

Iwi Governance Committee

The minutes of the Iwi Governance Committee (IGC) meeting held on 1 May 2013 were circulated with the agenda (item 12).

It was resolved:

"That the minutes 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 recommended that the Board pass the following resolutions.

Equity, Deficit Support and Equity Repayment (Agenda item 13a)

It was resolved:

- "1. That the Board request \$11.9 million of deficit support from the Minister of Health, as provided for in the 2012-13 financial plan;**
- 2. That 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."**

Powers of Attorney (Agenda item 13b)

It was resolved:

"That the Board approve:

- 1. The execution of Deed of Revocation of Power of Attorney for Robert Mackway-Jones;**
- 2. The execution of Power of Attorney for Peter Beirne."**

The Board requested that the Corporate Solicitor maintain a register of documents signed under Power of Attorney.

Asset Impairment (Agenda item 13c)

It was resolved:

"That the old Obstetrics Building in Southland be impaired for accounting purposes due to the significant work required on the building to bring it up to a standard suitable for use, noting that there is no impact on operating expenditure as a result of this impairment."

The Board requested that the facilities plan include consideration of what is to be done with unused buildings in Southland and Otago.

Change of Accounting Policy – Books (Agenda item 13d)

It was resolved:

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

11.0 CONTRACTS REGISTER

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

It was resolved:

"That the contracts register be received."

12.0 NATIONAL PATIENT SAFETY CAMPAIGN

The Executive Director of Nursing and Midwifery presented a report on the National Patient Safety Campaign (agenda item 15).

It was resolved:

"That the Board commit to the National Patient Safety Campaign and the Chairman and Chief Executive Officer be authorised to sign the certificate of commitment."

PUBLIC EXCLUDED SESSION

At 11.30 am, it was resolved:

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

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

General subject:	Reasons for passing this resolution:	Grounds for passing the resolution:
Public Excluded Advisory Committee Reports a) Disability Support and Community & Public Health Advisory Committees <ul style="list-style-type: none"> • 1 May 2013 • 5 June 2013 • PHO Agreement • Laboratories Contract b) Hospital Advisory Committee <ul style="list-style-type: none"> ▪ 1 May 2013 ▪ 5 June 2013 ▪ Capex - Southland Generators ▪ Contract Approvals ▪ Lease Approvals c) Audit & Risk Committee <ul style="list-style-type: none"> ▪ 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 <ul style="list-style-type: none"> ▪ 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).
Risk Register	To allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).
Legal Issues	To allow activities to be carried on without prejudice or disadvantage	As above, section 9(2)(j).
Organisational Change <ul style="list-style-type: none"> ▪ Verbal Update 	To allow activities to be carried on without prejudice or disadvantage	As above, section 9(2)(j).

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 June 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.	EDSI&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 and outcome of legal challenges in other DHBs.	
194-2012/12 216-2013/06	Primary Care Report on After Hours Services (Minute item 10.0) (Minute item 6.0)	PHO to provide a two-monthly progress report to DSAC/CPHAC. Progress report to be submitted to the 1 August 2013 DSAC/CPHAC meeting.	EDSI&F		
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	Verbal update will be provided at the meeting.	
216-2013/06	Health Targets (Minute item 7.0)	Quarter 3 Health Target results to be circulated to members.	CEO	Emailed 10.06.13.	Completed

Action Point No.	SUBJECT	ACTION REQUIRED	BY	STATUS	EXPECTED COMPLETION DATE
217-2013/06	Capital Expenditure: Depreciation Ratio (Minute item 8.0)	Ratio of capital expenditure to deprecation to be reported half-yearly.	EDF	Update for year to June 2013 will be included in August 2013 Board papers, together with history for past three years and planned depreciation and capital expenditure for 2013 to 2017.	
218-2013/06	Power of Attorney (Minute item 10.0)	A register of documents signed under Power of Attorney to be maintained.	CS	Register will be established. No documents signed under PoA to date.	
219-2013/06	Facilities (Minute item 10.0)	The Facilities Plan to include consideration of what is to be done with unused buildings in Southland and Otago.	EDF		August 2013

SOUTHERN DISTRICT HEALTH BOARD

Title:	CHIEF EXECUTIVE OFFICER'S REPORT	
Report to:	Board	
Date of Meeting:	4 July 2013	
Summary:		
The issues considered in this paper are:		
<ul style="list-style-type: none"> ▪ Monthly DHB activity. 		
Specific implications for consideration (financial/workforce/risk/legal etc):		
Financial:	No specific implications.	
Workforce:	No specific implications.	
Other:	No specific implications.	
Document previously submitted to:	Not applicable, report submitted directly to Board. Detailed Provider Arm information contained in HAC agenda papers and Planning & Funding information in DSAC/CPHAC agenda papers.	Date: n/a
Approved by Chief Executive Officer:		Date: 25/06/2013
Prepared by: Executive Director Strategy Integration & Funding Executive Director Patient Services Date: 24/05/2013		Presented by: Carole Heatly Chief Executive Officer
RECOMMENDATION:		
<ol style="list-style-type: none"> 1. That the Board receive the report. 		

CHIEF EXECUTIVE OFFICER'S REPORT

1. DHB FINANCIAL PERFORMANCE

The 2012/13 year-end deficit is projected to be \$12.5m. 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 121 over plan in May 2013 (9%). Year to date elective caseweights are 449 above plan (3%).
- Acute **caseweights** delivered (cwd) by the Southern DHB Provider Arm were 361 over plan in May 2013 (14%). Year to date acute caseweights are 3,574 over plan (13%).

Financial Performance

- An unfavourable variance of \$383k was recorded by the Southern DHB Provider Arm for the month of May 2013. Year to date the result is unfavourable by \$898k.
- Revenue for May 2013 was favourable by \$646k. Expenses for May 2013 were unfavourable against plan by \$1,029k.

3. PLANNING AND FUNDING

Annual Plan 2013/14

The updated Annual Plan has been resubmitted to the National Health Board (NHB) and remains confidential until approved by the Minister.

Statement of Intent

The NHB advised that our Statement of Intent (SOI) meets the requirements of the Crown Entities Act (2004). Signed copies have been sent to be tabled in Parliament.

Fertility Services

The timeframe for consultation on fertility services was extended by four weeks. This is to allow time for the current service to provide further relevant information for consideration alongside other feedback.

Pharmacy

DHBs and pharmacy sector agents have agreed on a proposal for the Stage 3 implementation of the new services and funding model for community pharmacy services. The 20 DHBs have agreed that the proposal should now be put to all community pharmacy providers for their feedback. The documents have been sent to

all pharmacists and meetings are currently being held with individual pharmacies around the district to discuss the proposal. The proposal is for Stage 3 to begin on 1 August 2013.

The implementation of Stage 3 continues the journey that began in July 2012; funding will be shifted to patients with long term conditions who require additional medicine management adherence support. The proposal also helps smooth the transition change impacts in a way that is fair and equitable over time to all community pharmacies. The Transition Pool reduces from around 65% of the funding envelope to around 33%, as more money is shifted to patient service fees.

4. STAFF ENGAGEMENT FORUMS – STRATEGIC DIRECTION AND ANNUAL PLANNING

During June eight open sessions for all staff were held throughout the district (Invercargill, Queenstown and Dunedin) to determine the views of staff on the issues we face and the solutions we need to adopt to make things work better. We continue to engage and involve our staff in developing the Southern Way and evolving one organisation to be fit for the future.

Carole Heatly
Chief Executive Officer

24 June 2013

SOUTHERN DHB FINANCIAL REPORT

Financial Report as at: 31 May 2013
 Report Prepared by: David Dickson - Finance Manager
 Date: 19 June 2013

Recommendations:

- That the Board note the Financial Report

Overview Section

Results Summary

Month				Year to Date			Annual
Actual	Budget	Variance		Actual	Budget	Variance	Budget
\$' 000	\$' 000	\$' 000		\$' 000	\$' 000	\$' 000	\$' 000
71,124	70,757	367	Revenue	778,130	778,359	(229)	849,207
(29,054)	(28,730)	(324)	Less Personnel Costs	(298,287)	(294,748)	(3,539)	(322,736)
(45,757)	(45,878)	121	Less Other Costs	(496,316)	(498,812)	2,496	(537,453)
(3,687)	(3,851)	164	Net Surplus / (Deficit)	(16,473)	(15,201)	(1,272)	(10,982)

- The May 2013 result was \$0.2m favourable to budget, with the Funder \$0.6m favourable due to a positive Inter District Flow wash-up, and a favourable adjustment relating to rural bonus payments. The Provider was \$0.4m unfavourable, with personnel costs continuing to exceed budget however FTE has reduced in May from previous months with nursing FTE reducing by 21 from April 2013. Clinical supplies are unfavourable, which is volume driven with Implants & Prosthesis \$0.2m over budget in May.
- The May 2013 year to date result is a deficit of \$16.5m which is unfavourable to budget by \$1.2m. One off positive adjustments budgeted and planned for the June month related to depreciation total approximately \$5m. Allowing for these adjustments the true year to date deficit is closer to \$11.5m. The 2012/13 year end forecast has been revised based on the May result and has improved from the projected deficit of \$13.3m last month to \$12.5m. The current projection is made up of Provider having a \$5.7m deficit, Funder having a \$5.6m deficit, and Governance with a \$1.2m deficit.

Operational Performance

Month				Year to Date			Annual
Actual	Budget	Variance		Actual	Budget	Variance	Budget
\$' 000	\$' 000	\$' 000		\$' 000	\$' 000	\$' 000	\$' 000
(133)	(105)	(28)	Governance	(1,012)	(868)	(144)	(939)
(319)	(894)	575	Funder	(5,263)	(5,032)	(231)	(5,372)
(3,235)	(2,852)	(383)	Provider	(10,198)	(9,301)	(897)	(4,671)
(3,687)	(3,851)	164	Net Surplus / (Deficit)	(16,473)	(15,201)	(1,272)	(10,982)

- The YTD Funder result is unfavourable by \$0.2m 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 \$0.9m unfavourable YTD with medical and nursing costs unfavourable, partly offset by outsourced and facilities costs. Facilities are favourable due to maintenance costs under budget, as well as electricity and steam savings.

Key YTD Variances

The following areas have a significant bottom line impact:

- \$1.9m of lower clinical and IT depreciation charges
- \$1.5m 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
- \$0.2m of lower primary care expenditure (SIA/HP funds)
- (\$0.2m) of unfavourable Inter District Out-Flow patient expenditure provisioning
- (\$0.3m) of unfavourable palliative care expenditure
- (\$0.4m) of unfavourable patient travel and accommodation expenses
- (\$0.5m) of unfavourable IS Microsoft licensing costs
- (\$0.5m) of unfavourable community pharmaceuticals expenditure
- (\$0.7m) of unfavourable implants & prosthesis expenditure
- (\$0.7m) of unfavourable laboratory testing costs
- (\$1.1m) of unfavourable home support cost from increased clients with personal care needs
- (\$1.7m) of nursing salary cost variation

Capital Expenditure

Of the \$37m baseline capital budget, at the end of May \$21.4m has been committed leaving availability of a further \$15.6m.

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

Balance Sheet and Cashflow

Cash is \$19.4m at the end of May compared to a budget of \$25.6m. There are timing differences of approximately \$11m relating to equity injections for both deficit support and capital funding. The deficit support request has been sent along with additional cash flow information, it has been confirmed that this will be received in June.

Detail Section

This section is presented from an overall DHB results perspective.

Revenue

YTD, there is a \$0.2m 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	0.2	P, Provider-arm, various
PHO Performance funding	(0.8)	Y, Personal Health PHO Other
Non-Resident revenue	(0.1)	P, Provider-arm, various
IDF Revenue	(0.3)	P, Funder arm Pharms costs
Total Revenue Variation	(0.2)	

Personnel Expenses

May salary costs varied unfavourably to and budget by \$0.4m, which although still over budget was an improvement over the last 2 months which ran \$1m over budget each month.

FTE continues to be a main driver for the variance, along with leave and professional fee variances.

Medical

YTD, the combined variance to budget is \$1.0m unfavourable. The favourable May variance was the result of FTE overruns being offset by favourable movements to budget of salary rates due to the timing of actual collective agreement increases compared to budget. We have reduced the forecast for Medical (both salary and outsource) to exceed budget by \$1.6m by year end. FTE levels and leave uptake continue to be the risk variables for this forecast.

YTD, the combined variance to budget is \$1.0m unfavourable. The favourable May variance has now resulted and we have reduced the forecast for Medical (both salary and outsource) to exceed budget by \$1.6m by year end. FTE levels and leave uptake continue to be the risk variables for this forecasted result.

The May result moved the YTD unfavourable salary variance to \$3.2m. Major drivers include:

- \$1.4m favourable variance due to base FTE being 4 under budget (SMOs are 6 FTE under offset by RMOs 2 FTE over budget)
- (\$1.5m) of higher allowance payments (mainly SMO)
- (\$1.6m) of additional overtime payments (9 FTE equivalent - \$ variance evenly split RMO's and SMO's)

(\$1.0m) of annual leave variation (50% of this is due to leave taken at levels less than budget)

Nursing

Nursing salary costs were \$0.1m higher than forecast and \$0.2m higher than budget in May. Higher FTE and course fees were the main cause of the unfavourable variance for the month.

The sharp increase in April has reversed in May with FTE reduced to levels consistent with February and March.

YTD salary costs excluding research accounts are \$1.2m over budget (1%) comprising:

- (\$0.7m) of overtime payment variance (5 FTE)
- (\$0.4m) of base FTE variance (7 FTE)
- (\$0.2m) of allowance payment variation
- (\$0.8m) of unfavourable annual leave variation, of which \$1.1m is due to unfavourable leave accrual values offset by \$0.3m of annual leave taken at levels higher than budget
- \$0.4m of below budget indirect salary costs (mainly course conference / training)
- \$0.5m of favourable rate variation (salary scale / staff mix)

Allied

Allied personnel costs were on budget for May. FTE levels for Allied have remained relatively constant during the year with May FTE at 685.

The YTD Salary cost favourable variance has reduced from last month to be \$0.8m.

The variance is due to:

- \$0.8m of below budget base FTE (13 YTD mainly in mental health)
- \$0.9m of lower costs due to staffing mix
- \$0.1m of below budget indirect salary costs (mainly professional fees, course conference)

- (\$0.1m) of long service leave payments
- (\$0.2m) of allowance payment variation
- (\$0.6m) of additional overtime payments (4 FTE YTD)

Support

Support is on budget for the month. FTE is 194 which is consistent with FTE levels since December 2012.

Management/Admin

Management/Admin personnel costs were \$0.1m favourable in May with the YTD result \$0.2m favourable.

FTE levels reduced in May to be at their lowest level for the financial year and still within budgeted levels of 667 and the Ministerial cap of 683 FTE (Provider only). The favourable movement in FTE was a significant driver in the favourable costs for the month. The YTD favourable variance is largely due to indirect salary costs less than budget.

Leave Liability

The balance sheet annual leave liability (\$25.8m at May excluding joint clinical staff) has increased by \$1.0m since June 2012. The 2014 budgeted liability for leave, including joint clinical staff is \$30.589m and includes alternative stat, lieu, and shift leave.

YTD, there is a \$2.6m unfavourable variance relating to leave across the salary codes. \$2.3m of this relates to leave accruals with \$0.8m of the variance in nursing and \$1.0m in Medical.

\$'s	Closing	Closing	Closing	Closing	Closing	Closing	Movement April 13 - May 13	Movement June 12 to May 13
	June	September	December	March	April	May		
1. Medical SMO	6,146,587	6,564,858	6,986,420	6,629,680	6,701,513	6,777,603	(76,091)	(631,017)
1. Medical MOSS	434,338	237,250	209,566	204,954	234,144	274,019	(39,875)	160,319
1. Medical RMO	1,421,132	1,579,329	1,117,051	1,261,967	1,323,601	1,390,323	(66,722)	30,809
1. Medical House Officer	242,021	278,625	214,992	269,851	282,946	294,018	(11,072)	(51,998)
2. Nursing	9,408,222	9,650,175	9,624,154	9,430,363	9,552,405	9,691,756	(139,351)	(283,534)
3. Allied	3,197,066	3,370,795	3,544,355	3,108,110	2,986,399	3,176,447	(190,048)	20,619
4. Support	806,041	840,473	868,850	821,765	826,159	843,885	(17,726)	(37,844)
5. Management Admin	3,192,776	3,406,316	3,634,485	3,281,613	3,305,904	3,377,614	(71,710)	(184,838)
Totals	24,848,183	25,927,821	26,199,873	25,008,303	25,213,072	25,825,667	(612,595)	(977,484)
Hours	Closing	Closing	Closing	Closing	Closing	Closing	Movement April 13 - May 13	Movement June 12 to May 13
	June	September	December	March	April	May		
1. Medical SMO	46,727	50,390.66	53,337.54	50,349.88	50,817.00	51,172.00	(355)	(4,445)
1. Medical MOSS	4,140	2,380.43	1,996.49	2,087.79	2,366.00	2,558.00	(192)	1,582
1. Medical RMO	23,125	24,362.50	18,162.56	20,313.89	21,148.00	22,071.00	(923)	1,054
1. Medical House Officer	5,435	5,953.90	4,542.64	5,748.41	6,280.00	6,383.00	(103)	(948)
2. Nursing	271,949	277,525	273,852	266,986	269,769	274,050	(4,281)	(2,101)
3. Allied	96,882	101,484	105,629	91,425	89,070	93,399	(4,329)	3,483
4. Support	34,964	36,045	36,958	35,525	35,820	36,421	(601)	(1,457)
5. Management Admin	110,766	115,434	122,957	110,484	111,524	113,159	(1,635)	(2,392)
Totals	593,988	613,575	617,435	582,920	586,794	599,213	(12,419)	(5,225)
Movement Hrs	16,297	5,440	-4,488	15,363	3,874	12,419		

Outsourced Services Expenses

Outsourced costs excluding research expenditure are \$0.7m under budget year to date, \$2.1m of this due to favourable outsourced medical costs which are offset against medical salaries.

Unfavourable variances in allied outsourcing (\$0.25m) are offset by favourable salary variances.

Overruns in outsourced support staff (\$0.3m) are only partially offset as the Food service continue to resource above budget due a number of staff on long term ACC sick leave.

The main overspend is in Outsourced Clinical Services which is \$827k over budget YTD. This is due to increases in;

- Outsourced Mammography driven by audit requirements
- Outsourced Radiology in lieu of FTE
- Outsourced Vitreoretinal procedures earlier in the year
- Outsourced TAVI procedures (3) over the last couple of months

These have been offset partially by the DHB reducing elective outsourcing; however in May we saw the first material expenditure this year incurred to meet the elective / ESPI targets. This outsourcing will be fully offset by additional revenue from the Ministry if ESPI long wait targets are met.

Clinical Supplies Expenses

Clinical supplies are \$0.3m unfavourable for the month and \$0.4m favourable YTD. (Excluding research expenditure)

The May spend in clinical supplies continues its close relationship with case weighted volumes delivered. The correlation between these two data sets is once again strong,

- 0.7 – Correlation from July 12 to May 13. (strong)

The monthly overspend was in line with forecast and we have forecast June to be similar with expected increased delivery over plan given

- a) the traditional increase in acutes in July now winter has hit, and
- b) The continued push to meet our year-end elective and long wait targets.

Infrastructure & Non-Clinical Supplies Expenditure

Infrastructure & Non-Clinical Supplies are on budget for the month and \$1.7m favourable YTD (excluding research expenditure).

Within the monthly and YTD result there are a number of offsetting variances. The favourable variances are;

- Utility costs (coal, steam and electricity) \$0.2m for the month and \$0.6m YTD. Due to a combination of lower prices and over accruals from the prior month.
- Stationery and printing are on budget for the month and \$0.2m YTD.
- Depreciation (both IT and Building). \$0.1m for the month and \$1.0m YTD. IT depreciation \$1.0m YTD of which \$0.6k is due to the recognition of the change in the useful life of these assets. This was budgeted in June so is a timing difference.

Despite these favourable areas, there are still areas of significant overspend.

- Telecommunication costs are \$0.4m over budget YTD. As reported in prior months this is driven by higher data charges and repairs and maintenance / minor purchases continuing to be spent in excess of budget.

- Transport costs were on budget for the month reflecting continued close management of these costs; however they remain \$131k over budget YTD.
- IT costs (excluding depreciation) were favourable in the month by \$72k, due to depreciation being under budget. There was no financial impact this month due to the unbudgeted Microsoft licencing costs as a review of amounts paid highlighted we were one month ahead of plan.
- Interest Costs were \$325k over budget for the month (\$306k over budget YTD) due to the DHB being charged “use of money” interest by the IRD. This occurred due to a reassessment of GST (initiated by the DHB) in which the timing of revenue recognition for GST was not in accordance with legislation. As a public authority revenue from the crown is required to be returned in the period the revenue is brought to charge. This resulted in a timing difference only of GST returned. There have been no penalties incurred only the deemed interest on the timing of the payments to IRD.

Personal Health Payments (Not including Provider-arm)

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

- Community pharmaceuticals (\$0.5m)
- Palliative care costs (\$0.3m)
- Laboratory costs (\$0.5m)
- patient travel (\$0.4m)
- IDF outflows (\$0.2m)

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.

Mental Health (Not including Provider-arm)

The bulk of the favourable variance of \$0.3m 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. \$1.1m 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 May and also YTD.

Insurance - Maximum Natural Disaster Deductible Amounts

The insurance renewal for 2013-14 was discussed previously, with the renewal noting the maximum Deductible Amounts applicable in respect of loss by Natural Disaster was either \$5 million or \$20 million for DHB's. For Southern DHB the deductible amount applicable in respect of loss by Natural Disaster is a maximum of \$5 million arising out of any one event.

The Deductible amount per site is 2.5% of the Site Value subject to a minimum \$1,000,000 arising out of any one event due to the DHB risk sharing arrangement.

Financial Statements

The following financial statements are attached:

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

Southern District Health Board

May-13

Part 4: DHB Consolidated	Current Month				Year to Date				Annual
	Actual	Budget	Variance	Variance	Actual	Budget	Variance	Variance	Budget
	\$(000)	\$(000)	\$(000)	%	\$(000)	\$(000)	\$(000)	%	\$(000)
Part 4.1: Statement of Financial Performance									
REVENUE									
Ministry of Health									
MoH - Vote Health Non Mental Health	55,372	55,374	(3) U	(1%)	608,989	609,116	(127) U	(1%)	664,490
MoH - Vote Health Mental Health	6,992	6,992	0 F	(0%)	76,913	76,913	0 F	(0%)	83,905
PBF Adjustments	-	-	0 F	(0%)	-	-	0 F	(0%)	-
MoH Funding Subcontracts	2,979	3,141	(161) U	(5%)	33,204	34,549	(1,345) U	(4%)	37,690
MoH - Personal Health	49	-	49 F	(0%)	142	-	142 F	(0%)	-
MoH - Mental Health	-	-	0 F	(0%)	-	-	0 F	(0%)	-
MoH - Public Health	10	11	0 F	(3%)	115	119	(4) U	(3%)	130
MoH - Disability Support Services	781	739	42 F	6%	8,231	8,126	105 F	1%	8,864
MoH - Maori Health	-	-	0 F	(0%)	-	-	0 F	(0%)	-
Clinical Training Agency	623	543	81 F	15%	6,219	5,968	251 F	4%	6,510
Internal - DHB Funder to DHB Provider	-	-	0 F	(0%)	-	-	0 F	(0%)	-
Ministry of Health Total	66,807	66,799	8 F	(0%)	733,812	734,790	(978) U	(0%)	801,589
Other Government									
IDF's - Mental Health Services	145	145	0 F	(0%)	1,600	1,600	0 F	(0%)	1,746
IDF's - All others (non Mental health)	1,435	1,511	(76) U	(5%)	16,337	16,618	(281) U	(2%)	18,129
Other DHB's	17	25	(8) U	(33%)	278	274	3 F	1%	299
Training Fees and Subsidies	28	20	8 F	39%	196	222	(26) U	(12%)	242
Accident Insurance	818	726	92 F	13%	8,149	7,927	221 F	3%	8,754
Other Government	507	417	90 F	22%	5,091	4,587	504 F	11%	5,004
Other Government Total	2,950	2,845	105 F	4%	31,651	31,229	422 F	1%	34,174
Government and Crown Agency Total	69,756	69,644	112 F	(0%)	765,463	766,019	(556) U	(0%)	835,763
Other Revenue									
Patient / Consumer Sourced	464	261	203 F	78%	2,961	3,162	(201) U	(6%)	3,414
Other Income	904	852	52 F	6%	9,705	9,178	527 F	6%	10,030
Other Revenue Total	1,367	1,113	255 F	23%	12,666	12,340	326 F	3%	13,444
REVENUE TOTAL	71,124	70,757	367 F	1%	778,130	778,359	(230) U	(0%)	849,207
EXPENSES									
Personnel Expenses									
Medical Personnel	(9,202)	(8,979)	(223) U	(2%)	(94,961)	(91,844)	(3,117) U	(3%)	(99,761)
Nursing Personnel	(10,875)	(10,609)	(267) U	(3%)	(111,514)	(109,861)	(1,652) U	(2%)	(120,114)
Allied Health Personnel	(4,379)	(4,421)	41 F	1%	(43,982)	(44,757)	775 F	2%	(48,635)
Support Services Personnel	(873)	(878)	5 F	1%	(8,754)	(8,816)	63 F	1%	(9,590)
Management / Admin Personnel	(3,726)	(3,844)	118 F	3%	(39,076)	(39,469)	393 F	1%	(44,636)
Personnel Costs Total	(29,054)	(28,730)	(324) U	(1%)	(298,287)	(294,748)	(3,539) U	(1%)	(322,736)
Outsourced Expenses									
Medical Personnel	(489)	(769)	280 F	36%	(6,298)	(8,439)	2,141 F	25%	(9,207)
Nursing Personnel	(7)	(3)	(4) U	(122%)	(42)	(37)	(5) U	(15%)	(40)
Allied Health Personnel	(29)	(24)	(5) U	(19%)	(525)	(266)	(259) U	(98%)	(290)
Support Personnel	(47)	(23)	(24) U	(101%)	(525)	(250)	(275) U	(110%)	(273)
Management / Administration Personnel	-	(1)	1 F	(0%)	(53)	(15)	(38) U	(257%)	(16)
Outsourced Clinical Services	(969)	(391)	(578) U	(148%)	(6,741)	(5,511)	(1,230) U	(22%)	(5,892)
Outsourced Corporate / Governance Services	(128)	(132)	4 F	3%	(1,407)	(1,382)	(25) U	(2%)	(1,514)
Outsourced Funder Services	(115)	(92)	(22) U	(24%)	(1,290)	(1,024)	(266) U	(26%)	(1,116)
Outsourced Services Total	(1,784)	(1,436)	(348) U	(24%)	(16,882)	(16,924)	41 F	(0%)	(18,349)
Clinical Supplies									
Treatment Disposables	(2,673)	(2,609)	(64) U	(2%)	(27,462)	(27,232)	(230) U	(1%)	(29,763)
Diagnostic Supplies & Other Clinical Supplies	(172)	(148)	(24) U	(16%)	(1,660)	(1,724)	64 F	4%	(1,867)
Instruments & Equipment	(1,342)	(1,367)	25 F	2%	(14,343)	(14,871)	528 F	4%	(12,420)
Patient Appliances	(210)	(176)	(34) U	(19%)	(1,937)	(1,845)	(92) U	(5%)	(2,021)
Implants & Prosthesis	(1,058)	(851)	(207) U	(24%)	(9,884)	(9,186)	(698) U	(8%)	(10,033)
Pharmaceuticals	(1,466)	(1,466)	0 F	(0%)	(16,380)	(17,109)	729 F	4%	(18,531)
Other Clinical Supplies	(247)	(255)	9 F	3%	(2,884)	(2,969)	84 F	3%	(3,216)
Clinical Supplies Total	(7,167)	(6,872)	(295) U	(4%)	(74,551)	(74,936)	385 F	1%	(77,852)
Infrastructure & Non Clinical Expenses									
Hotel Services, Laundry & Cleaning	(1,125)	(1,084)	(40) U	(4%)	(11,716)	(11,878)	161 F	1%	(12,959)
Facilities	(1,742)	(1,941)	199 F	10%	(19,235)	(20,319)	1,085 F	5%	(22,190)
Transport	(328)	(332)	3 F	1%	(3,869)	(3,700)	(169) U	(5%)	(4,027)
IT Systems & Telecommunications	(873)	(929)	56 F	6%	(9,758)	(9,967)	209 F	2%	(8,659)
Interest & Financing Charges	(1,570)	(1,304)	(267) U	(20%)	(14,227)	(14,228)	1 F	(0%)	(15,491)
Professional Fees & Expenses	(183)	(158)	(24) U	(15%)	(1,955)	(1,825)	(130) U	(7%)	(1,984)
Other Operating Expenses	(391)	(377)	(14) U	(4%)	(4,027)	(4,296)	269 F	6%	(4,312)
Democracy	(43)	(42)	(1) U	(3%)	(439)	(460)	22 F	5%	(502)
Subsidiaries & Joint Ventures	-	-	0 F	(0%)	-	-	0 F	(0%)	-
Infrastructure & Non-Clinical Supplies Total	(6,256)	(6,167)	(89) U	(1%)	(65,225)	(66,673)	1,448 F	2%	(70,125)

Southern District Health Board

May-13

Part 4: DHB Consolidated	Current Month				Year to Date				Annual
	Actual	Budget	Variance	Variance	Actual	Budget	Variance	Variance	Budget
	\$(000)	\$(000)	\$(000)	%	\$(000)	\$(000)	\$(000)	%	\$(000)
Payments to Providers									
Personal Health									
Child and Youth	(47)	(69)	22 F	32%	(375)	(761)	386 F	51%	(831)
Laboratory	(2,722)	(2,563)	(158) U	(6%)	(28,913)	(28,220)	(693) U	(2%)	(30,783)
Infertility Treatment Services	-	(10)	10 F	100%	-	(108)	108 F	100%	(118)
Maternity	(220)	(221)	1 F	1%	(2,441)	(2,421)	(20) U	(1%)	(2,642)
Maternity (Tertiary & Secondary)	(2)	(14)	11 F	83%	(40)	(149)	109 F	73%	(163)
Pregnancy and Parenting Education	(2)	(10)	8 F	81%	(83)	(106)	23 F	22%	(115)
Maternity Payment Schedule	-	-	-	-	-	-	-	-	-
Neo Natal	-	-	-	-	-	-	-	-	-
Sexual Health	-	-	-	-	-	-	-	-	-
Adolescent Dental Benefit	(233)	(241)	8 F	3%	(1,946)	(2,045)	99 F	5%	(2,231)
Other Dental Services	-	-	-	-	-	-	-	-	-
Dental - Low Income Adult	(57)	(68)	10 F	15%	(729)	(747)	18 F	2%	(815)
Child (School) Dental Services	(43)	(49)	7 F	14%	(482)	(542)	60 F	11%	(591)
Secondary / Tertiary Dental	(139)	(139)	-	0%	(1,524)	(1,524)	-	0%	(1,663)
Pharmaceuticals	(6,359)	(6,269)	(90) U	(1%)	(67,251)	(66,769)	(481) U	(1%)	(72,806)
Pharmaceutical Cancer Treatment Drugs	-	-	-	-	-	-	-	-	-
Pharmacy Services	(19)	(31)	12 F	39%	(408)	(346)	(62) U	(18%)	(377)
Management Referred Services	-	-	-	-	-	-	-	-	-
General Medical Subsidy	437	(120)	557 F	466%	(932)	(1,315)	383 F	29%	(1,434)
Primary Practice Services - Capitated	(3,385)	(3,365)	(20) U	(1%)	(37,049)	(37,017)	(32) U	(0%)	(40,382)
Primary Health Care Strategy - Care	(247)	(255)	9 F	3%	(2,678)	(2,809)	132 F	5%	(3,065)
Primary Health Care Strategy - Health	(327)	(277)	(50) U	(18%)	(2,866)	(3,042)	176 F	6%	(3,319)
Primary Health Care Strategy - Other	(215)	(287)	72 F	25%	(2,374)	(3,155)	781 F	25%	(3,442)
Practice Nurse Subsidy	(15)	(16)	1 F	6%	(157)	(178)	21 F	12%	(194)
Rural Support for Primary Health Pro	(1,280)	(1,284)	4 F	0%	(14,101)	(14,124)	23 F	0%	(15,408)
Immunisation	(248)	(246)	(2) U	(1%)	(1,811)	(1,890)	79 F	4%	(1,995)
Radiology	(151)	(176)	25 F	14%	(1,657)	(1,932)	275 F	14%	(2,107)
Palliative Care	(440)	(478)	39 F	8%	(5,513)	(5,263)	(250) U	(5%)	(5,742)
Meals on Wheels	(19)	(19)	-	0%	(208)	(212)	4 F	2%	(232)
Domiciliary & District Nursing	(430)	(417)	(13) U	(3%)	(4,744)	(4,588)	(155) U	(3%)	(5,005)
Community based Allied Health	(165)	(165)	-	0%	(1,821)	(1,814)	(7) U	(0%)	(1,979)
Chronic Disease Management and Educa	(78)	(83)	5 F	6%	(897)	(908)	11 F	1%	(990)
Medical Inpatients	-	-	-	-	-	-	-	-	-
Medical Outpatients	(368)	(368)	-	0%	(4,048)	(4,043)	(5) U	(0%)	(4,410)
Surgical Inpatients	(8)	(36)	28 F	77%	(118)	(395)	277 F	70%	(431)
Surgical Outpatients	(138)	(152)	14 F	9%	(1,524)	(1,672)	148 F	9%	(1,824)
Paediatric Inpatients	-	-	-	-	-	-	-	-	-
Paediatric Outpatients	-	-	-	-	-	-	-	-	-
Pacific Peoples' Health	(4)	(4)	-	0%	(45)	(41)	(4) U	(9%)	(45)
Emergency Services	(150)	(163)	13 F	8%	(1,712)	(1,795)	83 F	5%	(1,959)
Minor Personal Health Expenditure	(44)	(82)	38 F	46%	(575)	(897)	322 F	36%	(978)
Price adjusters and Premium	(164)	(83)	(81) U	98%	(1,139)	(912)	(228) U	25%	(995)
Travel & Accommodation	(408)	(409)	1 F	0%	(4,396)	(3,964)	(432) U	(11%)	(4,339)
Inter District Flow Personal Health	(1,887)	(2,155)	267 F	12%	(23,937)	(23,704)	(233) U	(1%)	(25,859)
Personal Health Total	(19,576)	(20,322)	746 F	4%	(218,494)	(219,409)	915 F	0%	(239,268)
Mental Health									
Mental Health to allocate	-	-	-	-	-	-	-	-	-
Acute Mental Health Inpatients	-	-	-	-	-	-	-	-	-
Sub-Acute & Long Term Mental Health	-	-	-	-	-	-	-	-	-
Crisis Respite	(5)	(2)	(3) U	(125%)	(51)	(23)	(28) U	(124%)	(25)
Alcohol & Other Drugs - General	(81)	(83)	3 F	3%	(903)	(916)	13 F	1%	(999)
Alcohol & Other Drugs - Child & Youth	(40)	(39)	(1) U	(1%)	(432)	(432)	(1) U	(0%)	(471)
Methadone	-	-	-	-	-	-	-	-	-
Dual Diagnosis - Alcohol & Other Drugs	-	(7)	7 F	100%	(13)	(77)	64 F	83%	(84)
Dual Diagnosis - MH/ID	-	-	-	-	-	-	-	-	-
Eating Disorder	(14)	(14)	-	0%	(153)	(154)	1 F	(0%)	(168)
Maternal Mental Health	(4)	(4)	-	0%	(48)	(40)	(7) U	(18%)	(44)
Child & Youth Health Services	(292)	(317)	24 F	8%	(3,228)	(3,482)	254 F	7%	(3,799)
Forensic Services	-	-	-	-	-	-	-	-	-
Kaupapa Maori Mental Health Services	(6)	(6)	-	0%	(68)	(69)	1 F	2%	(75)
Kaupapa Maori Mental Health - Residential	-	-	-	-	-	-	-	-	-
Kaupapa Maori Mental Health - Inpati	-	-	-	-	-	-	-	-	-
Mental Health Community Services	(111)	(106)	(6) U	(5%)	(1,223)	(1,162)	(61) U	(5%)	(1,267)
Prison/Court Liaison	-	-	-	-	-	-	-	-	-
Mental Health Workforce Development	-	(1)	1 F	100%	-	(7)	7 F	100%	(7)
Day Activity & Work Rehabilitation S	(121)	(123)	2 F	2%	(1,475)	(1,429)	(46) U	(3%)	(1,552)
Mental Health Funded Services for Older People	-	-	-	-	-	-	-	-	-
Advocacy / Peer Support - Consumer	(19)	(23)	4 F	17%	(271)	(258)	(14) U	(5%)	(281)
Other Home Based Residential Support	(325)	(317)	(8) U	(2%)	(3,462)	(3,486)	24 F	1%	(3,803)
Advocacy / Peer Support - Families	(52)	(50)	(2) U	(4%)	(623)	(551)	(72) U	(13%)	(600)
Community Residential Beds & Service	(402)	(424)	22 F	5%	(4,414)	(4,560)	146 F	3%	(4,983)
Minor Mental Health Expenditure	(3)	(34)	31 F	92%	(338)	(375)	37 F	10%	(409)
Inter District Flow Mental Health	(431)	(431)	-	0%	(4,743)	(4,743)	-	0%	(5,174)
Mental Health Total	(1,905)	(1,980)	75 F	4%	(21,444)	(21,761)	317 F	1%	(23,741)

Southern District Health Board

May-13

Part 4: DHB Consolidated	Current Month				Year to Date				Annual
	Actual	Budget	Variance	Variance	Actual	Budget	Variance	Variance	Budget
	\$(000)	\$(000)	\$(000)	%	\$(000)	\$(000)	\$(000)	%	\$(000)
Public Health									
Alcohol & Drug	-	-	-	0%	-	-	-	0%	-
Communicable Diseases	-	-	-	0%	-	-	-	0%	-
Injury Prevention	-	-	-	0%	-	-	-	0%	-
Mental Health	-	-	-	0%	-	-	-	0%	-
Screening Programmes	-	-	-	0%	-	-	-	0%	-
Nutrition and Physical Activity	(6)	(23)	17 F	75%	(233)	(249)	17 F	7%	(272)
Physical Environment	-	-	-	0%	-	-	-	0%	-
Public Health Infrastructure	-	-	-	0%	-	-	-	0%	-
Sexual Health	(1)	(1)	(1)	(1%)	(8)	(8)	(1)	(1%)	(9)
Social Environments	-	-	-	0%	-	-	-	0%	-
Tobacco Control	(15)	(12)	(2) U	(18%)	(167)	(137)	(30) U	(22%)	(150)
Well Child Promotion	-	-	-	0%	-	-	-	0%	-
Meningococcal	-	-	-	0%	-	-	-	0%	-
Public Health Total	(21)	(36)	15 F	41%	(408)	(395)	(13) U	(3%)	(431)
Disability Support Services									
AT & R (Assessment, Treatment and Re	(294)	(294)		0%	(3,239)	(3,238)	(1) U	(0%)	(3,532)
Information and Advisory	(1)	(1)		0%	(6)	(6)		1%	(6)
Needs Assessment	(22)	(21)	(1) U	(4%)	(257)	(236)	(21) U	(9%)	(257)
Service Co-ordination	-	-	-	0%	10	-	10 F	0%	-
Home Support	(1,022)	(1,076)	54 F	5%	(13,023)	(11,902)	(1,121) U	(9%)	(12,978)
Carer Support	(141)	(143)	3 F	2%	(1,455)	(1,576)	122 F	8%	(1,719)
Residential Care: Rest Homes	(2,883)	(3,049)	167 F	5%	(32,352)	(33,205)	853 F	3%	(36,213)
Residential Care: Loans Adjustment	9	22	(13) U	(60%)	158	244	(87) U	(35%)	266
Long Term Chronic Conditions	(84)	(83)	(1) U	(1%)	(1,055)	(916)	(139) U	(15%)	(1,000)
Residential Care: Hospitals	(3,690)	(3,544)	(146) U	(4%)	(38,533)	(38,346)	(187) U	(0%)	(41,840)
Ageing in Place	-	-	-	0%	-	-	-	0%	-
Environmental Support Services	(96)	(100)	4 F	4%	(1,096)	(1,099)	2 F	(0%)	(1,199)
Day Programmes	(18)	(24)	6 F	25%	(288)	(288)		(0%)	(312)
Expenditure to Attend Treatment ETAT	-	-	-	0%	-	-	-	0%	-
Minor Disability Support Expenditure	(6)	(8)	2 F	28%	(6)	(92)	86 F	93%	(100)
Respite Care	(160)	(84)	(77) U	(92%)	(1,194)	(920)	(275) U	(30%)	(1,003)
Community Health Services & Support	(194)	(206)	12 F	6%	(2,077)	(2,168)	91 F	4%	(2,374)
Inter District Flow Disability Support	(321)	(321)		0%	(3,491)	(3,530)	39 F	1%	(3,851)
Disability Support Other	-	-	-	0%	-	-	-	0%	-
Disability Support Services Total	(8,924)	(8,934)	10 F	0%	(97,904)	(97,276)	(628) U	(1%)	(106,119)
Maori Health									
Maori Service Development	(22)	(22)		(1%)	(243)	(243)		(0%)	(265)
Maori Provider Assistance Infrastruc	-	-	-	0%	-	-	-	0%	-
Maori Workforce Development	-	-	-	0%	-	-	-	0%	-
Minor Maori Health Expenditure	-	-	-	0%	-	-	-	0%	-
Whanau Ora Services	(101)	(109)	8 F	7%	(1,165)	(1,196)	31 F	3%	(1,305)
Maori Health Total	(123)	(131)	8 F	6%	(1,408)	(1,439)	31 F	2%	(1,570)
Internal Allocations	-	-	-	0%	-	-	-	0%	-
Total Expenses	(74,811)	(74,608)	(203) U	(0%)	(794,602)	(793,560)	(1,042) U	(0%)	(860,189)
Net Surplus/ (Deficit)	(3,687)	(3,851)	164 F	4%	(16,473)	(15,201)	(1,272) U	(8%)	(10,982)
<i>Zero Check</i>	-	-	-	0%	-	-	-	0%	-
Part 4.1 A: Supplementary Information to Statement of Financial Performance									
Depreciation - Clinical Equipment	(634)	(775)	142 F	18%	(6,949)	(7,903)	954 F	12%	(4,847)
Depreciation - Non Residential Buildings & Plant	(670)	(654)	(16) U	(2%)	(7,026)	(7,082)	56 F	1%	(7,736)
Depreciation - Motor Vehicles	(18)	(6)	(11) U	(176%)	(126)	(69)	(58) U	(84%)	(75)
Depreciation - Information Technology	(286)	(361)	75 F	21%	(2,802)	(3,719)	917 F	25%	(1,843)
Depreciation - Other Equipment	(54)	(45)	(9) U	(20%)	(547)	(492)	(55) U	(11%)	(537)
Total Depreciation	(1,660)	(1,841)	181 F	10%	(17,451)	(19,265)	1,814 F	9%	(15,038)
Interest Cost from Funder Loans	-	-	-	0%	-	-	-	0%	-
Interest Costs from CHFA	(383)	(408)	25 F	6%	(4,597)	(4,641)	44 F	1%	(5,036)
Financing Component of Operating Leases	(31)	(20)	(11) U	(56%)	(253)	(241)	(13) U	(5%)	(260)
Capital Charge	(789)	(848)	59 F	7%	(8,813)	(9,038)	225 F	2%	(9,858)

Southern District Health Board

May-13

Part 4: DHB Consolidated	Current	Previous	Movement \$(000)	Current	Current Year	Annual
	Month	Month		Budget	Opening	Budget
	Actual \$(000)	Actual \$(000)		\$(000)	Budget \$(000)	Balance Sheet \$(000)
Part 4.2: Balance Sheet						
Current Assets						
Petty Cash	15	15	-	13	13	13
Bank	533	(29)	563	-	9,706	-
Short Term Investments - HBL	18,922	26,228	(7,306)	25,601	-	24,043
Short Term Investments	-	-	-	-	30,053	-
Prepayments	1,889	2,079	(190)	1,493	1,493	1,493
Accounts Receivable	6,433	5,118	1,315	8,420	6,196	8,591
Provision for Doubtful Debts	(1,699)	(1,699)	-	(1,695)	(1,695)	(1,695)
Accrued Debtors	18,396	20,027	(1,631)	15,540	15,540	15,540
Inventory / Stock	4,363	4,437	(74)	4,265	4,265	4,265
Current Assets Total	48,852	56,175	(7,323)	53,637	65,571	52,251
Non Current Assets						
Land, Buildings & Plant	258,370	257,429	941	257,408	240,152	259,181
Clinical Equipment (incl Finance Leases)	106,610	106,258	353	123,173	105,105	126,173
Other Equipment (incl Finance Leases)	15,475	15,377	98	13,360	12,904	13,401
Information Technology	35,919	35,833	86	36,768	32,108	38,897
Motor Vehicles	1,478	1,474	5	705	692	707
Provision Depreciation - Buildings & Plant	(23,927)	(23,257)	(670)	(23,983)	(16,900)	(24,636)
Provision Depreciation - Clinical Equipment	(77,797)	(77,368)	(429)	(84,874)	(76,971)	(81,818)
Provision Depreciation - Other Equipment	(11,798)	(11,744)	(53)	(11,846)	(11,354)	(11,891)
Provision Depreciation - Information Technology	(26,874)	(26,599)	(275)	(28,134)	(24,415)	(26,258)
Provision Depreciation - Motor Vehicles	(373)	(370)	(4)	(338)	(269)	(344)
WIP	9,533	9,240	293	17,500	20,869	17,500
Investment in Associates	278	278	-	328	278	328
Long Term Investments	1,634	1,421	213	1,628	-	1,842
Non Current Assets Total	288,528	287,972	556	301,696	282,198	313,082
Current Liabilities						
Accounts Payable Control	(4,357)	(4,512)	155	(5,477)	(5,053)	(4,905)
Accrued Creditors	(26,497)	(25,826)	(671)	(29,222)	(32,124)	(28,299)
Income Received in Advance	(1,884)	(1,504)	(380)	(1,614)	(1,614)	(1,614)
Capital Charge Payable	(3,943)	(3,154)	(789)	(4,169)	-	(4,990)
GST & Tax Provisions	(4,220)	(7,938)	3,718	(8,263)	(6,842)	(7,938)
Term Loans - Finance Leases (current portion)	(979)	(858)	(121)	(1,408)	(1,408)	(1,408)
Term Loans - Crown (current portion)	(10,805)	(10,885)	79	(27,445)	(28,045)	(27,445)
Payroll Accrual & Clearing Accounts	(13,746)	(15,588)	1,843	(15,886)	(11,671)	(17,583)
Employee Entitlement Provisions	(46,075)	(45,290)	(785)	(44,035)	(44,036)	(44,034)
Current Liabilities Total	(112,506)	(115,555)	(6,951)	(137,519)	(130,793)	(138,216)
WORKING CAPITAL	(63,654)	(59,380)	(4,274)	(83,882)	(65,222)	(85,966)
NET FUNDS EMPLOYED	224,874	228,592	(3,718)	217,815	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 porti	(2,956)	(3,101)	145	(415)	(1,669)	(324)
Term Loans - Crown (non current portion)	(91,110)	(91,275)	165	(74,732)	(74,732)	(74,732)
Custodial Funds	-	-	-	-	-	-
Non Current Liabilities Total	(110,214)	(110,525)	310	(91,242)	(92,496)	(91,151)
Crown Equity						
Crown Equity	(154,552)	(154,552)	-	(154,552)	(154,552)	(154,552)
Crown Equity Injection	(6,651)	(6,389)	(262)	(17,293)	-	(23,174)
Crown Equity Repayments	-	-	-	-	-	707
Trust and Special Funds (no restricted use)	(5,075)	(5,021)	(55)	-	(4,850)	-
Revaluation Reserve	(85,362)	(85,362)	-	(85,362)	(85,362)	(85,362)
Retained Earnings - DHB Governance & Fundin	2,774	2,642	133	2,632	1,762	2,702
Retained Earnings - DHB Provider	100,115	96,843	3,273	94,143	89,693	89,514
Retained Earnings - Funds	34,090	33,771	319	33,860	28,828	34,200
Crown Equity Total	(114,660)	(118,067)	3,408	(126,572)	(124,481)	(135,965)
NET FUNDS EMPLOYED	(224,874)	(228,592)	3,718	(217,815)	(216,976)	(227,116)
Zero Check	-	-	-	-	-	-
Part 4.3: Statement of Movement in Equity						
Total equity at beginning of the period	(118,067)	(120,814)		(124,480)	(124,481)	(124,480)
Net Results for Period	3,687	2,730		15,201	-	10,982
Revaluation of Fixed Assets	-	-		-	-	-
Equity Injections - Deficit Support	-	-		(7,000)	-	(11,900)
Equity Injections - Capital Projects	(262)	-		(10,293)	-	(11,274)
Equity Repayments	-	-		-	-	707
Other	-	-		-	-	-
Movement in Trust and Special Funds	(18)	18		-	-	-
Total Equity at end of the period	(114,660)	(118,067)		(126,572)	(124,481)	(135,965)

Board Cash Flow - Southern May-13

Part 4: DHB Consolidated	Current Month			Year to Date			Annual
	Actual	Budget	Variance	Actual	Budget	Variance	Budget
	\$(000)	\$(000)	\$(000)	\$(000)	\$(000)	\$(000)	\$(000)
Part 4.4 Statement of Cashflows							
Operating Revenue							
Government and Crown Agency Revenue	70,452	69,595	857 F	762,644	764,063	(1,419) U	833,648
Other Revenue Received	1,206	943	263 F	10,560	10,277	283 F	11,205
Total Receipts	71,658	70,538	1,120 F	773,204	774,340	(1,136) U	844,853
Payments for Personnel	(30,095)	(38,733)	8,638 F	(294,188)	(290,531)	(3,657) U	(316,823)
Payments for Supplies	(10,436)	(11,457)	1,021 F	(123,362)	(125,167)	1,805 F	(136,543)
Interest Paid	(711)	(20)	(691) U	(5,108)	(4,338)	(770) U	(5,112)
Capital Charge Paid	-	-	-	(4,870)	(7,128)	2,258 F	(7,128)
GST (Net) & Tax	(3,718)	159	(3,877) U	(2,622)	3,007	(5,629) U	2,672
Payment to own DHB Provider (Eliminated)	-	-	-	-	-	-	-
Payment to own DHB Governance & Funding Admin	-	-	-	-	-	-	-
Payments to other DHBs	(2,842)	(2,907)	65 F	(34,914)	(31,977)	(2,937) U	(34,884)
Payments to Providers	(28,523)	(27,848)	(675) U	(309,903)	(307,758)	(2,145) U	(336,253)
Total Payments	(76,325)	(80,806)	4,481 F	(774,967)	(763,892)	(11,075) U	(834,071)
Net Cashflow from Operating	(4,667)	(10,268)	5,601 F	(1,763)	10,448	(12,211) U	10,782
Investing Activities							
Interest Receipts 3rd Party	162	185	(23) U	2,054	2,035	19 F	2,220
Sale of Fixed Assets	-	-	-	52	-	52 F	-
Capital Expenditure							
Land, Buildings & Plant	(968)	(1,417)	449 F	(9,104)	(17,256)	8,152 F	(19,029)
Clinical Equipment	(416)	(3,000)	2,584 F	(10,573)	(18,068)	7,495 F	(21,068)
Other Equipment	(98)	(41)	(57) U	(478)	(456)	(22) U	(497)
Information Technology	(475)	(311)	(164) U	(2,383)	(3,824)	1,441 F	(5,869)
Motor Vehicles	(18)	(1)	(17) U	(689)	(13)	(676) U	(15)
Total Capital Expenditure	(1,975)	(4,770)	2,795 F	(23,227)	(39,617)	16,390 F	(46,478)
Increase in Investments and Restricted & Trust Funds Assets	(213)	(213)	-	(1,635)	(1,628)	(7) U	(1,842)
Net Cashflow from Investing	(2,026)	(4,798)	2,772 F	(22,756)	(39,210)	16,454 F	(46,100)
Financing Activities							
Equity Injections	262	-	262 F	6,651	17,293	(10,642) U	22,467
New Debt							
Private Sector	-	-	-	-	-	-	-
CHFA	-	-	-	-	-	-	-
Repaid Debt							
Private Sector	(52)	(174)	122 F	(1,389)	(2,090)	701 F	(2,265)
CHFA	(261)	(150)	(111) U	(1,045)	(600)	(445) U	(600)
Other Non-Current Liability Movement							
Other Equity Movement	-	-	-	-	-	-	-
Net Cashflow from Financing	(51)	(324)	273 F	4,217	14,603	(10,386) U	19,602
Net Cashflow	(6,744)	(15,390)	8,646 F	(20,302)	(14,159)	(6,143) U	(15,717)
Plus Cash (Opening)	26,214	41,004	(14,790) U	39,772	39,773	(1) U	39,773
Cash (Closing)	19,470	25,614	(6,144) U	19,470	25,614	(6,144) U	24,056
Carry Forward Check							
Closing Cash made up of:							
Petty Cash	15	13	2 F	15	13	2 F	13
Bank (Overdraft)	533	-	533 F	533	-	533 F	-
Short Term Investments	18,922	25,601	(6,679) U	18,922	25,601	(6,679) U	24,043
Total Cashflow Cash (Closing)	19,470	25,614	(6,144) U	19,470	25,614	(6,144) U	24,056

SOUTHERN DISTRICT HEALTH BOARD

Title:	THE NEW PHO SERVICES AGREEMENT AND SOUTHERN DHB	
Report to:	Southern District Health Board	
Date of Meeting:	4 July 2013	
Summary:		
The issues considered in this paper are:		
<ul style="list-style-type: none"> ▪ Information for the Board around the intent and application of the new Primary Health Services Agreement (PHO SA) 		
Specific implications for consideration (financial/workforce/risk/legal etc):		
Financial:	As currently in the budget	
Workforce:	Requirement to work as an integrated team 'best for patient' & 'best for system'	
Other:	Alliancing with the Southern PHO	
Document previously submitted to:	N/A	Date: N/A
Approved by Chief Executive Officer:	Approved	Date: 19/06/13
Prepared by:		Presented by:
Dr Sharon L Kletchko Executive Director Strategy Integration and Funding Portfolio Manager Primary & Community		Dr Sharon L Kletchko Executive Director Strategy Integration and Funding
Date: 20 June 2013		
RECOMMENDATION:		
1. That the Southern District Health Board note the content of this paper		

Briefing to: Southern DHB Board	
Subject: The New PHO Services Agreement and Southern DHB	
Author: Adele Knowles/Dr Sharon Kletchko	Date: 20 June 2013
Purpose of Report :	<input checked="" type="checkbox"/> For Information Only <input type="checkbox"/> Decision Required

Purpose
<p>The purpose of this paper is to inform the Board about the critical elements of the new PHO Services Agreement (PHO SA) including the requirement to form an operational alliance between the DHB and the PHO to progress the services and clinical integration policy agenda.</p>
Summary
<p>The new contract, the PHO SA, is the first since PHOs were established in 2002.</p> <p>The new agreement, scheduled for implementation from 1 July 2013 better reflects the role of primary care in an integrated health system and requires each DHB to formalise an Alliance with their PHOs. This was formulated by representatives of all 31 PHOs and 19 DHBs, supported by the Ministry of Health who concluded the final stages of negotiations in May 2013.</p> <p>It clarifies roles and accountabilities for providing healthcare at a local DHB level and its execution should increase the range and quality of services available to patients closer to home. The changes are designed to improve people's health and individual patient experience, while supporting the clinical and financial sustainability of the health system now and into the foreseeable future.</p> <p>The revised agreement includes a new introductory section providing background and context to the changed relationship between PHOs and DHBs, and sets out the Government's policy objectives for health and support care and primary health care services.</p> <p>It further spells out the objective that health and support services should be provided on a "best for patient" and "best for system" basis.</p> <p>Each DHB not currently part of an alliance is required to form one with their local PHO by 1 July. In this situation it is recommended that this alliance initially be between the two parties to the agreement – Southern DHB and Southern PHO in our case.</p> <p>The initial scope of the new 'Southern Health Alliance' as required by the PHO SA is expected to be, at a minimum, the primary care components of the Southern DHB Annual Plan 2013/14. Following the formation of the Alliance and the signing of the 'Alliance Charter' and a workplan, the Alliance Leadership Team (ALT) is able to organise funding into a 'flexible funding pool'. The pool initially combines Services to Improve Access, Health Promotion, Care Plus and PHO Management Services funding. There is scope within the process for both parties on a 'we discuss, we decide' alliance approach to expand the funding within the pool with contract documents that spell out the agreed alliance services.</p> <p>The new approach would see the Southern DHB Strategy, Integration and Funding team (Planning and Funding) become the principle support to the Alliance in developing such contracts.</p> <p>The new PHO SA incorporates many of the provisions of the current agreement with PHOs such as nationally consistent general practice services, first-level services funding and data reporting requirements (these remain unchanged).</p>

New provisions in the PHO SA include:

- new minimum requirements for PHOs including their functions and expected impacts
- clearer roles and responsibilities for DHBs and PHOs including facilitating and promoting service development, coordination and service integration
- agreement to progress e-Enrolment during 2013/14
- making health information more available for both patient care and services planning (while still respecting the requirements of the Health Information Privacy Code)
- removal of the need for separate PHO Maori health plans as PHOs (as a member of the alliance are involved in the development and implementation of DHB Maori health plans which are now incorporated into the DHB AP)
- working collectively with all local providers to design and develop new approaches to service delivery
- providing incentives to PHOs to achieve 'high performance' through a new nationally consistent 'performance and incentives framework'
- an expansion of the 'provision of first-level services' to include 'urgent care services'.

Urgent Care Services under the new PHO SA requires the PHO to provide access to urgent care services by phone triage and e-consultation and also access to urgent care by face-to-face consultation if clinically indicated. The agreement is specific in stating: "In order to meet its obligations set out in the clause, the PHO must ensure that, if it or its contracted providers are unable to provide urgent care services, the PHO or its contracted providers put in place alternative arrangements for continued provision of urgent care services".

As of October 2013, each PHO is expected to use a nationally consistent 'back to back' contract agreement with its contracted providers that makes explicit the obligation of these providers for services expected to be delivered. The PHO SA gives PHOs the right to recover from providers the reasonable cost of providing services that the provider is expected to deliver if the provider does not do so.

In summary, the new PHO SA retains the strengths of the former agreement while adopting progressive new aspects to ensure 'services and clinical integration' happens at scale and at pace. It provides a platform for stronger local relationships and improved flexibility and innovation for DHBs, PHOs and contracted providers. In particular, there is support for a strong and sustainable primary care sector. A key element is the need to move the focus of care away from hospitals to the community enabled through providing new ways of working, introducing new models of care and through collective shared decision-making and shared accountability.

Key Upcoming Activity

- Finalising the local aspects to the PHO Services Agreement
- Developing the Alliance Leadership Team and signing the new Alliance Charter
- Agreeing the scope of the Alliance and the approach to the workplan

Southern District Health Board

Minutes of the Joint Meeting of the Disability Support Advisory Committee and Community & Public Health Advisory Committee held on Wednesday, 5 June 2013, commencing at 10.00 am, in the Board Room, Wakari Hospital Campus, Dunedin

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

In Attendance: Mr David Tulloch Chief Medical Officer (until 12.40 pm)
Mr Glenn Symon Service Development Manager
Mrs Adele Knowles Portfolio Manager, Primary & Community
Ms Stacy Belser Community Relations Officer (by videoconference until 11.10 am)

1.0 WELCOME

The Chairman welcomed everyone to the meeting.

2.0 APOLOGIES

There were no apologies.

3.0 MEMBERS' DECLARATION OF INTEREST

It was resolved:

"That the Interests Register be noted."

4.0 PREVIOUS MINUTES

It was resolved:

"That the minutes of the joint meeting of the Disability Support Advisory Committee and Community & Public Health Advisory Committee held on 1 May 2013 be approved and adopted as a true and correct record."

5.0 ACTION SHEET

Dr Macpherson reminded members of his interest as part-owner of a general practice.

The Committees reviewed the action sheet (agenda item 5) and requested a progress report from Southern PHO on after-hours services for the next meeting.

6.0 PRESENTATION – DIABETES CARE IMPROVEMENT PACKAGE

Dr Hywel Lloyd, Chief Medical Officer for South Link Health and BPAC (Best Practice Advocacy Centre), member of the Local Diabetes Team and until recently Chair of the Clinical Advisory Committee for Southern PHO, gave a presentation on the new Diabetes Care Improvement Package (DCIP).

Dr Lloyd summarised what had been implemented to replace the “Get Checked” annual diabetes review and outlined the components, toolsets and future strategy of the diabetes management programme. At the conclusion of his presentation, Dr Lloyd tabled the latest data on performance against targets, then took questions from members.

The Chairman requested that a copy of Dr Lloyd’s presentation be emailed to members.

The Committees congratulated Dr Lloyd on the implementation of the DCIP, noting that it was being held up as a national exemplar.

7.0 PRESENTATION – HEPATITIS C

Dr Keith Reid, Public Health Physician, joined the meeting to present his report on Hepatitis C (agenda item 8), which identified that the Southern District Health Board had the highest rate of new infections of Hepatitis C in New Zealand.

Dr Reid highlighted the key points in his report, then took questions from members.

Mr Symon, Service Development Manager, reported that, after discussion with the Ministry of Health, issues around Hepatitis C had been added to the draft Annual Plan and the development of a strategy and action plan to reduce the incidence and prevalence of Hepatitis C would be implemented with Dr Reid and his team.

The Committees requested that progress reports be included in future Public Health South reporting.

8.0 PUBLIC HEALTH SOUTH

The Committees considered reports on Public Health South (PHS) activity for January-April 2013 and a report on influenza (agenda item 8).

Management reported that the national influenza vaccination uptake for 2013 was the highest ever.

The Committees requested further information on public health services in schools, including “Health Promoting Schools”.

It was resolved:

“That the reports be received.”

9.0 MATERNITY QUALITY AND SAFETY STRATEGIC PLAN

A copy of the Southern DHB Maternity Quality and Safety Strategic Plan 2012-2015 was circulated with the agenda (item 9) for members' information.

Mrs Knowles, Portfolio Manager Primary & Community, answered members' questions on the implementation of the plan.

The Committees noted that updates would be provided in future.

CONFIDENTIAL SESSION

At 11.50 am it was resolved that the public be excluded for the following agenda items:

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

The meeting closed at 11.55 am.

Confirmed as a correct record:

Chairman Date

Southern District Health Board

Minutes of the Hospital Advisory Committee Meeting held on Wednesday, 5 June 2013, commencing at 2.00pm in the Board Room, Main Block, 2nd Floor, West Wing, Wakari Hospital Campus

Present:	Mr Paul Menzies Mr Neville Cook Dr Malcolm Macpherson Dr Branko Sijnja Mr Richard Thomson Mr Tim Ward	Chairman
In Attendance:	Mr Joe Butterfield Mrs Kaye Crowther Ms Mary Flannery Ms Carole Heatly Ms Sharon Mason Mr Richard Bunton Mr David Tulloch Mr Peter Beirne Mrs Leanne Samuel Mr Grant Paris Mrs Joanne Fannin	Board Chairman Board member Board member Chief Executive Officer Acting Executive Director of Patient Services Medical Director of Patient Services Chief Medical Officer Executive Director of Finance Executive Director of Nursing and Midwifery Senior Business Analyst Board Secretary Southland

1.0 WELCOME AND APOLOGIES

The Chairman welcomed everyone to the meeting, noting that Ms Sharon Mason was attending as Acting Executive Director of Patient Services (EDPS). Apologies were noted from HAC member, Mr Tahu Potiki and the Executive Director of Patient Services/Deputy Chief Executive Officer (EDPS/DCEO), Mrs Lexie O'Shea.

It was resolved:

"That the apologies be accepted."

2.0 MEMBERS' DECLARATION OF INTEREST

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

3.0 CONFIRMATION OF PREVIOUS MINUTES

It was resolved:

"That the minutes of the 1 May 2013 Hospital Advisory Committee meeting be approved and adopted as a true and correct record."

4.0 MATTERS ARISING

There were no matters arising from the previous minutes.

5.0 ACTION SHEET

The HAC meeting action sheet was received and taken as read, with the following key points highlighted:

Action Point 124 – Gynaecology elective discharge performance –the Ministry of Health (MoH) has agreed to change the gynaecology volumes in the electives template so there is no longer a mismatch between these and the price volume schedule (PVS). There is still a slight difference between the PVS and electives in the caseweight delivery (cwd) and this will be rectified for reporting in the new financial year.

Action Point 125 – waiting list for Clinical Needs Assessment – it was confirmed that there are currently 210 patients on the waiting list.

Action Point 126 – Key Performance Indicator (KPI) report – the colour red is now only used to indicate under-performance in the report.

Action Point 129 – hip and knee prosthetic costs – investigations continue to establish the reason for the variance in costs.

6.0 EXECUTIVE DIRECTOR OF PATIENT SERVICES (EDPS) REPORT

The EDPS report was received and the Acting Executive Director of Patient Services responded to members' questions.

- The third quarter results have been published for the Minister's Health Targets and Southern DHB has improved in every area. The Acting EDPS noted a vote of thanks to staff working hard to achieve the Minister's Health Targets.
- The shorter cancer waiting times health target continues to be achieved at 100%. The third linac is due to come on board in mid-June 2013.
- Members expressed concern at the 8.6% increase in Emergency Department (ED) attendances and the Acting EDPS advised that discussions are continuing with Southern PHO in an endeavour to address the continued increase in numbers presenting. A new contract between DHBs and PHOs from 1 July 2013 will provide tighter guidelines around access for out of hours and primary care. Members acknowledged the progress staff have made towards reaching the Minister's health target for shorter stays in EDs, despite the increased attendances experienced. The CEO acknowledged the team effort by staff to improve the outputs for patients in all areas.
- The team continues to work hard and are running within 1% of the elective services target. Review meetings are on-going and staff are confident of the ability to meet the target by the end of the financial year. Proactive planning is also occurring for the next financial year. Despite the recent snow day in Dunedin, staff managed to treat all but one long stay patient from their list.
- Discussion was held on the impact that the number of avastins being performed could have on other specialty areas. The CEO advised that staff are looking at this as part of the production planning exercise.
- The CEO responded to concerns around the published ESPI graphs not reflecting the true status for Southern DHB and advised that work continues with the MoH to refresh the data. The Executive Director of Finance advised on the data transfer issues, noting that the issue occurred as a result of the merger of the former Otago and Southland DHBs and would continue until all people who were on the waiting lists at that time are treated. Frequent meetings with the MoH continue in an endeavour to resolve the issues.
- Congratulations were extended on the commissioning and commencement of the Oral Health Mobile units.
- There has been no noticeable improvement in Elective Theatre utilisation to date due to challenges with recruitment of Anaesthetists and Theatre Technicians. Workforce planning is underway within the Directorate. Management is to provide an update on Elective Theatre utilisation for the July 2013 HAC meeting.

- Advice was received that the occasional spike in the average length of stay (ALOS) for acute inpatients is due to the acuity of a small number of patients being treated. An aging population is leading to greater acuity and more complex co-morbidities.
- An update was provided on the Day of Surgery Admission (DOSA) graph. Patients generally come in on the day of surgery, but early admission is sometimes required due to age and greater acuity and more complex co-morbidities.

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

The Trend Care business unit efficiency graphs were received and taken as read. The EDNM provided an update on the report on hand hygiene included in the agenda and confirmed there should be a correlation between improved hand hygiene compliance and a reduction in the infection rate. The Health Safety and Quality Commission is introducing a surgical site infection rate target within the next six months.

8.0 FINANCIAL REPORT

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

The SBA advised that the actual result for May 2013 should be in line with the forecast. Early indications are that the unfavourable variance for Nursing FTEs continues and this is reflected in the forecast.

The SBA clarified the position relating to the treatment of research revenue through profit and loss. Advice was received that SDHB does not have control over the expenditure and revenue lines for research.

Clarification was provided on the acronym TAVI – Transcatheter Aortic Valve Implantation, which is used to treat patients with aortic stenosis.

An update was provided on the unfavourable variance for clinical equipment – leases and software maintenance fees.

Discussion was held on the unfavourable variance for leave liability. The Acting EDPS advised that the Executive Director of Human Resources has a project team working with the Directorates to ensure that there are plans in place to manage leave and encourage staff to take their full allocation of leave each year.

The Executive Director of Finance responded to concerns raised around the ability to achieve the budget targets forecast.

9.0 INFORMATION SYSTEMS (IS) DASHBOARD

The report was received and taken as read.

10.0 HUMAN RESOURCES (HR) DASHBOARD

The report was received and taken as read.

11.0 MASTER SITE PLANNING – DUNEDIN AND WAKARI HOSPITALS

The report was received and taken as read. NICU and Paediatrics are progressing well and are on track for completion in December 2013.

The Linac upgrade is nearing completion and the first patients will be seen in mid-June 2013.

The Theatre Nine upgrade is completed and operational.

It was resolved:

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

12.0 CONFIDENTIAL SESSION

At 3.05pm, it was resolved:

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

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

Southland Hospice Charitable Trust Deed of Lease	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).
Telecom Tower, Southland Hospital Deed of Lease	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 4.10pm.

The meeting closed at 4.10pm.

Confirmed as a true and correct record:

Chairman: _____

Date: _____

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

PROVIDER NAME	DESCRIPTION OF SERVICES	SIGNED BY	CONTRACT/VARIATION END DATE
Central Southland Hospital Charitable Trust Board Agreement	Day Activity	Peter Hay	30.06.14
Pembrey Investments Limited t.a Brooklands Village Agreement	Exceptional Circumstances palliative care for a named individual	Peter Hay	20.04.13
Presbyterian Support Southland t.a Peacehaven Service Schedule	Exceptional Circumstances palliative care for a named individual	Peter Hay	12.08.13
Presbyterian Support Otago Incorporated Agreement	Day Activity Ranui and Maybank	Peter Hay	30.06.14
Te Runaka O Awarua t.a Awarua Social & Health Services Variation to Agreement	Tamariki Ora-Well Child Services	Peter Hay	30.06.14
Pacific Island Advisory and Cultural Trust (Southland) Agreement	Pacific People Community Social Worker	Peter Hay	19.05.14
Royal New Zealand Plunket Society Incorporated Variation to Agreement	Pregnancy & Parenting Education	Peter Hay	31.03.14
Te Runaka O Awarua t.a Awarua Social & Health Services Variation to Agreement	Support Services for Mother and Pepi	Peter Hay	31.03.15
Kai Tahu Ki Otago Ltd t.a KTKO Variation to Agreement	Auahi Kore Environments Project - Tobacco Control	Peter Hay	17.03.14
JM & DT McMillan Trust Service Schedule	Exceptional Circumstances palliative care for a named individual	Peter Hay	08.08.13
Ryman Healthcare Limited t.a Yvette Williams Service Schedule	Exceptional Circumstances palliative care for a named individual	Peter Hay	02.08.13

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

Waverley Pharmacy 2009 Limited t.a Waverley Pharmacy Variation to Agreement	Pharmacy Services	Peter Hay	30.06.15
Presbyterian Support Otago Incorporated t.a Ross Hospital Service Schedule	Exceptional Circumstances palliative care for a named individual	Peter Hay	12.05.13
Presbyterian Support Otago Incorporated t.a St Andrews Service Schedule	Exceptional Circumstances palliative care for a named individual	Peter Hay	15.05.13
Marne Street Hospital Limited Service Schedule	Exceptional Circumstances palliative care for a named individual	Peter Hay	08.08.13
St Clair Park Residential Centre Limited Agreement	Individual Agreement for a Named Individual	Peter Hay	20.08.13
Arai Te Uru Whare Hauora Limited Variation to Agreement	Tamariki Ora, Whanau Ora, DSM	Peter Hay	30.06.14
St Clair Park Residential Centre Limited t. a St Clair Park Variation to Agreement	Long Term Support - Chronic Health Conditions - Residential (St Clair Park)	Peter Hay	30.06.14
Presbyterian Support Otago Incorporated t.a Iona Hospital Service Schedule	Exceptional Circumstances palliative care for a named individual	Peter Hay	12.08.13
The Carroll Street Trust Variation to Agreement	Community Residential	Peter Hay	31.05.14

TOTAL AMOUNT FOR THE MONTH: \$2,708,399.73