

SOUTHERN DISTRICT HEALTH BOARD MEETING

Thursday, 3 July 2014, 9.00 am

Board Room, Community Services Building
Southland Hospital Campus, Invercargill

A G E N D A

Tab

1. Chair's Opening Comments
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10. Disability Support Advisory Committee and Community &
Public Health Advisory Committee
 - a) Verbal report of 2 July 2014 meeting
 - b) Strategic Health Services Plan Timeline (report included in
DSAC/CPHAC agenda)
 - c) Public Health Services Annual Plan 2014-15 (included in
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 - a) Verbal report of 2 July 2014 meeting
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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).
Pharmac Update	To allow commercial activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(i).
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).
Annual Plan 2014/15	Plan is subject to Ministerial approval	As above, section 9(2)(f)
Master Site Plan Timelines	To allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(i).
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).

Southern DHB Board Meeting - Agenda

General subject:	Reasons for passing this resolution:	Grounds for passing the resolution:
<p>Public Excluded Advisory Committee Reports</p> <p>a) Disability Support and Community & Public Health Advisory Committees</p> <ul style="list-style-type: none"> ▪ 2 July 2014 ▪ Hāpai te Tūmanako – Raise HOPE: Implementation Plan and District Network Proposal ▪ Rural Hospital Trust Contracts <p>b) Hospital Advisory Committee</p> <ul style="list-style-type: none"> ▪ 2 July 2014 ▪ Contract Approvals ▪ Lease Renewals ▪ CT Scanner Replacements <p>c) Iwi Governance Committee</p> <ul style="list-style-type: none"> ▪ 4 June 2014 <p>d) Audit & Risk Committee</p> <ul style="list-style-type: none"> ▪ 5 June 2014 	<p>Commercial sensitivity and to allow activities and negotiations to be carried on without prejudice or disadvantage</p>	<p>As above, sections 9(2)(i) and 9(2)(j).</p>
<p>Contract Approvals</p> <ul style="list-style-type: none"> ▪ Planning & Funding 	<p>Commercial sensitivity and to allow activities and negotiations to be carried on without prejudice or disadvantage</p>	<p>As above, sections 9(2)(i) and 9(2)(j).</p>
<p>Risk Report</p>	<p>To allow activities to be carried on without prejudice or disadvantage</p>	<p>As above, sections 9(2)(i) and 9(2)(j).</p>
<p>Legal Issues</p>	<p>To allow activities to be carried on without prejudice or disadvantage</p>	<p>As above, section 9(2)(j).</p>

An apology has been received from Mr Joe Butterfield, Board Chair.

Deputation – Allergy Care and Adrenaline Auto-injectors

Presenters: Erin Martin, Otago Regional Co-ordinator, and Wendy Jenkins, Southland Regional Co-ordinator, Allergy New Zealand

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	1. Partner, BDO Invercargill, Chartered Accountants. 2. Trustee, Verdon College Board of Trustees. 3. Council Member, Southern Institute of Technology (SIT).	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)	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	<ol style="list-style-type: none"> 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). 	<ol style="list-style-type: none"> 1. Thomson & Cessford Ltd is the company name for the Acquisitions Retail Chain. Southern DHB staff occasionally purchase goods for their departments from it. 2. 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	<ol style="list-style-type: none"> 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, 5 June 2014, 11.00 am
Board Room, Dunedin Hospital Campus, Dunedin

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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 3.45 pm)
In Attendance:	Dr Jan White Ms Carole Heatly Mrs Lexie O'Shea Mr Steve Addison Mr Peter Beirne Mrs Sandra Boardman Mr Donovan Clarke Mr David Tulloch Mrs Leanne Samuel 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 Executive Director Māori Health Chief Medical Officer (until 3.35 pm) Executive Director Nursing & Midwifery (until 3.15 pm) Board Secretary

1.0 CHAIR'S OPENING COMMENTS

The Chair welcomed everyone to the meeting.

2.0 APOLOGIES

No apologies were received.

3.0 DECLARATION OF INTERESTS

Dr Chambers advised that he had a change to his entry, which he would forward to the Board Secretary.

Mr Ward's advice that he had resigned as a Director of Southern Community Laboratories Otago Southland (SCLOS) Ltd was noted.

It was resolved:

"That the Interests Register be received."

4.0 CONFIRMATION OF PREVIOUS MINUTES

It was resolved:

"That the minutes of the 8 May 2014 Board meeting be approved and adopted as a true and correct record."

5.0 DEPUTATION – GREY POWER

Mrs Jo Millar, Chair, Health National Advisory Group, Grey Power, spoke to the following questions, which she put to the Board:

- "1. Why is the Southern District Health Board's policy to send a complaint form to a patient when they have asked a third party to act on their behalf?
2. Between 2008 and 2013 the Minister of Health has allocated an increase of 20.4% for aged care. Can you advise what percentage of that money has been passed onto service providers? Will the Southern DHB look at ring fencing aged care money?
3. We are aware that you are trying to address the shortage of District Nurses in the Queenstown area but we are concerned that there is inadequate supervision of current staff.
4. Despite the Minister's letter of improvements to staff and funding there are major problems with elective surgery. It would be of great assistance if more information could be given to patients rather than be told they did not meet the "criteria". Why does the Southern District Health Board maintain the policy that if one cataract has been done under the public health system a second cataract must be paid for privately. I have ascertained this is most definitely not Ministry of Health policy."

6.0 DEPUTATION – SERVICE AND FOOD WORKERS' UNION

Ms Karena Kelland, Service and Food Workers' Union (SFWU) Delegate, supported by Ms Anna Huffstutler, Organiser, SFWU, presented a petition to the Board, signed by approximately 1,000 people, stating:

"We are opposed to any proposal to contract out food services. We ask you to reject any Business Case from Health Benefits Limited that seeks to privatise food services. Nutrition is vital to patient recuperation and we urge you not to mess with the current excellent food services."

Ms Kelland made representations to the Board about the effect Health Benefit Ltd's (HBL's) proposals were having on food services staff and requested that the communication process with staff be improved.

7.0 MATTERS ARISING FROM PREVIOUS MINUTES

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

8.0 ACTION SHEET

It was resolved:

"That the action sheet be received."

9.0 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.

It was resolved:

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

10.0 PROVIDER ARM REPORT

A report on Provider Arm activity for April 2014 (agenda item 8) was taken as read and the Executive Director of Patient Services took questions from members.

The Executive Director of Patient Services informed the Board that the Medical Director of Patient Services was examining the average length of stay (ALOS) and readmission rates and an update would be included in her next report.

It was resolved:

"That the Executive Director of Patient Service's report be received."

11.0 FINANCIAL REPORT

The Executive Director Finance presented the Financial Report for the period ended 30 April 2014 (agenda item 9), then took questions from members on the financial statements.

It was resolved:

"That the Financial Report be received."

12.0 SURPLUS PROPERTIES, DUNEDIN

It was resolved:

"That the Board note the letter from the Minister of Health dated 22 May 2014 approving the sale of 257 High Street and 9 Union Street, Dunedin."

13.0 CLINICAL SERVICES BUILDING (CSB) WATER TIGHTNESS

The Executive Director Finance presented a report on the water tightness of the Clinical Services Building, Dunedin Hospital campus (agenda item 11).

It was resolved:

"That the Board:

- a) Note the report, including advice that approval of expenditure of \$1.75m of deferred maintenance is being sought;
- b) Note that approximately \$78k of remedial work on the Clinical Services Building is underway and will be incurred in the 2013/14 year;
- c) Defer further discussion to the public excluded section of the Board meeting, as it relates to the 2014/15 Annual Plan which is yet to be approved."

14.0 REAPPOINTMENT OF CROWN MONITOR

A letter from the Minister of Health, dated 22 May 2014, advising of the reappointment of Dr Jan White as Crown Monitor to the Southern DHB was circulated with the agenda (item 12).

It was resolved:

"That the letter be received."

15.0 ADVISORY COMMITTEE REPORTS

Disability Support Advisory Committee and Community & Public Health Advisory Committee

The minutes of the Disability Support Advisory Committee (DSAC) and Community & Public Health Advisory Committee (CPHAC) meeting held on 7 May 2014 were circulated with the agenda (item 13).

It was resolved:

"That the minutes be received."

Hospital Advisory Committee

The minutes of the Hospital Advisory Committee (HAC) meeting held on 7 May 2014 were circulated with the agenda (item 14).

It was resolved:

"That the minutes be received."

Audit and Risk Committee

The Board received a verbal report from Mr Tim Ward, Chair of the Audit and Risk Committee (ARC), on the recommendations made by ARC at its meeting earlier that morning.

Equity, Deficit Support and Equity Repayment

The Board requested that a paper on future cash flows be submitted to the August Audit and Risk Committee meeting.

It was resolved:

“That the Board:

- a) Request deficit support from the Minister of Health for a further \$4.5 million, as signalled in the 2013/14 Annual Plan;
- b) Approve repayment of \$707,446 in equity in June 2014.”

Letter of Comfort

It was resolved:

“That the Board:

- a) Request a letter of comfort from the Minister of Health;
- b) Authorise the Board Chairman to approve the letter.”

Finance, Procurement and Supply Chain Programme Service Agreements

The Chief Executive Officer commented that Health Benefits Ltd (HBL) had a number of work streams under way, which were moving at different speeds, and advised that the Food Services Business Case had not yet been received from HBL.

The Board noted that management had recognised further communication is needed with staff, and their union, and they would proceed to do that to ensure staff understood the position the Board was in.

It was resolved:

“That the Board:

1. Note that the Audit and Risk Committee was advised that management were satisfied a due review process and legal review had taken place;
2. 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 included in the Audit & Risk Committee agenda;
3. Authorise [any two conjointly of]:
 - (a) The Board Chair
 - (b) The Board Deputy Chair
 - (c) The Chair of Audit and Risk Committee, and
 - (d) The Chief Executive

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;

4. 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 resolution 4 below;
5. Authorise the Chair of HBL, on behalf of Southern DHB, to request the Minister of Health to approve:
 - (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;
6. Agree to Procurement Policy Changes necessary to implement changes to procurement, as detailed in the papers appended to the June Audit & Risk Committee agenda."

16.0 CONTRACTS REGISTER

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

It was resolved:

"That the contracts register be received."

PUBLIC EXCLUDED SESSION

At 12.30 pm, it was resolved:

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

General subject:	Reasons for passing this resolution:	Grounds for passing the resolution:
Previous Public Excluded Board Minutes	As per reasons set out in previous agenda	S 32(a), Schedule 3, NZ Public Health and Disability Act 2000 - that the public conduct of this part of the meeting would be likely to result in the disclosure of information for which good reason for withholding exists under sections 9(2)(a), 9(2)(f), 9(2)(i), 9(2)(j) of the Official Information Act 1982, that is withholding the information is necessary to: protect the privacy of natural persons; maintain the constitutional conventions which protect the confidentiality of advice tendered by Ministers of the Crown and officials; to enable a Minister of the Crown or any Department or organisation holding the information to carry on, without prejudice or disadvantage, commercial activities and negotiations.
Review of Public Excluded Action Sheet	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 2014-17	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 a) Disability Support and Community & Public Health Advisory Committees ▪ 7 May 2014 b) Hospital Advisory Committee ▪ 7 May 2014 c) Iwi Governance Committee ▪ 4 June 2014 d) Audit & Risk Committee ▪ 5 June 2014 ▪ Audit Arrangements Letter ▪ IT Outage ▪ Standing Orders ▪ Policy Reviews – Revenue and Fraud ▪ 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 Register	To allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).
Legal Issues Register	To allow activities to be carried on without prejudice or disadvantage	As above, section 9(2)(j).

The public session of the meeting then closed.

Confirmed as a true and correct record:

Chairman: _____

Date: _____

Southern District Health Board BOARD MEETING ACTION SHEET

As at 19 June 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 received 6 June 2014.	
256-2013/12	Workplace Health and Safety (Minute item 10.0)	Broader report on workplace health and safety is required (ARC to consider future reporting requirements).	EDHR	Awaiting regulations.	
287-2014/06	Interests Register (Minute item 3.0)	Dr Chambers' entry to be updated.	BS		Completed
288-2014/06	Deputation – Grey Power (Minute item 5.0)	Response to be provided to questions raised.	CEO		Completed
289-2014/06	Equity/Deficit Support (Minute item 15.0)	A paper on future cash flows to be submitted to the August ARC meeting.	EDF	Transferred to the ARC action sheet.	August 2014
290-2014/06	Provider Arm Report (Minute item 10.0)	Update on ALOS and readmission rates to be included in next report.	EDPS	Included in HAC agenda.	Completed

SOUTHERN DISTRICT HEALTH BOARD

Title:	CHIEF EXECUTIVE OFFICER'S REPORT	
Report to:	Board	
Date of Meeting:	3 July 2014	
Summary: The issues considered in this paper are:		
<ul style="list-style-type: none"> ▪ Monthly DHB activity. 		
Specific implications for consideration (financial/workforce/risk/legal etc):		
Financial:	No specific implications.	
Workforce:	No specific implications.	
Other:	No specific implications.	
Document previously submitted to:	Not applicable, report submitted directly to Board.	Date: n/a
Approved by Chief Executive Officer:		Date: 24/06/2014
Prepared by:	Presented by:	
Date: 23/06/2014	Carole Heatly Chief Executive Officer	
RECOMMENDATION:		
1. That the Board receive the report.		

CHIEF EXECUTIVE OFFICER'S REPORT

1. DHB FINANCIAL PERFORMANCE

The May result was disappointing, with a deficit of \$5.1m, which is \$1.4m unfavourable to budget. Year to date the deficit is \$12.3m, with an unfavourable variance of \$4.1m. The forecast for year end is now a deficit of \$13.9m.

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

Staff have been advised that, if we are going to provide improved services to patients and the community, we must find a way to live within our means. Until we can do this, we will struggle to afford the new buildings we desperately need. This can be achieved by focusing on putting our patients first and streamlining our services to ensure that the right care is provided in the right setting and by the right person. We are well under way with this work but need to move faster.

To get us back on financial track in the short term, I have taken a number of actions, including:

Executive Team

I have asked the Executive Director of Finance, Peter Beirne, and the Executive Director of Patient Services, Lexie O'Shea, to exclusively focus on cost control, cost reduction and delivering agreed financial targets.

The Executive Director of Patient Services will be supported to focus on these areas by the appointment of a Director of Operations, Sharon Mason, to ensure the day to day focus on cost savings plans and delivering on performance targets such as ED, elective surgery, diagnostic waits etc.

Responsibility for IT, estates, quality and HR will in the interim move under the leadership of our Executive Director of Nursing and Midwifery, Leanne Samuel, which will further assist the Executive Director of Finance and Executive Director of Patient Services to focus on cost savings.

The Executive Nursing Director role is to be covered by Jane Wilson.

As part of this action I will be taking a much stronger oversight of the financials, together with the Executive Directors of Finance and Patient Services, until such time as I am satisfied we are tracking to our budgets and delivering our savings plans for 2014/15.

Other Delegation Changes

I am raising financial delegation levels for expenditure and contract approvals. I acknowledge the good work that our budget holders do in this area and my intent in changing delegations is to enhance our understanding of costs, and not to overly increase administrative workload.

Travel

I am restricting travel outside of our district and staff have been asked to use videoconference and teleconference wherever possible. All overseas and Clinical Medical Education (CME) will come to me for final sign-off.

New Appointments

A freeze has been placed on recruitment for non-clinical staff for the next three months.

All new and replacement medical and clinical FTE, other than agreed rostered nursing that have been through the Care Capacity Demand Management (CCDM) roster process, will require CEO approval.

2. PROVIDER ARM

Contract Performance

- Total acute caseweights delivered (c wd) by the Southern DHB Provider Arm were 89 over contract in May 2014 (3.5%). Year to date acute caseweights are 2,859 over contract (10%).
- Total elective surgical caseweights, although 143 under plan for the month (10.6%), are 554 caseweights over plan year to date (4.1%).
- A review has been completed on all surgical elective and acute caseweight coding. This has resulted in additional elective volumes and a reduction in acute volumes overall.

Financial Performance

- An unfavourable variance of \$687k was recorded by the Southern DHB Provider Arm for the month of May 2014. Year to date the result is unfavourable by \$4,093k.
- Revenue for May 2014 was favourable by \$666k. Expenses for May 2014 were unfavourable against plan by \$1,353k.

3. PLANNING AND FUNDING

Hāpai te Tūmanako – Raise HOPE

Feedback from the workshops held across the district has been considered and the proposed network model has been revised. The draft District Network Model for the Mental Health and Addictions sector is now in the final stage of development.

The implementation plan for Hāpai te Tūmanako- Raise HOPE has been completed and a final draft will be discussed with the Implementation Advisory Group (IAG) on 24 June.

Both documents are on schedule to be completed by 30 June 2014.

Wakatipu Health Services

The Wakatipu Reference Group met on 10 June at Lakes District Hospital.

Discussion topics included:

- The development of the Southern Health Strategic Plan;
- Progress on plans for the development of a two chair oral health facility, with the site now being confirmed as adjacent to the community mental health facility on the Frankton site;
- Extension of physiotherapy presence on site;
- A pilot dietetics service planned to start in July, allowing local residents to attend the Southland Hospital service via a video link at Lakes District Hospital.

4. SOUTHERN DHB STRATEGIC HEALTH SERVICES PLAN

The results of the five mini-workshops held during May, together with the feedback from the initial interviews and the detailed review of Southern DHB data, were used as the basis for a leadership group workshop on 20 June. This was attended by some 70 participants, drawn from the whole health sector and from across the entire district, including local body mayors. Six key focus themes were discussed, including a large number of proposals that originated from the earlier work:

1. Develop a coherent Southern system of care
2. Build the system on a foundation of primary and community care
3. Ensure access to sustainable specialist services
4. Strengthen clinical leadership, engagement and quality improvement
5. Optimise system capacity and capability
6. Live within our means

Carole Heatly
Chief Executive Officer

24 June 2014

SOUTHERN DISTRICT HEALTH BOARD

Title:	FINANCIAL REPORT	
Report to:	Board	
Date of Meeting:	3 July 2014	
Summary: The issues considered in this paper are: <ul style="list-style-type: none"> ▪ May 2014 year to date financial position. 		
Specific implications for consideration (financial/workforce/risk/legal etc):		
Financial:	As set out in report.	
Workforce:	No specific implications	
Other:	n/a	
Document previously submitted to:	Not applicable, report submitted directly to Board.	Date: n/a
Approved by Chief Executive Officer:		Date: 24/06/2014
Prepared by: David Dickson Finance Manager Date: 19/06/14	Presented by: Peter Beirne Executive Director Finance	
RECOMMENDATION: 1. That the report be received.		

SOUTHERN DHB FINANCIAL REPORT

Financial Report as at: 31 May 2014
 Report Prepared by: David Dickson
 Date: 19 June 2014

Recommendations:

- That the Board note the Financial Report

Overview Section

9

Results Summary

Actual \$' 000	Month			Year to Date			Annual Budget \$' 000
	Budget \$' 000	Variance \$' 000		Actual \$' 000	Budget \$' 000	Variance \$' 000	
73,641	71,815	1,826	Revenue	798,184	790,223	7,961	862,131
(30,178)	(28,833)	(1,345)	Less Personnel Costs	(307,082)	(301,834)	(5,248)	(329,292)
(48,559)	(46,724)	(1,835)	Less Other Costs	(503,475)	(496,635)	(6,840)	(541,879)
(5,096)	(3,742)	(1,354)	Net Surplus / (Deficit)	(12,373)	(8,246)	(4,127)	(9,040)

The May result was a deficit of \$5.1m and was \$1.4m unfavourable to budget. Year to date the deficit is \$12.4m and unfavourable to budget by \$4.1m.

Operational Performance

Actual \$' 000	Month			Year to Date			Annual Budget \$' 000
	Budget \$' 000	Variance \$' 000		Actual \$' 000	Budget \$' 000	Variance \$' 000	
(39)	17	(56)	Governance	(872)	(38)	(834)	0
(1,592)	(982)	(610)	Funder	(132)	(932)	800	(1,104)
(3,465)	(2,777)	(688)	Provider	(11,370)	(7,277)	(4,093)	(7,936)
(5,096)	(3,742)	(1,354)	Net Surplus / (Deficit)	(12,374)	(8,247)	(4,127)	(9,040)

- The Governance result continues to be unfavourable with the year to date result a deficit of \$0.9m.
- The Funder result for the month is a deficit of \$1.6m, and unfavourable to budget by \$0.6 m. The year to date result is a deficit of \$0.1m and favourable to budget by \$0.8m.
- The Provider result was unfavourable for the month. Year to date the deficit is \$11.3m and unfavourable to budget by \$4.1m.

Key YTD Variances

The following are the key year to date variances;

MoH Funding Subcontracts	\$4.6m
Medical Personnel - Outsourced	\$1.7m
Allied Health Personnel	\$1.1m
Interest & Financing Charges	\$1.0m
Residential Care: Rest Homes	\$1.0m
Accident Insurance	\$1.0m
Medical Outpatients - Outsourced	\$0.8m
Nursing Personnel	\$0.8m
General Medical Subsidy	\$0.7m
Other Government Revenue	\$0.5m
Outsourced Clinical Services	(\$1.0m)
Implants & Prosthesis	(\$1.2m)
Residential Care: Hospitals	(\$1.4m)
Home Support	(\$1.7m)
Pharmaceuticals	(\$3.0m)
Medical Personnel	(\$7.1m)

Balance Sheet and Cash flow

Cash is \$8.2m at the end of May against budget of \$14.9m. Capital expenditure remains favourable by \$11m and is offset against capital charge (\$4.5m) and equity injections (\$5.7m). The final Master Site Planning equity funding was approved by the Board in April and has been requested, as has a further \$4.5m in deficit support.

Detail Section

This section is presented from an overall DHB result perspective.

Revenue

As at May revenue excluding IDF's is \$8.2m 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	1.0	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	0.7	P, Funder Arm
CTA Revenue	0.5	Y, Provider -arm
ACC Revenue	1.0	P, Provider-arm
Other income, including Research and Donations	0.7	P, Provider-arm
Other Government funding	0.5	P, Provider-arm
National Patient Flow Year one	0.1	P, Provider-arm
Heart and Diabetes checks in Primary care	0.4	Y, Personal Health
All other revenue variances	<u>0.4</u>	
Total Revenue Variation	<u>8.2</u>	

Personnel Expenses

Personnel costs were \$1.3m unfavourable in May and are \$5.2m over budget year to date. FTE at the consolidated level are 3647 against a budget of 3652. As with previous months, medical personnel costs are over budget. For the month nursing and management admin costs were also over budget but remain favourable for the year to date. Allied health staff costs and FTE remain favourable for May and year to date.

Medical

An underspend in medical outsourcing of \$0.2m has partly offset the medical personnel variance in May. Including medical outsourcing medical personnel were \$0.8m unfavourable in May and \$5.5m unfavourable for the year. Higher allowance payments, overtime, higher FTE, and lower annual leave taken all contribute to the variance.

Nursing Personnel

Nursing FTE has increased in May, resulting in nursing costs being slightly unfavourable for the month. Year to date nursing personnel costs are favourable to budget by \$0.8m.

Allied Health Personnel

Favourable FTE is partly offset by overtime result in a favourable variance in May.

Support Personnel

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

Management/Administration Personnel

In May unfavourable FTE due to a budgeted restructure not occurring, along with annual leave taken less than budget accounts for the \$0.3m monthly variance. Year to date costs are on budget.

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. As reported previously, Radiology Services is \$0.7m over budget, with the budget set on the expectation that personnel would be in place reducing the need for this outsourcing.

Clinical Supplies Expenses

Clinical supplies costs are close to budget for the month and \$2.0m unfavourable for the eleven months to May. Implants and Prosthesis costs are \$1.2m over budget. Instruments and equipment are also unfavourable for the year to date (\$0.5m) driven by disposable instruments and clinical equipment repairs and maintenance.

Infrastructure & Non-Clinical Supplies Expenditure

Infrastructure & Non-Clinical Supplies remain close to budget for May and \$1.3m 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 \$0.9m 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	
69,377	68,107	1,270	Revenue	753,956	749,176	4,780	817,283
(70,969)	(69,089)	(1,880)	Less Other Costs	(754,088)	(750,109)	(3,979)	(818,387)
(1,592)	(982)	(610)	Net Surplus / (Deficit)	(132)	(933)	801	(1,104)
			Expenses				
(50,355)	(49,129)	(1,226)	Personal Health	(534,301)	(531,543)	(2,758)	(580,071)
(7,119)	(7,270)	151	Mental Health	(78,387)	(79,962)	1,575	(87,232)
(1,018)	(864)	(154)	Public Health	(10,536)	(9,499)	(1,037)	(10,363)
(11,597)	(10,974)	(623)	Disability Support	(121,477)	(119,738)	(1,739)	(130,502)
(181)	(154)	(27)	Maori Health	(1,707)	(1,687)	(20)	(1,840)
(698)	(698)	0	Other	(7,680)	(7,680)	0	(8,379)
(70,968)	(69,089)	(1,879)	Expenses	(754,088)	(750,109)	(3,979)	(818,387)

Personal Health Payments (Not including Provider-arm)

Personal Health is unfavourable to budget for the month (\$1.2m). As reported previously Pharmaceutical costs are now forecast to be close to the February updated Pharmac forecast resulting in an unfavourable variance of \$0.6m in the month. Surgical inpatients costs are \$0.3m unfavourable and has elective revenue offset.

The year to date is \$2.7m unfavourable relating to;

- Laboratory costs (\$0.6m u), due to additional tests,
- Pharmaceuticals (\$1.5m 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 (\$0.7m 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 \$0.3m unfavourable,
- Partly offsetting these is Medical Outpatients (\$0.9m 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 \$2.2m.

Disability Support (Not including Provider-arm)

Disability support services costs are unfavourable in May with hospital residential care unfavourable by \$0.2m due to volume, and additional home support costs (\$0.5m). Year to date DSS costs overall are also unfavourable (\$1.7m), 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 May was favourable by \$0.1m with the year to date wash-up now unfavourable by \$0.5m, mostly lower elective flows from Canterbury DHB.

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

DHB Name	Acute/arranged	Elective	Grand Total
Auckland	21,827	8,042	29,868
Bay of Plenty	-11,613		-11,613
Canterbury	-211,245	-536,580	-747,824
Capital and Coast	6,299	7,590	13,888
Counties Manukau	-110,708	-4,584	-115,292
Hawkes Bay	-10,672		-10,672
Hutt Valley	-20,760	-1,319	-22,079
Lakes	111,744	28,844	140,588
MidCentral	70,777	-9,678	61,099
Nelson Marlborough	-6,050	-63,360	-69,410
Northland	-8,420	7,475	-945
South Canterbury	169,902	22,583	192,485
Tairāwhiti	-12,238		-12,238
Taranaki	18,854	-15,249	3,605
Waikato	-58,714	5,860	-52,854
Wairarapa	6,787		6,787
Waitemata	74,805	-4,106	70,700
West Coast	-15,584	68,951	53,367
Whanganui	7,826		7,826
Grand Total	22,814	-485,531	-462,717

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 an unfavourable change in the IDF outflows wash-up in May of \$0.1m, with the year to date unfavourable wash-up now \$0.3m. This is mostly Auckland DHB Acute flows.

DHB Name	Acute/arranged	Elective	Grand Total
Auckland	-578,848	197,215	-381,632
Bay of Plenty	5,880	6,728	12,608
Canterbury	127,974	-4,871	123,103
Capital and Coast	-85,538	-37,244	-122,782
Counties Manukau	-91,414	-9,445	-100,859
Hawkes Bay	25,936	6,625	32,561
Hutt Valley	-17,837	54,881	37,044
Lakes	-159,933	-1,843	-161,775
MidCentral	17,337	11,980	29,317
Nelson Marlborough	-41,229	-380	-41,609
Northland	23,169		23,169
South Canterbury	41,445	-40,585	860
Tairāwhiti	12,646		12,646
Taranaki	21,598		21,598
Waikato	82,621	143,631	226,252
Wairarapa	728		728
Waitemata	9,950	15,356	25,306
West Coast	835		835
Whanganui	-2,684	-4,846	-7,530
Grand Total	-607,360	337,202	-270,158

Forecast

The forecast has been updated and the deficit for the year is now forecast to be \$13.9m. This is an increase on the previous forecast due to higher than forecast costs in May, particularly in personnel and home support. There are risks in achieving this forecast, the main ones are;

- There is no significant change in the IDF wash-up position from the April position.
- Employee entitlements valuation (Aon calculated) matches forecast, which has estimated a reduction in the value due to interest rate movement and staff profile.
- Employee costs including overtime and allowances are in line with prior months
- Home support costs are contained within the forecast parameters
- Pharmaceutical costs remain in-line with the Pharmac Forecast
- Elective targets are met to achieve the additional Ministry revenue
- Clinical supply costs are contained close to budgeted levels.

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
- Forecast Statement

Southern DHB Board Meeting - Financial Report

Southern DHB
Forecast as at 30 May 2014

Governance								
Description	\$000 YTD Actual	\$000 Remaining Budget	\$000 Actual + remaining budget	\$000 Adjustment	\$000 Full Year Forecast	\$000 Full Year Budget	\$000 Variance	
REVENUE			0					
Internal revenue (DHB Fund to DHB Governance & Funding Administration)	7,680	698	8,378	(0)	8,378	8,379	(1)	
Other Government	85	0	85	8	93	0	93	
REVENUE TOTAL	7,765	698	8,463	8	8,471	8,379	92	
Personnel costs			0	0				
Medical Personnel	(23)	(19)	(42)	19	(23)	(233)	209	
Nursing Personnel	0	(1)	(1)	1	0	(9)	9	
Support Personnel	0	0	0	0	0	0	0	
Management/Administration Personnel	(3,339)	(281)	(3,620)	(29)	(3,649)	(3,440)	(209)	
Personnel costs Total	(3,362)	(301)	(3,663)	(9)	(3,672)	(3,682)	10	
Expenditure			0	0				
Outsourced Services	(3,161)	(199)	(3,360)	(37)	(3,397)	(2,439)	(958)	
Clinical Supplies	(0)	0	(0)	0	(0)	0	(0)	
Infrastructure & Non-Clinical Supplies	(2,113)	(161)	(2,274)	20	(2,255)	(2,257)	3	
Expenditure Total	(5,275)	(360)	(5,634)	(17)	(5,652)	(4,697)	(955)	
Net Surplus / (Deficit)	(872)	38	(835)	(19)	(853)	0	(854)	

Provider								
Description	\$000 YTD Actual	\$000 Remaining Budget	\$000 Actual + remaining budget	\$000 Adjustment	\$000 Full Year Forecast	\$000 Full Year Budget	\$000 Variance	
Revenue								
Government & Crown Agency Sourced	30,436	2,664	33,099	308	33,407	30,774	2,633	
Non Government & Crown Agency Revenue	13,708	1,138	14,846	(18)	14,828	14,074	754	
Internal Revenue	399,517	36,453	435,970	199	436,170	437,441	(1,271)	
Revenue Total	443,661	40,255	483,916	489	484,405	482,289	2,116	
Personnel			0	0				
Personnel			0	0				
Medical Personnel	(101,096)	(8,356)	(109,452)	(550)	(110,002)	(102,133)	(7,869)	
Nursing Personnel	(113,156)	(10,640)	(123,796)	300	(123,496)	(124,583)	1,087	
Allied Health Personnel	(44,788)	(4,214)	(49,002)	150	(48,852)	(50,086)	1,234	
Support Personnel	(8,934)	(809)	(9,743)	0	(9,743)	(9,767)	24	
Management & Administration Personnel	(35,711)	(3,139)	(38,849)	167	(38,683)	(39,040)	358	
Personnel Total	(303,685)	(27,158)	(330,843)	67	(330,776)	(325,610)	(5,166)	
Expenditure			0	0				
Outsourced Services	(14,192)	(1,276)	(15,467)	108	(15,360)	(15,722)	362	
Clinical Supplies	(75,057)	(6,695)	(81,752)	(343)	(82,095)	(79,677)	(2,418)	
Infrastructure & Non-Clinical Supplies	(62,098)	(5,785)	(67,883)	(0)	(67,883)	(69,215)	1,332	
Expenditure Total	(151,346)	(13,756)	(165,102)	(236)	(165,337)	(164,614)	(724)	
Net Surplus / (Deficit)	(11,370)	(659)	(12,029)	320	(11,708)	(7,936)	(3,773)	

Funder								
Description	\$000 YTD Actual	\$000 Remaining Budget	\$000 Actual + remaining budget	\$000 Adjustment	\$000 Full Year Forecast	\$000 Full Year Budget	\$000 Variance	
Revenue								
Government & Crown Agency Sourced	753,956	68,107	822,063	578	822,641	817,283	5,358	
Revenue Total	753,956	68,107	822,063	578	822,641	817,283	5,358	
Expenditure			0	0				
Outsourced Services	(7,680)	(698)	(8,379)	0	(8,378)	(8,379)	0	
Provider Payments			0	0				
Payments to Providers - Personal Health	(534,301)	(48,529)	(582,830)	(899)	(583,729)	(580,072)	(3,657)	
Payments to Providers - Public Health	(10,536)	(864)	(11,400)	(38)	(11,438)	(10,363)	(1,075)	
Payments to Providers - Mental Health	(78,387)	(7,270)	(85,657)	167	(85,490)	(87,232)	1,742	
Payments to Providers - Disability Support	(121,477)	(10,764)	(132,241)	(890)	(133,131)	(130,502)	(2,629)	
Payments to Providers - Hauora Maori Services	(1,707)	(154)	(1,861)	1	(1,860)	(1,840)	(20)	
Expenditure Total	(754,088)	(68,279)	(822,367)	(1,659)	(824,026)	(818,387)	(5,639)	
Net Surplus / (Deficit)	(132)	(172)	(303)	(1,082)	(1,385)	(1,104)	(281)	

	\$000 YTD Actual	\$000 Remaining Budget	\$000 Actual + remaining budget	\$000 Adjustment	\$000 Full Year Forecast	\$000 Full Year Budget	\$000 Variance	
Consolidated Result	(12,374)	(793)	(13,167)	(780)	(13,947)	(9,039)	(4,908)	

SOUTHERN DISTRICT HEALTH BOARD

Title:	CONTRACTS REGISTER		
Report to:	Southern District Health Board		
Date of Meeting:	3 July 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: 24/06/14	
Prepared by:	Presented by:		
Sandra Boardman Executive Director Planning and Funding	Sandra Boardman Executive Director Planning and Funding		
Date: 19/06/14			
RECOMMENDATION:			
1. That the Board note the attached Contracts Register.			

**FUNDING ADMINISTRATION
CONTRACTS REGISTER (EXPENSES) - JUNE 2014**

PROVIDER NAME	DESCRIPTION OF SERVICES	ANNUAL AMOUNT	CONTRACT/VARIATION END DATE	APPROVED BY
Contract Value of - \$0 - \$100,000 (Level 3)				
Good Partners Senior Care Ltd Agreement	Dementia Day Activity	\$96,432.00	30.04.16	Executive Director Planning & Funding
The Salvation Army New Zealand Trust Variation to Agreement	Mental Health & Addiction Service	\$61,020.00	30.09.15	Executive Director Planning & Funding 23.04.14
Fiordland Medical Practice Variation to Agreement	Ambulatory Integrated Medical Services	\$12,500.00	28.02.15	Executive Director Planning & Funding
Presbyterian Support Otago Incorporated Agreement	Dementia Day Activity	\$36,000.00	30.04.16	Executive Director Planning & Funding 09.05.14
Davin Health Care Ltd Variation to Agreement	Individual Support Package for a Named Individual	\$18,081.09	31.03.15	Executive Director Planning & Funding 09.05.14
Crombie & Price Limited Variation to Agreement	Special Foods Wholesaler Agreement - Southern Region	\$14,150.00	30.11.14	Executive Director Planning & Funding 16.05.14
St John's Parish (Roslyn) Friends of the Aged & Needy Society t/a Leslie Groves Service Schedule	Exceptional Circumstances palliative care for a named individual	\$16,694.32	13.08.14	Executive Director Planning & Funding 22.05.14
Birchleigh Management Ltd t.a Birchleigh Residential Care Centre Service Schedule	Exceptional Circumstances palliative care for a named individual	\$9,806.28	07.08.14	Executive Director Planning & Funding 08.05.14
BUPA Care Services NZ Ltd t.a Lake Wakatipu Home & Hospital Service Schedule	Exceptional Circumstances palliative care for a named individual	\$16,999.76	31.07.14	Executive Director Planning & Funding 05.05.14
St Clair Park Residential Centre Ltd Variation to Agreement	Individual Funding for a Named Individual	\$42,000.00	20.02.15	Executive Director Planning & Funding 07.05.14
Oxford Court Lifecare Limited Service Schedule	Exceptional Circumstances palliative care for a named individual	\$16,694.32	12.08.14	Executive Director Planning & Funding 21.05.14

FUNDING ADMINISTRATION
CONTRACTS REGISTER (EXPENSES) - JUNE 2014

Presbyterian Support Otago Inc t.a Iona Hospital Service Schedule	Exceptional Circumstances palliative care for a named individual	\$16,260.79	23.07.14	Executive Director Planning & Funding 02.05.14
Birchleigh Management Ltd t.a Birchleigh Residential Care Centre Service Schedule	Exceptional Circumstances palliative care for a named individual	\$16,694.32	13.08.14	Executive Director Planning & Funding 22.05.14
Marne Street Hospital Ltd Service Schedule	Exceptional Circumstances palliative care for a named individual	\$16,694.32	07.08.14	Executive Director Planning & Funding 08.05.14
Marne Street Hospital Ltd Service Schedule	Exceptional Circumstances palliative care for a named individual	\$16,694.32	06.08.14	Executive Director Planning & Funding 08.05.14
Southern PHO Variation to Agreement	Long Term Conditions	\$42,500.00	31.10.14	Executive Director Planning & Funding 08.05.14
D & J Lai Ltd t.a McNaughton's Pharmacy Variation to Agreement	Pharmacy Services		30.06.15	Executive Director Planning & Funding 16.05.14
Ryman Healthcare Ltd t.a Rowena Jackson Hospital Service Schedule	Exceptional Circumstances palliative care for a named individual	\$1,433.84	22.05.14	Executive Director Planning & Funding 22.05.14
Presbyterian Support Otago Inc t.a St Andrews Service Schedule	Exceptional Circumstances palliative care for a named individual	\$16,694.32	15.08.14	Executive Director Planning & Funding 26.05.14
Radius Residential Care Ltd - Radius Fulton Care Centre Service Schedule	Exceptional Circumstances palliative care for a named individual	\$16,694.32	12.08.14	Executive Director Planning & Funding 28.05.14
Little Sister of the Poor Aged Care NZ Ltd t.a Sacred Heart Hospital Service Schedule	Exceptional Circumstances palliative care for a named individual	\$16,694.32	01.08.14	Executive Director Planning & Funding 06.05.14
BUPA Care Services NZ Ltd t.a Ascot Care Home Service Schedule	Exceptional Circumstances palliative care for a named individual	\$16,694.16	19.08.14	Executive Director Planning & Funding 28.05.14
Total for Level 3		\$ 517,432.48		

**FUNDING ADMINISTRATION
CONTRACTS REGISTER (EXPENSES) - JUNE 2014**

Contract Value of - \$100,000 - \$500,000 (Level 2)				
The Oamaru Mental Health Support Charitable Trust - Adult Activity Based Rehabilitation Variation to Agreement	Adult Activity Based Rehabilitation	\$ 148,457.58	30.04.17	Executive Director Planning & Funding 30.04.14
Radius Residential Care Limited t.a Radius Fulton Care Centre Variation to Agreement	Long Term Support-Chronic Health Conditions - Residential (Fulton)		30.06.15	Executive Director Planning & Funding 20.05.14
Total for Level 2		\$ 148,457.58		
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 \$ 665,890.06