

SOUTHERN DISTRICT HEALTH BOARD MEETING

Thursday, 5 June 2014, 11.00 am

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

A G E N D A

Item

1. Chair's Opening Comments
2. [Apologies](#)
3. [Interests Registers](#)
4. [Minutes of Previous Meeting](#)
5. Matters Arising
6. [Review of Action Sheet](#)
 - Deputation – Jo Millar, Grey Power
 - Deputation – Service and Food Workers Union
7. [CEO's Report](#)
8. [Provider Arm Report](#)
9. [Financial Report](#)
10. [Surplus Properties, Dunedin](#)
11. [Dunedin Campus – Clinical Services Building](#)
12. [Reappointment of Crown Monitor](#)
 - Advisory Committee Reports:
13. Disability Support Advisory Committee and Community & Public Health Advisory Committee
 - a) [Minutes of 7 May 2014 meeting](#)
14. Hospital Advisory Committee
 - a) [Minutes of 7 May 2014 meeting](#)
15. Audit and Risk Committee
 - a) [Equity, Deficit Support and Equity Repayment](#)
 - b) [Letter of Comfort](#)
 - c) [Finance, Procurement and Supply Chain Programme Service Agreements](#)
16. [Contracts Register](#)
17. [Resolution to Exclude the Public](#)

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:

General subject:	Reasons for passing this resolution:	Grounds for passing the resolution:
Previous Public Excluded Board Minutes	As per reasons set out in previous agenda	S 32(a), Schedule 3, NZ Public Health and Disability Act 2000 – that the public conduct of this part of the meeting would be likely to result in the disclosure of information for which good reason for withholding exists under sections 9(2)(a), 9(2)(f), 9(2)(i), 9(2)(j) of the Official Information Act 1982, that is withholding the information is necessary to: protect the privacy of natural persons; maintain the constitutional conventions which protect the confidentiality of advice tendered by Ministers of the Crown and officials; to enable a Minister of the Crown or any Department or organisation holding the information to carry on, without prejudice or disadvantage, commercial activities and negotiations.
Review of Public Excluded Action Sheet	To allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).
Annual Plan 2013/14 – Southern Way Update	To allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).
Southern DHB Annual Plan 2014/15	Annual Plans are subject to Ministerial approval	As above, sections 9(2)(f)(iv)
Māori Health Plan 2014/15	Annual Plans are subject to Ministerial approval	As above, sections 9(2)(f)(iv)
South Island Health Services Plan 2014/15	Annual Plans are subject to Ministerial approval	As above, sections 9(2)(f)(iv)
CEO's Report a) Home & Community Support Services Contract b) Community Laboratories Service Agreement	To allow commercial activities and negotiations to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).
Community Pharmacy and Stage 4 Consultation	To allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).
Dunedin Campus – Clinical Services Building	To allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).

General subject:	Reasons for passing this resolution:	Grounds for passing the resolution:
HBL Update	To allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).
South Link Health – Retained Earnings	To allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).
Public Excluded Advisory Committee Reports c) Disability Support and Community & Public Health Advisory Committees ▪ 7 May 2014 d) Hospital Advisory Committee ▪ 7 May 2014 e) Iwi Governance Committee ▪ 4 June 2014 f) Audit & Risk Committee ▪ 5 June 2014 ▪ Shared Banking and Treasury Services	Commercial sensitivity and to allow activities and negotiations to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).
Contract Approvals ▪ Planning & Funding ▪ Provider Arm	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).
Deed of Lease – Balclutha Clinical Services	Commercial sensitivity	As above, section 9(2)(i)
Risk Report	To allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).
Legal Issues	To allow activities to be carried on without prejudice or disadvantage	As above, section 9(2)(j).

No apologies have been received at time of agenda publication.

SOUTHERN DISTRICT HEALTH BOARD

INTERESTS REGISTER

Board Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB
Joe BUTTERFIELD (Chairman)	21.11.2013 06.12.2010	Membership/Directorship/Trusteeship: 1. Beverley Hill Investments Ltd 2. Footes Nominees Ltd 3. Footes Trustees Ltd 4. Ritchies Transport Holdings Ltd (alternate) 5. Ritchies Coachlines Ltd 6. Ritchies Intercity Ltd 7. Robert Butterfield Design Ltd 8. SMP Holdings Ltd 9. Burnett Valley Trust 10. Burnett Family Charitable Trusts Son-in-law: 11. Partner, Polson Higgs, Chartered Accountants. 12. Trustee, Corstorphine Baptist Community Trust	1. Nil 2. Nil 3. Nil 4. Nil 5. Nil 6. Nil 7. Nil 8. Nil 9. Nil 10. Nil 11. Does some accounting work for Southern PHO. 12. Has a mental health contract with Southern DHB.
Tim WARD (Deputy Chair)	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.
John CHAMBERS	09.12.2013	1. Employee Southern DHB and Vice President of ASMS (Otago Branch) 2. Employed 0.05 FTE as an Honorary Lecturer of the Dunedin Medical School 3. Director of Chambers Consultancy Ltd Wife: 4. Employed by the Southern DHB (NIR Co-ordinator) Daughter: 5. Employed by the Southern DHB (Radiographer)	1. Union (ASMS) role involves representing members (salaried senior doctors and dentists employed in the Otago region including by SDHB) on matters concerning their employment and, at a national level, contributing to strategies to assist the recruitment and retention of specialists in New Zealand public hospitals. 2. Possible conflicts between SDHB and University interests. 3. Consultancy includes performing expert reviews and reports regarding patient care at the request of other DHBs and the Office of the Health and Disability Commissioner.

Southern DHB Board Meeting - Interests Registers

Board Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB
Neville COOK	04.03.2008 26.03.2008 11.02.2014	1. Councillor, Environment Southland. 2. Trustee, Norman Jones Foundation. 3. Southern Health Welfare Trust (Trustee).	1. Nil. 2. Possible conflict with funding requests. 3. Southland Hospital Trust.
Sandra COOK	01.09.2011	1. Te Runanga o Ngāi Tahu	1. Holds a "right of first refusal" over certain Crown properties. Also seen as a Treaty partner and affiliates may hold contracts from Southern DHB from time to time. Is also a founding member of the Whānau Ora commissioning agency, Te Putahitanga o Te Waipounamu, established March 2014.
Kaye CROWTHER	09.11.2007 14.08.2008 12.02.2009 05.09.2012 01.03.2012	1. Employee of Crowe Horwath NZ Ltd 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 Stakeholder Group.	1. Possible conflict if DHB contracts HR services from JCL and Progressive Consulting, which are subsidiaries of Crowe Horwath NZ Ltd 2. Nil. 3. Nil. 4. Possible conflict with funding requests. 5. Nil.
Mary GAMBLE	09.12.2013	1. Member, Rural Women New Zealand.	1. RWNZ is the owner of Access Home Health Ltd, which has a contract with the Southern DHB to deliver home care.
Anthony (Tony) HILL	09.12.2013	1. Chairman, Southern PHO Community Advisory Committee and ex officio Southern PHO Board. 2. Secretary/Manager, Lakes District Air Rescue Trust. Daughter: 3. Registrar, Dunedin Hospital.	1. Possible conflict with PHO contract funding. 2. Possible conflict with contract funding.
Tuari POTIKI	09.12.2013	1. University of Otago staff member. 2. Deputy Chair, Te Rūnaka o Ōtākou. 3. Chair, NZ Drug Foundation.	1. Possible Conflicts between Southern DHB and University interests. 2. Possible conflict with contract funding. 3. Nil.
Branko SIJNJA	07.02.2008 04.02.2009 22.06.2010 08.05.2014	1. Director, Clutha Community Health Company Limited. 2. 0.8 FTE Director Rural Medical Immersion Programme, University of Otago School of Medicine. 3. 0.2 FTE Employee, Clutha Health First General Practice. 4. President, New Zealand Medical Association	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.

Southern DHB Board Meeting - Interests Registers

Board Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB
Richard THOMSON	13.12.2001 23.09.2003 29.03.2010 06.04.2011 21.11.2013 & 03.04.2014	1. Managing Director, Thomson & Cessford Ltd. 2. Chairperson and Trustee, Hawksbury Community Living Trust. 3. Trustee, HealthCare Otago Charitable Trust. 4. Chairman, Composite Retail Group. 5. Councillor, Dunedin City Council. 6. Three immediate family members are employees of Dunedin Hospital (Radiographer and Anaesthetic Technician).	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. Hawksbury Trust runs residential homes for intellectually disabled adults in Otago and Canterbury. It does not have contracts with Southern DHB. 3. Health Care Otago Charitable Trust regularly receives grant applications from staff and departments of Southern DHB, as well as other community organisations. 4. May have some stores that deal with Southern DHB.
Janis Mary WHITE (Crown Monitor)	31.07.2013	1. Member, Pharmac Board. 2. Chair, CTAS (Central Technical Advisory Service).	

SOUTHERN DISTRICT HEALTH BOARD

INTERESTS REGISTER FOR THE EXECUTIVE MANAGEMENT TEAM

As at April 2014

Employee Name	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern District Health Board
Peter Beirne	20.06.2013	Nil	
Sandra Boardman	07.02.2014	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 26.08.2013	1. Te Waipounamu Delegate, Te Piringa, National Māori Disability Advisory Group. 2. Chairman, Te Herenga Hauora (Regional Māori Health Managers' Forum). 3. Member, Southern Cancer Network Steering Group. 4. Board member, Te Rau Matatini. 5. Te Waipounamu Māori Cancer Leadership Group	1. Nil. 2. Nil. 3. Nil. 4. Nil. 5. Nil.
Carole Heatly	11.02.2014	1. Southern Health Welfare Trust (Trustee).	1. Southland Hospital Trust.
Lynda McCutcheon	22.06.2012	1. Member of the University of Otago, School of Physiotherapy, Admissions Committee.	1. Lead contact for University of Otago undergraduate clinical placements (Allied Health, Scientific & Technical professions) in Southern DHB.

Southern DHB Board Meeting - Interests Registers

Employee Name	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern District Health Board
Lexie O'Shea	01.07.2007	1. Trustee, Gilmour Trust.	1. Southland Hospital Trust.
John Pine	17.11.201	Nil.	
Dr Jim Reid	22.01.2014	1. Director of both BPAC NZ and BPAC Inc 2. Director of the NZ Formulary 3. Trustee of the Waitaki District Health Trust 4. Employed 2/10 by the University of Otago and am now Deputy Dean of the Dunedin School of Medicine. 5. Partner at Caversham Medical Centre and a Director of RMC Medical Research Ltd.	
Leanne Samuel	01.07.2007 01.07.2007 16.04.2014	1. Southern Health Welfare Trust (Trustee). 2. Member of Community Trust of Southland Health Scholarships Panel. 3. Member National Lead Directors of Nursing and Nurse Executives of New Zealand.	1. Southland Hospital Trust. 2. Nil. 3. 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

Wednesday, 8 May 2014, 9.00 am
Board Room, Southland Hospital Campus, Invercargill

Present:	Mr Joe Butterfield Mr Tim Ward Dr John Chambers Mr Neville Cook Ms Sandra Cook Mrs Kaye Crowther Mrs Mary Gamble Mr Tony Hill Mr Tuari Potiki Dr Branko Sijnja Mr Richard Thomson	Chair Deputy Chair (until 10.15 am) (by videoconference)
In Attendance:	Dr Jan White Ms Carole Heatly Mrs Lexie O'Shea Mr Steve Addison Mr Peter Beirne Mrs Sandra Boardman Mr David Tulloch Ms Jeanette Kloosterman	Crown Monitor Chief Executive Officer Deputy Chief Executive Officer/Executive Director Patient Services Executive Director Communications Executive Director Finance Executive Director Planning & Funding Chief Medical Officer Board Secretary (by videoconference)

1.0 CHAIR'S OPENING COMMENTS

The Chair welcomed everyone to the meeting.

2.0 APOLOGIES

An apology for an early departure was received from Mr Cook.

3.0 DECLARATION OF INTERESTS

The Board noted Dr Sijnja's declaration that he had been appointed President of the New Zealand Medical Association and he was no longer a director of Southern Community Laboratories Otago Southland (SCLOS).

It was resolved:

"That, with the changes notified, the Interests Register be noted."

4.0 CONFIRMATION OF PREVIOUS MINUTES

It was resolved:

"That the minutes of the 3 April 2014 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

It was resolved:

"That the action sheet be received."

7.0 CHIEF EXECUTIVE OFFICER'S REPORT

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

Pharmaceutical Project

The Board noted Dr Sijnja's suggestion that doctors be contacted individually to flag the over-expenditure in pharmaceuticals and invite them to contribute to solving this problem by reviewing their prescribing.

Dunedin Campus

The Executive Director Finance reported that a meeting had been held with the National Health Board on 5 May 2014, and in response to members' questions, outlined the planning process, key milestones and expected timeframes.

It was resolved:

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

8.0 FINANCIAL REPORT

The Financial Report for the period ended 31 March 2014 (agenda item 8) was taken as read. The Board expressed its disappointment with the results, noting they were worse than budget and forecast.

It was resolved:

"That the Financial Report be received."

9.0 ADVISORY COMMITTEE REPORTS

Disability Support Advisory Committee and Community & Public Health Advisory Committee

The Board received a verbal report from Ms Cook, Chair of the Disability Support Advisory Committee (DSAC) and Community & Public Health Advisory Committee (CPHAC), on the DSAC/CPHAC meeting held on 7 May 2014.

It was resolved:

"That the verbal report be received."

Hospital Advisory Committee

The Board received a verbal report from the Chairman on the Hospital Advisory Committee meeting held on 7 May 2014. Recommendations from the Committee were tabled.

The Board recorded its appreciation and congratulations to staff and contractors for completing the Dunedin Hospital \$24m Master Site Plan development under budget and within programme.

It was resolved:

"That the verbal report be received."

Occupational Health and Safety Report

It was resolved:

"That the Board receive the report and appendices and:

- Note the work being undertaken to address Southern DHB's strategy;
- Note the current accident injury reports (appendix 1);
- Note the height safety audit undertaken by Building and Property Services (appendix 2)."

Equity Drawdown for Master Site Plan Development

It was resolved:

"That the Board note:

- The Quantity Surveyor report detailing the spend on the Master Site Planning project to 17 April 2014 and confirming the payments to date reflect progress completed on site;
- The Project Director's report and quarterly assurance reports detailing progress to completion."

"That the Chair of the Board be authorised to request \$3,219,444 of final equity from the Minister of Health, as provided for in the 2012-13 financial plan in support of Master Site Planning."

Iwi Governance Committee

Mr Potiki presented the minutes of the Iwi Governance Committee (IGC) meeting held on 2 April 2014, which were circulated with the agenda (item 13), and drew the Board's attention to the invitation to hold at least one Board meeting per year at one of the Marae.

It was resolved:

"That the minutes be received."

10.0 CONTRACTS REGISTER

The Funding contracts register (expenses) for April 2014 was circulated with the agenda (item 13) for members' information.

The Board requested further information on the two contracts listed with a value of over \$1m.

It was resolved:

"That the contracts register be received."

PUBLIC EXCLUDED SESSION

At 9.30 am, it was resolved:

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

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

General subject:	Reasons for passing this resolution:	Grounds for passing the resolution:
Review of Public Excluded Action Sheet	To allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).
Annual Plan – Southern Way Update	To allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).
Financial Planning for 2014/15	Annual Plan is subject to Ministerial approval	As above, section 9(2)(f).
Public Excluded Advisory Committee Reports a) Disability Support and Community & Public Health Advisory Committees ▪ 7 May 2014 ▪ Lawful Family Care Policy ▪ Orthotics Contract b) Hospital Advisory Committee ▪ 7 May 2014 ▪ Contract Approvals	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).
Planning and Funding Contract Approvals	To allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).
Risk Report	To allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).
Legal Issues	To allow activities to be carried on without prejudice or disadvantage	As above, section 9(2)(j).
South Link Health – Retained Earnings	To allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).

The public session of the meeting then closed.

Confirmed as a true and correct record:

Chairman: _____

Date: _____

Southern District Health Board BOARD MEETING ACTION SHEET

As at 27 May 2014

Action Point No.	SUBJECT	ACTION REQUIRED	BY	STATUS	EXPECTED COMPLETION DATE
212-2013/05 226-2013/07	Pharmaceuticals (Minute item 8.0)	CMO to report back on the amount of medication prescribed and dispensed to patients at any one time and any related waste and safety issues. The matter to be referred to the Southern Health Alliance Leadership Team to consider whether any savings can be achieved by primary care, hospital services and pharmacists working together to reduce waste.	CMO	Work in progress – on SHALT agenda. The first step in this process is the demand side management of pharmaceutical expenditure project. The first data for analysis will be available on 6 June 2014.	
256-2013/12	Workplace Health and Safety (Minute item 10.0)	<ul style="list-style-type: none"> ▪ Broader report on workplace health and safety is required (ARC to consider future reporting requirements); ▪ Suggestion that future reporting show the trend over five years by category and by comparison with the DHB's peers. 	EDHR	Awaiting regulations.	Completed
279-2014/04	Wakatipu Health Services (Minute item 11.0)	<ul style="list-style-type: none"> ▪ Financial plan to be drawn up outlining the implications of addressing the maintenance issues; ▪ Monthly progress reports to be produced. 	EDP&F	Report submitted to last Board meeting. Will be included in CEO report.	Completed
284-2014/05	Interests Register (Minute item 3.0)	Dr Sijnja's entry to be updated.	BS		Completed
285-2014/05	Contracts Register (Minute item 10.0)	Further information requested on the two contracts listed over \$1m.	EDP&F	<ul style="list-style-type: none"> ▪ Aroha Ki Te Tamariki Charitable Trust – approved by Board 07.11.2013; ▪ Southern PHO – approved by Board 03.04.2014. 	Completed

SOUTHERN DISTRICT HEALTH BOARD

Title:	CHIEF EXECUTIVE OFFICER'S REPORT		
Report to:	Board		
Date of Meeting:	5 June 2014		
<p>Summary:</p> <p>The issues considered in this paper are:</p> <ul style="list-style-type: none"> ▪ Monthly DHB activity. 			
Specific implications for consideration (financial/workforce/risk/legal etc):			
Financial:	No specific implications.		
Workforce:	No specific implications.		
Other:	No specific implications.		
Document previously submitted to:	Not applicable, report submitted directly to Board.		Date: n/a
Approved by Chief Executive Officer:			Date: 27/05/2014
Prepared by:		Presented by:	
Date: 26/05/2014		Carole Heatly Chief Executive Officer	
RECOMMENDATION:			
1. That the Board receive the report.			

CHIEF EXECUTIVE OFFICER'S REPORT

1. DHB FINANCIAL PERFORMANCE

The April result was \$1.4m unfavourable to budget, with a deficit of \$2.9m. Year to date there is a deficit of \$7.3m, with an unfavourable variance of \$2.8m.

A detailed analysis of the financial situation is contained in the Financial Report (agenda item 9).

2. PROVIDER ARM

As there is no Hospital Advisory Committee meeting this month, a detailed report on Provider Arm activity is included as agenda item 8.

3. PLANNING AND FUNDING

Paid Family Carer Policy

As of 21 May 2014, Southern DHB has a certified Paid Family Carer Policy that is consistent with Part 4A of the New Zealand Public Health and Disability Act 2000. The Southern DHB Paid Family Care Policy for Home and Community Support Services allows payment of some family members for providing health and disability support services to an adult disabled member of the same family, in certain circumstances and where there are good reasons to do so. This policy is available on our website.

Dementia Day Care

Southern DHB has contracted with two providers for Dementia Day Care, using targeted monies from the Minister for the purpose of Dementia Respite. Good Partners will be providing a centre based programme for up to 12 clients for one day a week and a home based service in Te Anau for up to three clients, one day a week. Presbyterian Support Otago will be providing two home based services in Alexandra for up to three clients each, one day a week. Demand for residential dementia services exceed supply in Central Otago (at the moment, we have only one 10 bed secure dementia unit), so a funded dementia day activity programme will provide relief for those carers. These contracts are the result of a request for proposal (RFP) released late last year.

New Aged Residential Care Facilities

BUPA opened a new aged residential care facility in Invercargill in December 2013 offering rest home, hospital, dementia and psychogeriatric care.

Summerset at Bishops court opened a new aged residential care facility in Dunedin offering rest home and hospital level care on 22 May 2014. There has been a shortage in the Dunedin area of aged residential care beds at hospital level for a number of weeks. The opening of this facility is expected to relieve that shortage.

Raise HOPE – Hapai te Tumanako

Planning and Funding and the IAG (Implementation Advisory Group) have distributed a district wide network proposal to the sector and conducted workshops across the district to discuss the proposed model.

Workshops were held in Oamaru, Invercargill, Dunedin and Cromwell, with feedback due 23 May 2014.

The Implementation Plan for Raise HOPE – Hapai te Tumanako is in the final stage of development.

Both the network model and the implementation plan are scheduled to be completed by 30 June, 2014.

Annual Plan

Ministry of Health/National Health Board feedback on the draft DHB Annual Plan (including the Statement of Intent (SOI) and Statement of Performance Expectations (SPE)) was received on Friday, 2 May. Revised guidance and additional requirements e.g. national health entity priorities were released alongside the feedback.

The plans have been amended incorporating the feedback and a number of subsequent discussions. The revised draft Annual Plan (incl. SOI and SPE) was sent to the National Health Board on 26 May.

Carole Heatly
Chief Executive Officer

27 May 2014

SOUTHERN DISTRICT HEALTH BOARD

Title:	EXECUTIVE DIRECTOR OF PATIENT SERVICES		
Report to:	Board		
Date of Meeting:	05 June 2014		
Summary: Considered in these papers are: <ul style="list-style-type: none"> ▪ April 2014 DHB activity. 			
Specific implications for consideration (financial/workforce/risk/legal etc):			
Financial:	Yes		
Workforce:	Yes		
Other:	No		
Document previously submitted to:	Not applicable, report only provided for the Board agenda.		Date: N/A
Approved by:	N/A		Date: N/A
Prepared by: Executive Director of Patient Services/Deputy CEO Date: 22/05/2014		Presented by: Lexie O'Shea Executive Director of Patient Services	
RECOMMENDATIONS: 1. That Board receive this report.			

Executive Director of Patient Services Report – April 2014

Recommendation

That the Board notes this report.

1. Contract Performance

- Total elective caseweights delivered (cwd) by Southern DHB Provider Arm were 58 under plan in April 2014 (5%). Year to date elective caseweights are 70 over plan (0.6%).
- Total acute caseweights delivered (cwd) by the Southern DHB Provider Arm were 101 under plan in April 2014 (4%). Year to date (ytd) acute caseweights are 2,629 over plan (10%).

2. Health Targets

Shorter Stays in Emergency Department (ED)

- April showed an increase in the number of ED presentations – 6437 in 2014 and 6003 in 2013, a 7.2% increase.
- Performance against the '6 Hour Target' across the district was 90.9% in April.
 - Dunedin ED – 90.7% for April
 - Presentations for the month of April increased with 3513 in 2014, a 6.1% increase on the 3312 presentations in 2013.
 - Southland ED – 91.2% for April
 - Presentations for the month of April increased with 2924 in 2014, a 8.7% increase on the 2691 presentations in 2013.

Immunisation

- In April 2014 Southern DHB achieved 93% against the 90% immunisation health target for coverage of children at 8 months of age.
- Health target for coverage of children at 2 years of age was 93% against the 95%.

Better Help for Smokers to Quit

- The April result for the Better Help for Smokers to Quit health target was 93.1% of patients offered advice and help to quit. These results include some post-discharge follow-up. Further work is being undertaken in the secondary services, to ensure target is met by June 2014.
- Group smoking cessation courses are continuing in both Invercargill and Dunedin and staff continue to promote these in both communities. Staff are working alongside both community organisations and health promotion staff in preparation for World Smokefree Day on 31 May.

Shorter Cancer Wait Times

- We are continuing to achieve the MoH target of 100% of patients starting treatment within four weeks of their first specialist assessment 100% of the time. Over Easter we did treat patients on one of the stat days principally because we also had Anzac Day in the same week as Easter Monday. This was not simply to ensure that the impact of short weeks on the wait list was minimised but also because multiples of two day breaks with only single treatment days in between can have an adverse clinical impact on our patients in terms of treatment efficacy.

We have been taking certain cohorts of South Canterbury patients (based on diagnosis types and fractionation) since November at the request of Canterbury DHB who would be the 'normal' providers for these patients. This is likely to be a long-term arrangement so a capacity sharing agreement has been formalised and initiated. This will obviously result in an increasing workload for us which is likely to continue to grow and for which we currently have the capacity. However, we will continue to monitor the impact to ensure we do not approach breaching the target.

Improving Access to Elective Services

- Elective surgical discharges delivered to the Southern population were 81 under plan for the month (10%). Year to date discharges are 186 over plan (2.2%).

Elective Surgical Discharges April 2014										
Elective Surgical Discharge Activity - Southern DHB population										
	Apr-14				Year to Date				Annual	
	Actual	Plan	Var	Var %	Actual	Plan	Var	Var %	Actual	Plan
SDHB population treated inhouse	711	776	(65)	(8%)	8,327	8,078	249	3%	9,735	
SDHB population treated by other DHB	21	51	(30)	(59%)	363	510	(147)	(29%)	611	
SDHB population outsourced	14	-	14	0%	84	-	84	0%	-	
	746	827	(81)	(10%)	8,774	8,588	186	2%	10,346	

Elective Surgical Caseweights April 2014										
Elective Surgical Caseweight Activity - Southern DHB population										
	Apr-14				Year to Date				Annual	
	Actual	Plan	Var	Var %	Actual	Plan	Var	Var %	Actual	Plan
SDHB population treated inhouse	1,021	1,099	(78)	(7%)	11,337	11,300	37	0%	13,630	
SDHB population treated by other DHB	28	92	(64)	(70%)	877	922	(46)	(5%)	1,107	
SDHB population outsourced	17	8	9	108%	150	82	68	84%	98	
	1,066	1,200	(134)	(11%)	12,364	12,304	60	0%	14,835	

3. Operational Performance

- In ESPI 2 (Patients waiting for First Specialist Assessment). The final ESPI graphs for March 2014 show Southern DHB had a yellow status for ESPI2.
- In ESPI 5 (Inpatient). The final ESPI graphs for March 2014 show Southern DHB had a yellow status for ESPI5.
- Funding is no longer at risk for this financial year given the improvement to yellow status in ESPI 2 and 5 for March 2014. Preliminary ESPI graphs for April 2014 show Southern DHB with yellow status for ESPI 5 and a red status for ESPI2.

Lexie O'Shea, Executive Director of Patient Services

Leanne Samuel, Executive Director of Nursing and Midwifery

Mr Richard Bunton, Medical Director of Patient Services

Southern DHB
Hospital Advisory Committee - KPIs
April 2014 Data

Patient Safety and Experience - Hospital Healthcheck				
Monthly	Actual	Plan / Target	Variance	Trend/rating
3 - Improved access to elective surgical services monthly (population based)	746	827	-81 (-9.8%)	
3a - Improved access to elective surgical services ytd (population based)	8,774	8,588	186 (2.2%)	

Patient Safety and Experience - Performance Report				
Monthly	Actual	Plan / Target	Variance	Trend/ rating
Waits for Cancer Services	100%	100%	0.0%	
11 - Reduced in stay in ED	91%	95%	-4.1%	
15 - Acute Readmission Rates	11.4%	9.2%	-2.2%	

Population Health				
16 - Smoking cessation - hospitalised smokers provided with advice and help to quit	93%	95%	-1.9%	

Key -	
	Meeting target or plan
	Underperforming against target or plan but within thresholds or underperforming but delivering against agreed recovery plan
	Underperforming and exception report required with recovery plan

Cost/Productivity - Hospital Healthcheck				
Monthly	Actual	Plan / Target	Variance	Trend/rating
1 - Waits >5 months for FSA	19	0	-19	Still March data currently
2 - Treatment >5 months from commitment to treat	18	0	-18	Still March data currently
4a - Elective caseweights versus contract (monthly provider arm delivered)	1,135	1,193	-58 (-4.8%)	
4b - Elective caseweights versus contract (ytd provider arm delivered)	12,312	12,241	70 (0.6%)	
7a - Acute caseweights versus contract (monthly provider arm delivered)	2,330	2,432	-101 (-4.2%)	
7b - Acute caseweights versus contract (ytd provider arm delivered)	27,796	25,168	2629 (10.4%)	
10 - Voluntary staff turnover	0.8%	0.3%	-0.5%	
9 - Staff sick leave rates	3.0%	3.5%	0.5%	

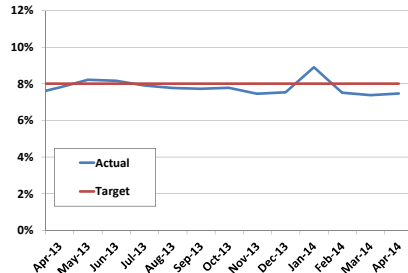
Cost/Productivity - Performance Report				
Monthly	Actual	Plan / Target	Variance	Trend/ rating
5 - Reduction in DNA rates	7.5%	8.0%	-0.5%	
7 - DOSA rates	87%	95%	-7.8%	
9 - ALoS (elective)	3.38	4.02	0.64 (15.9%)	
ALoS (Acute inpatient)	4.37	4.25	-0.12 (-2.8%)	
14 - % ED attendances admitted	30%	30%	-0.4%	
13 - Outlier bed days	3.8%			
Quarterly				
8 - Elective Theatre utilisation	85%	88%	-3%	

Southern DHB Board Meeting - Provider Arm Report

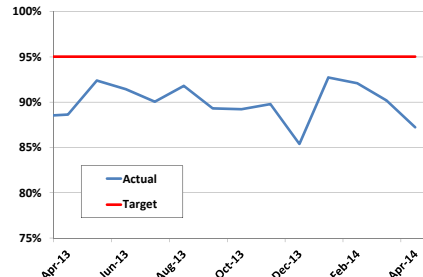
Southern DHB Hospital Advisory Committee - Performance Report April 2014 Data

Elective Care

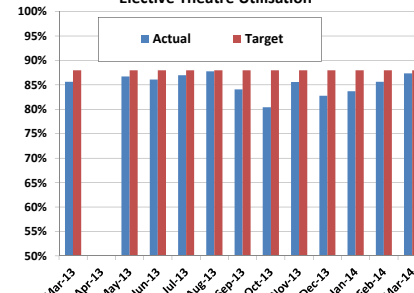
DNA's (Did Not Attend's) as % of total scheduled outpatient attendances



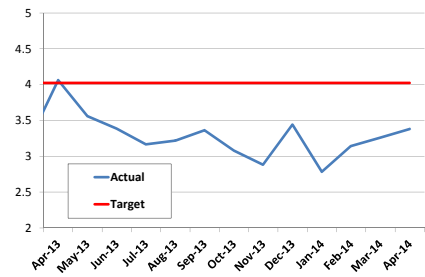
Day of Surgery Admission (DOSa)



Elective Theatre Utilisation



Elective Average Length of Stay (ALoS)

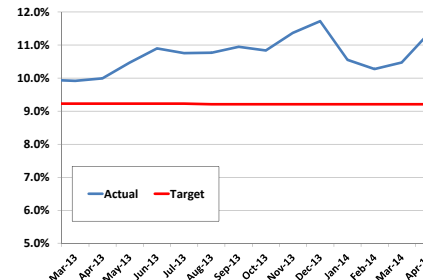


Acute Care

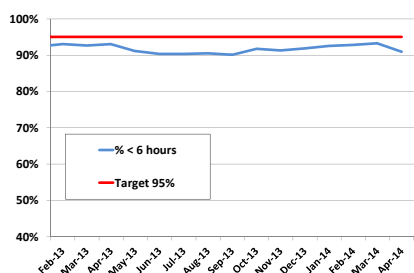
ALoS (Acute Inpatients)



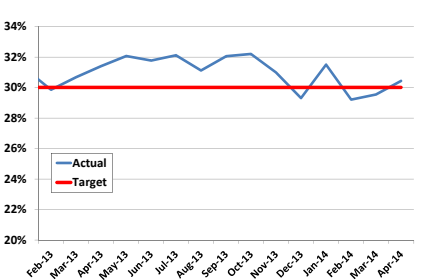
Acute readmission rates



Southern DHB - % of ED patients discharged or treated within 6 hours

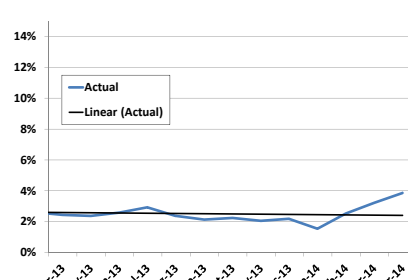


% Ed attendances admitted



Acute Care

Outlier bed days as % of Bednights



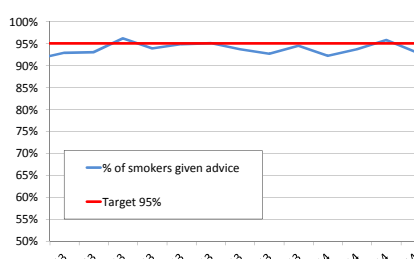
Bed Reduction Measure

Total Bed Nights



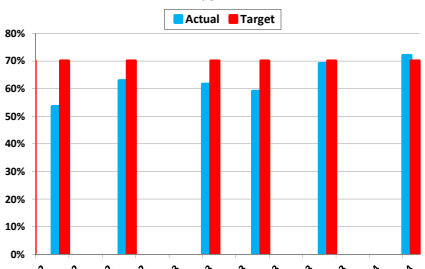
Quality / Population Health

Southern DHB - % of hospitalised smokers provided with advice and help to quit



Quality / Patient Safety / Experience

Hand Hygiene

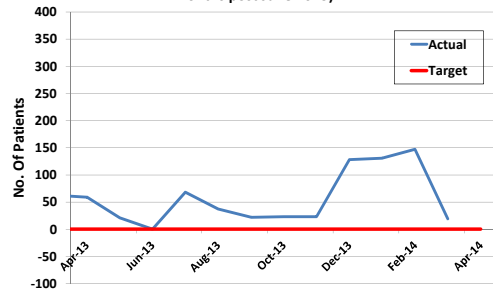


Southern DHB Board Meeting - Provider Arm Report

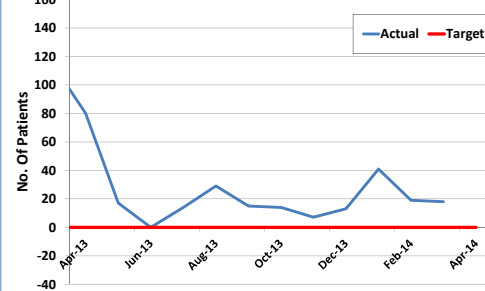
Southern DHB
Hospital Advisory Committee - Hospital Healthcheck
April 2014 Data

Elective Care

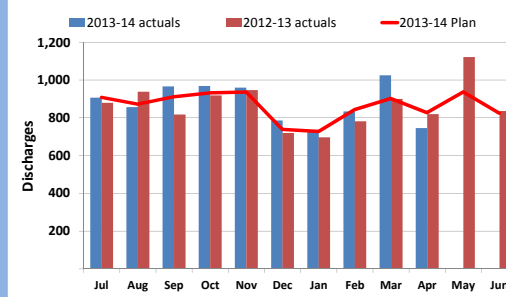
Patients waiting for FSA > target (6 months pre June 2013 and 5 months post June 2013)



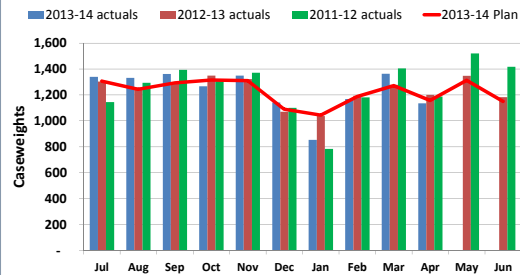
Patients waiting > target months from commitment to treat (6 months pre June 2013 and 5 months post June 2013)



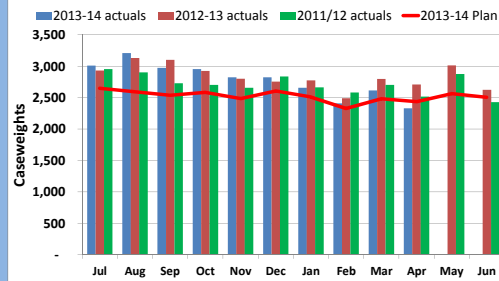
Increased Access to Elective Surgery (Discharges - SDHB Population)



Medical / Surgical Elective Caseweights v Plan (Provider Arm Delivery)

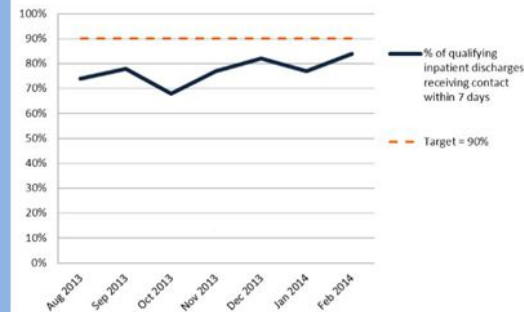


Med / Surg Acute Caseweights v Funded (Provider Arm Delivery)



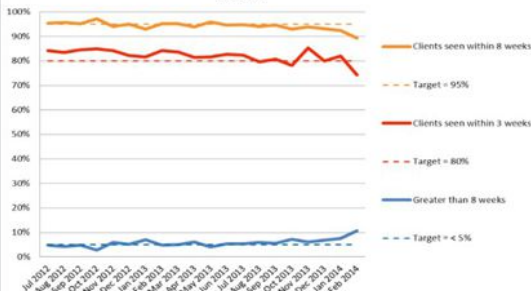
Mental Health and Addictions

KPI19 - Improving post discharge community care



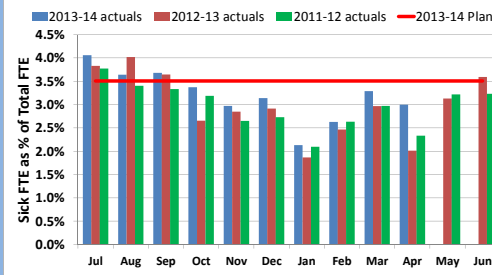
Mental Health and Addictions

PPS - Shorter wait times for non-urgent Mental Health and Addictions services

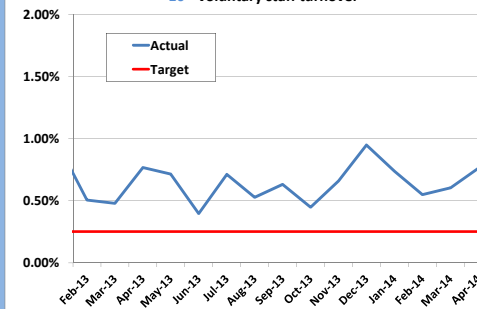


Service and Organisation Quality

% Staff Sick Leave Rate



10 - Voluntary staff turnover



SOUTHERN DHB FINANCIAL REPORT

Financial Report as at: 30 April 2014
 Report Prepared by: David Dickson – Finance Manager
 Date: 21 May 2014

Recommendations:

- That the Board note the Financial Report

Overview Section

Results Summary

Actual	Month	Variance		Actual	Year to Date	Variance	Annual
\$' 000	Budget	\$' 000		\$' 000	Budget	\$' 000	Budget
	\$' 000				\$' 000		\$' 000
72,715	71,837	878	Revenue	724,543	718,408	6,135	862,131
(29,468)	(28,461)	(1,007)	Less Personnel Costs	(276,904)	(273,001)	(3,903)	(329,292)
(46,212)	(44,924)	(1,288)	Less Other Costs	(454,918)	(449,912)	(5,006)	(541,879)
(2,965)	(1,548)	(1,417)	Net Surplus / (Deficit)	(7,279)	(4,505)	(2,774)	(9,040)

The April result was a deficit of \$2.9m and was \$1.4m unfavourable to budget. Year to date there is a deficit of \$7.3m, unfavourable to budget by \$2.8m.

Operational Performance

Actual	Month	Variance		Actual	Year to Date	Variance	Annual
\$' 000	Budget	\$' 000		\$' 000	Budget	\$' 000	Budget
	\$' 000				\$' 000		\$' 000
(118)	18	(136)	Governance	(833)	(54)	(779)	0
(514)	(54)	(460)	Funder	1,460	49	1,411	(1,104)
(2,333)	(1,512)	(821)	Provider	(7,906)	(4,500)	(3,406)	(7,936)
(2,965)	(1,548)	(1,417)	Net Surplus / (Deficit)	(7,279)	(4,505)	(2,774)	(9,040)

- The Governance result continues to be unfavourable, with the year to date result a deficit of \$0.8m.
- The Funder result for the month is a deficit of \$0.5m, and unfavourable to budget by \$0.5 m. The year to date result is a surplus of \$1.4m and favourable to budget by \$1.4m.
- The Provider result was unfavourable for the month. Year to date the deficit is \$7.9m and unfavourable to budget by \$3.4m.

Key YTD Variances

The following are the key year to date variances;

MoH Funding Subcontracts	\$3.5m
Medical Personnel	\$1.5m
Medical Outpatients - Outsourced	\$1.0m
Nursing Personnel	\$0.9m
Allied Health Personnel	\$0.9m
Interest & Financing Charges	\$0.9m
Residential Care: Rest Homes	\$0.9m
Accident Insurance	\$0.7m
Other Government	\$0.6m
General Medical Subsidy	\$0.6m
Outsourced Clinical Services	(\$0.9m)
Home Support	(\$1.1m)
Residential Care: Hospitals	(\$1.2m)
Implants & Prosthesis	(\$1.2m)
Pharmaceuticals	(\$2.2m)
Medical Personnel	(\$6.1m)

Balance Sheet and Cash flow

Cash is \$13.4m at the end of April against budget of \$17.8m. Capital expenditure remains favourable by \$10m and is offset against capital charge (\$4.5m) and equity injections (\$5.7m). Equity of \$4.5m was received in April. The final Master Site Planning equity funding was approved by the Board in April and has been requested.

Detail Section

This section is presented from an overall DHB result perspective.

Revenue

As at April revenue excluding IDF's is \$6.6m above budget, with most of this having a cost offset.

Item	\$'m	Expense Line Offset (Y/N/Partial)
MOH Revenue to reduce imaging wait times	0.3	Y, Public Health
National screening programmes	0.7	Y, Public Health
CarePlus	0.4	Y, Personal Health
MOH Sleepover settlement	0.4	Y, Personal Health
Electives and Ambulatory Funding	0.6	P, Provider Arm
Aged care home support funding	0.3	Y, DSS
PHO Performance Management	0.2	Y, DSS
Enhanced Alcohol and Drug Services	0.5	Y, Mental Health
Additional subcontract revenue	0.5	P, Funder Arm

CTA Revenue	0.4	Y, Provider -arm
ACC Revenue	0.7	P, Provider-arm
Other income, including Research and Donations	0.6	P, Provider-arm
Other Government funding	0.6	P, Provider-arm
National Patient Flow Year one	0.1	P, Provider-arm
All other revenue variances	<u>0.3</u>	
Total Revenue Variation	6.6	

Personnel Expenses

Personnel costs were \$1.0m unfavourable in April and are \$3.9m over budget year to date. FTE at the consolidated level are 3651 against a budget of 3653. As with previous months, medical personnel costs are over budget and are the major cause of the personnel budget overspend for April. All other staff types were close to budget for the month.

Medical

An underspend in medical outsourcing of \$0.3m has partly offset the medical personnel variance. Including medical outsourcing, medical personnel were \$0.6m unfavourable in March and \$4.8m unfavourable for the year.

Nursing Personnel

Nursing FTE has increased in April, resulting in nursing costs being slightly unfavourable for the month. Year to date nursing personnel costs are favourable to budget by \$1.5m.

Allied Health Personnel

Favourable FTE levels, partly offset by statutory leave accruals and professional membership costs, result in a favourable variance in April.

Support Personnel

Support staff costs are close budget for the month and remain close to budget for the year to date.

Management/Administration Personnel

Levels of leave taken in April helped to offset the impact of the unfavourable FTE due to budgeted saving initiatives. Year to date there is a \$0.4m favourable variance.

Outsourced Expenses

Outsourced personnel costs are favourable for the month and year to date, and offset in personnel costs as noted above.

Outsourced services costs are close to budget for the month and unfavourable for the year to date. One area of continued overspend is Radiology Services which is \$0.7m over budget for the year to date. The budget was set on the expectation that personnel would be in place reducing the need for this outsourcing.

Clinical Supplies Expenses

Clinical supplies costs are unfavourable for the month by \$0.5m and are \$1.9m unfavourable for the ten months to April. Implants and Prosthesis costs have the largest monthly unfavourable variance, and are now \$1.2m over budget for the ten months. A number of other over budget items sit within the Treatment Disposals category including sutures (\$0.3m), staples (\$0.2m) and customised procedure packs (\$0.2m) with these being demand driven.

Infrastructure & Non-Clinical Supplies Expenditure

Infrastructure & Non-Clinical Supplies remain on budget for April and \$1.4m favourable year to date.

The year to date variance is driven by facility costs, which are \$0.3m under budget, partly related to maintenance costs, which is a timing difference with work currently underway. IT costs were \$0.1m

under budget, and interest and financing charges \$0.8m under budget relating to capital charge and interest costs.

Funder Summary

Actual \$' 000	Month			Year to Date			Annual Budget \$' 000
	Budget \$' 000	Variance \$' 000		Actual \$' 000	Budget \$' 000	Variance \$' 000	
68,678	68,107	571	Revenue	684,579	681,069	3,510	817,283
(69,192)	(68,161)	(1,031)	Less Other Costs	(683,119)	(681,020)	(2,099)	(818,387)
(514)	(54)	(460)	Net Surplus / (Deficit)	1,460	49	1,411	(1,104)
			Expenses				
(49,137)	(48,416)	(721)	Personal Health	(483,946)	(482,415)	(1,531)	(580,071)
(7,303)	(7,270)	(33)	Mental Health	(71,268)	(72,691)	1,423	(87,232)
(876)	(864)	(12)	Public Health	(9,518)	(8,636)	(882)	(10,363)
(11,025)	(10,759)	(266)	Disability Support	(109,880)	(108,764)	(1,116)	(130,502)
(153)	(154)	1	Maori Health	(1,526)	(1,533)	7	(1,840)
(698)	(698)	0	Other	(6,981)	(6,981)	0	(8,379)
(69,192)	(68,161)	(1,031)	Expenses	(683,119)	(681,020)	(2,099)	(818,387)

Personal Health Payments (Not including Provider-arm)

Personal Health is unfavourable to budget for the month (\$0.7m). Pharmaceutical costs are unfavourable (\$0.5m) due to a revision in the pharmaceutical forecast, with pharmacy service fees now forecast to be close to the February updated pharmac forecast. Surgical inpatients costs are \$0.3m unfavourable and has revenue offset.

The year to date is \$1.5m unfavourable relating to;

- Laboratory costs (\$0.5m u), due to additional tests,
- Pharmaceuticals (\$1.1m u) due to the impact of 2012/13 costs and the revised forecast for Pharmacy service fees ,
- Radiology (\$0.4m u) which has a revenue offset,
- Surgical inpatients (\$0.3m u) which has a revenue offset
- Price adjustors and premiums (\$0.4m u), again having revenue offset relating to the sleepover settlement funding received.
- IDF are \$0.2m unfavourable,
- Partly offsetting these is Medical Outpatients (\$1.1m f) mostly relating to the Haemophilia funding change.

Mental Health (Not including Provider-arm)

Year to date costs are favourable due to the wash-up with the provider arm of \$2.1m.

Disability Support (Not including Provider-arm)

Disability support services costs are unfavourable in April with Hospital residential care unfavourable by \$0.2m due to volume, and additional home support costs (\$0.3m). Year to date DSS costs are also unfavourable (\$1.1m), due to home support costs, and hospital residential care costs above budget.

Additional revenue for price and volume increases (\$0.3m) partly offsets the unfavourable variance.

IDF Wash-up - Inflows

The IDF inpatient wash-up for April was unfavourable by \$0.1m with the year to date wash-up now unfavourable by \$0.5m.

A summary by DHB and type is shown in the following table.

DHB	Acute/arranged	Elective	Total
Auckland	23,347	5,361	28,709
Bay of Plenty	-22,916		-22,916
Canterbury	-229,722	-516,253	-745,975
Capital and Coast	9,878	5,919	15,797
Counties Manukau	-77,994	8,415	-69,578
Hawkes Bay	-2,379		-2,379
Hutt Valley	-17,966	-1,187	-19,154
Lakes	110,691	29,347	140,038
MidCentral	42,590	-8,710	33,881
Nelson Marlborough	-46,597	-51,005	-97,601
Northland	-10,224	113	-10,111
South Canterbury	167,372	-26,773	140,599
Tairāwhiti	-9,631		-9,631
Taranaki	7,025	-13,724	-6,699
Waikato	-53,046	5,860	-47,186
Wairarapa	6,975		6,975
Waitemata	53,006	-3,011	49,995
West Coast	-31,114	69,706	38,593
Whanganui	8,554		8,554
Total	-72,150	-495,941	-568,092

The Canterbury elective unfavourable wash-up of \$0.5m is mostly related to Orthopaedics (\$0.3m) and General Surgery (\$0.1m).

IDF Wash-up - Outflows

There was a favourable change in the IDF outflows wash-up in April of \$0.2m, with the year to date unfavourable wash-up now \$0.2m.

DHB	Acute/arranged	Elective	Total
Auckland	-433,981	139,800	-294,180
Bay of Plenty	5,153	6,055	11,209
Canterbury	219,545	-137,298	82,247
Capital and Coast	-69,941	-38,018	-107,959
Counties Manukau	-94,616	-9,445	-104,061
Hawkes Bay	23,243	5,962	29,206
Hutt Valley	-16,203	46,771	30,567
Lakes	-153,480	1,298	-152,181
MidCentral	18,459	10,782	29,242
Nelson Marlborough	-47,150	-551	-47,701
Northland	20,216		20,216
South Canterbury	38,226	-36,517	1,709
Tairāwhiti	11,137		11,137
Taranaki	18,329		18,329
Waikato	128,658	133,087	261,745
Wairarapa	-113		-113
Waitemata	20,132	21,323	41,455
West Coast	-5,172		-5,172
Whanganui	-2,684	-4,846	-7,530
Total	-320,241	138,405	-181,836

Financial Statements

The following financial statements are attached:

- Governance P&L
- Provider P&L
- Funder P&L
- DHB Consolidated Results P&L
- Balance Sheet
- Cashflow Statement

Southern District Health Board

Apr-14

Part 1: DHB Governance and Funding Administration	Current Month				Year to Date				Annual Budget
	Actual \$(000)	Budget \$(000)	Variance \$(000)	Variance %	Actual \$(000)	Budget \$(000)	Variance \$(000)	Variance %	Budget \$(000)
Part 1.1: Statement of Financial Performance									
REVENUE									
Government and Crown Agency sourced									
Internal - DHB Funder to DHB Provider	698	698			6,982	6,982			8,379
Other DHB's	-	-			-	-			-
Other Government	8	-	8 F		77	-	77 F		-
Government and Crown Agency Sourced Total	706	698	8 F	1%	7,059	6,982	77 F	1%	8,379
Other Income	-	-			-	-			-
REVENUE TOTAL	706	698	8 F	1%	7,059	6,982	77 F	1%	8,379
EXPENSES									
Personnel Expenses									
Medical Personnel	(3)	(20)	17 F	83%	(24)	(194)	170 F	88%	(233)
Nursing Personnel	-	(1)	1 F		-	(7)	7 F		(9)
Allied Health Personnel	-	-			-	-			-
Support Services Personnel	-	-			-	-			-
Management / Admin Personnel	(327)	(293)	(34) U	(12%)	(3,012)	(2,865)	(147) U	(5%)	(3,440)
Personnel Costs Total	(330)	(314)	(17) U	(5%)	(3,036)	(3,066)	30 F	1%	(3,682)
Outsourced Expenses									
Medical Personnel	-	-			-	-			-
Nursing Personnel	-	-			-	-			-
Allied Health Personnel	-	-			-	-			-
Support Personnel	-	-			-	-			-
Management / Administration Personnel	(36)	-	(36) U		(87)	-	(87) U		-
Outsourced Clinical Services	-	-			-	-			-
Outsourced Corporate / Governance Services	(102)	(79)	(22) U	(28%)	(1,208)	(794)	(414) U	(52%)	(953)
Outsourced Funder Services	(161)	(125)	(36) U	(29%)	(1,606)	(1,241)	(365) U	(29%)	(1,486)
Outsourced Services Total	(299)	(205)	(94) U	(46%)	(2,901)	(2,035)	(866) U	(43%)	(2,439)
Clinical Supplies									
Treatment Disposables	-	-		(460%)	(1)	-	(1) U	(759%)	-
Diagnostic Supplies & Other Clinical Supplies	-	-			-	-			-
Instruments & Equipment	-	-		(78%)	-	-		(198%)	-
Patient Appliances	-	-			-	-			-
Implants & Prosthesis	-	-			-	-			-
Pharmaceuticals	-	-			-	-			-
Other Clinical Supplies	-	-			-	-			-
Clinical Supplies Total	-	-	(348%)		(1)	-	(1) U	(403%)	-
Infrastructure & Non Clinical Expenses									
Hotel Services, Laundry & Cleaning	(2)	(1)		(18%)	(17)	(15)	(3) U	(17%)	(18)
Facilities	-	-			-	-			-
Transport	(23)	(19)	(4) U	(22%)	(139)	(175)	36 F	21%	(212)
IT Systems & Telecommunications	(5)	(9)	4 F	47%	(43)	(90)	47 F	52%	(108)
Interest & Financing Charges	(16)	(22)	6 F	29%	(156)	(220)	64 F	29%	(264)
Professional Fees & Expenses	(104)	(43)	(61) U	(140%)	(689)	(434)	(255) U	(59%)	(521)
Other Operating Expenses	(5)	(25)	20 F	79%	(196)	(249)	52 F	21%	(298)
Democracy	(40)	(42)	2 F	5%	(714)	(753)	39 F	5%	(837)
Subsidiaries & Joint Ventures	-	-			-	-			-
Infrastructure & Non-Clinical Supplies Total	(195)	(162)	(33) U	(20%)	(1,954)	(1,935)	(20) U	(1%)	(2,257)
Internal Allocations	-	-			-	-			-
Other	-	-			-	-			-
Total Expenses	(823)	(680)	(143) U	(21%)	(7,892)	(7,037)	(856) U	(12%)	(8,379)
Net Surplus/ (Deficit)	(118)	18	(136) U	(746%)	(833)	(54)	(779) U		-
Zero Check	-	-			-	-			-
Interest Costs from CHFA	-	-			-	-			-
Capital Charge	-	-			-	-			-
Part 1.2 : Full Time Equivalent Numbers									
Medical Personnel	-	-			-	1			1
Nursing Personnel	-	-			-	-			-
Allied Health Personnel	-	-			-	-			-
Support Personnel	-	-			-	-			-
Management / Administration Personnel	30	27			35	28			28
Total Full Equivalents (FTE's)	30	27			35	28			28

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Part 2: DHB provider	Current Month				Year to Date				Annual Budget
	Actual	Budget	Variance	Variance	Actual	Budget	Variance	Variance	Budget
	\$(000)	\$(000)	\$(000)	%	\$(000)	\$(000)	\$(000)	%	\$(000)
Part 2.1: Statement of Financial Performance									
REVENUE									
Ministry of Health									
MoH - Vote Health Non Mental Health	-	-			-	-			-
MoH - Vote Health Mental Health	-	-			-	-			-
PBF Adjustments	-	-			-	-			-
MoH Funding Subcontracts	-	-			-	-			-
MoH - Personal Health	25	28	(3) U	(11%)	149	283	(134) U	(47%)	339
MoH - Mental Health	-	-			-	-			-
MoH - Public Health	10	11		(1%)	105	106	(1) U	(1%)	127
MoH - Disability Support Services	831	739	92 F	13%	7,798	7,403	395 F	5%	8,884
MoH - Maori Health	-	-			-	-			-
Clinical Training Agency	696	544	152 F	28%	5,795	5,442	353 F	6%	6,531
Internal - DHB Funder to DHB Provider	36,635	36,453	181 F		362,947	364,534	(1,587) U		437,441
Ministry of Health Total	38,197	37,775	422 F	1%	376,793	377,767	(974) U		453,322
Other Government									
IDF's - Mental Health Services	-	-			-	-			-
IDF's - All others (non Mental health)	-	-			-	-			-
Other DHB's	18	25	(7) U	(27%)	265	252	13 F	5%	302
Training Fees and Subsidies	14	17	(3) U	(17%)	179	171	8 F	4%	206
Accident Insurance	873	775	98 F	13%	8,308	7,611	697 F	9%	9,250
Other Government	446	429	17 F	4%	4,844	4,281	562 F	13%	5,135
Other Government Total	1,352	1,247	105 F	8%	13,595	12,316	1,280 F	10%	14,893
Government and Crown Agency Total	39,549	39,022	527 F	1%	390,389	390,083	306 F		468,215
Other Revenue									
Patient / Consumer Sourced	252	261	(8) U	(3%)	2,992	2,782	210 F	8%	3,265
Other Income	864	901	(37) U	(4%)	9,453	9,007	446 F	5%	10,809
Other Revenue Total	1,116	1,162	(46) U	(4%)	12,445	11,789	656 F	6%	14,074
REVENUE TOTAL	40,665	40,183	482 F	1%	402,834	401,872	962 F		482,289
EXPENSES									
Personnel Expenses									
Medical Personnel	(9,823)	(8,747)	(1,076) U	(12%)	(91,412)	(85,092)	(6,320) U	(7%)	(102,133)
Nursing Personnel	(10,953)	(10,889)	(65) U	(1%)	(101,619)	(102,571)	951 F	1%	(124,583)
Allied Health Personnel	(4,246)	(4,345)	99 F	2%	(40,570)	(41,505)	935 F	2%	(50,086)
Support Services Personnel	(852)	(872)	21 F	2%	(8,069)	(8,130)	60 F	1%	(9,767)
Management / Admin Personnel	(3,264)	(3,294)	30 F	1%	(32,197)	(32,637)	439 F	1%	(39,040)
Personnel Costs Total	(29,138)	(28,147)	(991) U	(4%)	(273,868)	(269,934)	(3,934) U	(1%)	(325,610)
Outsourced Expenses									
Medical Personnel	(302)	(616)	313 F	51%	(4,760)	(6,272)	1,511 F	24%	(7,474)
Nursing Personnel	(3)	-	(3) U		(37)	-	(37) U		-
Allied Health Personnel	(57)	(31)	(26) U	(83%)	(551)	(312)	(239) U	(76%)	(375)
Support Personnel	(46)	(21)	(24) U	(114%)	(343)	(213)	(130) U	(61%)	(256)
Management / Administration Personnel	(7)	(1)	(6) U	(637%)	(82)	(10)	(72) U	(714%)	(12)
Outsourced Clinical Services	(626)	(530)	(97) U	(18%)	(6,433)	(5,464)	(969) U	(18%)	(6,633)
Outsourced Corporate / Governance Services	(78)	(82)	4 F	5%	(782)	(812)	30 F	4%	(972)
Outsourced Services Total	(1,119)	(1,281)	161 F	13%	(12,989)	(13,083)	94 F	1%	(15,722)
Clinical Supplies									
Treatment Disposables	(2,414)	(2,331)	(83) U	(4%)	(24,507)	(24,164)	(343) U	(1%)	(29,392)
Diagnostic Supplies & Other Clinical Supplies	(149)	(147)	(3) U	(2%)	(1,534)	(1,532)	(2) U		(1,868)
Instruments & Equipment	(1,325)	(1,312)	(13) U	(1%)	(12,980)	(12,696)	(284) U	(2%)	(15,260)
Patient Appliances	(171)	(183)	11 F	6%	(1,755)	(1,746)	(9) U		(2,081)
Implants & Prosthesis	(1,010)	(780)	(230) U	(29%)	(9,353)	(8,131)	(1,222) U	(15%)	(9,962)
Pharmaceuticals	(1,642)	(1,463)	(179) U	(12%)	(14,880)	(14,909)	28 F		(18,027)
Other Clinical Supplies	(276)	(243)	(33) U	(13%)	(2,681)	(2,533)	(148) U	(6%)	(3,086)
Clinical Supplies Total	(6,988)	(6,459)	(529) U	(8%)	(67,691)	(65,712)	(1,979) U	(3%)	(79,676)
Infrastructure & Non Clinical Expenses									
Hotel Services, Laundry & Cleaning	(1,100)	(1,058)	(42) U	(4%)	(10,743)	(10,587)	(155) U	(1%)	(12,706)
Facilities	(1,582)	(1,748)	166 F	10%	(16,706)	(17,038)	333 F	2%	(20,500)
Transport	(325)	(354)	29 F	8%	(3,338)	(3,404)	65 F	2%	(4,106)
IT Systems & Telecommunications	(946)	(880)	(66) U	(8%)	(8,719)	(8,856)	137 F	2%	(10,622)
Interest & Financing Charges	(1,201)	(1,298)	97 F	7%	(12,232)	(13,068)	835 F	6%	(15,662)
Professional Fees & Expenses	(166)	(109)	(57) U	(52%)	(1,047)	(1,092)	45 F	4%	(1,311)
Other Operating Expenses	(432)	(361)	(71) U	(20%)	(3,406)	(3,597)	191 F	5%	(4,310)
Democracy	-	-			-	-			-
Subsidiaries & Joint Ventures	-	-			-	-			-
Infrastructure & Non-Clinical Supplies Total	(5,752)	(5,808)	55 F	1%	(56,192)	(57,643)	1,451 F	3%	(69,216)
Other Costs and Internal Allocations	-	-			-	-			-
Total Expenses	(42,998)	(41,695)	(1,303) U	(3%)	(410,740)	(406,372)	(4,368) U	(1%)	(490,224)
Net Surplus/ (Deficit)	(2,333)	(1,512)	(821) U	(54%)	(7,906)	(4,500)	(3,406) U	(76%)	(7,936)
Zero Check	-	-			-	-			-

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Part 2: DHB provider	Current Month				Year to Date				Annual
	Actual	Budget	Variance	Variance	Actual	Budget	Variance	Variance	Budget
	\$(000)	\$(000)	\$(000)	%	\$(000)	\$(000)	\$(000)	%	\$(000)
Part 2.1 A: Supplementary Information to Statement of Financial Performance									
Depreciation - Clinical Equipment	(652)	(639)	(13) U	(2%)	(6,468)	(6,365)	(103) U	(2%)	(7,655)
Depreciation - Non Res Buildings & Plant	(701)	(679)	(22) U	(3%)	(6,881)	(6,753)	(128) U	(2%)	(8,100)
Depreciation - Motor Vehicles	(23)	(9)	(14) U	(156%)	(175)	(90)	(85) U	(94%)	(108)
Depreciation - Information Technology	(258)	(206)	(52) U	(25%)	(2,454)	(2,110)	(344) U	(16%)	(2,528)
Depreciation - Other Equipment	(56)	(40)	(16) U	(41%)	(505)	(389)	(115) U	(30%)	(468)
Total Depreciation	(1,689)	(1,573)	(117) U	(7%)	(16,483)	(15,708)	(775) U	(5%)	(18,860)
Interest Cost from Funder Loans	-	-	-	-	-	-	-	-	-
Interest Costs from CHFA	(372)	(401)	29 F	7%	(3,753)	(4,006)	253 F	6%	(4,808)
Financing Component of Operating Leases	(30)	(28)	(2) U	(8%)	(222)	(282)	60 F	21%	(338)
Capital Charge	(795)	(866)	71 F	8%	(8,226)	(8,746)	520 F	6%	(10,476)
Part 1.2 : Full Time Equivalent Numbers									
Medical Personnel	517	492			507	492			492
Nursing Personnel	1,593	1,588			1,586	1,582			1,582
Allied Health Personnel	674	701			676	701			701
Support Personnel	189	196			193	196			196
Management / Administration Personnel	648	638			655	654			652
Total Full Time Equivalents (FTE's)	3,621	3,614			3,616	3,625			3,622

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Part 3: DHB Funds	Current Month				Year to Date				Annual Budget
	Actual	Budget	Variance	Variance	Actual	Budget	Variance	Variance	
	\$(000)	\$(000)	\$(000)	%	\$(000)	\$(000)	\$(000)	%	
Part 3.1: Statement of Financial Performance									
REVENUE									
Ministry of Health									
MoH - Vote Health Non Mental Health	56,343	56,335	8 F		563,824	563,345	479 F		676,014
MoH - Vote Health Mental Health	7,057	7,062	(5) U		70,569	70,620	(50) U		84,744
PBF Adjustments	-	-	-		-	-	-		-
MoH Funding Subcontracts	3,772	3,124	648 F	21%	34,810	31,240	3,570 F	11%	37,488
MoH - Personal Health	-	-	-		-	-	-		-
MoH - Mental Health	-	-	-		-	-	-		-
MoH - Public Health	-	-	-		-	-	-		-
MoH - Disability Support Services	-	-	-		-	-	-		-
MoH - Maori Health	-	-	-		-	-	-		-
Clinical Training Agency	-	-	-		-	-	-		-
Internal - DHB Funder to DHB Provider	-	-	-		-	-	-		-
Ministry of Health Total	67,172	66,521	651 F	1%	669,204	665,205	3,999 F	1%	798,246
Other Government									
IDF's - Mental Health Services	144	144	-		1,436	1,436	-		1,723
IDF's - All others (non Mental health)	1,362	1,443	(80) U	(6%)	13,940	14,428	(489) U	(3%)	17,314
Other DHB's	-	-	-		-	-	-		-
Training Fees and Subsidies	-	-	-		-	-	-		-
Accident Insurance	-	-	-		-	-	-		-
Other Government	-	-	-		-	-	-		-
Other Government Total	1,506	1,586	(80) U	(5%)	15,376	15,864	(489) U	(3%)	19,037
Government and Crown Agency Sourced Total	68,678	68,107	571 F	1%	684,579	681,069	3,510 F	1%	817,283
REVENUE TOTAL	68,678	68,107	571 F	1%	684,579	681,069	3,510 F	1%	817,283
EXPENSES									
Outsourced Expenses									
Outsourced Funder Services	(698)	(698)	-		(6,982)	(6,982)	-		(8,379)
Payments to Providers									
Personal Health									
Child and Youth	(381)	(375)	(6) U	(2%)	(3,792)	(3,753)	(39) U	(1%)	(4,504)
Laboratory	(2,691)	(2,639)	(51) U	(2%)	(26,880)	(26,395)	(485) U	(2%)	(31,674)
Infertility Treatment Services	(91)	(100)	9 F	9%	(910)	(1,000)	90 F	9%	(1,200)
Maternity	(262)	(262)	-		(2,616)	(2,612)	(3) U		(3,135)
Maternity (Tertiary & Secondary)	(1,379)	(1,385)	7 F		(13,745)	(13,852)	106 F	1%	(16,622)
Pregnancy and Parenting Education	(13)	(12)	-	(1%)	(109)	(123)	14 F	12%	(148)
Maternity Payment Schedule	-	-	-		-	-	-		-
Neo Natal	(656)	(656)	-		(6,563)	(6,563)	-		(7,875)
Sexual Health	(88)	(88)	-		(879)	(879)	-		(1,055)
Adolescent Dental Benefit	(200)	(171)	(29) U	(17%)	(1,829)	(1,917)	88 F	5%	(2,425)
Other Dental Services	-	-	-		-	-	-		-
Dental - Low Income Adult	(66)	(90)	24 F	27%	(800)	(900)	100 F	11%	(1,083)
Child (School) Dental Services	(630)	(639)	9 F	1%	(6,175)	(6,359)	183 F	3%	(7,608)
Secondary / Tertiary Dental	(254)	(245)	(9) U	(4%)	(2,540)	(2,455)	(86) U	(4%)	(2,950)
Pharmaceuticals	(6,477)	(6,012)	(465) U	(8%)	(63,280)	(62,340)	(940) U	(2%)	(75,312)
Pharmaceutical Cancer Treatment Drugs	(485)	(358)	(127) U	(35%)	(3,768)	(3,583)	(184) U	(5%)	(4,300)
Pharmacy Services	(147)	(68)	(78) U	(115%)	(530)	(685)	155 F	23%	(821)
Management Referred Services	-	-	-		-	-	-		-
General Medical Subsidy	(76)	(137)	61 F	45%	(772)	(1,370)	598 F	44%	(1,650)
Primary Practice Services - Capitated	(3,437)	(3,431)	(6) U		(34,217)	(34,310)	93 F		(41,172)
Primary Health Care Strategy - Care	(302)	(240)	(62) U	(26%)	(2,782)	(2,402)	(380) U	(16%)	(2,883)
Primary Health Care Strategy - Health	(342)	(286)	(56) U	(20%)	(3,519)	(2,860)	(660) U	(23%)	(3,432)
Primary Health Care Strategy - Other	(223)	(207)	(16) U	(8%)	(2,505)	(2,070)	(435) U	(21%)	(2,484)
Practice Nurse Subsidy	(16)	(17)	-	3%	(168)	(165)	(2) U	(1%)	(198)
Rural Support for Primary Health Pro	(1,373)	(1,371)	(2) U		(13,725)	(13,710)	(15) U		(16,452)
Immunisation	(716)	(590)	(127) U	(21%)	(1,995)	(1,846)	(149) U	(8%)	(2,651)
Radiology	(473)	(457)	(16) U	(3%)	(4,928)	(4,571)	(357) U	(8%)	(5,486)
Palliative Care	(477)	(495)	19 F	4%	(4,903)	(4,952)	48 F	1%	(5,942)
Meals on Wheels	(53)	(53)	(1) U	(1%)	(533)	(526)	(7) U	(1%)	(632)
Domiciliary & District Nursing	(1,362)	(1,436)	74 F	5%	(14,113)	(14,361)	248 F	2%	(17,233)
Community based Allied Health	(581)	(581)	-		(5,813)	(5,810)	(3) U		(6,972)
Chronic Disease Management and Educa	(239)	(241)	2 F	1%	(2,398)	(2,412)	14 F	1%	(2,894)
Medical Inpatients	(5,619)	(5,619)	-		(56,187)	(56,187)	-		(67,425)
Medical Outpatients	(3,455)	(3,617)	162 F	4%	(35,023)	(36,171)	1,148 F	3%	(43,405)
Surgical Inpatients	(10,755)	(10,426)	(329) U	(3%)	(104,582)	(104,258)	(324) U		(125,110)
Surgical Outpatients	(1,711)	(1,716)	5 F		(17,114)	(17,160)	46 F		(20,592)
Paediatric Inpatients	(641)	(641)	-		(6,405)	(6,405)	-		(7,686)
Paediatric Outpatients	(267)	(267)	-		(2,672)	(2,672)	-		(3,207)
Pacific Peoples' Health	(17)	(22)	4 F	20%	(179)	(215)	36 F	17%	(258)
Emergency Services	(1,621)	(1,630)	9 F	1%	(16,247)	(16,298)	51 F		(19,557)
Minor Personal Health Expenditure	(79)	(89)	10 F	11%	(835)	(885)	50 F	6%	(1,062)
Price adjusters and Premium	812	795	16 F	2%	7,521	7,953	(432) U	(5%)	9,543
Travel & Accommodation	(323)	(395)	73 F	18%	(3,724)	(3,852)	128 F	3%	(4,741)
Inter District Flow Personal Health	(1,973)	(2,148)	175 F	8%	(21,710)	(21,483)	(227) U	(1%)	(25,780)
Personal Health Total	(49,136)	(48,417)	(719) U	(1%)	(483,945)	(482,414)	(1,531) U		(580,072)

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Part 3: DHB Funds	Current Month				Year to Date				Annual Budget
	Actual	Budget	Variance	Variance	Actual	Budget	Variance	Variance	
	\$(000)	\$(000)	\$(000)	%	\$(000)	\$(000)	\$(000)	%	
Mental Health									
Mental Health to allocate	-	-			-	-			-
Acute Mental Health Inpatients	(1,299)	(1,299)			(12,986)	(12,986)			(15,583)
Sub-Acute & Long Term Mental Health	(362)	(362)			(3,624)	(3,624)			(4,349)
Crisis Respite	(7)	(7)			(67)	(68)	1 F	1%	(82)
Alcohol & Other Drugs - General	(328)	(330)	1 F		(3,408)	(3,296)	(112) U	(3%)	(3,955)
Alcohol & Other Drugs - Child & Youth	(24)	(24)			(333)	(238)	(94) U	(40%)	(286)
Methadone	(94)	(94)			(937)	(937)			(1,125)
Dual Diagnosis - Alcohol & Other Drugs	(12)	(45)	33 F	74%	(131)	(447)	316 F	71%	(536)
Dual Diagnosis - MH/ID	(8)	(5)	(3) U	(60%)	(79)	(49)	(30) U	(60%)	(159)
Eating Disorder	(14)	(14)			(139)	(140)	1 F		(168)
Maternal Mental Health	(4)	(4)			(37)	(37)			(44)
Child & Youth Mental Health Services	(789)	(856)	67 F	8%	(8,495)	(8,560)	65 F	1%	(10,272)
Forensic Services	(506)	(510)	4 F	1%	(5,018)	(5,098)	79 F	2%	(6,117)
Kaupapa Maori Mental Health Services	(98)	(152)	54 F	36%	(1,086)	(1,515)	429 F	28%	(1,818)
Kaupapa Maori Mental Health - Residential	-	-			-	-			-
Kaupapa Maori Mental Health - Inpati	-	-			-	-			-
Mental Health Community Services	(2,004)	(1,877)	(127) U	(7%)	(17,807)	(18,768)	961 F	5%	(22,522)
Prison/Court Liaison	(46)	(44)	(2) U	(4%)	(461)	(443)	(18) U	(4%)	(531)
Mental Health Workforce Development	-	-			(1)	-	(1) U		-
Day Activity & Work Rehabilitation S	(190)	(198)	8 F	4%	(1,941)	(1,974)	34 F	2%	(2,369)
Mental Health Funded Services for Older People	(35)	(35)			(355)	(355)			(426)
Advocacy / Peer Support - Consumer	(53)	(57)	4 F	6%	(529)	(570)	40 F	7%	(684)
Other Home Based Residential Support	(367)	(374)	8 F	2%	(4,010)	(3,744)	(266) U	(7%)	(4,492)
Advocacy / Peer Support - Families	(52)	(60)	8 F	13%	(521)	(599)	79 F	13%	(720)
Community Residential Beds & Service	(518)	(451)	(67) U	(15%)	(4,441)	(4,509)	69 F	2%	(5,411)
Minor Mental Health Expenditure	(53)	(32)	(20) U	(63%)	(449)	(323)	(127) U	(39%)	(368)
Inter District Flow Mental Health	(441)	(441)			(4,412)	(4,412)			(5,294)
Mental Health Total	(7,303)	(7,270)	(34) U		(71,268)	(72,691)	1,424 F	2%	(87,232)
Public Health									
Alcohol & Drug	(36)	(26)	(9) U	(35%)	(357)	(264)	(93) U	(35%)	(317)
Communicable Diseases	(96)	(96)			(965)	(965)			(1,158)
Injury Prevention	-	-			-	-			-
Screening Programmes	(491)	(368)	(123) U	(33%)	(4,410)	(3,678)	(731) U	(20%)	(4,414)
Mental Health	(22)	(22)			(221)	(221)			(265)
Nutrition and Physical Activity	(49)	(45)	(4) U	(9%)	(491)	(451)	(40) U	(9%)	(542)
Physical Environment	(36)	(36)			(357)	(357)			(428)
Public Health Infrastructure	(127)	(127)			(1,269)	(1,269)			(1,523)
Sexual Health	(12)	(12)			(119)	(119)			(143)
Social Environments	(38)	(38)			(377)	(377)			(452)
Tobacco Control	30	(93)	124 F	132%	(951)	(934)	(17) U	(2%)	(1,121)
Well Child Promotion	-	-			-	-			-
Meningococcal	-	-			-	-			-
Public Health Total	(876)	(864)	(13) U	(1%)	(9,518)	(8,636)	(882) U	(10%)	(10,363)
Disability Support Services									
AT & R (Assessment, Treatment and Re	(1,976)	(1,976)			(19,756)	(19,756)			(23,707)
Information and Advisory	(12)	(13)	1 F	9%	(96)	(130)	34 F	26%	(156)
Needs Assessment	(165)	(163)	(1) U	(1%)	(1,699)	(1,630)	(69) U	(4%)	(1,956)
Service Co-ordination	(25)	(19)	(5) U	(28%)	(206)	(194)	(12) U	(6%)	(233)
Home Support	(1,558)	(1,267)	(291) U	(23%)	(14,083)	(12,970)	(1,113) U	(9%)	(15,504)
Carer Support	(113)	(156)	44 F	28%	(1,295)	(1,561)	266 F	17%	(1,874)
Residential Care: Rest Homes	(2,856)	(2,949)	93 F	3%	(29,002)	(29,884)	881 F	3%	(35,880)
Residential Care: Loans Adjustment	1	22	(21) U	(96%)	142	222	(80) U	(36%)	266
Long Term Chronic Conditions	(123)	(93)	(30) U	(33%)	(1,325)	(926)	(400) U	(43%)	(1,111)
Residential Care: Hospitals	(3,690)	(3,511)	(179) U	(5%)	(36,796)	(35,575)	(1,221) U	(3%)	(42,714)
Ageing in Place	(2)	(2)			(25)	(25)			(30)
Environmental Support Services	(98)	(102)	4 F	4%	(1,009)	(1,013)	3 F		(1,218)
Day Programmes	-	-			-	-			-
Expenditure to Attend Treatment ETAT	-	-			-	-			-
Minor Disability Support Expenditure	(8)	(26)	17 F	68%	(89)	(258)	168 F	65%	(309)
Respite Care	(130)	(139)	8 F	6%	(1,439)	(1,409)	(30) U	(2%)	(1,691)
Community Health Services & Support	(31)	(105)	74 F	71%	(589)	(1,049)	460 F	44%	(1,259)
Inter District Flow Disability Support	(241)	(261)	20 F	8%	(2,612)	(2,607)	(5) U		(3,128)
Disability Support Other	-	-			-	-			-
Disability Support Services Total	(11,025)	(10,759)	(266) U	(2%)	(109,880)	(108,764)	(1,116) U	(1%)	(130,502)
Maori Health									
Maori Service Development	(38)	(38)			(378)	(378)			(454)
Maori Provider Assistance Infrastruc	-	-			-	-			-
Maori Workforce Development	-	-			-	-			-
Minor Maori Health Expenditure	-	-			-	-			-
Whanau Ora Services	(115)	(116)	1 F	1%	(1,148)	(1,154)	7 F	1%	(1,386)
Maori Health Total	(153)	(154)	1 F	1%	(1,526)	(1,533)	7 F		(1,840)
Internal Allocations	-	-			-	-			-
Total Expenses	(69,191)	(68,161)	(1,030) U	(2%)	(683,119)	(681,020)	(2,099) U		(818,387)
Summary of Results									
Subtotal of IDF Revenue	1,506	1,586	(80) U	(5%)	15,376	15,864	(489) U	(3%)	19,037
Subtotal all other Revenue	67,172	66,521	651 F	1%	669,204	665,205	3,999 F	1%	798,246
Revenue Total	68,678	68,107	571 F	1%	684,579	681,069	3,510 F	1%	817,283
Subtotal of IDF Expenditure	(2,655)	(2,850)	195 F	7%	(28,734)	(28,501)	(232) U	(1%)	(34,202)
Subtotal all other Expenditure	(66,537)	(65,311)	(1,225) U	(2%)	(654,386)	(652,519)	(1,867) U		(784,185)
Expenses Total	(69,191)	(68,161)	(1,030) U	(2%)	(683,119)	(681,020)	(2,099) U		(818,387)
Net Surplus/ (Deficit)	(514)	(54)	(459) U	(846%)	1,460	49	1,411 F		(1,104)

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Part 4: DHB Consolidated	Current Month				Year to Date				Annual
	Actual	Budget	Variance	Variance	Actual	Budget	Variance	Variance	Budget
	\$(000)	\$(000)	\$(000)	%	\$(000)	\$(000)	\$(000)	%	\$(000)
Part 4.1: Statement of Financial Performance									
REVENUE									
Ministry of Health									
MoH - Vote Health Non Mental Health	56,343	56,335	8 F		563,824	563,345	479 F		676,014
MoH - Vote Health Mental Health	7,057	7,062	(5) U		70,569	70,620	(50) U		84,744
PBF Adjustments	-	-	-		-	-	-		-
MoH Funding Subcontracts	3,772	3,124	648 F	21%	34,810	31,240	3,570 F	11%	37,488
MoH - Personal Health	25	28	(3) U	(11%)	149	283	(134) U	(47%)	339
MoH - Mental Health	-	-	-		-	-	-		-
MoH - Public Health	10	11	-	(1%)	105	106	(1) U	(1%)	127
MoH - Disability Support Services	831	739	92 F	13%	7,798	7,403	395 F	5%	8,884
MoH - Maori Health	-	-	-		-	-	-		-
Clinical Training Agency	696	544	152 F	28%	5,795	5,442	353 F	6%	6,531
Internal - DHB Funder to DHB Provider	-	-	-		-	-	-		-
Ministry of Health Total	68,734	67,842	892 F	1%	683,050	678,438	4,612 F	1%	814,127
Other Government									
IDF's - Mental Health Services	144	144	-		1,436	1,436	-		1,723
IDF's - All others (non Mental health)	1,362	1,443	(80) U	(6%)	13,940	14,428	(489) U	(3%)	17,314
Other DHB's	18	25	(7) U	(27%)	265	252	13 F	5%	302
Training Fees and Subsidies	14	17	(3) U	(17%)	179	171	8 F	4%	206
Accident Insurance	873	775	98 F	13%	8,308	7,611	697 F	9%	9,250
Other Government	454	429	25 F	6%	4,920	4,281	639 F	15%	5,135
Other Government Total	2,865	2,833	32 F	1%	29,048	28,180	868 F	3%	33,930
Government and Crown Agency Total	71,599	70,675	924 F	1%	712,098	706,618	5,480 F	1%	848,057
Other Revenue									
Patient / Consumer Sourced	252	261	(8) U	(3%)	2,992	2,782	210 F	8%	3,265
Other Income	864	901	(37) U	(4%)	9,453	9,007	446 F	5%	10,809
Other Revenue Total	1,116	1,162	(46) U	(4%)	12,445	11,789	656 F	6%	14,074
REVENUE TOTAL	72,715	71,837	879 F	1%	724,543	718,408	6,135 F	1%	862,131
EXPENSES									
Personnel Expenses									
Medical Personnel	(9,826)	(8,767)	(1,059) U	(12%)	(91,436)	(85,286)	(6,150) U	(7%)	(102,366)
Nursing Personnel	(10,953)	(10,889)	(64) U	(1%)	(101,619)	(102,578)	959 F	1%	(124,592)
Allied Health Personnel	(4,246)	(4,345)	99 F	2%	(40,570)	(41,505)	935 F	2%	(50,086)
Support Services Personnel	(852)	(872)	21 F	2%	(8,069)	(8,130)	60 F	1%	(9,767)
Management / Admin Personnel	(3,591)	(3,587)	(4) U		(35,209)	(35,502)	292 F	1%	(42,481)
Personnel Costs Total	(29,468)	(28,461)	(1,007) U	(4%)	(276,904)	(273,001)	(3,903) U	(1%)	(329,292)
Outsourced Expenses									
Medical Personnel	(302)	(616)	313 F	51%	(4,760)	(6,272)	1,511 F	24%	(7,474)
Nursing Personnel	(3)	-	(3) U		(37)	-	(37) U		-
Allied Health Personnel	(57)	(31)	(26) U	(83%)	(551)	(312)	(239) U	(76%)	(375)
Support Personnel	(46)	(21)	(24) U	(114%)	(343)	(213)	(130) U	(61%)	(256)
Management / Administration Personnel	(43)	(1)	(42) U		(170)	(10)	(159) U		(12)
Outsourced Clinical Services	(626)	(530)	(97) U	(16%)	(6,433)	(5,464)	(969) U	(16%)	(8,633)
Outsourced Corporate / Governance Services	(179)	(161)	(18) U	(11%)	(1,990)	(1,696)	(294) U	(24%)	(1,925)
Outsourced Funder Services	(161)	(125)	(36) U	(29%)	(1,606)	(1,241)	(365) U	(29%)	(1,486)
Outsourced Services Total	(1,418)	(1,485)	67 F	5%	(15,890)	(15,119)	(772) U	(5%)	(18,161)
Clinical Supplies									
Treatment Disposables	(2,414)	(2,331)	(83) U	(4%)	(24,508)	(24,164)	(344) U	(1%)	(29,392)
Diagnostic Supplies & Other Clinical Supplies	(149)	(147)	(3) U	(2%)	(1,534)	(1,532)	(2) U		(1,868)
Instruments & Equipment	(1,325)	(1,312)	(13) U	(1%)	(12,981)	(12,696)	(284) U	(2%)	(15,261)
Patient Appliances	(171)	(183)	11 F	6%	(1,755)	(1,746)	(9) U		(2,081)
Implants & Prosthesis	(1,010)	(780)	(230) U	(29%)	(9,353)	(8,131)	(1,222) U	(15%)	(9,962)
Pharmaceuticals	(1,642)	(1,463)	(179) U	(12%)	(14,880)	(14,909)	29 F		(18,027)
Other Clinical Supplies	(276)	(243)	(33) U	(13%)	(2,681)	(2,533)	(148) U	(6%)	(3,086)
Clinical Supplies Total	(6,988)	(6,459)	(529) U	(8%)	(67,692)	(65,712)	(1,980) U	(3%)	(79,676)
Infrastructure & Non Clinical Expenses									
Hotel Services, Laundry & Cleaning	(1,102)	(1,059)	(42) U	(4%)	(10,760)	(10,602)	(158) U	(1%)	(12,724)
Facilities	(1,582)	(1,748)	166 F	10%	(16,706)	(17,038)	333 F	2%	(20,500)
Transport	(348)	(373)	24 F	7%	(3,478)	(3,579)	101 F	3%	(4,318)
IT Systems & Telecommunications	(951)	(889)	(62) U	(7%)	(8,762)	(8,946)	184 F	2%	(10,730)
Interest & Financing Charges	(1,217)	(1,320)	103 F	8%	(12,388)	(13,288)	899 F	7%	(15,926)
Professional Fees & Expenses	(270)	(153)	(118) U	(77%)	(1,737)	(1,526)	(210) U	(14%)	(1,831)
Other Operating Expenses	(437)	(386)	(51) U	(13%)	(3,603)	(3,846)	243 F	6%	(4,608)
Democracy	(40)	(42)	2 F	5%	(714)	(753)	39 F	5%	(837)
Subsidiaries & Joint Ventures	-	-	-		-	-	-		-
Infrastructure & Non-Clinical Supplies Total	(5,947)	(5,970)	23 F		(58,146)	(59,578)	1,431 F	2%	(71,474)

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Part 4: DHB Consolidated	Current Month				Year to Date				Annual Budget
	Actual	Budget	Variance	Variance	Actual	Budget	Variance	Variance	
	\$(000)	\$(000)	\$(000)	%	\$(000)	\$(000)	\$(000)	%	\$(000)
Payments to Providers									
Personal Health									
Child and Youth	(33)	(35)	3 F	8%	(308)	(353)	46 F	13%	(424)
Laboratory	(2,690)	(2,639)	(51) U	(2%)	(26,876)	(26,391)	(485) U	(2%)	(31,669)
Infertility Treatment Services	-	(9)	9 F		-	(90)	90 F		(108)
Maternity	(220)	(220)			(2,203)	(2,199)	(3) U		(2,640)
Maternity (Tertiary & Secondary)	(7)	(14)	7 F	48%	(29)	(136)	106 F	78%	(163)
Pregnancy and Parenting Education	(10)	(10)		(2%)	(83)	(98)	14 F	15%	(117)
Maternity Payment Schedule	-	-			-	-			-
Neo Natal	-	-			-	-			-
Sexual Health	(2)	(2)			(15)	(15)			(18)
Adolescent Dental Benefit	(180)	(145)	(35) U	(24%)	(1,727)	(1,655)	(72) U	(4%)	(2,110)
Other Dental Services	-	-			-	-			-
Dental - Low Income Adult	(44)	(68)	24 F	35%	(579)	(679)	100 F	15%	(817)
Child (School) Dental Services	(39)	(48)	9 F	19%	(263)	(446)	183 F	41%	(513)
Secondary / Tertiary Dental	(139)	(139)			(1,386)	(1,386)			(1,667)
Pharmaceuticals	(6,311)	(5,584)	(727) U	(13%)	(60,274)	(58,057)	(2,218) U	(4%)	(70,173)
Pharmaceutical Cancer Treatment Drugs	-	-			-	-			-
Pharmacy Services	(138)	(60)	(78) U	(131%)	(443)	(598)	155 F	26%	(718)
Management Referred Services	-	-			-	-			-
General Medical Subsidy	(76)	(137)	61 F	45%	(772)	(1,370)	598 F	44%	(1,650)
Primary Practice Services - Capitated	(3,437)	(3,431)	(6) U		(34,217)	(34,310)	93 F		(41,172)
Primary Health Care Strategy - Care	(302)	(240)	(62) U	(26%)	(2,782)	(2,402)	(380) U	(16%)	(2,883)
Primary Health Care Strategy - Health	(342)	(286)	(56) U	(20%)	(3,327)	(2,860)	(467) U	(16%)	(3,432)
Primary Health Care Strategy - Other	(223)	(207)	(16) U	(8%)	(2,505)	(2,070)	(435) U	(21%)	(2,484)
Practice Nurse Subsidy	(16)	(17)		3%	(168)	(165)	(2) U	(1%)	(198)
Rural Support for Primary Health Pro	(1,303)	(1,301)	(2) U		(13,022)	(13,007)	(15) U		(15,609)
Immunisation	(649)	(522)	(127) U	(24%)	(1,319)	(1,170)	(149) U	(13%)	(1,840)
Radiology	(208)	(190)	(18) U	(8%)	(1,931)	(1,903)	(28) U	(1%)	(2,263)
Palliative Care	(473)	(492)	19 F	4%	(4,869)	(4,918)	48 F	1%	(5,901)
Meals on Wheels	(20)	(19)	(1) U	(3%)	(201)	(194)	(7) U	(3%)	(233)
Domiciliary & District Nursing	(373)	(448)	74 F	17%	(4,231)	(4,478)	248 F	6%	(5,374)
Community based Allied Health	(168)	(167)			(1,677)	(1,674)	(3) U		(2,009)
Chronic Disease Management and Educa	(80)	(82)	2 F	2%	(804)	(818)	14 F	2%	(982)
Medical Inpatients	-	-			-	-			-
Medical Outpatients	(232)	(396)	164 F	41%	(2,919)	(3,958)	1,039 F	26%	(4,750)
Surgical Inpatients	(13)	(20)	7 F	34%	(187)	(199)	12 F	6%	(239)
Surgical Outpatients	(138)	(144)	5 F	4%	(1,395)	(1,441)	46 F	3%	(1,729)
Paediatric Inpatients	-	-			-	-			-
Paediatric Outpatients	-	-			-	-			-
Pacific Peoples' Health	(7)	(12)	4 F	36%	(81)	(117)	36 F	31%	(140)
Emergency Services	(151)	(160)	9 F	6%	(1,554)	(1,605)	51 F	3%	(1,929)
Minor Personal Health Expenditure	(42)	(52)	10 F	19%	(465)	(516)	50 F	10%	(619)
Price adjusters and Premium	(91)	(107)	16 F	(15%)	(1,503)	(1,071)	(432) U	40%	(1,285)
Travel & Accommodation	(318)	(391)	73 F	19%	(3,682)	(3,809)	128 F	3%	(4,690)
Inter District Flow Personal Health	(1,973)	(2,148)	175 F	8%	(21,710)	(21,483)	(227) U	(1%)	(25,780)
Personal Health Total	(20,446)	(19,940)	(506) U	(3%)	(199,505)	(197,639)	(1,865) U	(1%)	(238,342)
Mental Health									
Mental Health to allocate	-	-			-	-			-
Acute Mental Health Inpatients	-	-			-	-			-
Sub-Acute & Long Term Mental Health	-	-			-	-			-
Crisis Respite	(5)	(5)			(47)	(47)	1 F	1%	(57)
Alcohol & Other Drugs - General	(84)	(59)	(25) U	(43%)	(847)	(590)	(258) U	(44%)	(708)
Alcohol & Other Drugs - Child & Youth	(24)	(24)			(333)	(238)	(94) U	(40%)	(286)
Methadone	-	-			-	-			-
Dual Diagnosis - Alcohol & Other Drugs	(3)	(36)	33 F	91%	(47)	(363)	316 F	87%	(436)
Eating Disorder	(14)	(14)			(139)	(140)	1 F		(168)
Maternal Mental Health	(4)	(4)			(37)	(37)			(44)
Child & Youth Mental Health Services	(395)	(281)	(114) U	(41%)	(3,301)	(2,809)	(492) U	(18%)	(3,371)
Forensic Services	-	(4)	4 F		-	(36)	36 F		(43)
Kaupapa Maori Mental Health Services	(6)	(6)		2%	(61)	(63)	2 F	2%	(76)
Kaupapa Maori Mental Health - Residential	-	-			-	-			-
Kaupapa Maori Mental Health - Inpati	-	-			-	-			-
Mental Health Community Services	(152)	(136)	(16) U	(12%)	(1,198)	(1,357)	159 F	12%	(1,629)
Prison/Court Liaison	-	-			-	-			-
Mental Health Workforce Development	-	-			(1)	-	(1) U		-
Day Activity & Work Rehabilitation S	(136)	(135)	(2) U	(1%)	(1,363)	(1,346)	(17) U	(1%)	(1,615)
Mental Health Funded Services for Older People	-	-			-	-			-
Advocacy / Peer Support - Consumer	(23)	(22)	(1) U	(4%)	(234)	(225)	(9) U	(4%)	(270)
Other Home Based Residential Support	(309)	(317)	8 F	2%	(3,459)	(3,166)	(292) U	(9%)	(3,800)
Advocacy / Peer Support - Families	(52)	(60)	8 F	13%	(521)	(599)	79 F	13%	(720)
Community Residential Beds & Service	(518)	(451)	(67) U	(15%)	(4,441)	(4,509)	69 F	2%	(5,411)
Minor Mental Health Expenditure	(53)	(32)	(20) U	(63%)	(449)	(323)	(127) U	(39%)	(388)
Inter District Flow Mental Health	(441)	(441)			(4,412)	(4,412)			(5,294)
Mental Health Total	(2,220)	(2,027)	(193) U	(10%)	(20,890)	(20,260)	(630) U	(3%)	(24,315)
Public Health									
Alcohol & Drug	-	-			-	-			-
Communicable Diseases	-	-			-	-			-
Injury Prevention	-	-			-	-			-
Mental Health	-	-			-	-			-
Screening Programmes	-	-			-	-			-
Nutrition and Physical Activity	(27)	(23)	(4) U	(18%)	(267)	(227)	(40) U	(18%)	(272)
Physical Environment	-	-			-	-			-
Public Health Infrastructure	-	-			-	-			-
Sexual Health	-	-			-	-			-
Social Environments	-	-			-	-			-
Tobacco Control	111	(12)	124 F	989%	(125)	(125)			(150)
Well Child Promotion	-	-			-	-			-
Meningococcal	-	-			-	-			-
Public Health Total	84	(35)	119 F	340%	(392)	(352)	(40) U	(11%)	(422)

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Part 4: DHB Consolidated	Current Month				Year to Date				Annual
	Actual	Budget	Variance	Variance	Actual	Budget	Variance	Variance	Budget
	\$(000)	\$(000)	\$(000)	%	\$(000)	\$(000)	\$(000)	%	\$(000)
Disability Support Services									
AT & R (Assessment, Treatment and Re	(297)	(297)			(2,974)	(2,974)			(3,569)
Information and Advisory	(12)	(13)	1 F	9%	(96)	(130)	34 F	26%	(156)
Needs Assessment	(27)	(22)	(6) U	(26%)	(327)	(217)	(111) U	(51%)	(260)
Service Co-ordination	(5)	-	(5) U		(12)	-	(12) U		-
Home Support	(1,558)	(1,267)	(291) U	(23%)	(14,083)	(12,970)	(1,113) U	(9%)	(15,504)
Carer Support	(113)	(156)	44 F	28%	(1,295)	(1,561)	266 F	17%	(1,874)
Residential Care: Rest Homes	(2,856)	(2,949)	93 F	3%	(29,002)	(29,884)	881 F	3%	(35,880)
Residential Care: Loans Adjustment	1	22	(21) U	(86%)	142	222	(80) U	(36%)	266
Long Term Chronic Conditions	(115)	(85)	(30) U	(36%)	(1,245)	(846)	(400) U	(47%)	(1,015)
Residential Care: Hospitals	(3,690)	(3,511)	(179) U	(5%)	(36,796)	(35,575)	(1,221) U	(3%)	(42,714)
Ageing in Place	-	-			-	-			-
Environmental Support Services	(96)	(100)	4 F	4%	(987)	(991)	3 F		(1,191)
Day Programmes	-	-			-	-			-
Expenditure to Attend Treatment ETAT	-	-			-	-			-
Minor Disability Support Expenditure	-	(17)	17 F		(6)	(174)	168 F	97%	(209)
Respite Care	(130)	(130)	8 F	6%	(1,439)	(1,409)	(30) U	(2%)	(1,691)
Community Health Services & Support	(10)	(84)	74 F	88%	(380)	(840)	460 F	55%	(1,008)
Inter District Flow Disability Support	(241)	(261)	20 F	8%	(2,612)	(2,607)	(5) U		(3,128)
Disability Support Other	-	-			-	-			-
Disability Support Services Total	(9,149)	(8,878)	(270) U	(3%)	(91,114)	(89,956)	(1,158) U	(1%)	(107,932)
Maori Health									
Maori Service Development	(22)	(22)			(222)	(222)			(267)
Maori Provider Assistance Infrastruc	-	-			-	-			-
Maori Workforce Development	-	-			-	-			-
Minor Maori Health Expenditure	-	-			-	-			-
Whanau Ora Services	(107)	(108)	1 F	1%	(1,068)	(1,074)	7 F	1%	(1,290)
Maori Health Total	(129)	(130)	1 F	1%	(1,290)	(1,297)	7 F	1%	(1,557)
Internal Allocations	-	-			-	-			-
Total Expenses	(75,679)	(73,385)	(2,295) U	(3%)	(731,823)	(722,913)	(8,910) U	(1%)	(871,171)
Net Surplus/ (Deficit)	(2,964)	(1,548)	(1,416) U	(91%)	(7,279)	(4,505)	(2,774) U	(62%)	(9,039)
Zero Check	-	-			-	-			-
Part 4.1 A: Supplementary Information to Statement of Financial Performance									
Depreciation - Clinical Equipment	(652)	(639)	(13) U	(2%)	(6,468)	(6,365)	(103) U	(2%)	(7,655)
Depreciation - Non Residential Buildings & Plant	(701)	(679)	(22) U	(3%)	(6,881)	(6,753)	(128) U	(2%)	(8,100)
Depreciation - Motor Vehicles	(23)	(9)	(14) U	(156%)	(175)	(90)	(85) U	(94%)	(108)
Depreciation - Information Technology	(258)	(206)	(52) U	(25%)	(2,454)	(2,110)	(344) U	(16%)	(2,528)
Depreciation - Other Equipment	(56)	(40)	(16) U	(41%)	(505)	(389)	(115) U	(30%)	(468)
Total Depreciation	(1,689)	(1,573)	(117) U	(7%)	(16,463)	(15,708)	(755) U	(5%)	(18,860)
Interest Cost from Funder Loans	(372)	(401)	29 F	7%	(3,753)	(4,006)	253 F	6%	(4,808)
Financing Component of Operating Leases	(30)	(28)	(2) U	(8%)	(222)	(282)	60 F	21%	(338)
Capital Charge	(795)	(866)	71 F	8%	(8,226)	(8,746)	520 F	6%	(10,476)

Southern District Health Board

Apr-14

Part 4: DHB Consolidated	Current Month Actual \$ (000)	Previous Month Actual \$(000)	Movement \$(000)	Current Budget \$(000)	Current Year Opening Balance Sheet \$(000)	Annual Budget \$(000)
Part 4.2: Balance Sheet						
Current Assets						
Petty Cash	16	16	-	15	15	15
Bank	153	290	(137)	17,833	(401)	-
Short Term Investments - HBL	13,267	12,684	583	-	27,629	12,242
Short Term Investments	-	-	-	-	-	-
Prepayments	2,697	2,841	(143)	2,476	1,639	2,530
Accounts Receivable	7,362	6,978	385	6,000	7,519	6,000
Provision for Doubtful Debts	(1,968)	(1,968)	-	(1,695)	(1,839)	(1,695)
Accrued Debtors	21,997	19,727	2,271	25,937	15,707	26,417
Inventory / Stock	4,778	4,650	127	4,422	4,817	4,422
Current Assets Total	48,303	45,217	3,085	54,987	55,086	49,932
Non Current Assets						
Land, Buildings & Plant	268,640	268,423	217	278,301	259,028	279,029
Clinical Equipment (incl Finance Leases)	108,430	108,245	185	124,895	111,928	126,395
Other Equipment (incl Finance Leases)	14,991	14,984	7	14,546	15,515	14,546
Information Technology	38,434	38,471	(37)	44,076	36,469	45,125
Motor Vehicles	2,343	2,343	-	1,210	1,484	1,210
Provision Depreciation - Buildings & Plant	(31,377)	(30,676)	(701)	(31,439)	(24,497)	(32,787)
Provision Depreciation - Clinical Equipment	(72,917)	(72,455)	(463)	(81,466)	(74,745)	(82,774)
Provision Depreciation - Other Equipment	(11,447)	(11,401)	(46)	(12,236)	(11,787)	(12,322)
Provision Depreciation - Information Technology	(27,925)	(27,727)	(198)	(18,266)	(25,814)	(28,540)
Provision Depreciation - Motor Vehicles	(857)	(834)	(23)	(9,820)	(391)	(547)
WIP	4,742	3,582	1,160	(522)	6,198	-
Investment in Associates	-	-	-	279	-	280
Long Term Investments	3,354	3,237	116	3,352	1,841	3,584
Non Current Assets Total	296,409	296,192	218	312,910	295,230	313,201
Current Liabilities						
Accounts Payable Control	(4,614)	(4,273)	(341)	(4,900)	(3,872)	(4,900)
Accrued Creditors	(25,642)	(23,659)	(1,983)	(33,097)	(27,670)	(33,345)
Income Received in Advance	(2,539)	(1,616)	(923)	(1,743)	(892)	(1,743)
Capital Charge Payable	(3,179)	(2,385)	(795)	(3,468)	(4,731)	-
GST & Tax Provisions	(4,902)	(5,875)	974	(8,384)	(4,193)	(3,418)
Term Loans - Finance Leases (current portion)	(1,311)	(1,150)	(161)	(1,120)	(943)	(1,120)
Term Loans - Crown (current portion)	(12,976)	(10,726)	(2,250)	(17,513)	(10,806)	(17,363)
Payroll Accrual & Clearing Accounts	(12,717)	(15,108)	2,392	(8,970)	(12,494)	(13,331)
Employee Entitlement Provisions	(44,961)	(43,581)	(1,380)	(43,985)	(46,597)	(43,985)
Current Liabilities Total	(112,840)	(108,373)	(4,467)	(123,180)	(112,199)	(119,203)
WORKING CAPITAL	(64,537)	(63,156)	1,164	(68,193)	(57,114)	(69,271)
NET FUNDS EMPLOYED	231,872	233,036	(1,164)	244,717	238,116	243,929
Non Current Liabilities						
Long Service Leave - Non Current Portion	(2,994)	(2,994)	-	(3,376)	(3,085)	(3,376)
Retirement Gratuities - Non Current Portion	(10,761)	(10,730)	(32)	(12,688)	(11,147)	(12,688)
Other Employee Entitlement Provisions	(1,213)	(1,213)	-	-	(1,237)	-
Term Loans - Finance Leases (non current portion)	(2,641)	(2,989)	348	(4,523)	(2,945)	(4,477)
Term Loans - Crown (non current portion)	(88,385)	(90,768)	2,383	(84,092)	(91,014)	(84,092)
Custodial Funds	-	-	-	-	-	-
Non Current Liabilities Total	(105,995)	(108,694)	2,700	(104,679)	(109,428)	(104,633)
Crown Equity						
Crown Equity	(171,495)	(171,495)	-	(185,592)	(171,495)	(175,371)
Crown Equity Injection	(4,500)	-	(4,500)	-	-	(14,721)
Crown Equity Repayments	-	-	-	-	-	707
Trust and Special Funds (no restricted use)	(4,973)	(4,924)	(49)	-	(5,085)	-
Revaluation Reserve	(84,515)	(84,515)	-	(85,362)	(84,515)	(85,362)
Retained Earnings - DHB Governance & Funding	3,801	3,683	118	92,846	2,967	2,772
Retained Earnings - DHB Provider	101,081	98,699	2,382	2,826	93,256	96,282
Retained Earnings - Funds	34,724	34,210	514	35,243	36,184	36,397
Crown Equity Total	(125,877)	(124,341)	(1,536)	(140,038)	(128,688)	(139,296)
NET FUNDS EMPLOYED	(231,872)	(233,036)	1,164	(244,717)	(238,116)	(243,929)
Zero Check	-	-	-	(0)	-	0
Part 4.3: Statement of Movement in Equity						
Total equity at beginning of the period	(124,341)	(125,232)	891	(134,322)	(128,688)	(134,322)
Net Results for Period	2,964	860	2,104	4,505	-	9,039
Revaluation of Fixed Assets	-	-	-	-	-	-
Equity Injections - Deficit Support	-	-	-	(4,500)	-	(9,000)
Equity Injections - Capital Projects	(4,500)	-	(4,500)	(5,721)	-	(5,721)
Equity Repayments	-	-	-	-	-	707
Other	-	31	(31)	-	-	-
Movement in Trust and Special Funds	-	-	-	-	-	-
Total Equity at end of the period	(125,877)	(124,341)	(1,536)	(140,038)	(128,688)	(139,296)

Board Cash Flow - Southern

Apr-14

Part 4: DHB Consolidated	Current Month			Year to Date			Annual
	Actual	Budget	Variance	Actual	Budget	Variance	Budget
	\$(000)	\$(000)	\$(000)	\$(000)	\$(000)	\$(000)	\$(000)
Part 4.4 Statement of Cashflows							
Operating Revenue							
Government and Crown Agency Revenue	69,867	70,479	(612) U	709,225	705,494	3,731 F	846,500
Other Revenue Received	973	1,125	(152) U	9,430	9,913	(483) U	11,851
Total Receipts	70,840	71,604	(764) U	718,655	715,407	3,248 F	858,351
Payments for Personnel	(30,448)	(32,332)	1,884 F	(278,818)	(276,287)	(2,531) U	(328,220)
Payments for Supplies	(9,303)	(11,326)	2,023 F	(116,427)	(110,225)	(6,202) U	(133,169)
Interest Paid	(372)	(1,122)	750 F	(3,753)	(4,155)	402 F	(5,107)
Capital Charge Paid	-	-	-	(9,778)	(5,275)	(4,503) U	(10,499)
GST (Net) & Tax	(974)	4,138	(5,112) U	708	4,922	(4,214) U	(69)
Payment to own DHB Provider (Eliminated)	-	-	-	-	-	-	-
Payment to own DHB Governance & Funding Admin	-	-	-	-	-	-	-
Payments to other DHBs	(2,492)	(2,850)	358 F	(27,613)	(28,501)	888 F	(34,202)
Payments to Providers	(29,204)	(28,453)	(751) U	(284,457)	(280,663)	(3,794) U	(337,910)
Total Payments	(72,793)	(71,945)	(848) U	(720,138)	(700,184)	(19,954) U	(849,176)
Net Cashflow from Operating	(1,953)	(341)	(1,612) U	(1,483)	15,223	(16,706) U	9,175
Investing Activities							
Interest Receipts 3rd Party	143	185	(42) U	1,498	1,850	(352) U	2,220
Sale of Fixed Assets	-	-	-	32	-	32 F	-
Capital Expenditure							
Land, Buildings & Plant	(1,377)	(364)	(1,013) U	(6,660)	(9,548)	2,888 F	(10,276)
Clinical Equipment	(374)	(500)	126 F	(5,764)	(9,965)	4,201 F	(11,465)
Other Equipment	(17)	(40)	23 F	(451)	(400)	(51) U	(400)
Information Technology	(23)	(502)	479 F	(2,234)	(5,679)	3,445 F	(6,583)
Motor Vehicles	-	-	-	(20)	-	(20) U	-
Work in Progress (Check)	-	-	-	-	-	-	-
Total Capital Expenditure	(1,791)	(1,406)	(385) U	(15,129)	(25,592)	10,463 F	(28,724)
Increase in Investments and Restricted & Trust Funds Assets	(116)	(116)	0 F	(1,513)	(1,513)	-	(1,746)
Net Cashflow from Investing	(1,764)	(1,338)	(426) U	(15,112)	(25,255)	10,143 F	(28,250)
Financing Activities							
Equity Injections	4,500	-	4,500 F	4,500	10,221	(5,721) U	14,014
New Debt							
Private Sector	217	(95)	312 F	(1,056)	(1,042)	(14) U	-
CHFA	22,250	-	22,250 F	(625)	(450)	(175) U	-
Repaid Debt							
Private Sector	(405)	-	(405) U	-	-	-	(1,233)
CHFA	(22,400)	-	(22,400) U	-	-	-	(600)
Other Non-Current Liability Movement							
Other Equity Movement	-	-	-	(31)	-	(31) U	-
Net Cashflow from Financing	4,163	(95)	4,258 F	2,788	8,729	(5,941) U	12,181
Net Cashflow	446	(1,773)	2,220 F	(13,807)	(1,303)	(12,504) U	(6,894)
Plus Cash (Opening)	12,990	19,621	(6,631) U	27,243	19,151	8,092 F	19,151
Cash (Closing)	13,436	17,848	(4,411) U	13,436	17,848	(4,412) U	12,257
Carry Forward Check							
Closing Cash made up of:							
Petty Cash	16	15	-	16	15	1 F	15
Bank (Overdraft)	153	17,833	-	153	17,833	(17,680) U	-
Short Term Investments	13,267	-	-	13,267	-	13,267 F	12,242
Total Cashflow Cash (Closing)	13,436	17,848	(4,411) U	13,436	17,848	(4,412) U	12,257

SOUTHERN DISTRICT HEALTH BOARD

Title:	Ministry Approval for Disposal of Surplus Properties	
Report to:	Southern DHB	
Date of Meeting:	4 June 2014	
<p>Summary:</p> <p>The issues considered in this paper are:</p> <ul style="list-style-type: none"> Following Board approval to declare surplus the vacant properties at 257 High Street and 9 Union Street, we undertook further clearance consultation and sought approval from the Minister of Health for disposal. This approval has now been received therefore we will proceed with the sale. The approval letter is being tabled to the Board as pursuant to clause 43(7) of Schedule 3 of the New Zealand Public Health and Disability Act 2000. 		
Specific implications for consideration (financial/workforce/risk/legal etc):		
Financial:	The proceeds of the sale will be reinvested in DHB assets, as approved by the Board.	
Workforce:		
Other:	Both properties are subject to the Part 9 Ngai Tahu Claims Settlement Act restrictions (first right of refusal).	
Document previously submitted to:		Date: N/A
Approved by Chief Executive Officer:		Date: N/A
Prepared by: Warren Taylor Facilities and Site Development Manager Date: 23/05/2014	Presented by: Peter Beirne Executive Director Finance	
<p>RECOMMENDATION:</p> <p>That the Board note the letter from the Minister of Health dated 22 May 2014 approving sale of 257 High Street and 9 Union Street, Dunedin.</p>		



Office of Hon Tony Ryall

Minister of Health

Minister for State Owned Enterprises

22 MAY 2014

Ms Carole Heatly
Chief Executive Officer
Southern District Health Board
Corporate Office (Otago)
Private Bag 1921
DUNEDIN 9054

Dear Ms Heatly

Southern District Health Board (DHB) – Request to Dispose of 257 High Street and 9 Union Street, Dunedin

The Ministry of Health has received a request from Southern DHB seeking consent to dispose of surplus properties at 257 High Street, Dunedin (legal description Deposited Plan 4219) and 9 Union Street Dunedin (legal description Section 57 Block V City of Dunedin) pursuant to clause 43(1) of Schedule 3 of the New Zealand Public Health and Disability Act 2000 (NZPHD).

I consent to the proposed sale of the above properties in all requests to Southern DHB:

- identifying and taking appropriate steps to deal with any impediments to the sale of the properties, including; land subject to trust, endowment land, and land subject to the Reserves Act; and
- complying with all statutory and other requisite clearance processes prior to final sale or disposal.

I consent to the proceeds of sale being reinvested in DHB assets. This approval must be tabled as soon as practicable at a Board meeting as pursuant to clause 43(7) of Schedule 3 of the NZPHD Act.

Yours sincerely

Hon Tony Ryall
Minister of Health

cc Warren Taylor, Facilities and Site Development Manager, Southern DHB,
Private Bag 1921, Dunedin 9054

SOUTHERN DISTRICT HEALTH BOARD

- PUBLIC MEETING -

Title:	CLINICAL SERVICES BUILDING (CSB) WATER TIGHTNESS	
Report to:	Southern DHB	
Date of Meeting:	5 June 2014	
<p>Summary:</p> <p>The issues considered in this paper are:</p> <ul style="list-style-type: none"> There have been a number of leaks in the CSB; this year there has been an increase in the incidence of leaks and risk to the clinical environment. The risk to impact on clinical activity will remain unless remedial works are undertaken. The Medical Director of Patient Services advises that the most likely risk to patients is a delay to surgery. This could lead to adverse patient outcomes and is therefore an unacceptable level of risk. Our staff continue to be extra vigilant and ensure patient safety is the first priority. <p>The Medical Director Patient Services further advises that wet corridors in an already cramped theatre suite environment pose a risk to both staff and patients.</p> <ul style="list-style-type: none"> The CSB is viewed as nearing the end of its economic life, however remedial action to the building will be required to protect the clinical environment for 7 to 10 years. The CSB exterior windows are beyond their useable life and there are no parts or retrofits available. Options have been investigated. Contractors have been engaged to undertake investigations of the cause of the roof leaks and to propose solutions. Some of these repairs are being undertaken immediately and others are awaiting approval, as scaffolding the entire face of the CSB is required. 		
Specific implications for consideration (financial/workforce/risk/legal etc):		
Financial:	<p>Approximately \$78k of remedial work is already underway.</p> <p>Approval of expenditure of up to \$1.75m on identified deferred maintenance on the Clinical Services Block water tightness is sought.</p> <p>It is estimated that \$1.7m of the cost will fall in to the 2014/15 year as operating cost. Funding considerations are therefore related to the 2014/15 budget, which is not yet approved, and must be considered in the public excluded section of the Board meeting.</p>	
Document previously submitted to:	Nil	Date: N/A
Approved by Chief Executive Officer:		Date: 27/05/14

<p>Prepared by: Warren Taylor, Facilities and Site Development Manager Date: 23/05/2014</p>	<p>Presented by: Peter Beirne Executive Director Finance</p>
<p>RECOMMENDATIONS:</p> <p>That the Board:</p> <ul style="list-style-type: none">a) Note the contents of this report;b) Note that approximately \$78k of remedial work on the CSB is underway and will be incurred in the 2013/14 year;c) Agree further discussion is deferred to the public excluded section of the Board meeting as it relates to the 2014/15 Annual Plan which is yet to be approved.	

Clinical Services Building (CSB) Water Tightness

Recommendations:

It is recommended that the Board:

- a) Note the contents of this report
- b) Note that approximately \$78k of remedial work on the CSB is underway
- c) Approve expenditure of up to \$1.75m on identified deferred maintenance on the Clinical Services Block water tightness
- d) Note the planned alternative procurement process.

1.0 Overview:

Over the past few years there have been a number of leaks in the CSB which house the theatre suite. These leaks have come from the windows, roof and the equipment/plant within the plant room directly above the theatre suite, although no leaks have occurred directly into Theatres. This year there has been an increase in both the incidence of leaks and the risk to the clinical environment, partly as a result of unusual rain events. Building and Property Services have investigated these issues, in conjunction with contractors to determine the cause and extent of the leaks. The risk to impact on clinical activity will remain unless remedial works are undertaken. The CSB is viewed as nearing the end of its economic life, however remedial action to the building will be required to protect the clinical environment for 7 to 10 years.

2.0 Windows

The CSB exterior windows are constructed of a special aluminium extrusion which was manufactured especially for the CSB project in the 1950s. These windows are beyond their useable life and there are no parts or retrofits available. The following list is the three types of windows in the CSB and the condition of each type:

- Centre Pivot: the seals which go around the outside of the window have perished, split and no longer fit into the window cavity. Replacement seals are not available and the frames are unable to be repaired. The outside aluminium has been damaged and the joints leak water.
- Double Hung: In most cases the seal has become perished, hard or completely dislodged, which lets water past the glass and seep inside. The outside aluminium has been damaged and the joints leak water.
- Fixed: the seals are perished, missing or hardened.

We have investigated the following options:

2.1 Replace all windows completely

2.2 Seal up all of the windows completely from the outside

Option 2.2 would not be a permanent, long-term solution, however we believe that we will be able to seal up the majority of windows, if not all. This work would require scaffolding which is included in section 3 roofing and exterior cladding. Option 2.1 was not recommended due to the high cost and the

remaining life of the building asset. This option also has a higher risk to cost. Option 2.2 is viewed as having a life consistent with estimates of the building life. Although this requires all windows to be permanently sealed, the need for opening windows is low due to air-conditioning upgrades and other changes in use that have occurred. There remains some risk of leaks with option 2.2, and the option of a hybrid solution with some full replacement will be made available to the contractors once closer inspection is possible.

3.0 Issue – Roof and Exterior Cladding

Issues have been identified with the roof and exterior of the building and estimated costs have been obtained. A summary of these issues are listed below:

- 3.1 6th floor east parapet - the windows are to be re-sealed and the parapet requires new roofing membrane, new doors and new rainheads.
- 3.2 6th floor east and west parapet walls - the painted membrane requires replacement.
- 3.3 Outer walls of the CSB - the face of the panels needs to be cleaned then sealed.
- 3.4 Exterior panels - the sealant needs to be checked and replaced as required.
- 3.5 Link bridge roof - the Butynol roof needs to be replaced.
- 3.6 6th floor plant room roof and tank room roof - multiple issues need to be rectified.
- 3.7 7th floor plant room - the window seals require replacement.
- 3.8 7th floor plant room roof - multiple issues need to be rectified.
- 3.9 7th floor plant room cladding - the damaged concrete panels need to be repaired and sealed.
- 3.10 6th floor east and west parapet - steel capping needs to be fitted to the existing parapet.
- 3.11 Redundant cooling tower - the cracked plaster roof needs to be repaired and new membrane applied.
- 3.12 Access issue - for most of the above repairs, scaffolding is required.
- 3.13 Roofing iron and flashings - after the above repairs have been completed, the roof iron and flashings need to be cleaned and painted.

4.0 Financial Considerations

The total costs for undertaking repairs to the Clinical Services Building is estimated at \$1.7 million.

Alternative Procurement

Due to the high level of investigative work, including destructive investigations, the Building and Property team have engaged directly with selected contractors, including some who are already contracted under a competitive procurement process. The solutions proposed have been developed in conjunction with these contractors.

The budget estimates for building and mechanical were provided by our carpentry and mechanical service contractors. Although the value of the work will be higher than the value of the service contracts, both contractors have offered to carry out the work at the hourly rate of their respective service contracts, which was identified as considerably cheaper in the open tender process.

As the DHB does not have a service contract for roofing the budget estimate was provided by a specialised roofing contractor who has an excellent reputation and has produced a high quality of work in the past. This contractor has undertaken an extensive destructive survey on the roof and has identified a number of remedial items. The methods chosen and solutions proposed have been reviewed by BPS as the most cost effective and efficient solutions. For other contractors to provide estimates, there would be further investigations required which would be time-consuming for both the

contractor and BPS. There are additional benefits associated with using a contractor who is already established on site; the DHB will save on site establishment costs, the staff are already familiar with the constraints of the site and the firm is already a compliant contractor with robust health and safety processes in place.

To ensure that the DHB is obtaining a competitive and cost effective solution from these contractors, an external Quantity Surveyor will be engaged to verify and monitor all costs associated with the repairs. Competitive tenders will be issued to obtain other contractors for the remaining components of the work, being scaffolding and sealing of the exterior of the building, which is of significant value.

5.0 Associated Deferred Maintenance

The contents of this report cover identified leaks and general water tightness within the Clinical Services Building. We must acknowledge that there is other associated infrastructure and building related issues that is still outstanding and may require funding to carry out repairs to ensure the building stays operational for the remaining life of the asset.

6.0 Summary of Current Situation

We are proceeding where we can safely carry out remedial repairs as detailed above. The majority of the items require edge protection and scaffolding to be installed and we are recommending that the windows be sealed up from the exterior of the building rather than full replacement.

We recommend that approval be given to allocate \$1.75 million to undertaken repairs to the Clinical Services Building.

Warren Taylor

Facilities and Site Development Manager

SOUTHERN DISTRICT HEALTH BOARD

Title:	REAPPOINTMENT OF CROWN MONITOR		
Report to:	Board		
Date of Meeting:	5 June 2014		
Summary:			
<ul style="list-style-type: none"> Attached advice has been received from the Minister of Health confirming Dr Jan White's reappointment as Crown Monitor to the Southern DHB. 			
Specific implications for consideration (financial/workforce/risk/legal etc):			
Financial:	No specific implications.		
Workforce:	No specific implications.		
Other:	No specific implications.		
Document previously submitted to:	Not applicable.		Date: n/a
Approved by Chief Executive Officer:			
Prepared by:		Presented by:	
Date: 26/05/2014		Joe Butterfield Board Chairman	
RECOMMENDATION:			
1. That the Board note the letter.			



Office of Hon Tony Ryall

Minister of Health
Minister for State Owned Enterprises

Dr Jan White

WELLINGTON 6011

Dear Dr White

Reappointment as a Crown monitor to the Southern District Health Board

Thank you for agreeing to be reappointed as a Crown monitor to the Southern District Health Board (DHB).

I hereby reappoint you as a Crown monitor in relation to the Southern DHB. Your reappointment commences on 1 July 2014 and will end on 30 June 2015. You will continue in office, despite the expiry of your term of office, until:

- you are reappointed; or
- your successor is appointed; or
- the Minister of Health informs you by written notice (with a copy to the Chairperson) that you are not to be reappointed and no successor is to be appointed at that time.

This appointment is made pursuant to section 30 of the New Zealand Public Health and Disability Act 2000 (the NZPHD Act), which reads as follows:

30 Crown monitors to sit on boards

- (1) If the Minister considers that it is desirable to do so for the purpose of assisting in improving the performance of a DHB, the Minister may appoint one or more persons (in this section called **Crown monitors**) in relation to that DHB.
- (2) A board of a DHB must:
 - (a) Permit each Crown monitor appointed by the Minister in relation to the DHB to attend any meeting of the board
 - (b) Provide the Crown monitor with copies of all notices, documents, and other information that is provided to board members.
- (3) The functions of a Crown monitor are to:
 - (a) Observe the decision-making processes, and the decisions of the board
 - (b) Assist the board in understanding the policies and wishes of the Government so that they can be appropriately reflected in board decisions

- (c) Advise the Minister on any matter relating to the DHB, the board, of its performance.
- (4) The appointment of a person as a Crown monitor is on terms and conditions agreed between the Minister and the person.
- (5) A Crown monitor may provide to the Minister any information the Crown monitor obtains in the course of acting as such.
- (6) Subsection (5) is subject to the Privacy Act 1993.

Southern DHB remains in a difficult financial position. I trust your reappointment as Crown monitor will assist the board and the DHB going forward. My specific expectations of you in this role are set out in the terms and conditions of appointment attached to this letter.

Karen Belt (Senior Advisor, Governance & Crown Entities) will also liaise with you through the period of your appointment as to the specific information I require, the messages I wish you to convey to the board, and any other matters. I expect you to report every three months on your progress and any other matters you may feel are necessary.

Your remuneration has been set at \$35,000 per annum and will be paid through the office of the DHB's Chief Executive Officer.

Please note that the exemption from liability granted by section 90 of the NZPHD Act does not apply explicitly to Crown monitors. I leave it to your professional judgement whether you require insurance cover in relation to any potential liability arising from your work as Crown monitor.

Thank you again for accepting this position. Please inform Karen Belt at the Ministry of Health (phone: (04) 816 3356; email: karen_belt@moh.govt.nz) of your receipt of this letter as soon as possible.

Yours sincerely



Hon Tony Ryall
Minister of Health

cc Mr Joe Butterfield, Chair, Southern DHB

Ms Carole Heatly, Chief Executive Officer, Southern DHB

Encl.

TERMS AND CONDITIONS OF APPOINTMENT: DR JAN WHITE, CROWN MONITOR TO SOUTHERN DISTRICT HEALTH BOARD

I have appointed you as a Crown monitor to the Southern District Health Board (DHB). These terms of reference are designed to guide you in this role. I reserve the right to vary these terms of reference at any time during your appointment.

In appointing you as Crown monitor to the board, your main priorities will be to work with the DHB's board and management to:

- improve the DHB's financial performance
- strengthen the relationship, and improve co-ordination and collaboration, with the primary care sector in the DHB's area.

I expect that as Crown monitor you will work with the DHB board to:

- assist in addressing the DHB's financial recovery issues (including management to a credible path to break-even)
- assist the DHB in managing service issues, and achievement of the Government's Health Targets and priorities
- assist the DHB in its regional collaboration work with other South Island DHBs
- provide independent advice to me on the board's performance, particularly on financial and collaboration matters.

In order to achieve the above, I expect that you will work particularly closely with the DHB's Chair and Chief Executive Officer, as well as working alongside other board members and the board's committees, as required.

I expect your appointment will assist the board and management to make informed decisions. I know you will work co-operatively in support of the Chair to deal with the difficult issues facing Southern DHB.

You will be expected to review progress made over the course of your appointment and provide regular updates (including written quarterly reports, in October, January, April and July) to me, through David Pannett (Manager, Governance & Crown Entities, Ministry of Health).

These reports are expected to outline:

- progress made on the expectations set out above
- any other pertinent matters as you see fit.

Southern District Health Board

Minutes of the Joint Meeting of the Disability Support Advisory Committee and Community & Public Health Advisory Committee held on Wednesday, 7 May 2014, commencing at 10.00 am, in the Board Room, Southland Hospital Campus, Invercargill

Present:	Ms Sandra Cook Mr Neville Cook Mrs Kaye Crowther Dr Branko Sijnja Mr Tim Ward	Chair
In Attendance:	Dr John Chambers Mr Tony Hill Dr Jan White Mrs Sandra Boardman Mr Peter Beirne Ms Carole Heatly Mrs Lexie O'Shea Mr Ian Macara Dr Keith Reid Mrs Leanne Samuel Mr David Tulloch Ms Jeanette Kloosterman	Board Member Board Member (from 10.10 am) Crown Monitor (from 10.55 am) Executive Director, Planning & Funding Executive Director Finance Chief Executive Officer Deputy CEO/Executive Director Patient Services (from 10.30 am) Chief Executive, Southern PHO (until 11.25 am) Medical Officer of Health, Public Health South (by videoconference until 11.25 am) Executive Director Nursing & Midwifery (from 10.30 am) Chief Medical Officer Board Secretary (by videoconference)

1.0 WELCOME

The Chairperson welcomed everyone to the meeting.

2.0 APOLOGIES

An apology was received from Mr Stuart Heal.

3.0 MEMBERS' DECLARATION OF INTEREST

Dr Branko Sijnja declared that he had been appointed President of the New Zealand Medical Association and he was no longer a Director of Southern Community Laboratories.

It was resolved:

"That, with the changes notified, the Interests Register be noted."

4.0 PREVIOUS MINUTES

It was resolved:

"That the minutes of the joint meeting of the Disability Support Advisory Committee and Community & Public Health Advisory Committee held on 5 March 2014 be approved and adopted as a true and correct record."

5.0 MATTERS ARISING

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

6.0 ACTION SHEET

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

- That GP fees for under six year-olds were now in a consolidated format on the Southern PHO website;
- That the contract with Bpac was with its Board for consideration.

7.0 PLANNING & FUNDING REPORT

The Executive Director Planning & Funding presented the monthly report on Planning and Funding activities (agenda item 6), then took questions from members.

Mr Tony Hill joined the meeting at 10.10 am.

8.0 SOUTHERN HEALTH ALLIANCE

A report from Prof Robin Gauld, Independent Chair of the Southern Health Alliance Leadership Team (SHALT), on SHALT activities and progress to date was circulated with the agenda (item 7).

The Executive Director Planning & Funding provided the following updates:

- The appointment of members to the rural health work stream was under way;
- SHALT was taking a more proactive approach to driving change, which had resulted in Rapid Improvement Process (RIP) workshops being held on respiratory and the frail elderly, as outlined in the Planning & Funding report.

Mrs Lexie O'Shea and Mrs Leanne Samuel joined the meeting at 10.30 am.

Management outlined the work that was being undertaken as "community enablers".

9.0 PUBLIC HEALTH

Dr Keith Reid, Medical Officer of Health, presented a report on Public Health South activity (agenda item 8), then took questions from members.

2014 Influenza Season

The Executive Director Patient Services reported that the uptake of the influenza vaccine by staff was currently at 48.3%.

10.0 SOUTHERN PRIMARY HEALTH ORGANISATION (PHO)

Mr Ian Macara, Chief Executive, Southern PHO, presented a report on Southern PHO strategic and governance matters, an update on programmes and operational activity, and the PHO's financial position (agenda item 9), then took questions from members.

The Committees noted Mr Macara's advice:

- That the health targets were a key focus for the PHO and he was optimistic that the Cardiovascular Disease (CVD) and smoking advice and cessation targets would be achieved by the end of June;
- A report on after-hours services would be submitted to the PHO Board by 28 May, with the intention of having a solution in place by July.

Dr Jan White joined the meeting at 10.55 am.

11.0 PHO PERFORMANCE PROGRAMME

The Committees considered a report on Southern PHO's Performance Programme results for the period October to December 2013 (agenda item 10).

12.0 WORK PLAN

The Committees reviewed the DSAC/CPHAC work plan for 2014 (agenda item 11) and noted that the Executive Director Planning & Funding would be developing a reporting format for the 2014/15 Annual Plan for their consideration.

13.0 DHB PERFORMANCE – QUARTERLY REPORT

The Committees considered an overview of DHB performance against non-financial indicators for Quarter Two 2013/14 (agenda item 12).

14.0 FINANCIAL REPORT

The Executive Director Finance presented the Funder Financial Report for the period ended 31 March 2014 (agenda item 13), then took questions from members.

CONFIDENTIAL SESSION

At 11.15 am it was resolved that the public be excluded for the following agenda items.

General subject:	Reason for passing this resolution:	Grounds for passing the resolution:
1. Previous Minutes	As per reasons set out in previous agenda	S 34(a), Schedule 4, NZ Public Health and Disability Act 2000 – that the public conduct of this part of the meeting would be likely to result in the disclosure of information for which good reason for withholding exists under sections 9(2)(i), 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. Paid Family Carer Policy	To allow activities and negotiations to be carried on without prejudice or disadvantage	As above, sections 9(2)(j).
3. Orthotics Contract	Commercial sensitivity and to allow activities and negotiations to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).

The meeting closed at 11.40 am

Confirmed as a correct record:

Chairperson

Date

Southern District Health Board

Minutes of the Hospital Advisory Committee Meeting held on Wednesday, 7 May 2014, commencing at 2.10pm in the Board Room, Community Services Building, Southland Hospital Campus

Present:	Mr Joe Butterfield Dr John Chambers Mrs Mary Gamble Mr Tony Hill Mr Tuari Potiki	Chairman
In Attendance:	Dr Jan White Ms Sandra Cook Mrs Kaye Crowther Mr Tim Ward Ms Carole Heatly Mrs Lexie O'Shea Mr Peter Beirne Mr David Tulloch Ms Sandra Boardman Mr Grant Paris Mrs Leanne Samuel Mrs Joanne Fannin	Crown Monitor Board member Board member Board member Chief Executive Officer Executive Director of Patient Services/Deputy CEO Executive Director Finance Senior Medical Officer Executive Director Planning & Funding Senior Business Analyst (via videolink) Executive Director Nursing and Midwifery Board Secretary Southland

1.0 WELCOME AND APOLOGIES

The Chairman welcomed everyone to the meeting. An apology was noted from Mr Richard Thomson.

2.0 MEMBERS' DECLARATION OF INTEREST

It was resolved:

"That the Interests Register be noted."

3.0 CONFIRMATION OF PREVIOUS MINUTES

It was resolved:

"That the minutes of the 5 March 2014 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 that were not covered by the agenda.

5.0 ACTION SHEET

The Committee reviewed the action sheet and noted that action point 143 regarding treatment of donations has been actioned.

It was resolved:

"That the action sheet be received."

6.0 EXECUTIVE DIRECTOR OF PATIENT SERVICES (EDPS) REPORT

The Committee received and considered the report from the EDPS.

The Committee:

- Received advice on activities in place to streamline throughput.
- Received advice on Coronial services, which is currently being worked through with the Ministry of Justice.

- Noted that Southern DHB had received recognition for the standard of the Southern DHB Resident Medical Officer (RMO) team and stall at the roadshow in March 2014.
- Noted that the timeframe for the Radiology Information System (RIS) and Picture Archiving Communication System (PACS) is expected to be April 2015 and it is hoped to improve on the timing.
- Reviewed the quarterly Quality Process Measures graphs, noting that the Health Quality and Safety Commission are wanting to use nationally, the programme developed by Southern DHB in the area of falls prevention.
- Requested a timeline on the Southern DHB Imaging Wait Times for the next HAC meeting.
- Requested a report on the Ultrasound wait times for the next HAC meeting.

It was resolved:

"That the report be received."

7.0 KEY PERFORMANCE INDICATORS (KPIs)

The Committee received and considered the KPI reports and the Committee:

- Received advice relating to the discharge performance and noted that some elective work has been classified as acute and this is being corrected.
- Received advice that any problem with the discharge figures would be reflected in the waiting list.
- Requested that the Elective Discharges Performance table be replaced with a reporting system 'by exception'.
- Received advice on additional elective surgery undertaken in March 2014 due to a reduced number of acutes.
- Received and considered an amended Active Review graph, noting the continued improvement.

It was resolved:

"That the KPI reports be received."

8.0 EXECUTIVE DIRECTOR OF NURSING AND MIDWIFERY (EDNM) REPORT

The Committee received and considered the quarterly report from the EDNM, noted the verbal update and requested a one page summary and report by exception for future quarterly updates.

It was resolved:

"That the EDNM report be received."

9.0 FINANCIAL REPORT

The Committee received and considered the Financial Report and noted the advice regarding the unfavourable budget result for internal revenue for the month and the proposed change to the treatment of vacancies for the new financial year.

It was resolved:

"That the report be received."

10.0 HUMAN RESOURCES DASHBOARD

The Committee received and considered the Human Resources Dashboard and noted the suggestion that management undertake staff satisfaction surveys.

It was resolved:

"That the HR dashboard be received."

11.0 OCCUPATIONAL HEALTH AND SAFETY REPORT

The Committee received and considered the Occupational Health and Safety report and noted the verbal advice that the percentage of staff vaccinated is now 48%. Work continues to increase the uptake of vaccinations. The report is to be considered further at the Audit and Risk Committee, where a decision will be made on what information is required for future meetings. Consideration is to be given to providing information benchmarked against other similar DHBs and information related to contractors on site at Southern DHB. The Committee noted that positive feedback has been received from the Accident Compensation Corporation (ACC) on the health and safety work related to contractors working in the building and maintenance area within Southern DHB and ACC is working with Southern DHB to use that to assist other industries.

It was resolved:

"That the Hospital Advisory Committee recommends that the Board:

- Receive the report and supports the work being undertaken to address Southern DHB's strategy.
- Receives the report (appendix 1) and notes the current accident injury reports.
- Receives the report (appendix 2) and notes the Height Safety Audit undertaken by Building and Property Services."

12.0 INFORMATION SERVICES DASHBOARD

The Committee received and considered the Information Services Dashboard and noted the verbal update in relation to the National Titanium Programme.

It was resolved:

"That the IS dashboard be received."

13.0 MASTER SITE PLAN DEVELOPMENT

The Committee received and considered the Master Site Planning Project Director's final report and verbal advice related to the final equity drawdown. The Committee acknowledged and congratulated the Facilities and Site Development Manager, Mr Warren Taylor, his team, contractors involved and clinical staff on completing the project on time and on budget.

It was resolved:

"That the Hospital Advisory Committee recommends:

"That the Board note:

- The Quantity Surveyor report detailing the spend on the Master Site Planning project to 17 April 2014 and confirming the payments to date reflect progress completed on site.
- The Project Director's report and quarterly assurance reports detailing progress to completion."

"That the Board resolve:

- That the Chair of the Board request \$3,219,444 of final 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'S (HDC) REPORT

The Committee received and considered the DHBs Complaint Report for July to December 2013 from the Office of the Health and Disability Commissioner and verbal confirmation that training is provided in the area of communication in

relation to managing complaints. Southern DHB is liaising with Air New Zealand in relation to their customer care programme.

It was resolved:

"That the HDC report be received."

15.0 CONFIDENTIAL SESSION

At 3.20pm, it was resolved:

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

General subject:	Reasons for passing this resolution:	Grounds for passing the resolution:
Previous Public Excluded Hospital Advisory Committee Minutes	As per reasons set out in previous agenda	S 32(a), Schedule 3, NZ Public Health and Disability Act 2000 – that the public conduct of this part of the meeting would be likely to result in the disclosure of information for which good reason for withholding exists under sections 9(2)(a), 9(2)(f), 9(2)(i), 9(2)(j) of the Official Information Act 1982, that is withholding the information is necessary to: protect the privacy of natural persons; maintain the constitutional conventions which protect the confidentiality of advice tendered by Ministers of the Crown and officials; to enable a Minister of the Crown or any Department or organisation holding the information to carry on, without prejudice or disadvantage, commercial activities and negotiations.
Review of Public Excluded Action Sheet	Personal privacy and to allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(i), 9(2)(j) and 9(2)(a).
Risk	To allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).
Serious Adverse Events	To allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).
Hospital Services update	Commercial sensitivity and to allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).
Human Resources updates	To allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).
Contracts 1) Fresenius Medical Care Australia Pty Ltd	Commercial sensitivity and to allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).

The Committee resumed in public session at 5.25pm.

The meeting closed at 5.25pm.

Confirmed as a true and correct record:

Chairman: _____

Date: _____

Equity Request and Equity Payment

The Audit and Risk Committee will be considering the following report at its meeting on 5 June 2014 and will make a recommendation to Board.

Briefing to:	Audit and Risk Committee		
Reporting Period:	June 2014		
Author: David Dickson	Date: 14 th May 2014		
Purpose of Report :	<input type="checkbox"/> For Information Only <input checked="" type="checkbox"/> Decision Required		
Background			
<p>1) The 2013/14 Annual Plan signals a planned deficit of \$9.0 million and deficit support of \$9.0 million. \$4.5 million has been received in April with the remaining \$4.5 million budgeted to be received in June.</p> <p>With the actual result to April a deficit of \$7.2 million, and the full year forecast currently \$12.5 million, the deficit support signalled in the plan is required.</p> <p>The budgeted cash position at the end of April was \$17.8 million. The actual cash position was \$13.4 million. The budget assumed \$5.7 million for equity relating to master site would be received in March. The actual request was \$3.2 million with this approved by Board in May and is yet to be received. The \$3.2 million is the balance of the full \$24 million approved.</p> <p>2) In 2007 all DHBs received funding for additional depreciation and capital charge costs relating to the revaluation in 2006. When this funding was approved there was also agreement that an equivalent amount would be repaid annually, the amount was \$707,446.</p>			
Recommendation			
<p>It is recommended that the Risk and Audit Committee recommend to the Board that:</p> <p>1) Deficit support for a further \$4.5 million, as signalled in the 2013/14 Annual Plan, is requested from the Minister of Health;</p> <p>2) The Board approve repayment of \$707,446 in equity in June 2014.</p>			

Letter of Comfort

The Audit and Risk Committee will be considering the following report at its meeting on 5 June 2014 and will make a recommendation to Board.

Briefing to:	Audit and Risk Committee		
Subject:	Letter of Comfort for the 2014 Annual report sign off		
Author:	David Dickson	Date	19 th May 2014
Purpose of Report :	For Information Only		<input checked="" type="checkbox"/> Decision Required
Background			
<p>Each year, as part of the preparation of the annual report and approval of the financial statements, the Board must give consideration to the adoption of the going concern assumption.</p> <p>In signing of the financial statements, the Board must be satisfied it can meet its liabilities as they fall due within 12 months of the date its signs the report. This date will be in October 2014 and the following are relevant considerations:</p> <ul style="list-style-type: none"> The Annual Plan has not been approved. The submitted plan requires deficit support by way of equity injections, which must be applied for. <p>Impact on Audit Opinion</p> <p>There has been a recent change to auditing standards which requires auditors to consider whether it is appropriate to refer in the audit opinion to circumstances requiring an entity to obtain a letter of support from another party, in this case a letter from the Minister.</p> <p>This is because the reliance on a letter of support to enable the DHB to prepare its accounts on a going concern basis may be fundamental to a readers' understanding of the financial statements, which may make it appropriate to include reference to this fact in the audit report.</p> <p>Any such reference would draw emphasis to the matter but without qualifying the opinion.</p>			
Recommendation			
<p>It is recommended that the Risk and Audit Committee recommend to the Board that:</p> <ul style="list-style-type: none"> The Board resolve to obtain a letter of comfort from the Minister of Health; The Board Chair be authorised to approve the letter. 			

SOUTHERN DISTRICT HEALTH BOARD

The Audit and Risk Committee (ARC) will be considering the following request at its meeting on 5 June 2014 and will make a recommendation to the Board. The full report is included in the ARC agenda.

Title:	HBL BUSINESS CASE - AGREEMENTS FOR FPSC – NATIONAL PROCUREMENT
Report to:	Audit & Risk Committee
Date of Meeting:	05 June 2014
<p>Overview</p> <p>Phase 2 of the HBL led Finance, Procurement & Supply Chain Programme (FPSC) is scheduled to go live on 1 July 2014 with a National Procurement Service delivered by healthAlliance (FPSC) Ltd (hA). Overarching service agreements are required for the full FPSC programme, however at this point only procurement (not Finance and Supply Chain) are being implemented nationally.</p> <p>The service agreements are complex multiparty agreements. All agreements and schedules are attached. The service agreements have undergone an extensive and rigorous review process. National CFOs have had particular focus on the procurement impacts. Substantial procurement gains are possible even without full implementation of FPSC, which has incurred further delays.</p> <p>In summary, the implementation leads to the following changes, all as previously agreed by DHBs in the FPSC business case:</p> <ul style="list-style-type: none"> • Southern DHB will substantially cease procurement, with staff changes occurring as consulted on earlier this year; • Health Alliance will commence national procurement from 1 July 2014, subject to DHBs endorsing documentation; • There are required changed to delegations to enable Health Alliance to procure on behalf of DHBs. These delegation changes require Ministerial approval; • DHBs will pay Health Alliance to undertake this procurement, with costs split on a Population Based Funding percentage; • Procurement benefits will accrue to DHBs as they fall. There is some risk to this where DHBs, including Southern, have already achieved gains to date. Essentially there is a certain and higher cost for an uncertain but substantial benefit. Southern DHB procurement benefits have been estimated by HBL at \$1.45m in 2015, staff savings \$0.257m, and procurement costs \$734k in year 1. Phase 2 Pricing and Benefits are included as a final schedule to the Shared Service Head Agreement and copied in the table on page 8 (of 9) of the board briefing paper. Savings estimates and costs are effectively factored in to budget estimates for 2014/15. <p>Significant explanation and detail is available in the attached documents, including the briefing paper to support Board resolutions and the briefing paper for CFOs.</p> <p>As noted in the briefing paper to Boards:</p> <ul style="list-style-type: none"> • Agreements will need to be signed by HBL, hA and each DHB by 20 June, to enable 1 July 2014 go-live for procurement; 	

- For all existing supplier contracts that DHBs have, hA FPSC will act as the agent of the DHB in managing the terms and conditions of the contracts;
- In the event of new contracts being agreed, hA FPSC will sign the contracts, as Principal with the suppliers, thus facilitating a speedy execution;
- Shared services are priced initially on an equitable share for each of the DHBs of the total costs of services delivery, with the PBF (Population Based Funding) net of IDF (Inter-District Flow) acting as the proxy for calculating the share of costs for each DHB;
- The Pricing Schedule sets out the cost of the services provided to the 20 DHBs for Phase 2 of the FPSC Programme;
- It is proposed that the Chair of the HBL Board will formally request, on behalf of all DHBs, the appropriate ministerial approval for the change in their local Delegated Authority Policy.

BACKGROUND

1. The Board approved the South Island Response to the FPSC business case on 11 July 2012.
2. The Shared Services Head Agreement between all DHBs and HBL, together with the corresponding back to back agreement between HBL and hA FPSC, sets the contractual framework for the establishment of the Shared Service to deliver the FPSC programme and any other services as may be agreed in the future.
3. Each Shared Service is the subject of a separate Shared Service Schedule. At this time, only the Procurement Shared Service Schedule is attached to the Head Agreement.
4. Further approval of Southern DHB will be required for the addition/amendments of the Finance, Supply Chain and updates to the Common Support service schedules, and for any amendment to the Procurement Shared Service Schedule.
5. The Governance Framework established under the Head Agreement confers on the board of HBL authority to make strategic decisions which have been endorsed by the Shared Service Council (which includes representatives of all DHBs). Such decisions may create obligations for DHBs.
6. This function requires DHBs to make a delegation to the board of HBL, and the Minister to approve the board of HBL as a class of persons to whom DHBs may make such a delegation.

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

Financial:	SDHB procurement benefits have been estimated by HBL at \$1.45m in 2014/15, staff savings \$0.257m, and procurement costs \$734k. Savings estimates are effectively factored in to budget estimates for 2014/15. Costs are predicted to reduce and benefits rise in the following year.	
Workforce:	N/A	
Other:		
Document previously submitted to:	N/A	Date:

Approved by Chief Executive Officer:		Date: 27/05/14
Prepared by: Date: 24/05/2014	Presented by: Peter Beirne, Exec Director Finance	
<p>RECOMMENDATIONS:</p> <p>It is recommended that the Risk and Audit Committee recommend that the Board Resolve to:</p> <ol style="list-style-type: none"> 1. Authorise the Chair of the Board [and the Chief Executive conjointly] to execute the Shared Services Head Agreement with HBL, incorporating the Procurement Service Schedule, substantially in the form attached to this Resolution. 2. Authorise [any two conjointly of]: <ul style="list-style-type: none"> (a) The Board Chair; (b) The Board Deputy Chair; (c) The Chair of Audit and Risk Committee; and (d) The Chief Executive <p>to take such actions required to be taken on behalf of the DHB as may be necessary under or in connection with the Shared Services Head Agreement and associated Schedules.</p> 3. Delegate to the directors of HBL, acting as the board of HBL, the functions, duties and powers conferred on the board of HBL by the Governance Framework established under the Shared Services Head Agreement, with such delegation to be exercised in accordance with the Governance Framework, and to amend the DHB's delegation policy accordingly, with such delegation and amendment to take effect upon approval by the Minister in accordance with the resolution 4 below. 4. Authorise the Chair of HBL, on behalf of Southern DHB, to request the Minister of Health to approve: <ul style="list-style-type: none"> (a) Pursuant to clause 39(5) of Schedule 3 of the New Zealand Public Health and Disability Act 2000, the directors of Health Benefits Limited, acting as the Board of Health Benefits Limited, as a class of persons to whom the Board of Southern DHB may delegate any of the functions, duties or powers of the Board or of Southern DHB which are conferred on the directors of Health Benefits Limited by the Governance Framework established under the Shared Services Head Agreement, with such delegation to be exercised in accordance with the procedures set out in the Governance Framework; and (b) Pursuant to clause 39(2) of Schedule 3 of the New Zealand Public Health and Disability Act 2000, the amendment of delegation policy of Southern DHB by incorporating the approval in paragraph (a) above. 5. Agree to Procurement Policy Changes necessary to implement changes to procurement, as detailed in attached papers. 		

SOUTHERN DISTRICT HEALTH BOARD

Title:	CONTRACTS REGISTER		
Report to:	Southern District Health Board		
Date of Meeting:	5 June 2014		
Summary: Funding contracts (expenses) signed under delegation.			
Specific implications for consideration (financial/workforce/risk/legal etc):			
Financial:	Nil		
Workforce:	Nil		
Other:	Nil		
Document previously submitted to:			Date:
Approved by Chief Executive Officer:			Date: 27/05/14
Prepared by: Sandra Boardman Executive Director Planning and Funding Date: 17.03.14		Presented by: Sandra Boardman Executive Director Planning and Funding	
RECOMMENDATION: 1. That the Board note the attached Contracts Register.			

FUNDING ADMINISTRATION
CONTRACTS REGISTER (EXPENSES) - MAY 2014

PROVIDER NAME	DESCRIPTION OF SERVICES	ANNUAL AMOUNT	CONTRACT/VARIATION END DATE	APPROVED BY
Contract Value of - \$0 - \$100,000 (Level 3)				
Little Sisters of the Poor Aged Care NZ Ltd t.a Sacred Heart Hospital Service Schedule	Exceptional Circumstances palliative care for a named individual	\$15,605.56	25.06.14	Executive Director Planning & Funding 21.04.14
Presbyterian Support Otago Incorporated t.a Ross Hospital Service Schedule	Exceptional Circumstances palliative care for a named individual	\$16,512.86	01.07.14	Executive Director Planning & Funding 21.04.14
Presbyterian Support Otago Incorporated t.a Iona Hospital Service Schedule	Exceptional Circumstances palliative care for a named individual	\$1,786.90	03.04.14	Executive Director Planning & Funding 21.04.14
Presbyterian Support Otago Incorporated t.a Iona Hospital Service Schedule	Exceptional Circumstances palliative care for a named individual	\$16,260.79	01.07.14	Executive Director Planning & Funding 21.04.14
Presbyterian Support Otago Incorporated t.a St Andrews Service Schedule	Exceptional Circumstances palliative care for a named individual	\$16,694.32	19.06.14	Executive Director Planning & Funding 21.04.14
Presbyterian Support Otago Incorporated t.a Iona Hospital Service Schedule	Exceptional Circumstances palliative care for a named individual	\$16,260.79	06.07.14	Executive Director Planning & Funding 29.04.14
Presbyterian Support Otago Incorporated t.a Ross Hospital Service Schedule	Exceptional Circumstances palliative care for a named individual	\$16,512.86	06.07.14	Executive Director Planning & Funding 09.04.14
Radius Residential Care Limited t.a Radius Fulton Care Centre Service Schedule	Exceptional Circumstances palliative care for a named individual	\$16,694.32	16.06.14	Executive Director Planning & Funding 03.04.14
Dunedin Independent Childbirth Educators Variation to Agreement	Pregnancy & Parenting Education	\$8,194.14	31.03.15	Executive Director Planning & Funding 14.04.14
Te Roopu Tautoko Ki Te Tonga Inc Variation to Agreement	Whanau Ora	\$18,420.55	30.06.14	Executive Director Planning & Funding 12.03.14
Royal NZ Plunket Society Incorporated Variation to Agreement	Pregnancy & Parenting Education	\$64,285.76	31.03.15	Executive Director Planning & Funding 04.04.14

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Queenstown Medical Centre Partnership Variation to Agreement	Pregnancy & Parenting Education	\$14,062.51	31.03.15	Executive Director Planning & Funding 04.04.14
Roman Catholic Diocese of Dunedin Catholic Social Services Variation to Agreement	Pregnancy & Parenting Education	\$4,097.07	31.03.15	Executive Director Planning & Funding 14.04.14
JM & DT McMillan Trust t.a Chateau Village Service Schedule	Exceptional Circumstances palliative care for a named individual	\$16,260.79	15.07.14	Executive Director Planning & Funding 16.04.14
Presbyterian Support Southland t.a Vickery Court Service Schedule	Exceptional Circumstances palliative care for a named individual	\$16,309.93	02.07.14	Executive Director Planning & Funding 09.04.14
Presbyterian Support Southland t.a Peacehaven Service Schedule	Exceptional Circumstances palliative care for a named individual	\$16,309.93	02.07.14	Executive Director Planning & Funding 08.04.14
Presbyterian Support Southland t.a Vickery Court Service Schedule	Exceptional Circumstances palliative care for a named individual	\$16,309.93	15.07.14	Executive Director Planning & Funding 09.04.14
Glenbrae Rest Home Ltd t.a Glenbrae Rest Home Service Schedule	Individual Funding for a Named Individual	\$1,453.20	14.04.14	Executive Director Planning & Funding 17.04.14
Northern Southland Health Ltd Variation to Agreement	Lumsden Primary Maternity	\$87,459.32	30.06.14	Executive Director Planning & Funding 22.04.14
Presbyterian Support Otago Inc t.a Iona Hospital Service Schedule	Exceptional Circumstances palliative care for a named individual	\$16,260.79	22.07.14	Executive Director Planning & Funding 29.04.14
BUPA Care Services NZ Ltd t.a Lake Wakatipu Home & Hospital Service Schedule	Exceptional Circumstances palliative care for a named individual	\$16,814.98	21.07.14	Executive Director Planning & Funding 17.04.14
BUPA Care Services NZ Ltd t.a Ascot Care Home Service Schedule	Exceptional Circumstances palliative care for a named individual	\$16,309.93	15.07.14	Executive Director Planning & Funding 17.04.14
Ryman Healthcare Ltd t.a Yvette Williams Service Schedule	Exceptional Circumstances palliative care for a named individual	\$16,694.32	17.06.14	Executive Director Planning & Funding 17.04.14

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Montecillo Veterans Home & Hospital Ltd t.a Montecillo War Veterans Home & Hospital Service Schedule	Exceptional Circumstances palliative care for a named individual	\$16,512.86	17.06.14	Executive Director Planning & Funding 22.04.14
Victoria Liu Dental Limited t.a Victoria Liu Dental Agreement	Service Agreement for the Provision of Oral Health Services for Adolescents & Special Dental Services for Children & Adolescents		30.06.14	Executive Director Planning & Funding 14.04.14
Total for Level 3		\$ 462,084.41		
Contract Value of - \$100,000 - \$500,000 (Level 2)				
Orthotic Centre NZ Ltd Variation to Agreement	Orthotic Services	267,995.16	30.06.14	Board 14.05.14
Total for Level 2		\$ 267,995.16		
Contract Value of - \$500,000 - 1 Million (Level 1)				
Total for Level 1		\$ -		
Contract Value of - \$1 Million and Over (Board)				
Total for Board Level		\$ -		

Grand Total \$ 730,079.57

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:

General subject:	Reasons for passing this resolution:	Grounds for passing the resolution:
Previous Public Excluded Board Minutes	As per reasons set out in previous agenda	S 32(a), Schedule 3, NZ Public Health and Disability Act 2000 – that the public conduct of this part of the meeting would be likely to result in the disclosure of information for which good reason for withholding exists under sections 9(2)(a), 9(2)(f), 9(2)(i), 9(2)(j) of the Official Information Act 1982, that is withholding the information is necessary to: protect the privacy of natural persons; maintain the constitutional conventions which protect the confidentiality of advice tendered by Ministers of the Crown and officials; to enable a Minister of the Crown or any Department or organisation holding the information to carry on, without prejudice or disadvantage, commercial activities and negotiations.
Review of Public Excluded Action Sheet	To allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).
Annual Plan 2013/14 – Southern Way Update	To allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).
Southern DHB Annual Plan 2014/15	Annual Plans are subject to Ministerial approval	As above, sections 9(2)(f)(iv)
Māori Health Plan 2014/15	Annual Plans are subject to Ministerial approval	As above, sections 9(2)(f)(iv)
South Island Health Services Plan 2014/15	Annual Plans are subject to Ministerial approval	As above, sections 9(2)(f)(iv)
CEO's Report a) Home & Community Support Services Contract b) Community Laboratories Service Agreement	To allow commercial activities and negotiations to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).
Community Pharmacy and Stage 4 Consultation	To allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).
Dunedin Campus – Clinical Services Building	To allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).
HBL Update	To allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).

General subject:	Reasons for passing this resolution:	Grounds for passing the resolution:
South Link Health – Retained Earnings	To allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).
Public Excluded Advisory Committee Reports c) Disability Support and Community & Public Health Advisory Committees ▪ 7 May 2014 d) Hospital Advisory Committee ▪ 7 May 2014 e) Iwi Governance Committee ▪ 4 June 2014 f) Audit & Risk Committee ▪ 5 June 2014 ▪ Shared Banking and Treasury Services	Commercial sensitivity and to allow activities and negotiations to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).
Contract Approvals ▪ Planning & Funding ▪ Provider Arm	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).
Deed of Lease – Balclutha Clinical Services	Commercial sensitivity	As above, section 9(2)(i)
Risk Report	To allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).
Legal Issues	To allow activities to be carried on without prejudice or disadvantage	As above, section 9(2)(j).