

SOUTHERN DISTRICT HEALTH BOARD MEETING

Thursday, 11 December 2014, 9.00 am

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

A G E N D A

Tab

1. Chair's Opening Comments
 2. [Deputation – Service and Food Workers Union](#)
 3. [Apologies](#)
 4. [Interests Registers](#)
 5. [Minutes of Previous Meeting](#)
 6. Matters Arising
 7. [Review of Action Sheet](#)
 8. [CEO's Report](#)
 9. [Provider Arm Report](#)
 10. [Financial Report](#)
 11. [Deficit Support](#)
 12. [DSAC/CPHAC Membership](#)
- Advisory Committee Reports:
13. Disability Support Advisory Committee and Community & Public Health Advisory Committee
 - a) [Minutes of 5 November 2014 meeting](#)
 - b) Verbal report of 10 December 2014 meeting
 14. Hospital Advisory Committee
 - a) [Minutes of 5 November 2014 meeting](#)
 15. [Contracts Register](#)
 16. [Resolution to Exclude the Public](#)

Public Excluded Session:

RESOLUTION:
That the Board exclude the public for the agenda items listed below.

The general subject of each matter to be considered while the public is excluded, the reason for passing this resolution in relation to each matter, and the specific grounds under section 32, Schedule 3 of the NZ Public Health and Disability Act 2000 for the passing of this resolution are as follows:

General subject:	Reasons for passing this resolution:	Grounds for passing the resolution:
Previous Public Excluded Board Minutes	As per reasons set out in previous agenda	S 32(a), Schedule 3, NZ Public Health and Disability Act 2000 – that the public conduct of this part of the meeting would be likely to result in the disclosure of information for which good reason for withholding exists under sections 9(2)(a), 9(2)(f), 9(2)(i), 9(2)(j) of the Official Information Act 1982, that is withholding the information is necessary to: protect the privacy of natural persons; maintain the constitutional conventions which protect the confidentiality of advice tendered by Ministers of the Crown and officials; to enable a Minister of the Crown or any Department or organisation holding the information to carry on, without prejudice or disadvantage, commercial activities and negotiations.
Review of Public Excluded Action Sheet	To allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).
Annual Plan 2014/15	Plan is subject to Ministerial approval	As above, section 9(2)(f)
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 ▪ 5 November 2014 ▪ 10 December 2014 b) Hospital Advisory Committee ▪ 5 November 2014 c) Iwi Governance Committee/MAG-MH Workshop ▪ 5 November 2014 d) Audit & Risk Committee ▪ 10 December 2014	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).
HBL Food Services Business Case	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"> ▪ Provider ▪ Planning & Funding 	Commercial sensitivity and to allow activities and negotiations to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).
Risk Report	To allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).
Legal Issues	To allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(j) and 9(2)(ba)(i)
Governance Items	To allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(j).

Deputation - Service and Food Workers Union

SOUTHERN DISTRICT HEALTH BOARD

Title:	INTERESTS REGISTERS	
Report to:	Board	
Date of Meeting:	11 December 2014	
Notifications received since the last meeting: <ul style="list-style-type: none"> ▪ Tony Hill – Daughter: Registrar, Cardiothoracics, Southern DHB (from 8 December 2014) 		
Specific implications for consideration (financial/workforce/risk/legal etc):		
Financial:	n/a	
Workforce:	n/a	
Other:		
Document previously submitted to:	Board and Advisory Committees	Date: 5-6/11/14
Prepared by: Jeanette Kloosterman Board Secretary Date: 02/12/14	Presented by: Joe Butterfield Board Chairman	
RECOMMENDATIONS: <ol style="list-style-type: none"> 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 02.12.2014	1. Chairman, Southern PHO Community Advisory Committee and ex officio Southern PHO Board. 2. Secretary/Manager, Lakes District Air Rescue Trust. Daughter: 3. Registrar, Cardiothoracics, Southern DHB	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 SJNJA*	07.02.2008 04.02.2009 22.06.2010 08.05.2014	1. Director, Clutha Community Health Company Limited. 2. 0.8 FTE Director Rural Medical Immersion Programme, University of Otago School of Medicine. 3. 0.2 FTE Employee, Clutha Health First General Practice. 4. President, New Zealand Medical Association	1. Operates publicly funded secondary health services under contract to Southern DHB. 2. Possible conflicts between Southern DHB and University interests. 3. Employed as a part-time GP.

Southern DHB Board Meeting - Interests Registers

Board Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB
Richard THOMSON	13.12.2001 23.09.2003 29.03.2010 06.04.2011 21.11.2013 & 03.04.2014	<ol style="list-style-type: none"> 1. Managing Director, Thomson & Cessford Ltd. 2. Chairperson and Trustee, Hawksbury Community Living Trust. 3. Trustee, HealthCare Otago Charitable Trust. 4. Chairman, Composite Retail Group. 5. Councillor, Dunedin City Council. 6. Three immediate family members are employees of Dunedin Hospital (Radiographer and Anaesthetic Technician). 	<ol style="list-style-type: none"> 1. Thomson & Cessford Ltd is the company name for the Acquisitions Retail Chain. Southern DHB staff occasionally purchase goods for their departments from it. 2. Hawksbury Trust runs residential homes for intellectually disabled adults in Otago and Canterbury. It does not have contracts with Southern DHB. 3. Health Care Otago Charitable Trust regularly receives grant applications from staff and departments of Southern DHB, as well as other community organisations. 4. May have some stores that deal with Southern DHB.
Janis Mary WHITE (Crown Monitor)	31.07.2013	<ol style="list-style-type: none"> 1. Member, Pharmac Board. 2. Chair, CTAS (Central Technical Advisory Service). 	

*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 November 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.
Carole Heatly	11.02.2014	1. Southern Health Welfare Trust (Trustee).	1. Southland Hospital Trust.
Lynda McCutcheon	22.06.2012	1. Member of the University of Otago, School of Physiotherapy, Admissions Committee.	1. Lead contact for University of Otago undergraduate clinical placements (Allied Health, Scientific & Technical professions) in Southern DHB.
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	

Southern DHB Board Meeting - Interests Registers

Employee Name	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern District Health Board
		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, 6 November 2014, 9.00 am
Board Room, Southland Hospital Campus, Invercargill

5

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 (until 1.15 pm) Deputy Chair (by teleconference) (by videoconference)
In Attendance:	Dr Jan White Ms Carole Heatly Mrs Lexie O'Shea Mr Peter Beirne Mrs Sandra Boardman Mrs Leanne Samuel Mr David Tulloch Ms Jeanette Kloosterman	Crown Monitor (until 1.15 pm) Chief Executive Officer Deputy Chief Executive Officer/Executive Director Patient Services Executive Director Finance Executive Director Planning & Funding Executive Director Nursing & Midwifery Chief Medical Officer Board Secretary (by videoconference)

1.0 APOLOGIES

No apologies were received.

2.0 OPENING COMMENTS

The Chairman welcomed everyone to the meeting.

Patient Safety Week

The Executive Director Nursing & Midwifery reported that Southern DHB was marking Patient Safety Week (3-9 November) with themed stalls in every hospital across the district and a focus on key patient safety programmes, such as medication safety, falls programme, pressure injury prevention, surgical safety, etc. In addition, Dr Jim Bagian, a US patient safety expert, would be running a workshop for staff.

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 2 October 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

Pharmaceuticals

The Board noted that the draft metrics for the community and hospital pharmaceuticals management project (tab 6) were all process outcome goals, rather than empirical measures of the changes desired. The Chief Medical Officer agreed to raise this at the pharmaceutical group meeting later that afternoon.

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.

Health of Older People – Age Related Residential Care

The Board congratulated Ranui Home and Hospital on obtaining a second four year certification.

Minister of Health

The Board noted the letter from Hon Dr Jonathan Coleman, Minister of Health (tab 7) and acknowledged the opportunity they had been given to meet with him early in his term.

It was resolved:

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

8.0 FINANCIAL REPORT

The Financial Report for the period ended 30 September 2014 (tab 8) was taken as read and the Executive Director Finance took questions from members on the financial statements.

It was resolved:

"That the Financial Report be received."

9.0 PREPAREDNESS FOR EBOLA

A report on Southern DHB's response to the global ebola viral disease outbreak was circulated with the agenda (tab 9) and the Chief Medical Officer answered members' questions on the organisation's preparations.

It was resolved:

"That the report be received and the team thanked."

10.0 ADVISORY COMMITTEE REPORTS

Disability Support Advisory Committee and Community & Public Health Advisory Committee

The minutes of the Disability Support Advisory Committee (DSAC) and Community & Public Health Advisory Committee (CPHAC) meeting held on 1 October 2014 were circulated with the agenda (tab 10).

It was resolved:

"That the minutes be received."

The Board received a verbal report from Ms Sandra Cook, DSAC/CPHAC Chair, on the meeting of the committees held on 5 November 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 5 November 2014.

It was resolved:

"That the verbal report be received."

Terms of Reference

A recommendation from the Hospital Advisory Committee on its terms of reference was tabled.

It was resolved:

"That the Board approve the modified terms of reference for the Hospital Advisory Committee."

11.0 CONTRACTS REGISTER

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

It was resolved:

“That the contracts register be received.”

PUBLIC EXCLUDED SESSION

At 9.25 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).
Annual Plan 2014/15	Plan is subject to Ministerial approval	As above, section 9(2)(f)
South Link Health – Retained Earnings	To allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).

General subject:	Reasons for passing this resolution:	Grounds for passing the resolution:
Public Excluded Advisory Committee Reports a) Disability Support and Community & Public Health Advisory Committees <ul style="list-style-type: none"> ▪ 1 October 2014 ▪ 5 November 2014 b) Hospital Advisory Committee <ul style="list-style-type: none"> ▪ 5 November 2014 ▪ Contract & Lease Approvals ▪ Southern Incubator Programme 2015 Funding ▪ Audiology Facility ▪ Southland Education Centre ▪ Capital Process 2014/15 ▪ FSA & Elective Surgery c) Iwi Governance Committee <ul style="list-style-type: none"> ▪ 1 October 2014 ▪ 5 November 2014 d) Audit & Risk Committee <ul style="list-style-type: none"> ▪ 1 October 2014 	Commercial sensitivity and to allow activities and negotiations to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).
Contract Approvals <ul style="list-style-type: none"> ▪ Planning & Funding 	Commercial sensitivity and to allow activities and negotiations to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).
Risk Report	To allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).
Legal Issues	To allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(j) and 9(2)(ba)(i)
Board Annual Review	To allow activities to be carried on without prejudice or disadvantage	As above, section 9(2)(j).

The public session of the meeting then closed.

Confirmed as a true and correct record:

Chairman: _____

Date: _____

Southern District Health Board

BOARD MEETING ACTION SHEET

As at 28 November 2014

7

Action Point No.	SUBJECT	ACTION REQUIRED	BY	STATUS	EXPECTED COMPLETION DATE
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	An ED update will be submitted to HAC.	February

SOUTHERN DISTRICT HEALTH BOARD

Title:	CHIEF EXECUTIVE OFFICER'S REPORT	
Report to:	Board	
Date of Meeting:	11 December 2014	
Summary: The issues considered in this paper are: <ul style="list-style-type: none"> ▪ Monthly DHB activity. 		
Specific implications for consideration (financial/workforce/risk/legal etc):		
Financial:	No specific implications.	
Workforce:	No specific implications.	
Other:	No specific implications.	
Document previously submitted to:	Not applicable, report submitted directly to Board.	Date: n/a
Approved by Chief Executive Officer:		Date: 02/12/2014
Prepared by:	Presented by:	
Date: 01/12/2014	Carole Heatly Chief Executive Officer	
RECOMMENDATION:		
1. That the Board receive the report.		

CHIEF EXECUTIVE OFFICER'S REPORT

1. DHB FINANCIAL PERFORMANCE

The October result was \$0.9m unfavourable to the draft budget, with a deficit of \$3.5m. The year to date result is \$2.1m worse than budget, with a deficit of \$9.4m.

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

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

Health of Older People

Age Related Residential Care (ARRC)

Historically, there were four aged care providers in Southern providing a 'mixed' dementia/psychogeriatric service. Advice from the Ministry of Health (MoH) states that this is not best practice and recent audits have found issues in service provision. Over the past months, all four providers have decided to withdraw from psychogeriatric service provision, with the last provider ceasing to provide psychogeriatric services as part of a 'mixed' service as of 1 December 2014. This will result in only one provider of psychogeriatric services in Southland, Peacehaven in Invercargill. In the past, this service was also provided in Riverton and Gore. All four providers (one remaining in Invercargill and three in Dunedin) have vacancies at present. While geographic accessibility is lessened by these changes, quality of service provision is increased.

Home and Community Support Services (HCSS) in Between Travel

Ministry Disability Support Services (DSS), 20 DHBs and three individual private providers have ratified the agreement to pay for in between travel for support workers. Other providers and unions reported difficulty in ratifying by 30 November. It was agreed that ratification would be moved out until mid-March 2015 to provide sufficient time for a robust engagement with employees and providers.

The Ministry of Health has established a steering group to drive the in between travel programme. The steering group will oversee five work streams being:

1. The ratification of the settlement agreement
2. The independent assessment by KPMG
 - a. Director General's Reference Group work streams – report due 1 July 2015
 - b. Review of HCSS transition to regularised workforce
3. Implementation of package (operationalising Part A)
4. Enactment of legislation

The DHB Health of Older Persons (HOP) Steering Group (representing all of NZ) will provide wrap-around support to the DHB nominees on each work stream to ensure DHBs' input to each of the work streams is complete.

KPMG is progressing the independent review scheduled for completion 30 November. Providers have signalled that many smaller providers are likely to have difficulty providing the data required due to low-tech systems. MoH has provided data on expenditure and volumes for the past three years. DHBs will have the opportunity to participate and provide data for the review. Any assumptions used in the review need to be validated with a robust outcome assured. The group has agreed to extend the date until mid-December, with further review to be considered if necessary.

The Ministry will have overall responsibility for implementing the package, however acknowledges that it will require expertise and support from providers, DHBs and unions.

Southern Strategic Health Services Plan

The consultation on the draft plan closed on 21 November after 17 roadshow presentations to a total of 445 people in 11 locations across the district. Meetings at two different times of day were offered in most communities to accommodate availability. With very few exceptions, media reporting has been fair and accurate and many communities have welcomed the chance to discuss health services with the DHB. Many of the community conversations have not concentrated heavily on local issues but have explored some wider concepts and themes. In several cases, the meeting appears to have fostered communities discussing local solutions amongst themselves.

A review of the consultation process is now being undertaken to ensure the strengths and weaknesses of the exercise are recorded to inform future exercises.

All feedback, including written submissions and electronic questionnaire results will be analysed for themes and a report prepared for the Board meeting in February. The analysis will also inform the next and final draft of the plan, also due in February.

DHB Accountability Documents

Southern DHB recently sent signed copies of the Statement of Intent (SOI) 2014-18 and Statement of Performance Expectations (SPE) 2014-15 to the Minister of Health and Parliament in line with legislative requirements. These will be tabled in Parliament alongside the DHB's Annual Report.

4. HEALTH TARGETS PERFORMANCE – QUARTER ONE

Attached are the DHB and PHO Health Target results for quarter one. Of note, is the gain made in shorter stays in the Emergency Department.

5. SOUTHERN CLINICAL COUNCIL

Attached for noting are the draft terms of reference for the Southern Clinical Council. These were developed following a workshop on "Strengthening Clinical Leadership, Clinical Engagement and Clinical Governance" and are in the process of being reviewed following consultation feedback.

6. SOUTHERN INNOVATION CHALLENGE (Embargoed until 3 pm 4/12/14)

The Southern Innovation Challenge took place on Friday, 21 November 2014. Sixteen applications with innovative ideas to improve health service delivery were received from a mixture of clinical and administrative staff.

First place was awarded to Emergency Manager, Paul McNamara, and Emergency Co-ordinator, Owen Black, for their idea to produce a smartphone emergency management app to be used as an additional communications channel to Southern DHB staff.

The other successful entries included a new range of easy-to-use resources for people on waiting lists with the Primary Mental Health Brief Intervention Service and Mental Health, Addictions and Intellectual Disability Service; a Central Otago tele-paediatric diabetes clinic; digital photo frames to introduce staff to the service users and their families/whānau as part of the Safe Wards initiative; an ipu whenua, a biodegradable vessel to return the embryo and umbilical cord to the earth; and a falls prevention initiative through visual education aids for clients, such as pamphlets and placemats.

The winners will be able to follow through with their proposal with the help of prize money, organisational support and support from Otago Polytechnic.

I would like to thank all the enthusiastic staff who participated in the challenge (the high standard of entries made judging difficult) and our sponsors: the Westpac Banking Corporation and Otago Polytechnic.

Carole Heatly
Chief Executive Officer

1 December 2014

How is My DHB performing?



2014/15 QUARTER ONE (JULY-SEPTEMBER) RESULTS

www.health.govt.nz/healthtargets

This is the last time the Shorter waits for cancer treatment results will be reported as a health target. From quarter two the new target is Faster cancer treatment.

Shorter stays in

Emergency Departments

Ranking	District Health Board	Quarter one performance (%)	95%	Change from previous quarter
1	West Coast	100	▲	▲
2	Nelson Marlborough	97	▲	▲
3	Wairarapa	96	▲	▲
4	South Canterbury	96	▲	▲
5	Waitemata	95	▲	▲
6	Tairāwhiti	95	▲	▲
7	Counties Manukau	95	▲	▲
8	Taranaki	93	▲	▲
9	Whanganui	93	▲	▲
10	Southern	93	▲	▲
11	Auckland	93	▲	▲
12	Canterbury	93	▲	▲
13	Bay of Plenty	92	▲	▲
14	Waikato	91	▲	▲
15	Lakes	91	▲	▲
16	Northland	91	▲	▲
17	MidCentral	90	▲	▲
18	Capital & Coast	89	▲	▲
19	Hawke's Bay	89	▲	▲
20	Hutt Valley	88	▲	▲
All DHBs		93		

Improved access to

Elective Surgery

Ranking	District Health Board	Quarter one performance (%)	100%	Change from previous quarter
1	Northland	128	▲	▲
2	Taranaki	117	▲	▲
3	Bay of Plenty	116	▲	▲
4	Hutt Valley	112	▲	▲
5	Counties Manukau	111	▲	▲
6	Waitemata	109	▲	▲
7	Lakes	109	▲	▲
8	Waikato	106	▲	▲
9	Wairarapa	106	▲	▲
10	Nelson Marlborough	105	▲	▲
11	MidCentral	105	▲	▲
12	Whanganui	102	▲	▲
13	Southern	100	▲	▲
14	Auckland	100	▲	▲
15	Canterbury	99	▲	▲
16	West Coast	95	▲	▲
17	Tairāwhiti	95	▲	▲
18	South Canterbury	94	▲	▲
19	Hawke's Bay	93	▲	▲
20	Capital & Coast	92	▲	▲
All DHBs		105		

Shorter waits for

Cancer Treatment

Ranking	District Health Board	Quarter one performance (%)	100%	Change from previous quarter
1	Northland	100	▲	▲
1	Waitemata	100	▲	▲
1	Auckland	100	▲	▲
1	Counties Manukau	100	▲	▲
5	Waikato	100	▲	▲
1	Lakes	100	▲	▲
1	Bay of Plenty	100	▲	▲
1	Tairāwhiti	100	▲	▲
1	Hawke's Bay	100	▲	▲
1	Taranaki	100	▲	▲
1	MidCentral	100	▲	▲
1	Whanganui	100	▲	▲
1	Capital & Coast	100	▲	▲
1	Hutt Valley	100	▲	▲
1	Waikato	100	▲	▲
1	Wairarapa	100	▲	▲
1	Nelson Marlborough	100	▲	▲
1	West Coast	100	▲	▲
1	Canterbury	100	▲	▲
1	South Canterbury	100	▲	▲
1	Southern	100	▲	▲
All DHBs		100		

Increased

Immunisation

Ranking	District Health Board	Quarter one performance (%)	95%	Change from previous quarter
1	South Canterbury	97	▲	▲
2	Auckland	96	▲	▲
3	MidCentral	95	▲	▲
4	Hawke's Bay	94	▲	▲
5	Counties Manukau	94	▲	▲
6	Capital & Coast	94	▲	▲
7	Southern	94	▲	▲
8	Canterbury	93	▲	▲
9	Hutt Valley	93	▲	▲
10	Waitemata	92	▲	▲
11	Whanganui	92	▲	▲
12	Lakes	91	▲	▲
13	Tairāwhiti	91	▲	▲
14	Waikato	90	▲	▲
15	Wairarapa	90	▲	▲
16	Taranaki	89	▲	▲
17	Nelson Marlborough	88	▲	▲
18	Bay of Plenty	88	▲	▲
19	Northland	86	▲	▲
20	West Coast	77	▲	▲
All DHBs		92		

Better help for

Smokers to Quit

Ranking	District Health Board	Quarter one performance (%)	95%	Change from previous quarter
1	Auckland	100	▲	▲
2	Waitemata	99	▲	▲
3	Counties Manukau	98	▲	▲
4	Tairāwhiti	96	▲	▲
5	Hawke's Bay	95	▲	▲
6	Bay of Plenty	94	▲	▲
7	Northland	94	▲	▲
8	Wairarapa	92	▲	▲
9	Nelson Marlborough	87	▲	▲
10	Taranaki	85	▲	▲
11	Waikato	84	▲	▲
12	Whanganui	84	▲	▲
13	Lakes	83	▲	▲
14	Canterbury	81	▲	▲
15	South Canterbury	78	▲	▲
16	MidCentral	78	▲	▲
17	Capital & Coast	77	▲	▲
18	Southern	76	▲	▲
19	Hutt Valley	75	▲	▲
20	West Coast	71	▲	▲
All DHBs		88		

More

Heart and Diabetes Checks

Ranking	District Health Board	Quarter one performance (%)	90%	Change from previous quarter
1	Auckland	92	▲	▲
2	Counties Manukau	91	▲	▲
3	Whanganui	91	▲	▲
4	Northland	91	▲	▲
5	Waitemata	90	▲	▲
6	Wairarapa	89	▲	▲
7	Taranaki	88	▲	▲
8	Tairāwhiti	88	▲	▲
9	Lakes	87	▲	▲
10	Bay of Plenty	87	▲	▲
11	Capital & Coast	86	▲	▲
12	Hawke's Bay	86	▲	▲
13	Waikato	86	▲	▲
14	MidCentral	86	▲	▲
15	South Canterbury	84	▲	▲
16	Hutt Valley	83	▲	▲
17	Nelson Marlborough	82	▲	▲
18	Southern	80	▲	▲
19	West Coast	79	▲	▲
20	Canterbury	71	▲	▲
All DHBs		86		

Shorter stays in Emergency Departments
The target is 95 percent of patients will be admitted, discharged, or transferred from an Emergency Department (ED) within six hours. The target is a measure of the efficiency of flow of acute (urgent) patients through public hospitals, and home again.

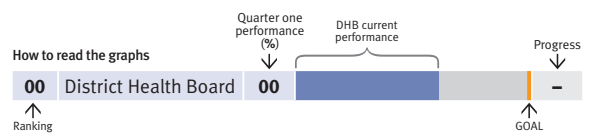
Improved access to elective surgery
The target is an increase in the volume of elective surgery by at least 4000 discharges per year. DHBs planned to deliver 40,223 discharges for the year to date, and have delivered 2,120 more.

Shorter waits for cancer treatment
The target is all patients, ready-for-treatment, wait less than four weeks for radiotherapy or chemotherapy. Six regional cancer centre DHBs provide radiation oncology services. These centres are in Auckland, Hamilton, Palmerston North, Wellington, Christchurch and Dunedin. Medical oncology services are provided by the majority of DHBs.

Increased immunisation
The national immunisation target is 95 percent of eight-month-olds have their primary course of immunisation at six weeks, three months and five months on time by December 2014. This quarterly progress result includes children who turned eight-months between July and September 2014 and who were fully immunised at that stage.

Better help for smokers to quit
The target is 95 percent of patients who smoke and are seen by a health practitioner in public hospitals, and 90 percent of patients who smoke and are seen by a health practitioner in primary care, are offered brief advice and support to quit smoking.

More heart and diabetes checks
This target is 90 percent of the eligible population will have had their cardiovascular risk assessed in the last five years.



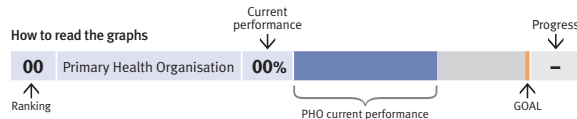
Health target results are sourced from individual DHB reports, national collections systems and information provided by primary care organisations.

This information should be read in conjunction with the details on the website www.health.govt.nz/healthtargets

How is My PHO performing?



2014/15 QUARTER ONE (JULY TO SEPTEMBER) RESULTS



Increased Immunisation Using PHO Performance Programme (PPP) Data

Ranking	Primary Health Organisation	Current performance	PHO current performance	Progress	GOAL
1	South Canterbury Primary Health	99%	▲	▲	95%
2	Well Health Trust	98%	▲	▲	95%
3	Christchurch PHO Limited	98%	▲	▲	95%
4	East Health Trust	97%	▲	▲	95%
5	Total Healthcare Charitable Trust	96%	▲	▲	95%
6	Central Primary Health Organisation	96%	▼	▲	95%
7	Alliance Health Plus Trust	96%	—	▲	95%
8	Health Hawke's Bay Limited	95%	—	▲	95%
9	National Hauora Coalition	95%	▲	▲	95%
10	Rural Canterbury PHO	95%	—	▲	95%
11	Procare Networks Limited	94%	▲	▲	95%
12	Compass Health – Wairarapa	94%	▲	▲	95%
13	Southern Primary Health Organisation	94%	—	▲	95%
14	Pegasus Health (Charitable) Limited	94%	—	▲	95%
15	Ora Toa PHO Limited	94%	▼	▲	95%
16	Compass Health – Capital and Coast	94%	—	▲	95%
17	Auckland PHO Limited	94%	—	▲	95%
18	Cosine Primary Care Network Trust	93%	▼	▲	95%
19	Whanganui Regional PHO	93%	—	▲	95%
20	Waitemata PHO Limited	93%	▲	▲	95%
21	Midlands Health Network – Tairāwhiti	93%	—	▲	95%
22	Hauraki PHO	93%	—	▲	95%
23	Te Awakairangi Health Network	92%	—	▲	95%
24	Midlands Health Network – Waikato	92%	—	▲	95%
25	Rotorua Area Primary Health Services Limited	92%	▲	▲	95%
26	Mania Health PHO Limited	92%	—	▲	95%
27	Eastern Bay Primary Health Alliance	91%	▲	▲	95%
28	Nelson Bays Primary Health	90%	▲	▲	95%
29	Midlands Health Network – Lakes	90%	▼	▲	95%
30	Kimi Hauora Wairau (Marlborough PHO Trust)	89%	▲	▲	95%
31	Midlands Health Network – Taranaki	89%	▼	▲	95%
32	Western Bay of Plenty PHO Limited	89%	—	▲	95%
33	Te Tai Tokerau PHO Ltd	86%	▼	▲	95%
34	West Coast PHO	84%	▼	▲	95%
35	Ngati Porou Hauora Charitable Trust	82%	—	▲	95%
36	Nga Mataapuna Oranga Limited	77%	▼	▲	95%
All PHOs		93%	—	▲	95%

Increased immunisation

The national immunisation target is 95 percent of eight-month-olds will have their primary course of immunisation (six weeks, three months and five months immunisation events) on time by December 2014. This quarterly progress includes children who turned eight months between July and September 2014, are enrolled in a PHO and who were fully immunised at that stage. Consequently, the All PHOs percentage above will be different to the All DHBs percentage.



Better Help for Smokers to Quit Using PHO Performance Programme (PPP) Data

Ranking	Primary Health Organisation	Current performance	PHO current performance	Progress	GOAL
1	Ngati Porou Hauora Charitable Trust	112%	▲	▲	90%
2	Nga Mataapuna Oranga Limited	109%	▲	▲	90%
3	Mania Health PHO Limited	103%	▲	▲	90%
4	Procare Networks Limited	102%	▲	▲	90%
5	Auckland PHO Limited	100%	▲	▲	90%
6	East Health Trust	100%	▲	▲	90%
7	Eastern Bay Primary Health Alliance	98%	▲	▲	90%
8	Waitemata PHO Limited	97%	—	▲	90%
9	Health Hawke's Bay Limited	95%	▲	▲	90%
10	Christchurch PHO Limited	95%	▲	▲	90%
11	Total Healthcare Charitable Trust	93%	▲	▲	90%
12	Compass Health – Wairarapa	92%	▲	▲	90%
13	National Hauora Coalition	91%	▼	▲	90%
14	Alliance Health Plus Trust	91%	—	▲	90%
15	Nelson Bays Primary Health	90%	▲	▲	90%
16	Western Bay of Plenty PHO Limited	90%	▲	▲	90%
17	Midlands Health Network – Tairāwhiti	89%	—	▲	90%
18	Midlands Health Network – Lakes	89%	▼	▲	90%
19	Midlands Health Network – Waikato	85%	—	▲	90%
20	Midlands Health Network – Taranaki	85%	—	▲	90%
21	Whanganui Regional PHO	84%	▲	▲	90%
22	Cosine Primary Care Network Trust	83%	▲	▲	90%
23	Te Tai Tokerau PHO Ltd	83%	—	▲	90%
24	Pegasus Health (Charitable) Limited	82%	▲	▲	90%
25	Kimi Hauora Wairau (Marlborough PHO Trust)	81%	▲	▲	90%
26	Hauraki PHO	80%	▲	▲	90%
27	Rotorua Area Primary Health Services Limited	80%	▲	▲	90%
28	Compass Health – Capital and Coast	79%	▲	▲	90%
29	South Canterbury Primary Health	78%	▼	▲	90%
30	Central Primary Health Organisation	78%	▼	▲	90%
31	Southern Primary Health Organisation	76%	▲	▲	90%
32	Te Awakairangi Health Network	75%	▲	▲	90%
33	West Coast PHO	71%	▲	▲	90%
34	Rural Canterbury PHO	68%	▼	▲	90%
35	Ora Toa PHO Limited	66%	—	▲	90%
36	Well Health Trust	61%	▲	▲	90%
All PHOs		88%	—	▲	90%

Better help for smokers to quit

The national target is that 90 percent of patients who smoke and are seen by a health practitioner in primary care are offered brief advice and support to quit smoking. *Ngati Porou Hauora Charitable Trust, Nga Mataapuna Oranga Limited, Mania Health PHO Limited, Procure Networks Limited and Auckland PHO Limited are above 100 percent as in addition to offering advice in primary care settings they contacted patients who had not recently attended their general practice to offer them brief advice and support to quit smoking.



More Heart and Diabetes Checks Using PHO Performance Programme (PPP) Data

Ranking	Primary Health Organisation	Current performance	PHO current performance	Progress	GOAL
1	Mania Health PHO Limited	92%	—	▲	90%
2	Auckland PHO Limited	92%	▲	▲	90%
3	Procure Networks Limited	92%	—	▲	90%
4	Whanganui Regional PHO	91%	—	▲	90%
5	East Health Trust	91%	—	▲	90%
6	Midlands Health Network – Lakes	90%	▲	▲	90%
7	National Hauora Coalition	90%	—	▲	90%
8	Alliance Health Plus Trust	90%	—	▲	90%
9	Compass Health – Wairarapa	89%	—	▲	90%
10	Total Healthcare Charitable Trust	89%	—	▲	90%
11	Western Bay of Plenty PHO Limited	89%	—	▲	90%
12	Te Tai Tokerau PHO Ltd	88%	—	▲	90%
13	Waitemata PHO Limited	88%	▲	▲	90%
14	Midlands Health Network – Taranaki	88%	—	▲	90%
15	Ngati Porou Hauora Charitable Trust	88%	▲	▲	90%
16	Ora Toa PHO Limited	88%	▲	▲	90%
17	Midlands Health Network – Waikato	87%	▲	▲	90%
18	Midlands Health Network – Tairāwhiti	87%	▼	▲	90%
19	Compass Health – Capital and Coast	87%	—	▲	90%
20	Health Hawke's Bay Limited	86%	▲	▲	90%
21	Central Primary Health Organisation	86%	▼	▲	90%
22	Rotorua Area Primary Health Services Limited	86%	▲	▲	90%
23	Cosine Primary Care Network Trust	86%	—	▲	90%
24	Rural Canterbury PHO	85%	▲	▲	90%
25	Eastern Bay Primary Health Alliance	85%	—	▲	90%
26	South Canterbury Primary Health	84%	▲	▲	90%
27	Kimi Hauora Wairau (Marlborough PHO Trust)	82%	—	▲	90%
28	Te Awakairangi Health Network	82%	▲	▲	90%
29	Well Health Trust	82%	▲	▲	90%
30	Nelson Bays Primary Health	82%	▲	▲	90%
31	Hauraki PHO	82%	▲	▲	90%
32	Southern Primary Health Organisation	80%	▲	▲	90%
33	West Coast PHO	79%	▲	▲	90%
34	Christchurch PHO Limited	74%	▲	▲	90%
35	Nga Mataapuna Oranga Limited	74%	▼	▲	90%
36	Pegasus Health (Charitable) Limited	68%	▲	▲	90%
All PHOs		86%	—	▲	90%

More heart and diabetes checks

This target is 90 percent of the eligible population will have had their cardiovascular risk assessed in the last five years.

Health Target results use information provided by the PHO Performance Programme (PPP) which is sourced from national collections and primary care organisations.

More information on the health targets can be found on www.health.govt.nz/healthtargets



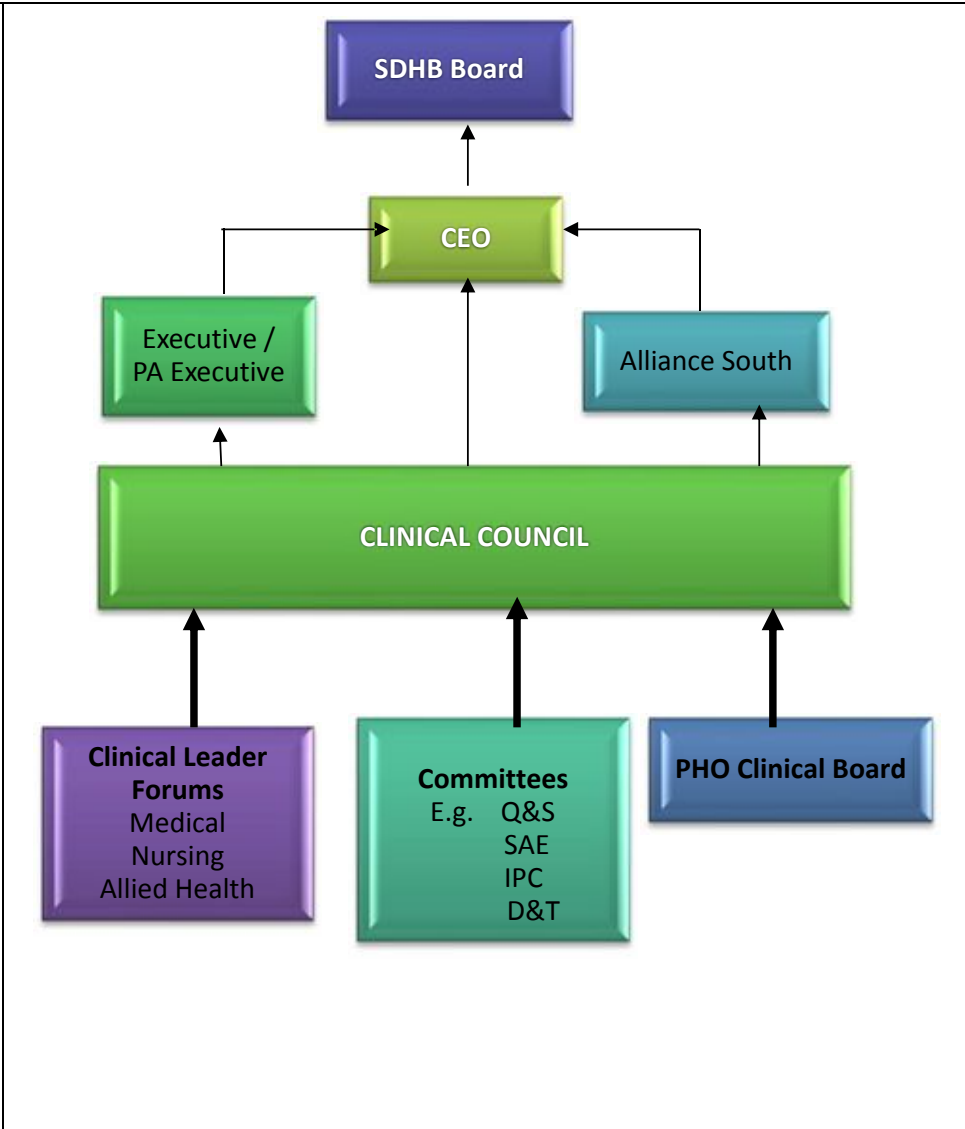
DRAFT TERMS OF REFERENCE

Southern Clinical Council

August 2014

Purpose	The Clinical Council (Council) provides clinical leadership to Southern DHB and the Southern Health System on key service changes and provides oversight of clinical quality and patient safety locally. It seeks to break down boundaries across primary and secondary care to ensure that services are organised around the needs of patients/consumers.
Functions	<p>The functions of the Council are to give the DHB's Board advice in relation to:</p> <ol style="list-style-type: none"> 1. The clinical implications of proposed service changes or developments 2. Ensuring patient safety and improving clinical quality 3. Effective use of resources 4. Decreasing health disparities for the people of Otago and Southland 5. Clinical prioritisation. <p>The aims of Council's advice must be to ensure:</p> <ol style="list-style-type: none"> 1. Effective clinical risk management. 2. Effective clinical accountability at an individual, team and service level. 3. Service changes are introduced across primary, secondary, tertiary and public health care to address both clinical and cost effectiveness in improving the health of the southern community. 4. Education, training and research delivers improved healthcare and health outcomes.
Level of Authority	<p>The Council has the authority to make recommendations, to SDHB's Board, Southern PHO, Alliance South and SDHB Provider Arm Executive.</p> <p>To assist it in this function the Council may:</p> <ul style="list-style-type: none"> • Request reports and presentations from particular groups • Establish sub-groups to investigate and report back on particular matters • Commission audits or investigations on particular issues • Co-opt people from time to time as required for a specific purpose <p>The Council's role is one of advice to governance level, not operational or line management.</p> <p>All recommendations authorised by the Chief Executive will be binding on all clinicians who provide and/or refer to public health services funded (in whole or part) by the SDHB.</p>
Membership	<p>Members of the Council by tenure will be appointed for a two year term and the remaining half for three years. Members may be reappointed but for no more than three terms. Members appointed by role/position do not have a finite term.</p> <p><i>By role/position:</i></p> <ul style="list-style-type: none"> • Chief Medical Advisor Primary Health Care • DHB Chief Medical Officer • DHB Chief Medical Officer Patient Services

	<ul style="list-style-type: none"> • DHB Executive Director of Nursing and Midwifery • PHO Director of Nursing • DHB Executive Director of Allied Health, Scientific & Technical • Director of Quality • DHB Medical Officer of Health • Chair PHO Clinical Quality Advisory Committee • Chair Alliance South • Dean, Dunedin School of Medicine or nominee <p><i>By Appointment (election):</i></p> <ul style="list-style-type: none"> • Consumers x 2 • General Practitioner • Chairs of Clinical Leadership Groups or Nominee (3) • Professional Leader Allied Health • Charge Nurse • RMO • Māori Clinician <p><i>In Attendance:</i></p> <ul style="list-style-type: none"> • DHB Chief Executive <p>When making appointments, consideration must be given to maintaining a wide range of perspectives and interests within the total membership, ensuring in particular that Māori health and rural health interests and expertise are reflected.</p>
<p>Chair</p>	<p>Initially the Council will be chaired by the Chief Executive. Subsequently the Council will elect a chair and deputy, or co-chairs.</p>
<p>Quorum</p>	<p>A quorum will be 22 members or nominees</p>
<p>Meetings</p>	<p>Meetings will be held monthly at least ten times per year, or more frequently at the request of the chair/co-chairs.</p> <p>Meetings will be public excluded and shall be conducted in accordance with SDHB Board Standing Orders as if the Council was a Board Committee.</p> <p>A standing reciprocal invitation will be extended to the Southern Health Consumer Council (when established) for a representative to be in attendance at all meetings.</p> <p>Matters may be dealt with between meetings through discussion with the chair/co-chairs and other relevant members of the Council.</p>
<p>Reporting</p>	<p>The Council will report through SDHB's Chief Executive to the Board.</p> <p>A monthly report of Council activities/decisions will be placed on the DHB website when approved.</p>



Minutes	Minutes will be circulated to all members of the council within one week of the meeting taking place.
Secretariat	Administrative support will be arranged by the Chief Executive's office.
Review Date	October 2015

SOUTHERN DISTRICT HEALTH BOARD

Title:	PROVIDER ARM REPORT	
Report to:	Board	
Date of Meeting:	11 December 2014	
Summary: Considered in these papers are: <ul style="list-style-type: none"> ▪ October 2014 DHB activity. 		
Specific implications for consideration (financial/workforce/risk/legal etc):		
Financial:	Yes	
Workforce:	Yes	
Other:	No	
Document previously submitted to:	Not applicable, report only provided for the Board agenda.	Date:
Prepared by: Executive Director of Patient Services/Deputy CEO Date: 19/11/2014	Presented by: Lexie O'Shea Executive Director of Patient Services	
RECOMMENDATION:		
1. That Board receive this report.		

Executive Director of Patient Services Report – October 2014

Recommendation

That the Board notes this report.

1. Contract Performance

- Total elective caseweights delivered (c wd) by Southern DHB Provider Arm were 19 under plan in October 2014 (1%). Year to date elective caseweights are 28 over plan (1%).
- Total acute caseweights delivered (c wd) by the Southern DHB Provider Arm were 225 under plan in October 2014 (8%). Year to date (ytd) acute caseweights are 395 over plan (4%).
- In comparison to actual caseweights delivered Oct ytd 2013, acute caseweights delivered dropped by 560 caseweights (5%) and elective caseweights increased by 260 (5%).

2. Health Targets

Shorter Stays in Emergency Department (ED)

- Across the district October 2014 had 0.6% fewer presentations to ED than last October.
- Performance against the '6 Hour Target' across the district was 94.4% in October 2014.
 - Dunedin ED – 94.5% for October
 - Presentations for the month of October increased with 3506 in 2014, a 0.7% increase on the 3481 presentations in 2013.
 - Southland ED – 94.2% for October
 - Presentations for the month of October decreased with 2865 in 2014, a 2.2% decrease on the 2928 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 October 2014 Southern achieved 94% for coverage of children aged 8 months of age and 96% for coverage of children at 2 years of age.

Better Help for Smokers to Quit

- The October result for the Better Help for Smokers to Quit health target was 89% of patients offered advice and help to quit (based on coded notes only). This is a small increase from the September result.

Shorter Cancer Wait Times

October was an extremely busy month again for radiation oncology but 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 despite the fact that whilst Radiology's CT scanner is being replaced (projected completion date, December

2014) they will be using the Oncology scanner daily from 1.00 pm. To make up for lost hours, the Radiation Therapists start their scanning day at 7.30am.

Improving Access to Elective Services

- Elective surgical discharges delivered to the Southern population were 2 over plan for the month (0%). Year to date discharges are 84 over plan (2%).

Elective Surgical Discharges October 2014										
Elective Surgical Discharge Activity - Southern DHB population										
	Oct-14				Year to Date				Annual	
	Actual	Plan	Var	Var %	Actual	Plan	Var	Var %	Plan	
SDHB population treated inhouse	895	888	7	1%	3,661	3,580	81	2%	10,008	
SDHB population treated by other DHB	43	47	(4)	(9%)	187	188	(1)	(1%)	563	
SDHB population outsourced	9	10	(1)	0%	41	37	4	0%	96	
	947	945	2	0%	3,889	3,805	84	2%	10,667	
Elective Surgical Caseweights October 2014										
Elective Surgical Caseweight Activity - Southern DHB population										
	Oct-14				Year to Date				Annual	
	Actual	Plan	Var	Var %	Actual	Plan	Var	Var %	Plan	
SDHB population treated inhouse	1,176	1,247	(71)	(6%)	4,906	5,021	(116)	(2%)	14,120	
SDHB population treated by other DHB	96	85	10	12%	388	342	46	13%	1,025	
SDHB population outsourced	9	13	(4)	(29%)	53	50	3	5%	139	
	1,281	1,345	(64)	(5%)	5,346	5,413	(67)	(1%)	15,284	

3. Operational Performance

- The final Elective Service Performance Indicator (ESPI) graphs for September 2014 show Southern DHB with a yellow status for all ESPIs.
- Preliminary results for October 2014 have Southern DHB with a red status for ESPI2 (Patients waiting for First Specialist Assessment) and will have a yellow status for ESPI5 (Inpatients).

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 DISTRICT HEALTH BOARD

Title:	FINANCIAL REPORT	
Report to:	Board	
Date of Meeting:	11 December 2014	
Summary: The issues considered in this paper are: <ul style="list-style-type: none"> ▪ October 2014 financial position. 		
Specific implications for consideration (financial/workforce/risk/legal etc):		
Financial:	As set out in report.	
Workforce:	No specific implications	
Other:	n/a	
Document previously submitted to:	Not applicable, report submitted directly to Board.	Date: n/a
Approved by Chief Executive Officer:	Yes	Date: 29/10/2014
Prepared by:	Presented by:	
Date:	Peter Beirne Executive Director Finance	
RECOMMENDATION:		
1. That the report be received.		

SOUTHERN DHB FINANCIAL REPORT

Financial Report for: **October 2014**
Report Prepared by: **Peter Beirne**
Date: **28 November 2014**

Recommendations:

- That the Board note the Financial Report

Overview Section

Results Summary

Actual	Month			Year to Date			Annual Budget
	\$ ' 000	Budget \$ ' 000		Variance \$ ' 000	Actual \$ ' 000	Budget \$ ' 000	
73,221	73,293	(72)	Revenue	293,444	293,554	(110)	879,525
(28,329)	(28,833)	504	Less Personnel Costs	(112,172)	(113,170)	998	(339,397)
(48,361)	(47,033)	(1,328)	Less Other Costs	(190,681)	(187,639)	(3,042)	(554,961)
(3,469)	(2,573)	(896)	Net Surplus / (Deficit)	(9,409)	(7,255)	(2,154)	(14,833)

The October result was \$0.9m unfavourable to budget, with a deficit of \$3.5m. Year to Date (YTD) is \$2.1m worse than budget with a deficit of \$9.4m.

Operational Performance

Actual	Month			Year to Date			Annual Budget
	\$ ' 000	Budget \$ ' 000		Variance \$ ' 000	Actual \$ ' 000	Budget \$ ' 000	
(144)	(25)	(119)	Governance	(171)	(68)	(103)	(3)
(503)	(44)	(459)	Funder	(1,611)	165	(1,776)	6,317
(2,821)	(2,503)	(318)	Provider	(7,628)	(7,352)	(276)	(21,147)
(3,468)	(2,572)	(896)	Net Surplus / (Deficit)	(9,410)	(7,255)	(2,155)	(14,833)

The October result was a deficit of \$3.5m. The Provider was \$0.3m worse than budget but remains close to budget YTD. The Funder Arm is unfavourable both for the month (\$0.46m) and year to date (\$1.8m). It is estimated that \$824k of the YTD adverse position relates to prior year costs.

Balance Sheet and Cash flow

Cash is \$12.7m at the end of October and is ahead of the \$9.6m budget due to timing.

Detail Section

As there is no Hospital Advisory Committee Meeting this month the detail provider financials are attached for further information.

Revenue

Other Government and other revenue are collectively \$0.28m unfavourable for the month and \$0.67m YTD, offset by favourable MoH revenue of \$0.24m YTD.

Year to date additional funder revenue is \$0.53m, 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	\$47k	Additional revenue due to late start in contract – Mental Health - Alcohol and Drugs
Rural Sustainability Support	\$75k	Unbudgeted and Cost offset Personal Health – Primary Care
Sleepover Settlement	\$84k	Unbudgeted and Cost offset DSS – Home Support
Orthopaedic Pathway Programme 340071-00	\$40k	Unbudgeted and Cost offset Personal Health
ARC rest home price increase 2014	\$112k	Unbudgeted and Cost offset in DSS – will be ongoing
National Patient Flow System Development	\$91K	Cost offset, first of 2 payments
Radiology Service Improvement Initiative	\$81K	Partial Cost Offset to date

Personnel Expenses

Consolidated personnel costs are \$0.5m favourable in October with the year to date now favourable by \$1.0m, with the following variances;

- Medical personnel are \$0.89m favourable with FTE 11 favourable.
- Nursing costs are unfavourable by \$0.5m YTD due mostly to FTE above budget levels.
- Allied Health, \$0.8m YTD due to lower FTE than budgeted.
- Management Admin costs are \$0.14m over budget YTD with FTE levels higher than budgeted due to the vacancy factor applied against this staff type.

Outsourced Expenses

Outsourced personnel costs are favourable overall YTD with Medical personnel \$0.5m favourable. Outsourced clinical services are unfavourable year to date by \$0.2m but were close to budget for the month.

Clinical Supplies Expenses

Clinical supplies costs are unfavourable to budget for October by \$0.557m and are \$0.433m unfavourable YTD. This is the most significant adverse variance for the month and further information is therefore included in the attached detailed provider report. The variance is considered largely timing related and not an ongoing trend, provided activity levels are managed to budget by year end.

Infrastructure & Non-Clinical Expenditure

Infrastructure & Non-Clinical costs are unfavourable overall by \$0.52m YTD, driven by hotel services laundry and cleaning, with this variance is expected to reduce in later months. Facility costs, specifically deferred maintenance and electricity are also over budget. Maintenance costs are expected to come into line with budget by year end with electricity costs also expected to reduce.

Funder Summary

Actual \$' 000	Month			Year to Date			Annual Budget \$' 000
	Budget \$' 000	Variance \$' 000		Actual \$' 000	Budget \$' 000	Variance \$' 000	
69,646	69,334	312	Revenue	278,062	277,607	455	832,283
(70,150)	(69,379)	(771)	Less Other Costs	(279,672)	(277,442)	(2,230)	(825,966)
(504)	(45)	(459)	Net Surplus / (Deficit)	(1,610)	165	(1,775)	6,317
			Expenses				
(49,980)	(49,512)	(468)	Personal Health	(198,864)	(197,931)	(933)	(588,785)
(7,119)	(7,089)	(30)	Mental Health	(28,492)	(28,358)	(134)	(85,075)
(635)	(624)	(11)	Public Health	(2,760)	(2,764)	4	(7,753)
(11,567)	(11,276)	(291)	Disability Support	(46,044)	(44,876)	(1,168)	(133,736)
(124)	(153)	29	Maori Health	(610)	(611)	1	(1,833)
(725)	(725)	0	Other	(2,902)	(2,902)	0	(8,784)
(70,150)	(69,379)	(771)	Expenses	(279,672)	(277,442)	(2,230)	(825,966)

For October the Funder had a deficit of \$0.46m against a budget close to breakeven. Revenue was favourable by \$0.3m and has cost offset. Costs overall were unfavourable by \$0.77m in October and \$2.2m YTD with some revenue offsets. IDF inflows and outflows included in this month's variance were collectively \$0.38m worse than budget making up the majority of the worse than budget performance of \$0.46m. This is the first month IDF information has been available and this does not necessarily signal a trend.

Mental Health and Public Health were close to budget. DSS costs were unfavourable for the month, with home support, rest home and hospital all adverse, with some revenue offset.

Prior Year Costs

For the three months there are appropriately \$0.824m of prior year costs impacting in the current year, with residential care \$0.4m, labs \$0.12m, home support \$0.1m and pharmaceuticals \$0.2m. These relate to accrual assumptions made at the end of the 13/14 financial year. When the actual payments have been made these have been higher than the accrual made at year end.

Personal Health Payments

Costs for Personal Health were ahead of budget for October by \$0.47m with additional Lab costs for send away and other unbudgeted tests \$0.1m and IDF outflows \$0.3m. Palliative Care returned to be in line for budget for the month as did Travel and Accommodation however both remain forecast to be adverse for the full year until further trends show otherwise.

Mental Health

Mental Health costs are close to budget in October and unfavourable YTD by \$0.13m. This is driven by home based residential and community residential beds and services ahead of budget.

Disability Support

Disability Support Services costs are unfavourable for the month by \$0.29m with \$0.11m revenue offset. Year to date is \$1.17m adverse, with home support and Rest Home variances the most significant, offset by Hospital level favourable variance and the additional revenue for ARC price increase and sleepover settlement of \$0.2m YTD.

Financial Statements

Detailed Provider Financials are attached.

The following financial statements are attached:

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

FINANCIAL REPORT

October 2014

Recommendation

That the Board receives and notes this report.

1. DHB Provider Summary Results

Revenue and Expenditure Summary

Description	\$000 Monthly Actual	\$000 Monthly Budget	\$000 Monthly Variance	\$000 YTD Actual	\$000 YTD Budget	\$000 Variance YTD	\$000 Full Year Budget
Revenue							
Government & Crown Agency Sourced	2,536	2,836	(301)	11,005	11,526	(521)	33,436
Non Government & Crown Agency Revenue	940	1,071	(132)	3,836	4,216	(380)	13,189
Internal Revenue	37,850	37,569	281	150,685	150,546	140	450,549
Revenue Total	41,325	41,477	(152)	165,526	166,287	(761)	497,174
Personnel							
Personnel							
Medical Personnel	(9,509)	(9,833)	324	(37,286)	(38,103)	816	(113,250)
Nursing Personnel	(10,255)	(10,159)	(96)	(41,041)	(40,670)	(371)	(124,838)
Allied Health Personnel	(3,920)	(4,262)	341	(15,808)	(16,612)	804	(49,159)
Support Personnel	(861)	(841)	(20)	(3,290)	(3,238)	(52)	(9,718)
Management & Administration Personnel	(3,376)	(3,392)	16	(13,323)	(13,201)	(122)	(38,509)
Personnel Total	(27,922)	(28,487)	565	(110,747)	(111,823)	1,076	(335,475)
Expenditure							
Outsourced Services	(2,614)	(2,628)	15	(9,994)	(10,362)	367	(30,756)
Clinical Supplies	(7,631)	(7,076)	(554)	(28,546)	(28,120)	(426)	(82,584)
Infrastructure & Non-Clinical Supplies	(6,023)	(5,833)	(190)	(24,017)	(23,510)	(507)	(70,032)
Expenditure Total	(16,267)	(15,537)	(730)	(62,557)	(61,991)	(565)	(183,372)
Net Surplus / (Deficit)	(2,864)	(2,547)	(316)	(7,778)	(7,527)	(251)	(21,673)
Add Net Impact from research Accounts	34	0	34	103	0	103	0
Add Donations Received	8	44	(35)	48	175	(127)	525
Net Surplus / (Deficit)	(2,821)	(2,503)	(318)	(7,627)	(7,352)	(275)	(21,148)

The monthly and year to date (ytd) result are both \$0.3m unfavourable to budget.

Revenue continues to be unfavourable, with both ACC revenue and Other Government revenue being down on budget. Community Outpatient Pharmacy revenue and Pharmaceutical Cancer treatment drug revenue (PCT) are over budget for the month offsetting prior months over expenditure. (timing difference between pharmaceutical costs and revenue driven by the volume of prescriptions submitted for reimbursement).

Payroll costs continue to be favourable both on a monthly and ytd basis reflecting levels of FTE. Outsourcing costs are close to budget for the month as a result of increased medical outsourcing to cover annual leave.

Clinical Supplies were 8% over budget for the month, although only 1.5% over budget year to date. The reasons for the monthly variance are explained in section 5.

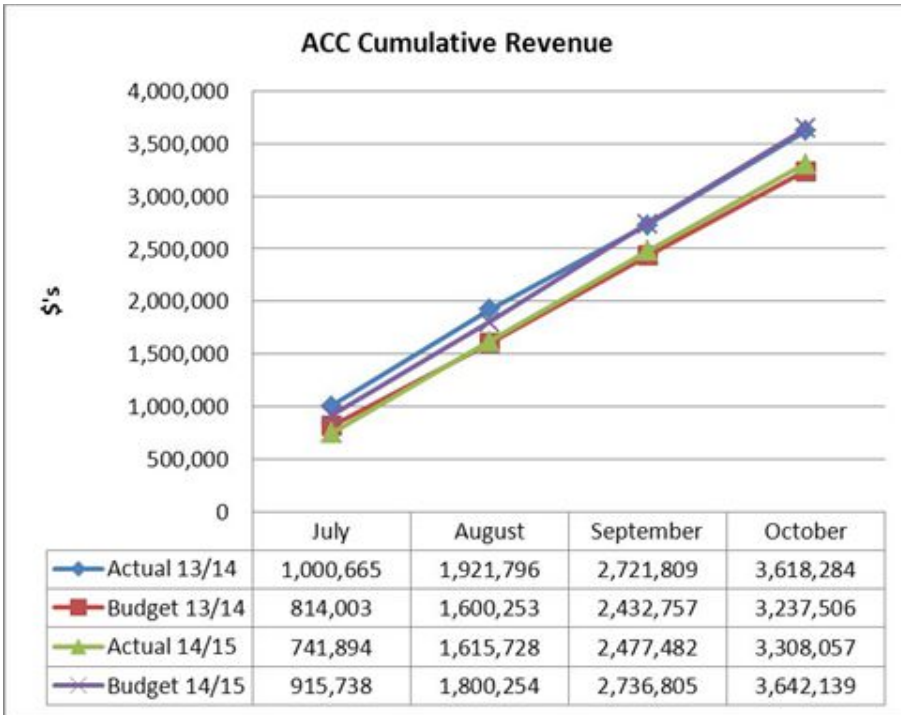
Infrastructure and Non Clinical costs continue to be unfavourable however higher than usual IT costs have resulted from repairs necessary to fix Invercargill site communications following a lightning strike. Deferred maintenance costs were over budget for the month although this is expected to be a timing difference over the year.

FTE

FTE is 35FTE under budget for the month (approx. 1%). Although we continue to see favourable variances in Allied Health (41FTE) and Senior Medical Personnel (8FTE), Nursing FTE has not dropped as budgeted. This is explained below.

2. ACC revenue - \$75k under budget for month and \$334k under budget ytd

ACC revenue continues to run under budget as shown below. While the 2014/15 budget was increased from 2013/14, it was only increased in line with actuals.



Key areas where the budget is not being met are;

- Non acute rehab - \$200k under budget ytd
- Elective Surgical services - \$185k under budget ytd

A combination of available surgical capacity in the first quarter plus simply a reduced demand driven by less injuries is the apparent driver for this revenue reduction.

3. Personnel Costs - \$0.6m favourable for month and \$1.1m favourable ytd (excluding research)

Total personnel costs are within budget for the month however Nursing and Support staff exceed budget.

Medical Personnel \$324k favourable for month - \$816k favourable ytd

Both SMO and RMO costs were under budget when combined with outsourcing both for the month and year to date as shown in the table below. On ytd basis the contributors to this are lower than budgeted FTE (mainly SMO's) and lower indirect costs (e.g. professional membership fees / recruitment and relocation). Annual and stat leave variances are favourable both for the month and year to date.

Southern DHB Board Meeting - Financial Report

	Month						Year to Date									
	Actual \$' 000	Budget \$' 000	Var \$' 000	Actual FTE	Budget FTE	Var FTE	Actual \$' 000	Budget \$' 000	Var \$' 000	Actual FTE	Budget FTE	Var FTE				
SMO Personnel	(6,426)	94%	(6,719)	95%	293	245	254	8	(25,312)	95%	(26,066)	95%	754	245	255	10
Outsourced SMO	(378)	6%	(388)	5%	10				(1,295)	5%	(1,472)	5%	177			
Total SMO	(6,804)		(7,107)		303	245	254	8	(26,607)		(27,538)		931	245	255	10
RMO Personnel	(3,083)	97%	(3,114)	95%	31	263	266	3	(11,974)	98%	(12,036)	95%	62	265	266	1
Outsourced RMOs	(92)	3%	(167)	5%	75				(305)	2%	(632)	5%	327			
Total RMO	(3,175)		(3,281)		106	263	266	3	(12,279)		(12,668)		389	265	266	1
Total Medical Resource	(9,979)		(10,388)		409	508	520	12	(38,886)		(40,206)		1,320	510	521	11

Nursing Personnel - \$96k unfavourable for month - \$371k unfavourable ytd (excluding research)

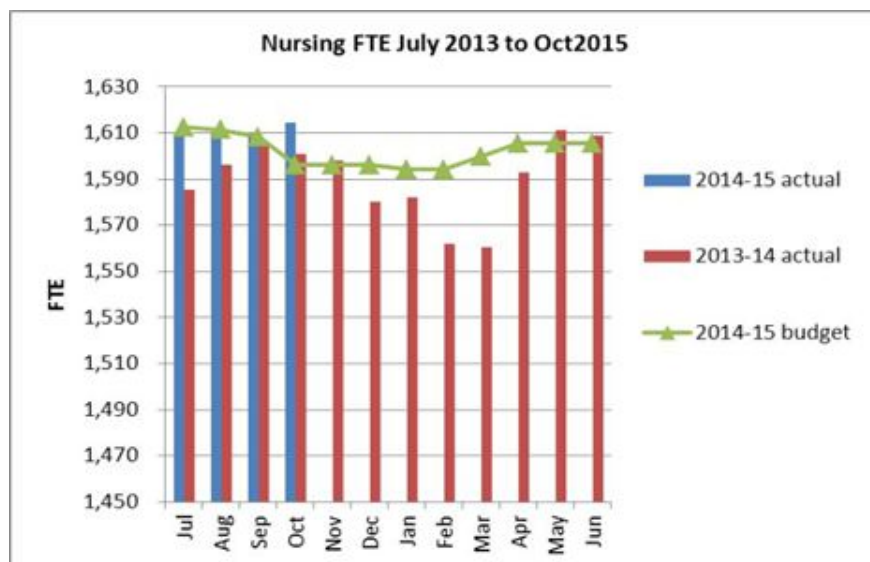
Nursing costs continued to run over budget due to FTE being 13 over budget (excluding research FTE). This was the driver for 90% of the monthly variance, the remaining 10% being due to unfavourable variances in overtime, kiwisaver and rate variances. Leave variances were favourable for the month although remain unfavourable year to date.

The following table shows the main areas of FTE overrun in October. Most of the over budgeted FTE relates to high acuity, sickness cover, and some additional ED nursing resourcing offset by other personnel (i.e. SMO vacancy in medical). Winter flex on the 7th floor was extended in October to match seasonal demand and will be offset in March when winter flex is deferred by one month.

CC	CC Name	Actual FTE	Budget FTE	Variance	Reason	Budget Reduced in Oct14
2508	Ward 7A Respiratory/Thoracic/Ca	44.46	41.55	(2.91)	Delayed flex down by 1 month. Due to seasonal demand. Offset in March15.	Winter flex reduction
4251	Community Nursing	31.7	28.8	(2.90)	Rapid response project	
2505	Ward 4C General Surgery/Urology	32.58	30.06	(2.52)	Acuity / Activity / ACC Leave	
2366	Neonatal (NICU) Unit	35.24	32.8	(2.44)	Acuity / Activity	
2204	Wakari Ward 11	24.26	22.39	(1.87)		Raise Hope bed reduction
2365	Emergency Department (ED)	54.59	52.86	(1.73)	Offset FTE by 0.2FTE SMO	
3301	Day Surgery	16.04	14.35	(1.69)		
2514	Childrens Unit	26.06	24.63	(1.43)	Acuity / Activity	
2510	Ward 7C Cardiology/Nephrology	23.22	22.02	(1.20)	Acuity / Activity	Winter flex reduction
2350	Maternity Ward	43.66	42.64	(1.02)	Long term sick leave. Complex care course (revenue offset revenue)	

The opposite graph highlights the decrease in budget in October when the winter flex up was scheduled to stop.

Due to unbudgeted resourcing required to cope with high activity, acuity and sickness, Nursing FTE in specialist areas such as NICU, Paeds ward, Mental Health and ED is higher than budget.



Allied Health Personnel - \$341k favourable for month - \$804k favourable ytd

The monthly and ytd variance is a direct reflection on the lower levels of FTE compared to budget. Leave variances are favourable both monthly and year to date.

Support Personnel - \$20k unfavourable for month - \$52k unfavourable ytd

This staff type is running unfavourable to budget due to FTE being 4 over budget (3.3FTE unfavourable ytd). A vacancy factor of 5FTE was allocated to Building and Property Services based on July FTE levels, however these positions have been recruited into.

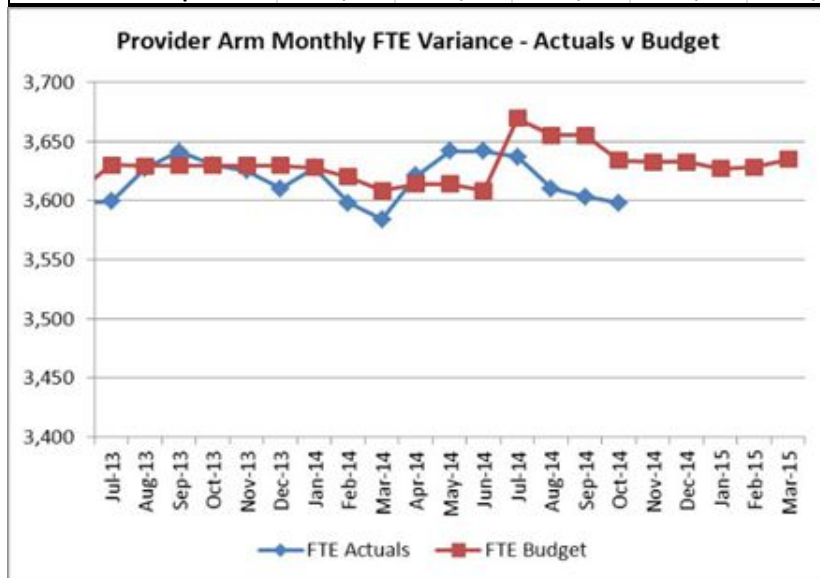
Management/Administration Personnel - \$16k favourable for month - \$122k unfavourable ytd

The main drivers for this unfavourable variance on a year to date basis are;

- Unbudgeted payroll increases that have incurred back-pay charges and revalued leave at rates higher than budgeted.
- Leave variances are favourable both monthly and year to date.

A comparison of FTE levels over the last year by quarter is tabled below;

Staff Type	Sep-13	Dec-13	Mar-14	Jun-14	Jul-14	Sep-14	Oct14 Actuals	Oct14 Budget	Variance to Budget
SMO	238	248	244	245	245	246	245	254	8
RMO	265	264	270	272	267	265	263	266	3
Nursing Personnel	1,605	1,580	1,560	1,609	1,609	1,609	1,614	1,596	(18)
Allied Health Personnel	681	672	675	670	663	645	643	684	41
Support Personnel	194	192	189	193	195	199	197	192	(4)
Management & Administration	658	654	647	654	657	640	636	641	5
Total Full Time Equivalents	3,641	3,610	3,584	3,641	3,637	3,603	3,598	3,634	35



The opposite graph highlights overall the reducing actual FTE and the reducing budgeted FTE since July 2014.

Maintenance of the gap between budgeted and actual FTE is a key management focus to ensure the financial result for 2014/15 is achieved.

4. Outsourced Costs - \$197k favourable for month and \$353k favourable ytd (excluding research)

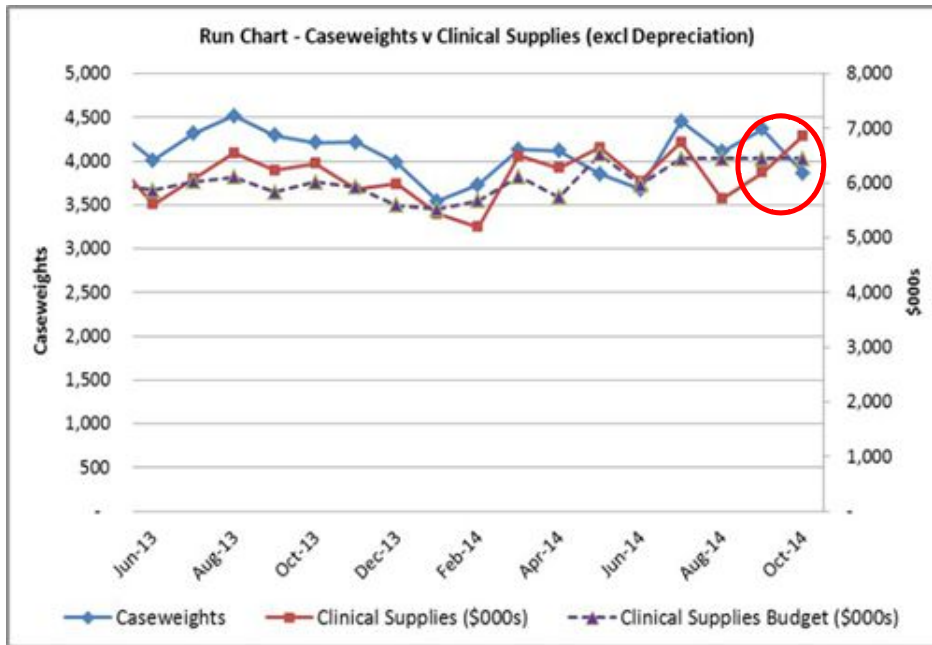
Outsourced costs were close to budget for the month, where previously there had been material favourable variances due to Medical personnel outsourcing to cover annual leave.

Outsourced radiology services were \$72k unfavourable for the month and \$291ytd reflecting the vacant positions in this area. There is a partial offset (approx. one third) against the vacant SMO costs that were budgeted and recruitment continues. (NB: this still reflects an even phasing of the saving still as the budgets have not been resubmitted at this stage).

5. Clinical Supplies - \$554k unfavourable for the month and \$426k favourable ytd (excluding research)

Clinical Supply Costs v Volumes

Octobers spend in clinical supplies (excl depreciation) has moved against caseweighted activity as shown in the run chart below.



When costs move against caseweight activity, it is usually due "abnormal" events in the month, for example;

- a) one-off costs (e.g. Pharmacy stock adjustment \$70k in October),
- b) offsetting revenue (e.g. Pharmacy Cancer Treatment drugs and Community Outpatient revenue \$174k over budget for the month),
- c) high cost activity in the month. (e.g. high level of activity in the Dunedin Neonatal Ward. This area was at capacity so had the cumulative impact of;
 - driving up patient transfer costs (Air ambulance \$90k over budget for the month)
 - driving up FTE and consumables in this area above budget (2.5FTE over budget = \$19k and clinical supplies \$16k over budget)
 - due to the fact that we do not receive caseweights until discharge, it effectively creates a timing difference between when costs are incurred and when caseweights are counted.
- d) High cost patients that are not treated every month "as a matter of course". In this month for example blood costs were up due to the treatment of a patient with Haemophilia.

The 8% overrun in clinical supply costs for the month (1.5% year to date) is driven by Treatment Disposables, Instruments and Equipment and Pharmaceuticals as shown below.

Row Labels	\$000 Monthly Actual	\$000 Monthly Budget	\$000 Monthly Variance	\$000 YTD Actual	\$000 YTD Budget	\$000 Variance YTD	% Variance
Clinical Supplies							
Treatment Disposables	2,706	2,445	(261)	10,159	9,792	(367)	(3.8%)
Diagnostic Supplies & Other Clinical Su	173	159	(13)	615	641	26	4.0%
Instruments & Equipment	1,480	1,332	(148)	5,835	5,404	(431)	(8.0%)
Patient Appliances	188	191	3	740	759	19	2.5%
Implants & Prostheses	1,013	1,015	1	3,586	3,925	339	8.6%
Pharmaceuticals	1,723	1,614	(109)	6,355	6,308	(47)	(0.7%)
Other Clinical Supplies	348	320	(28)	1,255	1,292	36	2.8%
Clinical Supplies Total	7,631	7,076	(554)	28,546	28,120	(426)	

The table below highlights the major areas of overrun;

Object	Account Description	\$000 Monthly Actual	\$000 Monthly Budget	\$000 Monthly Variance	Monthly %E Variance	\$000 YTD Actual	\$000 YTD Budget	YTD % Variance	YTD % Variance
4010	Blood - Intragam	(211)	(179)	(32)	(18%)	(683)	(677)	(6)	(1%)
4016	Blood - Test & Tissue typing	(67)	(57)	(10)	(18%)	(252)	(230)	(22)	(9%)
4017	Blood - Red Cell Components	(103)	(82)	(21)	(26%)	(376)	(333)	(43)	(13%)
4025	Catheters	(191)	(169)	(22)	(13%)	(715)	(683)	(32)	(5%)
4045	Drapes	(63)	(49)	(14)	(28%)	(212)	(198)	(14)	(7%)
4055	Dressings	(201)	(187)	(14)	(8%)	(716)	(753)	37	5%
4090	Medical Gases - Other	(36)	(17)	(19)	(111%)	(79)	(68)	(11)	(17%)
4105	Renal Fluids & Supplies	(143)	(121)	(22)	(19%)	(598)	(488)	(110)	(23%)
4110	Sterile Solutions	(98)	(79)	(19)	(24%)	(361)	(319)	(42)	(13%)
4115	Sutures	(117)	(97)	(20)	(21%)	(447)	(391)	(55)	(14%)
4120	Staples & Accessories	(83)	(52)	(31)	(60%)	(256)	(210)	(46)	(22%)
4140	Customised Procedure Packs	(100)	(82)	(18)	(22%)	(347)	(329)	(18)	(5%)
4190	Patient Consumables	(283)	(199)	(85)	(43%)	(999)	(801)	(198)	(25%)
4315	Disposable Instruments	(132)	(97)	(35)	(36%)	(546)	(395)	(151)	(38%)
4320	Laparoscopic Equipment	(30)	(8)	(22)	(288%)	(69)	(31)	(38)	(122%)
4325	Respiratory Equipment	(47)	(24)	(23)	(98%)	(166)	(95)	(71)	(74%)
4350	Clinical Equipment - Repairs & Mainte	(88)	(64)	(24)	(38%)	(300)	(256)	(44)	(17%)
4355	Clinical Equipment - Depreciation	(689)	(647)	(42)	(6%)	(2,664)	(2,637)	(27)	(1%)
4370	Clinical Equipment - Service Contracts	(363)	(330)	(33)	(10%)	(1,325)	(1,336)	11	1%
4700	Materials/Consumables (BNF 19)	(1,337)	(1,176)	(161)	(14%)	(4,702)	(4,650)	(52)	(1%)
		(5,909)	(5,391)	(518)	(10%)	(22,350)	(21,504)	(846)	(4%)

Blood

On a year to date blood costs are 1% over budget despite being 7% over for the month. A particular high cost patient (haemophilia) was treated this month increasing usage which is not indicative of a continuing trend.

This month was also the first month where the budget was reduced by \$5k / month as a result of the savings initiative to reduce red cell usage.

Instruments and Equipment

Disposable instruments continue to exceed budget with budgeted reductions in this area not occurring. We are looking at ways to mitigate and/or reduce overspending in this area which will include a thorough review to ensure no capital items are inadvertently being expensed.

An increase in Laparoscopic surgery is also increasing costs in this area due to an uptake in these procedures. Anecdotally we understand this is driven by a higher volume of this type of surgery due to an increase in skill base with new recruitment. This area will be reviewed by the Medical Director Patient Services to ensure the DHB is receiving a positive cost benefit from this increase.

Phasing of costs

There is an inequity in the phasing of our caseweighted activity vs the phasing of clinical supplies which makes the financial position look worse than it should.

The first 4 months contain 35.3% of our total elective and acute caseweights (if we divided the year evenly, it would contain 33.3%). This highlights two things;

- We have front loaded activity, 320 more caseweights in the first 4 months compared to if we had spread production evenly. This was intentional, however costs should have been phased to match this production plan.
- Our treatment disposables budget for the same period (Med / Surg) only contains 34.4% of the annual costs. If we had included 35.3%, the treatment disposables budget would have contained an additional \$300k for the first 4 months meaning we would have only been over budget by \$100k. If therefore activity comes in on plan overall, a large percentage of the ytd treatment disposables overrun should be a timing difference. (instruments and equipment however will still remain an issue).

NB: It is important to note however that this phasing issue will only be a timing difference if overall activity for the year comes in close to plan. (i.e. if elective activity exceeds plan in the months where we have it phased down then clinical supplies will continue to exceed budget)

Renal

Increasing demand continues to see this area go over budget despite the contract now being in place. (there has been a 14% increase in haemodialysis delivery in the unit comparing last 5 months to previous).

Pharmaceuticals (9% over budget for the month, less than 1% over ytd)

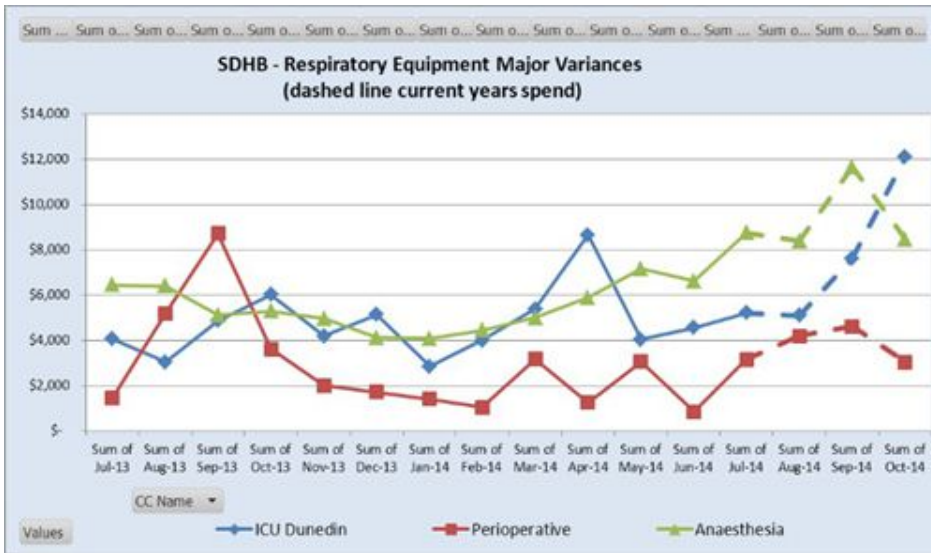
Increased revenue received for Pharmaceutical Cancer Treatment Drugs and Community Outpatient Pharmacy offset increased drug expenditure. A large stock adjustment also contributed to the increased costs.

Sutures and Staples

Our fixed price deal for sutures expired at end of August 2014, the renegotiation of which was the responsibility of Health Alliance, the shared services entity. They renegotiated a further year at the same fixed price as previously (\$50,333.33) per month but unfortunately delays in finalising the process, (and the suppliers inability to backdate the agreement due to internal finance issues) meant that the renewal took effect from 1st of October, which left us out of fixed price contract for the month of September. Whilst we still paid historical, preferential pricing for sutures during September the usage of sutures was significantly higher than our fixed price deal, which explains the cost 'blow out'.

Respiratory Equipment

The increase in spend on this equipment is driven by 3 areas within the Surgical Directorate as shown below;



The increased spend year to date is due to

- High levels of activity in ICU
- Introduction of disposable bronchoscopes to replace the standard bronchoscopes that were easily broken. The introduction of these was after the initial budget process for 2014/15 and while not budgeted, should be offset by decreased repairs and maintenance costs.

Service Contracts (\$33k unfavourable for the month, \$11k favourable ytd)
 This was a catch up from prior months and is not expected to continue.

Patient Consumables

This month is the first month that the impact of the Operating Theatre savings plan around reducing consumable spend comes into effect. This has had the impact in October of reducing the budget by \$40k.

Clinical Supplies Summary

Although significantly unfavourable for the month, with areas still requiring more analysis, the phasing of costs, additional revenue and the number of "one-offs" in the October result suggest that the 8% overrun is not wholly indicative of things to come as long as annual activity does not exceed plan.

There are areas of concern (due to their materiality) as stated above, the obvious ones being

- Instruments and Equipment. We will be looking to analyse this extensively over the coming month to identify all the drivers and ensure any item where possible can be capitalised.
- Non achievement of the Theatres saving plan to reduce consumables

Further savings initiatives yet to impact Clinical Supplies amount to less than \$100k/annum and don't come into effect until January 2015.

6. Infrastructure and Non Clinical Supplies - \$190k unfavourable for the month and \$507k unfavourable ytd (excluding research)

This cost category is 3% over budget for the month (1% year to date) due to continuing facility overruns plus one-off IT costs.

- Cleaning, Orderlies costs. Expectations are that the overruns in the cleaning and orderlies costs will reduce when the new contract is in place as mitigation steps are underway to decrease service as much as possible to make up for demand increases in others.
- Facility costs have overrun budget this month due to depreciation and repairs and maintenance costs. Expectations are that maintenance costs will be within budget at year end.
- IT costs have exceeded budget due to repairs required in Invercargill after a lightning strike damaged the telecommunication system.

7. Financial Statements – Provider Arm October 2014

Part 2: DHB provider	Current Month				Year to Date				Annual Budget \$(000)
	Actual	Budget	Variance	Variance	Actual	Budget	Variance	Variance	
	\$(000)	\$(000)	\$(000)	%	\$(000)	\$(000)	\$(000)	%	
REVENUE									
Ministry of Health									
MoH - Personal Health	7	28	(22) U	(77%)	118	113	5 F	4%	339
MoH - Mental Health	-	-			-	-			-
MoH - Public Health	10	11		(1%)	42	42		(1%)	127
MoH - Disability Support Services	668	740	(72) U	(10%)	3,223	3,144	79 F	3%	9,040
MoH - Maori Health	-	-			-	-			-
Clinical Training Agency	625	637	(12) U	(2%)	2,567	2,546	21 F	1%	7,418
Internal - DHB Funder to DHB Provider	37,850	37,569	281 F	1%	150,685	150,546	140 F		450,549
Ministry of Health Total	39,160	38,985	175 F		156,635	156,391	244 F		467,473
Other Government									
Other DHB's	(54)	25	(79) U	(313%)	9	101	(91) U	(91%)	302
Training Fees and Subsidies	25	17	8 F	47%	79	69	10 F	15%	206
Accident Insurance	831	905	(75) U	(8%)	3,308	3,642	(334) U	(9%)	10,406
Other Government	424	473	(49) U	(10%)	1,658	1,869	(211) U	(11%)	5,598
Other Government Total	1,226	1,421	(195) U	(14%)	5,055	5,680	(626) U	(11%)	16,512
Government and Crown Agency Total	40,385	40,405	(20) U		161,690	162,071	(381) U		483,985
Other Revenue									
Patient / Consumer Sourced	241	261	(20) U	(8%)	893	1,025	(132) U	(13%)	3,515
Other Income	786	854	(68) U	(8%)	3,449	3,366	83 F	2%	10,199
Other Revenue Total	1,027	1,115	(88) U	(8%)	4,342	4,391	(49) U	(1%)	13,714
REVENUE TOTAL	41,412	41,520	(108) U		166,032	166,462	(430) U		497,699
EXPENSES									
Personnel Expenses									
Medical Personnel	(9,509)	(9,833)	324 F	3%	(37,286)	(38,103)	816 F	2%	(113,250)
Nursing Personnel	(10,289)	(10,159)	(130) U	(1%)	(41,177)	(40,670)	(506) U	(1%)	(124,838)
Allied Health Personnel	(3,920)	(4,262)	342 F	8%	(15,809)	(16,612)	803 F	5%	(49,159)
Support Services Personnel	(861)	(841)	(20) U	(2%)	(3,290)	(3,238)	(52) U	(2%)	(9,718)
Management / Admin Personnel	(3,376)	(3,392)	16 F		(13,323)	(13,201)	(122) U	(1%)	(38,509)
Personnel Costs Total	(27,955)	(28,487)	531 F	2%	(110,884)	(111,823)	939 F	1%	(335,475)
Outsourced Expenses									
Medical Personnel	(470)	(555)	85 F	15%	(1,600)	(2,105)	505 F	24%	(6,104)
Nursing Personnel	(4)	-	(4) U		(26)	-	(26) U		-
Allied Health Personnel	(65)	(37)	(28) U	(78%)	(227)	(146)	(81) U	(56%)	(421)
Support Personnel	(41)	(21)	(19) U	(91%)	(125)	(85)	(39) U	(46%)	(256)
Management / Administration Personnel	(25)	(1)	(24) U		(33)	(4)	(29) U	(723%)	(12)
Outsourced Clinical Services	(1,873)	(1,863)	(10) U	(1%)	(7,666)	(7,449)	(217) U	(3%)	(22,257)
Outsourced Corporate / Governance Services	(143)	(151)	9 F	6%	(506)	(573)	67 F	12%	(1,706)
Outsourced Funder Services	-	-			-	-			-
Outsourced Services Total	(2,620)	(2,628)	8 F		(10,183)	(10,362)	179 F	2%	(30,756)
Clinical Supplies									
Treatment Disposables	(2,706)	(2,445)	(261) U	(11%)	(10,160)	(9,792)	(368) U	(4%)	(28,710)
Diagnostic Supplies & Other Clinical Supplies	(173)	(159)	(13) U	(8%)	(615)	(641)	26 F	4%	(1,818)
Instruments & Equipment	(1,480)	(1,332)	(148) U	(11%)	(5,835)	(5,404)	(431) U	(8%)	(16,010)
Patient Appliances	(188)	(191)	3 F	2%	(740)	(759)	19 F	2%	(2,268)
Implants & Prosthesis	(1,013)	(1,015)	1 F		(3,586)	(3,925)	339 F	9%	(11,607)
Pharmaceuticals	(1,723)	(1,613)	(109) U	(7%)	(6,355)	(6,307)	(47) U	(1%)	(18,395)
Other Clinical Supplies	(350)	(320)	(30) U	(9%)	(1,262)	(1,292)	30 F	2%	(3,774)
Clinical Supplies Total	(7,632)	(7,076)	(556) U	(8%)	(28,553)	(28,120)	(433) U	(2%)	(82,583)
Infrastructure & Non Clinical Expenses									
Hotel Services, Laundry & Cleaning	(1,107)	(1,087)	(20) U	(2%)	(4,525)	(4,264)	(262) U	(6%)	(12,640)
Facilities	(1,845)	(1,765)	(80) U	(5%)	(7,579)	(7,294)	(284) U	(4%)	(21,682)
Transport	(343)	(336)	(7) U	(2%)	(1,353)	(1,428)	75 F	5%	(4,212)
IT Systems & Telecommunications	(982)	(913)	(69) U	(8%)	(3,728)	(3,644)	(84) U	(2%)	(10,930)
Interest & Financing Charges	(1,271)	(1,253)	(19) U	(1%)	(5,065)	(5,011)	(54) U	(1%)	(15,032)
Professional Fees & Expenses	(110)	(116)	6 F	5%	(388)	(465)	77 F	17%	(1,367)
Other Operating Expenses	(368)	(363)	(5) U	(1%)	(1,403)	(1,405)	2 F		(4,168)
Infrastructure & Non-Clinical Supplies Total	(6,025)	(5,833)	(193) U	(3%)	(24,041)	(23,510)	(531) U	(2%)	(70,032)
Total Expenses	(44,233)	(44,024)	(209) U		(173,660)	(173,814)	154 F		(518,846)
Net Surplus/ (Deficit)	(2,821)	(2,503)	(318) U	(13%)	(7,628)	(7,352)	(276) U	(4%)	(21,147)

Southern District Health Board
Oct-14

Part 1: DHB Governance and Funding Administration	Current Month				Year to Date				Annual
	Actual	Budget	Variance	Variance	Actual	Budget	Variance	Variance	Budget
	\$(000)	\$(000)	\$(000)	%	\$(000)	\$(000)	\$(000)	%	\$(000)
Part 1.1: Statement of Financial Performance									
REVENUE									
Government and Crown Agency sourced									
Internal - DHB Funder to DHB Provider	725	725			2,902	2,902			8,785
Other DHB's	-	-			-	-			-
Other Government	8	8			31	31			92
Government and Crown Agency Sourced Total	733	733			2,932	2,932			8,877
Other Income	5	-	5 F		5	-	5 F		-
REVENUE TOTAL	738	733	5 F	1%	2,937	2,932	5 F		8,877
EXPENSES									
Personnel Expenses									
Medical Personnel	(1)	(21)	21 F	97%	(11)	(83)	72 F	87%	(247)
Nursing Personnel	-	(1)	1 F		-	(3)	3 F		(9)
Allied Health Personnel	-	-			-	-			-
Support Services Personnel	-	-			-	-			-
Management / Admin Personnel	(373)	(324)	(49) U	(15%)	(1,278)	(1,260)	(17) U	(1%)	(3,666)
Personnel Costs Total	(373)	(346)	(27) U	(8%)	(1,288)	(1,346)	58 F	4%	(3,922)
Outsourced Expenses									
Medical Personnel	-	-			-	-			-
Nursing Personnel	-	-			-	-			-
Allied Health Personnel	-	-			-	-			-
Support Personnel	-	-			-	-			-
Management / Administration Personnel	-	-			-	-			-
Outsourced Clinical Services	-	-			-	-			-
Outsourced Corporate / Governance Services	(124)	(123)	(1) U	(1%)	(511)	(490)	(21) U	(4%)	(1,471)
Outsourced Funder Services	(170)	(134)	(36) U	(27%)	(687)	(535)	(152) U	(28%)	(1,606)
Outsourced Services Total	(294)	(256)	(37) U	(14%)	(1,199)	(1,026)	(173) U	(17%)	(3,077)
Clinical Supplies									
Treatment Disposables	-	-			-	-			-
Diagnostic Supplies & Other Clinical Supplies	-	-			-	-			-
Instruments & Equipment	-	-		(137%)	-	-		(107%)	-
Patient Appliances	-	-			-	-			-
Implants & Prosthesis	-	-			-	-			-
Pharmaceuticals	-	-			-	-			-
Other Clinical Supplies	-	-			-	-			-
Clinical Supplies Total	-	-			(1)	-		(731%)	-
Infrastructure & Non Clinical Expenses									
Hotel Services, Laundry & Cleaning	(2)	(1)		(17%)	(6)	(6)	(1) U	(11%)	(18)
Facilities	-	-			-	-			-
Transport	(14)	(17)	3 F	18%	(49)	(71)	23 F	32%	(212)
IT Systems & Telecommunications	(6)	(9)	3 F	29%	(20)	(36)	16 F	45%	(108)
Interest & Financing Charges	(14)	(22)	8 F	38%	(54)	(88)	34 F	38%	(264)
Professional Fees & Expenses	(112)	(43)	(69) U	(159%)	(253)	(174)	(79) U	(46%)	(521)
Other Operating Expenses	(28)	(21)	(7) U	(32%)	(86)	(84)	(2) U	(2%)	(252)
Democracy	(39)	(42)	3 F	7%	(152)	(169)	17 F	10%	(507)
Subsidiaries & Joint Ventures	-	-			-	-			-
Infrastructure & Non-Clinical Supplies Total	(215)	(156)	(59) U	(38%)	(620)	(628)	8 F	1%	(1,881)
Internal Allocations	-	-			-	-			-
Other	-	-			-	-			-
Total Expenses	(882)	(758)	(124) U	(16%)	(3,108)	(3,000)	(108) U	(4%)	(8,880)
Net Surplus/ (Deficit)	(144)	(25)	(119) U	(471%)	(171)	(68)	(103) U	(152%)	(3)
Zero Check	-	-			-	-			-
Interest Costs from CHFA	-	-			-	-			-
Capital Charge	-	-			-	-			-
Part 1.2 : Full Time Equivalent Numbers									
Medical Personnel	-	n/m			-	n/m			n/m
Nursing Personnel	-	n/m			-	n/m			n/m

Southern District Health Board
Oct-14

Part 1: DHB Governance and Funding Administration	Current Month				Year to Date				Annual
	Actual	Budget	Variance	Variance	Actual	Budget	Variance	Variance	Budget
	\$(000)	\$(000)	\$(000)	%	\$(000)	\$(000)	\$(000)	%	\$(000)
Allied Health Personnel	-	n/m			-	n/m			n/m
Support Personnel	-	n/m			-	n/m			n/m
Management / Administration Personnel	27	n/m			28	n/m			n/m
Total Full Equivalents (FTE's)	27	n/m			28	n/m			n/m

Southern District Health Board
Oct-14

Part 2: DHB provider	Current Month				Year to Date				Annual
	Actual	Budget	Variance	Variance	Actual	Budget	Variance	Variance	Budget
	\$(000)	\$(000)	\$(000)	%	\$(000)	\$(000)	\$(000)	%	\$(000)
Part 2.1: Statement of Financial Performance									
REVENUE									
Ministry of Health									
MoH - Vote Health Non Mental Health	-	-	-	-	-	-	-	-	-
MoH - Vote Health Mental Health	-	-	-	-	-	-	-	-	-
PBF Adjustments	-	-	-	-	-	-	-	-	-
MoH Funding Subcontracts	-	-	-	-	-	-	-	-	-
MoH - Personal Health	7	28	(22) U	(77%)	118	113	5 F	4%	339
MoH - Mental Health	-	-	-	-	-	-	-	-	-
MoH - Public Health	10	11	-	(1%)	42	42	-	(1%)	127
MoH - Disability Support Services	668	740	(72) U	(10%)	3,223	3,144	79 F	3%	9,040
MoH - Maori Health	-	-	-	-	-	-	-	-	-
Clinical Training Agency	625	637	(12) U	(2%)	2,567	2,546	21 F	1%	7,418
Internal - DHB Funder to DHB Provider	37,850	37,569	281 F	1%	150,685	150,546	140 F	-	450,549
Ministry of Health Total	39,160	38,985	175 F	(14%)	156,635	156,391	244 F	(11%)	467,473
Other Government									
IDF's - Mental Health Services	-	-	-	-	-	-	-	-	-
IDF's - All others (non Mental health)	-	-	-	-	-	-	-	-	-
Other DHB's	(54)	25	(79) U	(313%)	9	101	(91) U	(91%)	302
Training Fees and Subsidies	25	17	8 F	47%	79	69	10 F	15%	206
Accident Insurance	831	905	(75) U	(8%)	3,308	3,642	(334) U	(9%)	10,406
Other Government	424	473	(49) U	(10%)	1,658	1,869	(211) U	(11%)	5,598
Other Government Total	1,226	1,421	(195) U	(14%)	5,055	5,680	(626) U	(11%)	16,512
Government and Crown Agency Total									
	40,385	40,405	(20) U		161,690	162,071	(381) U		483,985
Other Revenue									
Patient / Consumer Sourced	241	261	(20) U	(8%)	893	1,025	(132) U	(13%)	3,515
Other Income	786	854	(68) U	(8%)	3,449	3,366	83 F	2%	10,199
Other Revenue Total	1,027	1,115	(88) U	(8%)	4,342	4,391	(49) U	(1%)	13,714
REVENUE TOTAL									
	41,412	41,520	(108) U		166,032	166,462	(430) U		497,699
EXPENSES									
Personnel Expenses									
Medical Personnel	(9,509)	(9,833)	324 F	3%	(37,286)	(38,103)	816 F	2%	(113,250)
Nursing Personnel	(10,289)	(10,159)	(130) U	(1%)	(41,177)	(40,670)	(506) U	(1%)	(124,838)
Allied Health Personnel	(3,920)	(4,262)	341 F	8%	(15,809)	(16,612)	802 F	5%	(49,159)
Support Services Personnel	(861)	(841)	(20) U	(2%)	(3,290)	(3,238)	(52) U	(2%)	(9,718)
Management / Admin Personnel	(3,376)	(3,392)	16 F	-	(13,323)	(13,201)	(122) U	(1%)	(38,509)
Personnel Costs Total	(27,956)	(28,487)	531 F	2%	(110,884)	(111,823)	939 F	1%	(335,475)
Outsourced Expenses									
Medical Personnel	(470)	(555)	85 F	15%	(1,600)	(2,105)	505 F	24%	(6,104)
Nursing Personnel	(4)	-	(4) U	-	(26)	-	(26) U	-	-
Allied Health Personnel	(65)	(37)	(28) U	(78%)	(227)	(146)	(81) U	(56%)	(421)
Support Personnel	(41)	(21)	(19) U	(91%)	(125)	(85)	(39) U	(46%)	(256)
Management / Administration Personnel	(25)	(1)	(24) U	-	(33)	(4)	(29) U	(723%)	(12)
Outsourced Clinical Services	(1,873)	(1,863)	(10) U	(1%)	(7,666)	(7,449)	(217) U	(3%)	(22,257)
Outsourced Corporate / Governance Services	(143)	(151)	9 F	6%	(506)	(573)	67 F	12%	(1,706)
Outsourced Funder Services	-	-	-	-	-	-	-	-	-
Outsourced Services Total	(2,620)	(2,628)	8 F	(10,183)	(10,362)	179 F	2%	(30,756)	
Clinical Supplies									
Treatment Disposables	(2,706)	(2,445)	(261) U	(11%)	(10,160)	(9,792)	(368) U	(4%)	(28,710)
Diagnostic Supplies & Other Clinical Supplies	(173)	(159)	(13) U	(8%)	(615)	(641)	26 F	4%	(1,818)
Instruments & Equipment	(1,480)	(1,332)	(148) U	(11%)	(5,835)	(5,404)	(431) U	(8%)	(16,010)
Patient Appliances	(188)	(191)	3 F	2%	(740)	(759)	19 F	2%	(2,268)
Implants & Prosthesis	(1,013)	(1,015)	1 F	-	(3,586)	(3,925)	339 F	9%	(11,607)
Pharmaceuticals	(1,723)	(1,613)	(109) U	(7%)	(6,355)	(6,307)	(47) U	(1%)	(18,395)
Other Clinical Supplies	(350)	(320)	(30) U	(9%)	(1,262)	(1,292)	30 F	2%	(3,774)
Clinical Supplies Total	(7,632)	(7,076)	(556) U	(8%)	(28,553)	(28,120)	(433) U	(2%)	(82,583)
Infrastructure & Non Clinical Expenses									
Hotel Services, Laundry & Cleaning	(1,107)	(1,087)	(20) U	(2%)	(4,525)	(4,264)	(262) U	(6%)	(12,640)
Facilities	(1,845)	(1,765)	(80) U	(5%)	(7,579)	(7,294)	(284) U	(4%)	(21,682)
Transport	(343)	(336)	(7) U	(2%)	(1,353)	(1,428)	75 F	5%	(4,212)

Southern District Health Board
Oct-14

Part 2: DHB provider	Current Month				Year to Date				Annual
	Actual	Budget	Variance	Variance	Actual	Budget	Variance	Variance	Budget
	\$(000)	\$(000)	\$(000)	%	\$(000)	\$(000)	\$(000)	%	\$(000)
IT Systems & Telecommunications	(982)	(913)	(69) U	(8%)	(3,728)	(3,644)	(84) U	(2%)	(10,930)
Interest & Financing Charges	(1,271)	(1,253)	(19) U	(1%)	(5,065)	(5,011)	(54) U	(1%)	(15,032)
Professional Fees & Expenses	(110)	(116)	6 F	5%	(388)	(465)	77 F	17%	(1,367)
Other Operating Expenses	(368)	(363)	(5) U	(1%)	(1,403)	(1,405)	2 F		(4,168)
Democracy	-	-			-	-			-
Subsidiaries & Joint Ventures	-	-			-	-			-
Infrastructure & Non-Clinical Supplies Total	(6,025)	(5,833)	(193) U	(3%)	(24,041)	(23,510)	(531) U	(2%)	(70,032)
Other Costs and Internal Allocations	-	-			-	-			-
Total Expenses	(44,233)	(44,024)	(210) U		(173,660)	(173,814)	154 F		(518,846)
Net Surplus/ (Deficit)	(2,821)	(2,503)	(318) U	(13%)	(7,628)	(7,352)	(276) U	(4%)	(21,147)
	<i>Zero Check</i>	-			-	-			-
Part 2.1 A: Supplementary Information to Statement of Financial Performance									
Depreciation - Clinical Equipment	(689)	(647)	(42) U	(6%)	(2,664)	(2,637)	(27) U	(1%)	(7,847)
Depreciation - Non Res Buildings & Plant	(675)	(642)	(34) U	(5%)	(2,610)	(2,561)	(49) U	(2%)	(8,095)
Depreciation - Motor Vehicles	(23)	(17)	(5) U	(32%)	(90)	(71)	(20) U	(28%)	(208)
Depreciation - Information Technology	(260)	(249)	(11) U	(5%)	(1,046)	(986)	(60) U	(6%)	(2,975)
Depreciation - Other Equipment	(53)	(51)	(2) U	(5%)	(220)	(197)	(23) U	(12%)	(596)
Total Depreciation	(1,701)	(1,606)	(94) U	(6%)	(6,631)	(6,451)	(179) U	(3%)	(19,721)
Interest Cost from Funder Loans	-	-			-	-			-
Interest Costs from CHFA	(386)	(378)	(8) U	(2%)	(1,533)	(1,512)	(21) U	(1%)	(4,537)
Financing Component of Operating Leases	(30)	(31)	1 F	2%	(116)	(123)	6 F	5%	(368)
Capital Charge	(852)	(841)	(11) U	(1%)	(3,406)	(3,362)	(44) U	(1%)	(10,087)
Part 1.2 : Full Time Equivalent Numbers									
Medical Personnel	508	n/m			510	n/m			n/m
Nursing Personnel	1,614	n/m			1,611	n/m			n/m
Allied Health Personnel	643	n/m			650	n/m			n/m
Support Personnel	197	n/m			196	n/m			n/m
Management / Administration Personnel	636	n/m			645	n/m			n/m
Total Full Time Equivalents (FTE's)	3,598	n/m			3,612	n/m			n/m

10

Southern District Health Board
Oct-14

Part 3: DHB Funds	Current Month				Year to Date				Annual
	Actual	Budget	Variance	Variance	Actual	Budget	Variance	Variance	Budget
	\$(000)	\$(000)	\$(000)	%	\$(000)	\$(000)	\$(000)	%	\$(000)
Part 3.1: Statement of Financial Performance									
REVENUE									
Ministry of Health									
MoH - Vote Health Non Mental Health	57,837	57,837	1 F		231,363	231,348	15 F		694,043
MoH - Vote Health Mental Health	6,925	6,925			27,699	27,699			83,097
PBF Adjustments	-	-			-	-			-
MoH Funding Subcontracts	3,402	3,020	382 F	13%	12,859	12,348	511 F	4%	36,507
MoH - Personal Health	-	-			-	-			-
MoH - Mental Health	-	-			-	-			-
MoH - Public Health	-	-			-	-			-
MoH - Disability Support Services	-	-			-	-			-
MoH - Maori Health	-	-			-	-			-
Clinical Training Agency	-	-			-	-			-
Internal - DHB Funder to DHB Provider	-	-			-	-			-
Ministry of Health Total	68,164	67,782	383 F	1%	271,921	271,395	526 F		813,647
Other Government									
IDF's - Mental Health Services	45	45			180	180			541
IDF's - All others (non Mental health)	1,437	1,508	(71) U	(5%)	5,960	6,031	(71) U	(1%)	18,094
Other DHB's	-	-			-	-			-
Training Fees and Subsidies	-	-			-	-			-
Accident Insurance	-	-			-	-			-
Other Government	-	-			-	-			-
Other Government Total	1,482	1,553	(71) U	(5%)	6,141	6,212	(71) U	(1%)	18,635
Government and Crown Agency Sourced Total									
Other Revenue	69,646	69,334	312 F		278,062	277,607	455 F		832,283
Patient / Consumer Sourced	-	-			-	-			-
Other Income	-	-			-	-			-
Other Revenue Total	-	-	-		-	-	-		-
REVENUE TOTAL	69,646	69,334	312 F		278,062	277,607	455 F		832,283
EXPENSES									
Outsourced Expenses									
Outsourced Funder Services	(725)	(725)			(2,902)	(2,902)			(8,785)
Other Outsourced Expenses	-	-			-	-			-
Other Expenses	-	-			-	-			-
Payments to Providers									
Personal Health									
Personal Health to allocate	-	(83)	83 F		-	(333)	333 F		(1,000)
Child and Youth	(382)	(382)			(1,512)	(1,530)	17 F	1%	(4,589)
Laboratory	(1,561)	(1,465)	(96) U	(7%)	(6,243)	(5,861)	(382) U	(7%)	(17,582)
Infertility Treatment Services	(92)	(101)	9 F	9%	(366)	(402)	36 F	9%	(1,207)
Maternity	(262)	(262)			(1,059)	(1,047)	(12) U	(1%)	(3,142)
Maternity (Tertiary & Secondary)	(1,381)	(1,394)	13 F	1%	(5,529)	(5,574)	45 F	1%	(16,722)
Pregnancy and Parenting Education	(18)	(12)	(6) U	(48%)	(47)	(49)	2 F	4%	(148)
Maternity Payment Schedule	-	-			-	-			-
Neo Natal	(660)	(660)			(2,641)	(2,641)			(7,923)
Sexual Health	(88)	(88)			(354)	(354)			(1,062)
Adolescent Dental Benefit	(166)	(202)	36 F	18%	(758)	(811)	53 F	7%	(2,385)
Other Dental Services	-	-			-	-			-
Dental - Low Income Adult	(73)	(78)	5 F	6%	(301)	(311)	9 F	3%	(932)
Child (School) Dental Services	(629)	(630)	1 F		(2,481)	(2,522)	41 F	2%	(7,582)
Secondary / Tertiary Dental	(242)	(242)			(969)	(969)			(2,906)
Pharmaceuticals	(6,423)	(6,403)	(20) U		(25,682)	(25,497)	(185) U	(1%)	(73,400)
Pharmaceutical Cancer Treatment Drugs	(488)	(386)	(102) U	(26%)	(1,694)	(1,543)	(152) U	(10%)	(4,628)
Pharmacy Services	(104)	(69)	(35) U	(51%)	(197)	(277)	80 F	29%	(832)
Management Referred Services	-	-			-	-			2,000
General Medical Subsidy	(90)	(92)	3 F	3%	(328)	(347)	19 F	5%	(952)
Primary Practice Services - Capitated	(3,494)	(3,511)	17 F		(14,099)	(14,044)	(55) U		(42,132)
Primary Health Care Strategy - Care	(323)	(318)	(5) U	(2%)	(1,266)	(1,271)	5 F		(3,814)
Primary Health Care Strategy - Health	(358)	(337)	(22) U	(6%)	(1,372)	(1,347)	(25) U	(2%)	(4,041)
Primary Health Care Strategy - Other	(175)	(255)	80 F	31%	(926)	(1,019)	93 F	9%	(3,058)
Practice Nurse Subsidy	(14)	(16)	2 F	15%	(53)	(65)	12 F	19%	(195)
Rural Support for Primary Health Pro	(1,383)	(1,384)	1 F		(5,501)	(5,535)	34 F	1%	(16,604)

Southern District Health Board
Oct-14

Part 3: DHB Funds	Current Month				Year to Date				Annual
	Actual	Budget	Variance	Variance	Actual	Budget	Variance	Variance	Budget
	\$(000)	\$(000)	\$(000)	%	\$(000)	\$(000)	\$(000)	%	\$(000)
Immunisation	(126)	(168)	43 F	25%	(608)	(726)	118 F	16%	(2,871)
Radiology	(487)	(465)	(22) U	(5%)	(1,883)	(1,858)	(25) U	(1%)	(5,575)
Palliative Care	(491)	(495)	4 F	1%	(2,157)	(1,981)	(176) U	(9%)	(5,942)
Meals on Wheels	(53)	(53)			(214)	(214)			(642)
Domiciliary & District Nursing	(1,521)	(1,429)	(92) U	(6%)	(5,849)	(5,724)	(125) U	(2%)	(17,159)
Community based Allied Health	(584)	(584)	(1) U		(2,338)	(2,335)	(3) U		(7,004)
Chronic Disease Management and Educa	(256)	(255)	(1) U		(1,002)	(1,021)	19 F	2%	(3,064)
Medical Inpatients	(5,653)	(5,653)			(22,612)	(22,612)			(67,836)
Medical Outpatients	(3,682)	(3,669)	(13) U		(14,735)	(14,678)	(57) U		(44,034)
Surgical Inpatients	(10,642)	(10,647)	5 F		(42,580)	(42,587)	8 F		(127,762)
Surgical Outpatients	(1,686)	(1,694)	7 F		(6,746)	(6,775)	29 F		(20,326)
Paediatric Inpatients	(644)	(644)			(2,578)	(2,578)			(7,733)
Paediatric Outpatients	(269)	(269)			(1,075)	(1,075)			(3,226)
Pacific Peoples' Health	(21)	(22)		2%	(73)	(86)	13 F	15%	(259)
Emergency Services	(1,638)	(1,634)	(4) U		(6,576)	(6,535)	(41) U	(1%)	(19,606)
Minor Personal Health Expenditure	(84)	(100)	15 F	15%	(382)	(398)	16 F	4%	(1,194)
Price adjusters and Premium	(584)	(505)	(79) U	16%	(2,272)	(2,021)	(251) U	12%	(6,063)
Travel & Accomodation	(458)	(456)	(2) U		(1,899)	(1,780)	(119) U	(7%)	(4,864)
Inter District Flow Personal Health	(2,695)	(2,399)	(296) U	(12%)	(9,906)	(9,596)	(311) U	(3%)	(28,787)
Personal Health Total	(49,980)	(49,512)	(468) U	(1%)	(198,864)	(197,931)	(933) U		(588,785)
Mental Health									
Mental Health to allocate	9	(29)	38 F	133%	38	(114)	152 F	133%	(343)
Acute Mental Health Inpatients	(1,143)	(1,143)			(4,573)	(4,573)			(13,720)
Sub-Acute & Long Term Mental Health	(304)	(304)			(1,215)	(1,215)			(3,646)
Crisis Respite	(7)	(7)			(27)	(27)		(1%)	(80)
Alcohol & Other Drugs - General	(386)	(327)	(59) U	(18%)	(1,337)	(1,308)	(29) U	(2%)	(3,924)
Alcohol & Other Drugs - Child & Youth	(65)	(102)	37 F	36%	(390)	(408)	19 F	5%	(1,224)
Methadone	(94)	(94)			(377)	(377)			(1,132)
Dual Diagnosis - Alcohol & Other Drugs	21	(45)	65 F	146%	(143)	(179)	35 F	20%	(536)
Dual Diagnosis - MH/ID	(5)	(5)			(20)	(20)			(60)
Eating Disorder	(11)	(16)	5 F	33%	(50)	(64)	15 F	23%	(193)
Maternal Mental Health	(4)	(4)			(15)	(15)			(44)
Child & Youth Mental Health Services	(912)	(820)	(92) U	(11%)	(3,479)	(3,280)	(199) U	(6%)	(9,839)
Forensic Services	(509)	(513)	4 F	1%	(2,037)	(2,051)	14 F	1%	(6,154)
Kaupapa Maori Mental Health Services	(152)	(152)			(609)	(609)			(1,827)
Kaupapa Maori Mental Health - Residential	-	-			-	-			-
Kaupapa Maori Mental Health - Inpati	-	-			-	-			-
Mental Health Community Services	(1,859)	(1,878)	20 F	1%	(7,515)	(7,513)	(1) U		(22,539)
Prison/Court Liaison	(45)	(45)			(178)	(178)			(534)
Mental Health Workforce Development	-	-			-	-			-
Day Activity & Work Rehabilitation S	(200)	(200)			(798)	(798)			(2,394)
Mental Health Funded Services for Older People	(36)	(36)			(143)	(143)			(429)
Advocacy / Peer Support - Consumer	(59)	(58)	(1) U	(1%)	(232)	(232)			(696)
Other Home Based Residential Support	(414)	(373)	(41) U	(11%)	(1,648)	(1,493)	(155) U	(10%)	(4,479)
Advocacy / Peer Support - Families	(52)	(52)			(210)	(210)			(629)
Community Residential Beds & Service	(444)	(457)	12 F	3%	(1,788)	(1,826)	38 F	2%	(5,478)
Minor Mental Health Expenditure	(45)	(32)	(13) U	(42%)	(136)	(127)	(9) U	(7%)	(382)
Inter District Flow Mental Health	(403)	(399)	(3) U	(1%)	(1,611)	(1,598)	(13) U	(1%)	(4,793)
Mental Health Total	(7,118)	(7,090)	(29) U		(28,492)	(28,358)	(134) U		(85,075)
Public Health									
Alcohol & Drug	(36)	(36)			(144)	(144)			(431)
Communicable Diseases	(97)	(97)			(388)	(388)			(1,165)
Injury Prevention	-	-			-	-			-
Screening Programmes	(116)	(112)	(4) U	(4%)	(696)	(716)	20 F	3%	(1,609)
Mental Health	(22)	(22)			(89)	(89)			(267)
Nutrition and Physical Activity	(48)	(49)	1 F	2%	(193)	(197)	4 F	2%	(592)
Physical Environment	(36)	(36)			(144)	(144)			(431)
Public Health Infrastructure	(128)	(128)			(511)	(511)			(1,533)
Sexual Health	(12)	(12)			(48)	(48)			(144)
Social Environments	(38)	(38)			(152)	(152)			(455)
Tobacco Control	(102)	(94)	(8) U	(9%)	(397)	(376)	(21) U	(6%)	(1,127)
Well Child Promotion	-	-			-	-			-
Meningococcal	-	-			-	-			-
Public Health Total	(635)	(624)	(11) U	(2%)	(2,760)	(2,764)	4 F		(7,753)
Disability Support Services									
AT & R (Assessment, Treatment and Re	(1,986)	(1,986)			(7,943)	(7,943)			(23,830)
Information and Advisory	(12)	(12)			(48)	(48)			(143)
Needs Assessment	(173)	(160)	(13) U	(8%)	(755)	(639)	(117) U	(18%)	(1,916)

10

Southern District Health Board
Oct-14

Part 3: DHB Funds	Current Month				Year to Date				Annual
	Actual	Budget	Variance	Variance	Actual	Budget	Variance	Variance	Budget
	\$(000)	\$(000)	\$(000)	%	\$(000)	\$(000)	\$(000)	%	\$(000)
Service Co-ordination	(22)	(19)	(3) U	(14%)	(87)	(78)	(9) U	(12%)	(234)
Home Support	(1,583)	(1,423)	(160) U	(11%)	(6,244)	(5,690)	(554) U	(10%)	(17,070)
Carer Support	(130)	(144)	14 F	10%	(534)	(577)	43 F	7%	(1,731)
Residential Care: Rest Homes	(3,146)	(2,995)	(151) U	(5%)	(12,756)	(11,885)	(871) U	(7%)	(35,274)
Residential Care: Loans Adjustment	15	23	(7) U	(32%)	58	91	(32) U	(36%)	272
Long Term Chronic Conditions	(8)	(8)			(32)	(32)			(97)
Residential Care: Hospitals	(3,974)	(3,942)	(32) U	(1%)	(15,317)	(15,641)	324 F	2%	(46,416)
Ageing in Place	(2)	(2)			(10)	(10)			(30)
Environmental Support Services	(107)	(110)	3 F	2%	(408)	(439)	32 F	7%	(1,318)
Day Programmes	(34)	(48)	14 F	29%	(126)	(186)	60 F	32%	(554)
Expenditure to Attend Treatment ETAT	-	-			-	-			-
Minor Disability Support Expenditure	(8)	(17)	9 F	52%	(34)	(70)	36 F	52%	(210)
Respite Care	(152)	(95)	(56) U	(59%)	(569)	(381)	(188) U	(49%)	(1,143)
Community Health Services & Support	19	(81)	100 F	124%	(207)	(322)	115 F	36%	(966)
Inter District Flow Disability Support	(264)	(256)	(7) U	(3%)	(1,033)	(1,026)	(7) U	(1%)	(3,077)
Disability Support Other	-	-			-	-			-
Disability Support Services Total	(11,567)	(11,276)	(291) U	(3%)	(46,044)	(44,876)	(1,168) U	(3%)	(133,736)
Maori Health									
Maori Service Development	(38)	(38)			(169)	(152)	(18) U	(12%)	(455)
Maori Provider Assistance Infrastruc	-	-			-	-			-
Maori Workforce Development	-	-			-	-			-
Minor Maori Health Expenditure	-	-			-	-			-
Whanau Ora Services	(87)	(115)	28 F	25%	(441)	(459)	18 F	4%	(1,378)
Maori Health Total	(124)	(153)	28 F	18%	(610)	(611)	1 F		(1,833)
Internal Allocations	-	-			-	-			-
Total Expenses	(70,150)	(69,379)	(771) U	(1%)	(279,672)	(277,442)	(2,230) U	(1%)	(825,966)
Summary of Results									
Subtotal of IDF Revenue	1,482	1,553	(71) U	(5%)	6,141	6,212	(71) U	(1%)	18,635
Subtotal all other Revenue	68,164	67,782	383 F	1%	271,921	271,395	526 F		813,647
Revenue Total	69,646	69,334	312 F		278,062	277,607	455 F		832,283
Subtotal of IDF Expenditure	(3,361)	(3,055)	(306) U	(10%)	(12,550)	(12,219)	(331) U	(3%)	(36,657)
Subtotal all other Expenditure	(66,789)	(66,324)	(465) U	(1%)	(267,122)	(265,223)	(1,899) U	(1%)	(789,309)
Expenses Total	(70,150)	(69,379)	(771) U	(1%)	(279,672)	(277,442)	(2,230) U	(1%)	(825,966)
Net Surplus/ (Deficit)	(503)	(44)	(459) U	(1038%)	(1,611)	165	(1,775) U		6,317
<i>Zero Check</i>	-	-			-	-			-

Southern District Health Board
Oct-14

Part 4: DHB Consolidated	Current Month				Year to Date				Annual
	Actual	Budget	Variance	Variance	Actual	Budget	Variance	Variance	Budget
	\$(000)	\$(000)	\$(000)	%	\$(000)	\$(000)	\$(000)	%	\$(000)
Part 4.1: Statement of Financial Performance									
REVENUE									
Ministry of Health									
MoH - Vote Health Non Mental Health	57,837	57,837	1 F		231,363	231,348	15 F		694,043
MoH - Vote Health Mental Health	6,925	6,925			27,699	27,699			83,097
PBF Adjustments	-	-			-	-			-
MoH Funding Subcontracts	3,402	3,020	382 F	13%	12,859	12,348	511 F	4%	36,507
MoH - Personal Health	7	28	(22) U	(77%)	118	113	5 F	4%	339
MoH - Mental Health	-	-			-	-			-
MoH - Public Health	10	11		(1%)	42	42		(1%)	127
MoH - Disability Support Services	668	740	(72) U	(10%)	3,223	3,144	79 F	3%	9,040
MoH - Maori Health	-	-			-	-			-
Clinical Training Agency	625	637	(12) U	(2%)	2,567	2,546	21 F	1%	7,418
Internal - DHB Funder to DHB Provider	-	-			-	-			-
Ministry of Health Total	69,474	69,197	277 F		277,871	277,241	630 F		830,571
Other Government									
IDF's - Mental Health Services	45	45			180	180			541
IDF's - All others (non Mental health)	1,437	1,508	(71) U	(5%)	5,960	6,031	(71) U	(1%)	18,094
Other DHB's	(54)	25	(79) U	(313%)	9	101	(91) U	(91%)	302
Training Fees and Subsidies	25	17	8 F	47%	79	69	10 F	15%	206
Accident Insurance	831	905	(75) U	(8%)	3,308	3,642	(334) U	(9%)	10,406
Other Government	431	481	(49) U	(10%)	1,689	1,900	(211) U	(11%)	5,690
Other Government Total	2,716	2,981	(266) U	(9%)	11,226	11,923	(697) U	(6%)	35,239
Government and Crown Agency Total	72,190	72,178	11 F		289,097	289,163	(66) U		865,811
Other Revenue									
Patient / Consumer Sourced	241	261	(20) U	(8%)	893	1,025	(132) U	(13%)	3,515
Other Income	791	854	(63) U	(7%)	3,454	3,366	88 F	3%	10,199
Other Revenue Total	1,032	1,115	(84) U	(8%)	4,347	4,391	(44) U	(1%)	13,714
REVENUE TOTAL	73,221	73,293	(72) U		293,444	293,554	(111) U		879,525
EXPENSES									
Personnel Expenses									
Medical Personnel	(9,509)	(9,855)	345 F	4%	(37,297)	(38,186)	889 F	2%	(113,497)
Nursing Personnel	(10,289)	(10,159)	(130) U	(1%)	(41,177)	(40,673)	(503) U	(1%)	(124,846)
Allied Health Personnel	(3,920)	(4,262)	341 F	8%	(15,809)	(16,612)	802 F	5%	(49,159)
Support Services Personnel	(861)	(841)	(20) U	(2%)	(3,290)	(3,238)	(52) U	(2%)	(9,718)
Management / Admin Personnel	(3,749)	(3,716)	(33) U	(1%)	(14,600)	(14,461)	(139) U	(1%)	(42,175)
Personnel Costs Total	(28,329)	(28,833)	504 F	2%	(112,173)	(113,170)	997 F	1%	(339,397)
Outsourced Expenses									
Medical Personnel	(470)	(555)	85 F	15%	(1,600)	(2,105)	505 F	24%	(6,104)
Nursing Personnel	(4)	-	(4) U		(26)	-	(26) U		-
Allied Health Personnel	(65)	(37)	(28) U	(78%)	(227)	(146)	(81) U	(56%)	(421)
Support Personnel	(41)	(21)	(19) U	(91%)	(125)	(85)	(39) U	(46%)	(256)
Management / Administration Personnel	(25)	(1)	(24) U		(33)	(4)	(29) U	(723%)	(12)
Outsourced Clinical Services	(1,873)	(1,863)	(10) U	(1%)	(7,666)	(7,449)	(217) U	(3%)	(22,257)
Outsourced Corporate / Governance Services	(267)	(274)	8 F	3%	(1,017)	(1,063)	46 F	4%	(3,177)
Outsourced Funder Services	(170)	(134)	(36) U	(27%)	(687)	(535)	(152) U	(28%)	(1,606)
Outsourced Services Total	(2,914)	(2,885)	(29) U	(1%)	(11,382)	(11,387)	6 F		(33,833)
Clinical Supplies									
Treatment Disposables	(2,706)	(2,445)	(261) U	(11%)	(10,161)	(9,792)	(369) U	(4%)	(28,710)
Diagnostic Supplies & Other Clinical Supplies	(173)	(159)	(13) U	(8%)	(615)	(641)	26 F	4%	(1,818)
Instruments & Equipment	(1,480)	(1,332)	(148) U	(11%)	(5,835)	(5,404)	(431) U	(8%)	(16,010)
Patient Appliances	(188)	(191)	3 F	2%	(740)	(759)	19 F	2%	(2,268)
Implants & Prosthesis	(1,013)	(1,015)	1 F		(3,586)	(3,925)	339 F	9%	(11,607)
Pharmaceuticals	(1,723)	(1,613)	(109) U	(7%)	(6,355)	(6,307)	(47) U	(1%)	(18,395)
Other Clinical Supplies	(350)	(320)	(30) U	(9%)	(1,262)	(1,292)	30 F	2%	(3,774)
Clinical Supplies Total	(7,633)	(7,076)	(557) U	(8%)	(28,553)	(28,120)	(433) U	(2%)	(82,583)
Infrastructure & Non Clinical Expenses									
Hotel Services, Laundry & Cleaning	(1,109)	(1,088)	(21) U	(2%)	(4,532)	(4,269)	(262) U	(6%)	(12,658)
Facilities	(1,845)	(1,765)	(80) U	(5%)	(7,579)	(7,294)	(284) U	(4%)	(21,682)
Transport	(356)	(353)	(4) U	(1%)	(1,402)	(1,499)	98 F	7%	(4,424)

10

Southern District Health Board
Oct-14

Part 4: DHB Consolidated	Current Month				Year to Date				Annual
	Actual	Budget	Variance	Variance	Actual	Budget	Variance	Variance	Budget
	\$(000)	\$(000)	\$(000)	%	\$(000)	\$(000)	\$(000)	%	\$(000)
IT Systems & Telecommunications	(988)	(922)	(66) U	(7%)	(3,748)	(3,680)	(68) U	(2%)	(11,038)
Interest & Financing Charges	(1,285)	(1,275)	(10) U	(1%)	(5,119)	(5,099)	(21) U		(15,296)
Professional Fees & Expenses	(222)	(159)	(63) U	(39%)	(641)	(638)	(2) U		(1,888)
Other Operating Expenses	(396)	(384)	(12) U	(3%)	(1,489)	(1,489)			(4,420)
Democracy	(39)	(42)	3 F	7%	(152)	(169)	17 F	10%	(507)
Subsidiaries & Joint Ventures	-	-	-		-	-	-		-
Infrastructure & Non-Clinical Supplies Total	(6,240)	(5,989)	(251) U	(4%)	(24,661)	(24,138)	(523) U	(2%)	(71,913)
Payments to Providers									
Personal Health									
Personal Health to allocate	-	(83)	83 F		-	(333)	333 F		(1,000)
Child and Youth	(34)	(34)		1%	(119)	(136)	17 F	13%	(408)
Laboratory	(1,560)	(1,465)	(96) U	(7%)	(6,241)	(5,859)	(382) U	(7%)	(17,577)
Infertility Treatment Services	-	(9)	9 F		-	(36)	36 F		(657)
Maternity	(220)	(220)			(893)	(881)	(12) U	(1%)	(2,643)
Maternity (Tertiary & Secondary)	(1)	(14)	13 F	95%	(9)	(54)	45 F	83%	(163)
Pregnancy and Parenting Education	(16)	(10)	(6) U	(60%)	(37)	(39)	2 F	6%	(117)
Maternity Payment Schedule	-	-	-		-	-	-		-
Neo Natal	-	-	-		-	-	-		-
Sexual Health	(2)	(1)		(1%)	(6)	(6)		(1%)	(18)
Adolescent Dental Benefit	(139)	(175)	36 F	20%	(653)	(706)	53 F	8%	(2,068)
Other Dental Services	-	-	-		-	-	-		-
Dental - Low Income Adult	(51)	(55)	5 F	9%	(212)	(222)	9 F	4%	(665)
Child (School) Dental Services	(35)	(35)	1 F	2%	(102)	(142)	41 F	28%	(444)
Secondary / Tertiary Dental	(126)	(126)			(504)	(504)			(1,512)
Pharmaceuticals	(6,059)	(6,112)	52 F	1%	(24,609)	(24,331)	(279) U	(1%)	(69,900)
Pharmaceutical Cancer Treatment Drugs	-	-	-		-	-	-		-
Pharmacy Services	(96)	(61)	(35) U	(58%)	(162)	(243)	80 F	33%	(728)
Management Referred Services	-	-	-		-	-	-		2,000
General Medical Subsidy	(90)	(92)	3 F	3%	(328)	(347)	19 F	5%	(952)
Primary Practice Services - Capitated	(3,494)	(3,511)	17 F		(14,099)	(14,044)	(55) U		(42,132)
Primary Health Care Strategy - Care	(323)	(318)	(5) U	(2%)	(1,266)	(1,271)	5 F		(3,814)
Primary Health Care Strategy - Health	(256)	(337)	81 F	24%	(1,269)	(1,347)	77 F	6%	(4,041)
Primary Health Care Strategy - Other	(175)	(255)	80 F	31%	(926)	(1,019)	93 F	9%	(3,058)
Practice Nurse Subsidy	(14)	(16)	2 F	15%	(53)	(65)	12 F	19%	(195)
Rural Support for Primary Health Pro	(1,312)	(1,313)	1 F		(5,218)	(5,252)	34 F	1%	(15,756)
Immunisation	(56)	(99)	43 F	43%	(329)	(447)	118 F	26%	(2,035)
Radiology	(218)	(196)	(22) U	(11%)	(809)	(784)	(25) U	(3%)	(2,353)
Palliative Care	(484)	(488)	4 F	1%	(2,130)	(1,953)	(176) U	(9%)	(5,860)
Meals on Wheels	(20)	(20)			(80)	(80)			(241)
Domiciliary & District Nursing	(527)	(435)	(92) U	(21%)	(1,872)	(1,747)	(125) U	(7%)	(5,228)
Community based Allied Health	(168)	(168)	(1) U		(673)	(670)	(3) U		(2,011)
Chronic Disease Management and Educa	(96)	(95)	(1) U	(1%)	(361)	(380)	19 F	5%	(1,140)
Medical Inpatients	-	-	-		-	-	-		-
Medical Outpatients	(410)	(397)	(13) U	(3%)	(1,647)	(1,590)	(57) U	(4%)	(4,769)
Surgical Inpatients	(14)	(19)	5 F	26%	(67)	(75)	8 F	10%	(224)
Surgical Outpatients	(139)	(146)	7 F	5%	(556)	(585)	29 F	5%	(1,756)
Paediatric Inpatients	-	-	-		-	-	-		-
Paediatric Outpatients	-	-	-		-	-	-		-
Pacific Peoples' Health	(11)	(12)		4%	(34)	(47)	13 F	28%	(140)
Emergency Services	(159)	(156)	(4) U	(2%)	(663)	(622)	(41) U	(7%)	(1,867)
Minor Personal Health Expenditure	(59)	(74)	15 F	21%	(279)	(295)	16 F	6%	(886)
Price adjusters and Premium	(162)	(83)	(79) U	94%	(585)	(334)	(251) U	75%	(1,002)
Travel & Accomodation	(453)	(451)	(2) U		(1,882)	(1,763)	(119) U	(7%)	(4,813)
Inter District Flow Personal Health	(2,695)	(2,399)	(296) U	(12%)	(9,906)	(9,596)	(311) U	(3%)	(28,787)
Personal Health Total	(19,672)	(19,480)	(192) U	(1%)	(78,579)	(77,806)	(773) U	(1%)	(228,958)
Mental Health									
Mental Health to allocate	-	(38)	38 F		-	(152)	152 F		(457)
Acute Mental Health Inpatients	-	-	-		-	-	-		-
Sub-Acute & Long Term Mental Health	-	-	-		-	-	-		-
Crisis Respite	(5)	(5)			(19)	(18)		(1%)	(55)
Alcohol & Other Drugs - General	(114)	(55)	(59) U	(108%)	(248)	(219)	(29) U	(13%)	(656)
Alcohol & Other Drugs - Child & Youth	(65)	(102)	37 F	36%	(390)	(408)	19 F	5%	(1,224)
Methadone	-	-	-		-	-	-		-
Dual Diagnosis - Alcohol & Other Drugs	29	(36)	65 F	180%	(110)	(145)	35 F	24%	(435)
Dual Diagnosis - MH/ID	-	-	-		-	-	-		-
Eating Disorder	(11)	(16)	5 F	33%	(50)	(64)	15 F	23%	(193)
Maternal Mental Health	(4)	(4)			(15)	(15)			(44)
Child & Youth Mental Health Services	(334)	(241)	(92) U	(38%)	(1,165)	(965)	(199) U	(21%)	(2,896)

Southern District Health Board

Oct-14

Part 4: DHB Consolidated	Current Month				Year to Date				Annual
	Actual	Budget	Variance	Variance	Actual	Budget	Variance	Variance	Budget
	\$(000)	\$(000)	\$(000)	%	\$(000)	\$(000)	\$(000)	%	\$(000)
Forensic Services	-	(4)	4 F		-	(14)	14 F		(43)
Kaupapa Maori Mental Health Services	(6)	(6)			(25)	(25)			(74)
Kaupapa Maori Mental Health - Residential	-	-			-	-			-
Kaupapa Maori Mental Health - Inpati	-	-			-	-			-
Mental Health Community Services	(107)	(127)	20 F	15%	(508)	(506)	(1) U		(1,518)
Prison/Court Liaison	-	-			-	-			-
Mental Health Workforce Development	-	-			-	-			-
Day Activity & Work Rehabilitation S	(136)	(136)			(545)	(545)			(1,636)
Mental Health Funded Services for Older People	-	-			-	-			-
Advocacy / Peer Support - Consumer	(24)	(23)	(1) U	(2%)	(93)	(93)			(280)
Other Home Based Residential Support	(356)	(315)	(41) U	(13%)	(1,416)	(1,261)	(155) U	(12%)	(3,782)
Advocacy / Peer Support - Families	(52)	(52)			(210)	(210)			(629)
Community Residential Beds & Service	(444)	(457)	12 F	3%	(1,788)	(1,826)	38 F	2%	(5,478)
Minor Mental Health Expenditure	(45)	(32)	(13) U	(42%)	(136)	(127)	(9) U	(7%)	(382)
Inter District Flow Mental Health	(403)	(399)	(3) U	(1%)	(1,611)	(1,598)	(13) U	(1%)	(4,793)
Mental Health Total	(2,076)	(2,048)	(29) U	(1%)	(8,325)	(8,192)	(134) U	(2%)	(24,575)
Public Health									
Alcohol & Drug	-	-			-	-			-
Communicable Diseases	-	-			-	-			-
Injury Prevention	-	-			-	-			-
Mental Health	-	-			-	-			-
Screening Programmes	-	-			-	-			-
Nutrition and Physical Activity	(26)	(27)	1 F	4%	(103)	(107)	4 F	4%	(321)
Physical Environment	-	-			-	-			-
Public Health Infrastructure	-	-			-	-			-
Sexual Health	-	-			-	-			-
Social Environments	-	-			-	-			-
Tobacco Control	(21)	(12)	(8) U	(67%)	(71)	(50)	(21) U	(42%)	(150)
Well Child Promotion	-	-			-	-			-
Meningococcal	-	-			-	-			-
Public Health Total	(46)	(39)	(7) U	(18%)	(173)	(157)	(16) U	(10%)	(471)
Disability Support Services									
AT & R (Assessment, Treatment and Re	(297)	(297)			(1,190)	(1,190)			(3,569)
Information and Advisory	(12)	(12)			(48)	(48)			(143)
Needs Assessment	(35)	(22)	(13) U	(62%)	(203)	(87)	(117) U	(135%)	(260)
Service Co-ordination	(3)	-	(3) U		(9)	-	(9) U		-
Home Support	(1,583)	(1,423)	(160) U	(11%)	(6,244)	(5,690)	(554) U	(10%)	(17,070)
Carer Support	(130)	(144)	14 F	10%	(534)	(577)	43 F	7%	(1,731)
Residential Care: Rest Homes	(3,146)	(2,995)	(151) U	(5%)	(12,756)	(11,885)	(871) U	(7%)	(35,274)
Residential Care: Loans Adjustment	15	23	(7) U	(32%)	58	91	(32) U	(36%)	272
Long Term Chronic Conditions	-	-			-	-			-
Residential Care: Hospitals	(3,974)	(3,942)	(32) U	(1%)	(15,317)	(15,641)	324 F	2%	(46,416)
Ageing in Place	-	-			-	-			-
Environmental Support Services	(105)	(108)	3 F	2%	(399)	(430)	32 F	7%	(1,291)
Day Programmes	(34)	(48)	14 F	29%	(126)	(186)	60 F	32%	(554)
Expenditure to Attend Treatment ETAT	-	-			-	-			-
Minor Disability Support Expenditure	-	(9)	9 F		-	(36)	36 F		(109)
Respite Care	(152)	(95)	(56) U	(59%)	(569)	(381)	(188) U	(49%)	(1,143)
Community Health Services & Support	40	(60)	100 F	168%	(123)	(238)	115 F	48%	(714)
Inter District Flow Disability Support	(264)	(256)	(7) U	(3%)	(1,033)	(1,026)	(7) U	(1%)	(3,077)
Disability Support Other	-	-			-	-			-
Disability Support Services Total	(9,679)	(9,388)	(291) U	(3%)	(38,492)	(37,324)	(1,168) U	(3%)	(111,079)
Maori Health									
Maori Service Development	(22)	(22)			(106)	(89)	(18) U	(20%)	(266)
Maori Provider Assistance Infrastruc	-	-			-	-			-
Maori Workforce Development	-	-			-	-			-
Minor Maori Health Expenditure	-	-			-	-			-
Whanau Ora Services	(79)	(107)	28 F	26%	(410)	(427)	17 F	4%	(1,281)
Maori Health Total	(101)	(129)	28 F	22%	(516)	(516)			(1,547)
Internal Allocations	-	-			-	-			-
Total Expenses	(76,690)	(75,866)	(823) U	(1%)	(302,853)	(300,809)	(2,045) U	(1%)	(894,356)
Net Surplus/ (Deficit)	(3,469)	(2,573)	(896) U	(35%)	(9,410)	(7,254)	(2,155) U	(30%)	(14,832)
Zero Check	-	-			-	-			-

Part 4.1 A: Supplementary Information to Statement of Financial Performance

Southern District Health Board
Oct-14

Part 4: DHB Consolidated	Current Month				Year to Date				Annual
	Actual	Budget	Variance	Variance	Actual	Budget	Variance	Variance	Budget
	\$(000)	\$(000)	\$(000)	%	\$(000)	\$(000)	\$(000)	%	\$(000)
Depreciation - Clinical Equipment	(689)	(647)	(42) U	(6%)	(2,664)	(2,637)	(27) U	(1%)	(7,847)
Depreciation - Non Residential Buildings & Plant	(675)	(642)	(34) U	(5%)	(2,610)	(2,561)	(49) U	(2%)	(8,095)
Depreciation - Motor Vehicles	(23)	(17)	(5) U	(32%)	(90)	(71)	(20) U	(28%)	(208)
Depreciation - Information Technology	(260)	(249)	(11) U	(5%)	(1,046)	(986)	(60) U	(6%)	(2,975)
Depreciation - Other Equipment	(53)	(51)	(2) U	(5%)	(220)	(197)	(23) U	(12%)	(596)
Total Depreciation	(1,701)	(1,606)	(94) U	(6%)	(6,631)	(6,451)	(179) U	(3%)	(19,721)
Interest Cost from Funder Loans	-	-	-	-	-	-	-	-	-
Interest Costs from CHFA	(386)	(378)	(8) U	(2%)	(1,533)	(1,512)	(21) U	(1%)	(4,537)
Financing Component of Operating Leases	(30)	(31)	1 F	2%	(116)	(123)	6 F	5%	(368)
Capital Charge	(852)	(841)	(11) U	(1%)	(3,406)	(3,362)	(44) U	(1%)	(10,087)

Southern District Health Board
Oct-14

Part 4: DHB Consolidated	Current Month Actual \$ (000)	Previous Month Actual \$ (000)	Movement \$ (000)	Current Budget \$ (000)	Current Year Opening Balance Sheet \$ (000)	Annual Budget \$ (000)
Part 4.2: Balance Sheet						
Current Assets						
Petty Cash	16	16	-	16	16	16
Bank	(754)	10	(764)	9,568	(285)	10,669
Short Term Investments - HBL	13,417	24,875	(11,458)	-	12,711	-
Short Term Investments	-	-	-	-	-	-
Prepayments	4,520	4,130	390	2,115	2,115	2,115
Accounts Receivable	8,330	7,018	1,312	9,173	10,434	10,095
Provision for Doubtful Debts	(2,486)	(2,486)	-	(1,974)	(2,486)	(1,974)
Accrued Debtors	22,928	19,090	3,838	19,200	21,599	19,200
Inventory / Stock	4,667	4,645	22	4,746	4,792	4,746
Assets Held for Resale	1,099	1,099	-	-	1,099	-
Current Assets Total	51,736	58,395	(6,659)	42,844	49,994	44,867
Non Current Assets						
Land, Buildings & Plant	250,533	250,523	10	253,939	250,340	259,139
Clinical Equipment (incl Finance Leases)	108,333	106,865	1,468	111,985	108,627	117,618
Other Equipment (incl Finance Leases)	15,172	15,160	12	15,390	15,190	15,714
Information Technology	39,187	38,896	291	39,559	38,708	42,833
Motor Vehicles	2,343	2,343	-	2,343	2,343	2,343
Provision Depreciation - Buildings & Plant	(4,964)	(4,288)	(675)	(4,915)	(2,354)	(10,449)
Provision Depreciation - Clinical Equipment	(73,811)	(73,122)	(689)	(76,582)	(73,360)	(81,792)
Provision Depreciation - Other Equipment	(11,710)	(11,657)	(53)	(11,757)	(11,560)	(12,156)
Provision Depreciation - Information Technology	(29,007)	(28,899)	(108)	(29,249)	(28,263)	(31,238)
Provision Depreciation - Motor Vehicles	(993)	(970)	(23)	(974)	(902)	(1,111)
WIP	6,997	6,730	267	4,577	4,577	4,577
Investment in Associates	-	-	-	-	-	-
Long Term Investments	4,248	3,939	309	4,249	3,586	4,469
Non Current Assets Total	306,327	305,518	809	308,565	306,933	309,947
Current Liabilities						
Accounts Payable Control	(5,672)	(7,886)	2,214	(4,005)	(7,132)	(4,005)
Accrued Creditors	(33,589)	(33,930)	341	(28,973)	(31,970)	(28,134)
Income Received in Advance	(1,585)	(604)	(981)	(1,157)	(539)	(1,157)
Capital Charge Payable	(3,406)	(2,555)	(852)	(3,435)	-	-
GST & Tax Provisions	(5,510)	(5,575)	65	(4,238)	(5,359)	(3,518)
Term Loans - Finance Leases (current portion)	(1,112)	(970)	(142)	(2,331)	(2,330)	(2,331)
Term Loans - Crown (current portion)	(12,976)	(12,976)	-	(12,826)	(12,976)	(12,376)
Payroll Accrual & Clearing Accounts	(15,151)	(16,871)	1,720	(16,891)	(14,593)	(1,778)
Employee Entitlement Provisions	(46,279)	(46,590)	310	(42,775)	(47,795)	(60,720)
Current Liabilities Total	(125,282)	(127,957)	2,675	(116,631)	(122,695)	(114,019)
WORKING CAPITAL	(73,545)	(69,561)	(3,984)	73,787	(72,700)	69,152
NET FUNDS EMPLOYED	232,782	235,957	(3,175)	234,778	234,232	240,795
Non Current Liabilities						
Long Service Leave - Non Current Portion	(3,030)	(3,030)	-	(2,994)	(3,030)	(2,994)
Retirement Gratuities - Non Current Portion	(10,863)	(10,863)	-	(12,100)	(10,863)	(12,100)
Other Employee Entitlement Provisions	(1,320)	(1,320)	-	-	(1,320)	-
Term Loans - Finance Leases (non current portion)	(3,084)	(2,805)	(279)	(1,229)	(1,555)	(948)
Term Loans - Crown (non current portion)	(88,125)	(88,111)	(14)	(88,250)	(88,250)	(88,250)
Custodial Funds	-	-	-	-	-	-
Non Current Liabilities Total	(106,422)	(106,129)	(293)	(104,573)	(105,017)	(104,292)
Crown Equity						
Crown Equity	(179,788)	(179,788)	-	(179,788)	(179,788)	(179,788)
Crown Equity Injection	(6,554)	(6,554)	-	(6,100)	-	(20,700)
Crown Equity Repayments	-	-	-	-	-	707
Trust and Special Funds (no restricted use)	(4,913)	(4,892)	(21)	-	(4,947)	-
Revaluation Reserve	(94,570)	(94,570)	-	(94,570)	(94,570)	(94,570)
Retained Earnings - DHB Governance & Funding	4,193	4,049	144	108,266	4,023	122,106
Retained Earnings - DHB Provider	114,131	111,289	2,842	4,033	106,537	3,966
Retained Earnings - Funds	41,141	40,638	503	37,955	39,531	31,777
Crown Equity Total	(126,360)	(129,828)	3,469	(130,204)	(129,215)	(136,502)
NET FUNDS EMPLOYED	(232,782)	(235,957)	3,175	(234,777)	(234,232)	(240,794)
Zero Check	-	-	-	-	-	-
Part 4.3: Statement of Movement in Equity						
Total equity at beginning of the period	(129,215)	(129,215)	-	(132,738)	(129,215)	(131,310)
Net Results for Period	9,410	5,941	3,469	2,534	-	14,801
Revaluation of Fixed Assets	-	-	-	-	-	-
Equity Injections - Deficit Support	(6,015)	(6,015)	-	-	-	(6,100)
Equity Injections - Capital Projects	(539)	(539)	-	-	-	(14,600)
Equity Repayments	-	-	-	-	-	707
Other	-	-	-	-	-	-
Movement in Trust and Special Funds	-	-	-	-	-	-
Total Equity at end of the period	(126,359)	(129,828)	3,469	(130,204)	(129,215)	(136,502)

10

DEFICIT SUPPORT

A recommendation from the Audit & Risk Committee will be tabled.

SOUTHERN DISTRICT HEALTH BOARD

Title:	DSAC/CPHAC Membership	
Report to:	Board	
Date of Meeting:	11 December 2014	
<p>Summary:</p> <p>The issues considered in this paper are:</p> <ul style="list-style-type: none"> ▪ PHO representation on the Disability Support Advisory Committee (DSAC) and Community & Public Health Advisory Committee (CPHAC). <p>Background:</p> <ul style="list-style-type: none"> ▪ In July 2013 DSAC/CPHAC was charged with providing oversight, and advice to the Board, on issues arising from the decisions of the Southern Health Alliance Leadership Team (SHALT). To reflect, at a governance level, the partnership required to achieve improvements in health services and clinical integration from the Southern Alliance, the Chair of the Southern PHO (now known as WellSouth Primary Health Network) was invited to join CPHAC/DSAC. ▪ To ensure continuity of this important strategic linkage, it is recommended that when the Chair of WellSouth is unable to attend DSAC/CPHAC meetings, the DHB nominated PHO trustee attend. 		
Specific implications for consideration (financial/workforce/risk/legal etc):		
Financial:	n/a	
Workforce:	n/a	
Other:		
Prepared by:	Presented by:	
Jeanette Kloosterman Board Secretary	Joe Butterfield Board Chairman	
Date: 17/11/2014		
<p>RECOMMENDATION:</p> <ol style="list-style-type: none"> 1. That DSAC/CPHAC membership be amended to include the Chair of WellSouth Primary Health Network or in his/her absence the DHB's nominated trustee on the PHO. 		

Southern District Health Board

Minutes of the Joint Meeting of the Disability Support Advisory Committee and Community & Public Health Advisory Committee held on Wednesday, 5 November 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:	Mr Paul Menzies Mr Joe Butterfield Dr John Chambers Dr Jan White Mrs Sandra Boardman Mr Peter Beirne Ms Carole Heatly Mr David Tulloch Ms Jeanette Kloosterman	WellSouth Primary Health Network Board Chairman Board Member Crown Monitor Executive Director, Planning & Funding Executive Director Finance Chief Executive Officer (from 10.50 am) Chief Medical Officer Board Secretary (by videoconference)

1.0 WELCOME

The Chairperson welcomed everyone to the meeting.

2.0 APOLOGIES

An apology for lateness was received from Ms Carole Heatly, Chief Executive Officer.

3.0 PRESENTATION – PUBLIC & POPULATION HEALTH

The Committees received a presentation (tab 3) from the Executive Director Planning & Funding on:

1. Well Child/Tamariki Ora services
2. The Children's Action Plan to identify, support and protect vulnerable children.

This was followed by a presentation by videoconference on the Social Sector Trials (SST) and their local implementation in South Dunedin and Gore (tab 3) from Mary-Ann McKibben, Ministry of Social Development, lead for the South Dunedin SST.

The Committee discussed the DHB's role in the future development of inter-sector collaboration across the whole Southern district and it was agreed that this issue should be considered as part of the draft Southern Strategic Health Services Plan.

Ms Carole Heatly, Chief Executive Officer, joined the meeting at 10.50 am.

4.0 MEMBERS' DECLARATION OF INTEREST

It was resolved:

"That the Interests Register be noted."

It was agreed that the Board Chair would discuss PHO representation on the committees with the Chair of the WellSouth Primary Health Network.

5.0 PREVIOUS MINUTES

It was resolved:

"That the minutes of the joint meeting of the Disability Support Advisory Committee and Community & Public Health Advisory Committee held on 1 October 2014 be approved and adopted as a true and correct record."

6.0 MATTERS ARISING

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

7.0 ACTION SHEET

The Committees reviewed the action sheet (tab 7) and requested:

- Timeframes for the SHALT work plan;
- Clarification of the numbers of children affected by general practices charging for after-hours care for under six year-olds.

8.0 PLANNING & FUNDING REPORT

The Planning and Funding report (tab 8) was taken as read and the Executive Director Planning and Funding highlighted the following items.

- Ranui Home & Hospital had received a second four-year certification;
- The Community Pharmacy Services Agreement (CPSA) was due to expire on 30 June 2015; however DHBs wished to review the current model before the introduction of the new agreement, as there was concern it had deviated from the original intent. To allow this to occur, the current agreement would be rolled over until 1 July 2016.

The Executive Director Planning & Funding then took questions from members.

9.0 ANNUAL PLAN QUARTERLY REPORT

A progress report for Quarter One against the plans, actions and commitments in the Southern DHB 2014/15 Annual Plan was circulated with the agenda (tab 9). The Executive Director Planning & Funding highlighted the achievements in the following areas:

- Immunisation;
- Appointment of a navigator role to support Pacific people in mental health and addiction services;
- Establishment of nurse-led clinics by Māori providers in rural high needs areas;
- Cardiac diagnostics;
- Primary Care, eg more heart and diabetes checks;
- The early implementation of rapid rounds to prompt earlier hospital discharge.

The Executive Director Planning & Funding reported that, as the progress report covered the whole of the Annual Plan and therefore straddled two advisory committees (DSAC/CPHAC and HAC), the Executive Team were considering dividing it up.

It was resolved:

“That the Committees note the progress in Quarter One on delivering the Annual Plan 2014/15 and the intended actions where activity is incomplete.”

10.0 FINANCIAL REPORT

The Executive Director Planning & Funding presented the Funder Financial Report for the period ended 30 September 2014 (tab 10), then took questions from members.

The Committees discussed the accrual and budgeting processes, and noted that management had taken steps to obtain more robust business analysis.

11.0 WORK PLAN

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

The Executive Director Planning & Funding advised that a Southern Alliance report/presentation would be added to the work programme for March.

CONFIDENTIAL SESSION

At 11.45 am it was resolved that the public be excluded for the following agenda item.

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.

The meeting closed at 12.00 noon.

Confirmed as a correct record:

Chairperson

Date

DSAC/CPHAC Meeting, 10 December 2014

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

Southern District Health Board

Minutes of the Hospital Advisory Committee Meeting held on Wednesday, 5 November 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 Mr Tuari Potiki Mr Richard Thomson	Chairman (via videolink)
In Attendance:	Dr Jan White Mrs Kaye Crowther Dr Branko Sijnja Ms Carole Heatly Mrs Lexie O'Shea Mr Peter Beirne Mrs Leanne Samuel Mr David Tulloch Mr Richard Bunton Mr Grant Paris Mrs Joanne Fannin	Crown Monitor Board member Board member Chief Executive Officer Executive Director of Patient Services/Deputy CEO Executive Director Finance Executive Director Nursing and Midwifery Chief Medical Officer Medical Director of Patient Services Senior Business Analyst (via videolink) Board Secretary Southland

1.0 PRESENTATION – ENDOSCOPY FROM WOE TO GO – THERE IS LIGHT AT THE END OF THE TUNNEL

Mr Simon Donlevy, Service Manager, joined the meeting in Invercargill and Mr Jason Hill, Clinical Leader Gastroenterology and Ms Janine Cochrane, Service Manager Medical joined the meeting via videolink from Dunedin. A presentation was provided by Mr Jason Hill outlining the development of the district gastroenterology service, including progress made to reduce waiting lists over the past 15 months. The Chairman and CEO acknowledged Mr Hill's leadership and the work undertaken by the team to achieve the significant improvement to the service. Mr Hill responded to queries regarding 'single point of entry' and provision of service by Doctors versus Nurse Practitioners. Mr Donlevy, Mr Jason Hill and Ms Kempin left the meeting.

2.0 WELCOME AND APOLOGIES

The Chairman welcomed everyone to the meeting. An apology was received from Mrs Mary Gamble.

3.0 MEMBERS' DECLARATION OF INTEREST

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

4.0 CONFIRMATION OF PREVIOUS MINUTES

It was resolved:

"That the minutes of the 3 September 2014 Hospital Advisory Committee meeting be approved and adopted as a true and correct record."

5.0 MATTERS ARISING

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

6.0 ACTION SHEET

The Committee reviewed the action sheet and noted that:

Action point 154 – acute readmission rates – a common denominator and numerator is to be selected to allow accurate alignment with other DHBs when benchmarking and an update will be provided at the HAC meeting in February 2015. A number of DHBs, including Southern DHB, have detected an anomaly with the transfer of some patients, e.g. between the Medical Ward and Assessment Treatment and Rehabilitation Ward. Unless patients are discharged and readmitted, they show as a readmission on the system. This is being addressed.

Action point 155 – phasing of budget for Radiology Services – the savings have not been re-phased at the current time as the budget has not been resubmitted to the Ministry of Health (MoH). The savings plan provided for the Audit and Risk Committee (ARC) has been re-phased to reflect that the Radiology savings will not impact until the second half of the year.

Action Point 156 – HR Occupational Health and Safety report – further discussion with ACC is underway re benchmarking data.

It was resolved:

“That the action sheet be received.”

7.0 EXECUTIVE DIRECTOR OF PATIENT SERVICES (EDPS) REPORT

The Committee received and considered the report from the EDPS.

The Committee:

- Acknowledged the favourable results for the Provider Arm in the first quarter performance.
- Received advice on the new funding received from the MoH for additional Gastroenterology procedures and noted the improvement in the percentage of patients receiving colonoscopies.
- Received advice that a Project Manager has been appointed and a Project Plan in relation to the Radiology Service Improvement initiative will be provided for the HAC meeting in February 2015.
- Received advice on progress in the development of a Trauma Service and noted that a Trauma Committee should be up and running by 1 July 2015.
- Received advice on the work streams in place for staff development and the adoption of lean methodologies within the organisation. There have now been 80 staff though the skills for change innovation programme.

8.0 KEY PERFORMANCE INDICATORS (KPIs)

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

- Received an update on trend of progress to four months wait for Outpatient and Inpatient Elective Services and noted that a quarterly update will be provided to the HAC.
- Noted the trend for October 2014 and requested a comparison be made with the figures for October 2013 to establish whether there is a seasonal trend.
- Received an update on expanding day surgery and ambulatory care (EDSAC), Dunedin Hospital and noted that investigations are being made as to where Day Surgery could be done in the future. Received advice that procedures are undertaken in Theatres in Dunedin Hospital that are undertaken in a procedure room at other hospitals.
- Received an update on the Patient Safety Process Measures from the Executive Director of Nursing and Midwifery.

- Received advice that Southern DHB is hosting a South Island forum in Dunedin where Dr James Bagian (MD, PE), Engineer and former NASA Astronaut, an internationally renowned expert on human factor science, will present to a number of staff.
- Received the Serious Adverse Events (SAE) Report 2013-2014 and noted that falls account for over half the adverse events nationally.

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:

- The unfavourable variance in Infrastructure costs relates to some one off costs and timing issues. The over-runs in cleaning and orderlies costs are expected to reduce once the new contract is in place.
- A number of the donations received are for assets and only a portion of the amount will be offset in depreciation. It was acknowledged that donations are difficult to forecast.
- A request was made for the forecast budget amount for a three month period to be depicted in the Provider Arm Monthly FTE Variance – Actuals v Budget graph.

10.0 HUMAN RESOURCES OCCUPATIONAL HEALTH AND SAFETY REPORT

The Committee received and considered the Human Resources Occupational Health and Safety Report. The Crown Monitor advised that under new legislation the Board is responsible for the health and safety of staff and she advised that staff sickness should be included in the Occupational Health and Safety Report.

11.0 INFORMATION SERVICES DASHBOARD

The Committee received and considered the Information Services Dashboard. The Committee:

- Received advice on the significant amount of change happening in this area.
- Received advice that Southern DHB has received a letter congratulating it on being one of the few DHBs who have successfully completed stage one of the National Patient Flow Project.
- Received advice that the Regional ED white board project is at a scoping stage and has not been presented locally at this point.

12.0 TERMS OF REFERENCE

The Committee received and reviewed the Hospital Advisory Committee Terms of Reference, noting the minor change to meeting frequency and the change to the review period.

It was resolved:

“That the Hospital Advisory Committee recommends that the Board approve the modified Terms of Reference for the Hospital Advisory Committee.”

Sandra Cook joined the meeting at 3.05pm.

13.0 CONFIDENTIAL SESSION

At 3.05pm, it was resolved:

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

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

The Committee resumed in public session at 5.05pm.

The meeting closed at 5.05pm.

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:	11 December 2014		
Summary: Funding contracts signed under delegation by Executive Director Planning & Funding and Chief Executive Officer and contracts approved by Board executed since last report.			
Specific implications for consideration (financial/workforce/risk/legal etc):			
Financial:	Nil		
Workforce:	Nil		
Other:	Nil		
Document previously submitted to:	n/a		Date:
Prepared by: Sandra Boardman Executive Director Planning and Funding Date: 28/11/2014		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) - NOVEMBER 2014

PROVIDER NAME	DESCRIPTION OF SERVICES	ANNUAL AMOUNT	CONTRACT/VARIATION END DATE	APPROVED BY
Contract Value of - \$0 - \$100,000 (Level 3)				
Aged Residential Care Facilities Variation to Agreement	Exceptional Circumstances palliative care for named individuals x 31	\$422,330.53	Various	Executive Director Planning & Funding
Michael William Jameson Variation to Agreement	Endodontic Treatment	\$19,288.44	30.06.16	Executive Director Planning & Funding 09.07.14
Waikiwi Care Limited t.a Waikiwi Gardens Rest Home Agreement	Long Term Support - Chronic Health Conditions	\$63,181.56 (Estimate)	30.06.15	Executive Director Planning & Funding 29.09.14
The Dunedin After Hours Doctors Ltd Variation to Agreement	After Hours - Practice Nurse Services	\$93,801.84	30.06.15	Executive Director Planning & Funding 29.10.14
Quins Gore Pharmacy Limited t.a Unichem Quins Gore Variation to Agreement	Pharmacy Services	\$4,050.00 (Estimate)	30.06.15	Executive Director Planning & Funding 29.10.14
Southern PHO Service Schedule	Rheumatic Fever Service Schedule	\$6,720.00	30.06.15	Executive Director Planning & Funding 23.09.14
Tokomairiro Waiora Incorporated Agreement	Smoking Cessation Services	\$72,765.00	30.06.16	Executive Director Planning & Funding 20.10.14
Presbyterian Support Otago Incorporated Variation to Agreement	Long Term Support - Chronic Health Conditions	\$87,572.52 (Estimate)	19.12.14	Executive Director Planning & Funding 03.11.14
BUPA Care Services NZ Ltd t.a Lake Wakatipu Home & Hospital Variation to Agreement	Long Term Support - Chronic Health Conditions	\$63,775.00 (Estimate)	31.12.15	Executive Director Planning & Funding 03.11.14
Corstorphine Baptist Community Trust Variation to Agreement	Sleepover Settlement	\$71,314.00	30.06.15	Executive Director Planning & Funding 20.10.14
Total for Level 3		\$ 904,798.89		

Southern DHB Board Meeting - Contracts Register

FUNDING ADMINISTRATION
CONTRACTS REGISTER (EXPENSES) - NOVEMBER 2014

Contract Value of - \$100,000 - \$500,000 (Level 2)				
Tuapeka Community Health Company Ltd t.a Lawrence Rural Health Centre Variation to Agreement	Community Health Services Main Agreement	\$ 408,188.50	31.08.15	Executive Director Planning & Funding 16.09.14
West Otago Health Limited Variation to Agreement	Community Health Services Main Agreement	\$ 165,067.00	31.08.15	Executive Director Planning & Funding 16.09.14
Waitaki District Health Services Ltd Variation to Agreement	Health of Older People	\$ 134,992.00	30.06.17	Executive Director Planning & Funding 28.10.14
BUPA Care Services NZ Ltd t.a Ascot Care Home Variation to Agreement	Long Term Support - Chronic Health Conditions	\$ 232,994.10 (Estimate)	04.12.15	Executive Director Planning & Funding 03.11.14
St Johns Parish - Roslyn - Friends of the Aged & Needy Society t.a Leslie Groves Variation to Agreement	Day Activity	\$ 105,258.34	30.06.15	Executive Director Planning & Funding 07.07.14
Total for Level 2		\$ 1,046,499.94		
Contract Value of - \$500,000 - 1 Million (Level 1)				
Milton Community Health Trust Variation to Agreement	Community Health Services Main Agreement	\$ 511,558.30	31.08.15	CEO - Southern DHB 07.10.14
Bainfield Gardens Limited Agreement	Vocational Support	\$ 510,688.52	31.10.17	CEO - Southern DHB 23.10.14
Total for Level 1		\$ 2,174,005.10		
Contract Value of - \$1 Million and Over (Board)				
Central Otago Health Services Limited Variation to Agreement	Rural Hospital Medical & Surgical Services & Health Services Head Agreement	\$ 21,025,017.63	30.06.17	Southern DHB Board 07.08.14
Central Otago Health Services Limited Variation to Agreement	Health of Older People	\$ 2,739,803.97	30.06.17	Southern DHB Board 07.08.14
Central Otago Health Services Limited Variation to Agreement	Domiciliary Services	\$ 4,381,161.51	30.06.17	Southern DHB Board 07.08.14

Southern DHB Board Meeting - Contracts Register

FUNDING ADMINISTRATION
 CONTRACTS REGISTER (EXPENSES) - NOVEMBER 2014

Southern Primary Health Organisation Variation to Agreement	After Hours Primary Care Initiatives	\$ 1,727,670.54	30.06.15	Southern DHB Board 02.10.14
Central Otago Health Services Limited Variation to Agreement	CT Radiology	\$ 1,760,000.00	30.06.18	Southern DHB Board 07.08.14
Total for Board Level		\$ 31,633,653.65		

Grand Total \$ 35,758,957.58