

# SOUTHERN DISTRICT HEALTH BOARD MEETING

Thursday, 2 October 2014, 10.00 am

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

## A G E N D A

### Item

1. Chair's Opening Comments
  2. [Apologies](#)
  3. [Interests Registers](#)
  4. [Minutes of Previous Meeting](#)
  5. Matters Arising
  6. [Review of Action Sheet](#)
  7. [CEO's Report](#)
  8. [Provider Arm Report](#)
  9. [Financial Report](#)
- Advisory Committee Reports:
10. Disability Support Advisory Committee and Community & Public Health Advisory Committee
    - a) [Minutes of 3 September 2014 meeting](#)
    - b) [Verbal report of 1 October 2014 meeting](#)
  11. Hospital Advisory Committee
    - a) [Minutes of 3 September 2014 meeting](#)
  12. [Contracts Register](#)
  13. [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).
Southern DHB Annual Plan 2014/15	Annual Plans are subject to Ministerial approval	As above, sections 9(2)(f)(iv)
Quality Account	Subject to MoH approval and will soon be publicly available	As above, sections 9(2)(f)(iv)
Southern Strategic Health Services Plan	To allow activities to be carried on without prejudice or disadvantage	As above, section 9(2)(j).
South Link Health – Retained Earnings	To allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).
Public Excluded Advisory Committee Reports a) Disability Support and Community & Public Health Advisory Committees ▪ 3 September 2014 ▪ 1 October 2014 b) Hospital Advisory Committee ▪ 3 September 2014 c) Iwi Governance Committee ▪ 1 October 2014 d) Audit & Risk Committee ▪ 4 September 2014 ▪ 1 October 2014 ▪ Annual Report e) Appointments & Remuneration 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).

**Southern DHB Board Meeting - Agenda**

General subject:	Reasons for passing this resolution:	Grounds for passing the resolution:
Contract & Lease Approvals <ul style="list-style-type: none"> <li>▪ Planning &amp; Funding</li> <li>▪ Provider Arm</li> </ul>	Commercial sensitivity and to allow activities and negotiations to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).
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).

**APOLOGIES**

No apologies have been received, at the time of going to print.

## SOUTHERN DISTRICT HEALTH BOARD

Title:	INTERESTS REGISTERS	
Report to:	Board	
Date of Meeting:	2 October 2014	
Notifications received since the last meeting: Nil		
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: 3-4/09/14
Prepared by: Jeanette Kloosterman Board Secretary Date: 17/09/14	Presented by: 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.

Southern DHB Board Meeting - Interests Registers

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.

**Southern DHB Board Meeting - Interests Registers**

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.

**Southern DHB Board Meeting - Interests Registers**

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.

## Minutes of the Southern District Health Board Meeting

Thursday, 4 September 2014, 10.40 am  
Board Room, Southland Hospital Campus, Invercargill

Present:	Mr Joe Butterfield Mr Tim Ward Dr John Chambers Mr Neville Cook Ms Sandra Cook Mrs Kaye Crowther Mrs Mary Gamble Mr Tony Hill Mr Tuari Potiki Dr Branko Sijnja Mr Richard Thomson	Chair Deputy Chair
In Attendance:	Dr Jan White Ms Carole Heatly Mrs Lexie O'Shea  Mr Steve Addison  Mr Peter Beirne Mrs Sandra Boardman Mr David Tulloch Mrs Leanne Samuel  Ms Jeanette Kloosterman	Crown Monitor (until 12.10 pm) Chief Executive Officer Deputy Chief Executive Officer/Executive Director Patient Services Executive Director Communications (by videoconference until 12.10 pm) Executive Director Finance Executive Director Planning & Funding Chief Medical Officer Acting Executive Director Support Services Board Secretary (by videoconference)

## 1.0 APOLOGIES

There were no apologies.

## 2.0 CHAIR'S OPENING COMMENTS

The Chairman welcomed everyone to the meeting.

## 3.0 DECLARATION OF INTERESTS

It was resolved:

"That the Interests Register be received."

## 4.0 CONFIRMATION OF PREVIOUS MINUTES

It was resolved:

"That the minutes of the 7 August 2014 Board meeting be approved and adopted as a true and correct record."

5.0 MATTERS ARISING FROM PREVIOUS MINUTES

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

6.0 ACTION SHEET

The Board reviewed the action sheet (tab 6).

Pharmaceuticals

The Board requested the performance metrics for the pharmaceutical expenditure project.

It was resolved:

"That the action sheet be received."

7.0 CHIEF EXECUTIVE OFFICER'S REPORT

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

It was resolved:

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

8.0 FINANCIAL REPORT

The Executive Director Finance presented the Financial Report for the period ended 31 July 2014 (tab 10) and informed the Board that the community pharmaceutical costs were an estimate based on the budget.

It was resolved:

"That the Financial Report be received."

9.0 ADVISORY COMMITTEE REPORTS

Disability Support Advisory Committee and Community & Public Health Advisory Committee

The Board received a verbal report from Ms Sandra Cook, Chair of the Disability Support Advisory Committee (DSAC) and Community & Public Health Advisory Committee (CPHAC), on the meeting of DSAC/CPHAC held on 3 September 2014.

It was resolved:

"That the verbal report be received."

Hospital Advisory Committee

The Board received a verbal report from Mr Tony Hill, Chair of the Hospital Advisory Committee (HAC), on the HAC meeting held on 3 September 2014.

It was resolved:

“That the verbal report be received.”

Audit and Risk Committee

The Board received a verbal report from Mr Tim Ward, Chair of the Audit and Risk Committee (ARC), on the recommendations made by ARC at its meeting earlier that morning (tab 11).

Managing Gifts and Sponsorship Policy

It was resolved:

“That the Board approve the policy and procedure for managing gifts and sponsorship.”

Conflicts of Interest Policy

It was resolved:

“That the Board approve the policy and procedure for managing conflicts of interest.”

Private Practice, Secondary Employment and Other Business Activities Policy

It was resolved:

“That the Board approve the policy and procedure for employees undertaking private practice and secondary employment.”

Code of Conduct

It was resolved:

“That the Board approve and adopt the revised Southern DHB Code of Conduct.”

10.0 CONTRACTS REGISTER

The Funding contracts register for August 2014 was circulated with the agenda (tab 12) for members’ information.

The Audit & Risk Committee Chair reported that he would be reviewing the amount of detail in the Contracts Register with the Executive Director Planning & Funding.

It was resolved:

"That the contracts register be received."

#### 11.0 2015 MEETING SCHEDULE

It was resolved:

"That the proposed meeting schedule for 2015 be adopted."

#### 12.0 DUNEDIN SITE THERAPEUTIC POOL UPDATE

A paper and recommendations on the Dunedin Therapeutic Pool were tabled.

Correction: It was noted that the word "occupational" in the third recommendation should read "operational".

It was resolved:

"That the Board:

- Rescind its motion of 7 August 2014 relating to the decision already made and the advice given to the Otago Therapeutic Pool Trust regarding the decision to drain and close the pool in December 2014;
- Resolve that the Chairman and Chief Executive Officer be authorised to negotiate interim use of the pool by the Therapeutic Pool Trust through to June 2015 on a cost recovery basis, while the Trust investigates the possible long term viability of the pool operation;
- In principle accepts the concept of leasing the facilities to the Trust under a long term lease from July 2015, subject to suitable financial and operational conditions being agreed between the parties prior to that time."

#### PUBLIC EXCLUDED SESSION

At 11.08 am, it was resolved:

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

General subject:	Reasons for passing this resolution:	Grounds for passing the resolution:
Previous Public Excluded Board Minutes	As per reasons set out in previous agenda	S 32(a), Schedule 3, NZ Public Health and Disability Act 2000 – that the public conduct of this part of the meeting would be likely to result in the disclosure of information for which good reason for withholding exists under sections 9(2)(a), 9(2)(f), 9(2)(i), 9(2)(j) of the Official Information Act 1982, that is withholding the information is necessary to: protect the privacy of natural persons; maintain the constitutional conventions which protect the confidentiality of advice tendered by Ministers of the Crown and officials; to enable a Minister of the Crown or any Department or organisation holding the information to carry on, without prejudice or disadvantage, commercial activities and negotiations.
Review of Public Excluded Action Sheet	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).
Public Excluded Advisory Committee Reports a) Disability Support and Community & Public Health Advisory Committees <ul style="list-style-type: none"> <li>▪ 3 September 2014</li> <li>▪ Options for Lakes District</li> <li>▪ Infertility Services</li> </ul> b) Hospital Advisory Committee <ul style="list-style-type: none"> <li>▪ 3 September 2014</li> <li>▪ Contract Approvals</li> <li>▪ Lease Renewals</li> </ul> c) Iwi Governance Committee <ul style="list-style-type: none"> <li>▪ 6 August 2014</li> </ul> d) Audit & Risk Committee <ul style="list-style-type: none"> <li>▪ 6 August 2014</li> <li>▪ 4 September 2014</li> </ul> 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).

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



Southern District Health Board  
**BOARD MEETING ACTION SHEET**  
 As at 22 September 2014

Action Point No.	SUBJECT	ACTION REQUIRED	BY	STATUS	EXPECTED COMPLETION DATE
212-2013/05	Pharmaceuticals (Minute item 8.0)	CMO to report back on the amount of medication prescribed and dispensed to patients at any one time and any related waste and safety issues.	CMO	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.	Reported through DSAC/CPHAC.
226-2013/07		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.			
308-2014/09		Performance metrics for the project to be requested.	CMO		
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.	
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
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		Completed

SOUTHERN DISTRICT HEALTH BOARD

Title:	CHIEF EXECUTIVE OFFICER'S REPORT	
Report to:	Board	
Date of Meeting:	2 October 2014	
Summary: The issues considered in this paper are: <ul style="list-style-type: none"> <li>▪ Monthly DHB activity.</li> </ul>		
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: 22/09/2014
Prepared by:	Presented by:	
Date: 19/09/2014	Carole Heatly Chief Executive Officer	
RECOMMENDATION:		
1. That the Board receive the report.		

---

---

CHIEF EXECUTIVE OFFICER'S REPORT

---

---

1. DHB FINANCIAL PERFORMANCE

The August result was \$0.1m unfavourable to budget, with a deficit of \$1.1m. A detailed analysis of the financial situation is contained in the Financial Report (agenda item 9).

2. PROVIDER ARM

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

3. PLANNING AND FUNDING

Mental Health and Addictions

While the majority of mental health and addiction providers have agreed to contract variations (as these are due for renewal) with no increase in funding for 2014/15, this is an area of ongoing concern for providers. Planning and Funding are continuing to work through options with individual providers.

Health of Older People

Community Response Forum

Planning and Funding participated in a Community Response Forum in Oamaru, organised by the Ministry of Social Development. The forum was an excellent opportunity to bring agencies and departments together (Age Concern, Housing, District Council, etc) to focus on older people's issues and concerns.

Aged Residential Care

The Minister of Health has announced a 5% increase to Rest Home subsidies from 1 October 2014. The Minister expects many providers will choose to use this to increase staff wages. We are in the process of sending out variations to contracts for this increase, and letters to residents, explaining that the maximum contribution for residents who contribute to their care, will also increase by 5%. This follows a 1% increase to the prices for all levels of care on 1 July 2014.

Our Dementia Educator has completed the first "Walking in Another's Shoes" course with 18 Support Workers from Aged Residential Care Dementia Units in the greater Dunedin area. Feedback from this course has been excellent. A second course, including more support workers from Dunedin Aged Residential Care Dementia Units and expanding to North Otago, South Otago and Central will begin next month. A future course in Southland is planned.

Public Health South is now sharing Outbreaks Reports that relate to rest home facilities with the Portfolio Manager, Health of Older People. This means that the rest home audit and certification process will now include monitoring of progress against any recommendations in the Outbreak Reports.

Home & Community Support Services (HCSS)

The HCSS Alliance continues to develop the bulk funding model of restorative services to our older population. The reporting is showing changes in service delivery to

different groups (casemix) of clients that are targeting services to assessed needs. Ninety-one percent of our HCSS older people have goals based care plans.

#### Long Term Support/Chronic Health Conditions

Responsibility for long term support/chronic health conditions clients devolved to DHBs in 2011. At that time, Southern DHB contracted with Access Ability for the NASC (Needs Assessment and Service Coordination) services for these clients. As of next month, these adult clients will receive Needs Assessment and Service Coordination Services from the Southern DHB Care Coordination Centre. Younger clients will transfer over to DHB services over the next year. Access Ability has provided a valuable service to these clients; however the new arrangements will mean that assessments are undertaken by registered health professionals, using the InterRAI comprehensive assessment tool, and will also ensure that packages of care available to these clients are at similar levels available to other groups of clients.

#### 4. ENGAGEMENT WITH SENIOR CLINICIANS

Since the last Board meeting (September 2014), I have met with a large number of our senior clinical workforce to hear first-hand about the challenges we face and how they think we can best meet them. These meetings have included senior clinicians from Dunedin, Invercargill and Queenstown. Feedback to date has been very positive.

#### 5. SUPPORT FROM ROTARY

I am delighted to report that, as part of the ongoing fundraising being undertaken by the Rotary District 9980, I received a letter confirming they have raised enough money (from both local and international projects and a grant from the Rotary Foundation) to fund a neonatal transport incubator for the use of the DHB across the district. Over the last 12 months Rotary have donated over \$277,000, which is a fantastic effort.

Carole Heatly  
Chief Executive Officer

19 September 2014

SOUTHERN DISTRICT HEALTH BOARD

Title:	Executive Director of Patient Services Report	
Report to:	Board	
Date of Meeting:	02 October 2014	
Summary:	Considered in these papers are: <ul style="list-style-type: none"> <li>▪ August 2014 DHB activity.</li> </ul>	
Specific implications for consideration (financial/workforce/risk/legal etc):		
Financial:	Yes	
Workforce:	Yes	
Other:	No	
Document previously submitted to:	Not applicable, report only provided for the Board agenda.	Date:
Approved by:		Date:
Prepared by: Executive Director of Patient Services/Deputy CEO Date: 19/09/2014	Presented by: Lexie O'Shea Executive Director of Patient Services	
RECOMMENDATION:		
1. That Board receive this report.		

Executive Director of Patient Services Report – August 2014

Recommendation

That the Board notes this report.

1. Contract Performance

- Total elective caseweights delivered (cwd) by Southern DHB Provider Arm were 44 over plan in August 2014 (3%). Year to date elective caseweights are 57 over plan (2%).
- Total acute caseweights delivered (cwd) by the Southern DHB Provider Arm were 146 under plan in August 2014 (5%). Year to date (ytd) acute caseweights are 147 over plan (3%).
- In comparison to actual caseweights delivered Aug ytd 2013, acute caseweights delivered dropped by 351 caseweights (6%) and elective caseweights increased by 151 (6%).

2. Health Targets

Shorter Stays in Emergency Department (ED)

- August 2014 had 2.4% fewer presentations to ED than last August.
- Performance against the '6 Hour Target' across the district was 94.2% in August 2014.
  - Dunedin ED – 93.5% for August
    - Presentations for the month of August increased with 3603 in 2014, a 1.8% increase on the 3540 presentations in 2013.
  - Southland ED – 95.1% for August
    - Presentations for the month of August decreased with 3030 in 2014, a 6.5% decrease on the 3239 presentations in 2013.

Immunisation

- The Immunisation Health Target for Children aged 8 months is 95% for July – December 2014. The Target for Coverage for 2 Year Old Children remains 95%.
- In August 2014 Southern DHB achieved 93% for coverage of children aged 8 months of age and 97% for coverage of children at 2 years of age.

Better Help for Smokers to Quit

- The August result for the Better Help for Smokers to Quit health target was 91.2% of patients offered advice and help to quit (based on coded notes only). This is an increase of 0.8% from July 2014 figures. Post Discharge follow up calls are undertaken each quarter to ensure the 95% target is met. Calls will continue until the new patient management system is implemented with a mandatory field option to record ABC.

Shorter Cancer Wait Times

- We are continuing to achieve the MoH target of 100% of patients starting treatment within four weeks of their first specialist assessment 100% of the time. This is in spite of our CT scanner being replaced at the moment. We are working in

collaboration with Radiology outside normal working hours which is enabling us to continue to achieve our target.

- We are continuing to take certain cohorts of South Canterbury patients based on diagnosis types and fractionation at the request of Canterbury DHB who would be the 'normal' providers for these patients. This is in line with the Ministry of Health protocols around capacity sharing agreements. The capacity sharing agreement with Canterbury follows the principles laid out in the protocols in order to facilitate a regional, collaborative approach to the delivery of cancer services. This regional, collaborative approach is achieved without impacting adversely on Southern's ability to deliver timely radiation therapy to its population or to meet the shorter waits for cancer treatment health target.

Improving Access to Elective Services

- Elective surgical discharges delivered to the Southern population were 35 over plan for the month (4%). Year to date discharges are 69 over plan (4%).

<b>Elective Surgical Discharges August 2014</b>										
<b>Elective Surgical Discharge Activity - Southern DHB population</b>										
	<b>Aug-14</b>				<b>Year to Date</b>				<b>Annual</b>	
	<b>Actual</b>	<b>Plan</b>	<b>Var</b>	<b>Var %</b>	<b>Actual</b>	<b>Plan</b>	<b>Var</b>	<b>Var %</b>	<b>Plan</b>	
SDHB population treated inhouse	905	867	38	4%	1,877	1,806	71	4%	10,001	
SDHB population treated by other DHB	37	47	(10)	(21%)	84	94	(10)	(11%)	563	
SDHB population outsourced	16	9	7	0%	28	20	8	0%	-	
	<b>958</b>	<b>923</b>	<b>35</b>	<b>4%</b>	<b>1,989</b>	<b>1,920</b>	<b>69</b>	<b>4%</b>	<b>10,564</b>	
<b>Elective Surgical Caseweights August 2014</b>										
<b>Elective Surgical Caseweight Activity - Southern DHB population</b>										
	<b>Aug-14</b>				<b>Year to Date</b>				<b>Annual</b>	
	<b>Actual</b>	<b>Plan</b>	<b>Var</b>	<b>Var %</b>	<b>Actual</b>	<b>Plan</b>	<b>Var</b>	<b>Var %</b>	<b>Plan</b>	
SDHB population treated inhouse	1,231	1,198	33	3%	2,493	2,488	5	0%	13,963	
SDHB population treated by other DHB	97	92	4	5%	192	185	8	4%	1,108	
SDHB population outsourced	21	20	1	5%	37	47	(10)	(21%)	98	
	<b>1,349</b>	<b>1,311</b>	<b>38</b>	<b>3%</b>	<b>2,722</b>	<b>2,719</b>	<b>4</b>	<b>0%</b>	<b>15,169</b>	

3. Operational Performance

- The final Elective Service Performance Indicator (ESPI) graphs for July 2014 shows Southern DHB with a red status for ESPI2 and a yellow status for ESPI5.
- Preliminary results for August 2014 have Southern DHB with red status for ESPI2 and a yellow status for ESPI5. This will be the second month with a red status.
- ESPI 6 (patients in active review that have not been surveyed). Southern DHB has red status for August. This will return to green in September.
- The Southern DHB Key Performance Indicator graphs are attached.

Lexie O'Shea, Executive Director of Patient Services

Leanne Samuel, Executive Director of Nursing and Midwifery

Mr Richard Bunton, Medical Director of Patient Services

Southern DHB  
Hospital Advisory Committee - KPIs  
August 2014 Data

Patient Safety and Experience - Hospital Healthcheck				
Monthly	Actual	Plan / Target	Variance	Trend/rating
3 - Improved access to elective surgical services monthly (population based)	958	923	35 (3.8%)	
3a - Improved access to elective surgical services ytd (population based)	1,989	1,920	69 (3.6%)	

Cost/Productivity - Hospital Healthcheck				
Monthly	Actual	Plan / Target	Variance	Trend/rating
1 - Waits >5 months for FSA	78	0	-78	
2 - Treatment >5 months from commitment to treat	21	0	-21	
4a - Elective caseweights versus contract (monthly provider arm delivered)	1,315	1,271	44 (3.4%)	
4b - Elective caseweights versus contract (ytd provider arm delivered)	2,679	2,622	57 (2.2%)	
7a - Acute caseweights versus contract (monthly provider arm delivered)	2,632	2,779	-147 (-5.3%)	
7b - Acute caseweights versus contract (ytd provider arm delivered)	5,754	5,606	147 (2.6%)	
10 - Voluntary staff turnover	0.6%	0.3%	-0.4%	
9 - Staff sick leave rates	3.7%	3.5%	-0.2%	

Patient Safety and Experience - Performance Report				
Monthly	Actual	Plan / Target	Variance	Trend/ rating
Waits for Cancer Services	100%	100%	0.0%	
11 - Reduced in stay in ED	94%	95%	-0.8%	
15 - Acute Readmission Rates	9.9%	9.2%	-0.7%	

Population Health				
16 - Smoking cessation - hospitalised smokers provided with advice and help to quit	91%	95%	-3.8%	

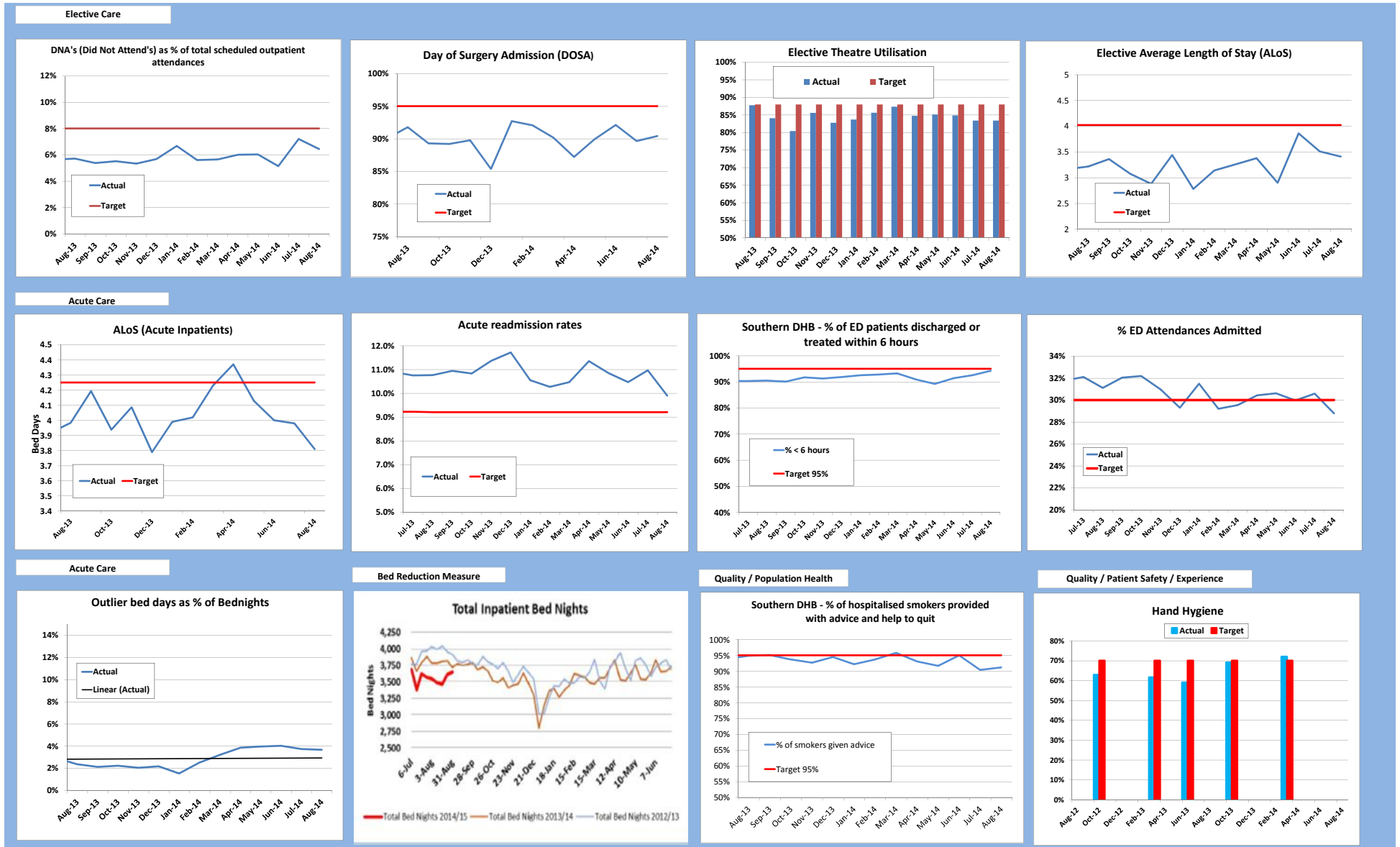
Cost/Productivity - Performance Report				
Monthly	Actual	Plan / Target	Variance	Trend/ rating
5 - Reduction in DNA rates	6.4%	8.0%	-1.6%	
7 - DOSA rates	90%	95%	-4.6%	
9 - ALoS (elective)	3.41	4.02	0.61 (15.2%)	
ALoS (Acute inpatient)	3.81	4.25	0.44 (10.4%)	
14 - % ED attendances admitted	29%	30%	1.2%	
13 - Outlier bed days	3.7%			
<b>Quarterly</b>				
8 - Elective Theatre utilisation	83%	88%	-5%	

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



# Southern DHB Board Meeting - Provider Arm Report

## Southern DHB Hospital Advisory Committee - Performance Report August 2014 Data

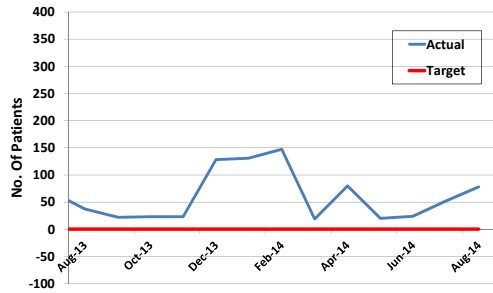


# Southern DHB Board Meeting - Provider Arm Report

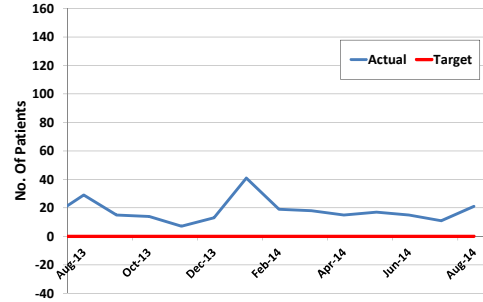
Southern DHB  
Hospital Advisory Committee - Hospital Healthcheck  
August 2014 Data

## Elective Care

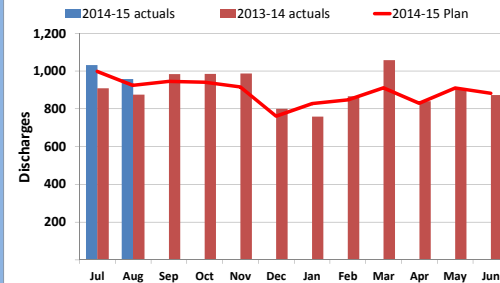
Patients waiting for FSA > target



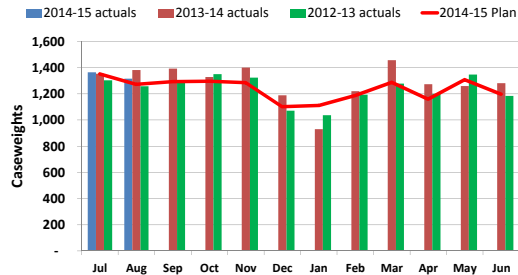
Patients waiting > target months from commitment to treat



Increased Access to Elective Surgery (Discharges - SDHB Population)

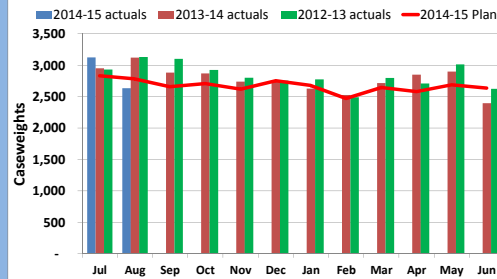


Medical / Surgical Elective Caseweights v Plan (Provider Arm Delivery)



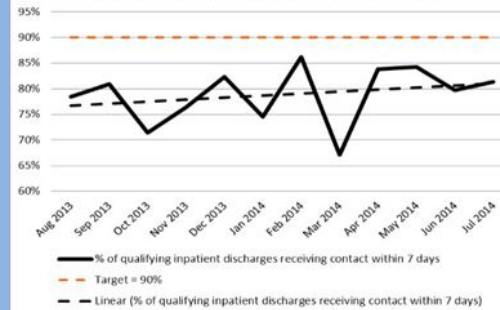
## Acute Care

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



## Mental Health and Addictions

KPI19 - Improving post-discharge community care



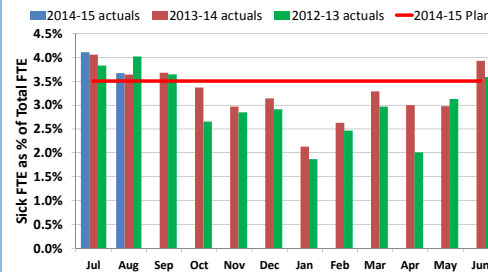
## Mental Health and Addictions

PP8 - Shorter wait times for non-urgent Mental Health and Addictions Services

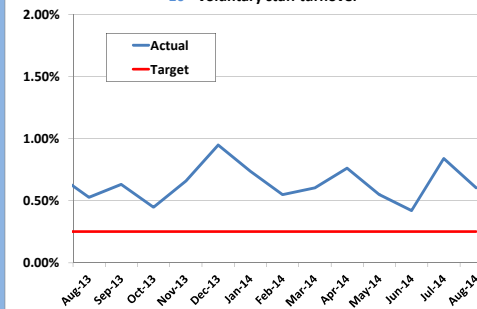


## Service and Organisation Quality

% Staff Sick Leave Rate



10 - Voluntary staff turnover



SOUTHERN DISTRICT HEALTH BOARD

Title:	FINANCIAL REPORT	
Report to:	Board	
Date of Meeting:	2 October 2014	
Summary: The issues considered in this paper are: <ul style="list-style-type: none"> <li>▪ August 2014 financial position.</li> </ul>		
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:	Yes	Date: 22/09/2014
Prepared by: David Dickson Finance Manager Date: 19/09/2014	Presented by: Peter Beirne Executive Director Finance	
RECOMMENDATION:		
1. That the report be received.		

# SOUTHERN DHB FINANCIAL REPORT

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

## Recommendations:

- That the Board note the Financial Report

## Overview Section

### Results Summary

Month			Year to Date			
Actual	Budget	Variance	Actual	Budget	Variance	
\$' 000	\$' 000	\$' 000	\$' 000	\$' 000	\$' 000	
73,550	73,368	182	Revenue	146,817	146,978	(161)
(27,353)	(27,475)	122	Less Personnel Costs	(56,123)	(56,442)	319
(47,273)	(46,870)	(403)	Less Other Costs	(94,418)	(93,641)	(777)
(1,076)	(977)	(99)	Net Surplus / (Deficit)	(3,724)	(3,105)	(619)

The August result was a deficit of \$1.1m and was \$0.1m unfavourable to budget. The year to date result is a deficit of \$3.7m against a budgeted deficit of \$3.1m. The full year budget has not been approved, and is not included in this report.

### Operational Performance

Month			Year to Date			
Actual	Budget	Variance	Actual	Budget	Variance	
\$' 000	\$' 000	\$' 000	\$' 000	\$' 000	\$' 000	
(2)	0	(2)	Governance	(4)	(27)	23
(685)	(25)	(660)	Funder	(313)	253	(566)
(388)	(953)	563	Provider	(3,407)	(3,332)	(76)
(1,075)	(978)	(99)	Net Surplus / (Deficit)	(3,724)	(3,106)	(619)

- The Governance result is close to budget, with minor favourable variances year to date across a number of lines.
- The Funder result is unfavourable, with expenditure unfavourable overall and partly offset with additional revenue.
- The Provider result is favourable by \$0.6m with personnel costs, clinical supplies, and revenue all favourable in August.

**Balance Sheet and Cash flow**

Cash is \$12.3m at the end of August and is slightly ahead of the \$12.2m budget. Master Site Planning equity funding of \$6.0m previously approved by the board has been received in August.

**Detail Section****Revenue**

For the year to date August additional funder subcontract revenue is \$61k, with the following additional revenue contracts. This is partly offset by less than budgeted revenue in a small number of other contract lines.

Exemplar CEP Enhanced Alcohol & Other Drug Service	\$31k	Additional revenue due to late start in contract – Mental Health - Alcohol and Drugs
Rural Sustainability Support	\$50k	Unbudgeted and Cost offset Personal Health – Primary Care
Sleepover Settlement	\$56k	Unbudgeted and Cost offset DSS – Home Support
Orthopaedic Pathway Programme 340071-00	\$27k	Unbudgeted and Cost offset Personal Health

**Personnel Expenses**

Personnel costs are \$0.1m favourable in August with the year to date now favourable by \$0.3m, with the following variances;

- Medical personnel are \$0.5m favourable with FTE 11 favourable.
- Nursing costs are unfavourable by \$0.3m due mostly to less annual leave being taken than budgeted and overtime being in excess of budget. FTE is close to budget
- Management Admin costs are \$0.1m over budget and 6 FTE ahead of budget for August, related to vacancy factor not yet achieved.

**Outsourced Expenses**

Outsourced personnel costs are close to budget for August. Outsourced clinical services are unfavourable for both the month and year to date.

**Clinical Supplies Expenses**

Clinical supplies costs are favourable to budget for August by \$0.5m with treatment disposables, implants and prosthesis all favourable for the month. For the year to date clinical supplies overall are favourable driven by implants and prosthesis costs.

**Infrastructure & Non-Clinical Expenditure**

Infrastructure & Non-Clinical costs are unfavourable overall, driven by IT systems and telecommunication costs.

**Funder Summary**

Month			Year to Date			
Actual	Budget	Variance	Actual	Budget	Variance	
\$ '000	\$ '000	\$ '000	\$ '000	\$ '000	\$ '000	
69,487	69,334	153	Revenue	139,008	138,938	70
(70,173)	(69,359)	(814)	Less Other Costs	(139,321)	(138,685)	(636)
(686)	(25)	(661)	Net Surplus / (Deficit)	(313)	253	(566)
			<b>Expenses</b>			
(49,816)	(49,492)	(324)	Personal Health	(98,941)	(98,686)	(255)
(7,026)	(7,090)	64	Mental Health	(14,154)	(14,179)	25
(816)	(624)	(192)	Public Health	(1,570)	(1,516)	(54)
(11,626)	(11,274)	(352)	Disability Support	(22,897)	(22,549)	(348)
(163)	(153)	(10)	Maori Health	(309)	(305)	(4)
(725)	(725)	0	Other	(1,450)	(1,450)	0
(70,172)	(69,358)	(814)	Expenses	(139,321)	(138,685)	(636)

**Personal Health Payments**

Personal Health payments are unfavourable for August, with additional Lab costs for send away and other unbudgeted tests (\$0.1m). Pharmaceuticals are ahead of budget. Part of this is due to the June Pharmac forecast, which indicates an increase in the net reimbursement costs for the 13/14 year of \$0.5m, and part is timing due to an overspend in the 13/14 year of approximately \$0.2m which Pharmac advise they will adjust spending for in the current year.

**Mental Health**

There is no wash-up to the provider arm for the 2014/15 year and for August mental health costs are close to budget.

**Disability Support**

DSS Expenditure is above budget for the month, with rest home costs impacted by 2013/14 costs of \$0.3m. Hospitals are slightly unfavourable year to date.

<b>Financial Statements</b>
-----------------------------

The following financial statements are attached:

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

**Southern District Health Board**  
**Aug-14**

<b>Part 1: DHB Governance and Funding Administration</b>	<b>Current Month</b>				<b>Year to Date</b>			
	<b>Actual</b>	<b>Budget</b>	<b>Variance</b>	<b>Variance</b>	<b>Actual</b>	<b>Budget</b>	<b>Variance</b>	<b>Variance</b>
	<b>\$(000)</b>	<b>\$(000)</b>	<b>\$(000)</b>	<b>%</b>	<b>\$(000)</b>	<b>\$(000)</b>	<b>\$(000)</b>	<b>%</b>
<b>Part 1.1: Statement of Financial Performance</b>								
<b>REVENUE</b>								
<b>Government and Crown Agency sourced</b>								
Internal - DHB Funder to DHB Provider	725	725			1,451	1,451		
Other DHB's	-	-			-	-		
Other Government	8	8			15	15		
<b>Government and Crown Agency Sourced Total</b>	<b>733</b>	<b>733</b>			<b>1,466</b>	<b>1,466</b>		
Other Income	-	-			-	-		
<b>REVENUE TOTAL</b>	<b>733</b>	<b>733</b>			<b>1,466</b>	<b>1,466</b>		
<b>EXPENSES</b>								
<b>Personnel Expenses</b>								
Medical Personnel	(3)	(20)	17 F	86%	(6)	(41)	35 F	85%
Nursing Personnel	-	(1)	1 F		-	(2)	2 F	
Allied Health Personnel	-	-			-	-		
Support Services Personnel	-	-			-	-		
Management / Admin Personnel	(302)	(299)	(3) U	(1%)	(615)	(623)	8 F	1%
<b>Personnel Costs Total</b>	<b>(305)</b>	<b>(320)</b>	<b>15 F</b>	<b>5%</b>	<b>(622)</b>	<b>(665)</b>	<b>44 F</b>	<b>7%</b>
<b>Outsourced Expenses</b>								
Medical Personnel	-	-			-	-		
Nursing Personnel	-	-			-	-		
Allied Health Personnel	-	-			-	-		
Support Personnel	-	-			-	-		
Management / Administration Personnel	-	-			-	-		
Outsourced Clinical Services	-	-			-	-		
Outsourced Corporate / Governance Services	(129)	(123)	(7) U	(5%)	(258)	(245)	(13) U	(5%)
Outsourced Funder Services	(187)	(134)	(53) U	(40%)	(348)	(268)	(80) U	(30%)
<b>Outsourced Services Total</b>	<b>(317)</b>	<b>(256)</b>	<b>(60) U</b>	<b>(23%)</b>	<b>(607)</b>	<b>(513)</b>	<b>(94) U</b>	<b>(18%)</b>
<b>Clinical Supplies</b>								
Treatment Disposables	-	-			-	-		(699%)
Diagnostic Supplies & Other Clinical Supplies	-	-			-	-		(107%)
Instruments & Equipment	-	-			-	-		
Patient Appliances	-	-			-	-		
Implants & Prosthesis	-	-			-	-		
Pharmaceuticals	-	-			-	-		
Other Clinical Supplies	-	-			-	-		
<b>Clinical Supplies Total</b>	<b>-</b>	<b>-</b>		<b>87%</b>	<b>-</b>	<b>-</b>		<b>(514%)</b>
<b>Infrastructure &amp; Non Clinical Expenses</b>								
Hotel Services, Laundry & Cleaning	(2)	(1)		(8%)	(3)	(3)		(10%)
Facilities	-	-			-	-		
Transport	(11)	(18)	7 F	37%	(23)	(36)	13 F	37%
IT Systems & Telecommunications	(4)	(9)	5 F	60%	(9)	(18)	9 F	50%
Interest & Financing Charges	(14)	(22)	8 F	38%	(27)	(44)	17 F	38%
Professional Fees & Expenses	(42)	(43)	2 F	4%	(85)	(87)	2 F	2%
Other Operating Expenses	(5)	(21)	16 F	75%	(23)	(42)	19 F	45%
Democracy	(37)	(42)	6 F	13%	(71)	(85)	13 F	16%
Subsidiaries & Joint Ventures	-	-			-	-		
<b>Infrastructure &amp; Non-Clinical Supplies Total</b>	<b>(114)</b>	<b>(157)</b>	<b>43 F</b>	<b>28%</b>	<b>(242)</b>	<b>(314)</b>	<b>73 F</b>	<b>23%</b>
Internal Allocations	-	-			-	-		
Other	-	-			-	-		
<b>Total Expenses</b>	<b>(735)</b>	<b>(733)</b>	<b>(2) U</b>		<b>(1,470)</b>	<b>(1,493)</b>	<b>23 F</b>	<b>2%</b>
<b>Net Surplus/ (Deficit)</b>	<b>(2)</b>	<b>-</b>	<b>(2) U</b>		<b>(4)</b>	<b>(27)</b>	<b>23 F</b>	<b>86%</b>
<i>Zero Check</i>	-	-			-	-		
Interest Costs from CHFA	-	-			-	-		
Capital Charge	-	-			-	-		
<b>Part 1.2 : Full Time Equivalent Numbers</b>								
Medical Personnel	-	1			-	1		
Nursing Personnel	-	0			-	0		
Allied Health Personnel	-	-			-	-		
Support Personnel	-	-			-	-		
Management / Administration Personnel	28	29			28	29		
<b>Total Full Equivalents (FTE's)</b>	<b>28</b>	<b>30</b>			<b>28</b>	<b>30</b>		

**Southern District Health Board**  
**Aug-14**

<b>Part 2: DHB provider</b>	<b>Current Month</b>				<b>Year to Date</b>			
	<b>Actual</b>	<b>Budget</b>	<b>Variance</b>	<b>Variance</b>	<b>Actual</b>	<b>Budget</b>	<b>Variance</b>	<b>Variance</b>
	<b>\$(000)</b>	<b>\$(000)</b>	<b>\$(000)</b>	<b>%</b>	<b>\$(000)</b>	<b>\$(000)</b>	<b>\$(000)</b>	<b>%</b>
<b>Part 2.1: Statement of Financial Performance</b>								
<b>REVENUE</b>								
<b>Ministry of Health</b>								
MoH - Vote Health Non Mental Health	-	-	-	-	-	-	-	-
MoH - Vote Health Mental Health	-	-	-	-	-	-	-	-
PBF Adjustments	-	-	-	-	-	-	-	-
MoH Funding Subcontracts	-	-	-	-	-	-	-	-
MoH - Personal Health	25	28	(4) U	(13%)	91	57	34 F	61%
MoH - Mental Health	-	-	-	-	-	-	-	-
MoH - Public Health	10	11	-	(1%)	21	21	-	(1%)
MoH - Disability Support Services	855	834	22 F	3%	1,711	1,667	43 F	3%
MoH - Maori Health	-	-	-	-	-	-	-	-
Clinical Training Agency	680	637	43 F	7%	1,308	1,273	35 F	3%
Internal - DHB Funder to DHB Provider	37,737	37,569	168 F	-	75,419	75,407	11 F	-
<b>Ministry of Health Total</b>	<b>39,308</b>	<b>39,078</b>	<b>229 F</b>	<b>1%</b>	<b>78,549</b>	<b>78,426</b>	<b>123 F</b>	
<b>Other Government</b>								
IDF's - Mental Health Services	-	-	-	-	-	-	-	-
IDF's - All others (non Mental health)	-	-	-	-	-	-	-	-
Other DHB's	21	25	(4) U	(16%)	40	50	(10) U	(20%)
Training Fees and Subsidies	13	17	(4) U	(22%)	27	34	(8) U	(22%)
Accident Insurance	874	885	(11) U	(1%)	1,616	1,800	(185) U	(10%)
Other Government	412	464	(52) U	(11%)	834	928	(94) U	(10%)
<b>Other Government Total</b>	<b>1,320</b>	<b>1,391</b>	<b>(71) U</b>	<b>(5%)</b>	<b>2,517</b>	<b>2,813</b>	<b>(296) U</b>	<b>(11%)</b>
<b>Government and Crown Agency Total</b>	<b>40,628</b>	<b>40,469</b>	<b>159 F</b>		<b>81,066</b>	<b>81,238</b>	<b>(172) U</b>	
<b>Other Revenue</b>								
Patient / Consumer Sourced	234	272	(38) U	(14%)	422	536	(113) U	(21%)
Other Income	931	854	77 F	9%	1,724	1,658	66 F	4%
<b>Other Revenue Total</b>	<b>1,165</b>	<b>1,126</b>	<b>39 F</b>	<b>3%</b>	<b>2,146</b>	<b>2,194</b>	<b>(47) U</b>	<b>(2%)</b>
<b>REVENUE TOTAL</b>	<b>41,793</b>	<b>41,595</b>	<b>198 F</b>		<b>83,212</b>	<b>83,432</b>	<b>(220) U</b>	
<b>EXPENSES</b>								
<b>Personnel Expenses</b>								
Medical Personnel	(8,841)	(9,001)	160 F	2%	(18,351)	(18,815)	464 F	2%
Nursing Personnel	(10,583)	(10,328)	(255) U	(2%)	(20,924)	(20,603)	(320) U	(2%)
Allied Health Personnel	(3,675)	(3,947)	272 F	7%	(7,951)	(8,226)	275 F	3%
Support Services Personnel	(768)	(760)	(8) U	(1%)	(1,602)	(1,597)	(5) U	-
Management / Admin Personnel	(3,182)	(3,118)	(64) U	(2%)	(6,674)	(6,535)	(139) U	(2%)
<b>Personnel Costs Total</b>	<b>(27,048)</b>	<b>(27,155)</b>	<b>106 F</b>		<b>(55,502)</b>	<b>(55,776)</b>	<b>275 F</b>	
<b>Outsourced Expenses</b>								
Medical Personnel	(299)	(509)	210 F	41%	(782)	(1,018)	236 F	23%
Nursing Personnel	-	-	-	-	(17)	-	(17) U	-
Allied Health Personnel	(74)	(36)	(37) U	(102%)	(120)	(73)	(47) U	(65%)
Support Personnel	(44)	(21)	(23) U	(108%)	(59)	(43)	(16) U	(38%)
Management / Administration Personnel	(2)	(1)	(1) U	(103%)	(4)	(2)	(2) U	(122%)
Outsourced Clinical Services	(2,001)	(1,861)	(140) U	(8%)	(3,868)	(3,727)	(141) U	(4%)
Outsourced Corporate / Governance Services	(143)	(138)	(5) U	(4%)	(220)	(277)	57 F	21%
Outsourced Funder Services	-	-	-	-	-	-	-	-
<b>Outsourced Services Total</b>	<b>(2,563)</b>	<b>(2,567)</b>	<b>4 F</b>		<b>(5,070)</b>	<b>(5,139)</b>	<b>69 F</b>	<b>1%</b>
<b>Clinical Supplies</b>								
Treatment Disposables	(2,239)	(2,423)	183 F	8%	(4,982)	(4,931)	(51) U	(1%)
Diagnostic Supplies & Other Clinical Supplies	(139)	(158)	19 F	12%	(284)	(324)	40 F	12%
Instruments & Equipment	(1,341)	(1,286)	(55) U	(4%)	(2,818)	(2,604)	(214) U	(8%)
Patient Appliances	(181)	(191)	9 F	5%	(364)	(380)	16 F	4%
Implants & Prosthesis	(813)	(1,011)	198 F	20%	(1,734)	(2,020)	286 F	14%
Pharmaceuticals	(1,419)	(1,540)	121 F	8%	(3,086)	(3,122)	37 F	1%
Other Clinical Supplies	(298)	(318)	20 F	6%	(668)	(655)	(13) U	(2%)
<b>Clinical Supplies Total</b>	<b>(6,432)</b>	<b>(6,928)</b>	<b>496 F</b>	<b>7%</b>	<b>(13,937)</b>	<b>(14,037)</b>	<b>100 F</b>	<b>1%</b>
<b>Infrastructure &amp; Non Clinical Expenses</b>								
Hotel Services, Laundry & Cleaning	(1,150)	(1,062)	(87) U	(8%)	(2,279)	(2,116)	(163) U	(8%)
Facilities	(1,880)	(1,860)	(20) U	(1%)	(3,793)	(3,717)	(76) U	(2%)
Transport	(353)	(356)	4 F	1%	(692)	(731)	39 F	5%
IT Systems & Telecommunications	(1,046)	(909)	(137) U	(15%)	(1,871)	(1,820)	(51) U	(3%)
Interest & Financing Charges	(1,270)	(1,253)	(17) U	(1%)	(2,540)	(2,505)	(35) U	(1%)
Professional Fees & Expenses	(106)	(116)	10 F	9%	(195)	(233)	37 F	16%
Other Operating Expenses	(333)	(342)	9 F	3%	(740)	(690)	(50) U	(7%)
Democracy	-	-	-	-	-	-	-	-
Subsidiaries & Joint Ventures	-	-	-	-	-	-	-	-
<b>Infrastructure &amp; Non-Clinical Supplies Total</b>	<b>(6,137)</b>	<b>(5,898)</b>	<b>(239) U</b>	<b>(4%)</b>	<b>(12,112)</b>	<b>(11,812)</b>	<b>(300) U</b>	<b>(3%)</b>
Other Costs and Internal Allocations	-	-	-	-	-	-	-	-
<b>Total Expenses</b>	<b>(42,181)</b>	<b>(42,548)</b>	<b>367 F</b>	<b>1%</b>	<b>(86,620)</b>	<b>(86,764)</b>	<b>144 F</b>	
<b>Net Surplus/ (Deficit)</b>	<b>(388)</b>	<b>(953)</b>	<b>565 F</b>	<b>59%</b>	<b>(3,407)</b>	<b>(3,332)</b>	<b>(75) U</b>	<b>(2%)</b>
Zero Check	-	-	-	-	-	-	-	-



**Southern District Health Board**  
**Aug-14**

<i>Part 2: DHB provider</i>	Current Month				Year to Date			
	Actual	Budget	Variance	Variance	Actual	Budget	Variance	Variance
	\$(000)	\$(000)	\$(000)	%	\$(000)	\$(000)	\$(000)	%
<b>Part 2.1 A: Supplementary Information to Statement of Financial Performance</b>								
Depreciation - Clinical Equipment	(522)	(606)	84 F	14%	(1,210)	(1,203)	(7) U	(1%)
Depreciation - Non Res Buildings & Plant	(638)	(641)	3 F	1%	(1,278)	(1,277)	(1) U	
Depreciation - Motor Vehicles	(23)	(17)	(5) U	(32%)	(45)	(37)	(9) U	(24%)
Depreciation - Information Technology	(266)	(244)	(21) U	(9%)	(529)	(490)	(38) U	(8%)
Depreciation - Other Equipment	(56)	(48)	(7) U	(15%)	(111)	(96)	(15) U	(16%)
Total Depreciation	(1,504)	(1,557)	53 F	3%	(3,173)	(3,103)	(70) U	(2%)
Interest Cost from Funder Loans	-	-	-	-	-	-	-	-
Interest Costs from CHFA	(386)	(378)	(8) U	(2%)	(773)	(756)	(17) U	(2%)
Financing Component of Operating Leases	(29)	(31)	2 F	5%	(58)	(61)	3 F	5%
Capital Charge	(852)	(841)	(11) U	(1%)	(1,703)	(1,681)	(22) U	(1%)
<b>Part 1.2 : Full Time Equivalent Numbers</b>								
Medical Personnel	510	522			511	522		
Nursing Personnel	1,610	1,611			1,609	1,611		
Allied Health Personnel	650	688			657	688		
Support Personnel	193	192			194	192		
Management / Administration Personnel	648	642			653	642		
<b>Total Full Time Equivalent (FTE's)</b>	<b>3,610</b>	<b>3,655</b>			<b>3,624</b>	<b>3,655</b>		

**Southern District Health Board**  
**Aug-14**

Part 3: DHB Funds	Current Month				Year to Date			
	Actual \$(000)	Budget \$(000)	Variance \$(000)	Variance %	Actual \$(000)	Budget \$(000)	Variance \$(000)	Variance %
<b>Part 3.1: Statement of Financial Performance</b>								
<b>REVENUE</b>								
<b>Ministry of Health</b>								
MoH - Vote Health Non Mental Health	57,848	57,837	11 F		115,683	115,674	9 F	
MoH - Vote Health Mental Health	6,925	6,925			13,850	13,850		
PBF Adjustments	-	-			-	-		
MoH Funding Subcontracts	3,162	3,020	142 F	5%	6,370	6,309	61 F	1%
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	-	-			-	-		
<b>Ministry of Health Total</b>	<b>67,935</b>	<b>67,782</b>	<b>153 F</b>		<b>135,902</b>	<b>135,832</b>	<b>70 F</b>	
<b>Other Government</b>								
IDF's - Mental Health Services	45	45			90	90		
IDF's - All others (non Mental health)	1,507	1,508			3,015	3,016		
Other DHB's	-	-			-	-		
Training Fees and Subsidies	-	-			-	-		
Accident Insurance	-	-			-	-		
Other Government	-	-			-	-		
<b>Other Government Total</b>	<b>1,553</b>	<b>1,553</b>			<b>3,105</b>	<b>3,106</b>		
<b>Government and Crown Agency Sourced Total</b>	<b>69,487</b>	<b>69,334</b>	<b>153 F</b>		<b>139,008</b>	<b>138,938</b>	<b>70 F</b>	
<b>Other Revenue</b>								
Patient / Consumer Sourced	-	-			-	-		
Other Income	-	-			-	-		
<b>Other Revenue Total</b>	<b>-</b>	<b>-</b>			<b>-</b>	<b>-</b>		
<b>REVENUE TOTAL</b>	<b>69,487</b>	<b>69,334</b>	<b>153 F</b>		<b>139,008</b>	<b>138,938</b>	<b>70 F</b>	
<b>EXPENSES</b>								
<b>Outsourced Expenses</b>								
Outsourced Funder Services	(725)	(725)			(1,451)	(1,451)		
Other Outsourced Expenses	-	-			-	-		
Other Expenses	-	-			-	-		
<b>Payments to Providers</b>								
<b>Personal Health</b>								
Personal Health to allocate	-	(83)	83 F		-	(167)	167 F	
Child and Youth	(302)	(382)	81 F	21%	(684)	(765)	81 F	11%
Laboratory	(1,587)	(1,465)	(121) U	(8%)	(3,083)	(2,930)	(152) U	(5%)
Infertility Treatment Services	(83)	(101)	18 F	18%	(183)	(201)	18 F	9%
Maternity	(274)	(262)	(12) U	(5%)	(535)	(524)	(12) U	(2%)
Maternity (Tertiary & Secondary)	(1,368)	(1,394)	26 F	2%	(2,761)	(2,787)	26 F	1%
Pregnancy and Parenting Education	(8)	(12)	4 F	36%	(20)	(25)	5 F	18%
Maternity Payment Schedule	-	-			-	-		
Neo Natal	(660)	(660)			(1,321)	(1,321)		
Sexual Health	(90)	(88)	(2) U	(2%)	(177)	(177)		
Adolescent Dental Benefit	(151)	(210)	59 F	28%	(346)	(409)	64 F	16%
Other Dental Services	-	-			-	-		
Dental - Low Income Adult	(73)	(78)	4 F	6%	(151)	(155)	4 F	3%
Child (School) Dental Services	(621)	(630)	9 F	1%	(1,245)	(1,262)	17 F	1%
Secondary / Tertiary Dental	(242)	(242)			(484)	(484)		
Pharmaceuticals	(6,581)	(6,329)	(252) U	(4%)	(12,581)	(12,396)	(185) U	(1%)
Pharmaceutical Cancer Treatment Drugs	(379)	(386)	7 F	2%	(832)	(771)	(60) U	(8%)
Pharmacy Services	(28)	(69)	42 F	60%	(56)	(139)	83 F	60%
Management Referred Services	-	-			-	-		
General Medical Subsidy	(78)	(85)	7 F	8%	(149)	(164)	15 F	9%
Primary Practice Services - Capitated	(3,564)	(3,511)	(53) U	(1%)	(7,099)	(7,022)	(77) U	(1%)
Primary Health Care Strategy - Care	(320)	(318)	(2) U	(1%)	(641)	(636)	(5) U	(1%)
Primary Health Care Strategy - Health	(326)	(337)	11 F	3%	(654)	(673)	19 F	3%
Primary Health Care Strategy - Other	(255)	(255)			(509)	(510)	1 F	
Practice Nurse Subsidy	(16)	(16)		2%	(32)	(33)		
Rural Support for Primary Health Pro	(1,316)	(1,384)	68 F	5%	(2,758)	(2,767)	9 F	
Immunisation	(144)	(184)	40 F	22%	(355)	(386)	30 F	8%
Radiology	(461)	(465)	3 F	1%	(924)	(929)	5 F	1%
Palliative Care	(562)	(495)	(67) U	(14%)	(1,043)	(990)	(52) U	(5%)
Meals on Wheels	(65)	(53)	(12) U	(22%)	(107)	(107)		
Domiciliary & District Nursing	(1,504)	(1,433)	(71) U	(5%)	(2,953)	(2,865)	(87) U	(3%)
Community based Allied Health	(579)	(584)	5 F	1%	(1,169)	(1,167)	(2) U	
Chronic Disease Management and Educa	(241)	(255)	14 F	6%	(497)	(511)	14 F	3%
Medical Inpatients	(5,653)	(5,653)			(11,306)	(11,306)		
Medical Outpatients	(3,734)	(3,669)	(65) U	(2%)	(7,370)	(7,339)	(31) U	
Surgical Inpatients	(10,657)	(10,647)	(10) U		(21,299)	(21,294)	(5) U	
Surgical Outpatients	(1,685)	(1,694)	9 F	1%	(3,373)	(3,388)	15 F	
Paediatric Inpatients	(644)	(644)			(1,289)	(1,289)		
Paediatric Outpatients	(269)	(269)			(538)	(538)		
Pacific Peoples' Health	(21)	(22)		2%	(31)	(43)	12 F	28%
Emergency Services	(1,667)	(1,634)	(33) U	(2%)	(3,301)	(3,268)	(33) U	(1%)
Minor Personal Health Expenditure	(99)	(100)			(197)	(199)	2 F	1%
Price adjusters and Premium	(563)	(505)	(58) U	11%	(1,072)	(1,010)	(61) U	6%
Travel & Accommodation	(538)	(491)	(47) U	(10%)	(1,005)	(940)	(65) U	(7%)
Inter District Flow Personal Health	(2,409)	(2,399)	(10) U		(4,813)	(4,798)	(15) U	
<b>Personal Health Total</b>	<b>(49,816)</b>	<b>(49,493)</b>	<b>(323) U</b>	<b>(1%)</b>	<b>(98,941)</b>	<b>(98,685)</b>	<b>(256) U</b>	

**Southern District Health Board**  
**Aug-14**

Part 3: DHB Funds	Current Month				Year to Date			
	Actual	Budget	Variance	Variance	Actual	Budget	Variance	Variance
	\$(000)	\$(000)	\$(000)	%	\$(000)	\$(000)	\$(000)	%
<b>Mental Health</b>								
Mental Health to allocate	9	(29)	38 F	133%	19	(57)	76 F	133%
Acute Mental Health Inpatients	(1,143)	(1,143)			(2,287)	(2,287)		
Sub-Acute & Long Term Mental Health	(304)	(304)			(608)	(608)		
Crisis Respite	(7)	(7)		(1%)	(13)	(13)		(1%)
Alcohol & Other Drugs - General	(357)	(327)	(30) U	(9%)	(684)	(654)	(30) U	(5%)
Alcohol & Other Drugs - Child & Youth	(122)	(102)	(20) U	(20%)	(224)	(204)	(20) U	(10%)
Methadone	(94)	(94)			(189)	(189)		
Dual Diagnosis - Alcohol & Other Drugs	(12)	(45)	33 F	74%	(53)	(89)	36 F	40%
Dual Diagnosis - MH/ID	(5)	(5)			(10)	(10)		
Eating Disorder	(14)	(16)	2 F	13%	(28)	(32)	4 F	13%
Maternal Mental Health	(4)	(4)			(7)	(7)		
Child & Youth Mental Health Services	(841)	(820)	(21) U	(3%)	(1,717)	(1,640)	(77) U	(5%)
Forensic Services	(509)	(513)	4 F	1%	(1,018)	(1,026)	7 F	1%
Kaupapa Maori Mental Health Services	(152)	(152)			(305)	(305)		
Kaupapa Maori Mental Health - Residential	-	-			-	-		
Kaupapa Maori Mental Health - Inpati	-	-			-	-		
Mental Health Community Services	(1,875)	(1,878)	3 F		(3,754)	(3,757)	3 F	
Prison/Court Liaison	(45)	(45)			(89)	(89)		
Mental Health Workforce Development	-	-			-	-		
Day Activity & Work Rehabilitation S	(200)	(200)			(399)	(399)		
Mental Health Funded Services for Older People	(36)	(36)			(71)	(71)		
Advocacy / Peer Support - Consumer	(58)	(58)			(116)	(116)		
Other Home Based Residential Support	(377)	(373)	(4) U	(1%)	(807)	(746)	(60) U	(8%)
Advocacy / Peer Support - Families	(52)	(52)			(105)	(105)		
Community Residential Beds & Service	(404)	(457)	53 F	12%	(834)	(913)	79 F	9%
Minor Mental Health Expenditure	(22)	(32)	9 F	29%	(50)	(64)	14 F	22%
Inter District Flow Mental Health	(403)	(399)	(3) U	(1%)	(805)	(799)	(6) U	(1%)
<b>Mental Health Total</b>	<b>(7,026)</b>	<b>(7,090)</b>	<b>63 F</b>	<b>1%</b>	<b>(14,154)</b>	<b>(14,179)</b>	<b>25 F</b>	
<b>Public Health</b>								
Alcohol & Drug	(36)	(36)			(72)	(72)		
Communicable Diseases	(97)	(97)			(194)	(194)		
Injury Prevention	-	-			-	-		
Screening Programmes	(232)	(112)	(120) U	(108%)	(475)	(492)	18 F	4%
Mental Health	(22)	(22)			(44)	(44)		
Nutrition and Physical Activity	(49)	(49)			(99)	(99)		
Physical Environment	(36)	(36)			(72)	(72)		
Public Health Infrastructure	(128)	(128)			(255)	(255)		
Sexual Health	(12)	(12)			(24)	(24)		
Social Environments	(38)	(38)			(76)	(76)		
Tobacco Control	(102)	(94)	(8) U	(9%)	(195)	(188)	(7) U	(4%)
Well Child Promotion	(63)	-	(63) U		(63)	-	(63) U	
Meningococcal	-	-			-	-		
<b>Public Health Total</b>	<b>(816)</b>	<b>(624)</b>	<b>(192) U</b>	<b>(31%)</b>	<b>(1,570)</b>	<b>(1,516)</b>	<b>(53) U</b>	<b>(4%)</b>
<b>Disability Support Services</b>								
AT & R (Assessment, Treatment and Re	(1,986)	(1,986)			(3,972)	(3,972)		
Information and Advisory	(12)	(12)			(24)	(24)		
Needs Assessment	(184)	(160)	(34) U	(21%)	(367)	(319)	(48) U	(15%)
Service Co-ordination	(19)	(19)			(41)	(39)	(2) U	(5%)
Home Support	(1,493)	(1,423)	(71) U	(5%)	(2,988)	(2,845)	(143) U	(5%)
Carer Support	(120)	(144)	25 F	17%	(246)	(288)	42 F	15%
Residential Care: Rest Homes	(3,247)	(2,995)	(252) U	(8%)	(6,221)	(5,990)	(231) U	(4%)
Residential Care: Loans Adjustment	15	23	(8) U	(34%)	32	45	(13) U	(30%)
Long Term Chronic Conditions	(8)	(8)			(20)	(16)	(4) U	(24%)
Residential Care: Hospitals	(4,087)	(3,942)	(145) U	(4%)	(7,960)	(7,884)	(76) U	(1%)
Ageing in Place	(2)	(2)			(5)	(5)		
Environmental Support Services	100	(110)	210 F	191%	(9)	(220)	210 F	96%
Day Programmes	(37)	(46)	9 F	20%	(83)	(93)	10 F	10%
Expenditure to Attend Treatment ETAT	-	-			-	-		
Minor Disability Support Expenditure	(8)	(17)	9 F	52%	(17)	(35)	18 F	52%
Respite Care	(207)	(95)	(111) U	(117%)	(308)	(190)	(118) U	(62%)
Community Health Services & Support	(64)	(81)	16 F	20%	(155)	(161)	6 F	4%
Inter District Flow Disability Support	(256)	(256)			(513)	(513)		
Disability Support Other	-	-			-	-		
<b>Disability Support Services Total</b>	<b>(11,626)</b>	<b>(11,274)</b>	<b>(352) U</b>	<b>(3%)</b>	<b>(22,897)</b>	<b>(22,549)</b>	<b>(348) U</b>	<b>(2%)</b>
<b>Maori Health</b>								
Maori Service Development	(38)	(38)			(76)	(76)		
Maori Provider Assistance Infrastruc	-	-			-	-		
Maori Workforce Development	-	-			-	-		
Minor Maori Health Expenditure	-	-			-	-		
Whanau Ora Services	(125)	(115)	(11) U	(9%)	(233)	(230)	(3) U	(2%)
<b>Maori Health Total</b>	<b>(163)</b>	<b>(153)</b>	<b>(11) U</b>	<b>(7%)</b>	<b>(309)</b>	<b>(305)</b>	<b>(3) U</b>	<b>(1%)</b>
Internal Allocations	-	-			-	-		
<b>Total Expenses</b>	<b>(70,173)</b>	<b>(69,359)</b>	<b>(813) U</b>	<b>(1%)</b>	<b>(139,321)</b>	<b>(138,685)</b>	<b>(636) U</b>	
<b>Summary of Results</b>								
Subtotal of IDF Revenue	1,553	1,553			3,105	3,106		
Subtotal all other Revenue	67,935	67,782	153 F		135,902	135,832	70 F	
<b>Revenue Total</b>	<b>69,487</b>	<b>69,334</b>	<b>153 F</b>		<b>139,008</b>	<b>138,938</b>	<b>70 F</b>	
Subtotal of IDF Expenditure	(3,068)	(3,055)	(13) U		(6,131)	(6,109)	(21) U	
Subtotal all other Expenditure	(67,105)	(66,304)	(801) U	(1%)	(133,190)	(132,576)	(615) U	
<b>Expenses Total</b>	<b>(70,173)</b>	<b>(69,359)</b>	<b>(813) U</b>	<b>(1%)</b>	<b>(139,321)</b>	<b>(138,685)</b>	<b>(636) U</b>	
<b>Net Surplus/ (Deficit)</b>	<b>(685)</b>	<b>(25)</b>	<b>(661) U</b>	<b>(2688%)</b>	<b>(313)</b>	<b>253</b>	<b>(566) U</b>	<b>(224%)</b>

Southern District Health Board  
Aug-14

Part 4: DHB Consolidated	Current Month				Year to Date			
	Actual \$(000)	Budget \$(000)	Variance \$(000)	Variance %	Actual \$(000)	Budget \$(000)	Variance \$(000)	Variance %
<b>Part 4.1: Statement of Financial Performance</b>								
<b>REVENUE</b>								
<b>Ministry of Health</b>								
MoH - Vote Health Non Mental Health	57,848	57,837	11 F		115,683	115,674	9 F	
MoH - Vote Health Mental Health	6,925	6,925			13,850	13,850		
PBF Adjustments	-	-			-	-		
MoH Funding Subcontracts	3,162	3,020	142 F	5%	6,370	6,309	61 F	1%
MoH - Personal Health	25	28	(4) U	(13%)	91	57	34 F	61%
MoH - Mental Health	-	-			-	-		
MoH - Public Health	10	11		(1%)	21	21		(1%)
MoH - Disability Support Services	855	834	22 F	3%	1,711	1,667	43 F	3%
MoH - Maori Health	-	-			-	-		
Clinical Training Agency	680	637	43 F	7%	1,308	1,273	35 F	3%
Internal - DHB Funder to DHB Provider	-	-		4%	-	-		40%
<b>Ministry of Health Total</b>	<b>69,505</b>	<b>69,291</b>	<b>214 F</b>		<b>139,033</b>	<b>138,851</b>	<b>182 F</b>	
<b>Other Government</b>								
IDF's - Mental Health Services	45	45			90	90		
IDF's - All others (non Mental health)	1,507	1,508			3,015	3,016		
Other DHB's	21	25	(4) U	(16%)	40	50	(10) U	(20%)
Training Fees and Subsidies	13	17	(4) U	(22%)	27	34	(8) U	(22%)
Accident Insurance	874	885	(11) U	(1%)	1,616	1,800	(185) U	(10%)
Other Government	419	471	(52) U	(11%)	849	943	(94) U	(10%)
<b>Other Government Total</b>	<b>2,880</b>	<b>2,951</b>	<b>(71) U</b>	<b>(2%)</b>	<b>5,637</b>	<b>5,934</b>	<b>(296) U</b>	<b>(5%)</b>
<b>Government and Crown Agency Total</b>	<b>72,385</b>	<b>72,242</b>	<b>143 F</b>		<b>144,671</b>	<b>144,784</b>	<b>(114) U</b>	
<b>Other Revenue</b>								
Patient / Consumer Sourced	234	272	(38) U	(14%)	422	536	(113) U	(21%)
Other Income	931	854	77 F	9%	1,724	1,658	66 F	4%
<b>Other Revenue Total</b>	<b>1,165</b>	<b>1,126</b>	<b>39 F</b>	<b>3%</b>	<b>2,146</b>	<b>2,194</b>	<b>(47) U</b>	<b>(2%)</b>
<b>REVENUE TOTAL</b>	<b>73,550</b>	<b>73,368</b>	<b>182 F</b>		<b>146,817</b>	<b>146,978</b>	<b>(161) U</b>	
<b>EXPENSES</b>								
<b>Personnel Expenses</b>								
Medical Personnel	(8,844)	(9,021)	177 F	2%	(18,357)	(18,856)	498 F	3%
Nursing Personnel	(10,583)	(10,329)	(254) U	(2%)	(20,924)	(20,605)	(319) U	(2%)
Allied Health Personnel	(3,675)	(3,947)	272 F	7%	(7,951)	(8,226)	275 F	3%
Support Services Personnel	(768)	(760)	(8) U	(1%)	(1,602)	(1,597)	(5) U	
Management / Admin Personnel	(3,484)	(3,418)	(66) U	(2%)	(7,290)	(7,158)	(131) U	(2%)
<b>Personnel Costs Total</b>	<b>(27,353)</b>	<b>(27,475)</b>	<b>121 F</b>		<b>(56,123)</b>	<b>(56,442)</b>	<b>319 F</b>	<b>1%</b>
<b>Outsourced Expenses</b>								
Medical Personnel	(299)	(509)	210 F	41%	(782)	(1,018)	236 F	23%
Nursing Personnel	-	-			(17)	-	(17) U	
Allied Health Personnel	(74)	(36)	(37) U	(102%)	(120)	(73)	(47) U	(65%)
Support Personnel	(44)	(21)	(23) U	(108%)	(59)	(43)	(16) U	(38%)
Management / Administration Personnel	(2)	(1)	(1) U	(103%)	(4)	(2)	(2) U	(122%)
Outsourced Clinical Services	(2,002)	(1,861)	(141) U	(8%)	(3,868)	(3,727)	(141) U	(4%)
Outsourced Corporate / Governance Services	(272)	(261)	(12) U	(4%)	(478)	(522)	44 F	8%
Outsourced Funder Services	(187)	(134)	(53) U	(40%)	(348)	(268)	(80) U	(30%)
<b>Outsourced Services Total</b>	<b>(2,880)</b>	<b>(2,824)</b>	<b>(57) U</b>	<b>(2%)</b>	<b>(5,676)</b>	<b>(5,651)</b>	<b>(25) U</b>	
<b>Clinical Supplies</b>								
Treatment Disposables	(2,239)	(2,423)	183 F	8%	(4,982)	(4,931)	(51) U	(1%)
Diagnostic Supplies & Other Clinical Supplies	(139)	(158)	19 F	12%	(284)	(324)	40 F	12%
Instruments & Equipment	(1,341)	(1,286)	(55) U	(4%)	(2,818)	(2,604)	(214) U	(8%)
Patient Appliances	(181)	(191)	9 F	5%	(364)	(380)	16 F	4%
Implants & Prosthesis	(813)	(1,011)	198 F	20%	(1,734)	(2,020)	286 F	14%
Pharmaceuticals	(1,419)	(1,540)	121 F	8%	(3,086)	(3,122)	37 F	1%
Other Clinical Supplies	(298)	(318)	20 F	6%	(668)	(655)	(13) U	(2%)
<b>Clinical Supplies Total</b>	<b>(6,432)</b>	<b>(6,928)</b>	<b>496 F</b>	<b>7%</b>	<b>(13,937)</b>	<b>(14,037)</b>	<b>100 F</b>	<b>1%</b>
<b>Infrastructure &amp; Non Clinical Expenses</b>								
Hotel Services, Laundry & Cleaning	(1,151)	(1,064)	(87) U	(8%)	(2,282)	(2,119)	(163) U	(8%)
Facilities	(1,880)	(1,860)	(20) U	(1%)	(3,793)	(3,717)	(76) U	(2%)
Transport	(364)	(374)	10 F	3%	(716)	(768)	52 F	7%
IT Systems & Telecommunications	(1,050)	(918)	(132) U	(14%)	(1,880)	(1,838)	(42) U	(2%)
Interest & Financing Charges	(1,284)	(1,275)	(9) U	(1%)	(2,567)	(2,549)	(18) U	(1%)
Professional Fees & Expenses	(148)	(159)	12 F	7%	(280)	(319)	39 F	12%
Other Operating Expenses	(338)	(363)	24 F	7%	(763)	(732)	(31) U	(4%)
Democracy	(37)	(42)	6 F	13%	(71)	(85)	13 F	16%
Subsidiaries & Joint Ventures	-	-			-	-		
<b>Infrastructure &amp; Non-Clinical Supplies Total</b>	<b>(6,251)</b>	<b>(6,055)</b>	<b>(196) U</b>	<b>(3%)</b>	<b>(12,354)</b>	<b>(12,127)</b>	<b>(227) U</b>	<b>(2%)</b>

Southern District Health Board  
Aug-14

Part 4: DHB Consolidated	Current Month				Year to Date			
	Actual \$(000)	Budget \$(000)	Variance \$(000)	Variance %	Actual \$(000)	Budget \$(000)	Variance \$(000)	Variance %
<b>Payments to Providers</b>								
<b>Personal Health</b>								
Personal Health to allocate	-	(83)	83 F		-	(167)	167 F	
Child and Youth	47	(34)	81 F	237%	13	(68)	81 F	119%
Laboratory	(1,586)	(1,465)	(121) U	(8%)	(3,082)	(2,930)	(152) U	(5%)
Infertility Treatment Services	9	(9)	18 F	200%	-	(18)	18 F	
Maternity	(233)	(220)	(12) U	(6%)	(452)	(441)	(12) U	(3%)
Maternity (Tertiary & Secondary)	12	(14)	26 F	190%	(1)	(27)	26 F	95%
Pregnancy and Parenting Education	(5)	(10)	4 F	45%	(15)	(20)	5 F	23%
Maternity Payment Schedule	-	-	-		-	-	-	
Neo Natal	-	-	-		-	-	-	
Sexual Health	(3)	(1)	(2) U	(102%)	(3)	(3)	-	(1%)
Adolescent Dental Benefit	(146)	(184)	38 F	21%	(293)	(356)	64 F	18%
Other Dental Services	-	-	-		-	-	-	
Dental - Low Income Adult	(51)	(55)	4 F	8%	(106)	(111)	4 F	4%
Child (School) Dental Services	(26)	(35)	9 F	26%	(55)	(72)	17 F	24%
Secondary / Tertiary Dental	(126)	(126)	-		(252)	(252)	-	
Pharmaceuticals	(6,213)	(6,037)	(176) U	(3%)	(12,029)	(11,813)	(216) U	(2%)
Pharmaceutical Cancer Treatment Drugs	-	-	-		-	-	-	
Pharmacy Services	(19)	(61)	42 F	69%	(38)	(121)	83 F	68%
Management Referred Services	-	-	-		-	-	-	
General Medical Subsidy	(78)	(85)	7 F	8%	(149)	(164)	15 F	9%
Primary Practice Services - Capitated	(3,564)	(3,511)	(53) U	(1%)	(7,099)	(7,022)	(77) U	(1%)
Primary Health Care Strategy - Care	(320)	(318)	(2) U	(1%)	(641)	(636)	(5) U	(1%)
Primary Health Care Strategy - Health	(326)	(337)	11 F	3%	(654)	(673)	19 F	3%
Primary Health Care Strategy - Other	(255)	(255)	-		(509)	(510)	1 F	
Practice Nurse Subsidy	(16)	(16)	-		(32)	(33)	1 F	
Rural Support for Primary Health Pro	(1,245)	(1,313)	68 F	5%	(2,617)	(2,626)	9 F	
Immunisation	(74)	(114)	40 F	35%	(216)	(246)	30 F	12%
Radiology	(193)	(196)	3 F	2%	(387)	(392)	5 F	1%
Palliative Care	(555)	(488)	(67) U	(14%)	(1,029)	(977)	(52) U	(5%)
Meals on Wheels	(32)	(20)	(12) U	(58%)	(40)	(40)	-	
Domiciliary & District Nursing	(510)	(438)	(71) U	(16%)	(964)	(877)	(87) U	(10%)
Community based Allied Health	(163)	(168)	5 F	3%	(337)	(335)	(2) U	
Chronic Disease Management and Educa	(81)	(95)	14 F	15%	(176)	(190)	14 F	7%
Medical Inpatients	-	-	-		-	-	-	
Medical Outpatients	(462)	(397)	(65) U	(16%)	(826)	(795)	(31) U	(4%)
Surgical Inpatients	(28)	(19)	(10) U	(52%)	(42)	(37)	(5) U	(13%)
Surgical Outpatients	(138)	(146)	9 F	6%	(278)	(293)	15 F	5%
Paediatric Inpatients	-	-	-		-	-	-	
Paediatric Outpatients	-	-	-		-	-	-	
Pacific Peoples' Health	(11)	(12)	1 F	4%	(11)	(23)	12 F	52%
Emergency Services	(189)	(156)	(33) U	(21%)	(344)	(311)	(33) U	(11%)
Minor Personal Health Expenditure	(74)	(74)	-		(145)	(148)	2 F	2%
Price adjusters and Premium	(141)	(83)	(58) U	69%	(228)	(167)	(61) U	37%
Travel & Accommodation	(534)	(487)	(47) U	(10%)	(997)	(932)	(65) U	(7%)
Inter District Flow Personal Health	(2,409)	(2,399)	(10) U		(4,813)	(4,798)	(15) U	
<b>Personal Health Total</b>	<b>(19,737)</b>	<b>(19,462)</b>	<b>(275) U</b>	<b>(1%)</b>	<b>(38,849)</b>	<b>(38,622)</b>	<b>(227) U</b>	<b>(1%)</b>
<b>Mental Health</b>								
Mental Health to allocate	-	(38)	38 F		-	(76)	76 F	
Acute Mental Health Inpatients	-	-	-		-	-	-	
Sub-Acute & Long Term Mental Health	-	-	-		-	-	-	
Crisis Respite	(5)	(5)	-	(1%)	(9)	(9)	-	(1%)
Alcohol & Other Drugs - General	(84)	(55)	(30) U	(54%)	(139)	(109)	(30) U	(27%)
Alcohol & Other Drugs - Child & Youth	(122)	(102)	(20) U	(20%)	(224)	(204)	(20) U	(10%)
Methadone	-	-	-		-	-	-	
Dual Diagnosis - Alcohol & Other Drugs	(3)	(36)	33 F	91%	(36)	(72)	36 F	50%
Dual Diagnosis - MH/ID	-	-	-		-	-	-	
Eating Disorder	(14)	(16)	2 F	13%	(28)	(32)	4 F	13%
Maternal Mental Health	(4)	(4)	-		(7)	(7)	-	
Child & Youth Mental Health Services	(262)	(241)	(21) U	(9%)	(560)	(483)	(77) U	(16%)
Forensic Services	-	(4)	4 F		-	(7)	7 F	
Kaupapa Maori Mental Health Services	(6)	(6)	-		(12)	(12)	-	
Kaupapa Maori Mental Health - Residential	-	-	-		-	-	-	
Kaupapa Maori Mental Health - Inpati	-	-	-		-	-	-	
Mental Health Community Services	(124)	(127)	3 F	2%	(250)	(253)	3 F	1%
Prison/Court Liaison	-	-	-		-	-	-	
Mental Health Workforce Development	-	-	-		-	-	-	
Day Activity & Work Rehabilitation S	(136)	(136)	-		(273)	(273)	-	
Mental Health Funded Services for Older People	-	-	-		-	-	-	
Advocacy / Peer Support - Consumer	(23)	(23)	-	1%	(46)	(47)	1 F	
Other Home Based Residential Support	(319)	(315)	(4) U	(1%)	(691)	(630)	(60) U	(10%)
Advocacy / Peer Support - Families	(52)	(52)	-		(105)	(105)	-	
Community Residential Beds & Service	(404)	(457)	53 F	12%	(834)	(913)	79 F	9%
Minor Mental Health Expenditure	(22)	(32)	9 F	29%	(50)	(64)	14 F	22%
Inter District Flow Mental Health	(403)	(399)	(3) U	(1%)	(805)	(799)	(6) U	(1%)
<b>Mental Health Total</b>	<b>(1,984)</b>	<b>(2,048)</b>	<b>63 F</b>	<b>3%</b>	<b>(4,071)</b>	<b>(4,096)</b>	<b>25 F</b>	<b>1%</b>
<b>Public Health</b>								
Alcohol & Drug	-	-	-		-	-	-	
Communicable Diseases	-	-	-		-	-	-	
Injury Prevention	-	-	-		-	-	-	
Mental Health	-	-	-		-	-	-	
Screening Programmes	-	-	-		-	-	-	
Nutrition and Physical Activity	(27)	(27)	-		(54)	(54)	-	
Physical Environment	-	-	-		-	-	-	
Public Health Infrastructure	-	-	-		-	-	-	
Sexual Health	-	-	-		-	-	-	
Social Environments	-	-	-		-	-	-	
Tobacco Control	(21)	(12)	(8) U	(67%)	(32)	(25)	(7) U	(30%)
Well Child Promotion	(63)	-	(63) U		(63)	-	(63) U	
Meningococcal	-	-	-		-	-	-	
<b>Public Health Total</b>	<b>(111)</b>	<b>(39)</b>	<b>(72) U</b>	<b>(183%)</b>	<b>(149)</b>	<b>(78)</b>	<b>(71) U</b>	<b>(90%)</b>

Southern District Health Board  
Aug-14

Part 4: DHB Consolidated	Current Month				Year to Date			
	Actual \$(000)	Budget \$(000)	Variance \$(000)	Variance %	Actual \$(000)	Budget \$(000)	Variance \$(000)	Variance %
<b>Disability Support Services</b>								
AT & R (Assessment, Treatment and Re Information and Advisory	(297)	(297)			(595)	(595)		
Needs Assessment	(12)	(12)			(24)	(24)		
Service Co-ordination	(56)	(22)	(34) U	(158%)	(91)	(43)	(48) U	(110%)
Home Support	(1,493)	(1,423)	(71) U	(5%)	(2,968)	(2,845)	(143) U	(5%)
Carer Support	(120)	(144)	25 F	17%	(246)	(288)	42 F	15%
Residential Care: Rest Homes	(3,247)	(2,995)	(252) U	(8%)	(6,221)	(5,990)	(231) U	(4%)
Residential Care: Loans Adjustment	15	23	(8) U	(34%)	32	45	(13) U	(30%)
Long Term Chronic Conditions	-	-			(4)	-	(4) U	
Residential Care: Hospitals	(4,087)	(3,942)	(145) U	(4%)	(7,960)	(7,884)	(76) U	(1%)
Ageing in Place	-	-			-	-		
Environmental Support Services	102	(108)	210 F	195%	(5)	(215)	210 F	98%
Day Programmes	(37)	(46)	9 F	20%	(83)	(93)	10 F	10%
Expenditure to Attend Treatment ETAT	-	-			-	-		
Minor Disability Support Expenditure	-	(9)	9 F		-	(18)	18 F	
Respite Care	(207)	(95)	(111) U	(117%)	(308)	(190)	(118) U	(62%)
Community Health Services & Support	(43)	(60)	16 F	27%	(113)	(119)	6 F	5%
Inter District Flow Disability Support	(256)	(256)			(513)	(513)		
Disability Support Other	-	-			-	-		
<b>Disability Support Services Total</b>	<b>(9,738)</b>	<b>(9,386)</b>	<b>(352) U</b>	<b>(4%)</b>	<b>(19,121)</b>	<b>(18,773)</b>	<b>(348) U</b>	<b>(2%)</b>
<b>Maori Health</b>								
Maori Service Development	(22)	(22)			(44)	(44)		
Maori Provider Assistance Infrastruc	-	-			-	-		
Maori Workforce Development	-	-			-	-		
Minor Maori Health Expenditure	-	-			-	-		
Whanau Ora Services	(118)	(107)	(11) U	(10%)	(217)	(214)	(4) U	(2%)
<b>Maori Health Total</b>	<b>(140)</b>	<b>(129)</b>	<b>(11) U</b>	<b>(8%)</b>	<b>(262)</b>	<b>(258)</b>	<b>(4) U</b>	<b>(1%)</b>
Internal Allocations	-	-			-	-		
<b>Total Expenses</b>	<b>(74,626)</b>	<b>(74,345)</b>	<b>(281) U</b>		<b>(150,541)</b>	<b>(150,083)</b>	<b>(458) U</b>	
<b>Net Surplus/ (Deficit)</b>	<b>(1,075)</b>	<b>(977)</b>	<b>(98) U</b>	<b>(10%)</b>	<b>(3,725)</b>	<b>(3,105)</b>	<b>(619) U</b>	<b>(20%)</b>
Zero Check	-	-			-	-		
<b>Part 4.1 A: Supplementary Information to Statement of Financial Performance</b>								
Depreciation - Clinical Equipment	(522)	(606)	84 F	14%	(1,210)	(1,203)	(7) U	(1%)
Depreciation - Non Residential Buildings & Plant	(638)	(641)	3 F	1%	(1,278)	(1,277)	(1) U	
Depreciation - Motor Vehicles	(23)	(17)	(5) U	(32%)	(45)	(37)	(9) U	(24%)
Depreciation - Information Technology	(266)	(244)	(21) U	(9%)	(529)	(490)	(38) U	(8%)
Depreciation - Other Equipment	(56)	(48)	(7) U	(15%)	(111)	(96)	(15) U	(16%)
Total Depreciation	(1,504)	(1,557)	53 F	3%	(3,173)	(3,103)	(70) U	(2%)
Interest Cost from Funder Loans	-	-			-	-		
Interest Costs from CHFA	(386)	(378)	(8) U	(2%)	(773)	(756)	(17) U	(2%)
Financing Component of Operating Leases	(29)	(31)	2 F	5%	(58)	(61)	3 F	5%
Capital Charge	(852)	(841)	(11) U	(1%)	(1,703)	(1,681)	(22) U	(1%)

Southern District Health Board

Aug-14

<b>Part 4: DHB Consolidated</b>	<b>Current Month Actual \$ (000)</b>	<b>Previous Month Actual \$ (000)</b>	<b>Movement \$ (000)</b>	<b>Current Budget \$ (000)</b>	<b>Current Year Opening Balance Sheet \$ (000)</b>
<b>Part 4.2: Balance Sheet</b>					
<b>Current Assets</b>					
Petty Cash	16	16	-	16	16
Bank	239	(218)	457	-	(285)
Short Term Investments - HBL	12,125	5,169	6,956	12,150	12,711
Short Term Investments	-	-	-	-	-
Prepayments	3,663	2,757	906	2,115	2,115
Accounts Receivable	7,834	10,502	(2,668)	10,081	10,434
Provision for Doubtful Debts	(2,486)	(2,487)	1	(1,974)	(2,486)
Accrued Debtors	24,718	22,757	1,961	19,200	21,599
Inventory / Stock	4,696	4,748	(52)	4,746	4,792
Assets Held for Resale	1,099	1,099	-	-	1,099
<b>Current Assets Total</b>	<b>51,904</b>	<b>44,344</b>	<b>7,560</b>	<b>46,334</b>	<b>49,995</b>
<b>Non Current Assets</b>					
Land, Buildings & Plant	250,520	250,517	3	252,639	250,340
Clinical Equipment (incl Finance Leases)	106,552	108,477	(1,925)	110,701	108,627
Other Equipment (incl Finance Leases)	15,142	15,198	(56)	15,291	15,190
Information Technology	38,884	38,836	48	38,908	38,708
Motor Vehicles	2,343	2,343	-	2,343	2,343
Provision Depreciation - Buildings & Plant	(3,632)	(2,994)	(638)	(3,631)	(2,354)
Provision Depreciation - Clinical Equipment	(72,356)	(73,237)	881	(75,148)	(73,360)
Provision Depreciation - Other Equipment	(11,603)	(11,616)	14	(11,656)	(11,560)
Provision Depreciation - Information Technology	(28,696)	(28,513)	(183)	(28,753)	(28,263)
Provision Depreciation - Motor Vehicles	(949)	(925)	(24)	(940)	(902)
WIP	5,578	4,770	808	4,577	4,577
Investment in Associates	-	-	-	-	-
Long Term Investments	3,939	3,763	176	3,940	3,586
<b>Non Current Assets Total</b>	<b>305,723</b>	<b>306,620</b>	<b>(897)</b>	<b>308,271</b>	<b>306,932</b>
<b>Current Liabilities</b>					
Accounts Payable Control	(4,488)	(4,005)	(483)	(4,005)	(7,132)
Accrued Creditors	(32,104)	(29,470)	(2,634)	(29,896)	(31,970)
Income Received in Advance	(1,635)	(2,363)	728	(1,157)	(539)
Capital Charge Payable	(1,703)	(852)	(851)	(1,717)	-
GST & Tax Provisions	(4,765)	(5,503)	738	(4,195)	(5,359)
Term Loans - Finance Leases (current portion)	(6,344)	(3,673)	(2,672)	(2,331)	(2,330)
Term Loans - Crown (current portion)	(12,976)	(12,976)	-	(12,976)	(12,976)
Payroll Accrual & Clearing Accounts	(14,285)	(13,991)	(294)	(15,890)	(14,593)
Employee Entitlement Provisions	(46,487)	(47,975)	1,488	(43,553)	(47,795)
<b>Current Liabilities Total</b>	<b>(124,787)</b>	<b>(120,808)</b>	<b>(3,980)</b>	<b>(115,720)</b>	<b>(122,694)</b>
<b>WORKING CAPITAL</b>	<b>72,883</b>	<b>76,464</b>	<b>(3,581)</b>	<b>69,386</b>	<b>72,699</b>
<b>NET FUNDS EMPLOYED</b>	<b>232,840</b>	<b>230,156</b>	<b>2,684</b>	<b>238,885</b>	<b>234,233</b>
<b>Non Current Liabilities</b>					
Long Service Leave - Non Current Portion	(3,031)	(3,030)	(1)	(2,994)	(3,030)
Retirement Gratuities - Non Current Portion	(10,864)	(10,863)	(1)	(12,100)	(10,863)
Other Employee Entitlement Provisions	(1,320)	(1,320)	-	-	(1,320)
Term Loans - Finance Leases (non current portion)	2,515	(114)	2,629	(1,283)	(1,555)
Term Loans - Crown (non current portion)	(88,097)	(88,264)	167	(88,250)	(88,250)
Custodial Funds	-	-	-	-	-
<b>Non Current Liabilities Total</b>	<b>(100,796)</b>	<b>(103,591)</b>	<b>2,795</b>	<b>(104,627)</b>	<b>(105,018)</b>
<b>Crown Equity</b>					
Crown Equity	(171,495)	(171,495)	-	(179,757)	(171,495)
Crown Equity Injection	(15,554)	(9,000)	(6,554)	(6,100)	(9,000)
Crown Equity Repayments	707	707	-	-	707
Trust and Special Funds (no restricted use)	(4,974)	(4,951)	(23)	-	(4,947)
Revaluation Reserve	(94,570)	(94,570)	-	(94,570)	(94,570)
Retained Earnings - DHB Governance & Funding	2,971	2,969	2	104,308	2,967
Retained Earnings - DHB Provider	114,374	113,963	411	3,992	110,939
Retained Earnings - Funds	36,497	35,812	685	37,869	36,184
<b>Crown Equity Total</b>	<b>(132,044)</b>	<b>(126,565)</b>	<b>(5,479)</b>	<b>(134,257)</b>	<b>(129,215)</b>
<b>NET FUNDS EMPLOYED</b>	<b>(232,840)</b>	<b>(230,156)</b>	<b>(2,684)</b>	<b>(238,884)</b>	<b>(234,233)</b>
Zero Check	-	-	-	0	-
<b>Part 4.3: Statement of Movement in Equity</b>					
Total equity at beginning of the period	(126,565)	(129,214)	2,649	(129,133)	(129,215)
Net Results for Period	1,075	2,649	(1,574)	976	-
Revaluation of Fixed Assets	-	-	-	-	-
Equity Injections - Deficit Support	(6,015)	-	(6,015)	(6,100)	-
Equity Injections - Capital Projects	(539)	-	(539)	-	-
Equity Repayments	-	-	-	-	-
Other	-	-	-	-	-
Movement in Trust and Special Funds	-	-	-	-	-
<b>Total Equity at end of the period</b>	<b>(132,044)</b>	<b>(126,565)</b>	<b>(5,479)</b>	<b>(134,257)</b>	<b>(129,215)</b>

## Board Cash Flow - Southern Aug-14

<b>Part 4: DHB Consolidated</b>	Current Month			Year to Date		
	Actual	Budget	Variance	Actual	Budget	Variance
	\$(000)	\$(000)	\$(000)	\$(000)	\$(000)	\$(000)
<b>Part 4.4 Statement of Cashflows</b>						
<b>Operating Revenue</b>						
Government and Crown Agency Revenue	72,364	72,305	59 F	145,247	145,824	(577) U
Other Revenue Received	1,000	924	76 F	1,828	2,099	(271) U
<b>Total Receipts</b>	<b>73,364</b>	<b>73,229</b>	<b>135 F</b>	<b>147,075</b>	<b>147,923</b>	<b>(848) U</b>
Payments for Personnel	(28,546)	(26,829)	(1,717) U	(57,740)	(58,416)	676 F
Payments for Supplies	(7,270)	(8,958)	1,688 F	(23,995)	(19,984)	(4,011) U
Interest Paid	(386)	(30)	(356) U	(772)	(61)	(711) U
Capital Charge Paid	-	-	-	-	-	-
GST (Net) & Tax	(737)	(17)	(720) U	(594)	(2,260)	1,666 F
Payment to own DHB Provider (Eliminated)	-	-	-	-	-	-
Payment to own DHB Governance & Funding Admin	-	-	-	-	-	-
Payments to other DHBs	(3,176)	(3,055)	(121) U	(6,152)	(6,110)	(42) U
Payments to Providers	(31,710)	(32,197)	487 F	(62,452)	(64,908)	2,456 F
<b>Total Payments</b>	<b>(71,825)</b>	<b>(71,086)</b>	<b>(739) U</b>	<b>(151,705)</b>	<b>(151,739)</b>	<b>34 F</b>
<b>Net Cashflow from Operating</b>	<b>1,539</b>	<b>2,143</b>	<b>(604) U</b>	<b>(4,630)</b>	<b>(3,816)</b>	<b>(814) U</b>
<b>Investing Activities</b>						
Interest Receipts 3rd Party	165	152	13 F	306	302	4 F
Sale of Fixed Assets	1	-	1 F	12	-	12 F
<b>Capital Expenditure</b>						
Land, Buildings & Plant	(503)	(503)	-	(85)	(1,200)	1,115 F
Clinical Equipment	374	(642)	1,016 F	(304)	(1,283)	979 F
Other Equipment	(6)	(48)	42 F	(32)	(98)	66 F
Information Technology	(308)	-	(308) U	(1,129)	(200)	(929) U
Motor Vehicles	-	-	-	13	-	13 F
Work in Progress (Check)	-	-	-	-	-	-
<b>Total Capital Expenditure</b>	<b>(443)</b>	<b>(1,193)</b>	<b>750 F</b>	<b>(1,537)</b>	<b>(2,781)</b>	<b>1,244 F</b>
Increase in Investments and Restricted & Trust Funds Assets	(177)	(177)	-	(353)	(354)	1 F
<b>Net Cashflow from Investing</b>	<b>(454)</b>	<b>(1,218)</b>	<b>764 F</b>	<b>(1,572)</b>	<b>(2,833)</b>	<b>1,261 F</b>
<b>Financing Activities</b>						
Equity Injections	6,554	6,100	454 F	6,554	6,100	454 F
<b>New Debt</b>						
Private Sector	(44)	137	(181) U	(232)	273	(505) U
CHFA	(182)	-	(182) U	(182)	-	(182) U
<b>Repaid Debt</b>						
Private Sector	-	-	-	-	-	-
CHFA	-	-	-	-	-	-
<b>Other Non-Current Liability Movement</b>						
Other Equity Movement	-	-	-	-	-	-
<b>Net Cashflow from Financing</b>	<b>6,328</b>	<b>6,237</b>	<b>91 F</b>	<b>6,140</b>	<b>6,373</b>	<b>(233) U</b>
<b>Net Cashflow</b>	<b>7,413</b>	<b>7,162</b>	<b>251 F</b>	<b>(62)</b>	<b>(276)</b>	<b>214 F</b>
Plus Cash (Opening)	4,967	5,004	(37) U	12,442	12,442	-
Cash (Closing)	<b>12,380</b>	<b>12,166</b>	<b>214 F</b>	<b>12,380</b>	<b>12,166</b>	<b>214 F</b>
Carry Forward Check						
<b>Closing Cash made up of:</b>						
Petty Cash	16	16	-	16	16	-
Bank (Overdraft)	239	-	(239) U	239	-	(239) U
Short Term Investments	12,125	12,150	25 F	12,125	12,150	25 F
<b>Total Cashflow Cash (Closing)</b>	<b>12,380</b>	<b>12,166</b>	<b>214 F</b>	<b>12,380</b>	<b>12,166</b>	<b>214 F</b>



## Southern District Health Board

Minutes of the Joint Meeting of the Disability Support Advisory Committee and Community & Public Health Advisory Committee held on Wednesday, 3 September 2014, commencing at 10.00 am, in the Board Room, Southland Hospital Campus, Invercargill

---

Present:	Ms Sandra Cook Mr Neville Cook Mrs Kaye Crowther Dr Branko Sijnja Mr Tim Ward	Chair
In Attendance:	Dr John Chambers Mrs Mary Gamble Mr Tony Hill Dr Jan White Mrs Sandra Boardman Mr David Dickson Ms Carole Heatly Mrs Lexie O'Shea  Mr David Tulloch Ms Jeanette Kloosterman	Board Member Board Member Board Member (from 10.25 am) Crown Monitor Executive Director, Planning & Funding Finance Manager (by videoconference) Chief Executive Officer Deputy CEO/Executive Director Patient Services Chief Medical Officer Board Secretary (by videoconference)

### 1.0 WELCOME

The Chairperson welcomed everyone to the meeting.

### 2.0 APOLOGIES

An apology was received from Mr Ian Macara, Chief Executive, Southern PHO, and Mr Peter Beirne, Executive Director Finance.

Mr Stuart Heal's absence was noted.

### 3.0 MEMBERS' DECLARATION OF INTEREST

It was noted that Dr Sijnja and Mr Ward were still registered as directors of Southern Community Laboratories Otago Southland Ltd (SCLOS) because their resignations could not be effected until the SCLOS constitution was changed.

It was resolved:

"That the Interests Register be noted."

#### 4.0 PREVIOUS MINUTES

It was resolved:

“That the minutes of the joint meeting of the Disability Support Advisory Committee and Community & Public Health Advisory Committee held on 2 July 2014 be approved and adopted as a true and correct record.”

#### 5.0 MATTERS ARISING

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

#### 6.0 ACTION SHEET

The Committees reviewed the action sheet (tab 6) and noted the following advice from management:

- The Southern Health Alliance Leadership Team (SHALT) were working through the Bpac report and were due to meet again on 4 September;
- The SHALT work plan would be submitted to the next meeting.

#### 7.0 PLANNING & FUNDING REPORT

The Planning and Funding summary report (tab 7) was taken as read and the Executive Director Planning & Funding took questions from members.

The Committees:

- Requested the actual number of older people receiving long-term home support who were yet to receive a comprehensive clinical assessment and individual care plan;
- Noted that a reporting framework would be developed for Hāpai te Tūmanako – Raise HOPE, so progress could be monitored;
- Requested an update on the suicide rate trend for the Southern district and the geographical distribution of postvention groups and other initiatives;
- Noted management’s advice that there were a number of options to ensure access to medicines throughout the district;
- Requested that, to reduce duplication, the PHO report be incorporated into the Planning & Funding report;
- Requested the number of opportunities that had been provided to early child care centre educators to attend workshops on managing gastro-intestinal disease outbreaks, and how many outbreaks had occurred in early child care centres.

Mr Tony Hill joined the meeting at 10.25 am.

## 8.0 ANNUAL PLAN 2013/14 PROGRESS REPORT

The Executive Director Planning & Funding presented a report on the achievement of the plans, actions and commitments in the Southern DHB 2013/14 Annual Plan (tab 8), then took questions from members.

The Committees:

- Requested further information on the Hepatitis C strategy;
- Noted that quarterly reporting against the 2014/15 Annual Plan would include progress against actions, as well as targets.

It was resolved:

“That the Committees note the completed actions and progress on delivering the Annual Plan 2013/14 and the intended actions where activity is incomplete.”

## 9.0 DHB PERFORMANCE – QUARTERLY REPORT

The Committees reviewed the Quarter 4 results for DHB performance against non-financial indicators (tab 9).

## 10.0 FINANCIAL REPORT

The Finance Manager presented the Funder Financial Report for the period ended 31 July 2014 (tab 10), then took questions from members.

The Committees were informed that the July pharmaceutical result was based on the forecast issued and there was a risk the actual cost could be higher.

## 11.0 WORK PLAN

The Committees reviewed the DSAC/CPHAC work plan for 2014 (tab 11).

CONFIDENTIAL SESSION

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

General subject:	Reason for passing this resolution:	Grounds for passing the resolution:
1. Previous Minutes	As per reasons set out in previous agenda	S 34(a), Schedule 4, NZ Public Health and Disability Act 2000 – that the public conduct of this part of the meeting would be likely to result in the disclosure of information for which good reason for withholding exists under sections 9(2)(i), 9(2)(j) and 9(2)(f)(iv) of the Official Information Act 1982, that is, the withholding of the information is necessary to enable a Minister of the Crown or any Department or organisation holding the information to carry out, without prejudice or disadvantage, commercial activities and negotiations, and to maintain the constitutional convention protecting the confidentiality of advice tendered by Ministers of the Crown and officials.
2. Options for Lakes Hospital	To allow activities to be carried on without prejudice or disadvantage.	As above, section 9(2)(j).
3. Options for Infertility Services	To allow commercial activities and negotiations to be carried on without prejudice or disadvantage.	As above, section 9(2)(j).

The meeting closed at 12.10 pm

Confirmed as a correct record:

Chairperson .....

Date .....

**DSAC/CPHAC Meeting, 1 October 2014**

- Verbal report from Ms Sandra Cook, DSAC/CPHAC Chair

10.2

Southern District Health Board

Minutes of the Hospital Advisory Committee Meeting held on Wednesday, 3 September 2014, commencing at 2.00pm in the Board Room, Community Services Building, Southland Hospital Campus

---

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

1.0 WELCOME AND APOLOGIES

The Chairman welcomed everyone to the meeting.

2.0 MEMBERS' DECLARATION OF INTEREST

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

3.0 CONFIRMATION OF PREVIOUS MINUTES

It was resolved:

"That the minutes of the 2 July 2014 Hospital Advisory Committee meeting be approved and adopted as a true and correct record."

4.0 MATTERS ARISING

The Terms of Reference will be considered at the HAC meeting to be held on 5 November 2014. A brief update was provided on progress in the area of Urology.

5.0 ACTION SHEET

The Committee reviewed the action sheet.

It was resolved:

"That the action sheet be received."

6.0 EXECUTIVE DIRECTOR OF PATIENT SERVICES (EDPS) REPORT

The Committee received and considered the report from the EDPS.

The Committee:

- Acknowledged the efforts by staff in achieving over contract in both elective and acute caseweights delivered (cwd).

- Acknowledged the efforts by staff, enabling them to feature in the top half of the results for DHBs across the country for the Minister's health targets in the areas of shorter waits for Cancer treatment; increased immunisation and improved access to elective surgery.

#### 7.0 DIAGNOSTIC REPORTING

The Committee received and considered the Medical Directorate Diagnostics Report and the Diagnostic Report and received:

- A verbal update from the Executive Director of Patient Services, outlining the progress made in the area of access to diagnostics.
- Advice that there is a triage system in place and those needing it will receive urgent access to diagnostics.
- Advice that High Tech Imaging continues to be challenging for Southern DHB and a number of other DHBs nationally and a project plan is being developed to address the issues.
- Advice that the Computed Tomography (CT) wait list is now at an acceptable level, but the Magnetic Resonance Imaging (MRI) continues to be challenging.
- Advice that the Ultrasound wait list, whilst large, has reduced significantly and there is a focus on workforce.
- Advice that there is to be a change to the Magnetic Resonance Imaging (MRI) roster and an 8.00am to 8.00pm roster will run, replacing the 8.00am to 5.00pm roster.
- Advice on utilisation of the rural facilities, noting the impact this can have on patient movement.
- Advice on the potential advantages of telemedicine into the future.
- The monitoring and performance report and noted that Ear Nose and Throat (ENT), Surgery and Orthopaedics are areas of risk for meeting the four month assessment and treatment target, but recovery plans are in place and the risk of financial penalty is low.
- Advice that if benchmarking is based on access per head of population, Southern DHB is doing more than other areas in NZ in the areas of ENT and Orthopaedics. Cardiology and General Surgery are low when benchmarked on access per head of population.

#### 8.0 KEY PERFORMANCE INDICATORS (KPIs)

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

- Received advice on the acute readmission rates and work being done to address this.
- Received an assurance that Southern DHB benchmarks well against Australasia in this area.
- Requested that the national target be depicted on the graph for future reporting and the EDPS is to provide a report to the next meeting on the results of the benchmarking between DHBs and the results from the survey undertaken by Southern DHB.
- Received advice on the trends predicted on the Active Review graph for Southern DHB and noted advice that it is the role of the GPs to monitor their patients.
- Discussed quantifying unmet need in the community.

#### 9.0 FINANCIAL REPORT

The Committee received and considered the Financial Report and a verbal update by the Senior Business Analyst. In discussion, the Committee received advice as follows:

- Some adjustments are to be made and the \$640K unfavourable variance would be better reflected as a \$350K unfavourable variance.
- Medical personnel and FTE have come in on budget.

- Government revenue is ACC based and the new claiming system in Invercargill may have impacted it.
- The non-residents unfavourable variance of \$82K is variable throughout the year.
- There are \$170K of top sliced savings accounted for in the plan and some of these have been achieved and some haven't.
- Analysis of weekly reporting will assist in identifying unfavourable variance at an early stage.
- Phasing of the Radiology savings is over a 12 month period and was to be over a six month period from January 2015.
- Noted that approximately half of the unfavourable variance of \$200K for treatment disposables can be attributed to a timing issue.
- Controlling budget expenses on an on-going basis.
- Noted the one off costs relating to blood products for the month.
- Phasing of the budget to reflect when the cost savings will occur.

10.0 HUMAN RESOURCES HEALTH AND SAFETY REPORT

The Committee received and considered the Human Resources Occupational Health and Safety Report. The Board Chairman requested that future reports include a benchmark against other DHBs and it was noted that the ACC should be able to provide that information. Concern was raised over the high number of assaults.

The Committee received and considered the Height safety audit update attached to the HR Health and Safety report.

11.0 INFORMATION SERVICES DASHBOARD

The Committee received and considered the Information Services Dashboard.

12.0 CONFIDENTIAL SESSION

At 3.00pm, it was resolved:

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

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



General subject:	Reasons for passing this resolution:	Grounds for passing the resolution:
Risk	To allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).
Serious Adverse Events	To allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).
Hospital Services update	To allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).
Facilities update	To allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).

The Committee resumed in public session at 4.20pm.

The meeting closed at 4.20pm.

Confirmed as a true and correct record:

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

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

## SOUTHERN DISTRICT HEALTH BOARD

Title:	CONTRACTS REGISTER		
Report to:	Southern District Health Board		
Date of Meeting:	2 October 2014		
Summary: Amended Contracts Register as per the Board's recommendation.			
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: 22/09/2014
Prepared by: Sandra Boardman Executive Director Planning and Funding Date: 17.03.14		Presented by: Sandra Boardman Executive Director Planning and Funding	
RECOMMENDATION: 1. That the Board note the attached Contracts Register.			

Southern DHB Board Meeting - Contracts Register

FUNDING ADMINISTRATION  
CONTRACTS REGISTER (EXPENSES) - SEPTEMBER 2014

PROVIDER NAME	DESCRIPTION OF SERVICES	ANNUAL AMOUNT	CONTRACT/VARIATION END DATE	APPROVED BY
<b>Contract Value of - \$0 - \$100,000 (Level 3)</b>				
Aged Residential Care Facilities Variation to Agreement	Exceptional Circumstances palliative care for named individuals x 24	\$ 242,160.90	Various	Executive Director Planning & Funding
University of Otago t.a Student Health Services Variation to Agreement	Primary Care Services	\$59,065.71	30.12.15	Executive Director Planning & Funding 24.07.14
Student Health Otago Polytechnic t.a Student Health Services Variation to Agreement	Dunedin After Hours - Overnight Primary Care Services	\$3,384.00	31.12.15	Executive Director Planning & Funding 24.07.14
Care First 2007 Ltd t.a Kimberley Rest Home Variation to Agreement	Long Term Support - Chronic Health Conditions - Residential	\$90,855.80	30.06.15	Executive Director Planning & Funding 10.07.14
Presbyterian Support Otago Inc Variation to Agreement	Day Activity	\$73,607.24	30.06.15	Executive Director Planning & Funding 07.07.14
Dunedin Community Care Trust Variation to Agreement	Community Residential Care for a named individual	\$2,857.65	31.08.14	Executive Director Planning & Funding 29.07.14
BUPA Care Services NZ Ltd t.a Longwood Care Home Variation to Agreement	Individual Agreement for a Named Individual	\$27,266.51	19.03.15	Executive Director Planning & Funding 29.07.14
Lakes District Air Rescue Trust Variation to Agreement	Air Rescue Costs for Medical Professionals	\$6,484.69	31.07.15	Executive Director Planning & Funding 01.08.14
International Waste Ltd Variation to Agreement	Collection and Disposal of Unused Pharmaceuticals	\$46,000.00	30.06.15	Executive Director Planning & Funding 29.07.14
<b>Total for Level 3</b>		<b>\$ 551,682.50</b>		
<b>Contract Value of - \$100,000 - \$500,000 (Level 2)</b>				
Sport Southland Variation to Agreement	Green Prescription (GRx) Initiative	\$ 307,290.44	30.06.16	Southern DHB Board 08.05.14
Arai Te Uru Whare Hauora Ltd Agreement	Mauri Ora Service	\$ 387,159.00	30.06.15	Executive Director Planning & Funding 17.07.14

Southern DHB Board Meeting - Contracts Register

FUNDING ADMINISTRATION  
CONTRACTS REGISTER (EXPENSES) - SEPTEMBER 2014

Te Runaka O Awarua Charitable Trust t/a Awarua Social & Health Services Agreement	Mauri Ora Service	\$ 181,236.00	30.06.15	Executive Director Planning & Funding 17.07.14
Bainfield Park Residential Care Ltd Variation to Agreement	Long Term Mental Health Residential Care	\$ 304,380.80	30.06.16	Executive Director Planning & Funding 06.06.14
Arai Te Uru Whare Hauora Limited Variation to Agreement	Tamariki Ora, Whanau Ora, DSM	\$ 150,761.20	30.06.15	Executive Director Planning & Funding 28.07.14
Te Runaka O Awarua t.a Awarua Social & Health Services Variation to Agreement	Tamariki Ora-Well Child Services	\$ 140,084.68	30.06.15	Executive Director Planning & Funding 28.07.14
Northern Southland Health Ltd Variation to Agreement	Lumsden Primary Maternity	\$ 262,377.95	31.03.15	Executive Director Planning & Funding 24.07.14
Sport Otago Variation to Agreement	Green Prescription (GRx) Initiative	\$308,178.32	30.06.16	Executive Director Planning & Funding 04.07.14
Bainfield Park Residential Care Limited Agreement	Long Term Support - Chronic Conditions - Residential	\$ 130,812.35 (Estimate)	30.06.15	Executive Director Planning & Funding 26.08.14
<b>Total for Level 2</b>		<b>\$ 2,172,280.74</b>		
<b>Contract Value of - \$500,000 - 1 Million (Level 1)</b>				
Clutha Community Health Company Ltd Variation to Agreement	Primary Maternity Facility Services	\$ 893,389.53	30.06.17	Southern DHB Board 07.08.14
<b>Total for Level 1</b>		<b>\$ 893,389.53</b>		
<b>Contract Value of - \$1 Million and Over (Board)</b>				
Hospice Southland Charitable Trust t.a Hospice Southland Variation to Agreement	Palliative Care Services	\$ 1,242,793.57	30.06.15	Southern DHB Board 01.08.14
Otago Community Hospice Trust Variation to Agreement	Palliative Care Services	\$ 2,800,054.09	30.06.15	Southern DHB Board 01.08.14
Clutha Community Health Company Ltd t.a Clutha Health First Variation to Agreement	Health of Older People	\$ 2,496,688.50	30.06.17	Southern DHB Board 01.08.14

**Southern DHB Board Meeting - Contracts Register**

FUNDING ADMINISTRATION  
 CONTRACTS REGISTER (EXPENSES) - SEPTEMBER 2014

Clutha Community Health Company Ltd t.a Clutha Health First Variation to Agreement	Domiciliary Services & Community Health Services Head Agreement	\$ 3,279,492.75	30.06.17	Southern DHB Board 01.08.14
Clutha Community Health Company Ltd t.a Clutha Health First Variation to Agreement	Rural Hospital Medical and Surgical Services	\$ 9,854,889.09	30.06.17	Southern DHB Board 01.08.14
Presbyterian Support Otago Incorporated Agreement	Activity Based and Employment Rehabilitation	\$ 723,172.41	31.10.17	CEO - Southern DHB 21.08.14
Miramare Limited Variation to Agreement	Mental Health Needs Assessment and Service Coordination	\$ 1,294,449.12	31.08.17	Southern DHB Board 01.08.14
<b>Total for Board Level</b>		<b>\$ 21,691,539.53</b>		

**Grand Total** \$ 25,308,892.30