SOUTHERN DISTRICT HEALTH BOARD MEETING

Thursday, 4 September 2014, 10.30 am

Board Room, Community Services Building
Southland Hospital Campus, Invercargill

AGENDA

Tab

1. Chair's Opening Comments
2. Apologies
3. Interests Registers
4. Minutes of Previous Meeting
5. Matters Arising
6. Review of Action Sheet
7. CEO's Report
8. Financial Report

Advisory Committee Reports:

9. Disability Support Advisory Committee and Community & Public Health Advisory Committee
   a) Verbal report of 3 September 2014 meeting
10. Hospital Advisory Committee
    a) Verbal report of 3 September 2014 meeting
11. Audit and Risk Committee
    a) Managing Gifts and Sponsorship Policy
    b) Conflicts of Interest Policy
    c) Private Practice, Secondary Employment and Other Business Activities Policy
    d) Code of Conduct
12. Contracts Register
13. Draft 2015 Meeting Schedule
14. 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).
PHO Update	To allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(i).
Annual Plan 2014/15	Plan is subject to Ministerial approval	As above, section 9(2)(f)
HBL – Linen and Laundry Business Case	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).

General subject:	Reasons for passing this resolution:	Grounds for passing the resolution:
Public Excluded Advisory Committee Reports a) Disability Support and Community & Public Health Advisory Committees ▪ 3 September 2014 ▪ Options for Lakes District ▪ Infertility Services b) Hospital Advisory Committee ▪ 3 September 2014 ▪ Contract Approvals ▪ Lease Renewals c) Iwi Governance Committee ▪ 6 August 2014 d) Audit & Risk Committee ▪ 6 August 2014 ▪ 4 September 2014 e) Appointments & Remuneration Advisory Committee	Commercial sensitivity and to allow activities and negotiations to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).
Contract Approvals ▪ Planning & Funding	Commercial sensitivity and to allow activities and negotiations to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).
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).

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SOUTHERN DISTRICT HEALTH BOARD

Title:	INTERESTS REGISTERS
Report to:	Board
Date of Meeting:	4 September 2014

Notifications received since the last meeting:

1. Tuari Potiki - Director of Te Tapuae o Rehua Ltd and Te Rūnaka Ōtākou Ltd added;
2. Southern Community Laboratories Otago Southland Ltd (SCLOS) have advised that they are unable to effect Tim Ward and Branko Sinjna's resignations until the SCLOS constitution is varied and this cannot occur until a contract variation is executed.

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

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

Document previously submitted to:	Board and Advisory Committees	Date: 5-7/08/14

Prepared by:	Presented by:
Jeanette Kloosterman Board Secretary Date: 14/08/14	Joe Butterfield Board Chairman

RECOMMENDATIONS:

1. That the Interests Registers be received and noted.

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.
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.

Board Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB
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.	1. Possible conflict with PHO contract funding. 2. Possible conflict with contract funding.
Tuari POTIKI	09.12.2013 05.08.2014	1. University of Otago staff member. 2. Deputy Chair, Te Rūnaka o Ōtākou. 3. Chair, NZ Drug Foundation. 4. Director, Te Tapuae o Rehua Ltd 5. Director Te Rūnaka Ōtākou Ltd	1. Possible Conflicts between Southern DHB and University interests. 2. Possible conflict with contract funding. 3. Nil. 4. Nil 5. 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.
Richard THOMSON	13.12.2001 23.09.2003	1. Managing Director, Thomson & Cessford Ltd. 2. Chairperson and Trustee, Hawksbury Community Living Trust. 3. Trustee, HealthCare Otago Charitable Trust.	1. Thomson & Cessford Ltd is the company name for the Acquisitions Retail Chain. Southern DHB staff occasionally purchase goods for their departments from it.

Board Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB
	29.03.2010 06.04.2011 21.11.2013 & 03.04.2014	4. Chairman, Composite Retail Group. 5. Councillor, Dunedin City Council. 6. Three immediate family members are employees of Dunedin Hospital (Radiographer and Anaesthetic Technician).	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).	

*Mr Ward and Dr Sijnja have both tendered their resignations from SCL Otago Southland Ltd (SCLOS) but these cannot be effected until contract variation executed by SDHB and SCLOS constitution varied.

SOUTHERN DISTRICT HEALTH BOARD

INTERESTS REGISTER FOR THE EXECUTIVE MANAGEMENT TEAM

As at August 2014

Employee Name	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern District Health Board
Steve Addison	16.08.2014	1. Chair, Board of Trustees, Columba College 2. Mother-in-law, Gore District Councillor	
Peter Beirne	20.06.2013	Nil	
Sandra Boardman	07.02.2014	Nil	
Richard Bunton	17.03.2004 22.06.2012 29.04.2010	3. Managing Director of Rockburn Wines Ltd. 4. Director of Mainland Cardiothoracic Associates Ltd. 5. Director of the Southern Cardiothoracic Institute Ltd. 6. Director of Wholehearted Ltd. 7. Chairman, Board of Cardiothoracic Surgery, RACS. 8. Trustee, Dunedin Heart Unit Trust. 9. 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.

Employee Name	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern District Health Board
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.
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.

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Minutes of the Southern District Health Board Meeting

Thursday, 7 August 2014, 9.00 am
Board Room, Dunedin Hospital Campus, Dunedin

Present:	Mr Joe Butterfield	Chair
	Mr Tim Ward	Deputy Chair
	Dr John Chambers	
	Mr Neville Cook	(by videoconference from 1.05 pm)
	Ms Sandra Cook	
	Mrs Kaye Crowther	
	Mrs Mary Gamble	
	Mr Tony Hill	
	Mr Tuari Potiki	(from 9.15 am)
	Dr Branko Sijnja	
	Mr Richard Thomson	
In Attendance:	Dr Jan White	Crown Monitor
	Ms Carole Heatly	Chief Executive Officer
	Mrs Lexie O'Shea	Deputy Chief Executive Officer/Executive Director Patient Services
	Mr Steve Addison	Executive Director Communications
	Mr Peter Beirne	Executive Director Finance
	Mrs Sandra Boardman	Executive Director Planning & Funding
	Mr David Tulloch	Chief Medical Officer
	Ms Jane Wilson	Acting Executive Director Nursing & Midwifery
	Ms Jeanette Kloosterman	Board Secretary

1.0 APOLOGIES

An apology for lateness was received from Mr Neville Cook.

2.0 CHAIR'S OPENING COMMENTS

Financial Position

The Chairman noted that the Board's financial result for the year ended 30 June 2014, as set out in the Chief Executive's Report and the Financial Report, showed an expected deficit of $15.7 million, which was $6.7 million over the DHB's accepted budget. He stated that, clearly a continuation of such a result into the 2014/15 financial year was unacceptable.

The Chairman observed that, whilst the Southern DHB's physical and clinical results almost without exception met target, and staff were to be congratulated on that, it behoved the DHB to deliver the same results but at a lower cost. To achieve a return to the previously agreed financial path would require savings of about $10 million, which was a reduction of about 1% of revenue. Both Board members and staff needed to focus on achieving that end and the Chairman asked members to keep this in mind during the meeting.

Mr Tuari Potiki joined the meeting at 9.15 am.

Unconfirmed

3.0 DEPUTATION – OTAGO THERAPEUTIC POOL TRUST

The report from management on the Dunedin Therapeutic Pool (tab 19 of the public excluded agenda) was moved to the public agenda and copies were handed to the public.

Mr Neville Martin, Secretary/Treasurer and Trustee of the Otago Therapeutic Pool Trust, presented a submission requesting that the Board "work with the Trust to establish a process whereby the respective objectives can be met without closing the Physio Pool" (tab 3).

During his presentation (copy tabled), Mr Martin advised that the Trust requested:

1. Longer than the end of the year to achieve a solution;
2. That the Southern DHB still be part of the arrangement to share operating costs;
3. That the Board note that the Trust, in its discussions with management, has stated it was confident it could raise sufficient funds from the community for upgrades of the pool if the Southern DHB was prepared to allow the pool to have a future.

The Chairman advised that the Board's current position was that the pool should be closed and he restated the reasons for that position, including the health and safety risk from the pool not being cleaned and the likelihood of significant maintenance costs if the pool is drained.

It was resolved:

> "That the Board:
>
> - Note the decision already made and the advice given to the Otago Therapeutic Pool Trust, and
> - Encourage discussion with the Trust, the Dunedin City Council and any other organisations to try to find a sustainable solution to the problem to give the community continued use of a therapeutic pool."

4.0 DECLARATION OF INTERESTS

It was resolved:

> "That the Interests Register be received."

The Board requested that any changes to the Interests Register communicated directly to the Board Secretary be highlighted in the copy circulated with the agenda.

Unconfirmed

5.0 CONFIRMATION OF PREVIOUS MINUTES

It was resolved:

> "That the minutes of the 3 July 2014 Board meeting be approved and adopted as a true and correct record."

6.0 MATTERS ARISING FROM PREVIOUS MINUTES

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

7.0 ACTION SHEET

It was resolved:

> "That the action sheet be received."

Pharmaceuticals

SHALT were commended on moving to the next stage of the pharmaceutical project.

8.0 CHIEF EXECUTIVE OFFICER'S REPORT

The Chief Executive Officer's (CEO) monthly report (tab 8), was taken as read and the CEO took questions from members.

ED Attendances

The Board was informed that the voucher system for people who could not afford GP fees was a joint initiative between the PHO and the DHB to ensure that people were seen by the right health professional at the right time, and the initiative would be reviewed after three months.

The Board noted the three month trial and that it would receive a report on it in December or February.

It was resolved:

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

9.0 PROVIDER ARM REPORT

A report on Provider Arm activity for June 2014 (tab 9) was taken as read and the Executive Director of Patient Services took questions from members.

The Board was informed that the KPI for the percentage of ED attendances admitted was on target (green), not under-performing (orange), as depicted in the table circulated with the agenda.

Unconfirmed

The Board noted that the Executive Director of Patient Services would be submitting a report to the Hospital Advisory Committee on outlier bed days and how patients were managed by the home ward.

It was resolved:

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

10.0 FINANCIAL REPORT

The Executive Director Finance presented the Financial Reports for the period ended 30 June 2014 (tab 10), then took questions from members on the financial statements.

The Board requested that the reporting of negative variances in the 2014/15 year include an indication of whether or not they are offset by additional revenue.

It was resolved:

> "That the Financial Report be received."

11.0 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 2 July 2014 were circulated with the agenda (tab 11).

It was resolved:

> "That the minutes be received."

Hospital Advisory Committee

The minutes of the Hospital Advisory Committee (HAC) meeting held on 2 July 2014 were circulated with the agenda (tab 12).

It was resolved:

> "That the minutes be received."

Audit and Risk Committee

Mr Tim Ward, Chair of the Audit and Risk Committee (ARC), reported that due to the priority of other issues, consideration of the HR policies and Code of Conduct had been deferred until the September meeting of ARC.

Unconfirmed

12.0 SOUTHERN PHO – APPOINTMENT OF TRUSTEE

The Board considered a recommendation from the Board Chair on the appointment of a trustee of the Southern Primary Health Organisation (PHO) (tab 14).

It was resolved:

"That the Board nominate Mr Paul Menzies as trustee of the Southern PHO to represent the Southern DHB for a further term from October 2014."

It was suggested that Mr Menzies be invited to give a short report to the Board at its next meeting in Invercargill.

13.0 CONTRACTS REGISTER

The Funding contracts register for June 2014 was circulated with the agenda (tab 15) for members' information.

The Audit & Risk Committee Chair and Executive Director Planning & Funding were asked to review the level of reporting and whether the information should be in public excluded given the nature of the detail included in the register.

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

It was resolved:

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

Mr Butterfield withdrew while the Corstorphine Baptist Community Trust Agreement was considered. Mr Ward took the Chair for this item.

It was resolved:

"That advice of the Corstorphine Baptist Community Trust variation to agreement for additional support for a named individual be received."

It was resolved:

"That the contracts register be received."

PUBLIC EXCLUDED SESSION

At 10.30 am, it was resolved:

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

Unconfirmed

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).
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)
Health Quality & Safety Commission	To allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(j).
HBL - National Infrastructure Platform Business Case	Commercial sensitivity and to allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).
Facilities Management – Height Safety Audit	Commercial sensitivity	As above, section 9(2)(i).
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).

Unconfirmed

General subject:	Reasons for passing this resolution:	Grounds for passing the resolution:
Public Excluded Advisory Committee Reports a) Disability Support and Community & Public Health Advisory Committees ▪ 2 July 2014 b) Hospital Advisory Committee ▪ 2 July 2014 ▪ Committee Chair c) Iwi Governance Committee ▪ 6 August 2014 d) Audit & Risk Committee ▪ 6 August 2014 ▪ CFIS Return ▪ NGO/Audit Programme ▪ Committee Role and Membership	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 & Lease 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).
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).

The public session of the meeting then closed.

Confirmed as a true and correct record:

Chairman: ________________________________

Date: _____________________

Unconfirmed

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Southern District Health Board

BOARD MEETING ACTION SHEET

As at 25 August 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. Clinical group formed and focusing on high cost medicines first.	Ongoing
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.	
297-2014/08	Interests Register (Minute item 4.0)	Changes to the Interests Register notified directly to the Board Secretary to be highlighted in the copy circulated with the agenda.	BS	Changes recorded in cover sheet.	Ongoing
298-2014/08	ED Attendances – GP Vouchers (Minute item 8.0)	Report on the three month trial to be submitted to Board in December/February.	EDPS		December/ February
299-2014/08	Outlier Bed Days (Minute item 9.0)	Report to be submitted to the Hospital Advisory Committee on outlier bed days and how patients are managed by their home ward.	EDPS	The system will be demonstrated at the HAC meeting.	September 2014
300-2014/08	Financial Report (Minute item 10.0)	Reporting of negative variances in the 2014/15 year to include an indication of whether or not they are offset by additional revenue.	EDF	Revenue variances report format to be updated from August 2014.	
301-2014/08	Contracts Register	ARC Chair and Exec Director Planning & Funding to review the level of reporting and whether the information should be in public excluded given the nature of the detail included in the register.	EDP&F		October 2014

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SOUTHERN DISTRICT HEALTH BOARD

Title:	CHIEF EXECUTIVE OFFICER'S REPORT
Report to:	Board
Date of Meeting:	4 September 2014

Summary:

The issues considered in this paper are:

- Monthly DHB activity.

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

Financial:	No specific implications.
Workforce:	No specific implications.
Other:	No specific implications.

Document previously submitted to:	Not applicable, report submitted directly to Board.	Date: n/a
Approved by Chief Executive Officer:		Date: 27/08/2014

Prepared by:	Presented by:
Date: 27/08/2014	Carole Heatly Chief Executive Officer

RECOMMENDATION:

1. That the Board receive the report.

CHIEF EXECUTIVE OFFICER'S REPORT

1. DHB FINANCIAL PERFORMANCE

The July 2014 result was $0.5m unfavourable to the draft budget, with a deficit of $2.6m. There are four main areas that are adverse, which are timing and activity related: ACC revenue, breast screening revenue, clinical supplies and management/administration personnel.

A detailed analysis of the financial situation is contained in the Financial Report (agenda item 8).

2. PROVIDER ARM

Contract Performance

Total acute caseweights delivered (cwd) by the Southern DHB Provider Arm were 112 over contract in July 2014 (4%). Total elective caseweights delivered (cwd) by the Southern DHB Provider Arm were 19 over contract in July 2014 (1%).

Financial Performance

An unfavourable variance of $640k was recorded by the Southern DHB Provider Arm for the month of July 2014. Revenue for July 2014 was unfavourable by $471k. Expenses for July 2014 were unfavourable against plan by $172k.

3. PLANNING AND FUNDING

Mental Health and Addictions

Work continues to facilitate the implementation of the new district wide network model. In the interim the Hāpai te Tūmanako Raise HOPE Implementation Advisory Group is supporting initial actions as outlined in the Hāpai te Tūmanako Raise HOPE Implementation Plan.

Healthy Families Communities

Invercargill has been selected as one of ten Healthy Families Communities (HFNZ) to be established in New Zealand. Selection processes for the lead provider in Invercargill for Healthy Families Communities have commenced.

Māori Health

New service specifications, called Mauri Ora, have been developed in collaboration with Southern DHB contracted Māori health providers. Contracted providers began service delivery under Mauri Ora on 1 July 2014. Outcomes required in the service specifications are aligned to reflect outcomes required within the Southern DHB Māori Health Plan 2014/2015 and Southern DHB's Annual Plan 2014/2015, with a particular focus on addressing long-term conditions.

Carole Heatly
Chief Executive Officer — 27 August 2014

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SOUTHERN DISTRICT HEALTH BOARD

Title:	FINANCIAL REPORT
Report to:	Board
Date of Meeting:	4 September 2014

Summary:

The issues considered in this paper are:

- July 2014 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: 27/08/2014

Prepared by:	Presented by:
David Dickson Finance Manager Date: 21/08/14	Peter Beirne Executive Director Finance

RECOMMENDATION:

1. That the report be received.

SOUTHERN DHB FINANCIAL REPORT

Financial Report as at: 31 July 2014
Report Prepared by: David Dickson
Date: 19 August 2014

Recommendations:

- **That the Board note the Financial Report**

Overview Section

Results Summary

Month				Year to Date		
Actual $' 000	Budget $' 000	Variance $' 000		Actual $' 000	Budget $' 000	Variance $' 000
73,266	73,610	(344)	Revenue	73,266	73,610	(344)
(28,770)	(28,967)	197	Less Personnel Costs	(28,770)	(28,967)	197
(47,146)	(46,771)	(375)	Less Other Costs	(47,146)	(46,771)	(375)
(2,650)	(2,128)	(522)	Net Surplus / (Deficit)	(2,650)	(2,128)	(522)

The July 2014 result was a deficit of $2.6m and $0.5m unfavourable to budget. The full year budget has not been approved, and is not included in this report. The July budget is based on the latest version submitted to the Ministry of Health in August.

Operational Performance

Month				Year to Date		
Actual $' 000	Budget $' 000	Variance $' 000		Actual $' 000	Budget $' 000	Variance $' 000
(2)	(27)	25	Governance	(2)	(27)	25
372	277	95	Funder	372	277	95
(3,020)	(2,378)	(642)	Provider	(3,020)	(2,378)	(642)
(2,650)	(2,128)	(522)	Net Surplus / (Deficit)	(2,650)	(2,128)	(522)

- The Governance result is slightly favourable, with minor favourable variances across a number of lines.
- The Funder result is favourable, with expenditure favourable overall and offset with slightly reduced revenue. Some funder costs are estimates based on budget for the first month of the year.
- The Provider result is unfavourable by $0.6m with ACC revenue (partly timing), reduced screening revenue (timing issue ($120k), and clinical depreciation ($91k timing) all impacting in July.

Key YTD Variances
Key variances at a consolidated level are;

- ACC Revenue $0.2m unfavourable to budget.
- Screening revenue $0.1m unfavourable, this is a timing difference, with additional contract revenue agreed and to be invoiced in August.
- Patient consumables $0.1m unfavourable
- Instruments and equipment $0.1m unfavourable, relating to clinical equipment depreciation, which is a timing issue.
- Home support $0.1m.

Balance Sheet and Cash flow
Cash is $4.9m at the end of July and is on budget. Master Site Planning equity funding of $6.0m previously approved by the board has been received in August.

Detail Section

This section is presented from an overall DHB result perspective.

Revenue
Revenue for July was $0.3m unfavourable, with the major items set out below;

Item	$'m	Expense Line Offset (Y/N/Partial)
ACC Revenue	0.2	P, Provider-arm
Non-resident revenue	0.1	P, Provider-arm
Screening revenue	0.1	Y, Personal Health
Total Revenue Variation	**0.3**	

Personnel Expenses

Personnel costs are $0.2m favourable in July, with the following variances;

- Medical personnel are $0.3m favourable with FTE 11 favourable.
- Nursing costs are close to budget with FTE 4 favourable.
- Management Admin costs are $0.1m over budget and 5 FTE ahead of budget for July, related to vacancy factor not yet achieved.

Outsourced Expenses
Outsourced personnel costs are close to budget for July.

Clinical Supplies Expenses
Clinical supplies costs are unfavourable to budget for July by $0.4m with treatment disposables $0.2m ahead of budget with Blood products, catheters, and patient consumables all unfavourable. Instruments and equipment is also unfavourable $0.2 million, relating to disposable instruments and clinical equipment depreciation. The depreciation variance relates to a timing issue and is expected to move back in line with budget in the coming months.

Infrastructure & Non-Clinical Supplies Expenditure
Infrastructure & Non-Clinical Supplies overall are close to budget for July.

Funder Summary

Month Actual $' 000	Month Budget $' 000	Month Variance $' 000		Year to Date Actual $' 000	Year to Date Budget $' 000	Year to Date Variance $' 000
69,520	69,604	(84)	Revenue	69,520	69,604	(84)
(69,149)	(69,326)	177	Less Other Costs	(69,149)	(69,326)	177
371	278	93	Net Surplus / (Deficit)	371	278	93
			Expenses			
(49,125)	(49,191)	66	Personal Health	(49,125)	(49,191)	66
(7,128)	(7,090)	(38)	Mental Health	(7,128)	(7,090)	(38)
(754)	(893)	139	Public Health	(754)	(893)	139
(11,271)	(11,274)	3	Disability Support	(11,271)	(11,274)	3
(146)	(153)	7	Maori Health	(146)	(153)	7
(725)	(725)	0	Other	(725)	(725)	0
(69,149)	(69,326)	177	Expenses	(69,149)	(69,326)	177

Personal Health Payments (Not including Provider-arm)

Personal Health payments are favourable for July. Community Pharmaceutical costs are estimated based on budget phasing as insufficient claims data is available at month end.

Mental Health (Not including Provider-arm)

There is no wash-up to the provider arm for the 2014/15 year and for July mental health costs are close to budget. Home based support and child and youth mental health services costs are ahead of budget, and partly offset by community residential beds favourable variance.

Disability Support (Not including Provider-arm)

Disability support services costs are favourable for July, with home support slightly over budget but offset by residential care hospital costs under budget.

IDF Wash-up - Inflows

As the data for IDF wash-ups is a month behind no wash-up information is available to include in the July results.

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

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Part 1: DHB Governance and Funding Administration	Current Month				Year to Date			
	Actual $(000)	Budget $(000)	Variance $(000)	Variance %	Actual $(000)	Budget $(000)	Variance $(000)	Variance %
Part 1.1: Statement of Financial Performance								
REVENUE								
Government and Crown Agency sourced								
Internal - DHB Funder to DHB Provider	725	725			725	725		
Other DHB's	-	-			-	-		
Other Government	8	8			8	8		
Government and Crown Agency Sourced Total	**733**	**733**			**733**	**733**		
Other Income	-	-			-	-		
REVENUE TOTAL	**733**	**733**			**733**	**733**		
EXPENSES								
Personnel Expenses								
Medical Personnel	(3)	(21)	18 F	84%	(3)	(21)	18 F	84%
Nursing Personnel	-	(1)	1 F		-	(1)	1 F	
Allied Health Personnel	-	-			-	-		
Support Services Personnel	-	-			-	-		
Management / Admin Personnel	(314)	(324)	10 F	3%	(314)	(324)	10 F	3%
Personnel Costs Total	**(317)**	**(346)**	**29 F**	**8%**	**(317)**	**(346)**	**29 F**	**8%**
Outsourced Expenses								
Medical Personnel	-	-			-	-		
Nursing Personnel	-	-			-	-		
Allied Health Personnel	-	-			-	-		
Support Personnel	-	-			-	-		
Management / Administration Personnel	-	-			-	-		
Outsourced Clinical Services	-	-			-	-		
Outsourced Corporate / Governance Services	(129)	(123)	(7) U	(5%)	(129)	(123)	(7) U	(5%)
Outsourced Funder Services	(161)	(134)	(27) U	(20%)	(161)	(134)	(27) U	(20%)
Outsourced Services Total	**(290)**	**(256)**	**(33) U**	**(13%)**	**(290)**	**(256)**	**(33) U**	**(13%)**
Clinical Supplies								
Treatment Disposables	-	-			-	-		
Diagnostic Supplies & Other Clinical Supplies	-	-			-	-		
Instruments & Equipment	-	-		(314%)	-	-		(314%)
Patient Appliances	-	-			-	-		
Implants & Prosthesis	-	-			-	-		
Pharmaceuticals	-	-			-	-		
Other Clinical Supplies	-	-			-	-		
Clinical Supplies Total	**-**	**-**			**-**	**-**		
Infrastructure & Non Clinical Expenses								
Hotel Services, Laundry & Cleaning	(2)	(1)		(13%)	(2)	(1)		(13%)
Facilities	-	-			-	-		
Transport	(12)	(18)	7 F	36%	(12)	(18)	7 F	36%
IT Systems & Telecommunications	(5)	(9)	4 F	39%	(5)	(9)	4 F	39%
Interest & Financing Charges	(14)	(22)	8 F	38%	(14)	(22)	8 F	38%
Professional Fees & Expenses	(43)	(43)			(43)	(43)		
Other Operating Expenses	(18)	(21)	3 F	15%	(18)	(21)	3 F	15%
Democracy	(34)	(42)	8 F	19%	(34)	(42)	8 F	19%
Subsidiaries & Joint Ventures	-	-			-	-		
Infrastructure & Non-Clinical Supplies Total	**(128)**	**(157)**	**30 F**	**19%**	**(128)**	**(157)**	**30 F**	**19%**
Internal Allocations	-	-			-	-		
Other	-	-			-	-		
Total Expenses	**(735)**	**(760)**	**25 F**	**3%**	**(735)**	**(760)**	**25 F**	**3%**
Net Surplus/ (Deficit)	**(2)**	**(27)**	**25 F**	**93%**	**(2)**	**(27)**	**25 F**	**93%**
Zero Check	-	-			-	-		
Interest Costs from CHFA	-	-			-	-		
Capital Charge	-	-			-	-		
Part 1.2 : Full Time Equivalent Numbers								
Medical Personnel	-	1			-	1		
Nursing Personnel	-	0			-	0		
Allied Health Personnel	-	-			-	-		
Support Personnel	-	-			-	-		
Management / Adminstration Personnel	28	29			28	29		
Total Full Equivalents (FTE's)	28	30			28	30		

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Part 2: DHB provider	Current Month Actual $(000)	Current Month Budget $(000)	Current Month Variance $(000)	Current Month Variance %	Year to Date Actual $(000)	Year to Date Budget $(000)	Year to Date Variance $(000)	Year to Date Variance %
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	66	28	38 F	134%	66	28	38 F	134%
MoH - Mental Health	-	-			-	-		
MoH - Public Health	10	11		(1%)	10	11		(1%)
MoH - Disability Support Services	855	834	22 F	3%	855	834	22 F	3%
MoH - Maori Health	-	-			-	-		
Clinical Training Agency	628	637	(8) U	(1%)	628	637	(8) U	(1%)
Internal - DHB Funder to DHB Provider	37,681	37,838	(157) U		37,681	37,838	(157) U	
Ministry of Health Total	**39,242**	**39,347**	**(106) U**		**39,242**	**39,347**	**(106) U**	
Other Government								
IDF's - Mental Health Services	-	-			-	-		
IDF's - All others (non Mental health)	-	-			-	-		
Other DHB's	19	25	(6) U	(23%)	19	25	(6) U	(23%)
Training Fees and Subsidies	13	17	(4) U	(23%)	13	17	(4) U	(23%)
Accident Insurance	742	916	(174) U	(19%)	742	916	(174) U	(19%)
Other Government	422	464	(42) U	(9%)	422	464	(42) U	(9%)
Other Government Total	**1,197**	**1,422**	**(225) U**	**(16%)**	**1,197**	**1,422**	**(225) U**	**(16%)**
Government and Crown Agency Total	**40,438**	**40,769**	**(331) U**	**(1%)**	**40,438**	**40,769**	**(331) U**	**(1%)**
Other Revenue								
Patient / Consumer Sourced	188	264	(76) U	(29%)	188	264	(76) U	(29%)
Other Income	793	804	(11) U	(1%)	793	804	(11) U	(1%)
Other Revenue Total	**981**	**1,068**	**(86) U**	**(8%)**	**981**	**1,068**	**(86) U**	**(8%)**
REVENUE TOTAL	**41,420**	**41,837**	**(418) U**	**(1%)**	**41,420**	**41,837**	**(418) U**	**(1%)**
EXPENSES								
Personnel Expenses								
Medical Personnel	(9,510)	(9,813)	304 F	3%	(9,510)	(9,813)	304 F	3%
Nursing Personnel	(10,341)	(10,275)	(65) U	(1%)	(10,341)	(10,275)	(65) U	(1%)
Allied Health Personnel	(4,276)	(4,279)	3 F		(4,276)	(4,279)	3 F	
Support Services Personnel	(834)	(837)	2 F		(834)	(837)	2 F	
Management / Admin Personnel	(3,492)	(3,417)	(75) U	(2%)	(3,492)	(3,417)	(75) U	(2%)
Personnel Costs Total	**(28,453)**	**(28,622)**	**168 F**	**1%**	**(28,453)**	**(28,622)**	**168 F**	**1%**
Outsourced Expenses								
Medical Personnel	(483)	(509)	26 F	5%	(483)	(509)	26 F	5%
Nursing Personnel	(17)	-	(17) U		(17)	-	(17) U	
Allied Health Personnel	(46)	(36)	(10) U	(27%)	(46)	(36)	(10) U	(27%)
Support Personnel	(15)	(21)	7 F	32%	(15)	(21)	7 F	32%
Management / Administration Personnel	(2)	(1)	(1) U	(141%)	(2)	(1)	(1) U	(141%)
Outsourced Clinical Services	(1,866)	(1,865)	(1) U		(1,866)	(1,865)	(1) U	
Outsourced Corporate / Governance Services	(76)	(138)	62 F	45%	(76)	(138)	62 F	45%
Outsourced Funder Services	-	-			-	-		
Outsourced Services Total	**(2,506)**	**(2,571)**	**65 F**	**3%**	**(2,506)**	**(2,571)**	**65 F**	**3%**
Clinical Supplies								
Treatment Disposables	(2,743)	(2,509)	(234) U	(9%)	(2,743)	(2,509)	(234) U	(9%)
Diagnostic Supplies & Other Clinical Supplies	(145)	(166)	21 F	12%	(145)	(166)	21 F	12%
Instruments & Equipment	(1,477)	(1,318)	(159) U	(12%)	(1,477)	(1,318)	(159) U	(12%)
Patient Appliances	(183)	(190)	7 F	3%	(183)	(190)	7 F	3%
Implants & Prosthesis	(921)	(1,009)	88 F	9%	(921)	(1,009)	88 F	9%
Pharmaceuticals	(1,666)	(1,582)	(85) U	(5%)	(1,666)	(1,582)	(85) U	(5%)
Other Clinical Supplies	(370)	(336)	(34) U	(10%)	(370)	(336)	(34) U	(10%)
Clinical Supplies Total	**(7,505)**	**(7,109)**	**(396) U**	**(6%)**	**(7,505)**	**(7,109)**	**(396) U**	**(6%)**
Infrastructure & Non Clinical Expenses								
Hotel Services, Laundry & Cleaning	(1,130)	(1,054)	(76) U	(7%)	(1,130)	(1,054)	(76) U	(7%)
Facilities	(1,913)	(1,857)	(57) U	(3%)	(1,913)	(1,857)	(57) U	(3%)
Transport	(340)	(375)	35 F	9%	(340)	(375)	35 F	9%
IT Systems & Telecommunications	(825)	(912)	86 F	9%	(825)	(912)	86 F	9%
Interest & Financing Charges	(1,270)	(1,253)	(18) U	(1%)	(1,270)	(1,253)	(18) U	(1%)
Professional Fees & Expenses	(90)	(117)	27 F	23%	(90)	(117)	27 F	23%
Other Operating Expenses	(407)	(348)	(59) U	(17%)	(407)	(348)	(59) U	(17%)
Democracy	-	-			-	-		
Subsidiaries & Joint Ventures	-	-			-	-		
Infrastructure & Non-Clinical Supplies Total	**(5,975)**	**(5,915)**	**(60) U**	**(1%)**	**(5,975)**	**(5,915)**	**(60) U**	**(1%)**
Other Costs and Internal Allocations	-	-			-	-		
Total Expenses	**(44,439)**	**(44,216)**	**(222) U**	**(1%)**	**(44,439)**	**(44,216)**	**(222) U**	**(1%)**
Net Surplus/ (Deficit)	**(3,019)**	**(2,379)**	**(640) U**	**(27%)**	**(3,019)**	**(2,379)**	**(640) U**	**(27%)**
Zero Check	-	-			-	-		

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Part 2: DHB provider	Current Month Actual $(000)	Current Month Budget $(000)	Current Month Variance $(000)	Current Month Variance %	Year to Date Actual $(000)	Year to Date Budget $(000)	Year to Date Variance $(000)	Year to Date Variance %
Part 2.1 A: Supplementary Information to Statement of Financial Performance								
Depreciation - Clinical Equipment	(688)	(597)	(91) U	(15%)	(688)	(597)	(91) U	(15%)
Depreciation - Non Res Buildings & Plant	(641)	(637)	(4) U	(1%)	(641)	(637)	(4) U	(1%)
Depreciation - Motor Vehicles	(23)	(19)	(3) U	(16%)	(23)	(19)	(3) U	(16%)
Depreciation - Information Technology	(263)	(246)	(17) U	(7%)	(263)	(246)	(17) U	(7%)
Depreciation - Other Equipment	(56)	(48)	(8) U	(17%)	(56)	(48)	(8) U	(17%)
Total Depreciation	(1,670)	(1,547)	(123) U	(8%)	(1,670)	(1,547)	(123) U	(8%)
Interest Cost from Funder Loans	-	-			-	-		
Interest Costs from CHFA	(386)	(378)	(8) U	(2%)	(386)	(378)	(8) U	(2%)
Financing Component of Operating Leases	(29)	(31)	1 F	5%	(29)	(31)	1 F	5%
Capital Charge	(852)	(841)	(11) U	(1%)	(852)	(841)	(11) U	(1%)
Part 1.2 : Full Time Equivalent Numbers								
Medical Personnel	513	523			513	523		
Nursing Personnel	1,609	1,613			1,609	1,613		
Allied Health Personnel	663	690			663	690		
Support Personnel	195	192			195	192		
Management / Administration Personnel	657	652			657	652		
Total Full Time Equivalents (FTE's)	3,637	3,669			3,637	3,669		

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Part 3: DHB Funds	Current Month				Year to Date			
	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	57,835	57,837	(2) U		57,835	57,837	(2) U	
MoH - Vote Health Mental Health	6,925	6,925			6,925	6,925		
PBF Adjustments	-	-			-	-		
MoH Funding Subcontracts	3,208	3,289	(81) U	(2%)	3,208	3,289	(81) U	(2%)
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	**67,967**	**68,051**	**(83) U**		**67,967**	**68,051**	**(83) U**	
Other Government								
IDF's - Mental Health Services	45	45			45	45		
IDF's - All others (non Mental health)	1,508	1,508			1,508	1,508		
Other DHB's	-	-			-	-		
Training Fees and Subsidies	-	-			-	-		
Accident Insurance	-	-			-	-		
Other Government	-	-			-	-		
Other Government Total	**1,553**	**1,553**			**1,553**	**1,553**		
Government and Crown Agency Sourced Total	**69,520**	**69,604**	**(83) U**		**69,520**	**69,604**	**(83) U**	
Other Revenue								
Patient / Consumer Sourced	-	-			-	-		
Other Income	-	-			-	-		
Other Revenue Total	**-**	**-**			**-**	**-**		
REVENUE TOTAL	**69,520**	**69,604**	**(83) U**		**69,520**	**69,604**	**(83) U**	
EXPENSES								
Outsourced Expenses								
Outsourced Funder Services	(725)	(725)			(725)	(725)		
Other Outsourced Expenses	-	-			-	-		
Other Expenses	-	-			-	-		
Payments to Providers								
Personal Health								
Personal Health to allocate	-	(83)	83 F		-	(83)	83 F	
Child and Youth	(382)	(382)			(382)	(382)		
Laboratory	(1,496)	(1,465)	(31) U	(2%)	(1,496)	(1,465)	(31) U	(2%)
Infertility Treatment Services	(101)	(101)			(101)	(101)		
Maternity	(261)	(262)	1 F		(261)	(262)	1 F	
Maternity (Tertiary & Secondary)	(1,394)	(1,394)			(1,394)	(1,394)		
Pregnancy and Parenting Education	(12)	(12)		1%	(12)	(12)		1%
Maternity Payment Schedule	-	-			-	-		
Neo Natal	(660)	(660)			(660)	(660)		
Sexual Health	(87)	(88)	1 F	2%	(87)	(88)	1 F	2%
Adolescent Dental Benefit	(195)	(199)	4 F	2%	(195)	(199)	4 F	2%
Other Dental Services	-	-			-	-		
Dental - Low Income Adult	(78)	(78)			(78)	(78)		
Child (School) Dental Services	(624)	(632)	8 F	1%	(624)	(632)	8 F	1%
Secondary / Tertiary Dental	(242)	(242)			(242)	(242)		
Pharmaceuticals	(6,000)	(6,067)	67 F	1%	(6,000)	(6,067)	67 F	1%
Pharmaceutical Cancer Treatment Drugs	(453)	(386)	(67) U	(17%)	(453)	(386)	(67) U	(17%)
Pharmacy Services	(28)	(69)	41 F	59%	(28)	(69)	41 F	59%
Management Referred Services	-	-			-	-		
General Medical Subsidy	(72)	(79)	8 F	10%	(72)	(79)	8 F	10%
Primary Practice Services - Capitated	(3,536)	(3,511)	(25) U	(1%)	(3,536)	(3,511)	(25) U	(1%)
Primary Health Care Strategy - Care	(320)	(318)	(2) U	(1%)	(320)	(318)	(2) U	(1%)
Primary Health Care Strategy - Health	(329)	(337)	8 F	2%	(329)	(337)	8 F	2%
Primary Health Care Strategy - Other	(254)	(255)	1 F		(254)	(255)	1 F	
Practice Nurse Subsidy	(17)	(16)		(2%)	(17)	(16)		(2%)
Rural Support for Primary Health Pro	(1,442)	(1,384)	(58) U	(4%)	(1,442)	(1,384)	(58) U	(4%)
Immunisation	(212)	(202)	(10) U	(5%)	(212)	(202)	(10) U	(5%)
Radiology	(463)	(465)	2 F		(463)	(465)	2 F	
Palliative Care	(480)	(495)	15 F	3%	(480)	(495)	15 F	3%
Meals on Wheels	(42)	(53)	12 F	22%	(42)	(53)	12 F	22%
Domicilary & District Nursing	(1,449)	(1,433)	(16) U	(1%)	(1,449)	(1,433)	(16) U	(1%)
Community based Allied Health	(590)	(584)	(6) U	(1%)	(590)	(584)	(6) U	(1%)
Chronic Disease Management and Educa	(256)	(255)			(256)	(255)		
Medical Inpatients	(5,653)	(5,653)			(5,653)	(5,653)		
Medical Outpatients	(3,636)	(3,669)	33 F	1%	(3,636)	(3,669)	33 F	1%
Surgical Inpatients	(10,642)	(10,647)	5 F		(10,642)	(10,647)	5 F	
Surgical Outpatients	(1,688)	(1,694)	6 F		(1,688)	(1,694)	6 F	
Paediatric Inpatients	(644)	(644)			(644)	(644)		
Paediatric Outpatients	(269)	(269)			(269)	(269)		
Pacific Peoples' Health	(10)	(22)	12 F	54%	(10)	(22)	12 F	54%
Emergency Services	(1,634)	(1,634)			(1,634)	(1,634)		
Minor Personal Health Expenditure	(98)	(100)	2 F	2%	(98)	(100)	2 F	2%
Price adjusters and Premium	(509)	(505)	(3) U	1%	(509)	(505)	(3) U	1%
Travel & Accomodation	(467)	(449)	(18) U	(4%)	(467)	(449)	(18) U	(4%)
Inter District Flow Personal Health	(2,404)	(2,399)	(5) U		(2,404)	(2,399)	(5) U	
Personal Health Total	**(49,125)**	**(49,191)**	**66 F**		**(49,125)**	**(49,191)**	**66 F**	

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Part 3: DHB Funds	Current Month Actual $(000)	Current Month Budget $(000)	Current Month Variance $(000)	Current Month Variance %	Year to Date Actual $(000)	Year to Date Budget $(000)	Year to Date Variance $(000)	Year to Date Variance %
Mental Health								
Mental Health to allocate	9	(29)	38 F	133%	9	(29)	38 F	133%
Acute Mental Health Inpatients	(1,143)	(1,143)			(1,143)	(1,143)		
Sub-Acute & Long Term Mental Health	(304)	(304)			(304)	(304)		
Crisis Respite	(7)	(7)			(7)	(7)		
Alcohol & Other Drugs - General	(327)	(327)			(327)	(327)		
Alcohol & Other Drugs - Child & Youth	(102)	(102)			(102)	(102)		
Methadone	(94)	(94)			(94)	(94)		
Dual Diagnosis - Alcohol & Other Drugs	(41)	(45)	3 F	7%	(41)	(45)	3 F	7%
Dual Diagnosis - MH/ID	(5)	(5)			(5)	(5)		
Eating Disorder	(14)	(16)	2 F	13%	(14)	(16)	2 F	13%
Maternal Mental Health	(4)	(4)			(4)	(4)		
Child & Youth Mental Health Services	(876)	(820)	(56) U	(7%)	(876)	(820)	(56) U	(7%)
Forensic Services	(509)	(513)	4 F	1%	(509)	(513)	4 F	1%
Kaupapa Maori Mental Health Services	(152)	(152)			(152)	(152)		
Kaupapa Maori Mental Health - Residential	-	-			-	-		
Kaupapa Maori Mental Health - Inpati	-	-			-	-		
Mental Health Community Services	(1,878)	(1,878)			(1,878)	(1,878)		
Prison/Court Liaison	(45)	(45)			(45)	(45)		
Mental Health Workforce Development	-	-			-	-		
Day Activity & Work Rehabilitation S	(199)	(200)			(199)	(200)		
Mental Health Funded Services for Older People	(36)	(36)			(36)	(36)		
Advocacy / Peer Support - Consumer	(58)	(58)			(58)	(58)		
Other Home Based Residential Support	(430)	(373)	(56) U	(15%)	(430)	(373)	(56) U	(15%)
Advocacy / Peer Support - Families	(52)	(52)			(52)	(52)		
Community Residential Beds & Service	(430)	(457)	26 F	6%	(430)	(457)	26 F	6%
Minor Mental Health Expenditure	(28)	(32)	4 F	14%	(28)	(32)	4 F	14%
Inter District Flow Mental Health	(403)	(399)	(3) U	(1%)	(403)	(399)	(3) U	(1%)
Mental Health Total	**(7,128)**	**(7,090)**	**(38) U**	**(1%)**	**(7,128)**	**(7,090)**	**(38) U**	**(1%)**
Public Health								
Alcohol & Drug	(36)	(36)			(36)	(36)		
Communicable Diseases	(97)	(97)			(97)	(97)		
Injury Prevention	-	-			-	-		
Screening Programmes	(243)	(381)	138 F	36%	(243)	(381)	138 F	36%
Mental Health	(22)	(22)			(22)	(22)		
Nutrition and Physical Activity	(49)	(49)			(49)	(49)		
Physical Environment	(36)	(36)			(36)	(36)		
Public Health Infrastructure	(128)	(128)			(128)	(128)		
Sexual Health	(12)	(12)			(12)	(12)		
Social Environments	(38)	(38)			(38)	(38)		
Tobacco Control	(93)	(94)	1 F	1%	(93)	(94)	1 F	1%
Well Child Promotion	-	-			-	-		
Meningococcal	-	-			-	-		
Public Health Total	**(754)**	**(893)**	**139 F**	**16%**	**(754)**	**(893)**	**139 F**	**16%**
Disability Support Services								
AT & R (Assessment, Treatment and Re	(1,986)	(1,986)			(1,986)	(1,986)		
Information and Advisory	(12)	(12)			(12)	(12)		
Needs Assessment	(173)	(160)	(14) U	(9%)	(173)	(160)	(14) U	(9%)
Service Co-ordination	(21)	(19)	(2) U	(9%)	(21)	(19)	(2) U	(9%)
Home Support	(1,495)	(1,423)	(72) U	(5%)	(1,495)	(1,423)	(72) U	(5%)
Carer Support	(126)	(144)	18 F	12%	(126)	(144)	18 F	12%
Residential Care: Rest Homes	(2,974)	(2,995)	21 F	1%	(2,974)	(2,995)	21 F	1%
Residential Care: Loans Adjustment	17	23	(6) U	(26%)	17	23	(6) U	(26%)
Long Term Chronic Conditions	(12)	(8)	(4) U	(48%)	(12)	(8)	(4) U	(48%)
Residential Care: Hospitals	(3,873)	(3,942)	69 F	2%	(3,873)	(3,942)	69 F	2%
Ageing in Place	(2)	(2)			(2)	(2)		
Environmental Support Services	(110)	(110)			(110)	(110)		
Day Programmes	(46)	(46)		1%	(46)	(46)		1%
Expenditure to Attend Treatment ETAT	-	-			-	-		
Minor Disability Support Expenditure	(8)	(17)	9 F	52%	(8)	(17)	9 F	52%
Respite Care	(102)	(95)	(6) U	(7%)	(102)	(95)	(6) U	(7%)
Community Health Services & Support	(91)	(81)	(10) U	(13%)	(91)	(81)	(10) U	(13%)
Inter District Flow Disability Support	(256)	(256)			(256)	(256)		
Disability Support Other	-	-			-	-		
Disability Support Services Total	**(11,271)**	**(11,274)**	**4 F**		**(11,271)**	**(11,274)**	**4 F**	
Maori Health								
Maori Service Development	(38)	(38)			(38)	(38)		
Maori Provider Assistance Infrastruc	-	-			-	-		
Maori Workforce Development	-	-			-	-		
Minor Maori Health Expenditure	-	-			-	-		
Whanau Ora Services	(108)	(115)	7 F	6%	(108)	(115)	7 F	6%
Maori Health Total	**(146)**	**(153)**	**7 F**	**5%**	**(146)**	**(153)**	**7 F**	**5%**
Internal Allocations	-	-			-	-		
Total Expenses	**(69,149)**	**(69,326)**	**178 F**		**(69,149)**	**(69,326)**	**178 F**	
Summary of Results								
Subtotal of IDF Revenue	1,553	1,553			1,553	1,553		
Subtotal all other Revenue	67,967	68,051	(83) U		67,967	68,051	(83) U	
Revenue Total	**69,520**	**69,604**	**(83) U**		**69,520**	**69,604**	**(83) U**	
Subtotal of IDF Expenditure	(3,063)	(3,055)	(9) U		(3,063)	(3,055)	(9) U	
Subtotal all other Expenditure	(66,085)	(66,271)	186 F		(66,085)	(66,271)	186 F	
Expenses Total	**(69,149)**	**(69,326)**	**178 F**		**(69,149)**	**(69,326)**	**178 F**	
Net Surplus/ (Deficit)	**372**	**277**	**94 F**	**34%**	**372**	**277**	**94 F**	**34%**

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Part 4: DHB Consolidated	Current Month				Year to Date			
	Actual $(000)	Budget $(000)	Variance $(000)	Variance %	Actual $(000)	Budget $(000)	Variance $(000)	Variance %
Part 4.1: Statement of Financial Performance								
REVENUE								
Ministry of Health								
MoH - Vote Health Non Mental Health	57,835	57,837	(2) U		57,835	57,837	(2) U	
MoH - Vote Health Mental Health	6,925	6,925			6,925	6,925		
PBF Adjustments	-	-			-	-		
MoH Funding Subcontracts	3,208	3,289	(81) U	(2%)	3,208	3,289	(81) U	(2%)
MoH - Personal Health	66	28	38 F	134%	66	28	38 F	134%
MoH - Mental Health	-	-			-	-		
MoH - Public Health	10	11		(1%)	10	11		(1%)
MoH - Disability Support Services	855	834	22 F	3%	855	834	22 F	3%
MoH - Maori Health	-	-			-	-		
Clinical Training Agency	628	637	(8) U	(1%)	628	637	(8) U	(1%)
Internal - DHB Funder to DHB Provider	-	-		76%	-	-		76%
Ministry of Health Total	**69,528**	**69,560**	**(32) U**		**69,528**	**69,560**	**(32) U**	
Other Government								
IDF's - Mental Health Services	45	45			45	45		
IDF's - All others (non Mental health)	1,508	1,508			1,508	1,508		
Other DHB's	19	25	(6) U	(23%)	19	25	(6) U	(23%)
Training Fees and Subsidies	13	17	(4) U	(23%)	13	17	(4) U	(23%)
Accident Insurance	742	916	(174) U	(19%)	742	916	(174) U	(19%)
Other Government	430	471	(42) U	(9%)	430	471	(42) U	(9%)
Other Government Total	**2,757**	**2,982**	**(225) U**	**(8%)**	**2,757**	**2,982**	**(225) U**	**(8%)**
Government and Crown Agency Total	**72,285**	**72,542**	**(257) U**		**72,285**	**72,542**	**(257) U**	
Other Revenue								
Patient / Consumer Sourced	188	264	(76) U	(29%)	188	264	(76) U	(29%)
Other Income	793	804	(11) U	(1%)	793	804	(11) U	(1%)
Other Revenue Total	**981**	**1,068**	**(86) U**	**(8%)**	**981**	**1,068**	**(86) U**	**(8%)**
REVENUE TOTAL	**73,266**	**73,610**	**(344) U**		**73,266**	**73,610**	**(344) U**	
EXPENSES								
Personnel Expenses								
Medical Personnel	(9,513)	(9,835)	322 F	3%	(9,513)	(9,835)	322 F	3%
Nursing Personnel	(10,341)	(10,276)	(65) U	(1%)	(10,341)	(10,276)	(65) U	(1%)
Allied Health Personnel	(4,276)	(4,279)	3 F		(4,276)	(4,279)	3 F	
Support Services Personnel	(834)	(837)	2 F		(834)	(837)	2 F	
Management / Admin Personnel	(3,806)	(3,741)	(65) U	(2%)	(3,806)	(3,741)	(65) U	(2%)
Personnel Costs Total	**(28,770)**	**(28,967)**	**197 F**	**1%**	**(28,770)**	**(28,967)**	**197 F**	**1%**
Outsourced Expenses								
Medical Personnel	(483)	(509)	26 F	5%	(483)	(509)	26 F	5%
Nursing Personnel	(17)	-	(17) U		(17)	-	(17) U	
Allied Health Personnel	(46)	(36)	(10) U	(27%)	(46)	(36)	(10) U	(27%)
Support Personnel	(15)	(21)	7 F	32%	(15)	(21)	7 F	32%
Management / Administration Personnel	(2)	(1)	(1) U	(141%)	(2)	(1)	(1) U	(141%)
Outsourced Clinical Services	(1,866)	(1,865)	(1) U		(1,866)	(1,865)	(1) U	
Outsourced Corporate / Governance Services	(206)	(261)	55 F	21%	(206)	(261)	55 F	21%
Outsourced Funder Services	(161)	(134)	(27) U	(20%)	(161)	(134)	(27) U	(20%)
Outsourced Services Total	**(2,796)**	**(2,828)**	**32 F**	**1%**	**(2,796)**	**(2,828)**	**32 F**	**1%**
Clinical Supplies								
Treatment Disposables	(2,743)	(2,509)	(235) U	(9%)	(2,743)	(2,509)	(235) U	(9%)
Diagnostic Supplies & Other Clinical Supplies	(145)	(166)	21 F	12%	(145)	(166)	21 F	12%
Instruments & Equipment	(1,477)	(1,318)	(159) U	(12%)	(1,477)	(1,318)	(159) U	(12%)
Patient Appliances	(183)	(190)	7 F	3%	(183)	(190)	7 F	3%
Implants & Prosthesis	(921)	(1,009)	88 F	9%	(921)	(1,009)	88 F	9%
Pharmaceuticals	(1,666)	(1,582)	(85) U	(5%)	(1,666)	(1,582)	(85) U	(5%)
Other Clinical Supplies	(370)	(336)	(34) U	(10%)	(370)	(336)	(34) U	(10%)
Clinical Supplies Total	**(7,505)**	**(7,109)**	**(396) U**	**(6%)**	**(7,505)**	**(7,109)**	**(396) U**	**(6%)**
Infrastructure & Non Clinical Expenses								
Hotel Services, Laundry & Cleaning	(1,131)	(1,055)	(76) U	(7%)	(1,131)	(1,055)	(76) U	(7%)
Facilities	(1,913)	(1,857)	(57) U	(3%)	(1,913)	(1,857)	(57) U	(3%)
Transport	(352)	(393)	42 F	11%	(352)	(393)	42 F	11%
IT Systems & Telecommunications	(831)	(921)	90 F	10%	(831)	(921)	90 F	10%
Interest & Financing Charges	(1,284)	(1,275)	(9) U	(1%)	(1,284)	(1,275)	(9) U	(1%)
Professional Fees & Expenses	(133)	(160)	27 F	17%	(133)	(160)	27 F	17%
Other Operating Expenses	(425)	(369)	(56) U	(15%)	(425)	(369)	(56) U	(15%)
Democracy	(34)	(42)	8 F	19%	(34)	(42)	8 F	19%
Subsidiaries & Joint Ventures	-	-			-	-		
Infrastructure & Non-Clinical Supplies Total	**(6,103)**	**(6,072)**	**(31) U**	**(1%)**	**(6,103)**	**(6,072)**	**(31) U**	**(1%)**

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Part 4: DHB Consolidated	Current Month Actual $(000)	Current Month Budget $(000)	Current Month Variance $(000)	Current Month Variance %	Year to Date Actual $(000)	Year to Date Budget $(000)	Year to Date Variance $(000)	Year to Date Variance %
Payments to Providers								
Personal Health								
Personal Health to allocate	-	(83)	83 F		-	(83)	83 F	
Child and Youth	(34)	(34)		1%	(34)	(34)		1%
Laboratory	(1,496)	(1,465)	(31) U	(2%)	(1,496)	(1,465)	(31) U	(2%)
Infertility Treatment Services	(9)	(9)			(9)	(9)		
Maternity	(220)	(220)	1 F		(220)	(220)	1 F	
Maternity (Tertiary & Secondary)	(14)	(14)			(14)	(14)		
Pregnancy and Parenting Education	(10)	(10)		2%	(10)	(10)		2%
Maternity Payment Schedule	-	-			-	-		
Neo Natal	-	-			-	-		
Sexual Health	-	(1)	1 F		-	(1)	1 F	
Adolescent Dental Benefit	(147)	(172)	26 F	15%	(147)	(172)	26 F	15%
Other Dental Services	-	-			-	-		
Dental - Low Income Adult	(55)	(55)			(55)	(55)		
Child (School) Dental Services	(29)	(37)	8 F	21%	(29)	(37)	8 F	21%
Secondary / Tertiary Dental	(126)	(126)			(126)	(126)		
Pharmaceuticals	(5,816)	(5,776)	(40) U	(1%)	(5,816)	(5,776)	(40) U	(1%)
Pharmaceutical Cancer Treatment Drugs	-	-			-	-		
Pharmacy Services	(19)	(61)	41 F	68%	(19)	(61)	41 F	68%
Management Referred Services	-	-			-	-		
General Medical Subsidy	(72)	(79)	8 F	10%	(72)	(79)	8 F	10%
Primary Practice Services - Capitated	(3,536)	(3,511)	(25) U	(1%)	(3,536)	(3,511)	(25) U	(1%)
Primary Health Care Strategy - Care	(320)	(318)	(2) U	(1%)	(320)	(318)	(2) U	(1%)
Primary Health Care Strategy - Health	(329)	(337)	8 F	2%	(329)	(337)	8 F	2%
Primary Health Care Strategy - Other	(254)	(255)	1 F		(254)	(255)	1 F	
Practice Nurse Subsidy	(17)	(16)		(2%)	(17)	(16)		(2%)
Rural Support for Primary Health Pro	(1,371)	(1,313)	(58) U	(4%)	(1,371)	(1,313)	(58) U	(4%)
Immunisation	(142)	(132)	(10) U	(8%)	(142)	(132)	(10) U	(8%)
Radiology	(194)	(196)	2 F	1%	(194)	(196)	2 F	1%
Palliative Care	(474)	(488)	15 F	3%	(474)	(488)	15 F	3%
Meals on Wheels	(8)	(20)	12 F	59%	(8)	(20)	12 F	59%
Domicilary & District Nursing	(454)	(438)	(16) U	(4%)	(454)	(438)	(16) U	(4%)
Community based Allied Health	(174)	(168)	(6) U	(4%)	(174)	(168)	(6) U	(4%)
Chronic Disease Management and Educa	(95)	(95)			(95)	(95)		
Medical Inpatients	-	-			-	-		
Medical Outpatients	(364)	(397)	33 F	8%	(364)	(397)	33 F	8%
Surgical Inpatients	(14)	(19)	5 F	26%	(14)	(19)	5 F	26%
Surgical Outpatients	(140)	(146)	6 F	4%	(140)	(146)	6 F	4%
Paediatric Inpatients	-	-			-	-		
Paediatric Outpatients	-	-			-	-		
Pacific Peoples' Health	-	(12)	12 F		-	(12)	12 F	
Emergency Services	(156)	(156)			(156)	(156)		
Minor Personal Health Expenditure	(72)	(74)	2 F	3%	(72)	(74)	2 F	3%
Price adjusters and Premium	(87)	(83)	(3) U	4%	(87)	(83)	(3) U	4%
Travel & Accomodation	(463)	(445)	(18) U	(4%)	(463)	(445)	(18) U	(4%)
Inter District Flow Personal Health	(2,404)	(2,399)	(5) U		(2,404)	(2,399)	(5) U	
Personal Health Total	**(19,113)**	**(19,160)**	**47 F**		**(19,113)**	**(19,160)**	**47 F**	
Mental Health								
Mental Health to allocate	-	(38)	38 F		-	(38)	38 F	
Acute Mental Health Inpatients	-	-			-	-		
Sub-Acute & Long Term Mental Health	-	-			-	-		
Crisis Respite	(5)	(5)			(5)	(5)		
Alcohol & Other Drugs - General	(55)	(55)			(55)	(55)		
Alcohol & Other Drugs - Child & Youth	(102)	(102)			(102)	(102)		
Methadone	-	-			-	-		
Dual Diagnosis - Alcohol & Other Drugs	(33)	(36)	3 F	9%	(33)	(36)	3 F	9%
Dual Diagnosis - MH/ID	-	-			-	-		
Eating Disorder	(14)	(16)	2 F	13%	(14)	(16)	2 F	13%
Maternal Mental Health	(4)	(4)			(4)	(4)		
Child & Youth Mental Health Services	(298)	(241)	(56) U	(23%)	(298)	(241)	(56) U	(23%)
Forensic Services	-	(4)	4 F		-	(4)	4 F	
Kaupapa Maori Mental Health Services	(6)	(6)			(6)	(6)		
Kaupapa Maori Mental Health - Residentual	-	-			-	-		
Kaupapa Maori Mental Health - Inpati	-	-			-	-		
Mental Health Community Services	(127)	(127)			(127)	(127)		
Prison/Court Liaison	-	-			-	-		
Mental Health Workforce Development	-	-			-	-		
Day Activity & Work Rehabilitation S	(136)	(136)			(136)	(136)		
Mental Health Funded Services for Older People	-	-			-	-		
Advocacy / Peer Support - Consumer	(23)	(23)			(23)	(23)		
Other Home Based Residential Support	(371)	(315)	(56) U	(18%)	(371)	(315)	(56) U	(18%)
Advocacy / Peer Support - Families	(52)	(52)			(52)	(52)		
Community Residential Beds & Service	(430)	(457)	26 F	6%	(430)	(457)	26 F	6%
Minor Mental Health Expenditure	(28)	(32)	4 F	14%	(28)	(32)	4 F	14%
Inter District Flow Mental Health	(403)	(399)	(3) U	(1%)	(403)	(399)	(3) U	(1%)
Mental Health Total	**(2,086)**	**(2,048)**	**(38) U**	**(2%)**	**(2,086)**	**(2,048)**	**(38) U**	**(2%)**
Public Health								
Alcohol & Drug	-	-			-	-		
Communicable Diseases	-	-			-	-		
Injury Prevention	-	-			-	-		
Mental Health	-	-			-	-		
Screening Programmes	-	-			-	-		
Nutrition and Physical Activity	(27)	(27)			(27)	(27)		
Physical Environment	-	-			-	-		
Public Health Infrastructure	-	-			-	-		
Sexual Health	-	-			-	-		
Social Environments	-	-			-	-		
Tobacco Control	(12)	(12)	1 F	7%	(12)	(12)	1 F	7%
Well Child Promotion	-	-			-	-		
Meningococcal	-	-			-	-		
Public Health Total	**(38)**	**(39)**	**1 F**	**2%**	**(38)**	**(39)**	**1 F**	**2%**

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Part 4: DHB Consolidated	Current Month				Year to Date			
	Actual	Budget	Variance	Variance	Actual	Budget	Variance	Variance
	$(000)	$(000)	$(000)	%	$(000)	$(000)	$(000)	%
Disability Support Services								
AT & R (Assessment, Treatment and Re	(297)	(297)			(297)	(297)		
Information and Advisory	(12)	(12)			(12)	(12)		
Needs Assessment	(35)	(22)	(14) U	(63%)	(35)	(22)	(14) U	(63%)
Service Co-ordination	(2)	-	(2) U		(2)	-	(2) U	
Home Support	(1,495)	(1,423)	(72) U	(5%)	(1,495)	(1,423)	(72) U	(5%)
Carer Support	(126)	(144)	18 F	12%	(126)	(144)	18 F	12%
Residential Care: Rest Homes	(2,974)	(2,995)	21 F	1%	(2,974)	(2,995)	21 F	1%
Residential Care: Loans Adjustment	17	23	(6) U	(26%)	17	23	(6) U	(26%)
Long Term Chronic Conditions	(4)	-	(4) U		(4)	-	(4) U	
Residential Care: Hospitals	(3,873)	(3,942)	69 F	2%	(3,873)	(3,942)	69 F	2%
Ageing in Place	-	-			-	-		
Environmental Support Services	(107)	(108)			(107)	(108)		
Day Programmes	(46)	(46)		1%	(46)	(46)		1%
Expenditure to Attend Treatment ETAT	-	-			-	-		
Minor Disability Support Expenditure	-	(9)	9 F		-	(9)	9 F	
Respite Care	(102)	(95)	(6) U	(7%)	(102)	(95)	(6) U	(7%)
Community Health Services & Support	(70)	(60)	(10) U	(17%)	(70)	(60)	(10) U	(17%)
Inter District Flow Disability Support	(256)	(256)			(256)	(256)		
Disability Support Other	-	-			-	-		
Disability Support Services Total	**(9,383)**	**(9,386)**	**4 F**		**(9,383)**	**(9,386)**	**4 F**	
Maori Health								
Maori Service Development	(22)	(22)			(22)	(22)		
Maori Provider Assistance Infrastruc	-	-			-	-		
Moari Workforce Development	-	-			-	-		
Minor Maori Health Expenditure	-	-			-	-		
Whanau Ora Services	(100)	(107)	7 F	7%	(100)	(107)	7 F	7%
Maori Health Total	**(122)**	**(129)**	**7 F**	**5%**	**(122)**	**(129)**	**7 F**	**5%**
Internal Allocations	-	-			-	-		
Total Expenses	**(75,916)**	**(75,738)**	**(177) U**		**(75,916)**	**(75,738)**	**(177) U**	
Net Surplus/ (Deficit)	**(2,649)**	**(2,128)**	**(521) U**	**(24%)**	**(2,649)**	**(2,128)**	**(521) U**	**(24%)**
Zero Check	-	-			-	-		
Part 4.1 A: Supplementary Information to Statement of Financial Performance								
Depreciation - Clinical Equipment	(688)	(597)	(91) U	(15%)	(688)	(597)	(91) U	(15%)
Depreciation - Non Residential Buildings & Plant	(641)	(637)	(4) U	(1%)	(641)	(637)	(4) U	(1%)
Depreciation - Motor Vehicles	(23)	(19)	(3) U	(16%)	(23)	(19)	(3) U	(16%)
Depreciation - Information Techology	(263)	(246)	(17) U	(7%)	(263)	(246)	(17) U	(7%)
Depreciation - Other Equipment	(56)	(48)	(8) U	(17%)	(56)	(48)	(8) U	(17%)
Total Depreciation	(1,670)	(1,547)	(123) U	(8%)	(1,670)	(1,547)	(123) U	(8%)
Interest Cost from Funder Loans	-	-			-	-		
Interest Costs from CHFA	(386)	(378)	(8) U	(2%)	(386)	(378)	(8) U	(2%)
Financing Component of Operating Leases	(29)	(31)	1 F	5%	(29)	(31)	1 F	5%
Capital Charge	(852)	(841)	(11) U	(1%)	(852)	(841)	(11) U	(1%)

Southern District Health Board

Jul-14

Part 4: DHB Consolidated	Current Month Actual $ (000)	Previous Month Actual $(000)	Movement $(000)	Current Budget $(000)	Current Year Opening Balance Sheet $(000)
Part 4.2: Balance Sheet					
Current Assets					
Petty Cash	16	16	-	16	16
Bank	(217)	(285)	68	-	(285)
Short Term Investments - HBL	5,169	12,711	(7,543)	4,988	12,711
Short Term Investments	-	-	-	-	-
Prepayments	2,757	2,115	643	2,115	2,115
Accounts Receivable	10,502	10,434	68	10,055	10,434
Provision for Doubtful Debts	(2,486)	(2,486)	-	(1,974)	(2,486)
Accrued Debtors	22,061	20,904	1,157	19,200	20,904
Inventory / Stock	4,748	4,792	(44)	4,746	4,792
Current Assets Total	**42,550**	**48,201**	**(5,650)**	**39,146**	**48,200**
Non Current Assets					
Land, Buildings & Plant	251,616	251,439	176	252,139	251,439
Clinical Equipment (incl Finance Leases)	108,477	108,627	(150)	110,060	108,627
Other Equipment (incl Finance Leases)	15,198	15,190	9	15,240	15,190
Information Technology	38,836	38,708	128	38,902	38,708
Motor Vehicles	2,343	2,343	-	2,343	2,343
Provision Depreciation - Buildings & Plant	(2,994)	(2,354)	(641)	(2,991)	(2,354)
Provision Depreciation - Clinical Equipment	(73,236)	(73,360)	124	(74,542)	(73,360)
Provision Depreciation - Other Equipment	(11,616)	(11,560)	(56)	(11,608)	(11,560)
Provision Depreciation - Information Technology	(28,513)	(28,263)	(250)	(28,509)	(28,263)
Provision Depreciation - Motor Vehicles	(925)	(902)	(23)	(922)	(902)
WIP	4,770	4,577	192	4,577	4,577
Investment in Associates	-	-	-	-	-
Long Term Investments	3,763	3,586	177	3,763	3,586
Non Current Assets Total	**307,718**	**308,031**	**(314)**	**308,452**	**308,032**
Current Liabilities					
Accounts Payable Control	(7,132)	(7,132)	3,127	(4,005)	(7,132)
Accrued Creditors	(29,975)	(29,975)	2,500	(29,441)	(29,975)
Income Received in Advance	(539)	(539)	(1,823)	(1,157)	(539)
Capital Charge Payable	-	-	(852)	(859)	-
GST & Tax Provisions	(5,359)	(5,359)	(144)	(4,142)	(5,359)
Term Loans - Finance Leases (current portion)	(2,330)	(2,330)	(1,342)	(2,331)	(2,330)
Term Loans - Crown (current portion)	(12,976)	(12,976)	-	(12,976)	(12,976)
Payroll Accrual & Clearing Accounts	(14,253)	(14,253)	601	(13,553)	(14,253)
Employee Entitlement Provisions	(48,539)	(48,539)	(180)	(45,244)	(48,539)
Current Liabilities Total	**(119,215)**	**(121,103)**	**1,888**	**(113,708)**	**(121,103)**
WORKING CAPITAL	**(76,666)**	**(72,903)**	**(3,762)**	**(74,562)**	**(72,903)**
NET FUNDS EMPLOYED	**231,052**	**235,128**	**(4,076)**	**233,890**	**235,128**
Non Current Liabilities					
Long Service Leave - Non Current Portion	(3,030)	(3,030)	-	(2,994)	(3,030)
Retirement Gratuities - Non Current Portion	(10,863)	(10,863)	-	(12,100)	(10,863)
Other Employee Entitlement Provisions	(1,320)	(1,320)	-	-	(1,320)
Term Loans - Finance Leases (non current portion	(114)	(1,555)	1,441	(1,413)	(1,555)
Term Loans - Crown (non current portion)	(88,264)	(88,250)	(14)	(88,250)	(88,250)
Custodial Funds	-	-	-	-	-
Non Current Liabilities Total	**(103,591)**	**(105,018)**	**1,427**	**(104,757)**	**(105,017)**
Crown Equity					
Crown Equity	(171,495)	(171,495)	-	(174,809)	(171,495)
Crown Equity Injection	(9,000)	(9,000)	-	-	(9,000)
Crown Equity Repayments	707	707	-	-	707
Trust and Special Funds (no restricted use)	(4,951)	(4,947)	(4)	(4,947)	(4,947)
Revaluation Reserve	(94,570)	(94,570)	-	(94,570)	(94,570)
Retained Earnings - DHB Governance & Funding	2,969	4,023	(1,054)	3,992	2,967
Retained Earnings - DHB Provider	113,067	107,622	5,444	103,356	110,043
Retained Earnings - Funds	35,812	37,549	(1,737)	37,845	36,184
Crown Equity Total	**(127,462)**	**(130,111)**	**2,649**	**(129,133)**	**(130,111)**
NET FUNDS EMPLOYED	**(231,052)**	**(235,128)**	**4,076**	**(233,890)**	**(235,128)**
Zero Check	-	-	-	-	-
Part 4.3: Statement of Movement in Equity					
Total equity at beginning of the period	(130,111)	(138,743)	16,925	(131,279)	(121,818)
Net Results for Period	2,649	16,925	(14,275)	2,146	-
Revaluation of Fixed Assets	-	-	-	-	-
Equity Injections - Deficit Support	-	(9,000)	-	-	(9,000)
Equity Injections - Capital Projects	-	-	-	-	-
Equity Repayments	-	707	-	-	707
Other	-	-	-	-	-
Movement in Trust and Special Funds	-	-	-	-	-
Total Equity at end of the period	**(127,462)**	**(130,111)**	**2,649**	**(129,133)**	**(130,111)**

Board Cash Flow - Southern

Jul-14

Part 4: DHB Consolidated	Current Month Actual $(000)	Current Month Budget $(000)	Current Month Variance $(000)	Year to Date Actual $(000)	Year to Date Budget $(000)	Year to Date Variance $(000)
Part 4.4 Statement of Cashflows						
Operating Revenue						
Government and Crown Agency Revenue	72,883	72,542	341 F	72,883	72,542	341 F
Other Revenue Received	829	916	(87) U	829	916	(87) U
Total Receipts	**73,712**	**73,458**	**254 F**	**73,712**	**73,458**	**254 F**
Payments for Personnel	(29,191)	(28,967)	(224) U	(29,191)	(28,967)	(224) U
Payments for Supplies	(17,101)	(17,499)	398 F	(17,101)	(17,499)	398 F
Interest Paid	(386)	(409)	23 F	(386)	(409)	23 F
Capital Charge Paid	-	(841)	841 F	-	(841)	841 F
GST (Net) & Tax	144	-	144 F	144	-	144 F
Payment to own DHB Provider (Eliminated)	-	-		-	-	
Payment to own DHB Governance & Funding Admin	-	-		-	-	
Payments to other DHBs	(3,063)	(3,055)	(8) U	(3,063)	(3,055)	(8) U
Payments to Providers	(30,281)	(28,708)	(1,573) U	(30,281)	(28,708)	(1,573) U
Total Payments	**(79,878)**	**(79,479)**	**(399) U**	**(79,878)**	**(79,479)**	**(399) U**
Net Cashflow from Operating	**(6,166)**	**(6,021)**	**(145) U**	**(6,166)**	**(6,021)**	**(145) U**
Investing Activities						
Interest Receipts 3rd Party	141	152	(11) U	141	152	(11) U
Sale of Fixed Assets	12	-	12 F	12	-	12 F
Capital Expenditure						
Land, Buildings & Plant	(176)	(637)	461 F	(176)	(637)	461 F
Clinical Equipment	(667)	(597)	(70) U	(667)	(597)	(70) U
Other Equipment	(9)	(48)	39 F	(9)	(48)	39 F
Information Technology	(244)	(246)	2 F	(244)	(246)	2 F
Motor Vehicles	-	(19)	19 F	-	(19)	19 F
Work in Progress (Check)	-	-		-	-	
Total Capital Expenditure	**(1,096)**	**(1,547)**	**451 F**	**(1,096)**	**(1,547)**	**451 F**
Increase in Investments and Restricted & Trust Funds Assets	(177)	-	(177) U	(177)	-	(177) U
Net Cashflow from Investing	**(1,120)**	**(1,395)**	**275 F**	**(1,120)**	**(1,395)**	**275 F**
Financing Activities						
Equity Injections	-	-		-	-	
New Debt						
Private Sector	(188)	-	(188) U	(188)	-	(188) U
CHFA	-	(22)	22 F	-	(22)	22 F
Repaid Debt						
Private Sector	-	-		-	-	
CHFA	-	-		-	-	
Other Non-Current Liability Movement						
Other Equity Movement	-	-		-	-	
Net Cashflow from Financing	**(188)**	**(22)**	**(166) U**	**(188)**	**(22)**	**(166) U**
Net Cashflow	**(7,474)**	**(7,438)**	(36) U	**(7,474)**	**(7,438)**	(36) U
Plus Cash (Opening)	12,442	12,442		12,442	12,442	
Cash (Closing)	**4,968**	**5,004**	**(36) U**	**4,968**	**5,004**	**(36) U**
Carry Forward Check						
Closing Cash made up of:						
Petty Cash	16	16		16	16	
Bank (Overdraft)	(217)	-	217 F	(217)	-	217 F
Short Term Investments	5,169	4,988	(181) U	5,169	4,988	(181) U
Total Cashflow Cash (Closing)	**4,968**	**5,004**	**(36) U**	**4,968**	**5,004**	**(36) U**

The following policies were carried over from the August meeting. The Audit & Risk Committee will review them at its meeting on 4 September 2014 add will make a recommendation to the Board.

Managing Gifts and Sponsorship Policy and Procedure
Private Practice & Secondary Employment Policy and Procedure
Conflict of Interest Policy and Procedure

1.0 Introduction

A considerable amount of work has been put into the redevelopment of the Human Resources policies over the last 12 to 18 months, into "Southern" policies and at the same time HR has taken the opportunity to more clearly link existing and new policies to ensure the most workable within the organisation. There are three Human Resources policies that are now ready for review by the Audit & Risk Committee, two of which are significantly linked: Conflict of Interest, and Private Practice and Secondary Employment.

These policies have been developed and significantly reviewed and reworked and are now presented to the Audit & Risk Committee for your consideration, feedback and approval.

A framework for managing actual and perceived risk to the Southern DHB is provided in three policies. The three policies outlined below have been reviewed together as a group and provide guidance on managing risk for the organisation in a number of linked key areas including:

- Conflict of Interest Policy and Procedure – (27894)
- Private Practice, Secondary Employment and Business Activities Policy and Procedure -(19707)
- Managing Gifts & Sponsorship Policy and Procedure – (new)

2.0 Background

Two of these policies have been legally reviewed and have undergone a significant reworking to incorporate the following:

- Meet the changing needs and direction of Southern DHB and to ensure they provide a framework to support the Organisation's vision contained in the principles of Southern DHB's "Southern Way'".
- Support the principles of both the Southern DHB and the State Sector Code of Conduct and Integrity.
- Include a set of procedures for implementing the principles of the policy and have three forms that are designed to be placed on Pulse and will allow staff to either make an application or declaration.

3.0 Managing Gifts and Sponsorship Policy and Procedure (new)

This is newly developed policy, procedure and application form for managing the acceptance of all gifts within the Southern DHB. The policy provides clear principles for this policy including linkage to the 'Southern Way'.

This procedure provides a series of steps for assessing and managing the risk associated with acceptance of gifts and a process for anyone wishing to accept a gift or sponsorship to follow in applying for approval to accept this offer.

This procedure also provides clear steps for managing the situation where a Senior Doctor (for example) may be offered the gift of a fully funded conference by a drug company.

This policy has been approved by Executive Management Team (EMT).

4.0 Conflict of Interest Policy and Procedure – (27894)

This is an existing policy, procedure that has undergone significant review. This has included a legal review of the document, which led to greater level of definition and description of Conflict of Interest. This policy has also been given a clear link to the principles of the 'Southern Way'.

This policy provides an over-arching framework for managing actual and perceived conflicts of interest. Conflicts of Interest arising out of either acceptance of gifts or private practice and secondary employment are dealt with under those specific policies. The procedure provides clear steps for assessing and managing the risk associated with a conflict of interest. The procedure also provides a form for an individual to notify their manager of a perceived or actual conflict of interest.

Changes made to this document are:

- Including general expectations of employees.
- The inclusion of what a Conflict of Interest is.
- How to identify if a Conflict of Interest exists.
- Changes in the processes of how to report and manage a Conflict of Interest, which is included in the Form and Process sheet, attached to the policy.
- The approval process will be electronic and not paper based.
- Examples of what constitutes a Conflict of Interest.

This policy has been approved by EMT.

5.0 Private Practice, Secondary Employment and Business Activities Policy and Procedure - (19707)

This is an existing policy, procedure that has also undergone significant review. This has included a legal review of the document, which led to greater level of definition and descriptions and linkage to the Conflict of Interest Policy. This policy has also been given a clear link to the principles of the 'Southern Way'.

This procedure provides clear steps for assessing and managing the risk associated with giving approval to undertake additional activities. The procedure also provides a form for an individual to apply to their Manager to undertake either Private Practice, Secondary Employment or an unrelated business activity.

This policy has been approved by EMT.

Changes made to this document are:

- The title from "Private Practice and Secondary Employment".
- The approval process will be electronic and not paper based, with template letters included.
- Has more of a reference to the Conflict of Interest Policy and Procedure.

- The criteria for granting approval has been extended to include risk management.
- The inclusion of private and public patients being kept separately by Specialists.
- Explanation of what to do when an employee has disclosed a financial interest/secondary employment in a position of interest.
- The Southern DHB's name not being referred to in any documentation.
- Considerations for the Manager when approving this.

Copies of the current Conflict of Interest and Private Practice & Secondary Employment Policies are included in the Audit & Risk Committee agenda.

6.0 Next Steps

When approved by Board, the documents will be circulated to major unions, eg via the Strategic Bipartite Action Group (BAG) for information and discussion, then put on MIDAS (the Southern DHB intranet document access system).

Recommendations

I therefore ask that the Advisory Committee considers and approves the attached new and amended policies.

SOUTHERN DISTRICT HEALTH BOARD

Title:	Managing Gifts and Sponsorship Policy Managing Gifts and Sponsorship Procedure
Report to:	Risk and Audit Committee
Date of Meeting:	06 August 2014

Summary:

The issues considered in this paper are:

- How the actual and perceived risk of gifts, donations and sponsorship is managed within Southern DHB through the proposed new Managing Gifts and Sponsorship Policy, Managing Gifts and Sponsorship Procedure, related policies and professional guidelines

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

Financial:	How gifts, donations and sponsorship are managed
Workforce:	How all staff, contractors, Board members work within the Policy and Procedures
Other:	How Southern DHB manages real and perceived risk associated through a policy and procedure framework

Document previously submitted to:	EMT	Date: 10/04/14
Approved by Chief Executive Officer:		Date: 29/07/14

Prepared by: John Pine Executive Director of Human Resources Date: 24/07/14	Presented by: Leanne Samuel Acting Exec Director Support Services

RECOMMENDATION:

1. That the Audit and Risk Committee recommend Board approve the attached policy and procedure for managing gifts and sponsorship.

[MIDAS Number]

Managing Gifts and Sponsorship Policy

This policy defines the boundaries and principles under which Southern District Health Board (Southern DHB) will accept or make gifts, donations, and sponsorships without unnecessarily hindering or restricting any source of such funding.

Policy Purpose

This policy is to ensure that as an organisation we meet the principles of the “Southern Way”, particularly:

- *We are a single unified DHB which values and supports its staff.*

To provide clear guidance on what the Southern DHB constitutes as a gift, donation or sponsorship and the expectation of Southern DHB employees or those involved in the operation of the DHB when accepting or declining such gifts, or sponsorship.

Assist in appropriate decision making that is underlined by the principles of the Southern District Health Board’s vision and mission statement, to work in partnership with the Otago and Southland communities to achieve better health, better lives, whanau ora.

To ensure that any offer made by another party to supply goods, services or materials at no financial cost to Southern District Health Board, with expectations that they will gain public exposure as a result of the donation/sponsorship, is carefully reviewed and that risks to Southern District Health Board in accepting the donation are minimised.

Policy Applies To

All Board members and employees, both within the Provider Arm and Planning & Funding Arm of Southern DHB, including temporary and casual employees and contractors, must comply with this Policy.

It also applies to any person who is involved in the operation of the Southern DHB, including joint appointments, volunteers, those people with honorary / unpaid staff status and prospective employees applying for employment.

[MIDAS Number]

Policy Background

Gifts, donations and sponsorships are offered to individuals, groups of individuals, departments and Southern DHB from time to time by various sources, including supplier companies, professional bodies or associations, service clubs, trusts, patients and estates.

Southern DHB may at times need to source donations and sponsorship for the purposes of supporting service needs beyond those funded by normal income and contracts.

In exceptional circumstances, the Southern DHB may choose to make donations or provide sponsorships.

Clear guidelines are required to describe the circumstances under which gifts, donations and sponsorships are accepted, sourced or made, refer to Managing Gifts and Sponsorship Procedure *(New).*

The Southern DHB must avoid any conflict, issues, risk or perception of interest, whether perceived or actual, and any circumstances that would give rise to public concern over the acceptance or sourcing of gifts, donations and sponsorship, refer to Conflict of Interest Policy (Midas 27894).

Any acceptance or sourcing of gifts, donations and sponsorship by the Southern DHB must be done following a process that is transparent and conducted in a manner that will meet the expectations of the stakeholders.

A particular area of risk and conflict that can arise include an acceptance of a gift in relation to a Southern DHB employee's official role. This may place the employee or the Southern DHB under a perceived or real obligation or influence.

Definitions

Gifts

Gifts may take many forms such as money, products or services and is not limited to the following: presents, travel, tickets to events, meals, funding to attend conferences or meetings, hospitality at sports events or other entertainment.

Gifts maybe offered to, or received by the

[MIDAS Number]

Southern DHB, departments, groups of staff or individual staff members, for any reason while employed by the DHB.

A gift is whereby no payment of money or service is required or provided to the person making the gift.

Gifts may also be in the form of a Southern DHB staff member paying another Southern DHB staff member. This may take the form of a monetary payment or gifting of leave entitlements.

Donations

Donations may take the form of money, product or service provided to Southern DHB whereby the donor has an expectation that such donations are put directly to enhancing the provision of the DHB's services without any expectations in terms of Southern DHB's services or personnel to the donor.

Sponsorship

A gift of money, products or services to assist or support the provision of services or any other DHB activity where the sponsor has an expectation of public acknowledgment or endorsement by Southern DHB for their products or services or where Southern DHB expects public acknowledgement or endorsement of sponsorship provided by Southern DHB.

Conflict of Interest or Risk Relating to Gifts

The acceptance of a gift can create a perceived or actual conflict of interest or risk for the Southern DHB by placing them in the position of a perceived or actual obligation/influence by the provider of the gift.

Associated Documents

- Managing Gifts and Sponsorship Procedure (New)
- Gifts and Sponsorship Form (New)
- Conflict of Interest Policy (27894)
- Code of Conduct & Integrity Policy (18679)
- Disciplinary Policy (Regional) (55569)
- Fraud Policy (25546)
- Protected Disclosures / Whistle Blowing Policy (19708)

[MIDAS Number]

- Code of Ethics Policy (21192)
- Delegation of Authority Policy (Regional) (21584)
- Koha Policy (Otago) (24622)
- Sensitive Expenditure Policy (48567)

[MIDAS Number]

Managing Gifts and Sponsorship Procedure

This procedure document is to be followed when Southern District Health Board (Southern DHB) employees accept or make gifts, donations, and sponsorships.

Procedure Purpose

Employees of Southern DHB must not source or accept gifts, rewards or benefits which might; or be seen as an actual or perceived be a conflict of interest, to compromise their integrity or the integrity of the Southern DHB.

Considerations

11.2

Considerations Prior to Accepting a Gift, Donation or Sponsorship

- Are there any actual or potential risks to the Southern District Health Board?
- Is there any actual or potential conflict of interest?
- Could any acceptance give rise to public concern?
- Is there a benefit for the people in our Community?
- If you are a (Medical professional) Clinician and belong to a professional body, do you have any guidelines around the acceptance of gifts, donations or sponsorship?

If the answer to any of these questions is yes, then it is recommended that the gift, donation or sponsorship not be accepted and the offer politely declined.

To be able to answer the questions outlined above refer to the Managing Gifts and Sponsorship Policy.

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General Procedures

Acceptances

Of any gift, donation, or sponsorship may be verbal but as a general rule all should be confirmed in writing detailing the terms of acceptance to ensure no subsequent misunderstandings between the donor and Southern DHB. All gifts, donations or sponsorship valued over $50 must be

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confirmed in writing as above and entered into the electronic Gift, Donation & Sponsorship Register.

Reporting - Acceptances of all donations, gifts or sponsorships shall be reported

- In monthly management reports. Staff and managers have responsibility to ensure their supervisors are informed.
- To finance department who have a responsibility to capitalise donations, gifts and sponsorships where appropriate; to keep donated funds and to keep account of monies products or services

Gift, Donation & Sponsorship Register

On some occasions the Southern DHB may receive gifted items from patients, families, estates or another party. Eg. paintings, furniture, electrical appliances, toys, books. All gifted items over the value of $50 need to be recorded in the Gift, Donation & Sponsorship Register on PULSE.

- Gifts, Donations & Sponsorship should be entered into the Gift, Donation & Sponsorship Register and approved prior to being accepted
- If by the nature of the gift, donation or sponsorship staff are not able to seek approval prior to receiving then approval must be sought in retrospect (eg, at a meeting/conference, an offer for payment of dinner, gift/prize receive at a course)

a. If the gift, donation or sponsorship is under $50
    - The donation does not need to be entered into the Gift, Donation and Sponsorship Register
    - The gift, donation or sponsorship is to be approved by line manager / notify the line manager of the gift, donation or sponsorship

b. If the gift, donation or sponsorship is over $50
    - The gift, donation or sponsorship must be entered into the Gift,

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Donation and Sponsorship Register prior to accepting it, for approval or decline by the appropriate manager as per the delegation of authority outlined in this document.

- If prior approval is unable to be sought, approval must be sought in retrospect.

Expenditure

Of any sort from accounts holding donated or gifted money shall be approved by the Chief Executive or delegated authority.

Donations

Held Donations

Subject to the requirements of this policy, donated or gifted monies should be managed by the Finance Department. Finance shall ensure that the donation or gift held is not used for any other purpose or department than intended by the donor, without the specific approval of the Executive Director of Patient Services.

Sourcing of Donations

In the odd instance when Southern DHB perceives a need to source donations, it will only be for the purposes of enhancing patient comfort or for the improvement of healthcare services.

No staff member may source donations without the approval obtained from the relevant General Manager (Level 3) and Executive Director of Patient Services (Level 2).

The General Manager and Executive Director of Patient Services must approve in writing any approach to a prospective donor any reason related to a donation. Such requests should detail the intended purpose of soliciting funds and the benefits for the Southern DHB.

Acceptance of Donations

The Southern DHB will only accept donations from groups or persons for the purchase of equipment or the provision of services when they are the sole arbiter in the decision making.

No individual staff member may accept donations without prior written approval by the manager as per delegation of authority outlined

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below.

Donations received shall not distract staff energies or divert Southern DHB operating funds from planned objectives and contractual responsibilities.

No donor (or any individual employed by or associated with a donor or sponsor) shall benefit directly, or gain advantage over others, in respect of services provided by Southern DHB.

Donations over the value of $50 must be entered onto the Gift, Donation and Sponsorship Register. The following delegation of authority will apply when a donation is offered to the Southern DHB:

- Less than $50 requires approval / decline by Level 5 (Line Manager).
- Less than $200 requires approval / decline by Level 4 (Service Manager).
- Less than $500 requires approval / decline by Level 3 (General Manager).
- Less than $1,000 requires approval / decline by Level 2 (Executive Director of Patient Services).
- Over $1,000 requires approval /decline by Level 1 (Chief Executive Officer)

Special Wishes of Donors

Shall be accommodated where practical and reasonable. Specific wishes of donors must not compromise operations or budgeted operating costs and should be in general alignment with the Southern DHB's vision and values and business and strategic plans

Southern DHB giving donations

Southern DHB does not make donations unless in exceptional circumstances approved by the Chief Executive, or delegated authority, where such donations will be consistent with Southern DHB's vision and mission.

Sponsorship

Negotiation with Sponsors

Negotiations with prospective donors or sponsors must be authorised by the relevant Service Manager (Level 4), General Manager (Level 3) or Executive Director of Patient Services (Level 2).

Sourcing Sponsorship

In the odd instance when Southern DHB perceives a need to source sponsorship, it will

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only be for the purposes of enhancing patient comfort or for the improvement of healthcare services.

No staff member may source sponsorship without the approval of the relevant General Manager, or delegated authority.

The General Manager (Level 3) and Executive Director of Patient Services must approve in writing any approach to a prospective sponsor for any reason related to sponsorship. Such requests should detail the intended purpose of soliciting funds and the benefits for the Southern DHB.

Receiving of Sponsorship

No individual staff member may accept sponsorship without prior written approval by the manager as per delegation of authority outlined below.

Sponsorship received shall not distract staff energies or divert Southern DHB operating funds from planned objectives and contractual responsibilities.

No sponsor (or any individual employed by or associated a sponsor) shall benefit directly, or gain advantage over others, in respect of services provided by Southern DHB.

Sponsorship over the value of $50 must be entered onto the Gift, Donation and Sponsorship Register. The following delegation of authority will apply when sponsorship is offered to the Southern DHB:

- Less than $50 requires approval / decline by Level 5 (Line Manager).
- Less than $200 requires approval / decline by Level 4 (Service Manager).
- Less than $500 requires approval / decline by Level 3 (General Manager).
- Less than $1,000 requires approval / decline by Level 2 (Executive Director of Patient Services).
- Over $1,000 requires approval /decline by Level 1 (Chief Executive Officer)

Southern DHB Providing Sponsorship

Southern DHB does not generally act as a financial sponsor by providing money or services. However, in some circumstances Southern DHB may provide sponsorship:

- For staff taking part in an activity that is

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not part of their work duties but consistent with the Southern DHB's vision and mission eg. Sporting event, may be sponsored through the provision of, or payment for, goods and services (eg. a T-shirt or entry fee).

- Within revenue contracts or revenue earning service requirements previously agreed with the Chief Executive or delegated authority
- Justified by a satisfactory business case demonstrating the benefits to Southern DHB.

Gifts

Acceptance of Gifts

Individual staff, groups of staff, departments and Southern DHB are discouraged from accepting gifts in the first instance.

Gifts of money are not to be accepted under any circumstances.

Gifts over the value of $50 must be entered onto the Gift, Donation and Sponsorship Register. The following delegation of authority will apply when a gift is offered to the Southern DHB:

- Less than $50 requires approval / decline by Level 5 (Line Manager).
- Less than $200 requires approval / decline by Level 4 (Service Manager).
- Less than $500 requires approval / decline by Level 3 (General Manager).
- Less than $1,000 requires approval / decline by Level 2 (Executive Director of Patient Services).
- Over $1,000 requires approval /decline by Level 1 (Chief Executive Officer)

Offer by a 3rd party of funding to attend conference, training or promotional event

There may be circumstances when Southern DHB staff are offered funding from an external Company to attend (but not exclusive to) an event, training, or a conference.

This may also include accommodation/meals and travel to the event, training or conference.

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In some instances this funding may come from, but is not exclusive to Pharmaceutical companies or Medical equipment companies.

Due to the sensitivity and potential or actual conflict of interest in accepting such funding, prior to acceptance, approval must be obtained in writing. You are required to complete the Gift, Donation and Sponsorship Register to gain permission as per the following delegation of authority:

- Less than $50 requires approval / decline by Level 5 (Line Manager).
- Less than $200 requires approval / decline by Level 4 (Service Manager).
- Less than $500 requires approval / decline by Level 3 (General Manager).
- Less than $1,000 requires approval / decline by Level 2 (Executive Director of Patient Services).
- Over $1,000 requires approval /decline by Level 1 (Chief Executive Officer)

You are required to include the following information when you complete the request in the Gift, Donation and Sponsorship Register:

- Details of the training, conference or event.
- The benefits to the Southern DHB for you to attend.
- Any potential or actual conflict of interest, benefit for the Southern DHB.
- Full details of costs involved.
- Attach the relevant professional body standards and guidelines around the acceptance of such a gift with the written application.

It should be noted that this requirement is not to hinder an employee from going to a Conference funded by an external third party, but to protect the integrity of both the employee and the Southern District Health Board and protect patient welfare.

Provision of lunch by a vendor

If the gift is the provision of lunch by a vendor for one or more Southern DHB staff member and the total cost is expected to be under the value of $50:

- Pre-approval/decline by direct line manager is required.
- The gift does not need to be

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entered into the Gift & Donation Register.
- If in doubt enter the gift into the Gift & Donation Register

Southern DHB staff member gifting to another Southern DHB staff member

Under no circumstances may a Southern DHB staff member offer another Southern DHB staff member any form of payment, for example a monetary payment, donation of time or a gifting of a leave entitlement, for work undertaken as part of their employment agreement with the Southern DHB.

No Southern DHB staff member is permitted to gift their leave entitlements to another Southern DHB staff member.

Managing the Issues or Conflict Arising from the Offer and Acceptance of gifts

In order to manage the risks, conflict and issues associated with the offer/acceptance of a gift. There are a range of options for a manager to follow:

- Not granting approval to accept the gift.
- Requiring the employee to return the gift, should it already have been accepted without approval.
- If the offer of a gift is from a supplier the gift can only be accepted after approval by a manager in situations where there is no (by either individual or organisations) actual perceived obligation/influence created i.e. acceptance of conference from drug companies.

Associated Documents

- Managing Gifts and Sponsorship Policy (New)
- Gifts and Sponsorship Form (New)
- Conflict of Interest Policy (27894)
- Code of Conduct & Integrity Policy (18679)
- Disciplinary Policy (Regional) (55569)
- Fraud Policy (25546)
- Protected Disclosures / Whistle Blowing Policy (19708)
- Delegation of Authority Policy (Regional) (21584)
- Koha Policy (Otago) (24622)
- Sensitive Expenditure Policy (48567)

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SOUTHERN DISTRICT HEALTH BOARD

Title:	Conflict of Interest Policy Conflict of Interest Procedure
Report to:	Risk and Audit Committee
Date of Meeting:	06 August 2014

Summary:

The issues considered in this paper are:

- How actual and perceived conflict of interest is managed effectively through the revised Conflict of Interest Policy, Conflict of Interest Procedure, and related policies to ensure Southern DHB's interests are protected, including the public perception that decisions are made objectively for sound reasons.

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

Financial:	
Workforce:	How all staff, contractors, Board members work within the Policy and Procedures
Other:	How Southern DHB manages real and perceived conflict of interest through a policy and procedure framework

Document previously submitted to:	EMT	Date: 10/04/14
Approved by Chief Executive Officer:		Date: 29/07/14

Prepared by:	Presented by:
John Pine Executive Director Human Resources Date: 24/07/14	Peter Beirne Executive Director Finance

RECOMMENDATION:

1. That the Audit and Risk Committee recommend Board approve the attached policy and procedure for managing conflicts of interest.

27894

Conflict of Interest Policy

This policy outlines the Southern District Health Board (Southern DHB) approach to a Conflict of Interest.

Policy Applies to

All employees of Southern District Health Board (Southern DHB), including temporary employees and contractors to the Southern DHB, must comply with this policy.

It also applies to any person who is involved in the operation of Southern DHB, including joint appointments, volunteers and those people with honorary or unpaid staff status.

Policy Purpose

This policy is to ensure that as an organisation we meet the principles of the "Southern Way", particularly:

- *"We are a single unified DHB which values and supports its staff".*

The purpose of this policy is to ensure that employees are clear about:

- What constitutes a conflict of interest;
- The Southern DHB's policy and approach to perceived and real conflicts of interest;
- That Southern DHB is able to manage risk associated with conflict of interest appropriately;
- The process for notification and resolution of conflicts of interest.

Note: This is a general broad policy and where there is more a specific policy covering those areas then the specific policy will take precedence such as Private Practice or Secondary Employment (19707).

General Expectations

Employees of the Southern DHB are expected to conduct themselves with personal integrity, ethics, honesty and diligence in performing their duties for the organisation. Employees are required to support and advance the interests of the organisation and avoid any potential conflict between their personal interests and the interests of the Southern DHB. It is also expected that employee's will identify and declare any conflicts of interest and be cooperative in identifying ways in which to manage those conflicts.

As a public sector organisation any possible damaging to public perception of conflict of interest must be taken very

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seriously and either avoided or managed effectively to maintain confidence in Southern DHB decision-making and the use of public resources. It is expected that Managers will be advised and involved in putting measures in place to manage conflicts of interest.

Any employee who chooses not to follow this policy is breaching the Code of Conduct and Integrity (Midas 18679).

What is a Conflict of Interest?

Definition

A conflict of interest refers to a situation in which private interests or personal considerations may affect or may be perceived as affecting an employee's judgement in acting in the best interests of the Southern DHB.

A conflict of interest exists even where the employee has not acted contrary to the Southern DHB's interests, and has no intention of so acting. A conflict of interest may also exist even where there is no possibility of personal gain for the employee or where there is no harm to the Southern DHB.

Identification whether a Conflict of Interest exists

It is an employee's responsibility to both identify and declare to their manager a potential or actual conflict of interest.

The examples that follow do not exhaust the possibilities for conflict of interest, but they identify obvious situations covered by the policy.

a. The employee has an interest (e.g. as owner, director or employee) in any business or organisation which offers or supplies goods or services to the Southern DHB. See also the Procurement and Purchasing Policy (11400).

b. A family member, friend, colleague or business associate of the employee has an interest in any business or organisation offering or supplying goods or services to the Southern DHB. See also the Procurement and Purchasing Policy (11400).

c. The employee owns a rental property which is rented or available to rent to the Southern DHB or to any Southern DHB employee.

d. The employee has a personal relationship with another employee who reports to the first employee directly or indirectly.

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e. The employee is involved in activities outside the Southern DHB (including but not limited to any business or professional activities) which:

i. are similar to any services provided by the Southern DHB;

ii. involve a consumer group of the Southern DHB;

iii. may negatively affect the employee in carrying out their duties for the Southern DHB; or

iv. may use the employee's knowledge of Southern DHB confidential information.

This should be managed in accordance with the **Private Practice and Secondary Employment Policy** (Midas 19707).

f. The employee is offered a gift by a consumer or supplier or any other person with whom the employee has a connection through the employee's work for the Southern DHB. In this case it should be managed in accordance with the Managing Gifts and Sponsorship Policy (Midas new) and Managing Gifts and Sponsorship Procedure (Midas new).

g. The employee wishes to use and was to personally benefit from Southern DHB resources, such as employee time, premises, equipment, facilities (including software, internet access, printing and copying), or supplies other than for work purposes. See also the Fraud Policy (Midas 25546).

h. The employee wishes to disclose Southern DHB confidential information other than for work purposes. See also the Privacy Policy (Midas 54609).

i. The employee or any family member, friend, colleague or business associate has an interest in purchasing any surplus land or goods from the Southern DHB.

j. The employee has influence over a decision whether or not to hire or otherwise benefit a family member, friend, colleague or business associate.

k. The employee wishes to accept an opportunity to

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provide a private service for a fee e.g. speaking at a conference or giving expert evidence. See also the Koha Policy (24622).

l. The employee does not maintain political neutrality at all times in the performance of their role.

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Associated Documents:

- Conflict of Interest Procedure (new)
- Conflict of Interest Form (on Pulse)
- Code of Conduct and Integrity (18679)
- Gifts Policy and Guidelines (new)
- Procurement and Purchasing Policy (11400)
- Privacy Policy (54609)
- Koha Policy (24622)
- Fraud Policy (25546)
- Private Practice and Secondary Employment (19707)
- Sensitive Expenditure Policy 48567

References:

- *((Documents should follow recommended best practice based on published evidence. List references on which the document draws. If they are already listed in a governing policy etc., refer to that: "See Abc (12345)". If none are used, state "None."))*

[MIDAS Number]

Conflict of Interest Procedure

Follow this procedure for managing a Conflict of Interest.

Associated Policy: Conflict of Interest Policy (Midas 27891)

Responsibility: All employees of the Southern District Health Board (the DHB), including temporary employees and contractors.

Any person who is involved in the operation of the Southern DHB, including joint appointments with third parties, volunteers and those people with honorary or unpaid staff status.

Southern Way Principle: *We are a single unified DHB which values and supports its staff.*

Disclosure of all Conflict of Interest

All conflicts of interest must be disclosed by the employee promptly in writing to their immediate line manager. This can be done by completing the **Declaration of Conflict of Interest Form** on Pulse.

Note: A conflict of interest exists whether or not the employee concerned perceives or believes that to be the case. This is because the employee concerned is not able to make an objective judgement about whether the conflict of interest should be disclosed or how it should be managed.

Disclosure of a conflict of interest must include complete disclosure of all relevant information so that an informed decision can be made about managing the situation.

Management of Conflicts of Interest

Where a conflict of interest disclosure has been made, the risk will be assessed by the employee's Manager and a decision made as to the appropriate action to be taken. The conflict of interest must be avoided wherever practicable or otherwise managed effectively to ensure that the Southern DHB's interests are protected including the public perception that decisions are made objectively for sound reasons.

Examples of actions that may be taken by Managers to manage conflicts of interest include:

- Change of staff reporting line;
- Removing the employee concerned from any position of influence relative to a particular decision or type of decisions;
- Putting in place arrangements for independent review of any particular decision or type of decisions;
- Removing decision-making from the employee;

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- Setting the fee to be paid for a service to be carried out by the employee and requiring all or part of the fee to be paid to the Southern DHB;
- Consenting to an outside activity for a fixed term and on certain conditions. Refer to the Private Practice and Secondary Employment Policy (Midas 19707):
- Requiring the employee to divest themselves of the outside interest within a specified period of not less than three months;
- Requiring the employee to return any gift, refer to the Gift Policy (Midas new).

Important note: Where a Southern DHB employee has a financial interest in a non-government provider to the Southern DHB (present or future) and has influence that cannot practicably be avoided over a decision to enter into a service agreement with that provider. It is essential that the Manager of the Service must ensure that the Southern DHB Board must be advised of the conflict of interest and the Board must explicitly **approve or decline** the arrangement, including any measures that may be required to manage any on-going conflict of interest relating to performance and management of the service agreement.

Any actions taken will be consistent with this policy, other relevant policies and any relevant Code of Ethics.

The Southern DHB encourages the personal development of our staff through outside interests, and there is no objection to staff having financial or other participation in organisations outside the Southern DHB provided no conflict of interest arises, or with the DHB's express prior approval in writing. It is for the Southern DHB to assess whether any conflict of interest arises.

Acknowledgement and Record Keeping

Following an employee making a declaration of a conflict of interest using the appropriate form. The Manager must acknowledge this declaration and identify the appropriate way to manage the conflict in writing (see a letter template attached). Once the all notifications of conflict and any resulting decisions will be clearly documented, with copies of the form and letter retained on the employee's personal file.

Consequences of Failure to Comply

Please note that employees who fail to comply with this policy by not identifying and declaring a conflict of interest are likely to be subject to disciplinary action up to and including dismissal.

Examples:

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- Failing to disclose a conflict of interest;
- Acting against the interests of the Southern DHB;
- Using Southern DHB resources other than for work purposes;
- Giving special treatment to any family member, friend, colleague or business associate;
- Failing to comply with any directions or conditions for management of a conflict of interest.

Associated Documents:

- Conflict of Interest Form (on Pulse)
- Code of Conduct and Integrity (18679)
- Gifts Policy and guidelines (new)
- Delegation of Authority Policy (21584)
- Procurement and Purchasing Policy (11400)
- Koha Policy (24622)
- Fraud Policy (25546)
- Private Practice and Secondary Employment (19707

References:

- *((Documents should follow recommended best practice based on published evidence. List references on which the document draws. If they are already listed in a governing policy etc., refer to that: "See Abc (12345)". If none are used, state "None."))*

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SOUTHERN DISTRICT HEALTH BOARD

Title:	Private Practice and Secondary Employment Policy Private Practice and Secondary Employment Procedure
Report to:	Risk and Audit Committee
Date of Meeting:	06 August 2014

Summary:

The issues considered in this paper are:

- How the actual and perceived risk of employees undertaking private practice or secondary employment is managed within Southern DHB through the revised Private Practice and Secondary Employment Policy, Private Practice and Secondary Employment Procedure, and related policies.

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

Financial:	
Workforce:	How all staff, contractors, Board members work within the Policy and Procedures
Other:	How Southern DHB manages real and perceived risk associated through a policy and procedure framework

Document previously submitted to:	EMT	Date: 10/04/14
Approved by Chief Executive Officer:		Date: 29/07/14

Prepared by:	Presented by:
John Pine Executive Director of Human Resources Date: 24/07/14	Leanne Samuel Acting Exec Director Support Services

RECOMMENDATION:

1. That the Audit and Risk Committee recommend Board approve the attached policy and procedure for employees undertaking private practice and secondary employment.

11.4

[19707]

Private Practice, Secondary Employment and other Business Activities Policy

This policy defines the boundaries for managing Private Practice, Secondary Employment situations and other Business Activities for employees of Southern District Health Board.

Policy Applies to

All employees of the Southern District Health Board (the Southern DHB).

Policy Summary

This policy is to ensure that as an organisation we meet the principles of the “Southern Way”, particularly:

- *We provide clinically and financially sustainable services to the community we serve.*

This policy also ensures that employees are clear about:

- The conditions and limitations for staff who wish to undertake private practice or secondary employment while being employed by Southern DHB.
- The Southern DHB's policy and approach to manage any perceived and real conflicts of interest and risk arising from private practice or secondary employment as per the Conflict of Interest Policy (Midas 27894).
- The procedure for notification and approval process for private practice and secondary employment.

Policy

Definitions

Business Activities means involvement in a business, for example by work or investment, and includes Private Practice, Secondary Employment, Self-Employment and Business Interest.

Business Interest means a financial investment in a business, for example by way of loan or part ownership, which includes investment by a person or entity related to the employee (e.g. spouse or family trust) but excludes owning less than 5% of the shareholding of a publicly listed company.

Private Practice typically refers to self-employment in a professional practice on their own or with other professionals (e.g. part time surgeon, midwife, and physiotherapist).

Secondary employment typically refers to paid or unpaid (voluntary) work for another employer or in a second job (e.g. part time nursing in a private rest home, assistance in a family business).

Self-employment includes working for a company in which the employee has a Business Interest.

Conflict of interest has the meaning given to it by the Conflict of Interest policy (Midas 27894) which is currently "a situation in which private interests or personal considerations may affect or may be perceived as affecting an employee's judgement in acting in the best interests of the Southern DHB".

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[19707]

Expectations

- Employees of the Southern DHB are expected to conduct themselves with personal integrity, ethics, honesty and diligence in performing their duties for the organisation as per the Code of Conduct and Integrity (Midas 18679).
- Employees are expected to support and advance the interests of the Southern DHB. Therefore when considering undertaking either private practice or secondary employment this policy and procedure will be followed in seeking approval for this activity using the procedure outlined below.
- It is also expected that Managers will ensure they work through applications and make decision on the approval for private practice and secondary employment in an effective way and refer to their Manager where appropriate also refer to Delegation of Authority Policy (Midas 21584).
- Consent to continue involvement in other business interests will not be unreasonably withheld.

Associated Documents:

Private Practice & Secondary Employment Procedure (New)

Private Practice & Secondary Employment Form (on Pulse)

Conflict of Interest Policy (27894)

Code of Conduct and Integrity (18679)

Delegation of Authority Policy (21584)

References:

- *Previous Draft of the Private Practice and Secondary Employment Policy, the Revised Conflict of Interest Policy.*

General Notes

Scope of Practice: Ensure you are fully qualified to perform the role specified in any document.

Deviations: If you need to deviate from any procedure, policy, or guideline, make notes and follow up.

Caution - Printed Copies: Printed copies of this document cannot be relied on after the date at the bottom of the page. Check issue date and version number against the electronic version on MIDAS to ensure that they are current.

Disclaimer: This document meets the Southern District Health Board's specific requirements. The Southern DHB makes no representations as to its suitability for use by others, and accepts no responsibility for the consequences of such use.

Document Data for 19707 V4

Applies to: All Staff (Global: Yes)

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[19707]

What has Changed: Legally reviewed and updated to link with Conflict of Interest Policy

Service Actions:

MIDAS ID: 19707 Version 4 Document Type: Policy and Procedure

Issued: 09/05/2003, Released: 03/07/2009, Due for Review: 1/03/2016, Reviewed: 1/03/14
Authorised by: Executive Director of Human Resources

Document Owner: Human Resources (8260 - Human Resources Department)

Author: John Pine Contact Name: Executive Director of Human Resources Contact Phone: 5447

Keywords: self-employment work business

Review Factors:

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[MIDAS Number]

Private Practice, Secondary Employment and other Business Activities Procedure

This procedures document is to be followed when engaging in Private Practice, Secondary Employment situations and other Business Activities for employees of Southern District Health Board which is link to the Private Practice, Secondary Employment Policy and other Business Activities Policy.

Applications for private practice, secondary employment and other business activities

Private Practice and Secondary Employment Form (on Pulse) stating the nature of the business activity and other relevant information, including the hours of work or time commitment if applicable, to enable the DHB to make an informed assessment.

The application form will be directed first to the individual's manager for comment and recommendation, and then to the relevant next-level Manager, refer to Delegation of Authority Policy (Midas 21584). This approval **should** be sought prior to agreeing to or starting and other work or activity.

If a conflict of interest exists and the DHB does not approve the business activity, this should be considered in light of the Conflict of Interest Policy (Midas 27984). The DHB may require the employee to cease the business activity. The application for approval should therefore be made before the employee starts the business activity, however applications to continue business activities commenced without approval will be considered also refer to the Code of Conduct and Integrity (Midas18679).

Consent to continue involvement in other business interests will not be unreasonably withheld.

Where consent to start or continue with a business activity is refused, and the employee continues with such activity, or this policy is not complied with in terms of not seeking approval, then the disciplinary procedure is likely to be invoked.

Criteria for Granting Approval

When the Manager is considering an application to approve private practice or secondary employment. The Manager needs to consider the following factors in approving requests and ensure these risks are managed and made clear to the employee:

- Consent to carry out an outside activity can be granted on a fixed term basis (with a renewal date) including some of the conditions outlined below.
- Activities may not be carried out using Southern DHB property or during any time paid for by Southern DHB, including allowances.
- When private practice is undertaken using

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Southern DHB facilities, then a separate agreement for use of facilities will apply.

- Secondary employment **should not** be with Southern DHB except in cases where the approval of both relevant Managers are.
- The Southern DHB always has first call on an employee's services. The requirement for employees to undertake call work, overtime and work public holidays should be taken into consideration before approval is given. The alternative activities should not interfere with the proper performance of Southern DHB duties.
- It must be shown that there will be no conflict of interest arising from the business activity, or that the conflict of interest can be successfully managed as per the Conflict of Interest policy (Midas 27894).
- The activities should not be of a nature or size that is incompatible with maintaining good relationships with Southern DHB staff and any members of the public with any members of the public the employee may deal with.
- **Important note**: Where a Southern DHB employee has a financial interest/secondary employment in a position of influence, in a non-government provider to the Southern DHB (present or future) that cannot practicably be avoided. It is essential that the Manager of the Service must ensure that in some cases the Southern DHB Board must be advised of this potential conflict of interest and the Board must explicitly **approve or decline** the arrangement, including any measures that may be required to manage any on-going conflict of interest relating to performance and management of the service agreement.
- Private and public patients should be kept separately with the Specialist being seen to be transparent in referring public clients to private practice with clear rationale around the referral.
- The Southern DHB's name should not be referred to in any documentation relating to Private Practice, Secondary Employment or other Business Activity.

Approval Process and Record Keeping

The Manager in considering whether the application for Private Practice, Secondary Employment or other Business Activity. The Manager needs to:

1. Consider whether most the criteria above is met and if not can the areas of risk or

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conflict of interest be managed easily.

2. In response to the application form the Manager must make the approval in writing that should be copied to the employee's personal file and should make it clear that:

- The Southern DHB can revoke approval at any time (in consultation with the employee).
- Where payment is received for secondary employment it is important that this is **not** received in any way through Southern DHB.
- That Leave without pay is used for times of absence due to secondary employment or private practice.
- The employee must disclose any change in circumstances.
- Approval will be reviewed if there is any change in circumstances.

If the application relates to a Resident Medical Officers and Senior Medical Officers Managers should also refer to definitions and requirements extracted from their relevant employment agreements.

Attached to this procedure is a template letter of approval to be used when approving
Private Practice, Secondary Employment and other Business Activities

Associated Documents:

Private Practice & Secondary Employment Policy (19707)

Private Practice & Secondary Employment Form (on Pulse)

Conflict of Interest Policy (27894)

Code of Conduct and Integrity (18679)

Delegation of Authority Policy (21584)

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SOUTHERN DISTRICT HEALTH BOARD

This item was held over from the August meeting. The Audit and Risk Committee will be reviewing the Code of Conduct at its meeting on 4 September 2014 and will make a recommendation to Board.

Title:	REVIEW OF CODE OF CONDUCT
Report to:	Audit & Risk Committee
Date of Meeting:	6 August 2014 (held over from June 2014 meeting)

Background:

- The Crown Entities Act 2004 and New Zealand Public Health and Disability Act 2000 (NZPHDA) set out the duties and accountabilities of Boards and individual members. Section 30, Schedule 3, of the NZPHDA allows the Board to "regulate its procedure, at its meetings and otherwise, in any manner not inconsistent with this Act it thinks fit".
- The attached Code of Conduct sets out the key principles that govern the conduct of Board members and was last reviewed by the Board in June 2010. Recommended changes are tracked.

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

Financial:	n/a
Workforce:	n/a
Legal:	Collective responsibility for managing conflicts of interest (see over).

Document previously submitted to:	Corporate Solicitor	Date: 05/12/2013
Approved by Chief Executive Officer:		Date:

Prepared by:	Presented by:
Jeanette Kloosterman Board Secretary Date: 19/05/2014	Peter Beirne Executive Director Finance

RECOMMENDATION:

1. That the Audit and Risk Committee recommend Board approve and adopt the revised Southern DHB Code of Conduct.

CODE OF CONDUCT for BOARD & COMMITTEE MEMBERS

Preface

These guidelines and protocols were adopted by Board on ~~3 June 2010~~7 August 2014

Acknowledgement:

Material developed by other DHBs has assisted in preparing these guidelines. Special thanks to Capital & Coast, Waitemata, and Waikato DHBs for sharing their work.

SOUTHERN DHB GUIDELINES AND PROTOCOLS FOR BOARD AND COMMITTEE MEMBERS

11.5

1 CODE OF CONDUCT:

This Code of Conduct has been agreed to by all Board members of the Southern DHB Board. The Code sets out key principles that govern the conduct of Board members, both individually and collectively.

It should be noted that the DHB has a separate Code of Conduct policy for staff.

In developing the Code, Board members recognise the unique nature of the District Health Board, which embraces the disciplines and accountabilities expected of a corporate "board of directors", and the wider mandate of publicly elected board members. The principles in the Code endeavour to address potential differences in attitudes and behaviours of Board members. The Board is ultimately accountable for the successful performance of the DHB, and the actions of members, both public and private, should support the decisions and activities of the organisation.

Some sections of the Code are and may be further supported in time by organisation policies (e.g. Communications and Consultation Policies).

Board members should also be guided by the expectations outlined in their letter of appointment from the Minister of Health.

a) Fiduciary Responsibility

Each Board member has the duty to ensure that the District Health Board is properly governed. To meet this obligation, members mustare expected to:

- Comply with the NZ Public Health and Disability Act 2000 (NZPH&DA) and the Crown Entities Act 2004 (CE Act);
- Act with honesty and integrity;
- Act in good faith and lay aside all private and personal interests in their collective decision-making;
- Exercise reasonable care, diligence and skill at all times in carrying out their duties.

(Refer Crown Entities Act 2004, s 53-56)

b) Accountability

Members are accountable to the Minister of Health (through the Board Chair) for the performance of the DHB. The Minister, in turn, holds DHB Boards to account for engaging with their local communities.

c) Commitment

In accepting their positions, Board members have made a commitment to undertake the work of the Board, and to commit the time required to carry out these responsibilities. Members are expected to make every effort to attend scheduled meetings, but

recognise that there will be occasional conflicts that require the courtesy of notice of absence.

Members undertake to be diligent in preparing for and attending Board meetings. They will endeavour to be as informed and as knowledgeable as possible about the responsibilities of the District Health Board and the issues they are confronted with in order to arrive at the best decisions possible.

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d) Training

Members are required to be familiar with: the obligations and duties of a member of a Board, M~~a~~āori health issues, Treaty of Waitangi issues and Mā~~a~~ori groups or organisations in the Otago and Southland districts, and are expected to avail themselves of opportunities for training in these areas. Training must be approved by the Minister of Health (NZPH&DA Schedule 3, Section 5(1)).

Training needs will be identified through Board evaluation processes and all training expenditure approved by the Board Chair and Chair of the Audit~~, Finance~~ & Risk ~~Management~~ Committee.

Members have an obligation to assist the Board Secretary to maintain an up-to-date record of their training (Note: The NZPH&DA requires DHBs to maintain a training register for all members [Schedule 3, Section 5(2)])

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e) Collective Responsibility

The collective duties of the Board are set out in sections 49-51 and 58 of the Crown Entities Act 2004 and sections 26 and 27 of the NZ Public Health and Disability Act 2000.

Members recognise that there may at times be tension between the concepts of collective accountability of a Board of Directors and the expectations the public may have of individual members, especially when they are elected. Members agree to support and abide by the following principles:

- Members may clearly express their individual views at Board meetings, and endeavour to achieve a particular decision and course of action. However, members accept that once the Board has formally reached a decision, this decision becomes the policy of the Board.
- It is inappropriate for a member to undermine a decision of the Board once made or to engage in any action or public debate that might frustrate its implementation.
- Individual members will not attempt to re-litigate previous decisions at subsequent meetings of the Board, unless the majority of members agree to re-open the debate.
- An individual m~~M~~ember's personal actions should not bring the Board into disrepute or cause a loss of confidence in the activities and decisions of the Board.

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f) Public Statements

Southern DHB has adopted a policy that no member of the Board or committee, or officer of the Board, will make any comment on an agenda item until after the Board or committee meeting is held.

All statements on behalf of the Board and/or relating to Board or

Government policy are to be made by the Chair. Either the Board Chair or the Chief Executive (or other senior staff under his or her delegation) will speak on operational matters. On occasions members may be asked their opinions and when talking to the media members should:

- Make clear the capacity in which they are speaking;
- Make it clear that they are expressing their own personal views and not speaking for the Board;
- Remember that they are representing the Government and Minister;
- Not make any promises in relation to funding or service provision;
- Not criticise any service provided by the DHB until such time as it has been formally raised with the Board;
- Be aware of the governance role, and that management is responsible for policy implementation and operational issues;
- Let the Board Chair know, in advance whenever possible, if they are contacted by or intend to speak to the media.

11.5

g) Clarity about Roles

Under section 26(3) of the NZPH&D Act, the Board must delegate to the Chief Executive the power to make decisions on management matters relating to the DHB on whatever terms and conditions it sees fit. To this end, the Board approve a Delegation of Authority Policy that is reviewed on an annual basis.

The Board is responsible for the governance of the DHB, and delegates to the Chief Executive responsibility for implementing the decisions of the Board, and the day to day management of the organisation. The Chief Executive is expected to provide the Board with relevant and appropriate information and with free and frank advice to assist it in reaching high quality decisions on strategy, policy and other governance matters.

Members recognise that, for the purposes of accountability, clarity between the roles of governance and management is essential. Members must take care to avoid becoming involved in management's activities and are prohibited from interference in matters involving individual staff members other than the Chief Executive (refer clause 44 of Schedule 3 of the NZPH&D Act).

Members will not make commitments for work or expenditure by the DHB that have not been previously approved by the DHB, nor create any obligation or liability for the DHB beyond authorised delegations.

h) Employment Relationship

The Board employs the Chief Executive who is responsible for the employment and management of all other staff in the organisation. Board members will:

- Be supportive of employees of the District Health Board, and will not criticise employees in public. Any concerns relating to staff will be raised with the Board Chair and/or Chief Executive, as appropriate;
- Exercise judgement and courtesy in respecting the protocol of communicating through the Chair and/or Chief Executive, (as appropriate), in raising matters with the Chief Executive and/or

senior staff;

- Not attempt to unduly influence any employee of the District Health Board to present material in a particular way that might affect the outcome of a decision to be made by the Board;
- Exercise care in communicating privately with employees of the District Health Board, and refer any staff with complaints or concerns back to the Chief Executive.

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i) Contact with Individual Staff Members

In some circumstances it will be quite appropriate for members to communicate directly with individual staff to further their knowledge/ understanding of organisational issues relevant to their governance role. Such communication needs to be carried out in an open and considerate manner. As a general rule, requests to individual staff should be governed by the following protocols:

- In the first instance, such approaches should be made "through the management line", either via or with the knowledge of the Chief Executive (and Chair) and subsequently through the appropriate management levels (ie top down);
- E-mails (or other written requests) and subsequent communication should be copied to the Chief Executive and Chair;
- Consideration should be given to staff pressures and workloads and requests should not impose unreasonable burdens on staff;
- Any concerns about responsiveness to Board member requests should be taken up directly with the Chair/Chief Executive.

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j) Procurement (Contact with Potential Service Providers and Staff Members)

As a public entity, the Board is required to be ethical and act with integrity when procuring goods or services. Informal communication with potential suppliers could prejudice the integrity of the procurement evaluation process (Controller and Auditor General [~~(~~2008]~~)~~, Procurement guidance for public entities: Good practice guide). Board members will:

- Act, and be seen to be acting in a fair, open and unbiased manner;
- Observe ethical standards, principles, and behaviour throughout the procurement process;
- Not communicate informally with potential suppliers during a procurement process. If approached or lobbied, Board members will refer potential suppliers to the Chief Executive or the senior staff member under his or her delegation designated as the point of contact for a procurement process;
- Not attempt to influence staff during a procurement process. This includes attempting to influence staff to use their delegated authority to purchase goods or services from a particular supplier.

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k) Complaints Procedures and Represent-ations

Board members have an important role in providing a community voice to the activities of the DHB. However, members recognise that the organisation, through the mandate of the Board, has processes in place to seek public consultation, prioritise resources, establish waiting lists and times, and respond to consumer complaints etc.

- Members will advise residents/health consumers who desire personal matters to be brought to the attention of the DHB to follow the proper procedures for raising issues and registering complaints.

- Members will not advocate on behalf of an individual beyond advising them of the complaints procedures and checking that the matter has been addressed satisfactorily by the organisation. (Note: 'satisfactorily' refers to the procedures followed by the organisation in addressing the matter, not necessarily whether the outcome is as the individual would wish.)~~.~~

- Note: the foregoing provisions do not preclude members pursuing in a general way issues relating to policy or systemic failure that may have been indicated by or arise from an individual case/complaint.

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l) Confidentiality (Duty not to disclose information)

Members receive information that is both public and private and must recognise that the release of information, and access to and handling of personal information about any individual, is governed by the Official Information Act 1982~~,~~, ~~and~~ the Privacy Act 1993 and the Health Information Privacy Code 1994. In order to protect the organisation from inappropriate use and disclosure of information:

- Members are expected to be familiar with this legislation, and refer any requests for 'Official Information' or information about individuals to the Chief Executive;

- Members will not disclose publicly any business discussed while the public is excluded from a meeting, and/or information for which good reason exists (under the terms of the Official Information Act) for it to be withheld from the public, unless the Board decides by resolution to make such information public;

- Members accept that they may acquire information of a confidential nature (for example about health and disability providers and/or other local and national organisations) and agree not to use any such information for personal advantage, nor to disclose it to any other person unless first authorised by the Board (refer s 57 Crown Entities Act 2004).

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m) Conflict of Interest

Refer NZPH&D Act 2000: Section 6, Section 29(6), Schedule 2 Clause 6, Schedule 3 Clause 36, Schedule 4 Clause 38 and Section 31(1)(c) of the CE Act 2004.

The NZ Public Health and Disability Act and the CE Act provide the statutory framework for dealing with conflicts of ~~interest and~~interest and Board members duties generally.~~sets out the definition and procedure for disclosure of members' interests.~~ The NZPHD Act states that:

1. A Board member who is 'interested in a transaction' of the District Health Board must, as soon as practicable, disclose the nature of the interest to the Board. This duty of disclosure is on-going and is additional to any disclosures made at the time of election/appointment of the Board member. Some interests may only become apparent over time or as certain transactions arise, so members should supplement their standing disclosures with further disclosures as and when such interests become apparent.

In addition, the 'nature' of the interest should be considered on a case by case basis with regard to the matters before the Board;~~.~~

~~1.~~2. The disclosure must be recorded in the minutes and entered in a separate interests register;

~~2.~~3. The Board member interested in a transaction must not take part in any deliberation or decision of the Board relating to the transaction. The Board may, by majority, permit an interested member to take part in a deliberation (but not decision) of the Board~~.n.~~

~~The disclosure must be recorded in the minutes and entered in a separate interests register~~.

Definitions (NZPH&D Act Section 6)

A "transaction" in relation to a DHB, means:
(a) the exercise or performance of a function, duty or power of the DHB; or
(b) an arrangement, agreement, or contract to which the DHB is a party; or
(c) a proposal that the DHB enter into an arrangement, agreement, or contract.

"Interest in a transaction" is defined as arising:
"if the Board member:
(a) is a party to, or will derive a financial benefit from, the transaction;
(b) has a financial interest in another party to the transaction; or
(c) is a director, member, official, partner, or trustee of another party to, or person who will or may derive a financial benefit from, the transaction ....; or
(d) is the parent, child, or spouse or partner of another party to, or person who will or may derive a financial benefit from the transaction; or
(e) is otherwise directly or indirectly interested in the transaction."

Paragraph (e) should be interpreted broadly. The Ministry of Health Conflict of Interest Guidelines for DHBs states that "non-financial interests (and financial interests not caught by (a) to (d)) are included in (e), which should be interpreted broadly".

~~Unless "his or her interest is so remote or insignificant that it cannot reasonably be regarded as likely to influence him or her in carrying out his or her responsibilitie~~
If a Board member's interest can reasonably by regarded as likely to influence him or her in carrying out his or her responsibilities, then that member will be interested in that transaction.~~s..."~~

Note:

A "~~"~~perception" that a member is interested will not meet this test. However, a perception of a conflict of interest is still an important consideration for the DHB and needs to be managed by the Board. The best course, when there is any doubt, is to raise such matters of interest in the first instance with the Chair who will determine an appropriate course of action.

~~The key test to keep in mind is that in the public sector a conflict of~~

~~interest exists where:~~

- ~~"A member's or official's duties or responsibilities to a public entity could be affected by some other interest or duty that the member or official may have" (Controller and Auditor General, 2007, p13)~~

- ~~"Disclosing the nature of a conflict involves more than simply providing the name of a company in which the DHB member has an interest" (Diagnostic MedLab Ltd v Auckland District Health Board, Waitemata District Health Board, Counties Manukau District Health Board and Ors (DML): Justice Asher at paragraph 146).~~

  ~~"Properly disclosing the nature of an interest could include outlining the length and degree of involvement with an entity, the level of financial interest (eg number of shares held, the value of these shares, etc) and the member's intention towards the particular interest in the future" (Ministry of Health, 2007).~~

- Intentionally failing to disclose an interest would be a breach of that Board member's duties under the Crown Entities Act. Failure to declare an interest can undermine the validity of Board decisions and this can raise the risk that a decision may be challenged by way of judicial review. Ultimately, m~~M~~embers who fail to declare an interest can be removed from office by the Minister of Health (s 9, sch 3 NZPH&DA & s 37 CEA).

11.5

Register of Interests:

A Register of Interests for all Board members is maintained by the Board Secretary and is published as part of the agenda for each Board meeting. This lists all the 'interests' of each member that might possibly give rise to a conflict situation during the course of members' duties.

Board members:

- Note that one of the most important things when dealing with interests and conflicts is openness and transparency;
- ~~Recognise that at times a "perception of interest" may arise, which is a wider interpretation than that defined in the legislation. A "perception of interest" is where any member is "perceived to have an interest greater than the general public". The best course, when there is any doubt, is to raise such matters of interest in the first instance with the Chair who will determine an appropriate course of action;~~
- ~~Recognise that where a conflict of interest is declared (or where it is considered that there is a clear "perception of interest") the normal practice is for the member concerned to withdraw. A majority of other members of the Board may, however, resolve to allow the member to remain and take part in its deliberations, but not the decision , as long as the following are recorded in the minutes:~~
- ~~the resolution~~
- ~~the reason for passing the resolution (ie the Board's reason for granting the member permission to participate in its deliberations~~

when they have a conflict or potential conflict of interest)

- anything said by the member concerned.
- (NZPH&D Act Schedule 3, clause 36(4) and (5).
- Will not use their official positions for personal gain, or solicit or accept gifts, rewards or benefits which might be perceived as inducements and which could compromise the Board's integrity;
- Will exercise care and judgement in accepting any gifts, and advise the Chair and/or Board of any offer received.

Under section 135 of the CE Act Board members and staff are "officials" for the purposes of sections 105 and 105A of the Crimes Act 1961 relating to bribery and corruption:

"105(1) Every official is liable to imprisonment for a term not exceeding seven years who, whether within New Zealand or elsewhere, corruptly accepts or obtains, or agrees or offers to accept or attempts to obtain, any bribe for himself or any other person in respect of any act done or omitted, or to be done or omitted, by him in his official capacity. (2) Every one is liable to imprisonment for a term not exceeding seven years who corruptly gives or offers or agrees to give any bribe to any person with intent to influence any official in respect of any act or omission by him in his official capacity.

105A Every official is liable to imprisonment for a term not exceeding seven years who, whether within New Zealand or elsewhere, corruptly uses or discloses any information, acquired by him in his official capacity, to obtain, directly or indirectly, an advantage or a pecuniary gain for himself or any other person."

Collective Responsibility for Managing Conflicts of Interest:

The Board is responsible for ensuring that any conflicts which arise are managed appropriately to adequately avoid or mitigate the effects of the conflict of interest.

- "The successful management of conflicts requires active management. There needs to be a genuine consideration of the conflict and its impact so that appropriate action can be taken." (Ministry of Health, 2007).
- Members should not hesitate to question in detail other members about their conflicts of interest. Members should raise the issue of conflicts during meetings where they feel another member's proper participation could be compromised by their conflicts (Ministry of Health, 2007).
- "A conflict of interest remains a conflict of interest even if disclosed, or approved, pursuant to cl 36. In other words, even if a conflict of interest has been dealt with in terms of cl 36 it can still, for administrative law purposes, be impermissible if it amounts to procedural unfairness or impropriety" (DML: Justice Asher at paragraph 134).
- The Board must be prepared, where appropriate, to exclude Board Members from involvement with a transaction, or to cancel a procurement or other process, where that is necessary to

ensure a fair and proper process (Ministry of Health, 2007).

References:

- Controller and Auditor General (2007), Managing conflicts of interest: Guidance for public entities: Good practice guide.
- Letter to Board Members from Deputy Director-General, DHB Funding & Performance, Ministry of Health (1 June 2007) re Conflicts of Interest and the duty not to disclose information.
- Ministry of Health (2010), Conflict of Interest Guidelines for District Health Boards.

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n) Members undertaking work for the DHB

Clause 7 of Schedule 2 of the NZPH&D Act provides that employees of the DHB may also be elected members. Employment relationships will be declared as a conflict of interest (see section 6 NZPH&D Act).

For consultancy work, paragraph ~~118~~ 113 of the Fees Framework [CO(12~~09~~)06~~5~~] applies:

"The practice of members or other appointees receiving payments as consultants from bodies to which they are appointed must not take place. If, however, the responsible Minister agrees that there are overriding reasons for members and other appointees to carry out consulting assignments, any proposal to do so should be submitted to APH (Appointments and Honours Committee) and Cabinet for consideration. Where the arrangement results in the risk of a conflict of interest, the Minister should identify the conflict in the submission to the APH, and propose a suitable regime for managing the conflict."

In the event of any such approval, the Minister will specify any conditions or expectations that will apply to the consultancy relationship.

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o) Consultation and Participation

The Board has legislative obligations to ~~consult with the public in developing its District Strategic Plan (note, 'consultation' is a term with specific meaning that has been derived from case law – all DHBs are required to consult to the standard defined in the Local Government Act 2002). Further, the Board is required/committed to~~ engage with the community to foster community participation in health improvement, and in planning for the provision of services and for significant changes to the provision of services. It has a special responsibility to establish and maintain processes to enable Māori to participate in, and contribute to, strategies for Māori health improvement.

When it is required, all of a DHB's service change proposals must adhere to the Planning Regulations. Where the Minister directs DHBs to make significant changes, the Minister may also require DHBs to consult on how those changes should be made. (Note, 'consultation' is a term with specific meaning that has been derived from case law. All DHBs are required to consult to the standard defined in the Local Government Act 2002.)

The Board and individual members:

- Will endeavour to keep an open mind during formal consultation with the public and be prepared to listen, to develop their

individual and collective understanding, and if appropriate to change their views;

- Will ensure that the consultation process provides the public with an effective opportunity to give their views;
- Will be respectful and attentive to members of the public;
- Note the Court of Appeal's view of consultation as outlined in its decision in Wellington International Airport v Air New Zealand Limited:

"Consultation does not mean negotiation or agreement. It means setting out a proposal not finally decided upon, adequately informing a party of relevant information upon which the proposal is based, listening to what others have to say with an open mind (in that there is room to be persuaded against the proposal), undertaking that task in a genuine and not cosmetic manner, reaching a decision that may or may not alter the original proposal."

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p) Requests for Items to be Placed on Board or Committee Agendas

Members may seek the inclusion of items on Board or committee agendas through the following mechanisms:

1. Requesting a matter to be discussed through the Chair.
2. Through a Notice of Motion:

   Notices of motion shall be in writing signed by the mover, stating the meeting at which it is proposed that the notice of motion be considered, and shall be delivered to the Chief Executive Officer at least 5 clear days before such meeting.

   The Chair may direct the Chief Executive Officer to refuse to accept any notice of motion which is:
   (a) Disrespectful or which contains offensive language or statements made with malice; or
   (b) Not within the scope of the role or functions of the board; or
   (c) Contains an ambiguity or a statement of fact or opinion which cannot properly form part of an effective resolution, and where the mover has declined to comply with such requirements as the Chief Executive Officer may make.

   No notice of motion shall proceed in the absence of the mover, unless moved by another member authorised in writing by the mover to do so.

   Any notice of motion referring to any matter ordinarily dealt with by a committee of the Board may be referred by the Chief Executive Officer to that committee.

3. For urgent matters, through the provision for discussion of extraordinary business at ordinary meetings, as follows:

   Where an item is not on the agenda for a meeting, that item may be dealt with if -
   (a) The board or committee by resolution so decides; and
   (b) The Chairperson explains at the meeting at a time when it is open to the public -
      (i) The reason why the item is not on the agenda; and
      (ii) The reason why the discussion of the item cannot be

delayed until a subsequent meeting.

(s 28, Schedule 3 and s 30, Schedule 4, of the NZPH&DA apply.)

q) Behaviour at Board and Committee Meetings	Southern DHB also has Standing Orders. As a general practice members have agreed that meetings of the Board and committees should be conducted in as informal manner as possible. In order to achieve this and to make meetings as productive and efficient as possible, members undertake to observe the following protocols (in addition to Standing Orders): ▪ Members will behave in a polite and respectful manner with colleagues and the executive. ▪ Issues will be raised in an objective manner – no personal reference or innuendo will be made to any persons associated with the matter being raised. ▪ Members will not interrupt each other or talk while another member is speaking (ie no side discussions will be held). ▪ Members will only make a point if it has not already been raised and is relevant to the topic. ▪ Members will endeavour to achieve closure on one point before another point is raised. ▪ Members, the Chair and the ~~CEO~~ Chief Executive will endeavour to clarify questions, issues, requests, before taking actions or responding. ▪ When there are concerns about matters that may be based on rumour or that are controversial, sensitive or political in nature, members will check with the Board Chair or Chief Executive for understanding and clarification. ▪ The Chair will terminate discussions if information is not available to pursue the discussion. ▪ Except for emergencies, or with the Chair's permission, no cell-phones ~~or laptops~~ will be turned on during Board meetings. ▪ Members will act consistently with what is agreed, demonstrating collective responsibility. ▪ Members and management participating in meetings will signal their intention to leave the meeting and such departures will only be made with good reason. ▪ All members will assist the Chair to uphold the behaviour protocols agreed to by the Board and to challenge departures from agreed values and standards.
r) Election Period Behaviour	Board members will abide by State Services Commission and Ministry of Health guidelines on conduct during election periods.

11.5

SOUTHERN DISTRICT HEALTH BOARD

Title:	CONTRACTS REGISTER
Report to:	Southern District Health Board
Date of Meeting:	4 September 2014

Summary:

Funding contracts signed under delegation by Executive Director Planning & Funding and Chief Executive Officer and contracts approved by Board executed since last report.

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: 27/08/14

Prepared by:	Presented by:
Sandra Boardman Executive Director Planning and Funding Date: 22/08/14	Sandra Boardman Executive Director Planning and Funding

RECOMMENDATION:

1. That the Board note the attached Contracts Register.

12

FUNDING ADMINISTRATION

CONTRACTS REGISTER (EXPENSES) - AUGUST 2014

PROVIDER NAME	DESCRIPTION OF SERVICES	ANNUAL AMOUNT	CONTRACT/VARIATION END DATE	APPROVED BY
Contract Value of - $0 - $100,000 (Level 3)				
Marne Street Hospital Ltd Service Schedule	Exceptional Circumstances palliative care for a named individual	$16,694.32	22.09.14	Executive Director Planning & Funding 30.06.14
Marne Street Hospital Ltd Service Schedule	Exceptional Circumstances palliative care for a named individual	$16,694.32	15.09.14	Executive Director Planning & Funding 30.06.14
Presbyterian Support Otago Incorporated t.a St Andrews Service Schedule	Exceptional Circumstances palliative care for a named individual	$16,694.32	15.09.14	Executive Director Planning & Funding 09.07.14
Ryman Healthcare Ltd t.a Yvette Williams4 Service Schedule	Exceptional Circumstances palliative care for a named individual	$1,270.22	03.07.14	Executive Director Planning & Funding 09.07.14
Anglican Family Care Centre - South Otago Outreach Variation to Agreement	South Otago Family Outreach	$23,157.26	30.06.15	Executive Director Planning & Funding 07.07.14
Fiordland Community Pharmacy Ltd t.a Fiordland Community Pharmacy Variation to Agreement	Clozapine monitored therapy medicine services	$2,600.00 (Estimate)	30.06.15	Executive Director Planning & Funding 18.06.14
Milton Elder Care Trust Variation to Agreement	Day Activity	$20,957.60	30.06.15	Executive Director Planning & Funding 04.07.14
Uruuruwhenua Health Variation to Agreement	Smoking Cessation Services	$47,791.50	30.09.14	Executive Director Planning & Funding 30.09.14
Ripponburn Holdings Ltd Variation to Agreement	Day Activity	$10,495.09	30.06.15	Executive Director Planning & Funding 07.07.14
Gwynn Holdings Limited t.a Rata Park Rest Home Variation to Agreement	Long Term Support - Chronic Health Conditions - Residential	$60,540.21	30.06.15	Executive Director Planning & Funding 25.06.14

FUNDING ADMINISTRATION

CONTRACTS REGISTER (EXPENSES) - AUGUST 2014

PROVIDER NAME	DESCRIPTION OF SERVICES	ANNUAL AMOUNT	CONTRACT/VARIATION END DATE	APPROVED BY
Ryman Healthcare Ltd Variation to Agreement	Day Activity	$21,603.97	30.06.15	Executive Director Planning & Funding 07.07.14
Enable New Zealand Variation to Agreement	Short Term Equipment - Otago Rural	$80,479.68	30.06.15	Executive Director Planning & Funding 07.07.14
Bainfield Park Residential Care Ltd Variation to Agreement	Long Term Support - Chronic Health Conditions - Residential	$97,776.20	30.06.14	Executive Director Planning & Funding 10.07.14
Maniototo Health Services Ltd Variation to Agreement	Maternity Resource Centre	$8,071.20	30.06.15	Southern DHB Board 05.06.14
Maniototo Health Services Ltd t.a Maniototo Hospital Agreement	Well Child Services	$18,705.40	30.06.15	Executive Director Planning & Funding 26.06.14
Kiwi Family Otago Ltd t.a Woodhaugh Rest Home Variation to Agreement	Long Term Support - Chronic Health Conditions - Residential	$76,752.20	30.06.15	Executive Director Planning & Funding 10.07.14
Presbyterian Support Southland t.a Peacehaven Service Schedule	Exceptional Circumstances palliative care for a named individual	$2,150.76	12.07.14	Executive Director Planning & Funding 15.07.14
Central Southland Hospital Charitable Trust Board Variation to Agreement	Day Activity	$18,981.60	30.06.15	Executive Director Planning & Funding 01.07.14
Te Kahui Reo Whakakotahi o Te Kakakura Variation to Agreement	Kaupapa Maori NASC	$11,136.67	31.10.14	Executive Director Planning & Funding 07.07.14
Parata Anglican Charitable Trust Board Variation to Agreement	Day Activity	$14,660.92	30.06.15	Executive Director Planning & Funding 07.07.14
Te Roopu Tautoko Ki Te Tonga Inc Agreement	Mauri Ora Service	$73,682.00	30.06.15	Executive Director Planning & Funding 17.07.14
Radius Residential Care Ltd t.a Radius Fulton Care Centre Service Schedule	Exceptional Circumstances palliative care for a named individual	$16,694.32	25.09.14	Executive Director Planning & Funding 04.07.14

FUNDING ADMINISTRATION

CONTRACTS REGISTER (EXPENSES) - AUGUST 2014

PROVIDER NAME	DESCRIPTION OF SERVICES	ANNUAL AMOUNT	CONTRACT/VARIATION END DATE	APPROVED BY
Summerset Care Ltd t.a Summerset at Bishopscourt Service Schedule	Exceptional Circumstances palliative care for a named individual	$16,694.32	29.09.14	Executive Director Planning & Funding 10.07.14
Mosgiel Elderly Care Trust Variation to Agreement	Day Activity	$91,500.80	30.06.15	Executive Director Planning & Funding 07.07.14
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	03.10.14	Executive Director Planning & Funding 23.07.14
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	$11,250.52	27.08.14	Executive Director Planning & Funding 04.07.14
Maniototo Health Services Ltd t.a Ranfurly Hospital Service Schedule	Exceptional Circumstances palliative care for a named individual	$16,489.16	02.10.14	Executive Director Planning & Funding 16.07.14
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	26.09.14	Executive Director Planning & Funding 23.07.14
Royal New Zealand Plunket Society Southland Variation to Agreement	Tamariki Ora / Well Child Services	$9,717.00	30.06.15	Executive Director Planning & Funding 01.07.14
	Total for Level 3	**$ 835,541.44**		
Contract Value of - $100,000 - $500,000 (Level 2)				
Calvary Hospital Variation to Agreement	Long Term Support - Chronic Health Conditions - Residential	$101,221.80 (Estimate)	30.06.15	Executive Director Planning & Funding 10.07.14
St Clair Park Residential Centre Ltd Variation to Agreement	Residential Long Term Care	$ 497,918.40	30.06.15	Executive Director Planning & Funding 27.06.14
St Clair Park Residential Centre Ltd t.a St Clair Park Variation to Agreement	Long Term Support-Chronic Health Conditions - Residential	$ 248,174.45 (Estimate)	30.06.15	Executive Director Planning & Funding 04.07.14
BUPA Care Services NZ Ltd t.a Longwood Care Home Variation to Agreement	Long Term Support - Chronic Health Conditions - Residential	$ 190,522.70 (Estimate)	30.06.15	Executive Director Planning & Funding 10.07.14
Maniototo Health Services Ltd	Domicillary Services	$ 282,551.50	30.06.15	Southern DHB Board

FUNDING ADMINISTRATION

CONTRACTS REGISTER (EXPENSES) - AUGUST 2014

PROVIDER NAME	DESCRIPTION OF SERVICES	ANNUAL AMOUNT	CONTRACT/VARIATION END DATE	APPROVED BY
Variation to Agreement				05.06.14
Uruuruwhenua Health Agreement	Mauri Ora	$ 109,565.00	30.06.15	Executive Director Planning & Funding 17.07.14
Hokonui Runanga Health & Social Services Trust Agreement	Mauri Ora	$ 181,236.51	30.06.15	Executive Director Planning & Funding 17.07.14
Kai Tahu Ki Otago Ltd t.a KTKO Ltd Agreement	Mauri Ora	$ 107,326.00	30.06.15	Executive Director Planning & Funding 17.07.14
Tokomairiro Waiora Incorporated Agreement	Mauri Ora	$ 109,565.00	30.06.15	Executive Director Planning & Funding 17.07.14
Nga Kete Matauranga Pounamu Charitable Trust t.a Oraka Aparima Health & Social Service Agreement	Mauri Ora	$ 251,945.00	30.06.15	Executive Director Planning & Funding 16.07.14
	Total for Level 2	**$2,080,026.36**		
Contract Value of - $500,000 - 1 Million (Level 1)				
Maniototo Health Services Ltd Variation to Agreement	Rural Hospital Medical & Surgical Services & Community Health Services Head Agreement	$ 950,358.82	30.06.15	Southern DHB Board 05.06.14
	Total for Level 1	**$ 950,358.82**		
Contract Value of - $1 Million and Over (Board)				
Southern PHO Agreement	PHO Services Agreement	$ 51,000,000.00 (Estimate)	Evergreen	Southern DHB Board 03.07.14
Rendell on Reed Lifecare Ltd - t.a Rendell on Reed Variation to Agreement	Aged Related Residential Care - National Variation	$1,101,547.20 (Estimate)	03.08.20	Executive Director Planning & Funding 03.07.14
	Total for Board Level	**$ 52,101,547.20**		
	Grand Total	**$ 55,967,473.82**		

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SOUTHERN DISTRICT HEALTH BOARD

Title:	2015 MEETING SCHEDULE
Report to:	Board
Date of Meeting:	04 September 2014

Summary:

- Draft meeting schedule attached for the Board's consideration and adoption.

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

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

Document previously submitted to:	Board	Date: 07/07/14
Approved by Chief Executive Officer:		Date: 27/08/14

Prepared by: Board Secretary

Date: 22/08/14

RECOMMENDATION:

1. That the Board adopt the attached meeting schedule for 2015.

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SOUTHERN DISTRICT HEALTH BOARD
DRAFT MEETING SCHEDULE 2015

MONTH	FEB (In'gill)	MARCH (Dunedin)	APRIL (Dunedin)	MAY (In'gill)	JUNE (In'gill)	JULY (Dunedin)	AUG (Dunedin)	SEPT (In'gill)	OCT (In'gill)	NOV (Dunedin)	DEC (Dunedin)
Community and Public Health and Disability Support Advisory Committees	Wed 04 10.00 am		Wed 01 10.00 am		Wed 03 10.00 am	Wed 01 10.00 am		Wed 30 10.00 am			Wed 09 10.00 am
Iwi Governance Committee	Wed 04 12.00 noon		Wed 01 12.00 noon	#	Wed 03 12.00 noon			Wed 30 12.00 noon		Wed 04 12.00 noon Workshop	
Hospitals Advisory Committee	Wed 04 2.00 pm		Wed 01 2.00 pm		Wed 03 2.00 pm		Wed 05 2.00 pm	Wed 30 2.00 pm			Wed 09 2.00 pm
Audit and Risk Committee*		Wed 04 2.00 pm		Wed 06 2.00 pm		Wed 01 2.00 pm		Wed 02 2.00 pm		Wed 04 2.00 pm	
Board	Thurs 05 9.30 am	Thurs 05 9.30 am	Thurs 02 9.30 am	Thurs 07 9.30 am	Thurs 04 9.30 am	Thurs 02 9.30 am	Thurs 06 9.30 am	Thurs 03 9.30 am	Thurs 01 9.30 am	Thurs 05 9.30 am	Thurs 10 10.00 am

** If any issues require attention on the months ARC is not scheduled to meet, ARC will meet an hour before the Board meeting.*
 # A joint workshop will be held in May 2015 if required – to be determined at the meeting in April 2015.

Year Planner 2015

	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	
TUE									1			1	TUE
WED				1 COMMITTEES			1 COMMITTEES		2 COMMITTEES			2	WED
THU	1 New Year1			2 BOARD			2 BOARD		3 BOARD	1 BOARD		3	THU
FRI	2 New Year 2			3 Good Friday	1		3		4	2		4	FRI
SAT	3			4	2		4	1	5	3		5	SAT
SUN	4	1	1	5	3		5	2	6	4	1	6	SUN
MON	5	2	2	6 Easter Monday	4	1 Queens Birthday	6	3	7	5	2	7	MON
TUE	6	3	3	7 Southland Ann D	5	2	7	4	8	6	3	8	TUE
WED	7	4 COMMITTEES	4 COMMITTEES	8	6 COMMITTEES	3 COMMITTEES	8	5 COMMITTEES	9	7	4 COMMITTEES	9 COMMITTEES	WED
THU	8	5 BOARD	5 BOARD	9	7 BOARD	4 BOARD	9	6 BOARD	10	8	5 BOARD	10 BOARD	THU
FRI	9	6 Waitangi Day	6	10	8	5	10	7	11	9	6	11	FRI
SAT	10	7	7	11	9	6	11	8	12	10	7	12	SAT
SUN	11	8	8	12	10	7	12	9	13	11	8	13	SUN
MON	12	9	9	13	11	8	13	10	14	12	9	14	MON
TUE	13	10	10	14	12	9	14	11	15	13	10	15	TUE
WED	14	11	11	15	13	10	15	12	16	14	11	16	WED
THU	15	12	12	16	14	11	16	13	17	15	12	17	THU
FRI	16	13	13	17	15	12	17	14	18	16	13	18	FRI
SAT	17	14	14	18	16	13	18	15	19	17	14	19	SAT
SUN	18	15	15	19	17	14	19	16	20	18	15	20	SUN
MON	19	16	16	20	18	15	20	17	21	19	16	21	MON
TUE	22	17	17	21	19	16	21	18	22	20	17	22	TUE
WED	21	18	18	22	20	17	22	19	23	21	18	23	WED
THU	22	19	19	23	21	18	23	20	24	22	19	24	THU
FRI	23	20	20	24	22	19	24	21	25	23	20	25 Christmas Day	FRI
SAT	24	21	21	25 Anzac Day	23	20	25	22	26	24	21	26 Boxing Day	SAT
SUN	25	22	22	26	24	21	26	23	27	25	22	27	SUN
MON	26	23	23 Otago Ann Day	27 Anzac Day	25	22	27	24	28	26 Labour Day	23	28	MON
TUE	27	24	24	28	26	23	28	25	29	25	24	29	TUE
WED	28	25	25	29	27	24	29	26	30 COMMITTEES	28	25	30	WED
THU	29	26	26	30	28	25	30	27		29	26	31	THU
FRI	30	27	27		29	26	31	28		30	27		FRI
SAT	31	28	28		30	27		29		31	28		SAT
SUN			29		31	28		30			29		SUN
MON			30			29		31			30		MON
TUE			31			30							TUE
	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	

Key: Board (blue) — Advisory Committees (red)

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