SOUTHERN DISTRICT HEALTH BOARD MEETING

Thursday, 7 May 2015, 9.00 am

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

AGFNDA

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- 1. Apologies
- 2. Interests Registers
- 3. Chair's Opening Comments
- 4. Food Services Proposal
 - Presentation of Petition
 - Deputation from Service & Food Workers Union (SFWU)
- 5. Minutes of Previous Meeting
- 6. Matters Arising
- 7. Review of Action Sheet
- 8. CEO's Report
- 9. Financial Report
 - a) Summary
 - b) Provider
 - c) Funder

Advisory Committee Reports:

- 10. Disability Support Advisory Committee and Community & Public Health Advisory Committee
 - a) Minutes of 1 April 2015 meeting
- 11. Hospital Advisory Committee
 - a) Minutes of 1 April 2015 meeting
- 12. Contracts Register
- 13. Resolution to Exclude the Public

Public Excluded Session:

RESOLUTION:

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

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

General subject:	Reasons for passing this	Grounds for passing the resolution:
Previous Public Excluded Board Minutes	resolution: 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	Plan is subject to Ministerial approval	As above, section 9(2)(f)
Public Excluded Advisory Committee Reports a) Disability Support and Community & Public Health Advisory Committees • 1 April 2015 b) Hospital Advisory Committee • 1 April 2015 c) Iwi Governance Committee • 6 May 2015 • Māori Health Plan • Principles of Relationship Agreement d) Audit & Risk Committee • 1 April 2015 • 29 April 2015 • 29 April 2015 • 6 May 2015 • 6 May 2015 • 6 May 2015 • Finance, Procurement & Supply Chain • Debt Write-off • Banking	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 Proposal	Commercial sensitivity and to allow activities and negotiations to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).

General subject:	Reasons for passing this resolution:	Grounds for passing the resolution:
Relationship Agreement – University of Otago/Southern DHB	To allow activities and negotiations to be carried on without prejudice or disadvantage	As above, section 9(2)(j).
Southland Education Centre and Kitchen/Dining Building Update	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).
Contracts a) Approvals b) Negotiations Update	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)
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).
Work Plan	To allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(j).

SOUTHERN DISTRICT HEALTH BOARD

Title:	INTERESTS REGIST		ERS	
Report to:	E	Board		
Date of Meeting: 7 May 2015				
Notifications received since the last me Nil			eting:	
Specific implications for consideration		for consideration ((financial/workforce/r	isk/legal etc):
Financial:	n/a			
Workforce:	n/a			
Other:				
Document previously submitted to:		y Board		Date: 2/04/15
Prepared by: Jeanette Kloosterman Board Secretary Date: 20/04/15			Presented by: Joe Butterfield Board Chairman	
RECOMMENDATION: 1. That the Interests Registers be re		eceived 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 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	Partner, BDO Invercargill, Chartered Accountants. Trustee, Verdon College Board of Trustees. Council Member, Southern Institute of Technology (SIT).	 May have some Southern DHB patients and staff as clients. Verdon is a participant in the employment incubator programme. Supply of goods and services between Southern DHB and SIT.
John CHAMBERS	09.12.2013	 Employee Southern DHB and Vice President of ASMS (Otago Branch) Employed 0.05 FTE as an Honorary Lecturer of the Dunedin Medical School Director of Chambers Consultancy Ltd Wife: Employed by the Southern DHB (NIR Co- ordinator) 	 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. Possible conflicts between SDHB and University interests. 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	 Councillor, Environment Southland. Trustee, Norman Jones Foundation. Southern Health Welfare Trust (Trustee). 	 Nil. Possible conflict with funding requests. Southland Hospital Trust.

Southern DHB Members' Interests Register As at April 2, 2015

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	 Employee of Crowe Horwath NZ Ltd Trustee of Wakatipu Plunket Charitable Trust. Corresponding member for Health and Family Affairs, National Council of Women. Trustee for No 10 Youth Health Centre, Invercargill. DHB representative on the Gore Social Sector Trial Stakeholder Group. 	 Possible conflict if DHB contracts HR services from JCL and Progressive Consulting, which are subsidiaries of Crowe Horwath NZ Ltd Nil. Possible conflict with funding requests. Nil.
Mary GAMBLE	09.12.2013	1. Member, Rural Women New Zealand.	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	 Chairman, Southern PHO Community Advisory Committee and ex officio Southern PHO Board. Secretary/Manager, Lakes District Air Rescue Trust. Daughter: Registrar, Cardiothoracics, Southern DHB 	Possible conflict with PHO contract funding. Possible conflict with contract funding.
Tuari POTIKI	09.12.2013 05.08.2014	 University of Otago staff member. Deputy Chair, Te Rūnaka o Ōtākou. Chair, NZ Drug Foundation. Director, Te Tapuae o Rehua Ltd Director Te Rūnaka Ōtākou Ltd 	 Possible Conflicts between Southern DHB and University interests. Possible conflict with contract funding. Nil. Nil Nil
Branko SIJNJA*	07.02.2008 04.02.2009	Director, Clutha Community Health Company Limited. 0.8 FTE Director Rural Medical Immersion Programme, University of Otago School of Medicine.	 Operates publicly funded secondary health services under contract to Southern DHB. Possible conflicts between Southern DHB and University interests. Employed as a part-time GP.
	22.06.2010 08.05.2014	3. 0.2 FTE Employee, Clutha Health First General Practice. 4. President, New Zealand Medical Association	5. Employed as a part time of .

Southern DHB Members' Interests Register As at April 2, 2015

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 05.02.2015	 Managing Director, Thomson & Cessford Ltd. Chairperson and Trustee, Hawksbury Community Living Trust. Trustee, HealthCare Otago Charitable Trust. Chairman, Composite Retail Group. Councillor, Dunedin City Council. One immediate family member is an employee of Dunedin Hospital (Anaesthetic Technician). 	 Thomson & Cessford Ltd is the company name for the Acquisitions Retail Chain. Southern DHB staff occasionally purchase goods for their departments from it. Hawksbury Trust runs residential homes for intellectually disabled adults in Otago and Canterbury. It does not have contracts with Southern DHB. Health Care Otago Charitable Trust regularly receives grant applications from staff and departments of Southern DHB, as well as other community organisations. May have some stores that deal with Southern DHB.
Janis Mary WHITE (Crown Monitor)	31.07.2013	 Member, Pharmac Board. Chair, CTAS (Central Technical Advisory Service). 	

^{*}Mr Ward and Dr Sijnja have both tendered their resignations from SCL Otago Southland Ltd (SCLOS) and are not receiving directorship fees. SCLOS have advised their resignations 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 February 2015

Employee Name	Date of	Interest Disclosed	Nature of Potential Interest
Employee Name	Entry		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	
Pania Coote	30.09.2011 30.09.2011 30.09.2011	 Affiliation to Awarua, Puketeraki and Moeraki Rūnaka. Member, Southern Cancer Network. Member, Aotearoa New Zealand Association 	 Possible conflict when contract with Southern DHB comes up for renewal. Nil. Nil.
	30.09.2011 29.06.2012	of Social Workers (ANZASW). 4. Member, SIT Social Work Committee.	4. Nil. 5. Nil.
	26.01.2015	5. Member, Te Waipounamu Māori Cancer Leadership Group.	6. Nil. 7. Nil.
	26.01.2015 26.01.2015	6. National Māori Equity Group (National Screening Unit) – MEG. 7. SDHB Child and Youth Health Service Level	8. Nil. 9. Nil.
	26.01.2015	Alliance Team South Island DHBs Medcal Diagnostic Laboratory Steering Group. Various SDHB operational Advisory Committees.	
Richard Bunton	17.03.2004	 Managing Director of Rockburn Wines Ltd. Director of Mainland Cardiothoracic Associates Ltd. Director of the Southern Cardiothoracic Institute Ltd. Director of Wholehearted Ltd. Chairman, Board of Cardiothoracic Surgery, 	 The only potential conflict would be if the Southern DHB decided to use this product for Southern DHB functions. This company holds the Southern DHB contract for publicly funded Cardiac Surgery. Potential conflict exists in the renegotiation of this contract. This company provides private cardiological services to Otago and Southland. A potential conflict would exist if

Southern DHB Board Meeting - Interests Registers

Employee Name	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern District Health Board
	29.04.2010	RACS. 6. Trustee, Dunedin Heart Unit Trust. 7. Chairman, Dunedin Basic Medical Sciences Trust.	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	Member of the University of Otago, School of Physiotherapy, Admissions Committee.	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.	Southland Hospital Trust.
John Pine	17.11.201	Nil.	
Dr Jim Reid	22.01.2014	 Director of both BPAC NZ and BPAC Inc Director of the NZ Formulary Trustee of the Waitaki District Health Trust Employed 2/10 by the University of Otago and am now Deputy Dean of the Dunedin School of Medicine. Partner at Caversham Medical Centre and a Director of RMC Medical Research Ltd. 	
Leanne Samuel	01.07.2007 01.07.2007 16.04.2014	 Southern Health Welfare Trust (Trustee). Member of Community Trust of Southland Health Scholarships Panel. Member National Lead Directors of Nursing and Nurse Executives of New Zealand. 	 Southland Hospital Trust. Nil. Nil.
David Tulloch	23.11.2010 02.06.2011 17.08.2012	 Southland Urology (Director). Southern Surgical Services (Director). UA Central Otago Urology Services Limited (Director). Trustee, Gilmour Trust. 	 Potential conflict if DHB purchases services. Potential conflict if DHB purchases services. Potential conflict if DHB purchases services. Southland Hospital Trust.

Minutes of the Southern District Health Board Meeting

Thursday, 2 April 2015, 10.00 am Board Room, Wakari Hospital Campus, Dunedin

Present: Mr Joe Butterfield

Mr Tim Ward Dr John Chambers Mr Neville Cook Mrs Kaye Crowther

Mr Tony Hill

Mr Richard Thomson

In Attendance: Dr Jan White Crown Monitor

Ms Carole Heatly Chief Executive Officer

Mrs Lexie O'Shea Deputy Chief Executive Officer/Executive

Board Chair

Deputy Chair

Director Patient Services

Mr Steve Addison Executive Director Communications

Mr Peter Beirne Executive Director Finance

Ms Liz Disney Senior Manager, Service Integration &

Innovation, Planning & Funding (until

12.05 pm)

Ms Jeanette Kloosterman Board Secretary

Mrs Leanne Samuel Executive Director Nursing & Midwifery Mr Glenn Symon Senior Manager Funder Support &

Intelligence, Planning & Funding

Mr David Tulloch Chief Medical officer

1.0 APOLOGIES

Apologies were received from Ms Sandra Cook, Mrs Mary Gamble, Mr Tuari Potiki and Dr Branko Sijnja.

2.0 DECLARATION OF INTERESTS

It was resolved:

"That the Interests Register be received."

3.0 CHAIR'S OPENING COMMENTS

Financial Position

Without wanting to diminish the effort staff had put into achieving exemplary clinical results, the Chairman stated that the Board's burgeoning deficit must be given greater consideration.

He noted that the DHB was a long way from its budgeted year-end position and current predictions for 2015/16 were not "pretty". The Chairman affirmed that this was not acceptable and some changes would be necessary. He advised that staff were currently working on proposals to address this issue and asked

members to keep the Board's financial position in mind while considering the agenda papers.

4.0 CONFIRMATION OF PREVIOUS MINUTES

It was resolved:

"That the minutes of the 5 March 2015 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

It was resolved:

"That the action sheet be received."

7.0 CHIEF EXECUTIVE OFFICER'S REPORT

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

It was resolved:

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

8.0 FINANCIAL REPORT

In presenting the Financial Report for the period ended 28 February 2015 (tab 8) the Executive Director Finance advised that there were two one-off items within the result: some staff IT costs that had been capitalised and an increase in accruals for community pharmaceutical costs.

The Executive Director Finance then took questions from members on the financial statements.

It was resolved:

"That the Financial Report be received."

9.0 ADVISORY COMMITTEE REPORTS

<u>Disability Support Advisory Committee and Community & Public Health Advisory Committee</u>

The Board received a verbal report from Mr Tim Ward on matters considered by the Disability Support Advisory Committee and Community & Public Health

Advisory Committee (DSAC/CPHAC) on 1 April 2015 and tabled a recommendation from the Committees on the draft Suicide Prevention Action Plan.

It was resolved:

"That the verbal report be received."

Southern District Suicide Prevention Action Plan 2015-2018

It was resolved:

"That the Board approve the Southern DHB's Suicide Prevention and Postvention Plan, pending final approval by the Ministry of Health."

Hospital Advisory Committee

The Board received a verbal report from Mr Tony Hill on the meeting of the Hospital Advisory Committee held on 1 April 2015. Recommendations from the Committee on the Healthy Food and Beverages Environments Policy and occupational health and safety reporting were tabled.

It was resolved:

"That the verbal report be received."

Healthy Food and Beverages Environments Policy

It was resolved:

- "That the Board:
- Note that the Hospital Advisory Committee endorses the Healthy Food and Beverages Environments Policy;
- Approve the adoption of the Healthy Food and Beverages Environments Policy."

Occupational Health and Safety Report

It was resolved:

- "That the Board:
- Receive the report and support the work being undertaken to address Southern District Health Board's strategy;
- Receive the report attached as appendix one to the Occupational Health and Safety Report and note the current accident and injury reports, together with the work related Accident Compensation claims data and sick leave data, benchmarked across all other DHBs."

10.0 CONTRACTS REGISTER

The Funding contracts register for March 2015 was circulated with the agenda (tab 11) for members' information.

It was resolved:

"That the contracts register be received."

PUBLIC EXCLUDED SESSION

At 10.30 am, it was resolved:

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

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	Plan is subject to Ministerial approval	As above, section 9(2)(f)
Public Excluded Advisory Committee Reports a) Disability Support and Community & Public Health Advisory Committees • 1 April 2015 b) Hospital Advisory Committee • 1 April 2015 • Plastic Surgery Breast Reconstructive Service • Southland Kitchen/Dining Building Removal of Asbestos c) Audit & Risk Committee • 1 and 2 April 2015	Commercial sensitivity and to allow activities and negotiations to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).

General subject:	Reasons for passing this	Grounds for passing the resolution:
	resolution:	resolution.
HBL Transition	Commercial sensitivity and	As above, sections 9(2)(i) and 9(2)(j).
	to allow '	
	activities and	
	negotiations to	
	be carried on	
	without	
	prejudice or	
Risk Report	disadvantage To allow	As above, sections 9(2)(i) and 9(2)(j).
RISK Report	activities to be	As above, sections 9(2)(1) and 9(2)(1).
	carried on	
	without	
	prejudice or	
	disadvantage	
Legal Issues	To allow	As above, sections $9(2)(j)$ and
	activities to be	9(2)(ba)(i)
	carried on without	
	prejudice or	
	disadvantage	
South Link Health – Retained	To allow	As above, sections 9(2)(i) and 9(2)(j).
Earnings	activities to be	
	carried on	
	without	
	prejudice or	
Maria Black	disadvantage	(
Work Plan	To allow activities to be	As above, sections 9(2)(j).
	carried on	
	without	
	prejudice or	
	disadvantage	

The public session of the meeting then closed.

Confirmed as a true and correct record:	
Chairman:	
Date:	

BOARD MEETING ACTION SHEET

As at 24 April 2015

Action	SUBJECT	ACTION REQUIRED	BY	STATUS	EXPECTED
Point No.					COMPLETION
					DATE
334-	Health of Older People	Management to report back on consumer	EDP&F	Small clinically-led group	August 2015
2015/03	(Minute item 8.0)	participation in the working group reviewing		outlining a case for change	
		older persons' health services.		for older persons' services.	
				Consumer input will be	
				sought in later stages of	
				the process.	

SOUTHERN DISTRICT HEALTH BOARD

Title:		CH	IEF EXECUTIVE (OFFICER	'S REPORT		
Report to:		Boa	ard				
Date of Meet	ing:	7 M	lay 2015				
Summary: The issues con Monthly	isidered y DHB a						
Specific implications for consideration (financial/workforce/risk/legal etc):							
Financial:	No spe	ecific	implications.				
Workforce:	No spe	ecific	implications.				
Other:	No spe	ecific	implications.				
Document pr submitted to		ly	Not applicable, directly to Board.	report	submitted	Date: n/a	
Approved by Chief Executi Officer:						Date: 23/04/2014	
Prepared by:		'		Presen	ted by:		
				Carole H Chief Ex	leatly cecutive Offic	cer	
Date: 23/04/2	2015						
RECOMMEND	ATION	:					
1. That th	ne Boar	rd re	eceive the report				

CHIEF EXECUTIVE OFFICER'S REPORT

1. DHB FINANCIAL PERFORMANCE

The March 2015 result was \$1.3m worse than budget, with a deficit of \$2.6m. For the financial year to date the consolidated deficit is \$7m worse than budget, with a deficit of \$14.6m. The result was adverse to forecast by \$0.36m overall, mainly in the Funder and mostly adverse inter-district outflows.

A detailed analysis of the financial situation is contained in the Financial Report.

2. PROVIDER ARM

Contract Performance

- Total elective case weights delivered (cwd) by Southern DHB Provider Arm were 169 over plan in March 2015 (13%). Year to date elective case weights are 304 over plan (13%).
- Total acute caseweights delivered (cwd) by the Southern DHB Provider Arm were 19 over plan in March 2015 (0.7%). Year to date acute case weights are 412 over plan (2%).
- In comparison to actual case weights delivered March ytd 2014, acute case weights delivered dropped by 396 case weights (2%) and elective case weights increased by 558 (5%).

Health Targets

Shorter Stays in Emergency Department (ED)

- Across the district March 2015 had 2.6% more presentations to ED than March 2014 (7019 in 2015 and 6839 in 2014).
- Quarter three 2014/15 performance for the district was 93.3%.
- Performance against the '6 Hour Target' across the district was 93.4% in March 2015.
 - Dunedin ED 93.5% for March
 - Presentations for the month of March increased with 3826 in 2015, a 3.9% increase on the 3684 presentations in March 2014.
 - Southland ED 93.4% for March
 - Presentations for the month of March increased with 3193 in 2015, a 1.2% increase on the 3155 presentations in March 2014.

Immunisation

- The 8 month target for Quarter 3 continues to achieve 95%. In March Southern DHB achieved 95% for coverage of children aged 8 months of age.
- The two year old target remains at 95%. Coverage in Southern recorded 93% for the Quarter 3 result. The Decline Rate for the 2 year olds has increased to 4.7%% and this directly impacts on the service's ability to meet the 95% target.

Better Help for Smokers to Quit

• The March quarter result for the Better Help for Smokers to Quit health target was 95% of patients offered advice and help to quit.

Shorter Cancer Wait Times

- 100% of patients are starting treatment within four weeks of their first specialist assessment.
- 100% of patients are getting chemotherapy within 28 days.

Improving Access to Elective Services

Elective Surgical Discharges March 201	5								
		Elective	Surgical D	ischarge	Activity -	Southern	DHB pop	ulation	
		March	2015			Year to	Date		Annual
	Actual	Plan	Var	Var %	Actual	Plan	Var	Var %	Plan
SDHB population treated inhouse	1.007	860	147	17%	8.171	7.557	614	8%	10.008
	,				-,	,			-,
SDHB population treated by other DHB	37	47	(10)	(21%)	373	423	(50)	(12%)	563
SDHB population outsourced	24	6	18	0%	98	73	25	0%	96
	1,068	913	155	17%	8,642	8,053	589	7%	10,667

Elective Surgical Caseweights March 2	015								
	-	Elective S	urgical Ca	seweight	Activity -	Southern	DHB po	pulation	
		March	2015			Year to	Date		Annual
	Actual	Plan	Var	Var %	Actual	Plan	Var	Var %	Plan
SDHB population treated inhouse	1,333	1,207	125	10%	10,515	10,632	(117)	(1%)	14,120
SDHB population treated by other DHB	60	85	(25)	(29%)	734	769	(35)	(5%)	1,025
SDHB population outsourced	32	11	20	180%	155	105	49	47%	179
	1,425	1,304	121	9%	11,404	11,506	(102)	(1%)	15,324

Operational Performance

Elective Service Performance Indicators (ESPIs): The final ESPI graphs for February 2015 show Southern DHB has a red status for both ESPI 2 (Patients waiting for First Specialist Assessment) and ESPI 5 (Inpatients). Preliminary results for March 2015 has Southern DHB with an amber status for both ESPI 2 and ESPI 5, funding therefore is not at risk.

Consumer Experience of Care

The most recent patient survey shows a sustained high performance 8.6-8.8 (score 0-10) on all four key domains, Communication, Partnership, Co-ordination, Physical and Emotional Needs.

3. PLANNING AND FUNDING

Tobacco Control Plan

A new draft Tobacco Control Plan (TCP), developed in collaboration by Public Health South, WellSouth Primary Care Network and Planning and Funding, was submitted to the Ministry of Health (MoH) on 2 April 2015. A general needs and gap analysis for the Southern district was also completed as part of the development of the Plan.

When considering the draft document, the MoH will be looking for alignment of the Southern DHB Annual Plan, Māori Health Plan, health target activity and the TCP. There is also an expectation that the Plan indicates actions to achieve and sustain health targets and to achieving the Government's Smokefree 2025 goal of reducing smoking prevalence and tobacco availability to minimal levels, thereby making New Zealand essentially a smokefree nation by 2025.

Feedback on the TCP is expected during the first week of May 2015. Following receipt of the feedback, a workshop will be held in Balclutha with key stakeholders from across the district to consider the feedback and discuss any critical issues and barriers to implementing the Plan and achieving the Smokefree 2025 goal.

Zero Fees for Under Thirteen's from 1 July 2015

The scheme has now been agreed at the national level for implementation from 1 July 2015. WellSouth have forwarded detailed information out separately to practices to enable consideration of opting on to the scheme, which is voluntary. Similar to the under six's scheme, additional funding is provided via capitation (for daytime services) and via DHBs/PHOs (for after-hours). Included with the mail-out information is an opt-on form for completion. Practices agreeing to join the scheme need to have this decision advised to WellSouth by 29 May in order to receive funding for the first quarter of 2015/16.

Southern DHB is required to provide monthly updates to the Ministry of Health regarding which practices have signed up to the scheme. The reporting schedule is expected to increase to fortnightly and then weekly closer to the 1 July implementation date.

Lexie O'Shea Acting Chief Executive Officer

23 April 2015

SOUTHERN DISTRICT HEALTH BOARD

Title:	FI	NANCIAL REPOR	Γ	
Report to:	Во	ard		
Date of Meeting: 7 May 2015				
		this paper are: cial position.		
Specific impl	ications f	or consideration ((financial/workforce/r	isk/legal etc):
Financial:	As	set out in report.		
Workforce:	No	specific implication	S	
Other:	n/a	1		
Document pr submitted to		Not applicable, redirectly to Board.		Date: n/a
Approved by Executive Off		Yes		Date: 24/04/2015
Prepared by:			Presented by: Peter Beirne Executive Director F	inance
RECOMMEND				
 That th 	ne report	be received.		

SOUTHERN DHB FINANCIAL REPORT Board Summary

Financial Report for: March 2015
Report Prepared by: Peter Beirne
Date: 20 April 2015

Overview

Results Summary

	Month			Y	ear to Date		Annual
Actual	Budget	Variance		Actual	Budget	Variance	Budget
\$' 000	\$' 000	\$' 000		\$' 000	\$' 000	\$' 000	\$' 000
74,040	73,400	640	Revenue	662,288	659,700	2,588	879,525
(29,031)	(28,617)	(414)	Less Personnel Costs	(252,404)	(251,037)	(1,367)	(339,397)
(47,641)	(46,079)	(1,562)	Less Other Costs	(424,451)	(416,224)	(8,227)	(554,960)
(2,632)	(1,296)	(1,336)	Net Surplus / (Deficit)	(14,567)	(7,561)	(7,006)	(14,832)

The March 2015 result was \$1.3m worse than budget, with a deficit of \$2.6m. Year to date (YTD) the consolidated deficit is \$7m worse than budget with a deficit of \$14.6m. The result was adverse to forecast by \$0.360m overall, mainly in the Funder and mostly adverse IDF outflows which may not indicate a trend.

Operational Performance

Operation	iai i ci ic	imancc					
	Month			Y	ear to Date		Annual
Actual	Budget	Variance		Actual	Budget	Variance	Budget
\$' 000	\$' 000	\$' 000		\$' 000	\$' 000	\$' 000	\$' 000
(91)	(16)	(75)	Governance	(308)	(50)	(258)	(3)
(85)	921	(1,006)	Funder	(1,158)	4,423	(5,581)	6,317
(2,457)	(2,200)	(257)	Provider	(13,101)	(11,936)	(1,165)	(21,147)
(2,633)	(1,295)	(1,339)	Net Surplus / (Deficit)	(14,567)	(7,564)	(7,004)	(14,833)

The March result was \$1.339m worse than budget, with the Provider \$0.257m worse than budget for the month, and the Funder Arm unfavourable for the month (\$1m) and year to date (\$5.6m).

Detail Section

Revenue

Ministry of Health (MoH) revenue was favourable for the month by \$0.5m, mostly revenue to offset Aged Residential Care price increase and subcontracts. Other Government and other revenue are collectively \$0.12m favourable for the month and \$0.32m YTD favourable. MoH revenue is favourable YTD by (\$2.26m).

Analysis of additional revenue is included detailed papers.

DHB Provider

	Month			`	Year to Date		Annual
Actual	Budget	Variance		Actual	Budget	Variance	Budget
\$' 000	\$' 000	\$' 000		\$' 000	\$' 000	\$' 000	\$' 000
41,999	41,536	463	Revenue	374,364	373,468	896	497,699
(28,698)	(28,281)	(417)	Less Personnel Costs	(249,643)	(248,106)	(1,537)	(335,475)
(15,758)	(15,455)	(303)	Less Other Costs	(137,822)	(137,298)	(524)	(183,371)
(2,457)	(2,200)	(257)	Net Surplus / (Deficit)	(13,101)	(11,936)	(1,165)	(21,147)
			Other Costs				
(2,530)	(2,573)	43	Outsourced	(23,066)	(23,106)	40	(30,756)
(7,554)	(7,049)	(505)	Clinical Supplies	(62,130)	(61,937)	(193)	(82,583)
			Infrastructure & non				
(5,674)	(5,833)	159	Clinical	(52,625)	(52,255)	(370)	(70,032)
(15,758)	(15,455)	(303)	Expenses	(137,821)	(137,298)	(523)	(183,371)

Personnel Expenses

Nursing was adverse by \$0.2m, largely continued budget shortfalls (Kiwisaver and Pay rates), FTE variance and increased accrual for now expired Multi Employer Collective Agreement (MECA). Annual leave taken was slightly better than budget.

Medical was over budget by \$0.3m, mainly in Senior Medical Officers (SMOs), with rates, allowances and increased leave valuation adverse. SMO FTE remains favourable. Allied was \$0.1m favourable and other staff groups were close to budget for the month. Allied FTE remain below budget and the positive financial benefit should therefore continue. Overall personnel costs are \$1.5m YTD unfavourable.

Outsourced Expenses

Outsourced costs are close to budget for the month and YTD.

Clinical Supplies Expenses

Clinical supply costs were adverse by \$0.5m for the month and close to budget YTD.

Infrastructure & Non-Clinical Expenditure

Infrastructure and non-clinical costs are favourable in the month by \$0.16m and unfavourable year to date by \$0.37m. (This includes provision for Doubtful Debts of \$0.37m.)

Funder Summary

	Month			Y	ear to Date		Annual
Actual	Budget	Variance		Actual	Budget	Variance	Budget
\$' 000	\$' 000	\$' 000		\$' 000	\$' 000	\$' 000	\$' 000
69,599	69,334	265	Revenue	625,723	624,279	1,444	832,283
(69,684)	(68,414)	(1,270)	Less Other Costs	(626,881)	(619,856)	(7,025)	(825,966)
(85)	920	(1,005)	Net Surplus / (Deficit)	(1,158)	4,423	(5,581)	6,317
			Expenses				
(49,411)	(48,546)	(865)	Personal Health	(445,086)	(441,907)	(3,179)	(588,785)
(7,102)	(7,090)	(12)	Mental Health	(64,143)	(63,806)	(337)	(85,075)
(591)	(624)	33	Public Health	(5,733)	(5,882)	149	(7,753)
(11,740)	(11,276)	(464)	Disability Support	(104,214)	(100, 358)	(3,856)	(133,736)
(114)	(153)	39	Maori Health	(1,177)	(1,375)	198	(1,833)
(725)	(725)	0	Other	(6,529)	(6,529)	0	(8,784)
(69,683)	(68,414)	(1,269)	Expenses	(626,882)	(619,857)	(7,025)	(825,966)

The Funder result was unfavourable for the month by \$1.0m, with Personal Health \$0.865m and Disability Support \$0.464m adverse, with some offsetting revenue related to price increases.

Adverse Inter District Flow (IDF) outflows of \$0.25m (primarily three high cost patients) and Community Pharmacy and Cancer Pharmaceuticals at \$0.23m accounts for much of the Personal Health monthly variance. The adverse IDF variance also explains most of the adverse Funder variance to forecast of \$0.350m. Unfavourable Aged Residential Care Rest Homes \$0.25m and Hospital level \$0.17m makes up most of the unfavourable expense variance in Disability Support for the month (with some revenue offset), continuing the trend.

Personal Health Payments

Personal Health payments are unfavourable for the month by \$0.86m. Negative IDF outflows of \$0.25m, Pharmaceuticals (including PCTs) of \$0.23m, the ongoing \$0.25m per month for additional savings budgeted from November 2014, lab costs \$0.06m and Travel and Accommodation \$0.07m make up most of the adverse variance. The revised "February" Pharmac Forecast is similar to the earlier forecast for the year but remains a significant estimate for reporting purposes.

Mental Health

Mental Health is close to budget and \$0.34m unfavourable year to date.

Disability Support

DSS costs continue to be unfavourable in March, with Rest Homes over budget both monthly and YTD. Year to date Disability Support is \$3.9m unfavourable with some revenue offset for price increase.

Balance Sheet and Cash Flow

Cash is \$18.5m at the end of March favourable to budget by \$2m.

Recommendation:

• That the Board note the Financial Report.

Financial Statements

The following financial statements are attached:

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

Summary HAC and CPHAC/DSAC financials are included, as there are no meetings this month.

Part 1: DHB Governance and	C Actual	urrent Month Budget	Variance	Variance	Actual	Year to Date Budget	Variance	Variance	Annual Budget
Funding Administration	\$(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	742	725	16 F	2%	6,599	6,529	70 F	1%	8,78
Other DHB's	24		24 F		60	-	60 F		
Other Government	(12)	8	(20) U	(254%)	46	69	(23) U	(33%)	9:
Government and Crown Agency Sourced Total	753	733	20 F	3%	6,706	6,598	108 F	2%	8,87
Other Income REVENUE TOTAL	753	733	20 F	3%	6, 710	6,598	5 F 113 F	2%	8,87
EXPENSES	733	733	20 1	376	0,710	0,330	113 1	276	0,07
Personnal Evnenses									
Personnel Expenses Medical Personnel	(6)	(21)	15 F	73%	(12)	(184)	172 F	93%	(247
Nursing Personnel	- (0)	(1)	1 F	1370	(12)	(7)	7 F	33 /8	(247
Allied Health Personnel	-	-				-			,
Support Services Personnel	-				-	-			
Management / Admin Personnel	(327)	(314)	(13) U	(4%)	(2,750)	(2,741)	(9) U		(3,666
Personnel Costs Total	(333)	(335)	3 F	1%	(2,762)	(2,932)	170 F	6%	(3,922
Outsourced Expenses									
Medical Personnel	-	-			-	-			
Nursing Personnel	-				-	-			-
Allied Health Personnel	-	-			-	-			-
Support Personnel Management / Administration Personnel	-				-	-			
Management / Administration Personnel Outsourced Clinical Services	-	-			5	-	5 F		-
Outsourced Corporate / Governance Services	(98)	(123)	25 F	20%	(1,029)	(1,103)	75 F	7%	- (1,471
Outsourced Funder Services	(179)	(123)	(46) U	(34%)	(1,603)	(1,105)	(399) U	(33%)	(1,606
Outsourced Services Total	(277)	(256)	(21) U	(8%)	(2,627)	(2,308)	(319) U	(14%)	(3,077
Clinical Supplies									
Treatment Disposables	-	-			(1)	-	(1) U	(850%)	-
Diagnostic Supplies & Other Clinical Supplies	-	-			-	-			-
Instruments & Equipment	-	-			-	-		(134%)	-
Patient Appliances	-	-			-	-			-
Implants & Prosthesis	-	-			-	-			-
Pharmaceuticals	-	-			-	-			-
Other Clinical Supplies Clinical Supplies Total	-	- :			(1)	-	(1) U	(623%)	
					(1)	_	(1) 0	(02370)	
Infrastructure & Non Clinical Expenses Hotel Services, Laundry & Cleaning	(1)	(1)		(2%)	(14)	(13)	(1) U	(5%)	(18
Facilities	(1)	(1)		(270)	(14)	(13)	(1) 0	(370)	(10
Transport	(11)	(18)	7 F	41%	(114)	(156)	43 F	27%	(212
IT Systems & Telecommunications	(4)	(9)	5 F	52%	(41)	(81)	40 F	50%	(108
Interest & Financing Charges	(14)	(22)	8 F	38%	(122)	(198)	76 F	38%	(264
Professional Fees & Expenses	(159)	(43)	(116) U	(268%)	(828)	(390)	(438) U	(112%)	(521
Other Operating Expenses	(9)	(21)	12 F	56%	(174)	(189)	15 F	8%	(252
Democracy	(35)	(42)	7 F	17%	(337)	(380)	44 F	11%	(507
Subsidiaries & Joint Ventures Infrastructure & Non-Clinical Supplies Total	(234)	(157)	(77) U	(49%)	(1,629)	(1,408)	(221) U	(16%)	(1,881
Internal Allocations	-	-	, , -	. ,	-	-		, ,	-
Other	_				_				_
Total Expenses	(844)	(749)	(95) U	(13%)	(7,019)	(6,648)	(371) U	(6%)	(8,880
Net Surplus/ (Deficit)	(91)	(16)	(75) U	(459%)	(308)	(50)	(258) U	(515%)	(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	Ī	n/m			-	n/m			n/m

Mar-15

		Current Month	1			Year to Date			Annual
Part 1: DHB Governance and	Actual	Budget	Variance	Variance	Actual	Budget	Variance	Variance	Budget
Funding Administration	\$(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 / Adminstration Personnel	31	n/m			28	n/m			n/m
Total Full Equivalents (FTE's)	31	n/m			28	n/m			n/m

Part 2: DHB provider	Actual	Current Month Budget	Variance	Variance	Actual	Year to Date Budget	Variance	Variance	Annual Budget
rait 2. DHB provider	\$(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	111	28	83 F	294%	444	254	189 F	74%	339
MoH - Mental Health	-	-		(40()	-	-	000 F	0.4007	-
MoH - Public Health MoH - Disability Support Services	10 746		6 F	(1%)	324	95	229 F 283 F	240%	127
MoH - Maori Health	740	740	0 F	1%	7,111	6,828	203 F	4%	9,040
Clinical Training Agency	623	637	(14) U	(2%)	5,394	5,508	(115) U	(2%)	7,418
Internal - DHB Funder to DHB Provider	37,732		255 F	1%	338,072	338,116	(44) U	(270)	450,549
Ministry of Health Total	39,223		330 F	1%	351,345	350,802	543 F		467,473
Other Government									
IDF's - Mental Health Services	-	-			-	-			-
IDF's - All others (non Mental health)	-	-			-	-			-
Other DHB's	17	25	(9) U	(34%)	201	227	(26) U	(11%)	302
Training Fees and Subsidies	27	17	10 F	60%	192	154	38 F	25%	206
Accident Insurance	804		(29) U	(3%)	7,565	7,690	(125) U	(2%)	10,406
Other Government	448		(20) U	(4%)	3,974	4,197	(224) U	(5%)	5,598
Other Government Total	1,296	1,343	(47) U	(4%)	11,932	12,268	(337) U	(3%)	16,512
Government and Crown Agency Total	40,518	40,236	282 F	1%	363,277	363,070	206 F		483,985
Other Revenue									
Patient / Consumer Sourced	543		98 F	22%	2,794	2,761	33 F	1%	3,515
Other Income Other Revenue Total	937 1,480		83 F 181 F	10% 14%	8,293 11,088	7,636 10,397	657 F 690 F	9% 7%	10,199 13,71 4
REVENUE TOTAL	41,999		463 F	1%	374,364	373,468	896 F		497,699
	41,999	41,330	403 F	1 76	374,304	373,400	090 F		497,033
EXPENSES									
Personnel Expenses									
Medical Personnel	(9,826)		(300) U	(3%)	(84,725)	(84,388)	(336) U		(113,250
Nursing Personnel	(10,617)		(197) U	(2%)	(93,373)	(91,700)	(1,673) U	(2%)	(124,838
Allied Health Personnel	(4,122)		112 F	3%	(35,184)	(36,188)	1,004 F	3%	(49,159
Support Services Personnel	(799)		12 F	1%	(7,299)	(7,166)	(133) U	(2%)	(9,718
Management / Admin Personnel Personnel Costs Total	(3,335) (28,698)	(3,291) (28,281)	(44) U (417) U	(1%) (1%)	(29,062) (249,643)	(28,664) (248,106)	(399) U (1,537) U	(1%) (1%)	(38,509 (335,475
Outsourced Expenses									
Medical Personnel	(405)	(505)	100 F	20%	(3,510)	(4,613)	1,103 F	24%	(6,104
Nursing Personnel	(3)		(3) U	2070	(49)	(4,010)	(49) U	2470	(0,104
Allied Health Personnel	(49)		(15) U	(45%)	(461)	(320)	(141) U	(44%)	(421
Support Personnel	(33)		(11) U	(53%)	(265)	(192)	(73) U	(38%)	(256
Management / Administration Personnel	(10)	(1)	(9) U	(857%)	(104)	(9)	(95) U		(12
Outsourced Clinical Services	(1,888)	(1,867)	(21) U	(1%)	(17,461)	(16,695)	(766) U	(5%)	(22,257
Outsourced Corporate / Governance Services	(143)	(145)	2 F	1%	(1,217)	(1,278)	61 F	5%	(1,706
Outsourced Funder Services Outsourced Services Total	(2,530)	(2,573)	43 F	2%	(23,066)	(23,106)	40 F		(30,756
	(2,000)	(=,0.0)		-73	(20,000)	(20,100)			(00,100
Clinical Supplies	(0.5==)	(0.450)	(447)	(50/)	(00 505)	(01.50.)	(074)	(50/)	(00 7:5
Treatment Disposables Diagnostic Supplies & Other Clinical Supplies	(2,576)		(117) U	(5%)	(22,505)	(21,534)	(971) U 52 F	(5%) 4%	(28,710
Instruments & Equipment	(158) (1,440)		(7) U (121) U	(4%) (9%)	(1,328) (12,627)	(1,379) (12,007)	619) U	(5%)	(1,818) (16,010)
Patient Appliances	(1,440)		7 F	4%	(1,559)	(1,696)	137 F	8%	(2,268
Implants & Prosthesis	(1,198)		(146) U	(14%)	(8,200)	(8,636)	437 F	5%	(11,607
Pharmaceuticals	(1,702)		(149) U	(10%)	(13,417)	(13,848)	431 F	3%	(18,395
Other Clinical Supplies	(296)	(323)	28 F	9%	(2,496)	(2,836)	339 F	12%	(3,774
Clinical Supplies Total	(7,554)	(7,049)	(504) U	(7%)	(62,130)	(61,937)	(193) U		(82,583
Infrastructure & Non Clinical Expenses									
Hotel Services, Laundry & Cleaning	(1,108)		(54) U	(5%)	(9,884)	(9,485)	(398) U	(4%)	(12,640
Facilities	(1,664)		134 F	7%	(15,976)	(16,012)	37 F		(21,682
Transport	(340)	(356)	16 F	4%	(2,951)	(3,134)	182 F	6%	(4,212

	C	urrent Month	l		,	Year to Date			Annual
Part 2: DHB provider	Actual	Budget	Variance	Variance	Actual	Budget	Variance	Variance	Budget
	\$(000)	\$(000)	\$(000)	%	\$(000)	\$(000)	\$(000)	%	\$(000)
IT Systems & Telecommunications	(911)	(912)	1 F		(8,294)	(8,190)	(104) U	(1%)	(10,930)
Interest & Financing Charges	(1,331)	(1,253)	(78) U	(6%)	(11,476)	(11,274)	(202) U	(2%)	(15,032)
Professional Fees & Expenses	(43)	(112)	69 F	61%	(734)	(1,031)	298 F	29%	(1,367)
Other Operating Expenses	(277)	(349)	72 F	21%	(3,311)	(3,128)	(183) U	(6%)	(4,168)
Democracy	-	-			-	-			-
Subsidiaries & Joint Ventures	-	-			-	-			-
Infrastructure & Non-Clinical Supplies Total	(5,674)	(5,833)	159 F	3%	(52,625)	(52,255)	(370) U	(1%)	(70,032)
Other Costs and Internal Allocations	-	-			-	-			-
Total Expenses	(44,456)	(43,736)	(720) U	(2%)	(387,465)	(385,404)	(2,061) U	(1%)	(518,846)
Net Surplus/ (Deficit)	(2,457)	(2,200)	(257) U	(12%)	(13,101)	(11,936)	(1,165) U	(10%)	(21,147)
Zero Check Part 2.1 A: Supplementary Information to Statement of Fin	ancial Perfo	rmance			-	-			-
Depreciation - Clinical Equipment	(659)	(651)	(8) U	(1%)	(5,855)	(5,900)	45 F	1%	(7,847)
Depreciation - Non Res Buildings & Plant	(652)	(688)	36 F	5%	(5,871)	(5,903)	32 F	1%	(8,095)
Depreciation - Motor Vehicles	(23)	(17)	(5) U	(32%)	(204)	(157)	(47) U	(30%)	(208)
Depreciation - Information Technology	(261)	(250)	(11) U	(4%)	(2,373)	(2,219)	(153) U	(7%)	(2,975)
Depreciation - Other Equipment	(50)	(50)		(1%)	(475)	(445)	(30) U	(7%)	(596)
Total Depreciation	(1,644)	(1,655)	11 F	1%	(14,778)	(14,623)	(154) U	(1%)	(19,721)
Interest Cost from Funder Loans	-	-			-	-			-
Interest Costs from CHFA	(386)	(378)	(8) U	(2%)	(3,415)	(3,403)	(12) U		(4,537)
Financing Component of Operating Leases	(31)	(31)			(269)	(276)	7 F	3%	(368)
Capital Charge	(894)	(841)	(54) U	(6%)	(7,750)	(7,565)	(185) U	(2%)	(10,087)
Part 1.2 : Full Time Equivalent Numbers									
Medical Personnel	519	n/m			514	n/m			n/m
Nursing Personnel	1,626	n/m			1,616	n/m			n/m
Allied Health Personnel	657	n/m			651	n/m			n/m
Support Personnel	196	n/m			195	n/m			n/m
Management / Administration Personnel	632	n/m		_	639	n/m			n/m
Total Full Time Equivalents (FTE's)	3,630	n/m			3,614	n/m			n/m

Part 3: DHB Funds	Actual	Current Month Budget	Variance	Variance	Actual	Year to Date Budget	Variance	Variance	Annual 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	57,849	57,837	12 F		520,598	520,532	66 F		694,043
MoH - Vote Health Mental Health	6,925	6,925			62,323	62,323			83,097
PBF Adjustments	- 2.000	2.000	000 F	00/	- 00.007	07.440	4 450 5	F0/	20.50
MoH Funding Subcontracts MoH - Personal Health	3,282	3,020	262 F	9%	28,897	27,448	1,450 F	5%	36,507
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	68,055	67,782	274 F		611,819	610,303	1,516 F		813,647
Other Government IDF's - Mental Health Services	45	45			406	406			54
IDF's - All others (non Mental health)	1,499		(9) U	(1%)	13,498	13,571	(72) U	(1%)	18,094
Other DHB's	-		(5) 0	(170)	-	-	(12) 0	(170)	- 10,00
Training Fees and Subsidies	-	-			-	-			-
Accident Insurance	-	-			-	-			-
Other Government Total	1,544	1 552	(0) 11	(40/)	12 004	12.076	(72) 11	(40/)	10 621
Other Government Total	1,544	1,553	(9) U	(1%)	13,904	13,976	(72) U	(1%)	18,635
Government and Crown Agency Sourced Total Other Revenue	69,599	69,334	265 F		625,723	624,279	1,444 F		832,283
Patient / Consumer Sourced	-				-	-			
Other Income	-	-			-	-			-
Other Revenue Total	-	-			-	-			-
REVENUE TOTAL	69,599	69,334	265 F		625,723	624,279	1,444 F		832,283
EXPENSES									
Outsourced Expenses									
Outsourced Funder Services	(725)	(725)			(6,529)	(6,529)			(8,785
Other Outsourced Expenses	-	-			-	-			-
Other Expenses	-	-			-	-			-
Payments to Providers									
Personal Health									
Personal Health to allocate	-	(83)	83 F		-	(750)	750 F		(1,000
Child and Youth	(384)	(382)	(1) U		(3,448)	(3,442)	(6) U		(4,589
Laboratory	(1,527)		(62) U 9 F	(4%) 9%	(13,876)	(13,187)	(689) U 81 F	(5%) 9%	(17,582
Infertility Treatment Services Maternity	(92) (254)	(101) (262)	8 F	3%	(824) (2,360)	(905) (2,356)	(3) U	970	(1,207 (3,142
Maternity (Tertiary & Secondary)	(1,388)		5 F	0,0	(12,440)	(12,542)	102 F	1%	(16,722
Pregnancy and Parenting Education	(12)				(93)	(111)	18 F	16%	(148
Maternity Payment Schedule	-	-			-	-			-
Neo Natal	(660)			201	(5,942)	(5,942)			(7,923
Sexual Health Adolescent Dental Benefit	(87) (160)		1 F 15 F	2% 9%	(795)	(796)	1 F 176 F	10%	(1,062 (2,385
Other Dental Services	(160)	(176)	15 F	970	(1,619)	(1,795)	1/0 F	10%	(2,305
Dental - Low Income Adult	(91)	(78)	(13) U	(17%)	(706)	(699)	(7) U	(1%)	(932
Child (School) Dental Services	(647)	(658)	11 F	2%	(5,598)	(5,695)	97 F	2%	(7,582
Secondary / Tertiary Dental	(255)		(13) U	(5%)	(2,570)	(2,180)	(390) U	(18%)	(2,906
Pharmaceuticals Pharmaceutical Cancer Treatment Drugs	(5,857)	(5,726)	(131) U	(2%)	(56,461)	(55,564)	(897) U	(2%)	(73,400
Pharmaceutical Cancer Treatment Drugs Pharmacy Services	(487) (55)		(101) U 14 F	(26%) 20%	(3,333) (482)	(3,471) (624)	138 F 142 F	4% 23%	(4,628 (832
Management Referred Services	(35)	250	(250) U	20 /0	(402)	1,250	(1,250) U	23/0	2,000
General Medical Subsidy	(67)	(67)	(222,0		(603)	(713)	111 F	16%	(952
Primary Practice Services - Capitated	(3,484)	(3,511)	27 F	1%	(31,467)	(31,599)	133 F		(42,132
Primary Health Care Strategy - Care	(327)		(9) U	(3%)	(2,893)	(2,861)	(32) U	(1%)	(3,814
Primary Health Care Strategy - Health Primary Health Care Strategy - Other	(364)		(27) U	(8%)	(3,193)	(3,031)	(162) U	(5%)	(4,041
riiiiaiy nealii Cafe Stratedy - Other	(223)	(255)	32 F	13%	(2,005)	(2,293)	288 F	13%	(3,058
Practice Nurse Subsidy	(13)		3 F	19%	(126)	(146)	20 F	14%	(195

Dowt 2. DUD Francis		urrent Month	V'-	Man's		Year to Date	Manie	Manie	Annu
Part 3: DHB Funds	Actual	Budget	Variance	Variance	Actual	Budget	Variance	Variance	Budge
	\$(000)	\$(000)	\$(000)	%	\$(000)	\$(000)	\$(000)	%	\$(000
Immunisation	(236)	(236)			(1,482)	(1,631)	149 F	9%	(2,
Radiology	(478)	(465)	(13) U	(3%)	(4,258)	(4,181)	(77) U	(2%)	(5,
Palliative Care	(583)	(495)	(88) U	(18%)	(4,772)	(4,457)	(315) U	(7%)	(5,
Meals on Wheels	(53)	(53)	(00) 0	(1070)	(481)	(481)	(010) 0	(770)	(0,
			(E2) II	(40/)			(202) 11	(20/)	
Domicilary & District Nursing	(1,482)	(1,429)	(52) U	(4%)	(13,253)	(12,871)	(382) U	(3%)	(17,
Community based Allied Health	(584)	(584)	(1) U		(5,260)	(5,253)	(7) U		(7
Chronic Disease Management and Educa	(241)	(255)	14 F	6%	(2,335)	(2,298)	(37) U	(2%)	(3
Medical Inpatients	(5,653)	(5,653)			(50,877)	(50,877)			(67
Medical Outpatients	(3,686)	(3,669)	(16) U		(33,168)	(33,025)	(143) U		(44
Surgical Inpatients	(10,644)	(10,647)	3 F		(95,798)	(95,821)	23 F		(127
Surgical Outpatients	(1,686)	(1,694)	7 F		(15,195)	(15,245)	49 F		(20
Paediatric Inpatients	(644)	(644)			(5,800)	(5,800)			(7
Paediatric Outpatients	(269)	(269)			(2,427)	(2,420)	(7) U		(;
•			40.5	E 40/				040/	(-
Pacific Peoples' Health	(10)	(22)	12 F	54%	(153)	(194)	41 F	21%	
Emergency Services	(1,638)	(1,634)	(4) U		(14,764)	(14,704)	(59) U		(19
Minor Personal Health Expenditure	(68)	(100)	31 F	31%	(762)	(896)	134 F	15%	(
Price adjusters and Premium	(558)	(505)	(52) U	10%	(5,182)	(4,547)	(635) U	14%	(6
Travel & Accomodation	(444)	(373)	(70) U	(19%)	(3,933)	(3,708)	(225) U	(6%)	(4
Inter District Flow Personal Health	(2,645)	(2,399)	(246) U	(10%)	(21,977)	(21,590)	(386) U	(2%)	(2
rsonal Health Total	(49,411)	(48,546)	(865) U	(2%)	(445,086)	(441,907)	(3,179) U	(1%)	(58
i Sonai i Galur i Olar	(49,411)	(40,340)	(863) U	(270)	(443,000)	(441,307)	(3,179) 0	(170)	(38
ental Health									
Mental Health to allocate	9	(29)	38 F	133%	85	(257)	343 F	133%	
Acute Mental Health Inpatients	(1,143)	(1,143)			(10,290)	(10,290)			(1
Sub-Acute & Long Term Mental Health	(304)	(304)			(2,735)	(2,735)			(
Crisis Respite	(7)	(7)		3%	(61)	(60)		(1%)	,
Alcohol & Other Drugs - General	(327)	(327)		370	(2,943)	(2,943)		(170)	(:
							(00) 11	(70()	
Alcohol & Other Drugs - Child & Youth	(102)	(102)			(981)	(918)	(63) U	(7%)	(
Methadone	(94)	(94)			(849)	(849)			(1
Dual Diagnosis - Alcohol & Other Drugs	(44)	(45)		1%	(399)	(402)	3 F	1%	
Dual Diagnosis - MH/ID	(5)	(5)			(45)	(45)			
Eating Disorder	14	(16)	30 F	190%	(104)	(145)	41 F	28%	
Maternal Mental Health	(4)	(4)		,.	(33)	(33)			
Child & Youth Mental Health Services			(60) 11	(00/)			(500) 11	(70/)	(9
	(888)	(820)	(68) U	(8%)	(7,901)	(7,379)	(522) U	(7%)	
Forensic Services	(513)	(513)			(4,616)	(4,616)			(
Kaupapa Maori Mental Health Services	(152)	(152)			(1,370)	(1,370)			(
Kaupapa Maori Mental Health - Residential	-	-			-	-			
Kaupapa Maori Mental Health - Inpati	-				-	-			
Mental Health Community Services	(1,859)	(1,878)	19 F	1%	(16,790)	(16,904)	115 F	1%	(22
Prison/Court Liaison	(45)	(45)			(401)	(401)			(
	(43)	(43)			(401)	(401)			
Mental Health Workforce Development									
Day Activity & Work Rehabilitation S	(200)	(200)			(1,796)	(1,796)	(1) U		(2
Mental Health Funded Services for Older People	(36)	(36)			(321)	(321)			
Advocacy / Peer Support - Consumer	(58)	(58)			(521)	(522)	1 F		
Other Home Based Residential Support	(396)	(373)	(23) U	(6%)	(3,599)	(3,359)	(240) U	(7%)	(4
Advocacy / Peer Support - Families	(52)	(52)	(., -	()	(471)	(471)	, -	()	,
Community Residential Beds & Service			20 5	60/			20 5	10/	/
•	(428)	(457)	28 F	6%	(4,070)	(4,109)	39 F	1%	(
Minor Mental Health Expenditure	(39)	(32)	(7) U	(23%)	(282)	(287)	4 F	2%	
Inter District Flow Mental Health ental Health Total	(430) (7,102)	(399) (7,090)	(31) U (12) U	(8%)	(3,651) (64,143)	(3,595) (63,806)	(56) U (337) U	(2%) (1%)	(8:
	(1,102)	(1,550)	(12) 0		(07,170)	(00,000)	(007) 0	(170)	(0
iblic Health									
Alcohol & Drug	(36)	(36)			(323)	(323)			
Communicable Diseases	(97)	(97)			(874)	(874)			(
Injury Prevention	-	-			-	-			
Screening Programmes	(61)	(112)	51 F	45%	(1,125)	(1,274)	149 F	12%	(
Mental Health	(22)	(22)			(200)	(200)		,0	,
Nutrition and Physical Activity	(48)	(49)	1 F	2%	(434)	(444)	10 F	2%	
Physical Environment			1.5	270			10 F	270	
	(36)	(36)			(323)	(323)			
Public Health Infrastructure	(128)	(128)			(1,149)	(1,149)			(
Sexual Health	(12)	(12)			(108)	(108)			
Social Environments	(38)	(38)			(341)	(341)			
Tobacco Control	(114)	(94)	(20) U	(22%)	(856)	(845)	(11) U	(1%)	(
Well Child Promotion	1	(0.)	1 F	(==.=)	1	(5)	1 F	()	'
Meningococcal						1			
ıblic Health Total	(591)	(624)	33 F	5%	(5,733)	(5,882)	149 F	3%	(
		` /			,	,			•
sability Support Services		//			/4= ===:	(4= ===:			
AT & R (Assessment, Treatment and Re	(1,986)	(1,986)			(17,872)	(17,872)			(2
Information and Advisory	(12)	(12)			(107)	(107)			
Needs Assessment	(158)	(160)	1 F	1%	(1,594)	(1,437)	(157) U	(11%)	

Part 3: DHB Funds Service Co-ordination Home Support Carer Support Residential Care: Rest Homes	(20) (1,551) (119) (3,244)	\$(000) (19) (1,423)	Variance \$(000)	Variance %	Actual \$(000)	Budget \$(000)	Variance \$(000)	Variance %	Budget
Home Support Carer Support	(20) (1,551) (119)	(19)	\$(000)	%	\$(000)	\$(000)	\$(000)	0/	* (****)
Home Support Carer Support	(1,551) (119)	, ,				-(000)	\$(000)	%	\$(000)
Home Support Carer Support	(1,551) (119)	, ,		(1%)	(185)	(175)	(10) U	(5%)	(234
Carer Support	(119)		(129) U	(9%)	(13,739)	(12,803)	(937) U	(7%)	(17,070
	` '	(144)	26 F	18%	(1,146)	(1,298)	152 F	12%	(1,73
reducinial data: react formed		(2,995)	(249) U	(8%)	(29,632)	(26,480)	(3,152) U	(12%)	(35,274
Residential Care: Loans Adjustment	12	23	(11) U	(47%)	134	204	(70) U	(34%)	27
Long Term Chronic Conditions	(8)	(8)	(11)0	(2%)	(73)	(72)	(10)0	(0470)	(97
Residential Care: Hospitals	(4,110)	(3,942)	(168) U	(4%)	(34,689)	(34,844)	155 F		(46,416
Ageing in Place	(2)	(2)	(100) 0	(470)	(22)	(22)	100 1		(30,410
Environmental Support Services	(103)	(110)	7 F	6%	(925)	(988)	63 F	6%	(1,318
Day Programmes	(41)	(48)	7 F	14%	(305)	(416)	111 F	27%	(554
Expenditure to Attend Treatment ETAT	(41)	(46)	, ,	1470	(303)	(410)	111.	21 /0	(55.
Minor Disability Support Expenditure	(8)	(17)	9 F	52%	(75)	(157)	82 F	52%	(210
Respite Care	(107)	(95)	(12) U	(12%)	٠,	(857)	(269) U	(31%)	(1,143
Community Health Services & Support	` ′	, ,	36 F	45%	(1,126)	, ,	195 F	(31%)	
	(44)	(81)			(529)	(725)			(966
Inter District Flow Disability Support	(238)	(256)	19 F	7%	(2,326)	(2,308)	(19) U	(1%)	(3,077
Disability Support Other	-	-	//- 0 //				/=-\ · · ·		
Disability Support Services Total	(11,740)	(11,276)	(464) U	(4%)	(104,214)	(100,358)	(3,856) U	(4%)	(133,736
Maori Health									
Maori Service Development	(28)	(38)	10 F	26%	(329)	(341)	12 F	4%	(455
Maori Provider Assistance Infrastruc		` -			` -	` -			•
Maori Workforce Development	-	_			-				
Minor Maori Health Expenditure	-	_			-				
Whanau Ora Services	(86)	(115)	28 F	25%	(848)	(1,033)	186 F	18%	(1,378
flaori Health Total	(114)	(153)	38 F	25%	(1,177)	(1,375)	198 F	14%	(1,83
Internal Allocations	-	-			-				
otal Expenses	(69,684)	(68,414)	(1,270) U	(2%)	(626,881)	(619,856)	(7,025) U	(1%)	(825,966
Summary of Results									
Subtotal of IDF Revenue	1,544	1,553	(9) U	(1%)	13,904	13,976	(72) U	(1%)	18,63
Subtotal all other Revenue	68,055	67,782	274 F	(170)	611,819	610,303	1,516 F	(178)	813,64
Revenue Total	69,599	69,334	265 F		625,723	624,279	1,444 F		832,28
orondo rotal	03,333	03,334	203 F		023,123	027,273	1,777 [032,20
Subtotal of IDF Expenditure	(3,313)	(3,055)	(258) U	(8%)	(27,954)	(27,493)	(462) U	(2%)	(36,65
Subtotal all other Expenditure	(66,371)	(65,359)	(1,012) U	(2%)	(598,927)	(592,363)	(6,563) U	(1%)	(789,309
Expenses Total	(69,684)	(68,414)	(1,270) U	(2%)	(626,881)	(619,856)	(7,025) U	(1%)	(825,966
let Surplus/ (Deficit)	(85)	921	(1,005) U	(109%)	(1,158)	4,423	(5,581) U	(126%)	6,31
Zero Che									

Part 4: DHB Consolidated	Actual	Current Month Budget	Variance	Variance	Actual	Year to Date Budget	Variance	Variance	Annual 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	57,849	57,837	12 F		520,598	520,532	66 F		694,04
MoH - Vote Health Mental Health	6,925	6,925			62,323	62,323			83,09
PBF Adjustments MoH Funding Subcontracts	3,282	3,020	262 F	9%	28,897	- 27,448	1,450 F	5%	36,50
MoH - Personal Health	3,202		83 F	294%	20,097	27,446	1,450 F	74%	33
MoH - Mental Health	-	-			-	-			
MoH - Public Health	10			(1%)	324	95	229 F	240%	12
MoH - Disability Support Services	746	740	6 F	1%	7,111	6,828	283 F	4%	9,04
MoH - Maori Health Clinical Training Agency	623	637	(14) U	(2%)	5,394	5,508	(115) U	(2%)	7,41
Internal - DHB Funder to DHB Provider	162		162 F	(270)	162	-	162 F	(270)	-,
Ministry of Health Total	69,708	69,197	511 F	1%	625,253	622,989	2,265 F		830,57
Other Government									
IDF's - Mental Health Services	45	45			406	406			541
IDF's - All others (non Mental health)	1,499		(9) U	(1%)	13,498	13,571	(72) U	(1%)	18,094
Other DHB's	40		15 F	60%	261	227	34 F	15%	302
Training Fees and Subsidies Accident Insurance	27 804		10 F (29) U	60% (3%)	192 7,565	154 7,690	38 F (125) U	25% (2%)	206 10,406
Other Government	436		(40) U	(8%)	4,020	4,266	(123) U	(6%)	5,690
Other Government Total	2,851	2,904	(52) U	(2%)	25,943	26,314	(371) U	(1%)	35,239
Government and Crown Agency Total	72,559	72,101	458 F	1%	651,196	649,302	1,894 F		865,811
Other Revenue									
Patient / Consumer Sourced	543	445	98 F	22%	2,794	2,761	33 F	1%	3,515
Other Income	937	854	83 F	10%	8,298	7,636	662 F	9%	10,199
Other Revenue Total	1,480	1,299	181 F	14%	11,092	10,397	695 F	7%	13,714
REVENUE TOTAL	74,040	73,400	639 F	1%	662,288	659,700	2,588 F		879,525
EXPENSES									
Personnel Expenses									
Medical Personnel	(9,831)	(9,547)	(285) U	(3%)	(84,737)	(84,572)	(164) U		(113,497
Nursing Personnel	(10,617)		(196) U	(2%)	(93,373)	(91,706)	(1,666) U	(2%)	(124,846
Allied Health Personnel Support Services Personnel	(4,122)		112 F 12 F	3% 1%	(35,184)	(36,188)	1,004 F	3%	(49,159
Management / Admin Personnel	(799)		(57) U	(2%)	(7,299) (31,812)	(7,166) (31,405)	(133) U (407) U	(2%) (1%)	(9,718 (42,175
Personnel Costs Total	(29,031)		(414) U	(1%)	(252,404)	(251,037)	(1,367) U	(1%)	(339,397
Outsourced Expenses									
Medical Personnel	(405)	(505)	100 F	20%	(3,510)	(4,613)	1,103 F	24%	(6,104
Nursing Personnel	(3)	-	(3) U		(49)	-	(49) U		-
Allied Health Personnel	(49)		(15) U	(45%)	(461)	(320)	(141) U	(44%)	(421
Support Personnel Management / Administration Personnel	(33)		(11) U (9) U	(53%) (857%)	(265) (98)	(192) (9)	(73) U (89) U	(38%) (980%)	(256 (12
Outsourced Clinical Services	(1,888)		(21) U	(1%)	(17,461)	(16,695)	(766) U	(5%)	(22,257
Outsourced Corporate / Governance Services	(241)		27 F	10%	(2,245)	(2,381)	136 F	6%	(3,177
Outsourced Funder Services	(179)		(46) U	(34%)	(1,603)	(1,205)	(399) U	(33%)	(1,606
Outsourced Services Total	(2,807)	(2,829)	22 F	1%	(25,693)	(25,414)	(279) U	(1%)	(33,833
Clinical Supplies									
Treatment Disposables	(2,576)		(117) U	(5%)	(22,506)	(21,534)	(972) U	(5%)	(28,710
Diagnostic Supplies & Other Clinical Supplies Instruments & Equipment	(158)		(7) U	(4%)	(1,328)	(1,379)	52 F	4%	(1,818
Patient Appliances	(1,440) (184)		(121) U 7 F	(9%) 4%	(12,627) (1,559)	(12,008) (1,696)	(619) U 137 F	(5%) 8%	(16,010 (2,268
Implants & Prosthesis	(1,198)		(146) U	(14%)	(8,200)	(8,636)	437 F	5%	(11,607
Pharmaceuticals	(1,702)	(1,554)	(149) U	(10%)	(13,417)	(13,848)	431 F	3%	(18,395
Other Clinical Supplies Clinical Supplies Total	(296) (7,554)		28 F (505) U	9% (7%)	(2,496) (62,131)	(2,836) (61,937)	339 F (194) U	12%	(3,774 (82,583
	(7,334)	(7,049)	(303) U	(170)	(02,131)	(01,937)	(194) U		(02,383
Infrastructure & Non Clinical Expenses Hotel Services, Laundry & Cleaning	(4.400)	/4.0EE\	(EA) II	(E0/)	(0.907)	(0.400)	(200) 11	(40/)	(40.650
Facilities	(1,109) (1,664)		(54) U 134 F	(5%) 7%	(9,897) (15,976)	(9,499) (16,012)	(399) U 37 F	(4%)	(12,658 (21,682
Transport	(351)		23 F	6%	(3,065)	(3,290)	225 F	7%	(4,424

Dani da DUD Oanna distanta d		urrent Month				Year to Date			Annual
Part 4: DHB Consolidated	Actual \$(000)	Budget \$(000)	Variance \$(000)	Variance %	Actual \$(000)	Budget \$(000)	Variance \$(000)	Variance %	Budget \$(000)
	4(513)	4(000)	+()		4(555)	4(223)	+()	,-	*()
IT Systems & Telecommunications	(915)	(921)	6 F	1%	(8,335)	(8,271)	(64) U	(1%)	(11,038
Interest & Financing Charges	(1,345)	(1,275)	(70) U	(5%)	(11,598)	(11,472)	(126) U	(1%)	(15,296
Professional Fees & Expenses	(203)	(155)	(47) U	(30%)	(1,562)	(1,422)	(140) U	(10%)	(1,888
Other Operating Expenses	(286)	(370)	84 F	23%	(3,485)	(3,317)	(168) U	(5%)	(4,420
Democracy	(35)	(42)	7 F	17%	(337)	(380)	44 F	11%	(507
Subsidiaries & Joint Ventures	-	-			-	-			
Infrastructure & Non-Clinical Supplies Total	(5,908)	(5,990)	82 F	1%	(54,255)	(53,663)	(591) U	(1%)	(71,913
Payments to Providers									
Personal Health									
Personal Health to allocate	-	(83)	83 F		-	(750)	750 F		(1,000
Child and Youth	(35)	(34)	(1) U	(4%)	(312)	(306)	(6) U	(2%)	(408
Laboratory	(1,527)	(1,465)	(62) U	(4%)	(13,872)	(13,183)	(689) U	(5%)	(17,577
Infertility Treatment Services	-	(101)	101 F		-	(356)	356 F		(657
Maternity	(212)	(220)	8 F	4%	(1,986)	(1,983)	(3) U		(2,643
Maternity (Tertiary & Secondary)	(8)	(14)	5 F	40%	(20)	(122)	102 F	84%	(163
Pregnancy and Parenting Education	(10)	(10)		1%	(70)	(88)	18 F	20%	(117
Maternity Payment Schedule	-	-			-	-			-
Neo Natal	-	-			-	-			-
Sexual Health	-	(1)	1 F		(12)	(13)	1 F	10%	(18
Adolescent Dental Benefit	(134)	(149)	15 F	10%	(1,382)	(1,558)	176 F	11%	(2,068
Other Dental Services	-	-			-	-			-
Dental - Low Income Adult	(68)	(55)	(13) U	(24%)	(506)	(499)	(7) U	(1%)	(665
Child (School) Dental Services	(52)	(63)	11 F	17%	(244)	(341)	97 F	28%	(444
Secondary / Tertiary Dental	(139)	(126)	(13) U	(10%)	(1,524)	(1,134)	(390) U	(34%)	(1,512
Pharmaceuticals	(5,598)	(5,435)	(164) U	(3%)	(54,046)	(52,939)	(1,107) U	(2%)	(69,900
Pharmaceutical Cancer Treatment Drugs	-	-			(17)	-	(17) U		-
Pharmacy Services	(46)	(61)	14 F	23%	(404)	(546)	142 F	26%	(728
Management Referred Services	-	250	(250) U		-	1,250	(1,250) U		2,000
General Medical Subsidy	(67)	(67)			(603)	(713)	111 F	16%	(952
Primary Practice Services - Capitated	(3,484)	(3,511)	27 F	1%	(31,467)	(31,599)	133 F		(42,132
Primary Health Care Strategy - Care	(327)	(318)	(9) U	(3%)	(2,893)	(2,861)	(32) U	(1%)	(3,814
Primary Health Care Strategy - Health	(364)	(337)	(27) U	(8%)	(3,090)	(3,031)	(60) U	(2%)	(4,041
Primary Health Care Strategy - Other	(223)	(255)	32 F	13%	(2,005)	(2,293)	288 F	13%	(3,058
Practice Nurse Subsidy	(13)	(16)	3 F	19%	(126)	(146)	20 F	14%	(195
Rural Support for Primary Health Pro	(1,305)	(1,313)	8 F	1%	(11,738)	(11,817)	79 F	1%	(15,756
Immunisation	(166)	(166)			(855)	(1,003)	149 F	15%	(2,035
Radiology	(209)	(196)	(13) U	(7%)	(1,842)	(1,765)	(77) U	(4%)	(2,353
Palliative Care	(576)	(488)	(88) U	(18%)	(4,710)	(4,395)	(315) U	(7%)	(5,860
Meals on Wheels	(20)	(20)			(180)	(180)			(241
Domicilary & District Nursing	(487)	(435)	(52) U	(12%)	(4,304)	(3,922)	(382) U	(10%)	(5,228
Community based Allied Health	(168)	(168)	(1) U		(1,515)	(1,508)	(7) U		(2,011
Chronic Disease Management and Educa	(81)	(95)	14 F	15%	(892)	(855)	(37) U	(4%)	(1,140
Medical Inpatients	-	-			-	-	(- / -	(,	-
Medical Outpatients	(414)	(397)	(16) U	(4%)	(3,719)	(3,577)	(143) U	(4%)	(4,769
Surgical Inpatients	(16)	(19)	3 F	14%	(145)	(168)	23 F	14%	(224
Surgical Outpatients	(139)	(146)	7 F	5%	(1,268)	(1,317)	49 F	4%	(1,756
Paediatric Inpatients	-	(,			(1,200)	(,,=,			(.,
Paediatric Outpatients	_	-			(7)	-	(7) U		_
Pacific Peoples' Health	_	(12)	12 F		(64)	(105)	41 F	39%	(140
Emergency Services	(159)	(156)	(4) U	(2%)	(1,459)	(1,400)	(59) U	(4%)	(1,867
Minor Personal Health Expenditure	(43)	(74)	31 F	42%	(531)	(665)	134 F	20%	(886
Price adjusters and Premium	(136)	(83)	(52) U	63%	(1,386)	(751)	(635) U	84%	(1,002
Travel & Accomodation	(439)	(369)	(70) U	(19%)	(3,894)	(3,670)	(225) U	(6%)	(4,813
Inter District Flow Personal Health	(2,645)	(2,399)	(246) U	(10%)	(21,977)	(21,590)	(386) U	(2%)	(28,787
Personal Health Total	(19,312)	(18,607)	(705) U	(4%)	(175,065)	(171,899)	(3,166) U	(2%)	(228,958
Mental Health									
Mental Health to allocate	-	(38)	38 F		-	(343)	343 F		(457
Acute Mental Health Inpatients	-	-			-	-			-
	-				-	-			-
Sub-Acute & Long Term Mental Health	1	(5)		4%	(42)	(42)		(1%)	(55
· ·	(4)							()	
Crisis Respite	(4) (55)				(492)	(492)			ເຕລຸຕ
Crisis Respite Alcohol & Other Drugs - General	(55)	(55)			(492) (981)	(492) (918)	(63) []	(7%)	
Crisis Respite Alcohol & Other Drugs - General Alcohol & Other Drugs - Child & Youth					(492) (981)	(492) (918)	(63) U	(7%)	
Crisis Respite Alcohol & Other Drugs - General Alcohol & Other Drugs - Child & Youth Methadone Dual Diagnosis - Alcohol & Other Drugs	(55)	(55)		1%			(63) U 3 F	(7%) 1%	(656 (1,224 - (435
Crisis Respite Alcohol & Other Drugs - General Alcohol & Other Drugs - Child & Youth Methadone	(55) (102)	(55) (102) - (36)	30 F	1%	(981)	(918)			(1,224
Crisis Respite Alcohol & Other Drugs - General Alcohol & Other Drugs - Child & Youth Methadone Dual Diagnosis - Alcohol & Other Drugs Dual Diagnosis - MH/ID	(55) (102) - (36)	(55) (102) -	30 F		(981) - (323) -	(918) - (326) -	3 F	1%	(1,224 - (435

Port 4: DUD Consolidated		urrent Month				Year to Date			Annu
Part 4: DHB Consolidated	Actual	Budget	Variance	Variance	Actual	Budget	Variance	Variance	Budge
	\$(000)	\$(000)	\$(000)	%	\$(000)	\$(000)	\$(000)	%	\$(000
Forensic Services	(4)	(4)			(32)	(32)			
Kaupapa Maori Mental Health Services	(6)	(6)			(55)	(55)			
Kaupapa Maori Mental Health - Residentual	(0)	(0)			(33)	(55)			
					-	-			
Kaupapa Maori Mental Health - Inpati					-	-			
Mental Health Community Services	(107)	(127)	19 F	15%	(1,024)	(1,139)	115 F	10%	(1,
Prison/Court Liaison	-				-	-			
Mental Health Workforce Development	-	-			-	-			
Day Activity & Work Rehabilitation S	(136)	(136)			(1,228)	(1,227)	(1) U		(1
Mental Health Funded Services for Older People	-	-			-	-			
Advocacy / Peer Support - Consumer	(23)	(23)			(209)	(210)	1 F		
Other Home Based Residential Support	(338)	(315)	(23) U	(7%)	(3,076)	(2,836)	(240) U	(8%)	(3
Advocacy / Peer Support - Families	(52)	(52)	` ′	` ′	(471)	(471)	. ,	` '	,
Community Residential Beds & Service	(428)	(457)	28 F	6%	(4,070)	(4,109)	39 F	1%	(5
Minor Mental Health Expenditure							4 F	2%	(-
	(39)	(32)	(7) U	(23%)	(282)	(287)			
Inter District Flow Mental Health	(430)	(399)	(31) U	(8%)	(3,651)	(3,595)	(56) U	(2%)	(4
ental Health Total	(2,060)	(2,048)	(12) U	(1%)	(18,768)	(18,431)	(337) U	(2%)	(2
blic Health									
Alcohol & Drug	_	-			_	_			
Communicable Diseases					_				
Injury Prevention	1	-			-	-			
, ,	-	-			-	-			
Mental Health	-	-			-	-			
Screening Programmes	-	-			-	-			
Nutrition and Physical Activity	(26)	(27)	1 F	4%	(231)	(241)	10 F	4%	
Physical Environment	-				-	-			
Public Health Infrastructure	_				_	-			
Sexual Health	_				_	_			
Social Environments	_								
Tobacco Control	(33)	(12)	(20) U	(162%)	(123)	(112)	(11) U	(10%)	
Well Child Promotion	1	-	1 F		1	-	1 F		
Meningococcal	-	-			-	-			
ıblic Health Total	(57)	(39)	(18) U	(45%)	(353)	(353)			
sability Support Services									
	(007)	(007)			(0.077)	(0.077)			(:
AT & R (Assessment, Treatment and Re	(297)	(297)			(2,677)	(2,677)			(
Information and Advisory	(12)	(12)			(107)	(107)			
Needs Assessment	(20)	(22)	1 F	7%	(352)	(195)	(157) U	(81%)	
Service Co-ordination	-	-			(10)	-	(10) U		
Home Support	(1,551)	(1,423)	(129) U	(9%)	(13,739)	(12,803)	(937) U	(7%)	(1
Carer Support	(119)	(144)	26 F	18%	(1,146)	(1,298)	152 F	12%	(
Residential Care: Rest Homes	(3,244)	(2,995)	(249) U	(8%)	(29,632)	(26,480)	(3,152) U	(12%)	(3:
									(3
Residential Care: Loans Adjustment	12	23	(11) U	(47%)	134	204	(70) U	(34%)	
Long Term Chronic Conditions	-				-	-			
Residential Care: Hospitals	(4,110)	(3,942)	(168) U	(4%)	(34,689)	(34,844)	155 F		(4
Ageing in Place	-	-			-	-			
Environmental Support Services	(101)	(108)	7 F	6%	(905)	(968)	63 F	7%	(
Day Programmes	(41)	(48)	7 F	14%	(305)	(416)	111 F	27%	,
Expenditure to Attend Treatment ETAT	(-1)	(-10)		1470	(500)	(-10)		21 /3	
	1	(0)	0 -		-	(00)	00.5		
Minor Disability Support Expenditure		(9)	9 F	(-	(82)	82 F	(=	
Respite Care	(107)	(95)	(12) U	(12%)	(1,126)	(857)	(269) U	(31%)	(
Community Health Services & Support	(23)	(60)	36 F	61%	(340)	(536)	195 F	36%	
Inter District Flow Disability Support	(238)	(256)	19 F	7%	(2,326)	(2,308)	(19) U	(1%)	(
Disability Support Other	`-				-		. ,		,
sability Support Services Total	(9,852)	(9,388)	(464) U	(5%)	(87,221)	(83,365)	(3,856) U	(5%)	(11
ori Health									
Maori Service Development	(12)	(22)	10 F	44%	(188)	(200)	12 F	6%	
Maori Provider Assistance Infrastruc	-	-			-	-			
Moari Workforce Development	-	-			-	-			
Minor Maori Health Expenditure	-	-			_	_			
Whanau Ora Services	(78)	(107)	28 F	26%	(777)	(961)	184 F	19%	(
ori Health Total	(91)	(107)	20 F	30%	(964)	(1,161)	196 F	17%	(
	(0.)	(.20)	, , , , , , , , , , , , , , , , , , ,	20,3	(30./	(.,)	.30	,3	,
Internal Allocations	-	-			-	-			
tal Expenses	(76,672)	(74,696)	(1,976) U	(3%)	(676,855)	(667,261)	(9,594) U	(1%)	(89
t Surplus/ (Deficit)	(2,632)	(1,295)	(1,337) U	(103%)	(14,567)	(7,561)	(7,006) U	(93%)	(1

	С	urrent Month	l		,	Year to Date		Annual	
Part 4: DHB Consolidated	Actual	Budget	Variance	Variance	Actual	Budget	Variance	Variance	Budget
	\$(000)	\$(000)	\$(000)	%	\$(000)	\$(000)	\$(000)	%	\$(000)
Depreciation - Clinical Equipment	(659)	(651)	(8) U	(1%)	(5,855)	(5,900)	45 F	1%	(7,847)
Depreciation - Non Residential Buildings & Plant	(652)	(688)	36 F	5%	(5,871)	(5,903)	32 F	1%	(8,095)
Depreciation - Motor Vehicles	(23)	(17)	(5) U	(32%)	(204)	(157)	(47) U	(30%)	(208)
Depreciation - Information Techology	(261)	(250)	(11) U	(4%)	(2,373)	(2,219)	(153) U	(7%)	(2,975)
Depreciation - Other Equipment	(50)	(50)		(1%)	(475)	(445)	(30) U	(7%)	(596)
Total Depreciation	(1,644)	(1,655)	11 F	1%	(14,778)	(14,623)	(154) U	(1%)	(19,721)
Interest Cost from Funder Loans	-	-			-	-			-
Interest Costs from CHFA	(386)	(378)	(8) U	(2%)	(3,415)	(3,403)	(12) U		(4,537)
Financing Component of Operating Leases	(31)	(31)			(269)	(276)	7 F	3%	(368)
Capital Charge	(894)	(841)	(54) U	(6%)	(7,750)	(7,565)	(185) U	(2%)	(10,087)

Mar-15

	Current	Previous			Current Year	
Part 4: DHB Consolidated	Month	Month		Current	Opening	Annual
	Actual	Actual	Movement	Budget	Balance Sheet	Budget
D D	\$ (000)	\$(000)	\$(000)	\$(000)	\$(000)	\$(000)
Part 4.2: Balance Sheet						
Current Assets						
Petty Cash	16	16	-	-	16	-
Bank	223	(232)	455	-	(285)	-
Short Term Investments - HBL	18,278	18,039	239	-	12,711	-
Short Term Investments	- 0.007	- 0.000	(004)	=	- 0.445	=
Prepayments Accounts Receivable	3,087 8,558	3,369 7,047	(281) 1,512	-	2,115 10,434	-
Provision for Doubtful Debts	(2,857)	(2,857)	1,512	-	(2,486)	-
Accrued Debtors	18,654	22,074	(3,421)	-	21,599	-
Inventory / Stock	4,669	4,662	7	-	4,792	-
Assets Held for Resale	569	569		-	1,099	-
Current Assets Total	51,197	52,686	(1,489)	-	49,994	-
Non Current Assets						
Land, Buildings & Plant	250,840	250,762	78	-	250,340	-
Clinical Equipment (incl Finance Leases)	109,897	109,320	577	-	108,627	-
Other Equipment (incl Finance Leases)	15,263	15,227	36	-	15,190	-
Information Technology	39,861	39,746	114	-	38,708	-
Motor Vehicles	2,343	2,343	-	-	2,343	-
Provision Depreciation - Buildings & Plant	(8,222)	(7,570)	(652)	-	(2,354)	-
Provision Depreciation - Clinical Equipment	(76,971)	(76,321)	(651)	-	(73,360)	-
Provision Depreciation - Other Equipment Provision Depreciation - Information Technology	(11,959) (30,056)	(11,909) (29,795)	(50) (261)	-	(11,560) (28,263)	-
Provision Depreciation - Motor Vehicles	(1,106)	(1,083)	(23)	-	(902)	-
WIP	9,654	9,788	(134)	-	4,577	_
Investment in Associates	-	-	-	-	-	-
Long Term Investments	4,469	4,469	-	-	3,586	-
Non Current Assets Total	304,012	304,977	(964)	-	306,933	-
Current Liabilities						
Accounts Payable Control	(7,634)	(7,316)	(318)	_	(7,132)	-
Accrued Creditors	(31,516)	(31,197)	(320)	_	(31,970)	_
Income Received in Advance	(1,836)	(1,498)	(338)	_	(539)	_
Capital Charge Payable	(2,683)	(1,789)	(894)	-	-	-
GST & Tax Provisions	(5,851)	(10,515)	4,664	-	(5,359)	-
Term Loans - Finance Leases (current portion)	(1,411)	(1,404)	(7)	-	(2,330)	-
Term Loans - Crown (current portion)	(13,093)	(13,093)	-	-	(12,976)	-
Payroll Accrual & Clearing Accounts	(16,650)	(14,045)	(2,605)	-	(14,593)	-
Employee Entitlement Provisions	(46,013)	(45,659)	(354)	-	(47,795)	-
Current Liabilities Total	(126,689)	(126,517)	(172)	-	(122,695)	-
WORKING CAPITAL	(75,492)	(73,830)	(1,662)	-	(72,700)	
NET FUNDS EMPLOYED	228,520	231,146	(2,626)	-	234,232	-
Non Current Liabilities						
Long Service Leave - Non Current Portion Retirement Gratuities - Non Current Portion	(3,030)	(3,030)	-	-	(3,030)	-
Other Employee Entitlement Provisions	(10,730)	(10,730)	-	-	(10,863) (1,320)	-
Term Loans - Finance Leases (non current portio	(1,320) (3,970)	(1,320) (3,978)	- 8	-	(1,555)	-
Term Loans - Crown (non current portion)	(88,270)	(88,255)	(14)	-	(88,250)	-
Custodial Funds	-	-	- '	-	-	-
Non Current Liabilities Total	(107,320)	(107,314)	(6)	-	(105,017)	-
Crown Equity						
Crown Equity	(179,788)	(179,788)	_		(179,788)	_
Crown Equity Injection	(6,554)	(6,554)	_	-	(173,700)	_
Crown Equity Repayments	-	-	_	_	_	_
Trust and Special Funds (no restricted use)	(5,266)	(5,110)	(156)	-	(4,947)	-
Revaluation Reserve	(94,120)	(94,120)	- 1	-	(94,570)	-
Retained Earnings - DHB Governance & Funding	4,331	4,240	91	50	4,023	3
Retained Earnings - DHB Provider	119,509	116,896	2,613	11,936	106,537	21,147
Retained Earnings - Funds	40,689	40,604	85	(4,423)	39,531	(6,317)
Crown Equity Total	(121,200)	(123,833)	2,632	7,563	(129,215)	14,834
NET FUNDS EMPLOYED	(228,520)	(231,146)	2,626	(7,563)	(234,232)	(14,834)
Part 4.3: Statement of Movement in E	iguity		•	7,563	-	14,834
Total equity at beginning of the period	(129,213)	(129,213)	-	-	(129,215)	-
Net Results for Period	14,567	11,935	2,632	7,561	-	14,832
Revaluation of Fixed Assets Equity Injections - Deficit Support	(C 04E)	(C 04E)	•	-	-	-
Equity Injections - Deficit Support Equity Injections - Capital Projects	(6,015)	(6,015)	•	-	-	-
	(539)	(539)	-	-	-	-
Equity Repayments						
Equity Repayments Other	-	_		-	-	-
	- (105)	- (105)	-	- -	- (105)	- -

Southern District Health Board *Mar-15*

		urrent Month				Year to Date			Annual
Part 4: DHB Elimination	Actual	Budget	Variance	Variance	Actual	Budget	Variance	Variance	Budget
	\$(000)	\$(000)	\$(000)	%	\$(000)	\$(000)	\$(000)	%	\$(000)
Part 4.3: 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 MoH - Mental Health	-	-			-	-			
MoH - Public Health	-	-			-	-			
MoH - Disability Support Services		-			_	-			
MoH - Maori Health	_				_	_			
Clinical Training Agency	-	-			_	_			
Internal - DHB Funder to DHB Provider	(38,312)	(38,203)	(109) U		(344,509)	(344,645)	136 F		(459,33
Ministry of Health Total	(38,312)	(38,203)	(109) U		(344,509)	(344,645)	136 F		(459,33
Other Government									
IDF's - Mental Health Services	_	-							
IDF's - All others (non Mental health)	-	-			-	-			
Other DHB's	-	-			-	-			
Training Fees and Subsidies	-	-			-	-			
Accident Insurance	-	-			-	-			
Other Government	-	-			-	-			
Other Government Total	-	-			-	-			
Government and Crown Agency Total	(38,312)	(38,203)	(109) U		(344,509)	(344,645)	136 F		(459,33
Other Revenue									
Patient / Consumer Sourced	-	-			-	-			
Other Income	-	-			-	-			
Other Revenue Total	-	-			-	-			
REVENUE TOTAL	(38,312)	(38,203)	(109) U		(344,509)	(344,645)	136 F		(459,33
EXPENSES									
Personnel Expenses									
Medical Personnel	-	-			-	-			
Nursing Personnel	-	-			-	-			
Allied Health Personnel Support Services Personnel	-	-			-	-			
Management / Admin Personnel	-	-			-	-			
Personnel Costs Total									
Outsourced Expenses									
Medical Personnel	-	-			-	-			
Nursing Personnel	-	-			-	-			
Allied Health Personnel	-	-			-	-			
Support Personnel Management / Administration Personnel		-			-	-			
Outsourced Clinical Services									
Outsourced Corporate / Governance Services	_				_	_			
Outsourced Funder Services	725	725			6,529	6,529			8,7
Outsourced Services Total	725	725			6,529	6,529			8,7
Clinical Supplies									
Treatment Disposables	-	-			_	-			
Diagnostic Supplies & Other Clinical Supplies	-	-			-	-			
Instruments & Equipment	-	-			-	-			
Patient Appliances	-	-			-	-			
Implants & Prosthesis	-	-			-	-			
Pharmaceuticals Other Clinical Supplies	-	-			-	-			
Clinical Supplies Clinical Supplies Total	-	-			-	-			
÷ •									
Information of Nam Official 17									
Infrastructure & Non Clinical Expenses									
Infrastructure & Non Clinical Expenses Hotel Services, Laundry & Cleaning Facilities	-	-			-	-			

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		Current Month				Year to Date			Annual
Part 4: DHB Elimination	Actual	Budget	Variance	Variance	Actual	Budget	Variance	Variance	Budget
	\$(000)	\$(000)	\$(000)	%	\$(000)	\$(000)	\$(000)	%	\$(000)
IT Systems & Telecommunications		_				_			
Interest & Financing Charges					_				
Professional Fees & Expenses	-				-	•			
Other Operating Expenses					_				
Democracy					_				
Subsidiaries & Joint Ventures					_				
Infrastructure & Non-Clinical Supplies Total	-	-			<u> </u>	-			-
Payments to Providers									
Personal Health									
Personal Health to allocate	-	-			-	-			
Child and Youth	348	348			3,136	3,136			4,18
Laboratory	-	-			4	4			
Infertility Treatment Services	92	-	92 F		824	549	275 F	(50%)	54
Maternity	42	42			374	374			49
Maternity (Tertiary & Secondary)	1,380	1,380			12,420	12,420			16,55
Pregnancy and Parenting Education	3	3			23	23			3
Maternity Payment Schedule	-	-			-	-			
Neo Natal	660	660			5,942	5,942			7,92
Sexual Health	87	87			783	783			1,04
Adolescent Dental Benefit	26	26			238	238			31
Other Dental Services	-	-			-	-			
Dental - Low Income Adult	22	22			201	201			26
Child (School) Dental Services	595	595			5,354	5,354			7,13
Secondary / Tertiary Dental	116	116			1,046	1,046			1,39
Pharmaceuticals	259	292	(33) U	11%	2,416	2,625	(209) U	8%	3,50
Pharmaceutical Cancer Treatment Drugs	487	386	101 F	(26%)	3,316	3,471	(155) U	4%	4,62
Pharmacy Services	9	9		(,	78	78	(, -		10
Management Referred Services					_				
General Medical Subsidy	_				_	-			-
Primary Practice Services - Capitated	_	_			_	-			
Primary Health Care Strategy - Care	_				_	-			
Primary Health Care Strategy - Health	_				103		103 F		_
Primary Health Care Strategy - Other	_								
Practice Nurse Subsidy					_				
Rural Support for Primary Health Pro	71	71			636	636			848
Immunisation	70	70			628	628			83
Radiology	268	268			2,416	2,416			3,22
Palliative Care	7	7			62	62			8:
Meals on Wheels	33	33			301	301			40
Domicilary & District Nursing	994	994			8,949	8,949			11,932
Community based Allied Health	416	416				3,745			4,993
Chronic Disease Management and Educa	160				3,745				
Medical Inpatients	5,653	160 5,653			1,443 50,877	1,443 50,877			1,92- 67,83
Medical Outpatients									
	3,272	3,272			29,449	29,449			39,26
Surgical Inpatients	10,628	10,628			95,653	95,653			127,53
Surgical Outpatients	1,548	1,548			13,928	13,928			18,57
Paediatric Outpatients	644	644			5,800	5,800			7,73
Paediatric Outpatients Pacific Peoples' Health	269	269			2,420	2,420			3,22
•	10	10			89	89			11
Emergency Services	1,478	1,478			13,304	13,304			17,73
Minor Personal Health Expenditure	26	26			231	231			30
Price adjusters and Premium	422	422			3,796	3,796			5,06
Travel & Accomodation	4	4			39	39			5
Inter District Flow Personal Health Personal Health Total	20.000	20.040	160 F	(40/)	270.024	270.000	13 F		250.00
	30,099	29,940	160 F	(1%)	270,021	270,008	13 F		359,82
Mental Health									
Mental Health to allocate	(9)	(9)			(85)	(85)			(113
Acute Mental Health Inpatients	1,143	1,143			10,290	10,290			13,72
Sub-Acute & Long Term Mental Health	304	304			2,735	2,735			3,64
Crisis Respite	2	2			19	19			2
Alcohol & Other Drugs - General	272	272			2,450	2,450			3,26
Alcohol & Other Drugs - Child & Youth	-	-			-	-			
Methadone	94	94			849	849			1,13
Dual Diagnosis - Alcohol & Other Drugs	8	8			76	76			10
Dual Diagnosis - MH/ID	5	5			45	45			6
Eating Disorder	-	-			-	-			
Maternal Mental Health	-	-			-	-			
Child & Youth Mental Health Services	579	579			5,207	5,207			6,94

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Southern District Health Board *Mar-15*

Part 4: DHB Elimination	Dout 4. DUD Elimination		Surrent Month		Vasia		Year to Date	Vania	Varia	Annua
Forensic Services Kauppa Maori Mental Health Services Kauppa Maori Mental Health - Residentual	Part 4: DHB Elimination						-			Budge
Kaupapa Moori Mental Health Services Kaupapa Moori Mental Health Services Kaupapa Moori Mental Health - Residential		\$(000)	\$(000)	\$(000)	%	\$(000)	\$(000)	\$(000)	%	\$(000)
Kaupapa Moori Mental Health Services Kaupapa Moori Mental Health Services Kaupapa Moori Mental Health - Residential	Forensic Services	509	509			4.583	4.583			6,
Kaupapa Maori Mental Health - Residentual Kaupapa Maori Mental Health - Inpati 1										1,
Kaupapa Monf Mental Health - Inpati						.,0.0	.,0.0			.,
Mental Health Community Services		_					_			
Prison/Court Liaison		1.750				15 766	15 766			21,
Mental Health Workforce Development										۷۱,
Day Activity & Work Rehabilitation S 58 58 589 590		45	45			401	401			
Mental Health Funded Services for Older People 36 36 321		-	-			-	-			
Advocacy / Peer Support - Consumer										
Other Home Based Residential Support						321	321			
Advocacy / Peer Support - Families Community Residential Beds & Service Minor Mental Health Expenditure Inter District Flow Mental Health vental Health Cotal South Communication Control Con		35	35			312	312			
Communicy Residential Bedés & Service	Other Home Based Residential Support	58	58			523	523			
Minor Mental Health Expenditure	Advocacy / Peer Support - Families	-				-	-			
Minor Mental Health Expenditure	Community Residential Beds & Service	-				-	-			
Inter District Flow Mental Health	· ·	_				_	_			
Social Franch Programms		_	_			_	_			
Alcohol & Drug		5.042	5.042			45.375	45.375			60
Alcohol & Drug		5,5 .2	0,0			.0,0.0	.0,0.0			•
Communicable Diseases										
Injury Prevention		36	36			323	323			
Mental Health	Communicable Diseases	97	97			874	874			1
Screening Programmes	Injury Prevention	-				-	-			
Screening Programmes	Mental Health	22	22			200	200			
Nutrition and Physical Activity 23	Screening Programmes	61	112	(51) U	45%			(149) U	12%	1
Physical Environment				(, -				(, -	,.	
Public Health Infrastructure										
Sexual Health 12 12 108 108 108 108 108 100 108 100 10										
Social Environments 38 38 341 341 341 341 342 342 343 341 343 343 344 343 344 345 34										1
Stability Support Services Stability Support Service Stability Support Se										
Well Child Promotion										
Meningococcal		81	81			733	733			
Sability Support Services	Well Child Promotion	-	-			-	-			
Sability Support Services	Meningococcal	-	-			-	-			
AT & (Assessment, Treatment and Re Information and Advisory Information Informatio	ublic Health Total	534	584	(51) U	9%	5,380	5,529	(149) U	3%	7
AT & (Assessment, Treatment and Re Information and Advisory Information Informati	icability Support Sorvices									
Information and Advisory										
Needs Assessment		1,688	1,688			15,195	15,195			20
Service Co-ordination	•	-	-			-	-			
Home Support		138	138			1,242	1,242			1
Carer Support Carer Support Suppor	Service Co-ordination	19	19			175	175			
Residential Care: Rest Homes	Home Support	-	-			-	-			
Residential Care: Loans Adjustment	Carer Support	-				-	-			
Residential Care: Loans Adjustment		_				_	-			
Long Term Chronic Conditions 8						_				
Residential Care: Hospitals						72	72			
Ageing in Place	•	٥	0			12	12			
Environmental Support Services 2 2 2 2 2 2 2 2 2						-	-			
Day Programmes										
Expenditure to Attend Treatment ETAT		2	2			20	20			
Minor Disability Support Expenditure 8		-	-			-	-			
Respite Care		-	-			-	-			
Community Health Services & Support 21 21 189	Minor Disability Support Expenditure	8	8			75	75			
Community Health Services & Support 21 21 189		-	-			-	-			
Inter District Flow Disability Support		21	21			189	189			
Disability Support Other						-	. 50			
1,888 1,888 16,992 16,						-				
Maori Service Development		1 888	1 888			16 992	16 992			22
Maori Service Development 16 16 141 141 Maori Provider Assistance Infrastruc - - - - Moari Workforce Development - - - - - Minor Maori Health Expenditure - </td <td>y oupport on rives rotal</td> <td>1,000</td> <td>1,000</td> <td></td> <td></td> <td>10,332</td> <td>10,332</td> <td></td> <td></td> <td>22</td>	y oupport on rives rotal	1,000	1,000			10,332	10,332			22
Maori Service Development 16 16 141 141 Maori Provider Assistance Infrastruc - - - - Moari Workforce Development - - - - - Minor Maori Health Expenditure - </td <td>aori Health</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	aori Health									
Maori Provider Assistance Infrastruc -		16	16			141	141			
Moari Workforce Development -<		10	10			1-1	1-71			
Minor Maori Health Expenditure - <th< td=""><td></td><td>_</td><td>-</td><td></td><td></td><td>-</td><td>- </td><td></td><td></td><td></td></th<>		_	-			-	-			
Whanau Ora Services 8 8 2% 71 73 (1) U 2% Jaori Health Total 24 24 1% 213 214 (1) U 1% Internal Allocations -		-	-			-	-			
24		-	-			-				
Internal Allocations										
	laori Health Total	24	24		1%	213	214	(1) U	1%	
	Internal Allocations	_				_	_			
otal Expenses 38,312 38,203 109 F 344,509 344,647 (137) U										
	otal Expenses	38,312	38,203	109 F		344,509	344,647	(137) U		459
et Surplus/ (Deficit) 1 (1) U	et Surplus/ (Deficit)						1	(1) U		

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FINANCIAL REPORT - PROVIDER

Recommendation

That the Board receives and notes this report.

1. DHB Provider Summary Results

Revenue and Expenditure Summary

	\$000 Monthly Actual	\$000 Monthly Budget	\$000 Monthly Variance	\$000 YTD Actual	\$000 YTD Budget	\$000 Variance YTD	\$000 Full Year Budget
Description	Actual	Duaget	Variance			115	Buaget
Revenue							
⊞ Government & Crown Agency Sourced	2,786	2,759	27	25,205	24,954	251	33,436
■ Non Government & Crown Agency Revenue	1,262	1,256	6	9,537	10,004	(467)	13,189
⊞Internal Revenue	37,732	37,478	255	338,072	338,116	` '	450,549
Revenue Total	41,781	41,492	289	372,813	373,074	(261)	497,174
⊟ Personnel							
⊟ Personnel							
Medical Personnel	(9,826)	(9,526)	(300)	(84,725)	(84,388)	(336)	(113,250)
Nursing Personnel	(10,587)	(10,420)	(167)	(93,087)	(91,700)	(1,387)	(124,838)
Allied Health Personnel	(4,122)	(4,234)	112	(35, 184)	(36,188)	1,004	(49,159)
Support Personnel	(799)	(811)	12	(7,299)	(7,166)	(133)	(9,718)
Management & Administration Personnel	(3,335)	(3,291)	(44)	(29,062)	(28,664)	(399)	(38,509)
Personnel Total	(28,669)	(28,281)	(388)	(249,356)	(248,106)	(1,251)	(335,475)
■ Expenditure							
Outsourced Services	(2,524)	(2,573)	49	(22,492)	(23,106)	614	(30,756)
	(7,552)	(7,049)	(503)	(62,111)	(61,938)	(174)	(82,584)
■Infrastructure & Non-Clinical Supplies	(5,671)	(5,833)	161	(52,592)	(52,255)	(337)	(70,032)
⊞ Provider Payments	(0)	0	(0)	(0)	0	(0)	0
Expenditure Total	(15,747)	(15,454)	(293)	(137,195)	(137,299)	104	(183,372)
Net Surplus / (Deficit)	(2,636)	(2,244)	(392)	(13,738)	(12,330)	(1,407)	(21,673)
Add Net Impact from research Accounts	162	0	162	430	0	430	0
Add Donations Received	17	44	(27)	206	394	(188)	525
Net Surplus / (Deficit)	(2,457)	(2,200)	(257)	(13,102)	(11,937)	(1,165)	(21,148)

The monthly result is unfavourable to budget by \$257k, increasing the year to date unfavourable variance to budget to \$1,165k.

Revenue was favourable for the month driven mainly by higher internal revenue (fertility revenue offset by increased costs plus under 6 funding) and additional revenue received from the Ministry of Health for meeting targeted Colonoscopy volumes.

Year to date revenue is unfavourable to budget by \$261k being 0.08% of revenue received. Areas contributing to this unfavourable variance are lower than budgeted ACC, Clinical Training Agency and Cafeteria revenue.

Payroll costs were unfavourable for the month by \$388k (1.4%) driven by medical and nursing personnel. This is discussed later in the report.

Clinical Supplies were over budget for the month by 7% reflecting consistent overruns in treatment disposables and instruments and equipment plus higher than budgeted implant costs driven by increased orthopaedic activity.

Infrastructure and Non Clinical costs were favourable to budget for the month driven by maintenance costs, professional fees and other costs.

FTE

FTE was 10.25FTE under budget for the month (excluding research)

- Junior Medical Personnel were unfavourable by 4FTE in March and 2FTE year to date reflecting full recruitment and the transfer from budgeted outsourced positions.
- Senior Medical Personnel continue to be favourable 7FTE under budget for the month and 9FTE year to date
- Nursing personnel was 22FTE over budget due to cover for high than budgeted sick leave (8FTE), training (5FTE) and annual leave (10FTE).
- The favourable monthly variance in Allied Health staff of 24FTE when compared to the year to date variance of 33FTE reflects successful recruitment into Allied positions
- Management Administration staff were 8FTE under budget driven primarily by lower than budgeted sick leave, training and vacant positions. Although sick leave and training were under budget by 11FTE, this is only budgeted to be covered in areas that have direct patient contact (e.g. ward receptionist).
- 2. Personnel Costs \$338k unfavourable for month and \$1,251k unfavourable year to date (excl research)

Medical Personnel \$300k unfavourable for month - \$336k unfavourable year to date

SMO personnel costs are over budget for the month despite being 7FTE under budget. This is due both to unfavourable leave variances and continued shortfalls due to budgeted pay rates being lower than actuals (positions recruited above the amount budgeted) and allowances and kiwisaver costs being higher than budgeted.

SMOs continue to be favourable year to date (ytd) however, both in personnel and outsourcing, as shown in the table below.

The RMO unfavourable monthly and year to date result is driven by unfavourable variances in FTE, leave, overtime, and allowances.

Overall Medical resource is favourable \$766k year to date.

				Mont	h						Yea	ar to D	Date			
	Actual		Budget		Var	Actual	Budget	Var	Actual		Budget		Var	Actual	Budget	Var
	\$' 000	%	\$' 000	%	\$' 000	FTE	FTE	FTE	\$'000	%	\$' 000	%	\$' 000	FTE	FTE	FTE
SMO Personnel	(6,756)	95%	(6,542)	95%	(214)	248	255	7	(56,933)	95%	(57,477)	95%	544	245	255	9
Outsourced SMO	(359)	5%	(345)	5%	(14)				(2,824)	5%	(3,203)	5%	379			
Total SMO	(7,115)		(6,887)		(228)	248	255	7	(59,757)		(60,680)		923	245	255	9
RMO Personnel	(3,070)	99%	(2,983)	95%	(87)	270	266	(4)	(27,792)	98%	(26,911)	95%	(881)	268	266	(2)
Outsourced RMOs	(46)	1%	(160)	5%	114				(686)	2%	(1,410)	5%	724			
Total RMO	(3,116)		(3,143)		27	270	266	(4)	(28,478)		(28,321)		(157)	268	266	(2)
Total Medical				·												
Resource	(10,231)		(10,030)		(201)	519	521	3	(88,235)		(89,001)		766	514	521	7

Nursing Personnel - \$167k unfavourable for month - \$1,387k unfavourable year to date (excl research)

Nursing costs exceed the monthly budget due to the following:

• FTE has increased by 10 from last month, however last month included the capitalisation of 24FTE into the medchart project (year to date adjustment). The adjusted comparison would therefore be a decrease of 14FTE calculated as follows;

February FTE	1,616
Add back capitalised staff	24
Adjusted February FTE	1,640
Less March FTE	1,626
Real Decrease in Nursing from prior month	14

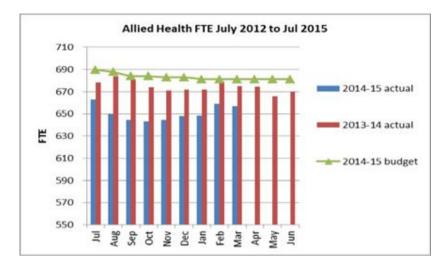
This is still however 22FTE higher than budget (excluding research), driven by

- Continued high levels of sick leave requiring cover. (Sick leave was 8FTE over budget approximately \$46k). ACC leave remains 3FTE over budget also.
- Kiwisaver (\$30k unfavourable in the month \$232k unfavourable ytd) and Overtime (\$51k unfavourable in the month and \$439k ytd) were also over budget, consistent with prior months. (Budgets were not reflective of prior years spend.)
- Leave taken was favourable for the month by 9FTE. This results in increased cover for the month increasing FTE. Year to date however, annual leave taken is 5FTE under budget.
- Average actual rates paid have reduced with the intake of nursing graduates. This has alleviated some of the problem that we have seen during the year, although this is countered by the fact that FTE exceeds budget.

NB: The Nursing graduate intake came on board in February (offset by revenue) which results in a temporary increase of 24FTE ($30FTE \times 0.8$) for seven weeks through to the last week in March. These staff will then become part of core staffing until their 10mth fixed term positions end in December or they move into other permanent vacancies.

Allied Health Personnel - \$112k favourable for month - \$1,004k favourable year to date

This staff type was 24FTE favourable for the month which is less than the year to date favourable variance of 33FTE, which reflects a number of vacant positions having been filled. This favourable FTE variance drives the favourable financial variance.



Support Personnel - \$12k favourable for month - \$133k unfavourable year to date

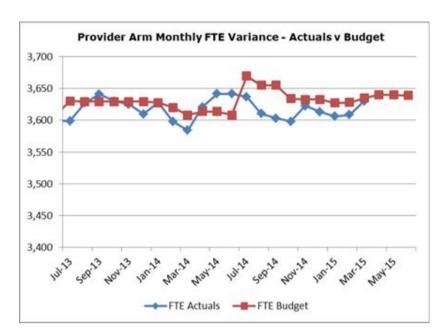
This staff type is 3.0 FTE unfavourable both monthly and year to date. The \$133k year to date variance is driven by additional overtime (\$41k), kiwisaver (\$20k) and FTE over budget (\$75k).

Management/Administration Personnel - \$44k unfavourable for month - \$399k unfavourable year to date

The main drivers for the unfavourable March result is additional allowances, annual leave variations and pay rate variations, offset partially by the favourable FTE.

A comparison of FTE levels over the last year by quarter is tabled below. When compared to the end of last financial year, FTE is actually 11 less. The increased Nursing FTE is offset against a reduction in both Allied and Management Admin FTE. Part of the increase in Nursing however is due to a reclassification of approximately 11 staff from Allied to Nursing in the current year.

Staff Type	Dec-13	Mar-14	Jun-14	Sep-14	Dec-14	Jan-15	Mar-15	Mar-15	Variance	YTD
								Budget	to	Variance
									Budget	
SMO	248	244	245	246	245	244	248	255	7	9
RMO	264	270	272	265	267	271	270	266	(4)	(2)
Nursing Personnel	1,580	1,560	1,609	1,609	1,621	1,610	1,626	1,600	(27)	(15)
Allied Health Personnel	672	675	670	645	648	648	657	681	24	33
Support Personnel	192	189	193	199	194	195	196	192	(3)	(3)
Management & Administra	654	647	654	640	638	638	632	640	7	3
Total Full Time Equivalent:	3,610	3,584	3,641	3,603	3,613	3,606	3,630	3,635	5	26



The opposite graph highlights the closing of the gap in March between budgeted and actual FTE.

The ability of the DHB to meet forecast will depend on FTE staying under budget.

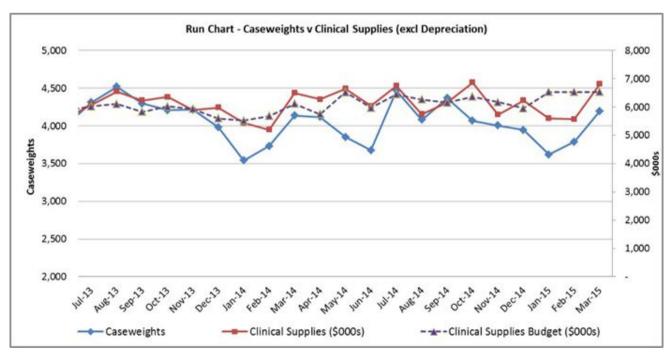
3. Outsourced Costs - \$49k favourable for month and \$614k favourable year to date (excl research)

Outsourced costs were under budget for the month, driven by favourable RMO outsourcing that was \$113k under budget for the month and \$724k favourable year to date. This, plus favourable year to date SMO outsourcing of \$380k and favourable outsourced clinical services of \$330k are partially offset by additional Radiology outsourcing resulting in the overall favourable year to date variance.

4. Clinical Supplies - \$503k unfavourable for the month and \$174k unfavourable year to date (excl research)

Clinical Supply Costs v Volumes

The run chart below highlights the increased spend in clinical supply costs is driven by higher caseweighted activity.



Southern DHB Meeting Date: Financial Report

The increase in expenditure to budget is shown below.

Description	\$000 Monthly Actual	\$000 Monthly Budget	\$000 Monthly Variance	\$000 YTD Actual	\$000 YTD Budget	\$000 Variance YTD
□ Clinical Supplies						
Treatment Disposables	(2,576)	(2,459)	(117)	(22,503)	(21,534)	(969)
Diagnostic Supplies & Other Clinical Supplies	(158)	(151)	(7)	(1,328)	(1,379)	52
Instruments & Equipment	(1,440)	(1,320)	(121)	(12,626)	(12,007)	(619)
Patient Appliances	(184)	(191)	7	(1,559)	(1,696)	137
Implants & Prostheses	(1,198)	(1,051)	(146)	(8,200)	(8,636)	437
Pharmaceuticals	(1,702)	(1,554)	(148)	(13,417)	(13,848)	432
Other Clinical Supplies	(294)	(323)	29	(2,479)	(2,836)	356
Clinical Supplies Total	(7,552)	(7,049)	(503)	(62,111)	(61,938)	(174)

- Treatment disposables follow the year to date trend with overruns in staples, sutures and patient consumables. Blood expenditure is on budget for the month.
- Instruments and equipment also follows the year to date trend with expenditure on Laparoscopic equipment and Disposable instruments exceeding budget.
- Implants and Prostheses does not reflect the year to date underspend, however a push to achieve ESPI compliance saw 9 elective shoulder reconstructions completed this month. Capacity also increased near the end of month with the addition to the team of an Orthopaedic fellow. We expect and have forecast for a large % of the implant underspend to be caught up by year end.
- The Pharmaceutical overspend relates to a rebate incorrectly transferred to the Provider in February from the Funder. This was transferred back in March.
- 5. Infrastructure and Non Clinical Supplies \$161k favourable for the month and \$337k unfavourable year to date (excl research)

The favourable variance in infrastructure and non clinical supplies does not reflect the year to date trend in expenditure.

		\$000	\$000	\$000			\$000
		Monthly	Monthly	Monthly	\$000 YTD	\$000 YTD	Variance
Description	Ţ	Actual	Budget	Variance	Actual	Budget	YTD
■ Infrastructure & Non-Clinical Supplies							
Hotel Services, Laundry & Cleaning		(1,108)	(1,053)	(54)	(9,882)	(9,485)	(397)
Facilities		(1,664)	(1,798)	134	(15,975)	(16,012)	37
Transport		(338)	(356)	18	(2,927)	(3,134)	207
IT Systems & Telecommunications		(911)	(912)	1	(8,295)	(8,190)	(105)
Interest & Financing Charges		(1,331)	(1,253)	(78)	(11,476)	(11,274)	(202)
Professional Fees and Expenses		(43)	(112)	69	(734)	(1,031)	298
Other Operating Expenses		(276)	(349)	73	(3,303)	(3,128)	(175)
Infrastructure & Non-Clinical Supplies Tota		(5,671)	(5,833)	161	(52,592)	(52,255)	(337)

- Cleaning charges continue to run over budget as a result of contract increases.
- Facilities are significantly under budget for the month, driven by a number of areas
 - \circ Building depreciation is under budget for the month (\$40k) due to timing differences in the capital spend to budget
 - Utilities (electricity and steam) were under budget by \$65k.
- Affiliation fees were under budget by \$50k due to the reversal of an outstanding accrual that was no longer required.
- Printing and stationery were favourable by \$50k

Southern District Health Board March 2015 **Current Month** Year to Date Annual Varianc Variance Actual Part 2: DHB provider Actual Budget Budget Variance Variance Budget е \$(000) \$(000) \$(000) % \$(000) \$(000) \$(000) % \$(000) REVENUE Ministry of Health MoH - Personal Health 28 83 F 294% 444 254 189 F 339 111 74% MoH - Mental Health MoH - Public Health 10 11 324 95 229 F 240% 127 (1%)MoH - Disability Support Services 746 740 6 F 1% 7,111 6,828 283 F 9,040 MoH - Maori Health Clinical Training Agency 5,508 7,418 623 637 (14) U (2%) 5.394 (115) U (2%)Internal - DHB Funder to DHB Provider 37,732 37.478 338.072 338.116 (44) U 450,549 Ministry of Health Total 39,223 38,893 330 F 1% 351,345 350,802 543 F 467,473 Other Government Other DHB's 17 25 (9) U (34%) 201 227 (26) U (11%)302 Training Fees and Subsidies 27 17 10 F 60% 192 154 38 F 25% 206 Accident Insurance (29) U (3%) 7,565 7,690 (125) U (2%) 10,406 804 832 Other Government 448 468 (4%) 3,974 4,197 (224) U (20) U (5%) 5,598 Other Government Total 1.296 1.343 (47) U (4%) 11.932 12.268 (337) U (3%) 16,512 40,518 483,985 Government and Crown Agency Total 40.236 282 F 1% 363.277 363.070 206 F Other Revenue Patient / Consumer Sourced 543 445 98 F 22% 2 794 2 761 33 F 1% 3 515 Other Income 937 854 83 F 10% 8.293 7.636 657 F 9% 10.199 Other Revenue Total 1.480 1.299 181 F 14% 11.088 10.397 690 F 7% 13,714 REVENUE TOTAL 41,999 41,536 463 F 1% 374,364 373,468 896 F 497.699 **EXPENSES** Personnel Expenses Medical Personnel (9.826)(9.526)(300) U (3%)(84.725)(84.388)(336) U (113.250)(2%) (124,838) Nursing Personnel (10.420) (197) U (1.673) U (2%) (10.617)(93.373)(91.700)Allied Health Personnel (4,234)112 F 1.004 F (49.159) (4,122)3% (35.184)(36.188) 3% Support Services Personnel (799)(811) 12 F 1% (7.299)(7.166)(133) U (2%)(9.718) Management / Admin Personnel (3.335)(3.291)(29.062)(28.664)(399) U (38.509)(44) U Personnel Costs Total (28.698)(28.281)(417) U (1%) (249.643)(248.106)(1.537) U (1%) (335.475)Outsourced Expenses Medical Personnel (405) (505) 100 F 20% (3,510)(4,613)1,103 F 24% (6,104)Nursing Personnel (3) (3) U (49)(49) U Allied Health Personnel (49)(34)(15) U (45%) (461)(320)(141) U (44%)(421) Support Personnel (33)(21)(11) U (53%)(265)(192)(73) U (38%)(256) Management / Administration Personnel (10)(1) (9) U (857%) (104)(9) (95) U (12) (1,888) Outsourced Clinical Services (1,867)(21) U (1%) (17,461)(16,695)(766) U (5%) (22, 257)Outsourced Corporate / Governance Services (143)(145)2 F 1% (1,217)(1,278)61 F 5% (1,706)Outsourced Funder Services (30,756) Outsourced Services Total (2,530)(2,573)43 F 2% (23,066)(23,106)40 F Clinical Supplies Treatment Disposables (2.576)(2,459)(117) U (5%) (22.505)(21.534)(971) U (5%) (28.710) (1,818) Diagnostic Supplies & Other Clinical Supplies (158) (7) U (4%) (1,379) 52 F (151) (1,328)4% (619) U (16,010) Instruments & Equipment (1,440)(1,320)(121) U (9%) (12,627)(12,007)(5%) Patient Appliances (184) (191) (1,559)(1,696)137 F (2,268)4% 8% Implants & Prosthesis (1,198)(1,051) (146) U (14%) (8,200)(8,636)437 F 5% (11,607) (1,554) Pharmaceuticals (1,702)(149) U (10%) (13,417) (13,848) 431 F (18,395) 3% Other Clinical Supplies (2,496)(296)(323)(2,836)339 12% (3,774)Clinical Supplies Total (7,554) (82,583) (7,049)(504) U (7%) (62,130)(61,937)(193) U Infrastructure & Non Clinical Expenses Hotel Services, Laundry & Cleaning (1,108) (1,053) (54) U (5%) (9,884) (9,485) (398) U (4%) (12,640) 134 F (15,976) Facilities (1,664)(1,798)(16,012)37 F (21,682) 6% (340) (356)16 F 182 F (4,212)Transport 4% (2.951)(3,134)IT Systems & Telecommunications 1 F (104) U (10,930) (911)(912)(8.294)(8.190)(1%) Interest & Financing Charges (1,331)(1,253) (78) U (6%) (11,476) (11,274) (202) U (2%) (15,032) Professional Fees & Expenses 69 F 61% (1,031)298 F (1,367 (43)(112)(734)29% 72 F Other Operating Expenses (277)(349)21% (3,311)(3,128)(183) U (6%)(4,168)Infrastructure & Non-Clinical Supplies Total (5,674) (5,833) 159 F (52,625) (52,255) (370) U (1%) (70,032) 3% Total Expenses (44.456) (43,736)(720) U (2%) (387,465)(385.404) (2,061) U (1%) (518.846)

Southern DHB Meeting Date:

Financial Report

Net Surplus/ (Deficit)

(257) U

(12%)

(13,101)

(2,457)

(2,200)

(1,165) U

(10%)

(21, 147)

(11,936)

FUNDER FINANCIAL REPORT – MARCH 2015

Recommendation:

• That the Board note the Funder Financial Report.

1. DHB Funder Result

The overall funder result follow:

	Month			,	Year to Date		Annual
Actual	Budget	Variance		Actual	Budget	Variance	Budget
\$' 000	\$' 000	\$' 000		\$' 000	\$' 000	\$' 000	\$' 000
69,600	69,335	265	Revenue	625,720	624,280	1,441	832,283
(69,683)	(68,413)	(1270)	Less Other Costs	(626,878)	(619,852)	(7,026)	(825,966)
(83)	922	(1,005)	Net Surplus / (Deficit)	(1,158)	4,428	(5,585)	6,317
			Expenses				
(49,411)	(48,545)	(866)	Personal Health	(445,085)	(441,904)	(3,181)	(588,785)
(7,103)	(7,091)	(12)	Mental Health	(64,144)	(63,807)	(337)	(85,075)
(591)	(624)	33	Public Health	(5,732)	(5,881)	149	(7,753)
(11,739)	(11,275)	(464)	Disability Support	(104,211)	(100,357)	(3,391)	(133,736)
(114)	(153)	39	Maori Health	(1,177)	(1,374)	197	(1,833)
(725)	(725)	0	Other	(6,529)	(6,529)	0	(8,784)
(69,683)	(68,413)	(1,270)	Expenses	(626,878)	(619,852)	(7,026)	(825,966)

Summary Comment:

For March the Funder had a deficit of \$83k against a budget surplus of \$0.922m, which is \$1.005m unfavourable. Year to date (YTD) the Funder is \$5.585m unfavourable with a deficit of \$1.158m against a budgeted surplus of \$4.428m

YTD Revenue is favourable by \$1.441m and offset by additional costs. Costs overall were unfavourable by \$1.27m in March and \$7.03m (YTD) with some revenue offsets.

Expenditure for Aged Residential Care Rest Homes \$0.25m unfavourable and Pharmaceuticals (including PCT & Pharmacy Services) \$0.218m unfavourable are the main contributors to the March overspend. Pharmaceutical expenditure is based on the updated Pharmac forecast for 2014/15 and includes other costs such as pharmacy depot services and medical device funding that are not included in the Pharmac forecast.

2. Results by Grouping

The following table shows revenue and expenditure by Output Class:

A =4=1	Month	V:			Year to Date	
Actual	Budget \$' 000	Variance \$' 000		Actual \$' 000	Budget \$' 000	Variance \$' 000
\$' 000	\$ 000	\$ 000		\$ 000	\$ 000	\$ 000
			Revenue			
61,000	60,834	166	Personal Health	548,356	547,496	859
7,065	7,040	25	Mental Health	63,549	63,355	194
664	7,040	(40)	Public Health	6,173	6,613	(440)
143	32	112	Disability Support	1,096	286	809
2	0	2	Maori Health	1,030	0	18
			Funding and	10		10
725	725	0	Governance	6,529	6,529	0
69,600	69,335	265	Revenue total	625,720	624,280	1,441
,	,			,	,	,
			Expenses			
(49,411)	(48,545)	(866)	Personal Health	(445,085)	(441,904)	(3,181)
(7,103)	(7,091)	(12)	Mental Health	(64,144)	(63,807)	(337)
(591)	(624)	33	Public Health	(5,732)	(5,881)	149
(11,739)	(11,275)	(464)	Disability Support	(104,211)	(100,357)	(3,854)
(114)	(153)	39	Maori Health	(1,177)	(1,374)	197
			Funding and			
(725)	(725)	0	Governance	(6,529)	(6,529)	0
(69,683)	(68,413)	(1,270)	Expenses total	(626,878)	(619,852)	(7,026)
		(= a a)	Surplus (Deficit)			(2.22)
11,589	12,289	(700)	Personal Health	103,271	105,592	(2,322)
(38)	(51)	13	Mental Health	(595)	(452)	(143)
73	81	(7)	Public Health	441	732	(291)
(11,596)	(11,243)	(352)	Disability Support	(103,115)	(100,071)	(3,045)
(112)	(153)	41	Maori Health	(1,159)	(1,374)	215
0	0	0	Funding and Governance	0	0	0
(83)	922	(1005)	Governance	(1,156)	4,428	(5,585)
(00)	322	(1003)		(1,100)	4,420	(3,303)

- Revenue YTD is \$1.444m above budget. The following additional revenue contracts are the
 main reason for the favourable variance: Exemplar CEP Enhanced Alcohol & Other Drug
 Service, Rural Sustainability Support, Sleepover Settlement, Orthopaedic Pathway Programme,
 ARC Rest Home price increase from October 2014, National Patient Flow System Development,
 Radiology Service Improvement Initiative and one-off funding for Alcohol & Drug Services.
 These additional revenue contracts are offset by corresponding additional expenditure.
- Personal Health payments are unfavourable for March by \$0.866m. Pharmaceuticals (including PCT and pharmacy services) expenditure is above budget by \$0.22m for the month. Inter District Flow (IDF) expenditure is \$0.246m unfavourable for the month.
- Mental Health and Public Health expenditure was close to budget.
- DSS costs were unfavourable for March, with rest home (\$0.25m) being the main driver.

3. DHB Funds Result split by NGO and Provider

		Current Mont	n			Year to Date			Variance
Personal Health March 2015	Actual \$(000)	Budget \$(000)	Variance \$(000)	Variance %	Actual \$(000)	Budget \$(000)	Variance \$(000)	Variance %	Note
Personal Health - Provider Arm	(240)	12.401			12 425	(7, 420)		70027	
Child and Youth Laboratory	(348)	(348)		(0%)	(3,136)	(3,136)		(0%)	
Infertility Treatment Services	(92)		(92) U	(1) -0.1	(824)	(4)		(50%)	
Maternity	(42)	(42)		(0%)	(374)	(374)		(0.00)	
Maternity (Tertiary & Secondary)	(1,380)	(1,380)		(0%)	(12,420)	(12,420)		(0%)	
Pregnancy and Parenting Education	(3)	(3)		(0%)	(23)	(23)		(0%)	
Neo Natal	(660)	(660)		(0%)	(5,942)	(5,942)		(0%)	
Sexual Health Adolescent Dental Benefit	(87)	(87)		(0%)	(783)	(783)		10%	
Dental - Low Income Adult	(22)	(22)		(05)	(201)	(201)		(0%)	
Child (School) Dental Services	(595)	(595)		(0%)	(5,354)	(5,354)		(0%)	
Secondary / Tertiary Dental	(116)	(116)		(0%)	(1,046)	(1,046)		(12%)	
Pharmaceuticals	(259)	(292)		11%	(2,416)	(2,625)			
Pharmaceutical Cancer Treatment Drugs	(487)	(386)		(26%)	(3,316)	(3,471)		4%	
Pharmacy Services	(9)	(9)		- (0.22)	(78)	(78)		(9%)	
Primary Health Care Strategy - Health/SIA Rural Support for Primary Health Pro	(162)	(71)	(162) U	78807	(265) (636)	(636)	(265) U	(056)	1
Immunisation	(70)	(70)		(0%)	(628)	(628)		(0.95)	
Radiology	(268)	(268)		(0%)	(2,416)	(2.416)		(0%)	
Palliative Care	(7)	(7)		(0%)	(62)	(62)		19%	
Meals on Wheels	(33)	(33)		(0%)	(301)	(301)		(0%)	
Domicilary & District Nursing	(994)	(994)		(9%)	(8,949)	(8,949)		(9%)	
Community based Allied Health	(416)	(416)		(0%)	(3,745)	(3,745)		070	
Chronic Disease Management and Educa	(160)	(160)		(0%)	(1,443)	(1,443)		(0%)	
Medical Inpatients Medical Outpatients	(5,653)	(5,653)		(0%)	(50,877) (29,449)	(50,877) (29,449)		10%	
Surgical Inpatients	(10,628)	(10,628)		(0%)	(95,653)	(95,653)		(076)	
Surgical Outpatients	(1,548)	(1,548)		(0%)	(13,928)	(13,928)		(0%)	
Paediatric Inpatients	(644)	(644)		(0%)	(5,800)	(5,800)		(0%)	
Paediatric Outpatients	(269)	(269)		(0%)	(2,420)	(2,420)		(0%)	
Pacific Peoples' Health	(10)	(10)		(0%)	(89)	(89)		(0%)	
Emergency Services	(1,478)	(1,478)		(0%)	(13,304)	(13,304)		07%	
Minor Personal Health Expenditure Price adjusters and Premium	(26)	(26)		(0%)	(231)	(231)		(0%)	
Travel & Accomodation	(422)	(422)		(0%)	(3,730)	(39)		10%	
	(30,261)	(29,939)		(1%)	(270,186)	(270,010)		(0%)	
Personal Health NGO									
Personal Health to allocate		(83)	83 F	100%		(750)	750 F	100%	
Child and Youth	(35)	(34)		(4%)	(312)	(306)	(6) U	(2%)	
Laboratory	(1,527)	(1,465)		(4%)	(13,872)	(13, 183)			
Infertility Treatment Services	-	(101)		100%		(356)			
Maternity	(212)	(220)		4%	(1,986)	(1,983)			
Maternity (Tertiary & Secondary) Pregnancy and Parenting Education	(8)	(14)		40% 1%	(20)	(122)			
Sexual Health	(10)	(1)		100%	(12)	(13)			
Adolescent Dental Benefit	(134)	(149)		10%	(1,382)	(1,558)			
Dental - Low Income Adult	(68)	(55)	1000	(24%)	(506)	(499)	1000		
Child (School) Dental Services	(52)	(63)		17%	(244)	(341)			
Secondary / Tertiary Dental	(139)	(126)			(1,524)	(1,134)	The second second		
Pharmaceuticals	(5,598)	(5,435)	(164) U	(3%)	(54,046)	(52,939)	the second secon		
Pharmaceutical Cancer Treatment Drugs	(46)	(64)	14 F	23%	(17)	/EAC)	(17) U		1
Pharmacy Services Management Referred Services	(46)	(61) 250		2000	(404)	(546) 1,250			
General Medical Subsidy	(67)	(67)		10%	(603)	(713)			1
Primary Practice Services - Capitated	(3,484)	(3,511)		1%	(31,467)	(31,599)		1,0,00	,
Primary Health Care Strategy - Care	(327)	(318)	(9) U	0.000	(2,893)	(2,861)	(32) U	1775-0-561	1
Primary Health Care Strategy - Health	(202)	(337)		(8%)	(2,928)	(3,031)			1
Primary Health Care Strategy - Other	(223)	(255)			(2,005)	(2,293)			1
Practice Nurse Subsidy	(13)	(16)		10000	(126)	(146)			
Rural Support for Primary Health Pro	(1,305)	(1,313)		1%	(11,738)	(11,817)			
Immunisation Radiology	(166) (209)	(166)		(7%)	(855) (1,842)	(1,003)			1
Palliative Care	(576)	(488)		100000000000000000000000000000000000000	(4,710)	(4,395)			1
Meals on Wheels	(20)	(20)		(0%)	(180)	(180)		(0%)	
Domicilary & District Nursing	(487)	(435)		(12%)	(4,304)	(3,922)		(10%)	1
Community based Allied Health	(168)	(168)	(1) U	(0%)	(1,515)	(1,508)	(7) U	(2%)	
Chronic Disease Management and Educa	(81)	(95)		15%	(892)	(855)			
Medical Outpatients	(414)	(397)			(3,719)	(3,577)			
Surgical Inpatients	(16)	(19)		200.00	(145)	(168)			
Surgical Outpatients Paediatric Outpatients	(139)	(146)	7 F	5%	(1,268)	(1,317)	49 F (7) U	1	
Pacific Peoples' Health		(12)	12 F	100%	(64)	(105)			
Emergency Services	(159)	(156)		35000	(1,459)	(1,400)		4/10/10/10	
Minor Personal Health Expenditure	(43)	(74)		42%	(531)	(665)			1
Price adjusters and Premium	(136)	(83)		10/12/2000	(1,386)	(751)			1
Travel & Accomodation	(439)	(369)	(70) U	(19%)	(3,894)	(3,670)	(225) U	(6%)	
		(0.000)	100 400 11	740073	(21,977)	(21,590)	(386) U	1790/3	
Inter District Flow Personal Health	(2,645)	(2,399)	and the second second	(10%)	(174,903)	(171,899)		The state of the s	

Personal Health expenditure variance notes;

- Personal Health to allocate \$750k favourable YTD Unallocated budget.
- Laboratory \$689k unfavourable YTD.Due to the budget for send-away tests being set too low.
- 3. Infertility Treatment Services Provider Arm \$0.275m unfavourable and NGO \$0.356m favourable. The variances are due to anticipated changes in the provider of the service not occurring when expected. Expenditure was budgeted in the Provider until December 2014 and then in the Funder from January with the expectation that the service would be provided by NGOs from January 2015. Change in the provider is now expected from July 2015.
- 4. Adolescent Dental \$176k favourable YTD.

Comparisons to 2013/14 YTD spend as at end of March shows that the two financial years are very similar at this stage of the financial year. If this trend of lower utilisation continues expenditure would be approximately \$200k under budget at year-end.

5. Secondary/Tertiary Dental - \$390 unfavourable YTD.

No accruals in May/June 2013 and therefore current year (2014/15) includes 2013/14 expenditure of \$280k which makes up the majority of the unfavourable variance. A comparison of 2014/15 YTD expenditure (\$280k accrual error excluded) to the corresponding period in 2013/14 indicates that expenditure will be approximately \$150k higher than budget at year-end. This means total expenditure will be approximately \$430k over budget.

6. Pharmaceuticals (Provider & NGO combined) – \$897k unfavourable YTD.

Expenditure based on latest Pharmac forecast, plus it also includes accruals for pharmacy depot services, medical device funding, pharmacy operating costs, etc, that are not included in Pharmac forecast. Some expenditure attributed to this line was budgeted in pharmacy services – see note 7 below.

Provider pharmaceutical expenditure is under budget due to pharmaceuticals dispensed from the hospital dispensary being expensed against the NGO line as part of community pharmaceutical expenditure.

- **7.** Pharmaceutical Cancer Treatment Drugs (Provider & NGO combined) \$138k favourable YTD. The budget is part of the provider arm PVS and is subject to a wash-up.
- 8. Pharmacy Services \$142k favourable YTD.

Pharmacy depot budget is included in this line but expenditure has been included in pharmaceuticals line – see note 5 above.

9. Management of Referred Services - \$1.25m unfavourable YTD.

This line is a placeholder for budget savings. Savings are not expected to be made and this line will have an unfavourable variance of \$2m at year end.

10. General Medical Subsidy - \$110k favourable YTD.

Demand driven service.

11. Primary Health Care Strategy (All Provider and NGO lines combined) - \$94k favourable YTD.

These service lines form part of the PHO contract. When all lines are consolidated the overall result is \$94k favourable against YTD budget of \$8.15m. Although the variance is minimal, further analysis of the various budget lines is required to ascertain what is driving the underspend.

12. Immunisation - \$149k favourable YTD.

The YTD underspend includes accruals to ensure expenditure has matched budget for the last two months. Even though the budget was phased heavily in the latter part of the financial year, we are still below budget. The delayed availability of Flu vaccines may be a contributing factor and expenditure is likely to increase significantly in the last months of the year.

13. Palliative Care - \$315k unfavourable YTD.

Expenditure includes demand driven Home and Community Support Service (HCSS) expenditure (\$144k YTD) that was not included in the budget. Other palliative care contracts are \$171k unfavourable.

14. Domiciliary & District Nursing - \$382k unfavourable YTD. Overspend driven by Home & Community Support Services which are \$366k unfavourable YTD.

15. Minor Personal Health Expenditure - \$134k favourable YTD.

The underspend relates to a budget of \$234k YTD for "after hours primary care initiative". This is a result of an error where an expense has been budgeted for twice.

16. Price Adjusters & Premiums - \$635k unfavourable YTD.

Due predominantly to additional Ministry funding announced in September 2014 and hence unbudgeted expenditure. The sleepovers settlement is the main driver of the overspend (\$334k). The expenditure is partially offset by unbudgeted revenue of \$251k YTD.

Unbudgeted transitional funding to support agreed model of care and rural premium expenditure are the other main drivers of the overspend.

Mental Health

	C	urrent Mont	h		Year to Date				
Mental Health	Actual	Budget	Variance	Variance	Actual	Budget	Variance	Variance	Variance Note
March 2015	\$(000)	\$(000)	\$(000)	%	\$(000)	\$(000)	\$(000)	%	
ACC 154.4 (Color)	- King On	******	State - 1/5		- 10 miles	877-324	\$10000000		
Mental Health - Provider Arm									
Mental Health to allocate	9	9		(020)	85	85			
Acute Mental Health Inpatients	(1,143)	(1,143)		(0%)	(10,290)	(10,290)			
Sub-Acute & Long Term Mental Health	(304)	(304)		(07%)	(2,735)	(2,735)			
Crisis Respite	(2)	(2)		(10%)	(19)	(19)			
Alcohol & Other Drugs - General	(272)	(272)		(1/75)	(2,450)	(2,450)			
Methadone	(94)	(94)		10%)	(849)	(849)			
Dual Diagnosis - Alcohol & Other Drugs	(8)	(8)		(0%)	(76)	(76)			
Dual Diagnosis - MH/ID	(5)	(5)		(0%)	(45)	(45)			
Child & Youth Mental Health Services	(579)	(579)		(0%)	(5,207)	(5.207)			
Forensic Services	(509)	(509)		(0%)	(4,583)	(4.583)			
Kaupapa Maori Mental Health Services	(146)	(146)		10%1	(1,315)	(1.315)			
Mental Health Community Services	(1,752)	(1,752)		(0%)	(15,766)	(15,766)			
Prison/Court Liaison	(45)	(45)		(12%)	(401)	(401)			
Day Activity & Work Rehabilitation S	(63)	(63)		(0%)	(569)	(569)			
Mental Health Funded Services for Older P	(36)	(36)		(050)	(321)	(321)			
Advocacy / Peer Support - Consumer	(35)	(35)		(0%)	(312)	(312)			
Other Home Based Residential Support	(58)	(58)		(0%)	(523)	(523)			
	(5,042)	(5,042)	0 F		(45,376)	(45,376)	0.5	:	
Mental Health - NGO	100000000				Version 10	S 100			
Mental Health to allocate		(38)	38 F	100%	-	(343)	343 F		1
Crisis Respite	(4)	(5)	D.F.	4%	(42)	(42)	0.7	(1%)	
Alcohol & Other Drugs - General	(55)	(55)		(0%)	(492)	(492)		(0%)	
Alcohol & Other Drugs - Child & Youth	(102)	(102)		10561	(981)	(918)		(7%)	
Dual Diagnosis - Alcohol & Other Drugs	(36)	(36)		196	(323)	(326)			
Eating Disorder	14	(16)		190%	(104)	(145)		1000	
Maternal Mental Health	(4)	(4)		15561	(33)	(33)		10561	
Child & Youth Mental Health Services	(310)	(241)		(28%)	(2.694)	(2.172)		(24%)	1
Forensic Services	(4)	(4)		10%	(32)	(32)		(1)361	
Kaupapa Maori Mental Health Services	(6)	(6)		(0%)	(55)	(55)			
Mental Health Community Services	(107)	(127)		15%	(1,024)	(1,139)			
Day Activity & Work Rehabilitation S	(136)	(136)		10101	(1,228)	(1,227)			
Advocacy / Peer Support - Consumer	(23)	(23)		(1950)	(209)	(210)			
Other Home Based Residential Support	(338)	(315)		(7%)	(3,076)	(2,836)			1
Advocacy / Peer Support - Families	(52)	(52)	A TOTAL	(1.07)	(471)	(471)		(0.0)	
Community Residential Beds & Service	(428)	(457)		6%	(4.070)	(4,109)		1%	
Minor Mental Health Expenditure	(39)	(32)		(23%)	(282)	(287)			
Inter District Flow Mental Health	(430)	(399)		(8%)	(3.651)	(3.595)			
THE COUNTY TO METER FREDRICK	(2,060)	(2,048)	and the same of th		(18,767)	(18,432)		The second secon	
Total Mental Health	(7,102)	(7,090)			(64,143)	(63,808)	(336) U		

Mental Health expenditure variance notes;

17. Mental Health to allocate - \$343k favourable YTD. Unallocated budget.

18. Child & Youth Mental Health Services - \$522k unfavourable YTD.

This overspend is mainly due to a budgeting error where \$500k was removed from the annual budget, accounting for \$375k of the YTD overspend. An unbudgeted contract plus another contract where the budget was understated, contribute to the rest of the overspend.

19. Other Home Based Residential Support - \$240k unfavourable YTD.

Demand driven service.

Disability Support Services

	Current Month					ear to Date			San vi
DSS	Actual	Budget	-	Variance	Actual	Budget	Variance	Variance	Variance Note
March 2015	\$(000)	\$(000)	\$(000)	%	\$(000)	\$(000)	\$(000)	%	
Disability Support Services - Provider Arr	n								
AT & R (Assessment, Treatment and Re	(1,688)	(1,688)		(0%)	(15, 195)	(15, 195)		(0%)	
Needs Assessment	(138)	(138)		(0%)	(1,242)	(1,242)		(0%)	
Service Co-ordination	(19)	(19)		(0%)	(175)	(175)		10551	
Long Term Chronic Conditions	(8)	(8)		(0%)	(72)	(72)		(01%)	
Ageing in Place	(2)	(2)		(0%)	(22)	(22)		(0%)	
Environmental Support Services	(2)	(2)		(0%)	(20)	(20)		(056)	
Minor Disability Support Expenditure	(8)	(8)		(0%)	(75)	(75)		10%1	
Community Health Services & Support	(21)	(21)		(0%)	(189)	(189)		(0%)	
	(1,886)	(1,886)	0.00	0.00	(16,990)	(16,990)	-	(0%)	
Disability Support Services - NGO									
AT & R (Assessment, Treatment and Re	(297)	(297)		(0%)	(2,677)	(2,677)		(0%)	
Information and Advisory	(12)	(12)		(0%)	(107)	(107)			
Needs Assessment	(20)	(22)	1 F	7%	(352)	(195)	(157) U	(81%)	20
Service Co-ordination	-			anim	(10)		(10) U	0/10	
Home Support	(1,551)	(1,423)	(129) U	(9%)	(13,739)	(12,803)	(937) U	(7%)	21
Carer Support	(119)	(144)	26 F	18%	(1,146)	(1,298)	152 F	12%	
Residential Care: Rest Homes	(3,244)	(2,995)	(249) U	(8%)	(29,632)	(26,480)	(3,152) U	(12%)	22
Residential Care: Loans Adjustment	12	23	(11) U	47%	134	204	(70) U	34%	
Residential Care: Hospitals	(4,113)	(3,944)	(168) U	(4%)	(34,689)	(34,844)	155 F	(0%)	23
Environmental Support Services	(101)	(108)	7 F	6%	(905)	(968)	63 F	7%	
Day Programmes	(41)	(48)	7 F	14%	(305)	(416)	111 F	27%	24
Minor Disability Support Expenditure		(9)	9 F	100%		(82)	82 F	100%	
Respite Care	(107)	(95)	(12) U	(12%)	(1,126)	(857)	(269) U	(31%)	25
Community Health Services & Support	(23)	(60)	36 F	61%	(340)	(536)	195 F	36%	
Inter District Flow Disability Support	(238)	(256)	19 F	7%	(2,326)	(2,308)	(19) U	(1%)	
	(9,854)	(9,390)	(464) U	(5%)	(87,220)	(83,367)	(3,856)	(5%)	
Total Disability Support Services	(11,740)	(11,276)	(464) U	(4%)	(104,210)	(100,357)	(3,856) U	(4%)	

Disability Support Services expenditure variance notes;

20. Needs Assessment - \$157k unfavourable YTD.

The overspend relates to InterRai assessments (\$86k) where there is no budget and a contract where the expenditure exceeded the budget by \$35k YTD.

21. Home Support - \$937k unfavourable YTD.

Demand driven service where the budget was significantly understated.

22. Residential Care: Rest Homes - \$3.15m unfavourable YTD.

The significant rest home variance for the YTD is the combination of a number of factors:

The first of these is the 5% price increase for which we are receiving \$111k revenue per month. Based on YTD actual volumes and prices, the increase has cost the SDHB \$992k extra YTD, therefore the price increase is costing an extra \$55k per month over and above the additional funding received from the Ministry. The impact of the price variance on the YTD expenditure result however, is only \$474k as the budget was based on a higher price than the actual price we were paying before the price increase was bought in.

Dementia prices have been lower than the budgeted price and have had a favourable impact on the YTD result of \$104k.

Rest Home and Dementia volumes are both up significantly against forecast which has resulted in an unfavourable impact on the budget of \$1.34m YTD. Dementia is unfavourable (\$934k) and is the major contributor.

Long Term Conditions are unfavourable (\$458k) due to the budget being set based on the prior year budget as opposed to prior year actuals.

The 2013/14 year end accruals were understated and therefore \$867k of 2013/14 expenditure is included in the current financial year.

23. Residential Care: Hospitals - \$155k favourable YTD.

The under-spend is a mix of price and volume variance in both hospitals and Psycho-geriatric expenditure. Hospital prices are under budget (\$1.1m) while volumes are over budget (\$1.33m). Psycho-geriatric prices are under budget (\$18k) and volumes are under budget (\$1.067m). An under accrual of \$283k in June 2014 and unbudgeted BUPA expenditure reduce the under budget variance.

24. Day Programmes - \$111k favourable YTD.

Demand driven service. Expenditure reflects actual.

25. Respite Care - \$269k unfavourable YTD.

Demand driven service. The year to date position reflects higher expenditure in prior months with February/March close to budget.

Public Health

	C	urrent Mont	h		1	Year to Date			
Public Health	Actual	Budget	the state of the s	Variance	Actual	Budget	the state of the s	Variance	Variance Note
March 2015	\$(000)	\$(000)	\$(000)	%	\$(000)	\$(000)	\$(000)	%	
Public Health - Provider Arm									
Alcohol & Drug	(36)	(36)		(0%)	(323)	(323)		(056)	
Communicable Diseases	(97)	(97)		(0963)	(874)	(874)		(0%)	
Mental Health	(22)	(22)		(0%)	(200)	(200)		(0%)	
Screening Programmes	(61)	(112)	51 F	45%	(1,125)	(1,274)	149 F	12%	26
Nutrition and Physical Activity	(23)	(23)		(0563	(203)	(203)		(0%)	
Physical Environment	(36)	(36)		(0%)	(323)	(323)		(0%)	
Public Health Infrastructure	(128)	(128)		(0%)	(1,149)	(1,149)		(036)	
Sexual Health	(12)	(12)		(0%)	(108)	(108)		(0%)	
Social Environments	(38)	(38)		(9%)	(341)	(341)		(97%)	
Tobacco Control	(81)	(81)		(054)	(733)	(733)		(0%)	
	(534)	(585)	51 F	9%	(5,379)	(5,528)	149 F	3%	
Public Health - NGO									
Nutrition and Physical Activity	(26)	(27)	1 F	4%	(231)	(241)	10 F	4%	
Tobacco Control	(33)	(12)	(20) U	(162%)	(123)	(112)	(11) U	(10%)	
	(58)	(39)	(18) U	(46%)	(353)	(353)	(1) U	(0%)	
Total Public Health	(592)	(624)	33 F	5%	(5,732)	(5,881)	148 F	3%	

Public health expenditure variance notes;

26. Screening Programmes - \$149k favourable YTD.

The favourable variance relates to the provider arm and is offset by less revenue in the month and YTD.

Maori Health Expenditure

	Cı	irrent Mon	nth		Year to Date				
Maori Health	Actual	Budget	The State of the Control of the Control	Variance	Actual	Budget	and the state of t	Variance	Variance Note
March 2015	\$(000)	\$(000)	\$(000)	%	\$(000)	\$(000)	\$(000)	%	
Maori Health - Provider Arm									
Maori Service development	(16)	(16)		(0%)	(141)	(141)			
Maori Provider Assistance Infrastr				(0%)		-			
Maori Workforce Development	-			(0%)	14	-			
Minor Maori Health Expenditure		-		(0%)					
Whanau Ora Services	(8)	(8)	0 F	(056)	(71)	(72)	1 F	(0%)	
Maori Health - Provider Arm Total	(24)	(24)	0 F	(0%)	(212)	(213)	1 F	(0%)	
Maori Health - NGO									
Maori Service development	(12)	(22)	10 F	45%	(188)	(200)	12 F	6%	
Maori Provider Assistance Infrastru	cture								
Maori Workforce Development									
Minor Maori Health Expenditure									
Whanau Ora Services	(78)	(107)	29 F	27%	(776)	(961)	185 F	19%	27
Maori Health - NGO Total	(90)	(39)	(18) U	(46%)	(964)	(1,161)	197 F	17%	
Total Public Health	(114)	(624)	33 F	5%	(1,176)	(1,374)	198 F	14%	

Maori Health Services expenditure variance notes;

27. Whanau Ora Services - \$ 185k favourable YTD.

Includes \$29k repaid by a provider for an overpayment.

The balance of the underspend relates to a number of payments that do not reflect the payment schedules in the provider contracts. Some of the variances are due to a number of vacancies that are impacting on the amounts claimed.

Southern District Health Board

Minutes of the Joint Meeting of the Disability Support Advisory Committee and Community & Public Health Advisory Committee held on Wednesday, 1 April 2015, commencing at 10.00 am, in the Board Room, Wakari Hospital Campus, Dunedin

Present: Mr Tim Ward Acting Chair

Mr Neville Cook Mrs Kaye Crowther

In Attendance: Dr John Chambers Board Member

Mr Tony Hill Board Member (from 11.05 am)

Mr Tuari Potiki Board Member Dr Jan White Crown Monitor

Mr Peter Beirne Executive Director Finance (from

11.00 am)

Ms Liz Disney Senior Manager Service Integration &

Innovation, Planning & Funding (until

11.50 am)

Ms Carole Heatly Chief Executive Officer

Mr Glenn Symon Senior Manager Funder Support &

Intelligence, Planning & Funding

Mr David Tulloch Chief Medical Officer

Dr Keith Reid Medical Officer of Health, Public Health

South

Ms Jeanette Kloosterman Board Secretary

1.0 WELCOME

The Acting Chair welcomed everyone to the meeting.

2.0 APOLOGIES

Apologies were received from Ms Sandra Cook, Dr Branko Sijnja, Messrs Stuart Heal and Paul Menzies.

3.0 MEMBERS' DECLARATION OF INTEREST

It was resolved:

"That the Interests Register be noted."

4.0 PRESENTATION: MENTAL HEALTH & ADDICTIONS

The Committees received an update from Ms Judy Walker, Portfolio Manager, Planning & Funding, on Hāpai te Tūmanako - Raise HOPE, Southern DHB's Mental Health and Addictions Strategic Plan. Ms Walker's presentation included an overview of the key milestones and initial implementation actions for 2015 (tab 4).

The Acting Chair thanked Ms Walker and advised that the Committees looked forward to receiving further updates.

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 4 February 2015 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).

Alliance South

The Senior Manager Funder Support & Intelligence reported that Alliance South had met in March and were developing their work plan. Key performance indicators (KPIs) would flow from that.

Southern Strategic Health Plan

It was noted that the Chief Executive and senior staff had been travelling around the district consulting on the finalised Southern Strategic Health Plan.

8.0 PLANNING & FUNDING REPORT

The Senior Manager Funder Support & Intelligence presented the Planning and Funding report (tab 8) and highlighted the additional information provided on health of older people. He also reported that meetings had been held with pharmacists in Dunedin, Invercargill and Central Otago regarding the Community Pharmacy Services Agreement.

Free GP Care

The Senior Manager Funder Support & Intelligence noted that there was full free GP care for under 6 year-olds across the district and this scheme would be extended to under 13 year-olds from 1 July 2015. The details of the extended scheme were still awaited.

Primary Care Health Targets

The Committees noted that the adverse result reported for the Better Help for Smokers to Quit (Primary Care) target was due to a data issue and it was expected this would be resolved for the next report.

Public Health

A report on Public Health Service activity (tab 8.1) was taken as read.

Dr Keith Reid, Medical Officer of Health, answered members' questions on the inter-sector approach to reducing harm associated with student Orientation Week in Dunedin.

9.0 SUICIDE PREVENTION AND POSTVENTION PLAN 2014-18

Mr Paul Martin, Suicide Prevention Co-ordinator, joined the meeting for this item.

Dr Keith Reid and Mr Paul Martin presented the Southern DHB draft Suicide Prevention and Postvention Plan 2014-17 (tab 9) for the Committees' consideration, then answered members' questions on the proposed plan and how it would be implemented.

Mr Peter Beirne, Director of Finance, joined the meeting at 11.00 am.

Mr Tony Hill, Board Member, joined the meeting at 11.05 am.

It was resolved:

"That the Committees recommend the Board approve the Southern DHB's Suicide Prevention and Postvention Plan, pending final approval by the Ministry of Health."

10.0 SOUTHERN STRATEGIC HEALTH PLAN – STRATEGIC IMPLEMENTATION PLAN

The Chief Executive reported that roadshows on the Southern Strategic Health Plan had been held in Alexandra, Balclutha, Winton, Invercargill, Murihiku Marae, Te Anau, Dunedin, Aria te Uru Marae, Gore, Oamaru, Wanaka, and Queenstown. There had been good community engagement and useful feedback was received.

Ms Liz Disney, Senior Manager Service Integration & Innovation, presented the draft Southern Strategic Health Plan (SSHP) Strategic Implementation Plan (tab 10), then management answered questions from members on: progress reporting, community and stakeholder engagement, establishment of locality networks, and synergies with national planning and the Annual Plan.

The Committees requested that risk assessments be completed for the SSHP work streams.

It was resolved:

- "That the Committees:
- 1. Note the Southern Strategic Health Plan (SSHP) Implementation Plan;
- 2. Note the following key dates for reports to be presented for consideration:

- a. June 2015 Implementation Plan for Performance Excellence and Quality Improvement Strategy
- b. August 2015 Leadership Action Plan
- c. October 2015 one page conceptual graphic of the future Southern health system
- d. March 2016 proposal around development of a 'third hub' in addition to Dunedin and Invercargill
- e. June 2016 proposal around role of rural hospitals
- f. June 2016 proposal around role and service provision within Southern DHB Hospitals
- g. September 2016 proposed Southern Workforce Plan
- h. December 2016 proposal outlining the required development and upgrade of Dunedin Hospital produced."

Ms Liz Disney, Senior Manager Service Integration & Innovation, left the meeting at 11.50 am.

11.0 FINANCIAL REPORT

The Executive Director Finance presented the Funder Financial Report for the period ended 28 February 2015 (tab 11), then took questions from members.

It was resolved:

"That the Financial Report be received."

12.0 PERFORMANCE REPORTING 2014/15 - QUARTER TWO

The Committees considered an overview of DHB performance for Quarter Two 2014/15 (tab 12).

It was resolved:

"That the Committees note the results for Quarter Two DHB performance reporting."

13.0 WORK PLAN

The Committees reviewed the DSAC/CPHAC work plan for 2015 (tab 13).

CONFIDENTIAL SESSION

At 12.00 noon it was resolved that the public be excluded for the following agenda items.

General subject:	Reason for passing this resolution:	Grounds for passing the resolution:			
1. Previous Minutes	As per reasons set out in previous agenda	S 34(a), Schedule 4, NZ Public Health and Disability Act 2000 – that the public conduct of this part of the meeting would be likely to result in the disclosure of information for which good reason for withholding exists under sections 9(2)(i), 9(2)(j) and 9(2)(f)(iv) of the Official Information Act 1982, that is, the withholding of the information is necessary to enable a Minister of the Crown or any Department or organisation holding the information to carry out, without prejudice or disadvantage, commercial activities and negotiations, and to maintain the constitutional convention protecting the confidentiality of advice tendered by Ministers of the Crown and officials.			
2. Draft Annual Plan 2015/16	Plan is subject to Ministerial approval	As above, section 9(2)(f).			
3. Draft Māori Health Plan 2015/16	Plan is subject to Ministerial approval	As above, section 9(2)(f).			
4. Draft South Island Health Services Plan 2015/16	Plan is subject to Ministerial approval	As above, section 9(2)(f).			

The meeting closed at 12.45 pm.

Confirmed as a correct record:
Chairperson
Date

Southern District Health Board

Minutes of the Hospital Advisory Committee Meeting held on Wednesday, 1 April 2015, commencing at 2.00pm in the Board Room, Level 2, Main Block, Wakari Hospital Campus

Present: Mr Tony Hill Chairman

Mr Joe Butterfield Dr John Chambers Mr Tuari Potiki Mr Richard Thomson

In Attendance: Dr Jan White Crown Monitor

Mrs Kaye Crowther Board member Mr Tim Ward Board member

Ms Carole Heatly Chief Executive Officer
Mrs Lexie O'Shea Executive Director of Patient

Services/Deputy CEO

Mr Richard Bunton Medical Director Patient Services

Mrs Leanne Samuel Executive Director Nursing and Midwifery
Mr David Tulloch Senior Medical Officer
Mr Grant Paris Senior Business Analyst

Mr Steve Addison Executive Director Communications

Mrs Joanne Fannin Board Secretary Southland

1.0 PRESENTATION

The Medical Director of Patient Services introduced Dr Ben Wheeler, Paediatric Endocrinologist, Southern DHB and Senior Lecturer at the University of Otago, who joined the meeting to provide a presentation on the Southern experience with the new Paediatric Diabetes Telemedicine Clinics. He provided an update on the advantages of Telemedicine and the potential for use in other specialties. Dr Wheeler advised the need to evaluate Telemedicine and develop it in a manner that patients and their families are happy with.

Dr Wheeler left the meeting at 2.30pm.

2.0 WELCOME AND APOLOGIES

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

3.0 MEMBERS' DECLARATION OF INTEREST

The Chairman called for any adjustments or amendments to the Interests Register. The Board Chairman requested that the word 'alternate' be removed from bullet point four of his Interests.

4.0 CONFIRMATION OF PREVIOUS MINUTES

It was resolved:

"That the minutes of the 4 February 2015 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 received and considered the action sheet.

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 received advice:

- That the health target for improved waiting times in the Emergency Department (ED) is being maintained between 90 and 95% and the Dunedin ED was over target for five out of seven days in the last month. The Chairman noted his concern over the increased presentations at ED over the past two months and suggested it may be timely to run another campaign encouraging the public to keep ED for emergencies only.
- On the financial position relating to revenue being \$400K over budget.
- That a Psychiatrist has recently been appointed at Southland Hospital who has expertise in Telepsychiatry and is keen to use Telemedicine.
- On the benefits of telemedicine from a convenience and cost perspective.
- On production planning and work proposed to progress in this area.
- On Urology services and the progress made with increased staffing in this specialty. Pathways are being developed to ensure equity of access.
- From the HAC Chairman on the building work being done on Dunedin Hospital
 and the article in the Otago Daily Times (ODT) acknowledging the work being
 done. It is anticipated that the work will be ahead of time and favourable to
 budget.

8.0 KEY PERFORMANCE INDICATORS (KPIs)

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

- That acute readmissions were within normal variation levels.
- The good progress made with active review and patients given certainty and their wait time for treatment.
- That projects are in place to address the specialties where the Elective Service Performance Indicators (ESPI) targets are not being met.

9.0 HEALTHY FOOD AND BEVERAGES ENVIRONMENTS POLICY

The Committee received and considered the draft Healthy Food and Beverages Policy and position statement and noted that, should it be awarded the food services contract, Compass has indicated that it is happy to work with any District Health Board's healthy food policy. The policy is aligned to the healthy food policy of other DHBs and will be reviewed after a 12 month period. The approach when developing the policy has been to make a healthy choice an easy choice.

It was resolved:

- "That the Hospital Advisory Committee recommends that the Board:
- Notes that the Committee endorses the Healthy Food and Beverages Environments Policy.
- Approves the adoption of the Healthy Food and Beverages Environments Policy."

10.0 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 February result was close to budget and year to date the Provider Arm is about \$1M over budget.
- The drivers for the unfavourable revenue result.
- The drivers for the unfavourable result against budget for Nursing. A request was made for the information provided in the June 2015 report to be more specific around the higher nursing costs.
- The rationale for the reclassification of approximately 11 staff from Allied to Nursing in the current year.
- The underspend on the building work at Dunedin Hospital has been included in the budget forecast.
- The reversal of \$100K from air ambulance costs, charged in error to Southern DHB in January 2015.
- The process for the capitalisation of staff. The Board Chairman requested that the categorisation of the capitalisation of staff be discussed further at the Audit and Risk Committee (ARC) meeting.

11.0 OCCUPATIONAL HEALTH AND SAFETY REPORT

The Committee received and considered the Occupational Health and Safety Report and a verbal update by the Executive Director of Patient Services (EDPS). In discussion, the Committee received advice as follows:

- In relation to blood and body fluid exposure injuries, the Executive Director of Nursing and Midwifery (EDNM) advised on the national procurement work being undertaken around safety devices specifically relating to cannulation. Local IV staff are actively involved in this process.
- In relation to patient and manual handling injuries, the EDPS advised on the work that is being done. There is currently a manual handling person on one site and it is proposed to have a consistent programme on both sites. The difference in equipment between Southland and Dunedin was noted and the more modern equipment will be included in the Dunedin Hospital rebuild. A request was made for a cost analysis to be done, looking at the difference in outcomes between Southland and Dunedin relating to manual handling injuries. It may be more cost effective to buy the required equipment for Dunedin now to mitigate the risk.
- A request was made for more detail to be included in the Occupational Health and Safety Report in relation to sick leave as a proxy for stress, noting that the risk is higher for some occupational groups. All sick leave is to be included in the report. A request was made for confirmation of whether ACC is included with the recorded sick leave in the graph included in the report.
- The Crown Monitor advised the need for Southern DHB to ensure a safe and secure environment for its staff, noting legal action being taken by Work Safe New Zealand against another Government Department. It was suggested that Southern DHB undertake a review in the area of staff exposure to unhappy clients to test the safety and security measures in place. The Crown Monitor suggested that a report be provided for Board and on-going reviews be undertaken bi-annually.

It was resolved:

- "That the Hospital Advisory Committee recommends that the Board:
- Receives the report and supports the work being undertaken to address Southern District Health Board's strategy.

 Receives the report attached as appendix one to the Occupational Health and Safety Report and notes the current accident and injury reports, together with the work related Accident Compensation claims data and sick leave data, benchmarked across all other DHBs."

12.0 INFORMATION SERVICES DASHBOARD

The Committee received and considered the South Island Information Services Dashboard and the ePrescribing Project Implementation Report and a verbal update from the Medical Director of Patient Services relating to the success of electronic prescribing. It was noted that Southern DHB is the first DHB in the country to implement electronic prescribing.

13.0 CONFIDENTIAL SESSION

At 3.30pm, 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).
Facilities update	Commercial sensitivity and to allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).
Hospital Services update	To allow activities to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).

The Committee resumed in public session at 4.	20pm.	
The meeting closed at 4.20pm.		
Confirmed as a true and correct record:		
Chairman:	Date:	 _
Minutes of Southern DHB Hospital Advisory Committee, 17	April 2015	 Page 4

SOUTHERN DISTRICT HEALTH BOARD

Title:	C	CONTRACTS REGISTER				
Report to:	5	Southern District Health Board				
Date of Meet	ing: 7	May 2015				
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 impl	ications	for consideration ((financial/workforce/r	isk/legal etc):		
Financial:	Nil					
Workforce:	Nil					
Other:	Nil					
Document pr submitted to		n/a		Date:		
Prepared by:			Presented by:			
Sandra Boardman Executive Director Planning and Funding		Sandra Boardman Executive Director Planning and Funding				
Date: 22/04/2015						
RECOMMENDATION:						
1. That the Board note the attached Contracts Register.						

Southern DHB Board Meeting - Contracts Register

FUNDING ADMINISTRATION CONTRACTS REGISTER (EXPENSES) - APRIL 2015

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 17	x \$194,221.59	Various	Executive Director Planning & Funding
Cameron House Rest Home Ltd Agreement	Long Term Support - Chronic Health Conditions	\$38,058.55 (Estimate)	15.02.16	Executive Director Planning & Funding 19.02.15
Mosgiel Dentists Ltd Agreement	Service Agreement for the Provision of Oral Health Services	\$31,051.65	30.06.15	Executive Director Planning & Funding 19.02.15
Pacific Island Advisory & Cultural Trust Incorporated Variation to Agreement	Pacific People Community Linkage Worker	\$87,375.00	31.01.16	Executive Director Planning & Funding 18.02.15
Gladstone Pharmacy Ltd Variation to Agreement	Pharmacy Services	\$2,000.00 (Estimate)	30.06.15	Executive Director Planning & Funding 16.03.15
The Carroll Street Trust Variation to Agreement	Sleepover Settlement	\$53,702.00	30.06.15	Executive Director Planning & Funding 30.06.14
Waihopai Hauora Incorporated Agreement	Mauri Ora Service	\$46,524.30	30.06.15	Executive Director Planning & Funding 17.07.14
	Total for Lev	rel 3 \$ 452,933.09		
Contract Value of - \$100,000 - \$500,000 (Level 2)				
Presbyterian Support Southland - LTS-CHC Residential Variation to Agreement	Long Term Support - Chronic Health Conditions Residential	\$ 234,767.76	12.02.16	Executive Director Planning & Funding 19.02.15
JJGSY Ltd t.a McNaughton's Pharmacy Deed of Assignment of Agreement	Provision of Pharmacy Services	\$ 462,000.00 (Estimate)	30.06.15	Executive Director Planning & Funding 26.03.15
Taieri Pharmacy 2015 Ltd t.a Unichem Taieri Pharmacy Deed of Assignment	Agreement for the Provision of Pharmacy Services	\$ 375,000.00 (Estimate)	30.06.15	Executive Director Planning & Funding 24.03.15
	Total for Lev	rel 2 \$ 1,071,767.76		

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FUNDING ADMINISTRATION CONTRACTS REGISTER (EXPENSES) - APRIL 2015

Contract Value of - \$500,000 - 1 Million (Level 1)								
WellSouth Primary Health Network Variation to Agreement	Long Term Conditions	\$	593,646.24	30.06.17	Southern DHB Board 05.02.15			
	Total for Level 1	\$	1,665,414.00					
Contract Value of - \$1 Million and Over (Board)	Contract Value of - \$1 Million and Over (Board)							
Te Kakakura Trust t.a Te Kahui Reo Whakakotahi o Te Kakakura Agreement	Kaupapa Maori Community Residential Service	\$	1,524,885.93	31.10.17	Southern DHB Board 11.12.14			
	Total for Board Level	\$	1,524,885.93					

Grand Total \$ 4,715,000.78