



# **BOARD MEETING**

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

**Thursday, 5 September 2013**

**9.30 am**

**Moeraki Room  
Kingsgate Hotel Brydone  
115 Thames Street, Oamaru**

**Our Vision:**

Better Health, Better Lives, Whānau Ora

**Our Mission:**

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

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

# SOUTHERN DISTRICT HEALTH BOARD MEETING

Thursday, 5 September 2013, 9.30 am  
Moeraki Room, Kingsgate Hotel Brydone, Oamaru

## A G E N D A

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14. <b>Resolution to Exclude the Public</b>	

**Public Excluded Session:**

**RESOLUTION:**

That the Board exclude the public for 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:

<b>General subject:</b>	<b>Reasons for passing this resolution:</b>	<b>Grounds for passing the resolution:</b>
<b>Previous Public Excluded Board Minutes</b>	As per reasons set out in previous agenda	S 32(a), Schedule 3, NZ Public Health and Disability Act 2000 – that the public conduct of this part of the meeting would be likely to result in the disclosure of information for which good reason for withholding exists under sections 9(2)(a), 9(2)(f), 9(2)(i), 9(2)(j) of the Official Information Act 1982, that is withholding the information is necessary to: protect the privacy of natural persons; maintain the constitutional conventions which protect the confidentiality of advice tendered by Ministers of the Crown and officials; to enable a Minister of the Crown or any Department or organisation holding the information to carry on, without prejudice or disadvantage, commercial activities and negotiations.
<b>Review of Public Excluded Action Sheet</b>	To allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).
<b>Annual Plan</b>	Plan is subject to Ministerial approval	As above, sections 9(2)(f)(iv) and 9(2)(j).
<b>HBL Update</b>	Commercial sensitivity and to allow activities and negotiations to be carried on without prejudice or disadvantage	As above, sections 9(2)(f)(iv) and 9(2)(j).
<b>Public Excluded Advisory Committee Reports</b> a) Disability Support and Community & Public Health Advisory Committees <ul style="list-style-type: none"> <li>• 1 August 2013</li> </ul> b) Hospital Advisory Committee <ul style="list-style-type: none"> <li>▪ 1 August 2013</li> <li>▪ 4 September 2013</li> <li>▪ Breast Screening</li> <li>▪ Provider Contract Approvals</li> </ul> c) Audit & Risk Committee <ul style="list-style-type: none"> <li>▪ 2 August 2013</li> <li>▪ 12 August 2013</li> </ul>	Commercial sensitivity and to allow activities and negotiations to be carried on without prejudice or disadvantage	

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

# SOUTHERN DISTRICT HEALTH BOARD

## INTERESTS REGISTER

Board Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB
<b>Joe BUTTERFIELD (Chairman)</b>	01.03.2012 06.12.2010	1. Member, South Island Neurosurgical Board <b>Son-in-law:</b> 2. Partner, Polson Higgs, Chartered Accountants. 3. Trustee, Corstorphine Baptist Community Trust	1. 2. Does some accounting work for Southern PHO. 3. Has a mental health contract with Southern DHB.
<b>Paul MENZIES (Deputy Chairman)</b>	10.02.2010 10.02.2010 06.10.2011 02.08.2012	1. Wife a member on the Southland Child Youth Mortality Review Group. 2. Wife a member on the Child and Youth Health Advisory Committee. 3. Trustee, Southern PHO. 4. Wife a trustee of Number 10, Youth One Stop Shop, Invercargill.	1. Nil. 2. Nil. 3. Appointed as a trustee by Southern DHB. PHO is contracted to the DHB. 4. Possible conflict with funding requests.
<b>Neville COOK</b>	04.03.2008 04.03.2008 04.03.2008 26.03.2008	1. Board Member, Invercargill Licensing Trust. 2. Board Member, Invercargill Licensing Trust Foundation. 3. Councillor, Environment Southland. 4. Trustee, Norman Jones Foundation.	1. Possible conflict with funding requests. 2. Possible conflict with funding requests. 3. Nil. 4. Possible conflict with funding requests.
<b>Sandra COOK</b>	01.09.2011	1. Te Runanga o Ngāi Tahu	1. Holds a "right of first refusal" over certain Crown properties. Also seen as a Treaty partner and affiliates may hold contracts from Southern DHB from time to time.
<b>Kaye CROWTHER</b>	09.11.2007 14.08.2008 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.
<b>Mary FLANNERY</b>	17.11.2010 10.11.2011	1. Trustee, Rural Otago Primary Health Organisation 2. Associate Solicitor, Bodkins/AWS Legal, Alexandra. 3. Partner, Tayside Farm Partnership. 4. Director, New Zealand Irrigation Board.	1. Was contracted to Southern DHB – contracts assigned to Southern PHO (will be wound up) 2. Nil 3. Nil 4. Nil

Board Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB
<b>James Malcolm MACPHERSON</b>	28.06.2005 09.03.2011 25.11.2010 25.11.2010 25.11.2010 28.08.2007 09.03.2011 09.03.2011 09.03.2011  13.12.2001 22.04.2003	1. Member Otago Polytechnic Council. 2. Contractor and Tutor, Otago Polytechnic. 3. Member Central Lakes Trust. 4. Member Roxburgh Gorge Trail Charitable Trust. 5. Part owner, Alexandra Medical Centre. 6. Co-Principal, Brilliant New Zealand Ltd. 7. Chairman, Jolendale Charitable Trust. 8. Shareholder, Medco Properties Ltd 9. Director, Centennial Health Ltd  <b>Spouse - Susan Elizabeth Macpherson:</b> 10. GP Principal, Centennial Health Ltd, Alexandra. 11. Branch Medical Advisor, ACC, Alexandra.	1. (OP has training interests in common with the DHB, no ) 2. (personal interest.) 3. CLT is a community funder in its region, which includes Dunstan and Lakes District Hospitals, plus a wide range of community and primary services and service providers, and is a possible future funder. 4. Nil. 5. The AMC is tenanted by all of Alexandra's GPs and a pharmacy, and is also occasionally used by related service providers, including midwives and the University of Otago Medical School. A range of potential conflicts. 6. BNZL is a consultancy which may have an involvement with health sector organisations. 7. Nil. 8. MPL will be responsible for the tenancy of all of Alexandra's current GPs and a pharmacy and may also house other related service providers, including midwives and the University of Otago Medical School. A range of potential conflicts, real and theoretical. 9. & 10. Board discussions relating to primary health providers or primary referred services may involve conflicts of interest. Declare where appropriate and withdraw where prudent. 11. ACC is a major customer of the DHB. Remote possibility of an influence, no personal interest.
<b>Tahu POTIKI</b>	15.12.2007 03.04.2008 24.11.2009  03.06.2010  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.
<b>Branko SIJNJA</b>	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	
<b>Richard John THOMSON</b>	13.12.2001  23.09.2003 29.03.2010 06.04.2011	1. Managing Director, Thomson & Cessford Ltd. 2. Director, Susanna Shaya Imports Ltd 3. Chairperson and Trustee, Hawksbury Community Living Trust. 4. Trustee, HealthCare Otago Charitable Trust. 5. Director, Composite Retail Group. 6. Councillor, Dunedin City Council.	1. Thomson & Cessford Ltd is the company name for the Acquisitions Retail Chain. Southern DHB staff occasionally purchase goods for their departments from it. 2. Susanna Shaya Imports is a homeware importing company. It has no dealings with Southern DHB. 3. Hawksbury Trust runs residential homes for intellectually disabled adults in Otago and Canterbury. It does not have contracts with Southern DHB. 4. Health Care Otago Charitable Trust regularly receives grant applications from staff and departments of Southern DHB, as well as other community organisations. 5. May have some stores that deal with Southern DHB.
<b>Tim WARD</b>	14.09.2009  01.05.2010 01.05.2010  10.12.2012	1. Partner, BDO Invercargill, Chartered Accountants. 2. Trustee, Verdon College Board of Trustees. 3. Council Member, Southern Institute of Technology (SIT). 4. Director of Southern Community Laboratories Otago-Southland	1. May have some Southern DHB patients and staff as clients. 2. Verdon is a participant in the employment incubator programme. 3. Supply of goods and services between Southern DHB and SIT.

## SOUTHERN DISTRICT HEALTH BOARD

### INTERESTS REGISTER FOR THE EXECUTIVE MANAGEMENT TEAM

As at August 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  26.08.2013	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. 5. Chairman, Te Herenga Hauora (Regional Māori Health Managers' Forum)	1. Nil. 2. Nil. 3. Nil. 4. Nil. 5. Nil.
Carole Heatly	14.03.2012	Nil.	
Sharon Kletchko		1. GM Strategy & Planning Nelson Marlborough DHB	



Employee Name	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern District Health Board
		<ol style="list-style-type: none"> <li>2. Chair, SI Alliance GMs P&amp;F Network (supported by SIAPO)</li> <li>3. Chair, National GMs P&amp;F Network (supported by DHBSS)</li> <li>4. Member, SIA Service Planning &amp; Integration Team</li> <li>5. Member, Southern Cancer Network Steering Group</li> <li>6. Member, National Cancer Coordination Steering Group</li> <li>7. Deputy Chair NZ Standards Council</li> <li>8. Registered Health Professional - Specialist Medical</li> <li>9. Member Royal Australasian College of Physicians (RACP) - NZ Executive</li> <li>10. Deputy Chair RACP - NZ Policy and Advocacy Committee</li> <li>11. Chair, Medicines Review Statutory Committee (Minister of Health appointment)</li> <li>12. Member, Named Pharmaceutical Patient Access (NPPA) Panel</li> <li>13. Board Member, EVIDEM Collaboration (International group on multi-criteria decision-making)</li> </ol>	
Lexie O'Shea	01.07.2007	1. Trustee, Gilmour Trust.	1. Southland Hospital Trust.
Lynda McCutcheon	22.06.2012	1. Member of the University of Otago, School of Physiotherapy, Admissions Committee.	
John Pine	17.11.201	Nil.	
Leanne Samuel	01.07.2007 01.07.2007 01.07.2007	<ol style="list-style-type: none"> <li>1. Southern Health Welfare Trust (Trustee).</li> <li>2. Member of Community Trust of Southland Health Scholarships Panel.</li> <li>3. Member of Board of Studies at Southern Institute of Technology.</li> </ol>	<ol style="list-style-type: none"> <li>1. Southland Hospital Trust.</li> <li>2. Nil.</li> <li>3. Potential conflict if the DHB purchases services from this organisation.</li> <li>4. Southland Trust.</li> </ol>

Employee Name	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern District Health Board
	29.10.2009 01.10.2010	4. Southland Medical Foundation Inc (member). 5. Member of National Elective Services Productivity and Workforce Programme Steering Group.	5. Nil.
David Tulloch	23.11.2010 02.06.2011 17.08.2012	1. Southland Urology (Director). 2. Southern Surgical Services (Director). 3. UA Central Otago Urology Services Limited (Director). 4. Trustee, Gilmour Trust.	1. Potential conflict if DHB purchases services. 2. Potential conflict if DHB purchases services. 3. Potential conflict if DHB purchases services. 4. Southland Hospital Trust.

# Minutes of the Southern District Health Board Meeting

Friday, 2 August 2013, 10.30 am  
Board Room, Southland Hospital Campus, Invercargill

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<b>Present:</b>	Mr Joe Butterfield	Chair
	Mr Neville Cook	
	Ms Sandra Cook	
	Mrs Kaye Crowther	
	Mrs Mary Flannery	
	Dr Malcolm Macpherson	
	Mr Tahu Potiki	(by videoconference from 12.30 pm)
	Dr Branko Sijnja	
	Mr Richard Thomson	
	Mr Tim Ward	
<b>In Attendance:</b>	Dr Jan White	Crown Monitor
	Ms Carole Heatly	Chief Executive Officer
	Mrs Lexie O'Shea	Deputy Chief Executive Officer/Executive Director Patient Services
	Mr Peter Beirne	Executive Director Finance
	Ms Jenny Humphries	Acting Executive Director Nursing & Midwifery
	Dr Sharon Kletchko	Executive Director Strategy Integration & Funding
	Mr Steve Addison	Executive Director Communications
	Ms Jeanette Kloosterman	Board Secretary (by videoconference)
	Ms Cherie Wells	General Manager Corporate Services (by videoconference until 11.30 am)

## 1.0 CHAIR'S OPENING COMMENTS

The Chair welcomed everyone to the meeting and introduced Dr Jan White, recently appointed Crown Monitor.

## 2.0 APOLOGIES

An apology was received from Mr Paul Menzies. An apology for lateness was received from Mr Tahu Potiki.

## 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 4 July 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 noted:

- Management's advice that a report on unused buildings (action point 219) would be submitted to the next meeting;
- That a progress report on primary care after hours services (action point 216) was still to be submitted to DSAC/CPHAC.

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

In presenting her monthly report (agenda item 7) the Chief Executive Officer reported that the elective surgery and First Specialist Assessment (FSA) targets had been met for the year. Staff were congratulated on this achievement.

##### **Home and Community Support Services - InterRAI**

The Executive Director, Strategy Integration & Funding, reported that 100% of people going into aged care and 55% receiving home based care had been InterRAI assessed. More resources were being applied to home based care reassessment, with the aim of having all clients InterRAI assessed by December to ensure their needs were being addressed in the best way. A progress report would be submitted to the next DSAC/CPHAC meeting.

*It was resolved:*

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

#### **8.0 FINANCIAL REPORT**

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

*It was resolved:*

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

## 9.0 ADVISORY COMMITTEE REPORTS

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

Dr Macpherson, Chair of the Disability Support Advisory Committee (DSAC) and Community & Public Health Advisory Committee (CPHAC), gave a verbal report on the DSAC/CPHAC meeting held on 1 August 2013 and tabled a recommendation that smokefree clauses be included in Non-Government Organisation (NGO) contracts.

*It was resolved:*

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

### **Orientation of NGO Contracts to Support Smokefree Health Targets**

The Board was informed:

- That an assurance had been given at the DSAC/CPHAC meeting that NGO funding would not be tied to smokefree contractual requirements that were more restrictive than legislative provisions;
- That DSAC/CPHAC recommended approval be given in principle, as providers were being consulted on the proposed smokefree contract clauses. If major changes were proposed as a result of that consultation, the matter would be brought back to DSAC/CPHAC.

*It was resolved:*

**"That the Board approve in principle the insertion of smokefree clauses into all NGO contracts, as they are entered into or varied, to support implementation of Smokefree Aotearoa 2025."**

### Hospital Advisory Committee

The minutes of the Hospital Advisory Committee (HAC) meeting held on 3 July 2013 were circulated with the agenda (item 10).

*It was resolved:*

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

Dr Macpherson, Acting HAC Chair, gave a verbal report on the meeting held on 1 August 2013 and tabled a recommendation on a drawdown of equity for Master Site Plan development.

*It was resolved:*

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

## Equity Drawdown for Master Site Plan Development

*It was resolved:*

**"That the Board note:**

- **The Quantity Surveyor report detailing the spend to 30 June 2013 and confirming the payments to date reflect progress completed on site;**
- **The Project Director's report and quarterly assurance reports detailing progress to date and the ability to complete the project as stated."**

*It was resolved:*

**"That Southern DHB has the capacity and capability to manage and finance the Master Site Plan project, and that the Chair of the Board request \$1,403,955 of equity from the Minister of Health, as provided for in the 2012-13 financial plan in support of Master Site Planning."**

### Iwi Governance Committee

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

*It was resolved:*

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

## 10.0 CONTRACTS REGISTER

*Mrs Kaye Crowther declared an interest in the Royal New Zealand Plunket Society Southland contract.*

The Funding contracts register (expenses) for July 2013 was circulated with the agenda (item 12) for members' information.

*It was resolved:*

**"That the contracts register be received."**

## PUBLIC EXCLUDED SESSION

*At 11.00 am, it was resolved:*

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

<b>General subject:</b>	<b>Reasons for passing this resolution:</b>	<b>Grounds for passing the resolution:</b>
<b>Previous Public Excluded Board Minutes</b>	As per reasons set out in previous agenda	S 32(a), Schedule 3, NZ Public Health and Disability Act 2000 – that the public conduct of this part of the meeting would be likely to result in the disclosure of information for which good reason for withholding exists under sections 9(2)(a), 9(2)(f), 9(2)(i), 9(2)(j) of the Official Information Act 1982, that is withholding the information is necessary to: protect the privacy of natural persons; maintain the constitutional conventions which protect the confidentiality of advice tendered by Ministers of the Crown and officials; to enable a Minister of the Crown or any Department or organisation holding the information to carry on, without prejudice or disadvantage, commercial activities and negotiations.
<b>Review of Public Excluded Action Sheet</b>	To allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).
<b>Annual Plan</b>	Plan is subject to Ministerial approval	As above, sections 9(2)(f)(iv) and 9(2)(j).
<b>Public Excluded Advisory Committee Reports</b> a) Disability Support and Community & Public Health Advisory Committees <ul style="list-style-type: none"> <li>▪ 1 August 2013</li> <li>▪ Rural Hospital Contracts</li> <li>▪ Fertility Services</li> </ul> b) Hospital Advisory Committee <ul style="list-style-type: none"> <li>▪ 3 July 2013</li> <li>▪ 1 August 2013</li> <li>▪ Provider Contract Approvals</li> </ul> c) Audit & Risk Committee <ul style="list-style-type: none"> <li>▪ 2 August 2013</li> <li>▪ NGO/Funder Audit</li> </ul>	Commercial sensitivity and to allow activities and negotiations to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).
<b>Contract Approvals</b> <ul style="list-style-type: none"> <li>▪ Planning &amp; Funding</li> </ul>	Commercial sensitivity and to allow activities and negotiations to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).
<b>Risk Report</b>	To allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).
<b>Legal Issues</b>	To allow activities to be carried on without prejudice or disadvantage	As above, section 9(2)(j).

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

*The public session of the meeting then closed.*

Confirmed as a true and correct record:

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

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



## Southern District Health Board

# BOARD MEETING ACTION SHEET

As at 28 August 2013

Action Point No.	SUBJECT	ACTION REQUIRED	BY	STATUS	EXPECTED COMPLETION DATE
044-2011/02  60-2011/05  191-2012/11	<b>Smokefree Environment Amendment Bill</b> (Minute item 9.0)	A draft policy statement on smokefree environments to be developed and submitted to CPHAC to provide direction to future service provision in this area.  Timeframe to be provided for completion of the draft policy statement.  Update to be provided.	EDSI&F PHS   EDPS	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.  Paper will be submitted via HAC.	September 2013
194-2012/12  216-2013/06	<b>Primary Care Report on After Hours Services</b> (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	Verbal report provided at the August DSAC/CPHAC meeting. A written report will be submitted to the November meeting.	November 2013
212-2013/05  226-2013/07	<b>Pharmaceuticals</b> (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.  The matter to be referred to the Southern Health Alliance Leadership Team to consider whether any savings could be achieved by primary care, hospital services and pharmacists working together to reduce waste.	CMO	Work in progress.	

Action Point No.	SUBJECT	ACTION REQUIRED	BY	STATUS	EXPECTED COMPLETION DATE
219-2013/06	<b>Facilities</b> (Minute item 10.0)	The Facilities Plan to include consideration of what is to be done with unused buildings in Southland and Otago.	EDF		October 2013

## SOUTHERN DISTRICT HEALTH BOARD

<b>Title:</b>	<b>CHIEF EXECUTIVE OFFICER'S REPORT</b>		
<b>Report to:</b>	Board		
<b>Date of Meeting:</b>	5 September 2013		
<b>Summary:</b>			
The issues considered in this paper are:			
<ul style="list-style-type: none"> <li>▪ Monthly DHB activity.</li> </ul>			
<b>Specific implications for consideration</b> (financial/workforce/risk/legal etc):			
<b>Financial:</b>	No specific implications.		
<b>Workforce:</b>	No specific implications.		
<b>Other:</b>	No specific implications.		
<b>Document previously submitted to:</b>	Not applicable, report submitted directly to Board. Detailed Provider Arm information contained in HAC agenda papers and Planning & Funding information in DSAC/CPHAC agenda papers.		<b>Date:</b> n/a
<b>Approved by Chief Executive Officer:</b>			<b>Date:</b> 27/08/2013
<b>Prepared by:</b>		<b>Presented by:</b>	
Executive Director Strategy, Integration & Funding Executive Director Patient Services <b>Date:</b> 22/08/2013		Carole Heatly Chief Executive Officer	
<b>RECOMMENDATION:</b>			
1. That the Board receive the report.			

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## CHIEF EXECUTIVE OFFICER'S REPORT

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### 1. DHB FINANCIAL PERFORMANCE

The July deficit of \$1.5 million was favourable to budget by \$0.4 million. A detailed analysis of the financial situation is contained in the Financial Report.

### 2. PROVIDER ARM

#### Contract Performance

- Elective **caseweights** delivered (c wd) by Southern DHB Provider Arm were 10 under plan in July 2013 (1%).
- Acute **caseweights** delivered (c wd) by the Southern DHB Provider Arm were 51 over plan in July 2013 (2%).

#### Financial Performance

- A favourable variance of \$13k was recorded by the Southern DHB Provider Arm for the month of July 2013.
- Revenue for July 2013 was unfavourable by \$32k. Expenses for July 2013 were favourable against plan by \$46k.

#### Reduced Waiting Times for Elective Services

The Minister of Health has congratulated hospital staff for their hard work in delivering 22,000 surgical first specialist assessments last financial year.

A letter has also been received from the National Health Board congratulating our team for meeting the goal of having no patients waiting longer than five months for elective first specialist assessment (FSA) or treatment. This positive result means that the Southern DHB will be paid incentive funding of \$688k in the quarter four wash-up.

I would like to acknowledge and thank staff for their sterling effort in achieving these results for our community.

#### Linear Accelerator Opening

The Southern DHB's third linear accelerator (the TrueBeam) was officially opened by the Hon Tony Ryall, Minister of Health, on Friday, 23 August 2013.

The TrueBeam replaces Dunedin's eighteen year old 600C LiNAC and delivers targeted radiation to the site of cancer. It increases the capacity of radiotherapy at Southern DHB to meet the current and future growth in this area and provides the Otago and Southland population with the most modern and technologically advanced radiation therapy treatment modalities available in the country.

Extensive structural changes were required to the "bunker" to house this machine, bringing the overall investment in this project to approximately \$6.4 million.

### **3. PLANNING AND FUNDING**

#### **Fertility Services**

Discussions are continuing with staff and their union representatives on the future of fertility services currently provided by the Provider Arm (Otago Fertility Service).

#### **Annual Plan**

The National Health Board has approved the Southern DHB Annual Plan for signing. Copies have been signed by the Chair and Deputy Chair and forwarded to the Minister of Health for his approval. The plan remains confidential until the approval letter is received from the Minister and attached to the final report.

#### **Southern Health Alliance**

The Southern Health Alliance Leadership Team (SHALT) is established and now meeting on a fortnightly basis. The initial focus is on developing the Alliance work plan by November 2013, which is a key milestone in the DHB Annual Plan. The work plan will have clear actions and milestones on how the DHB and PHO will meet the integration requirements by June 2014, as agreed with the Ministry of Health and NHB. The CPHAC/DSAC workshop in Oamaru will discuss the criteria and weighting to be employed by the SHALT in their collective decision-making.

The Alliance Management Team supports the ALT with administrative, management and project resources. These will be provided by Planning & Funding, PHO, and Provider Arm.

### **4. COMMUNITY INTERACTION**

During the month the Chief Executive Officer (CEO) and Executive Management Team (EMT) members visited a number of organisations, including:

- The CEO and other staff met with the Wakatipu Reference Group (chaired by Mayor Vanessa van Uden, Queenstown Lakes District Council) twice over the past month to progress matters in Queenstown.
- The Chairman and the CEO met with Deputy Prime Minister Bill English to discuss a number of local health care matters.
- The CEO met with two MPs: Michael Woodhouse (National) and Kevin Hague (Green Party).
- The CEO and Chief Medical Officer met with a large group of Invercargill GPs to progress relations between the primary and secondary sectors.
- The CEO (along with a number of other staff and Board members) attended the Dunstan Hospital 150<sup>th</sup> jubilee weekend.
- The CEO met with the Chair of Grey Power Dunedin regarding a number of matters.
- The CEO spoke to the Waitaki Ratepayers Association in Oamaru.

- The CEO and Chair attended the Clutha Health First redeveloped facility opening in Balclutha.
- Members of the EMT attended and presented at the Dunedin School of Medicine planning day. The School verbally supported assisting Southern DHB with a costing exercise to establish undergraduate training costs in the acute hospital setting and target improved efficiency and reduced productivity impact through best practice teaching methodologies and facility design.

## 5. BOARD ELECTION

Nominations for the Southern District Health Board closed on 16 August 2013, with a total of 21 nominations received: 13 for the Otago constituency (four vacancies) and eight for the Southland constituency (three vacancies). Nationally, the number of candidates standing for each DHB ranges from 10 to 35.

The election will be held by postal vote over the period 20 September to 12 October 2013, using the Single Transferable Vote (STV) electoral system.

Carole Heatly  
**Chief Executive Officer**

27 August 2013

# SOUTHERN DHB FINANCIAL REPORT

Financial Report as at: **31 July 2013**  
 Report Prepared by: **David Dickson – Finance Manager**  
 Date: **19 August 2013**

## Recommendations:

- That the Board note the Financial Report

## Overview Section

### Results Summary

At time of writing the 2013/14 annual plan was going through final approvals, no annual budget figures are therefore included in this report.

Month				Year to Date		
Actual	Budget	Variance		Actual	Budget	Variance
\$' 000	\$' 000	\$' 000		\$' 000	\$' 000	\$' 000
72,458	71,861	597	Revenue	72,458	71,861	597
(28,159)	(28,216)	57	Less Personnel Costs	(28,159)	(28,216)	57
(45,816)	(45,524)	(292)	Less Other Costs	(45,816)	(45,524)	(292)
(1,517)	(1,879)	362	Net Surplus / (Deficit)	(1,517)	(1,879)	362

- The July 2013 result was a deficit of \$1.5m, which was favourable to budget by \$0.4m

### Operational Performance

Month				Year to Date		
Actual	Budget	Variance		Actual	Budget	Variance
\$' 000	\$' 000	\$' 000		\$' 000	\$' 000	\$' 000
19	(6)	25	Governance	19	(6)	25
158	(165)	323	Funder	158	(165)	323
(1,694)	(1,708)	14	Provider	(1,694)	(1,708)	14
(1,517)	(1,879)	362	Net Surplus / (Deficit)	(1,517)	(1,879)	362

- The Governance result was favourable and was mainly due to minor timing differences in expenditure and unbudgeted revenue in July
- The Funder result was favourable due to the Mental Health wash-up \$0.2m and less than budgeted expenditure in home support costs \$0.1m
- The Provider result was on budget for the month

## Key Variances

- \$0.2m, Mental Health expenditure not incurred due to unfilled FTE positions
- \$0.2m of below budget facility costs in maintenance and energy
- \$0.2m of higher ACC revenues
- \$0.1m of higher Other Government revenue
- \$0.1m of favourable home support costs
- (\$0.4m) of unfavourable pharmaceutical costs which is considered a timing issue
- (\$0.1) of unfavourable instruments and equipment costs

## Capital Expenditure

The detail of the current programme is being finalised. Baseline capital expenditure is budgeted at \$9.5m with a further \$11.5 for specific building and IT projects. There is also \$7.6m budgeted to carry forward from 2012/13.

## Balance Sheet and Cashflow

Cash is \$19.7m at the end of July against budget of \$15.8m. The difference is due to timing with planned capital expenditure not yet committed from the 2012/13 programme and low current year's commitment.

## Detail Section

This section is presented from an overall DHB result perspective.

### Revenue

For July 2013 revenue is \$0.6m above budget, with most of this having cost offset.

Item	\$'m	Expense Line Offset (Y/N/Partial)
National screening programmes	0.1	Y, Public Health
CTA Revenue	0.1	Y, Provider -arm
ACC Revenue	0.2	P, Provider-arm
Other Government funding	0.1	P, Provider-arm
<u>All other revenue variances</u>	<u>0.1</u>	
Total Revenue Variation	0.6	

### Personnel Expenses

The start of the financial year has seen a payroll costs come on budget.

FTE have stayed at levels consistent with June 2013. An increase in management admin FTE (the apparent decrease in June was due to a year to date transfer of staff to capital projects) is been offset by lower Nursing and RMO FTE.

### **FTE**

Staff Type	Jun-12	Sep-12	Dec-12	Mar-13	May-13	Jun-13	Jul-13	Budget	Variance
SMO	215	222	229	230	229	231	230	238	7
RMO	249	258	258	264	258	261	252	255	2
Nursing Personnel	1,573	1,576	1,574	1,606	1,601	1,596	1,585	1,579	(6)
Allied Health Personnel	692	687	687	689	685	678	678	701	23
Support Personnel	186	186	194	195	194	196	195	196	1
Management & Administration	673	667	669	663	659	635	659	662	3
<b>Total Full Time Equivalentents (FTE's)</b>	<b>3,588</b>	<b>3,596</b>	<b>3,611</b>	<b>3,647</b>	<b>3,626</b>	<b>3,598</b>	<b>3,599</b>	<b>3,629</b>	<b>30</b>



## Medical

The net impact of medical personnel and outsource for July was an unfavourable movement to budget by \$0.1m and is a result of leave not being taken to budgeted levels, higher than budgeted external course fees and allowances, offset partly by favourable outsource costs.

## Nursing

Nursing salary costs tracked close to budget in July.

July FTE dropped by 11 from June 2013, with FTE levels now around the same level as the first half of last financial year.

## Allied

Allied personnel costs are \$0.2m favourable to budget. The impact of FTE being 23 less than budget and leave taken being 12 FTE higher than budgeted were the two main factors for the variance in July.

The start of the new financial year has seen FTE stay at consistent level to the 2012-13 year.

## Management/Admin

Management/Admin personnel costs were close to budget and 3 FTE favourable.

## Leave Liability

Annual leave liability is \$26.7m (excluding joint clinical staff).

Annual Leave liability increased by \$0.2m in July, in line with budget. This however includes \$0.1m of leave paid out (eg on termination or encashing leave) meaning there has been residual growth of \$0.25m from current employees.

Another key measure is the July 2013 to July 2012 comparative in hours; this has increased by 21,677 hours or 3.6%. This equates to approx. 10 FTE

\$	Closing Jul 12	Closing Jun 13	Closing Jul 13	Movement Jun 13 - Jul 13	Movement Jun 13 - Jul 13
1. Medical SMO	6,255,388	6,988,163	7,090,342	102,179	834,954
1. Medical MOSS	275,969	272,681	283,243	10,562	7,273
1. Medical RMO	1,449,571	1,416,273	1,394,200	(22,073)	(55,371)
1. Medical House Officers	228,466	276,706	279,493	2,787	51,027
2. Nursing	9,406,336	9,927,849	9,920,581	(7,268)	514,245
3. Allied	3,232,734	3,277,150	3,283,992	6,842	51,258
4. Support	813,190	873,990	878,745	4,755	65,554
5. Management Admin	3,246,613	3,474,984	3,545,072	70,088	298,459
<b>Totals</b>	<b>24,908,269</b>	<b>26,507,796</b>	<b>26,675,668</b>	<b>167,871</b>	<b>1,767,399</b>
Hours	Closing Jul 12	Closing Jun 13	Closing Jul 13	Movement Jun 13 - Jul 13	Movement Jun 13 - Jul 13
1. Medical SMO	47,503	52,421	53,447	1,026	5,944
1. Medical MOSS	2,695	2,786	2,878	92	184
1. Medical RMO	23,598	22,234	22,016	(218)	(1,582)
1. Medical House Officers	5,109	5,999	6,002	3	893
2. Nursing	271,876	279,238	279,467	229	7,591
3. Allied	97,565	96,065	96,633	568	(933)
4. Support	35,292	37,546	37,647	102	2,355
5. Management Admin	111,255	116,447	118,480	2,033	7,225
<b>Totals</b>	<b>594,894</b>	<b>612,737</b>	<b>616,571</b>	<b>3,835</b>	<b>21,677</b>

### **Outsourced Services Expenses**

The majority of outsourcing costs are provider-arm related and were on budget for July with savings to budget in outsourced medical personnel offsetting overspends in outsourced clinical services.

### **Clinical Supplies Expenses**

Clinical Supplies are \$0.1m over budget in July, with Instruments & Equipment, relating to repairs and loss on disposals, and Implants & Prosthesis mostly in screws, nails and plates accounting for most of the variance.

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

Infrastructure & Non-Clinical Supplies are \$0.2m favourable due to facilities, which have favourable variances in Maintenance, electricity and steam costs, offset partly by laundry costs over budget in July.

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

For July pharmaceutical costs were \$0.4m over budget with this seen as a timing difference at this stage, all other personal health costs were close to budget.

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

Mental Health costs (excluding provider-arm) were on budget for July

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

Home support costs were less than budget (\$0.1m) with other Disability Support costs close to budget in July.

## **Financial Statements**

The following financial statements are attached:

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

# Southern District Health Board

## Jul-13

<b>Part 4: DHB Consolidated</b>	<b>Current Month</b>				<b>Year to Date</b>				<b>Annual</b>
	<b>Actual</b>	<b>Budget</b>	<b>Variance</b>	<b>Variance</b>	<b>Actual</b>	<b>Budget</b>	<b>Variance</b>	<b>Variance</b>	<b>Budget</b>
	<b>\$(000)</b>	<b>\$(000)</b>	<b>\$(000)</b>	<b>%</b>	<b>\$(000)</b>	<b>\$(000)</b>	<b>\$(000)</b>	<b>%</b>	<b>\$(000)</b>
<b>Part 4.1: Statement of Financial Performance</b>									
<b>REVENUE</b>									
<b>Ministry of Health</b>									
MoH - Vote Health Non Mental Health	56,384	56,335	50 F	0%	56,384	56,335	50 F	0%	676,014
MoH - Vote Health Mental Health	7,057	7,062	(5) U	0%	7,057	7,062	(5) U	0%	84,744
PBF Adjustments	-	-	0 F	0%	-	-	0 F	0%	-
MoH Funding Subcontracts	3,262	3,124	138 F	4%	3,262	3,124	138 F	4%	37,488
MoH - Personal Health	26	28	(2) U	(8%)	26	28	(2) U	(8%)	339
MoH - Mental Health	-	-	0 F	0%	-	-	0 F	0%	-
MoH - Public Health	10	11	(1) F	(1%)	10	11	(1) F	(1%)	127
MoH - Disability Support Services	749	743	6 F	1%	749	743	6 F	1%	8,884
MoH - Maori Health	-	-	0 F	0%	-	-	0 F	0%	-
Clinical Training Agency	606	544	62 F	11%	606	544	62 F	11%	6,531
Internal - DHB Funder to DHB Provider	-	-	0 F	0%	-	-	0 F	0%	-
<b>Ministry of Health Total</b>	<b>68,095</b>	<b>67,846</b>	<b>249 F</b>	<b>0%</b>	<b>68,095</b>	<b>67,846</b>	<b>249 F</b>	<b>0%</b>	<b>814,127</b>
<b>Other Government</b>									
IDF's - Mental Health Services	144	144	0 F	0%	144	144	0 F	0%	1,723
IDF's - All others (non Mental health)	1,443	1,443	0 F	0%	1,443	1,443	0 F	0%	17,314
Other DHB's	22	25	(3) U	(13%)	22	25	(3) U	(13%)	302
Training Fees and Subsidies	19	17	2 F	14%	19	17	2 F	14%	206
Accident Insurance	1,001	814	187 F	23%	1,001	814	187 F	23%	9,250
Other Government	590	434	157 F	36%	590	434	157 F	36%	5,135
<b>Other Government Total</b>	<b>3,219</b>	<b>2,876</b>	<b>342 F</b>	<b>12%</b>	<b>3,219</b>	<b>2,876</b>	<b>342 F</b>	<b>12%</b>	<b>33,930</b>
<b>Government and Crown Agency Total</b>	<b>71,314</b>	<b>70,723</b>	<b>591 F</b>	<b>1%</b>	<b>71,314</b>	<b>70,723</b>	<b>591 F</b>	<b>1%</b>	<b>848,057</b>
<b>Other Revenue</b>									
Patient / Consumer Sourced	260	237	23 F	10%	260	237	23 F	10%	3,265
Other Income	884	901	(17) U	(2%)	884	901	(17) U	(2%)	10,809
<b>Other Revenue Total</b>	<b>1,144</b>	<b>1,138</b>	<b>6 F</b>	<b>1%</b>	<b>1,144</b>	<b>1,138</b>	<b>6 F</b>	<b>1%</b>	<b>14,074</b>
<b>REVENUE TOTAL</b>	<b>72,458</b>	<b>71,861</b>	<b>597 F</b>	<b>1%</b>	<b>72,458</b>	<b>71,861</b>	<b>597 F</b>	<b>1%</b>	<b>862,131</b>
<b>EXPENSES</b>									
<b>Personnel Expenses</b>									
Medical Personnel	(9,108)	(8,882)	(226) U	(3%)	(9,108)	(8,882)	(226) U	(3%)	(102,366)
Nursing Personnel	(10,258)	(10,236)	(22) U	0%	(10,258)	(10,236)	(22) U	0%	(124,592)
Allied Health Personnel	(4,194)	(4,417)	223 F	5%	(4,194)	(4,417)	223 F	5%	(50,086)
Support Services Personnel	(833)	(850)	17 F	2%	(833)	(850)	17 F	2%	(9,767)
Management / Admin Personnel	(3,766)	(3,832)	66 F	2%	(3,766)	(3,832)	66 F	2%	(42,481)
<b>Personnel Costs Total</b>	<b>(28,159)</b>	<b>(28,216)</b>	<b>57 F</b>	<b>0%</b>	<b>(28,159)</b>	<b>(28,216)</b>	<b>57 F</b>	<b>0%</b>	<b>(329,292)</b>
<b>Outsourced Expenses</b>									
Medical Personnel	(608)	(702)	93 F	13%	(608)	(702)	93 F	13%	(7,474)
Nursing Personnel	(5)	-	(5) U	0%	(5)	-	(5) U	0%	-
Allied Health Personnel	(36)	(31)	(5) U	(16%)	(36)	(31)	(5) U	(16%)	(375)
Support Personnel	(33)	(21)	(11) U	(53%)	(33)	(21)	(11) U	(53%)	(256)
Management / Administration Personnel	(30)	(1)	(29) U	(93%)	(30)	(1)	(29) U	(93%)	(12)
Outsourced Clinical Services	(646)	(557)	(89) U	(16%)	(646)	(557)	(89) U	(16%)	(6,633)
Outsourced Corporate / Governance Services	(164)	(165)	1 F	1%	(164)	(165)	1 F	1%	(1,925)
Outsourced Funder Services	(135)	(131)	(4) U	(3%)	(135)	(131)	(4) U	(3%)	(1,486)
<b>Outsourced Services Total</b>	<b>(1,657)</b>	<b>(1,608)</b>	<b>(49) U</b>	<b>(3%)</b>	<b>(1,657)</b>	<b>(1,608)</b>	<b>(49) U</b>	<b>(3%)</b>	<b>(18,161)</b>
<b>Clinical Supplies</b>									
Treatment Disposables	(2,465)	(2,410)	(56) U	(2%)	(2,465)	(2,410)	(56) U	(2%)	(28,442)
Diagnostic Supplies & Other Clinical Supplies	(148)	(157)	10 F	6%	(148)	(157)	10 F	6%	(1,868)
Instruments & Equipment	(1,385)	(1,283)	(102) U	(8%)	(1,385)	(1,283)	(102) U	(8%)	(15,261)
Patient Appliances	(170)	(153)	(16) U	(11%)	(170)	(153)	(16) U	(11%)	(2,081)
Implants & Prosthesis	(903)	(837)	(66) U	(8%)	(903)	(837)	(66) U	(8%)	(9,962)
Pharmaceuticals	(1,570)	(1,554)	(16) U	(1%)	(1,570)	(1,554)	(16) U	(1%)	(18,027)
Other Clinical Supplies	(150)	(260)	110 F	42%	(150)	(260)	110 F	42%	(3,086)
<b>Clinical Supplies Total</b>	<b>(6,790)</b>	<b>(6,654)</b>	<b>(136) U</b>	<b>(2%)</b>	<b>(6,790)</b>	<b>(6,654)</b>	<b>(136) U</b>	<b>(2%)</b>	<b>(78,726)</b>
<b>Infrastructure &amp; Non Clinical Expenses</b>									
Hotel Services, Laundry & Cleaning	(1,173)	(1,052)	(121) U	(11%)	(1,173)	(1,052)	(121) U	(11%)	(12,724)
Facilities	(1,689)	(1,864)	176 F	9%	(1,689)	(1,864)	176 F	9%	(21,450)
Transport	(357)	(371)	14 F	4%	(357)	(371)	14 F	4%	(4,318)
IT Systems & Telecommunications	(889)	(923)	35 F	4%	(889)	(923)	35 F	4%	(10,730)
Interest & Financing Charges	(1,272)	(1,336)	64 F	5%	(1,272)	(1,336)	64 F	5%	(15,926)
Professional Fees & Expenses	(174)	(153)	(21) U	(14%)	(174)	(153)	(21) U	(14%)	(1,831)
Other Operating Expenses	(362)	(396)	34 F	9%	(362)	(396)	34 F	9%	(4,608)
Democracy	(34)	(46)	11 F	25%	(34)	(46)	11 F	25%	(837)
Subsidiaries & Joint Ventures	-	-	0 F	0%	-	-	0 F	0%	-
<b>Infrastructure &amp; Non-Clinical Supplies Total</b>	<b>(5,949)</b>	<b>(6,141)</b>	<b>192 F</b>	<b>3%</b>	<b>(5,949)</b>	<b>(6,141)</b>	<b>192 F</b>	<b>3%</b>	<b>(72,424)</b>

# Southern District Health Board

## Jul-13

<b>Part 4: DHB Consolidated</b>	<b>Current Month</b>				<b>Year to Date</b>				<b>Annual</b>
	<b>Actual</b>	<b>Budget</b>	<b>Variance</b>	<b>Variance</b>	<b>Actual</b>	<b>Budget</b>	<b>Variance</b>	<b>Variance</b>	<b>Budget</b>
	<b>\$(000)</b>	<b>\$(000)</b>	<b>\$(000)</b>	<b>%</b>	<b>\$(000)</b>	<b>\$(000)</b>	<b>\$(000)</b>	<b>%</b>	<b>\$(000)</b>
<b>Payments to Providers</b>									
<b>Personal Health</b>									
Child and Youth	(2)	(35)	33 F	93%	(2)	(35)	33 F	93%	(424)
Laboratory	(2,677)	(2,639)	(38) U	(1%)	(2,677)	(2,639)	(38) U	(1%)	(31,669)
Infertility Treatment Services	-	(9)	9 F	100%	-	(9)	9 F	100%	(108)
Maternity	(231)	(220)	(11) U	(5%)	(231)	(220)	(11) U	(5%)	(2,640)
Maternity (Tertiary & Secondary)	(1)	(14)	13 F	95%	(1)	(14)	13 F	95%	(163)
Pregnancy and Parenting Education	(15)	(10)	(6) U	(57%)	(15)	(10)	(6) U	(57%)	(117)
Maternity Payment Schedule	-	-	-	-	-	-	-	-	-
Neo Natal	-	-	-	-	-	-	-	-	-
Sexual Health	-	(2)	2 F	100%	-	(2)	2 F	100%	(18)
Adolescent Dental Benefit	(208)	(217)	8 F	4%	(208)	(217)	8 F	4%	(2,110)
Other Dental Services	-	-	-	-	-	-	-	-	-
Dental - Low Income Adult	(58)	(68)	10 F	15%	(58)	(68)	10 F	15%	(817)
Child (School) Dental Services	(67)	(78)	12 F	15%	(67)	(78)	12 F	15%	(513)
Secondary / Tertiary Dental	(139)	(139)	-	100%	(139)	(139)	-	100%	(1,667)
Pharmaceuticals	(6,218)	(5,762)	(456) U	(8%)	(6,218)	(5,762)	(456) U	(8%)	(70,173)
Pharmaceutical Cancer Treatment Drugs	-	-	-	-	-	-	-	-	-
Pharmacy Services	(30)	(60)	30 F	50%	(30)	(60)	30 F	50%	(718)
Management Referred Services	-	-	-	-	-	-	-	-	-
General Medical Subsidy	(118)	(105)	(13) U	(12%)	(118)	(105)	(13) U	(12%)	(1,650)
Primary Practice Services - Capitated	(3,404)	(3,431)	27 F	1%	(3,404)	(3,431)	27 F	1%	(41,172)
Primary Health Care Strategy - Care	(263)	(240)	(23) U	(10%)	(263)	(240)	(23) U	(10%)	(2,883)
Primary Health Care Strategy - Health	(332)	(286)	(46) U	(16%)	(332)	(286)	(46) U	(16%)	(3,432)
Primary Health Care Strategy - Other	(215)	(207)	(8) U	(4%)	(215)	(207)	(8) U	(4%)	(2,484)
Practice Nurse Subsidy	(22)	(17)	(5) U	(31%)	(22)	(17)	(5) U	(31%)	(198)
Rural Support for Primary Health Pro	(1,283)	(1,301)	18 F	1%	(1,283)	(1,301)	18 F	1%	(15,609)
Immunisation	(117)	(100)	(16) U	(16%)	(117)	(100)	(16) U	(16%)	(1,840)
Radiology	(177)	(190)	13 F	7%	(177)	(190)	13 F	7%	(2,283)
Palliative Care	(508)	(492)	(16) U	(3%)	(508)	(492)	(16) U	(3%)	(5,901)
Meals on Wheels	(20)	(19)	(1)	(1%)	(20)	(19)	(1)	(1%)	(233)
Domiciliary & District Nursing	(477)	(448)	(30) U	(7%)	(477)	(448)	(30) U	(7%)	(5,374)
Community based Allied Health	(165)	(167)	3 F	2%	(165)	(167)	3 F	2%	(2,009)
Chronic Disease Management and Educa	(78)	(82)	4 F	5%	(78)	(82)	4 F	5%	(982)
Medical Inpatients	-	-	-	-	-	-	-	-	-
Medical Outpatients	(369)	(396)	27 F	7%	(369)	(396)	27 F	7%	(4,750)
Surgical Inpatients	(38)	(20)	(18) U	(89%)	(38)	(20)	(18) U	(89%)	(239)
Surgical Outpatients	(126)	(144)	18 F	13%	(126)	(144)	18 F	13%	(1,729)
Paediatric Inpatients	-	-	-	-	-	-	-	-	-
Paediatric Outpatients	-	-	-	-	-	-	-	-	-
Pacific Peoples' Health	(13)	(12)	(1) U	(12%)	(13)	(12)	(1) U	(12%)	(140)
Emergency Services	(190)	(160)	(29) U	(18%)	(190)	(160)	(29) U	(18%)	(1,926)
Minor Personal Health Expenditure	(47)	(52)	4 F	9%	(47)	(52)	4 F	9%	(619)
Price adjusters and Premium	(78)	(107)	29 F	(27%)	(78)	(107)	29 F	(27%)	(1,285)
Travel & Accommodation	(410)	(409)	(1) U	(0%)	(410)	(409)	(1) U	(0%)	(4,690)
Inter District Flow Personal Health	(2,151)	(2,148)	(3) U	(0%)	(2,151)	(2,148)	(3) U	(0%)	(25,780)
<b>Personal Health Total</b>	<b>(20,246)</b>	<b>(19,785)</b>	<b>(461) U</b>	<b>(2%)</b>	<b>(20,246)</b>	<b>(19,785)</b>	<b>(461) U</b>	<b>(2%)</b>	<b>(238,342)</b>
<b>Mental Health</b>									
Mental Health to allocate	-	-	-	-	-	-	-	-	-
Acute Mental Health Inpatients	-	-	-	-	-	-	-	-	-
Sub-Acute & Long Term Mental Health	-	-	-	-	-	-	-	-	-
Crisis Respite	(5)	(5)	-	2%	(5)	(5)	-	2%	(57)
Alcohol & Other Drugs - General	(85)	(59)	(26) U	(44%)	(85)	(59)	(26) U	(44%)	(708)
Alcohol & Other Drugs - Child & Youth	(40)	(24)	(16) U	(66%)	(40)	(24)	(16) U	(66%)	(286)
Methadone	-	-	-	-	-	-	-	-	-
Dual Diagnosis - Alcohol & Other Drugs	(3)	(36)	33 F	91%	(3)	(36)	33 F	91%	(436)
Dual Diagnosis - MH/ID	-	-	-	-	-	-	-	-	-
Eating Disorder	(14)	(14)	-	(0%)	(14)	(14)	-	(0%)	(168)
Maternal Mental Health	(4)	(4)	-	(0%)	(4)	(4)	-	(0%)	(44)
Child & Youth Mental Health Services	(299)	(281)	(18) U	(6%)	(299)	(281)	(18) U	(6%)	(3,371)
Forensic Services	-	(4)	4 F	100%	-	(4)	4 F	100%	(43)
Kaupapa Maori Mental Health Services	(6)	(6)	-	2%	(6)	(6)	-	2%	(76)
Kaupapa Maori Mental Health - Residential	-	-	-	-	-	-	-	-	-
Kaupapa Maori Mental Health - Inpati	-	-	-	-	-	-	-	-	-
Mental Health Community Services	(116)	(136)	20 F	14%	(116)	(136)	20 F	14%	(1,629)
Prison/Court Liaison	-	-	-	-	-	-	-	-	-
Mental Health Workforce Development	-	-	-	-	-	-	-	-	-
Day Activity & Work Rehabilitation S	(164)	(135)	(29) U	(22%)	(164)	(135)	(29) U	(22%)	(1,615)
Mental Health Funded Services for Older People	-	-	-	-	-	-	-	-	-
Advocacy / Peer Support - Consumer	(24)	(22)	(2) U	(8%)	(24)	(22)	(2) U	(8%)	(270)
Other Home Based Residential Support	(308)	(317)	9 F	3%	(308)	(317)	9 F	3%	(3,800)
Advocacy / Peer Support - Families	(52)	(60)	8 F	13%	(52)	(60)	8 F	13%	(720)
Community Residential Beds & Service	(418)	(451)	33 F	7%	(418)	(451)	33 F	7%	(5,411)
Minor Mental Health Expenditure	(19)	(32)	13 F	41%	(19)	(32)	13 F	41%	(388)
Inter District Flow Mental Health	(441)	(441)	-	(0%)	(441)	(441)	-	(0%)	(5,294)
<b>Mental Health Total</b>	<b>(1,997)</b>	<b>(2,026)</b>	<b>29 F</b>	<b>1%</b>	<b>(1,997)</b>	<b>(2,026)</b>	<b>29 F</b>	<b>1%</b>	<b>(24,315)</b>

# Southern District Health Board

## Jul-13

<b>Part 4: DHB Consolidated</b>	<b>Current Month</b>				<b>Year to Date</b>				<b>Annual</b>
	<b>Actual</b>	<b>Budget</b>	<b>Variance</b>	<b>Variance</b>	<b>Actual</b>	<b>Budget</b>	<b>Variance</b>	<b>Variance</b>	<b>Budget</b>
	<b>\$(000)</b>	<b>\$(000)</b>	<b>\$(000)</b>	<b>%</b>	<b>\$(000)</b>	<b>\$(000)</b>	<b>\$(000)</b>	<b>%</b>	<b>\$(000)</b>
<b>Public Health</b>									
Alcohol & Drug	-	-		nm	-	-		nm	-
Communicable Diseases	-	-		nm	-	-		nm	-
Injury Prevention	-	-		nm	-	-		nm	-
Mental Health	-	-		nm	-	-		nm	-
Screening Programmes	-	-		nm	-	-		nm	-
Nutrition and Physical Activity	(23)	(23)		1%	(23)	(23)		1%	(272)
Physical Environment	-	-		nm	-	-		nm	-
Public Health Infrastructure	-	-		nm	-	-		nm	-
Sexual Health	(2)	-	(2) U	nm	(2)	-	(2) U	nm	-
Social Environments	-	-		nm	-	-		nm	-
Tobacco Control	(22)	(12)	(9) U	(76%)	(22)	(12)	(9) U	(76%)	(150)
Well Child Promotion	-	-		nm	-	-		nm	-
Meningococcal	-	-		nm	-	-		nm	-
<b>Public Health Total</b>	<b>(46)</b>	<b>(35)</b>	<b>(11) U</b>	<b>(31%)</b>	<b>(46)</b>	<b>(35)</b>	<b>(11) U</b>	<b>(31%)</b>	<b>(422)</b>
<b>Disability Support Services</b>									
AT & R (Assessment, Treatment and Re	(294)	(297)	3 F	1%	(294)	(297)	3 F	1%	(3,569)
Information and Advisory	(1)	(13)	13 F	96%	(1)	(13)	13 F	96%	(156)
Needs Assessment	(30)	(22)	(8) U	(37%)	(30)	(22)	(8) U	(37%)	(260)
Service Co-ordination	-	-		nm	-	-		nm	-
Home Support	(1,224)	(1,317)	93 F	7%	(1,224)	(1,317)	93 F	7%	(15,504)
Carer Support	(153)	(156)	3 F	2%	(153)	(156)	3 F	2%	(1,874)
Residential Care: Rest Homes	(2,966)	(3,047)	81 F	3%	(2,966)	(3,047)	81 F	3%	(35,880)
Residential Care: Loans Adjustment	19	22	(3) U	(12%)	19	22	(3) U	(12%)	266
Long Term Chronic Conditions	(132)	(85)	(47) U	(56%)	(132)	(85)	(47) U	(56%)	(1,015)
Residential Care: Hospitals	(3,616)	(3,628)	12 F	0%	(3,616)	(3,628)	12 F	0%	(42,714)
Ageing in Place	-	-		nm	-	-		nm	-
Environmental Support Services	(101)	(99)	(2) U	(2%)	(101)	(99)	(2) U	(2%)	(1,191)
Day Programmes	-	-		nm	-	-		nm	-
Expenditure to Attend Treatment ETAT	-	-		nm	-	-		nm	-
Minor Disability Support Expenditure	(6)	(17)	11 F	66%	(6)	(17)	11 F	66%	(209)
Respite Care	(163)	(142)	(21) U	(15%)	(163)	(142)	(21) U	(15%)	(1,691)
Community Health Services & Support	(74)	(84)	11 F	13%	(74)	(84)	11 F	13%	(1,008)
Inter District Flow Disability Support	(261)	(261)		0%	(261)	(261)		0%	(3,128)
Disability Support Other	-	-		nm	-	-		nm	-
<b>Disability Support Services Total</b>	<b>(9,001)</b>	<b>(9,145)</b>	<b>145 F</b>	<b>2%</b>	<b>(9,001)</b>	<b>(9,145)</b>	<b>145 F</b>	<b>2%</b>	<b>(107,932)</b>
<b>Maori Health</b>									
Maori Service Development	(22)	(22)		0%	(22)	(22)		0%	(267)
Maori Provider Assistance Infrastruc	-	-		nm	-	-		nm	-
Maori Workforce Development	-	-		nm	-	-		nm	-
Minor Maori Health Expenditure	-	-		nm	-	-		nm	-
Whanau Ora Services	(107)	(107)		0%	(107)	(107)		0%	(1,290)
<b>Maori Health Total</b>	<b>(129)</b>	<b>(129)</b>		<b>0%</b>	<b>(129)</b>	<b>(129)</b>		<b>0%</b>	<b>(1,557)</b>
Internal Allocations	-	-		nm	-	-		nm	-
<b>Total Expenses</b>	<b>(73,975)</b>	<b>(73,740)</b>	<b>(236) U</b>	<b>(0%)</b>	<b>(73,975)</b>	<b>(73,740)</b>	<b>(236) U</b>	<b>(0%)</b>	<b>(871,171)</b>
<b>Net Surplus/ (Deficit)</b>	<b>(1,517)</b>	<b>(1,879)</b>	<b>362 F</b>	<b>19%</b>	<b>(1,517)</b>	<b>(1,879)</b>	<b>362 F</b>	<b>19%</b>	<b>(9,039)</b>
<i>Zero Check</i>	-	-			-	-			-
<b>Part 4.1 A: Supplementary Information to Statement of Financial Performance</b>									
Depreciation - Clinical Equipment	(621)	(629)	8 F	1%	(621)	(629)	8 F	1%	(7,655)
Depreciation - Non Residential Buildings & Plant	(679)	(618)	(61) U	(10%)	(679)	(618)	(61) U	(10%)	(7,568)
Depreciation - Motor Vehicles	(18)	(10)	(7) U	(73%)	(18)	(10)	(7) U	(73%)	(108)
Depreciation - Information Technology	(252)	(239)	(13) U	(6%)	(252)	(239)	(13) U	(6%)	(2,528)
Depreciation - Other Equipment	(57)	(38)	(19) U	(49%)	(57)	(38)	(19) U	(49%)	(468)
<b>Total Depreciation</b>	<b>(1,628)</b>	<b>(1,534)</b>	<b>(93) U</b>	<b>(6%)</b>	<b>(1,628)</b>	<b>(1,534)</b>	<b>(93) U</b>	<b>(6%)</b>	<b>(18,328)</b>
Interest Cost from Funder Loans	-	-		nm	-	-		nm	-
Interest Costs from CHFA	(383)	(401)	18 F	5%	(383)	(401)	18 F	5%	(4,808)
Financing Component of Operating Leases	(29)	(28)	(1) U	(5%)	(29)	(28)	(1) U	(5%)	(338)
Capital Charge	(842)	(882)	39 F	4%	(842)	(882)	39 F	4%	(10,476)

# Southern District Health Board

Jul-13

<b>Part 4: DHB Consolidated</b>	Current	Previous	Movement	Current	Current Year	Annual
	Month	Month		Budget	Opening	Budget
	Actual	Actual		\$ (000)	Balance Sheet	\$ (000)
	\$ (000)	\$ (000)	\$ (000)	\$ (000)	\$ (000)	\$ (000)
<b>Part 4.2: Balance Sheet</b>						
<b>Current Assets</b>						
Petty Cash	15	15	-	15	15	15
Bank	98	(401)	499	-	(401)	-
Short Term Investments - HBL	19,546	27,629	(8,083)	15,792	27,629	12,242
Short Term Investments	-	-	-	-	-	-
Prepayments	1,465	1,639	(174)	2,524	1,639	2,530
Accounts Receivable	7,066	7,519	(453)	6,000	7,519	6,000
Provision for Doubtful Debts	(1,839)	(1,839)	-	(1,695)	(1,839)	(1,695)
Accrued Debtors	18,335	15,707	2,628	24,257	15,707	26,417
Inventory / Stock	4,675	4,817	(142)	4,422	4,817	4,422
<b>Current Assets Total</b>	<b>49,361</b>	<b>55,086</b>	<b>(5,725)</b>	<b>51,316</b>	<b>55,086</b>	<b>49,932</b>
<b>Non Current Assets</b>						
Land, Buildings & Plant	260,139	259,932	207	266,550	259,932	279,029
Clinical Equipment (incl Finance Leases)	106,627	111,928	(5,301)	116,480	111,928	126,395
Other Equipment (incl Finance Leases)	15,278	15,515	(237)	14,186	15,515	14,546
Information Technology	36,440	36,469	(29)	38,495	36,469	45,125
Motor Vehicles	1,484	1,484	-	1,210	1,484	1,210
Provision Depreciation - Buildings & Plant	(25,277)	(24,600)	(677)	(25,358)	(24,600)	(32,787)
Provision Depreciation - Clinical Equipment	(69,606)	(74,745)	5,139	(75,582)	(74,745)	(82,774)
Provision Depreciation - Other Equipment	(11,504)	(11,787)	283	(11,845)	(11,787)	(12,322)
Provision Depreciation - Information Technology	(26,004)	(25,814)	(190)	(26,058)	(25,814)	(28,540)
Provision Depreciation - Motor Vehicles	(409)	(391)	(18)	(410)	(391)	(547)
WIP	6,981	6,198	783	3,485	6,198	-
Investment in Associates	-	-	-	277	-	280
Long Term Investments	1,957	1,841	116	1,957	1,841	3,584
<b>Non Current Assets Total</b>	<b>296,108</b>	<b>296,030</b>	<b>78</b>	<b>303,388</b>	<b>296,030</b>	<b>313,201</b>
<b>Current Liabilities</b>						
Accounts Payable Control	(4,215)	(3,872)	(343)	(4,900)	(3,872)	(4,900)
Accrued Creditors	(26,666)	(27,670)	1,004	(34,010)	(27,670)	(33,345)
Income Received in Advance	(1,696)	(892)	(804)	(1,743)	(892)	(1,743)
Capital Charge Payable	(842)	(4,731)	3,889	(879)	(4,731)	-
GST & Tax Provisions	(4,612)	(4,193)	(419)	(3,842)	(4,193)	(3,418)
Term Loans - Finance Leases (current portion)	(674)	(943)	269	(1,120)	(943)	(1,120)
Term Loans - Crown (current portion)	(10,806)	(10,806)	-	(17,963)	(10,806)	(17,363)
Payroll Accrual & Clearing Accounts	(11,838)	(12,494)	656	(8,720)	(12,494)	(13,331)
Employee Entitlement Provisions	(46,729)	(46,597)	(132)	(43,985)	(46,597)	(43,985)
<b>Current Liabilities Total</b>	<b>(108,078)</b>	<b>(112,198)</b>	<b>4,120</b>	<b>(117,162)</b>	<b>(112,198)</b>	<b>(119,203)</b>
<b>WORKING CAPITAL</b>	<b>(58,717)</b>	<b>(57,112)</b>	<b>(1,605)</b>	<b>(65,846)</b>	<b>(57,112)</b>	<b>(69,271)</b>
<b>NET FUNDS EMPLOYED</b>	<b>237,391</b>	<b>238,918</b>	<b>(1,527)</b>	<b>237,542</b>	<b>238,918</b>	<b>243,929</b>
<b>Non Current Liabilities</b>						
Long Service Leave - Non Current Portion	(3,085)	(3,085)	-	(3,376)	(3,085)	(3,376)
Retirement Gratuities - Non Current Portion	(11,147)	(11,147)	-	(12,688)	(11,147)	(12,688)
Other Employee Entitlement Provisions	(1,237)	(1,237)	-	-	(1,237)	-
Term Loans - Finance Leases (non current portion)	(2,919)	(2,945)	26	(4,943)	(2,945)	(4,477)
Term Loans - Crown (non current portion)	(91,031)	(91,014)	(17)	(84,092)	(91,014)	(84,092)
Custodial Funds	-	-	-	-	-	-
<b>Non Current Liabilities Total</b>	<b>(109,419)</b>	<b>(109,428)</b>	<b>9</b>	<b>(105,099)</b>	<b>(109,428)</b>	<b>(104,633)</b>
<b>Crown Equity</b>						
Crown Equity	(171,496)	(161,203)	(10,293)	(175,371)	(171,496)	(175,371)
Crown Equity Injection	-	(11,000)	11,000	-	-	(14,721)
Crown Equity Repayments	-	707	(707)	-	-	707
Trust and Special Funds (no restricted use)	-	-	-	-	-	-
Revaluation Reserve	(85,316)	(85,316)	-	(85,362)	(85,316)	(85,362)
Retained Earnings - DHB Governance & Funding	2,948	2,967	(19)	2,778	2,967	2,772
Retained Earnings - DHB Provider	89,866	88,171	1,695	90,054	88,171	96,282
Retained Earnings - Funds	36,026	36,184	(158)	35,458	36,184	36,397
<b>Crown Equity Total</b>	<b>(127,972)</b>	<b>(129,490)</b>	<b>1,518</b>	<b>(132,443)</b>	<b>(129,490)</b>	<b>(139,296)</b>
<b>NET FUNDS EMPLOYED</b>	<b>(237,391)</b>	<b>(238,918)</b>	<b>1,527</b>	<b>(237,542)</b>	<b>(238,918)</b>	<b>(243,929)</b>
Zero Check	-	-	-	-	-	-
<b>Part 4.3: Statement of Movement in Equity</b>						
Total equity at beginning of the period	(129,490)	(114,659)		(134,322)	(129,490)	(134,322)
Net Results for Period	1,517	(4,583)		1,879	-	9,039
Revaluation of Fixed Assets	-	45		-	-	-
Equity Injections - Deficit Support	-	(11,000)		-	-	(9,000)
Equity Injections - Capital Projects	-	-		-	-	(5,721)
Equity Repayments	-	707		-	-	707
Other	-	-		-	-	-
Movement in Trust and Special Funds	-	-		-	-	-
<b>Total Equity at end of the period</b>	<b>(127,972)</b>	<b>(129,490)</b>		<b>(132,443)</b>	<b>(129,490)</b>	<b>(139,296)</b>

# Board Cash Flow - Southern

## Jul-13

<b>Part 4: DHB Consolidated</b>	Current Month			Year to Date			Annual
	Actual	Budget	Variance	Actual	Budget	Variance	Budget
	\$(000)	\$(000)	\$(000)	\$(000)	\$(000)	\$(000)	\$(000)
<b>Part 4.4 Statement of Cashflows</b>							
<b>Operating Revenue</b>							
Government and Crown Agency Revenue	69,943	71,044	(1,101) U	69,943	71,044	(1,101) U	846,500
Other Revenue Received	978	947	31 F	978	947	31 F	11,851
<b>Total Receipts</b>	<b>70,921</b>	<b>71,992</b>	<b>(1,071) U</b>	<b>70,921</b>	<b>71,992</b>	<b>(1,071) U</b>	<b>858,351</b>
Payments for Personnel	(28,683)	(31,753)	3,070 F	(28,683)	(31,753)	3,070 F	(328,220)
Payments for Supplies	(10,536)	(10,039)	(497) U	(10,536)	(10,039)	(497) U	(133,169)
Interest Paid	(29)	(31)	2 F	(29)	(31)	2 F	(5,107)
Capital Charge Paid	(4,731)	(1)	(4,730) U	(4,731)	(1)	(4,730) U	(10,499)
GST (Net) & Tax	419	677	(258) U	419	677	(258) U	(69)
Payment to own DHB Provider (Eliminated)	-	-	-	-	-	-	-
Payment to own DHB Governance & Funding Admin	-	-	-	-	-	-	-
Payments to other DHBs	(2,721)	(2,850)	129 F	(2,721)	(2,850)	129 F	(34,202)
Payments to Providers	(30,361)	(27,815)	(2,546) U	(30,361)	(27,815)	(2,546) U	(337,910)
<b>Total Payments</b>	<b>(76,642)</b>	<b>(71,812)</b>	<b>(4,830) U</b>	<b>(76,642)</b>	<b>(71,812)</b>	<b>(4,830) U</b>	<b>(849,176)</b>
<b>Net Cashflow from Operating</b>	<b>(5,721)</b>	<b>180</b>	<b>(5,901) U</b>	<b>(5,721)</b>	<b>180</b>	<b>(5,901) U</b>	<b>9,175</b>
<b>Investing Activities</b>							
Interest Receipts 3rd Party	166	185	(19) U	166	185	(19) U	2,220
Sale of Fixed Assets	-	-	-	-	-	-	-
<b>Capital Expenditure</b>							
Land, Buildings & Plant	(1,101)	(1,282)	181 F	(1,101)	(1,282)	181 F	(10,276)
Clinical Equipment	(309)	(1,550)	1,241 F	(309)	(1,550)	1,241 F	(11,465)
Other Equipment	(105)	(40)	(65) U	(105)	(40)	(65) U	(400)
Information Technology	(94)	(584)	490 F	(94)	(584)	490 F	(6,583)
Motor Vehicles	-	-	-	-	-	-	-
<b>Total Capital Expenditure</b>	<b>(1,609)</b>	<b>(3,456)</b>	<b>1,847 F</b>	<b>(1,609)</b>	<b>(3,456)</b>	<b>1,847 F</b>	<b>(28,724)</b>
Increase in Investments and Restricted & Trust Funds Assets	(116)	(116)	-	(116)	(116)	-	(1,746)
<b>Net Cashflow from Investing</b>	<b>(1,559)</b>	<b>(3,387)</b>	<b>1,828 F</b>	<b>(1,559)</b>	<b>(3,387)</b>	<b>1,828 F</b>	<b>(28,250)</b>
<b>Financing Activities</b>							
Equity Injections	-	-	-	-	-	-	14,014
<b>New Debt</b>							
Private Sector	-	-	-	-	-	-	-
CHFA	-	-	-	-	-	-	-
<b>Repaid Debt</b>							
Private Sector	(302)	(136)	(166) U	(302)	(136)	(166) U	(1,233)
CHFA	-	-	-	-	-	-	(600)
<b>Other Non-Current Liability Movement</b>							
Other Equity Movement	-	-	-	-	-	-	-
<b>Net Cashflow from Financing</b>	<b>(302)</b>	<b>(136)</b>	<b>(166) U</b>	<b>(302)</b>	<b>(136)</b>	<b>(166) U</b>	<b>12,181</b>
<b>Net Cashflow</b>	<b>(7,583)</b>	<b>(3,343)</b>	<b>(4,240) U</b>	<b>(7,583)</b>	<b>(3,343)</b>	<b>(4,240) U</b>	<b>(6,894)</b>
Plus Cash (Opening)	27,243	19,151	8,092 F	27,243	19,151	8,092 F	19,151
Cash (Closing)	<b>19,659</b>	<b>15,807</b>	<b>3,852 F</b>	<b>19,659</b>	<b>15,807</b>	<b>3,852 F</b>	<b>12,257</b>
Carry Forward Check							
<b>Closing Cash made up of:</b>							
Petty Cash	15	15	-	15	15	-	15
Bank (Overdraft)	98	-	98 F	98	-	98 F	-
Short Term Investments	19,546	15,792	3,754 F	19,546	15,792	3,754 F	12,242
<b>Total Cashflow Cash (Closing)</b>	<b>19,659</b>	<b>15,807</b>	<b>3,852 F</b>	<b>19,659</b>	<b>15,807</b>	<b>3,852 F</b>	<b>12,257</b>

## SOUTHERN DISTRICT HEALTH BOARD

<b>Title:</b>	<b>PHO PERFORMANCE PROGRAMME</b>		
<b>Report to:</b>	Southern District Health Board		
<b>Date of Meeting:</b>	05 September 2013		
<b>Summary:</b>			
The issues considered in this paper are: Southern PHO Performance Programme Results as at 30 June 2013			
<b>Specific implications for consideration</b> (financial/workforce/risk/legal etc):			
<b>Financial:</b>	Nil - Payments based on performance		
<b>Workforce:</b>	Nil		
<b>Other:</b>			
<b>Document previously submitted to:</b>	N/A		<b>Date:</b> N/A
<b>Approved by Chief Executive Officer:</b>	N/A		<b>Date:</b> N/A
<b>Prepared by:</b>		<b>Presented by:</b>	
Kiri Young, Acting Portfolio Manager Primary and Community Services, Strategy, Integration & Funding		Sharon Kletchko, Executive Director of Strategy, Integration & Funding	
<b>Date:</b> 22 August 2013			
<b>RECOMMENDATION:</b>			
1. That the Board note this report.			



PHO PERFORMANCE PROGRAMME DASHBOARD

PERFORMANCE REPORT TO 30 JUNE 2013

PHO Southern PHO

Indicator	Trend	Better	Data Period	Programme Goal	PHO	PHO Baseline	PHO Target	PHO Target Achieved	% PHO Target Achieved	DHB	National
Flu Vaccine Coverage - Total Population		↑	Apr 13 - Jun 13	≥75	68.56	0.00	68.39	✓	100%	68.56	66.09
Flu Vaccine Coverage - High Need		↑	Apr 13 - Jun 13	≥75	68.97	0.00	70.00	✗	0%	68.97	65.07
Cervical Cancer Screening Coverage - Total Population		↑	Apr 13 - Jun 13	≥75	79.83	74.98	75.00	✓	100%	79.83	76.72
Cervical Cancer Screening Coverage - High Need		↑	Apr 13 - Jun 13	≥75	73.60	67.86	72.00	✓	100%	73.60	69.33
Age Appropriate Vaccinations - 2yr Olds - Total Population		↑	Apr 13 - Jun 13	≥95	94.75	92.43	95.00	✗	0%	94.75	93.02
Age Appropriate Vaccinations - 2yr Olds - High Need		↑	Apr 13 - Jun 13	≥95	95.56	93.00	95.00	✓	100%	95.56	93.19
Age Appropriate Vaccinations - 8M Olds - High Need		↑	Apr 13 - Jun 13	≥85	94.69					94.69	88.43
Age Appropriate Vaccinations - 8M Olds - Other		↑	Apr 13 - Jun 13	≥85	95.54					95.54	93.36
Breast Cancer Screening Coverage - High Need		↑	Apr 13 - Jun 13	≥70	71.03	53.27	70.00	✓	100%	71.03	67.31
Ischaemic CVD Detection - Total Population		↑	Apr 13 - Jun 13	≥90	99.23	96.81	90.00	✓	100%	99.23	102.31
Ischaemic CVD Detection - High Need		↑	Apr 13 - Jun 13	≥90	114.25	108.95	90.00	✓	100%	114.25	121.08
CVD Risk Assessment - Total Population		↑	Apr 13 - Jun 13	≥90% by 1 July 2014	62.84	50.60	70.00	✗	0%	62.84	67.09
CVD Risk Assessment - High Need		↑	Apr 13 - Jun 13	≥90% by 1 July 2014	60.75	52.04	70.00	✗	0%	60.75	67.88
Diabetes Detection - Total Population		↑	Apr 13 - Jun 13	≥90	103.21	101.42	90.00	✓	100%	103.21	113.04
Diabetes Detection - High Need		↑	Apr 13 - Jun 13	≥90	104.67	100.14	90.00	✓	100%	104.67	116.76
Diabetes Follow Up After Detection - Total Population		↑	Apr 13 - Jun 13	≥90	63.32	53.57	60.00	✓	100%	63.32	68.16
Diabetes Follow Up After Detection - High Need		↑	Apr 13 - Jun 13	≥90	62.01	53.59	60.00	✓	100%	62.01	74.19
Smoking Status Ever Recorded - High Need		↑	Apr 13 - Jun 13	≥90	76.08	30.82	72.00	✓	100%	76.08	86.06
Smoking Status Ever Recorded - Other		↑	Apr 13 - Jun 13	≥90	77.10	63.13	72.00	✓	100%	77.10	86.07
Brief Advice and/or Cessation Support/Referral provided to patients seen in last 12 months - High		↑	Apr 13 - Jun 13	≥90	60.14					60.14	59.83
Brief Advice and/or Cessation Support/Referral provided to patients seen in last 12 months - Other		↑	Apr 13 - Jun 13	≥90	55.07					55.07	54.95
Inhaled Corticosteroids - Total Population		INFO ONLY	Apr 13 - Jun 13	≤1000	971.88					971.88	871.49
Metformin:Sulphonylureas - Total Population (Information Only)		INFO ONLY	Apr 13 - Jun 13	A ratio which shows a greater proportion of	21.37					21.37	20.04
Acute Phase Response - Total Population (Information Only)		INFO ONLY	Apr 13 - Jun 13	≤7:10	1.84					1.84	2.15
Thyroid Function - Total Population (Information Only)		INFO ONLY	Apr 13 - Jun 13	≥20:10	40.12					40.12	34.32
Breast Cancer Screening Coverage - Total Population (Information Only)		INFO ONLY	Apr 13 - Jun 13	≥70	77.48					77.48	72.66
Percentage Valid NHI on Register - Total Population		INFO ONLY	Apr 13 - Jun 13	≥99.5	99.90					99.90	99.84
Utilisation by High Need enrolees - Total Popn - GP Consults (Information Only)		INFO ONLY	Apr 13 - Jun 13	≥1	1.08					1.08	1.06
GP Referred Laboratory Expenditure - Total Population		INFO ONLY	Apr 13 - Jun 13	≤100	54.76					54.76	23.36
GP Referred Pharmaceutical Expenditure - Total Population		INFO ONLY	Apr 13 - Jun 13	≤100	78.73					78.73	67.57
Nurse Consults-Utilisation by High Need enrolees - Total Popn (Information Only)		INFO ONLY	Apr 13 - Jun 13	≥1	1.05					1.05	1.24
Utilisation by High Need - Doctor & Nurse - Total Population		INFO ONLY	Apr 13 - Jun 13	≥1	1.07					1.07	1.09
Smoking Status Ever Recorded - Total Population		INFO ONLY	Apr 13 - Jun 13	≥90	76.94					76.94	86.07
Current Smoker Status Recorded - Total Population		INFO ONLY	Apr 13 - Jun 13	≥90	20.27					20.27	19.30
Current Smoker Status Recorded - High Need		INFO ONLY	Apr 13 - Jun 13	≥90	33.68					33.68	31.63
Current Smoker Status Recorded- Other		INFO ONLY	Apr 13 - Jun 13	≥90	17.74					17.74	14.42
Brief Advice To Stop Smoking Provided - Total Population		INFO ONLY	Apr 13 - Jun 13	≥90	45.63					45.63	46.42
Brief Advice To Stop Smoking Provided - High Need		INFO ONLY	Apr 13 - Jun 13	≥90	47.78					47.78	47.76
Age Appropriate Vaccinations - 8M Olds - Total Population		INFO ONLY	Apr 13 - Jun 13	≥85	95.33					95.33	91.31

## Southern District Health Board

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

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<b>Present:</b>	Dr Malcolm Macpherson	Chairman
	Mr Neville Cook	
	Ms Sandra Cook	(from 10.20 am)
	Mrs Kaye Crowther	
	Mrs Mary Flannery	
<b>In Attendance:</b>	Mr Richard Thomson	Board Member
	Dr Sharon Kletchko	Executive Director, Strategy Integration & Funding
	Ms Carole Heatly	Chief Executive Officer
	Mr Peter Beirne	Executive Director Finance
	Mr David Tulloch	Chief Medical Officer
	Mrs Lexie O'Shea	Deputy CEO/Executive Director Patient Services
	Ms Thelma Brown	Portfolio Manager, Population & Public Health (by videoconference until 11.40 am)
	Mr Ron Craft	Portfolio Manager, Hospital & Specialist Services (by videoconference from 11.40 am)
	Ms Adele Knowles	Portfolio Manager, Primary & Community (by videoconference)
	Ms Stacy Belser	Community Relations Officer
	Ms Jeanette Kloosterman	Board Secretary (by videoconference)

#### 1.0 WELCOME

The Chairman welcomed everyone to the meeting.

#### 2.0 APOLOGIES

An apology for lateness was received from Ms Sandra Cook.

#### 3.0 CONFIRMATION OF AGENDA

*It was resolved:*

**"That item 4 of the public excluded agenda, NGO contracts to support smokefree health targets, be moved to the public agenda."**

#### 4.0 MEMBERS' DECLARATION OF INTEREST

Dr J M Macpherson reminded members of his interest in agenda item 7, primary care.

***It was resolved:***

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

## **5.0 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 5 June 2013 be approved and adopted as a true and correct record."**

## **6.0 ACTION SHEET**

The Committees reviewed the action sheet (agenda item 5) and noted that the "deep dive" presentations list would be updated.

### **Public Health Services in Schools**

Janice Burton, Director of Health Promotion, Public Health South, joined the meeting to present and answer members' questions on the information on *Health Promoting Schools* included in the agenda.

Ms Burton tabled copies of the latest *Health Promoting Schools* newsletter.

## **7.0 SOUTHERN HEALTH ALLIANCE**

The Committees considered an update on the establishment of the Southern Health Alliance (agenda item 6).

The Executive Director, Strategy Integration & Funding reported that the Alliance Leadership Team were holding a workshop to frame the Southern Health Alliance work plan and consider how the current funding streams could be amalgamated under the agreement into a flexible funding pool to support priorities.

The Committees discussed their role with regard to the Southern Health Alliance (SHA), and the checks and balances necessary to ensure the SHA remained operationally focused, and strategy and policy issues came to DSAC and CPHAC.

*Ms Sandra Cook joined the meeting at 10.20 am.*

The Executive Director, Strategy Integration and Funding, advised that a reporting structure was yet to be developed but she anticipated that future reports to DSAC/CPHAC would come from the SHA Chair.

The Chair suggested that the Committees' evolving relationship with the SHA and reporting lines be a future workshop topic, noting that the relationship between the primary and secondary care sectors was one of the keys to the DHB's sustainability.

## **8.0 PRIMARY AND COMMUNITY CARE**

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

The Committees noted that Ms Knowles was attending her last meeting and wished her well in her future role with the Ministry of Health.

It was suggested that GP fees be presented in a consolidated format on the PHO website to make it easier for people to identify which practices did not charge for under six year-olds. The Executive Director, Strategy Integration and Funding agreed to put this issue on the Southern Alliance agenda.

The Chief Executive Officer reported that there were some gaps in the provision of free care for under six year-olds in Invercargill. The PHO was currently negotiating with five practices, with the DHB's support, and an encouraging meeting had been held with them the previous evening.

## **9.0 PUBLIC AND POPULATION HEALTH**

Ms Thelma Brown, Portfolio Manager, presented her report on public and population health activity (agenda item 8) and took questions from members.

The Committees:

- Noted a progress report from Keith Reid, Public Health Physician, on the development of the Southern Hepatitis C Strategy, and a report on Public Health South activity for May 2013 (agenda item 8);
- Requested that consideration be given to reporting progress against Annual Plan targets in a scorecard format;
- Congratulated the team for achieving the target for B4 School Checks;
- Suggested that when staff go out to present to local bodies on fluoridation, they do so from an evidential empirical basis, rather than from an ideological one;
- Congratulated GPs and vaccinators for achieving good influenza vaccination coverage.

## **10.0 MENTAL HEALTH, ADDICTION AND INTELLECTUAL DISABILITY**

The Mental Health, Addiction and Intellectual Disability Portfolio activity report (agenda item 9) was taken as read and the Executive Director, Strategy Integration and Funding took questions from members.

## **11.0 HEALTH OF OLDER PEOPLE**

The Health of Older People Portfolio activity report (agenda item 10) was taken as read.

The Executive Director, Strategy Integration and Funding reported that InterRAI training for providers was progressing. 100% of people who enter residential

care and about 55% of people receiving home based support were InterRAI assessed. Additional resources were being put into bringing this up to 100% by Christmas.

The Committees requested progress reports measuring the success of the implementation of the restorative model of Home and Community Support Services against expected outcomes.

## **12.0 HOSPITAL AND SPECIALIST SERVICES**

The Hospital and Specialist Services Portfolio activity report (agenda item 11) was taken as read.

## **13.0 DEMOGRAPHIC PROFILE 1996-2026**

The Committees considered a demographic profile for the Southern district 1996-2016, prepared by Professor Natalie Jackson, National Institute of Demographic and Economic Analysis, University of Waikato (agenda item 13), and noted that it provided useful planning information.

The Executive Director, Strategy Integration and Funding reported that the latest census data was expected to be released in December.

## **14.0 FINANCIAL REPORT**

The Executive Director Finance presented the Funder Financial Report for the period ended 30 June 2013 (agenda item 12) and took questions from members.

The Committee requested clarification of the \$1.3 million variance resulting from increased pharmacy co-payments.

### ***It was resolved:***

**“That the portfolio and financial reports be received.”**

The portfolio report writers were congratulated on the inclusion of targets in their reports.

## **15.0 ORIENTATION OF NON-GOVERNMENT ORGANISATION (NGO) CONTRACTS TO SUPPORT SMOKEFREE HEALTH TARGETS**

The Committees considered a request to add smokefree clauses to the terms and conditions of all new or renewed NGO contracts (agenda item 4).

In response to a concern that the policy could allow smoking to be banned in situations allowed by legislation, the Executive Director, Strategy Integration and Funding, advised the policy had to comply with the Smoke-free Environments Act 1990. The proposed clauses would not require providers to ban smoking in situations that would otherwise be allowed by legislation.

*It was resolved:*

**"That DSAC/CPHAC:**

- 1. Note the report;**
- 2. Recommend the Board approve in principle the insertion of smokefree clauses into all NGO contracts, as they are entered into or varied, to support implementation of Smokefree Aotearoa 2025."**

Should any significant changes be proposed to the smokefree contract clauses following consultation with providers, then the matter is to be brought back to DSAC/CPHAC.

### **CONFIDENTIAL SESSION**

***At 11.40 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), 9(2)(j) and 9(2)(f)(iv) 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, and to maintain the constitutional convention protecting the confidentiality of advice tendered by Ministers of the Crown and officials.
2. After Hours Update	To allow activities and negotiations to be carried on without prejudice or disadvantage	As above, section 9(2)(j).
3. Rural Hospital Contracts	To allow activities and negotiations to be carried on without prejudice or disadvantage	As above, section 9(2)(j).

<i>General subject:</i>	<i>Reason for passing this resolution:</i>	<i>Grounds for passing the resolution:</i>
4. Fertility Service	To allow activities and negotiations to be carried on without prejudice or disadvantage	As above, section 9(2)(j).

The meeting closed at 12.00 noon.

Confirmed as a correct record:

Chairman .....

Date .....

**Unconfirmed**

## Southern District Health Board

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

<b>Present:</b>	Dr Malcolm Macpherson	Acting Chairman
	Mr Neville Cook	
	Mr Tahu Potiki	
	Dr Branko Sijnja	
	Mr Richard Thomson	
	Mr Tim Ward	
<b>In Attendance:</b>	Mr Joe Butterfield	Board Chairman
	Ms Sandra Cook	Board member
	Mrs Kaye Crowther	Board member
	Ms Mary Flannery	Board member
	Ms Jan White	Crown Monitor
	Ms Carole Heatly	Chief Executive Officer
	Mrs Lexie O'Shea	Executive Director of Patient Services/Deputy CEO
	Mr David Tulloch	Chief Medical Officer
	Mr Richard Bunton	Medical Director of Patient Services
	Mr Peter Beirne	Executive Director of Finance
	Ms Sharon Kletchko	Executive Director of Strategy, Integration and Funding
	Ms Jenny Humphries	Acting Executive Director Nursing and Midwifery
	Mr Grant Paris	Senior Business Analyst (via videolink)
	Mr Warren Taylor	Facilities and Site Development Manager
	Mrs Joanne Fannin	Board Secretary Southland

#### 1.0 WELCOME AND APOLOGIES

The Acting Chairman welcomed everyone to the meeting. A warm welcome was extended to the new Crown Monitor, Ms Jan White, the Acting Executive Director of Nursing and Midwifery, Ms Jenny Humphries and Facilities and Site Development Manager, Mr Warren Taylor. Apologies were noted from HAC Chairman, Mr Paul Menzies and the Executive Director of Nursing and Midwifery, Mrs Leanne Samuel.

***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 3 July 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. It was noted that all actions required are covered in the agenda.

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

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

- Advice was received on how the discharge lounge works as part of the patient journey at Southland Hospital.
- Members received advice that the Average Length of Stay (ALOS) and acute readmission rates were on par with the sector. The Medical Director, Patient Services advised that the graphs depicted have different "x" and "y" axis, which can lead to misinterpretation.
- Admissions to hospital following attendance at ED fluctuate dependent on the acuity of the patients coming in to the ED. Southern DHB's admissions are in line with the national average. Discussions are taking place with the GPs regarding access to services, particularly 'out of hour' services, as this can impact on the acuity of patients presenting at ED. The CEO advised on a number of areas that can impact admissions. The EDPS/DCEO is to report back to the HAC on whether the increase in the percentage of ED attendances admitted since May 2013 is related to the opening of the Observation Unit at Dunedin Hospital.
- The Elective Service Performance Indicator (ESPI) target for five months was met. Progress is now being made to meet the target of ensuring that patients are being seen and treated within four months.
- Staff were commended on the progress made in the area of High Tech Imaging to reduce wait times. Staff are currently working on addressing the non-urgent MRI wait times of 12-21 weeks. The EDPS/DCEO noted that equipment across the district, including rural hospitals, is being used to address the wait times issue. A single Radiology Information System (RIS) will enable the booking and movement of people more easily across the district. The aim is to align with other South Island DHBs and a multi-regional group is looking at access criteria for High Tech Imaging.

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

The Acting EDNM advised on the Trend Care business unit efficiency graphs. She responded to a query relating to the difference in the hours per patient day (HPPD) between the Dunedin and Southland Hospital sites. The efficiencies afforded by the newer site in Southland were noted and the EDPS/DCEO advised that the Care Capacity Demand management team continue to monitor this.

#### **8.0 FINANCIAL REPORT**

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

An update was provided on the differential in costs between the two base hospital sites for hip and knee prosthetics. The Chief Medical Officer (CMO)

advised that there is a difference in the selection procedure for implants across the two sites. The Medical Director of Surgery is investigating the different processes.

An update was provided on progress with the leave project and progress against the increased target to 97% for the current financial year. The project is a whole of organisation responsibility and the leave uptake has increased considerably over the past three months. The CEO advised that as part of production planning the hospitals need to run for 12 months of the year, seven days per week. The Executive Director of Finance advised that due to the good performance on elective surgery a bonus of \$700K has been achieved. The treatment of the bonus was discussed. Advice was received on the integrity of the accounting treatment for research accounts.

#### **9.0 HUMAN RESOURCES (HR) DASHBOARD**

The report was received and taken as read.

#### **10.0 INFORMATION SYSTEMS (IS) DASHBOARD**

The report was received and taken as read.

#### **11.0 MASTER SITE PLANNING – DUNEDIN AND WAKARI HOSPITALS**

The report was received and taken as read.

#### **12.0 UPDATE ON 2008 MASTER SITE PLAN**

The Executive Director of Finance and the Chair of the Audit and Risk Committee commended Mr Warren Taylor and his team for delivering the project on budget and on time, noting that the design work and project management have been done in house and with limited oversight required at a governance level. An update was provided by Mr Warren Taylor.

#### **13.0 EQUITY DRAWDOWN FOR MASTER SITE PLAN DEVELOPMENT**

The report was received and taken as read.

##### ***It was resolved:***

**“That the Hospital Advisory Committee recommends:**

**That the Board note:**

- **The Quantity Surveyor report detailing the spend to 30 June 2013 and confirming the payments to date reflect progress completed on site.**
- **The Project Directors report and quarterly assurance reports detailing progress to date and the ability to complete the project as stated.**

**That the Board resolve:**

- **That Southern DHB has the capacity and capability to manage and finance the Master Site Plan project.**
- **That the Chair of the Board request \$1,403,955 of equity from the Minister of health, as provided for in the 2012-13 financial plan in support of Master Site Planning.”**

#### **14.0 HEALTH AND DISABILITY COMMISSIONER (HDC) REPORT - KETAMINE**

A report, released by the HDC at midnight on 29 July 2013, was tabled for members' information. The Medical Director of Patient Services provided

clarification on the term 'off label prescribing'. The HDC ruled that the 'off label prescribing' of ketamine had not been experimental and appropriate patient consents had been obtained. He recommended that SDHB should have in place a requirement that clinical and non-clinical management be informed about the proposed prescribing of medication in a manner not previously known to have been prescribed in NZ. As the recommendation has implications for DHBs nationwide, the national CMO working group is working collectively to develop a policy. SDHB is aiming to ensure its compliance with the recommendations by the HDC by the end of September 2013 deadline and an extension has been sought by the CMO working group to ensure that collectively all DHBs have sufficient time to ensure similar outcomes are achieved.

## 15.0 CONFIDENTIAL SESSION

**At 2.55pm, it was resolved:**

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

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

<b>Deferred Maintenance</b>	Commercial sensitivity and to allow activities and negotiations to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).
<b>Seismic Assessment Report</b>	Commercial sensitivity and to allow activities and negotiations to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).
<b>Facilities/Service Planning</b>	Commercial sensitivity and to allow activities and negotiations to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).

The Committee resumed in public session at 4.10pm.

*The meeting closed at 4.10pm.*

Confirmed as a true and correct record:

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

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

## Southern District Health Board

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

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<b>Present:</b>	Mrs Eleanor Murphy	Ōtākou Rūnaka – Chair
	Ms Hana Morgan	Awarua Rūnaka, Deputy Chair
	Mr Taare Bradshaw	Hokonui Rūnaka
	Ms Sandra Cook	Board Member, Southern DHB
	Mrs Kaye Crowther	Board Member, Southern DHB
	Mr Peter Ellison	Puketeraki Rūnaka
	Mr Tahu Potiki	Board Member, Southern DHB
	Ms Odele Stehlin	Waihōpai Rūnaka
	Mrs Ann Wakefield	Ōraka Aparima Rūnaka
<b>In Attendance:</b>	Ms Carole Heatly	Chief Executive Officer (CEO)
	Mr Donovan Clarke	Executive Director of Māori Health/ Kaiwhakahaere Hauora Māori (KHM)
	Ms Pania Coote	District Manager Māori Health (DMMH)
	Mrs Joanne Fannin	Board Secretary Southland (BSS)

#### 1.0 WELCOME APOLOGIES AND KARAKIA

The Chair welcomed members to the meeting and advised she would be standing down from the position of Chair, IGC at the end of the calendar year. She asked members to consider appointment to the Chair's position for the New Year. Apologies were received from IGC members, Ms Kingi Dirks and Mr Paul Menzies. An opening karakia had taken place at the Ka Rūnaka session of the meeting.

#### 2.0 MEMBERS' DECLARATION OF INTEREST

The Chair called for any adjustments or amendments to the Interests Register. No changes were advised.

#### 3.0 CONFIRMATION OF PREVIOUS MINUTES

*It was resolved:*

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

*Ms Sandra Cook joined the meeting at 12.25pm.*

#### 4.0 MATTERS ARISING

- **Action No. 132 – Kaitahu dialect** – Mr Taare Bradshaw provided advice on the Kaitahu dialect and following discussion the replacement of 'ng' with a 'k' in all Southern DHB policies and documents was endorsed. There are some instances where the 'ng' is not to be replaced with a 'k' as it alters the meaning of the word, e.g. roanga. Place names and people's names should also not be altered.

*Mr Tahu Potiki joined the meeting at 12.30pm.*

#### 5.0 ACTION SHEET

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

- **Action No. 56 – Tikaka Best Practice Policies Resource** – draft copies of the flip chart resource tool based on the Tikaka Best Practice Policy were

tabled for members' information and the DMMH advised on the consultation and development of the policy across the district. The flip charts will be printed using the Highlander colours of blue and marone. The text for the flip chart was tabled for members' information and feedback (**appendix 1**). A smaller flip chart is being developed for use on home visits.

- **Action No. 104 – Māori Health Targets and Outcomes** – the KHM provided an update, noting the close liaison taking place with the Executive Director of Strategy, Funding and Integration and the Planning and Funding team to ensure adequate information is being received from Portfolio Managers in relation to Māori Health.
- **Action No. 123 – Joint Wānanga** – discussion was held on the Wānanga to be held on 2 October 2013. The KHM provided an update on information in relation to Suicide Prevention.
- **Action No. 136 – Whānau Ora** – an update was provided on the reporting of Whānau Ora to the Ministry of Health (MoH), in line with the Annual Plan (AP) requirements. A copy of the report will be included in the next agenda.
- **Action No. 137 – Annual Plan** – the KHM advised that the writing of the Annual Plan is very prescriptive, but as far as possible, Māori Health priorities have been included. Discussion was held on the merits of having a separate Māori Health Plan (MHP) versus including the MHP in the AP and the Chair requested that members feedback to the KHM with their thoughts on integrating the MHP and AP in the future. The MoH have requested that the 2014/15 Southern PHO and Southern DHB MHPs be integrated. The DMMH reported on the imminent development of a national MHP dashboard that will be tabled on a quarterly basis. Recommendations for changes to the MHP during the development stage are elevated to the IGC through the MAGMH.
- **Action No. 142 – Coronial Services** – members noted the correspondence and thanked the CEO for her involvement on behalf of IGC.

## 6.0 UPDATE BY THE KAIWHAKAHAERE HAUORA MĀORI (KHM)

The KHM's report was received and the KHM provided a further update on the following areas:

- Provided adequate funding is available, the KHM advised his preference is for a local approach to the roll out of the Primary Care Ethnicity Data Tool across the Southern DHB district.
- Events held for Matariki and Māori Language Week.
- Thank you to Te Runanga o Ōtākou on the opening of the Hākuiaio.

## 7.0 IWI GOVERNANCE COMMITTEE WORK PLAN 2013

The draft IGC Work Plan was received.

## 8.0 MOBILE ORAL HEALTH UNITS

Members considered the report and recommendation in relation to the Mobile Oral Health Units.

***It was resolved:***

**“That the Iwi Governance Committee approves the recommendation from the Management Advisory Group Māori Health regarding the naming of the Mobile Oral Health Units with the names of manu – Titi; Kakapo; Pukeko; Kotuku; Kukupa; Kahu; Takahe and Toroa.**

## 9.0 MĀORI HEALTH PLAN DASHBOARD

Members received and considered the draft MHP dashboard. The DMMH advised that the data being provided for the dashboard is validated data and she advised

on the challenges with extracting the required data from the national data set. The adoption of a national MHP dashboard should resolve some of the issues. The breastfeeding data included in the report is national data and does not include the Tamariki Ora data. IGC/Board member, Mrs Kaye Crowther, advised that the information is available through Plunket locally and she offered to liaise with the local Manager to arrange this. The KHM advised that the framework is now in place for the reporting of the data and work is on-going to ensure accurate data is able to be captured in the dashboard reporting. Members acknowledged the work being done in the area of data capture.

#### **10.0 DRAFT ANNUAL PLAN (AP) 2013/14**

The draft AP was noted and taken as read.

#### **11.0 UPDATE BY CHIEF EXECUTIVE OFFICER**

The CEO's report was received and the CEO provided a further update on the following areas:

- The inclusion of the KHM as part of the Southern Health Alliance Leadership Team.
- On-going collaboration with General Practices across the district.
- The provision of out of hours services and free healthcare for under six year olds.
- All health targets were met for the 2012/13 financial year and production planning has commenced for the new financial year.
- Cultural change and the need for leave to be taken more evenly to maximise resources and offer elective services across a 12 month period.
- The introduction of quality targets with the Health Quality and Safety Commission.
- A campaign is being planned around hand hygiene.
- The Director-General is standing down having completed his three year contract.
- The appointment of a new Crown Monitor, Dr Jan White.

Members noted the value of the CPHAC/DSAC reports included in the agenda for information.

#### **12.0 UPDATE BY BOARD MEMBERS**

IGC/Board members, Mr Tahu Potiki and Ms Sandra Cook provided an update with the following key areas noted:

- Feedback received on Southern DHB's progress with the health targets.
- Orientation of NGO contracts to support smokefree health targets.
- Fertility services.

#### **13.0 MINUTES FROM MANAGEMENT ADVISORY GROUP MĀORI HEALTH MEETINGS**

The minutes from the MAGMH meetings held on 31 May and 28 June 2013 were noted and taken as read. The KHM provided an update on the meeting held on 26 July 2013. In particular he advised on the updates received from the Chief Nursing Officer (CNO), Ms Sally O'Connor, Southern Cancer Network Manager, Ms Annie Bermingham and Southern Cancer Project Manager, Ms Ana Rolleston.

#### **14.0 MĀORI HEALTH PLAN 2013/14**

A soft copy of the MHP is to be forwarded for members information.

## 15.0 GENERAL

**Memorial Window for NICU, Dunedin** – the Chair advised on the feedback from Ōtākou Runaka. The Māori Health Manager Otago has been sitting on the group looking at the memorial window and the DMMH advised that the possibility of including the whales tail and the albatross on the memorial window had been discussed so there was something representative of both areas within the Southern DHB district.

**Tumu Whakarae** – the national collective of 20 DHB Executive Directors/General Managers is to meet in Dunedin on 31 October and 1 November 2013.

**Piki Te Ora** – the KHM is to write up a media statement for confirmation by Mr Tahu Potiki to enable the roll out of Piki Te Ora.

## 16.0 CONCLUSION

The meeting concluded with a closing karakia.

*The meeting closed at 1.50pm.*

Confirmed as a true and correct record:

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

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



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

PROVIDER NAME	DESCRIPTION OF SERVICES	SIGNED BY	CONTRACT/VARIATION END DATE
Ryman Healthcare Limited t.a Rowena Jackson Hospital Variation to Agreement	Exceptional Circumstances palliative care for a named individual	Peter Hay	14.05.13
Ryman Healthcare Limited t.a Rowena Jackson Hospital Service Schedule	Exceptional Circumstances palliative care for a named individual	Peter Hay	04.09.13
Southern Health Services Limited Variation to Agreement	Clinical Community Mental Health Service	Peter Hay	31.10.13
Waiau Health Trust Ltd Variation to Agreement	Primary Maternity Facility	Peter Hay	30.11.15
Radius Residential Care Ltd t.a Radius Fulton Care Centre Variation to Agreement	Long Term Support - Chronic Conditions - Residential (Fulton)	Peter Hay	30.06.14
The Mount Cargill Trust Variation to Agreement	Individual Funding for a Named Individual	Peter Hay	31.10.13
Clutha Community Health Company Ltd Variation to Agreement	Health of Older People	Peter Hay	30.06.14
Adventure Development Ltd Variation to Agreement	Community Child, Adolescent & Youth Services - ADC & YADS	Peter Hay	31.10.13
Oamaru Mental Health Support Charitable Trust Variation to Agreement	Adult Activity Based Rehabilitation	Peter Hay	30.04.14
Supporting Families in Mental Illness Waitaki Branch Inc Variation to Agreement	Family Whanau Peer Support & Advocacy	Peter Hay	31.10.13
Glenbrae Rest Home Ltd Variation to Agreement	Long Term Support Chronic Health Conditions - Residential - Glenbrae	Peter Hay	30.06.14
Harbour View Rest Home 2005 Ltd t.a Harbour View Rest Home Variation to Agreement	Long Term Support - Chronic Health Conditions - Residential - Harbour View	Peter Hay	30.06.14

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

Supporting Families in Mental Illness Central Otago Variation to Agreement	Family Whanau Peer Support & Activity Based Recovery	Peter Hay	25.07.13
St Johns Parish - Roslyn - Friends of the Aged & Needy Society t.a Leslie Groves Agreement	Day Activity	Peter Hay	30.06.14
Montecillo Veterans Home & Hospital Ltd Service Schedule	Exceptional Circumstances palliative care for a named individual	Peter Hay	17.09.13
Radius Residential Care Ltd t.a Radius Fulton Care Centre Service Schedule	Exceptional Circumstances palliative care for a named individual	Peter Hay	22.08.13
Bainfield Gardens Limited Variation to Agreement	Vocational Support	Peter Hay	31.10.13
Hospice Southland Charitable Trust Variation to Agreement	Palliative Care Services	Peter Hay	30.06.15
Presbyterian Support Otago Incorporated Variation to Agreement	Activity Based & Employment Rehabilitation	Peter Hay	31.10.13
Royal District Nursing Service NZ Ltd Services Provision Agreement	Home & Community Support Services	Peter Hay	30.06.18
Pharmative Limited t.a Pharmative Solutions Variation to Agreement	Pharmacy Services	Peter Hay	30.06.15
Seniorcare Asset Managements Limited t.a Rendell on Reed Service Schedule	Exceptional Circumstances palliative care for a named individual	Peter Hay	20.09.13
Presbyterian Support Otago Incorporated t.a Ross Hospital Service Schedule	Exceptional Circumstances palliative care for a named individual	Peter Hay	24.09.13
Waitaki District Health Services Limited Variation to Agreement	Domiciliary Services	Peter Hay	30.06.14
Waitaki District Health Services Limited Variation to Agreement	Health of Older People	Peter Hay	30.06.14

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

Te Kahui Reo Whakakotahi o Te Kakakura t.a Te Kakakura Trust Variation to Agreement	Kaupapa Maori Community Residential Services	Peter Hay	31.10.13
Maniototo Health Services Ltd Variation to Agreement	Domiciliary Services	Peter Hay	30.06.14
Maniototo Health Services Ltd Variation to Agreement	Maternity Resource Centre	Peter Hay	30.06.14
Maniototo Health Services Ltd Variation to Agreement	Rural Hospital Medical & Surgical Services	Peter Hay	30.06.14
Gore Health Limited Variation to Agreement	Health of Older People	Peter Hay	30.06.14
St John's Parish (Roslyn) Friends of the Aged & Needy Society t.a Leslie Groves Variation to Agreement	Long Term Support Chronic Health Conditions - Residential - Leslie Groves	Peter Hay	30.06.14
Ryman Healthcare Limited t.a Rowena Jackson Variation to Agreement	Long Term Support Chronic Health Conditions - Respite Care - Residential	Peter Hay	30.06.14
Clutha Community Health Company Ltd t.a Clutha Health First Variation to Agreement	Rural Hospital Medical & Surgical Services	Peter Hay	30.06.14
Clutha Community Health Company Ltd t.a Clutha Health First Variation to Agreement	Primary Maternity Facility Services	Peter Hay	30.06.14
Clutha Community Health Company Ltd t.a Clutha Health First Variation to Agreement	Domiciliary Services	Peter Hay	30.06.14
Seniorcare Asset Management Limited t.a Rendell on Reed Service Schedule	Exceptional Circumstances palliative care for a named individual	Peter Hay	07.07.13
Presbyterian Support Otago Incorporated t.a Iona Hospital Service Schedule	Exceptional Circumstances palliative care for a named individual	Peter Hay	01.10.13
PACT Group Variation to Agreement	Individual Funding Agreement for the Care of a Named Individual	Peter Hay	31.10.13

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

Waitaki District Health Services Limited Variation to Agreement	Rural Hospital Medical and Surgical Services	Peter Hay	30.06.14
Waitaki District Health Services Limited Variation to Agreement	Primary Maternity Facility Services	Peter Hay	30.06.14
Dunedin Community Care Trust Variation to Agreement	Community Residential Care for a Named Individual	Peter Hay	30.04.14
Gore Health Limited Variation to Agreement	Primary Maternity Facility Services	Peter Hay	30.06.14
Gore Health Limited Variation to Agreement	Rural Hospital Medical and Surgical Services	Peter Hay	30.06.14
Gore Health Limited Variation to Agreement	Domiciliary Services	Peter Hay	30.06.14
High View Rest Home Limited Service Schedule	Exceptional Circumstances palliative care for a named individual	Peter Hay	11.10.13
Seniorcare Asset Management Limited t.a Rendell on Reed Service Schedule	Exceptional Circumstances palliative care for a named individual	Peter Hay	30.07.13
Presbyterian Support Otago Incorporated t.a Iona Hospital Service Schedule	Exceptional Circumstances palliative care for a named individual	Peter Hay	11.10.13
Presbyterian Support Otago Incorporated t.a Ross Hospital Service Schedule	Exceptional Circumstances palliative care for a named individual	Peter Hay	10.10.13
Dunedin Community Care Trust Agreement	Community Residential Care for a Named Individual	Peter Hay	28.10.13
Southern Primary Health Organisation PHO Services Agreement	National PHO Services Agreement & Head Agreement for all Local Service Schedules	Peter Hay	Evergreen
Mossbrae Healthcare Limited t.a Mossbrae Home & Hospital Service Schedule	Exceptional Circumstances palliative care for a named individual	Peter Hay	11.10.13

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

Ryman Healthcare Limited t.a Yvette Williams Service Schedule	Exceptional Circumstances palliative care for a named individual	Peter Hay	15.10.13
Ryman Healthcare Limited t.a Rowena Jackson Hospital Service Schedule	Exceptional Circumstances palliative care for a named individual	Peter Hay	22.07.13
Central Otago Health Services Limited Variation to Agreement	Rural Hospital Medical and Surgical Services	Peter Hay	30.06.14
Central Otago Health Services Limited Variation to Agreement	Domiciliary Services	Peter Hay	30.06.14
Central Otago Health Services Limited Variation to Agreement	Health of Older People	Peter Hay	30.06.14
Kai Tahu Ki Otago Limited t.a KTKO Limited Variation to Agreement	Auahi Kore Environments Project - Tobacco Control	Peter Hay	17.03.14

**TOTAL VALUE - \$56,621,601.53**