

Annual AGM Board Meeting – 2022 Minutes - FINAL

Date: 26th October, 2022

1. Open & Welcome with Acknowledgement to Country

The meeting was called to order at 10:30am by the Chair, Chris OVERLAND.

'We begin by acknowledging the Traditional Owners of the land on which this Board of Directors meet today, the Kurna people of Australia, and we pay our respects to Elders past and present.'

The Chair welcomed and thanked all in attendance.

Present:

Board members and Executive - Chris OVERLAND (Chair), Pip FORRESTER (Deputy Chair), Clive ALLERT, Pauline HUDSON, Dr. Ginette KREMMIDIOTIS, Gary HENNESSEY, Yasmin JORDAN (Executive), Chris MENZIES (Clinical Manager), Jane ROSS (Non-Clinical Manager).

There were a further 10 members and 4 non-members present and no proxies were received.

Quorum: Yes

2. Apologies

Board Members:

Chris BRIGHT

Lorraine ROSENBERG

Members:

Sandra SHARP

Judy BERENGER

Mr & Mrs William DOLLMAN

Raelene ROSSER

Sandra BROWN

Dignitaries:

Hon. Leon BIGNELL, Member of the Sth. Aust. House of Assembly – *Shauna BLACK attended in his absence.*

Dr. Kerrie FREEMAN, Southern Adel. Local Hosp. Network (SALHN) - *Dulcey KAYES attended in her place*

3. Confirmation of Minutes from the Previous AGM

The Chair asked to move that the minutes from the previous meeting be accepted as a true correct record. Moved: C. OVERLAND. Seconded: C. ALLERT/P.FORRESTER – **MINUTES ACCEPTED.**

4. Presentation of Board Members

4.1 Chairman's Report - Chris OVERLAND

N.B.: Please refer to report attached - 4.1 - Report from the Chair – 2021/22, dated October, 2022.

The Chair's report was tabled, questions invited and noted accordingly.

Further Discussion:

The Chairman further advised to the changes in relation to leadership within the hospital:

1. **Departure of Simone HARVEY (EO/DoN).**

The Chair thanked Simone for her very good service to the hospital especially when having to deal with some very adverse circumstances.

2. **Appointment of Yasmin JORDAN (EO/DoN).**

The hospital was incredibly fortunate to have, for some time at least, the services of Ms Yasmin JORDAN. Through the support from Southern Adelaide Local Health Network (SALHN) the hospital managed to secure her services to help us reorganise the hospital to better meet its contractual obligations. Yasmin's works has been of tremendous benefit to the hospital and for that we are extremely grateful. Unfortunately, Yasmin will be moving on after being recruited by private enterprise and will not be Executive Office (EO) for the hospital for too much longer. This does frankly present a problem for the hospital, because trying to get senior leaders to come to this small relatively old-style hospital is proving to be very difficult.

3. **Appointment of Jane ROSS (Non-Clinical Manager) & Chris MENZIES (Clinical Manager)**

Jane has been appointed to manage the non-Clinical services and the Board is grateful that she has been willing to take on this challenging position. The Board is also pleased to have Chris MENZIES as part of the team. Chris is another SALHN staff member who has come on board.

In relation to the leadership, it's incredibly important that the hospital has a good relationship with SALHN. The hospital frankly only exists because of the financial support it gets from SALHN and we therefore need to deliver on our contractual obligations to them. In essence, this means supporting Flinders Medial Centre (FMC) as it deals with the apparently relentless "tsunami" of demand that keeps coming through the Accident Emergency Department, I can't see that changing anytime soon.

Turning to other issues, one of the major problems of the past was that the hospital was desperately short of funding and could not afford to pay nurses wages at a rate that was competitive, which was a bad position to be in. Fortunately, with additional funding provided by SALHN to the hospital, it has been able to significantly increase nursing salaries and that has made it easier to attract and retain the services of registered and enrolled nurses.

In relation to patient activity, the hospital have been able to lift its daily average significantly in the past six (6) months or so, and for year 2022 should be close to fifteen (15) which is very good result. The hospital needs to be able to do this consistently. Even though that's a small number of beds, in a context of a completely overwhelmed public hospital system, those few beds really matter. It gives Flinders Medial Centre a few more options of where to discharge people and so further assist with the freeing up of bed space. In this way our hospital makes a small but useful contribution to managing pressures at FMC.

4. Presentation of Board Members - Continued

4.1 Chairman's Report - Chris OVERLAND

The Chair made special mention of the hospital volunteers who truly are an amazing group of people. The Op. Shop itself, which really is an institution in the town, and the amount raised from trading discarded items is really quite remarkable. The volunteers are currently in the process of going through a planning and design to build two (2) new sheds, so as to consolidate their operations in basically the one place on the hospital grounds. The Board took a tour of the Op Shop which is currently spread out around the hospital grounds and it's clear that the facilities, generally speaking, are pretty inadequate for both volunteers and people visiting/customers, so the Board supports what the volunteers are doing. It will be an expensive and complicated task to plan and build the sheds. The project is being driven in particular by Mr Mike Thorpe, whose personal contribution needs to be acknowledged.

Finally, about the future, the hospital has served this community very well. It was opened in April, 1951, just a month after I was born, which gives an indication of how old it is. At the time it would have been at the absolute cutting edge of hospital design for a small country hospital and it's also really impressively well built. It was inspected earlier during 2022 (by an *architect from Brown Falcon*), who reported the good news that the hospital was fantastically well-built and was a really solid and well-maintained facility. The bad news is effectively the same thing, because re-developing it would be horrendously expensive. The problem with that is that the hospital is reaching end of its operating life as an acute care facility. If it were not for that fact that SALHN needs our beds, we would not be here. My assessment is that, the current situation in relation to demand for beds isn't going to dissipate very readily. The first time that we may have a glimmer of hope at Flinders Medical Centre is when some of their 200 new beds start to come on stream and that probably won't be, I guess, certainly not for three (3) years, maybe a bit longer than that. So, in the context of thinking about the future, we probably have a three (3) to five (5) year lifespan left in the hospital. Once those new beds are open it makes no logical sense at all for SALHN to continue to fund us, to provide bed capacity. It would make more sense for them to use the funds to help support the operative costs of their new 200 beds. That's the reality that we are confronted with.

So, I think that means as a community we need to start turning our minds to what we're going to do with this really good facility once its time as an acute hospital ends. We have the luxury of a certain amount of time, I think and we need to use that time to think about the future.

I feel I have to say this publicly now, so people can go away from here and understand that this hospital cannot operate as an acute care facility on an indefinite basis. However, it can be something else. It can be a focus for community health services or private health services, it can be turned into consulting rooms, or, in a worst case scenario, it can be bought for housing. I would guess that the last option I mentioned is not something the community would want. So, my basic message in relation to the future is that, it's definitely time limited and we can see the end approaching and we need to be able to think about a 'plan B' for the use of the hospital.

In closing, I would like to extend my thanks to staff, to my colleagues on the Board who have supported me and the hospital generally. I would like to draw the attention to the fact that some of us here are not in the 'spring of our youth'. There has to be some thought given as to what is to happen when there is a need for succession on the Board. For various reasons we have difficulty, frankly, attracting people to come and sit on the Board. So if you or someone you know has the inclination to join the hospital Board then we are definitely looking for new recruits.

With no further questions, motion made to move to accept the Chairman's report.

Moved: C. OVERLAND. **Seconded:** C. ALLERT. - **ACCEPTED**

4.2 Executive Report (EO) – Yasmin JORDAN

N.B.: Please refer to report attached - 4.2 – Executive Officer’s Report 2021/2022.

The EO report was tabled, questions invited and noted accordingly.

Further Discussion:

Yasmin JORDAN acknowledged how very grateful she was for the support from Simone HARVEY during the handover period, as well as the Board and staff for allowing her to delve the history of the hospital to really understand what the key concerns and problems were. The changes she had proposed were all intended to enable the hospital to continue to support the SALHN contract which Chris (*Chair*) mentioned is the main driver of how the hospital operates on a day-to-day basis.

Yasmin further advised that upon commencement at the hospital she became aware that there were a few things that were risks for the hospital. As mentioned by the Chair, the nursing model of care was difficult and challenging because of the pay negotiations that had been, for some period of time, unable to facilitate a pay rise for the staff that made the salaries competitive with lots of the other organisations, particularly the public service. So, we spent some time negotiating with the Board to enable a pay rise for the staff, which enabled us to change the model of care for nursing and have four (4) nurses per day and afternoon shift and two (2) nurses on night duty. This enabled us to better fulfil the SALHN contract, which is that there be fourteen (14) sub-acute beds available for their use. The staffing changes made supporting SALHN much easier. We’ve been quite fortunate to be able to retain the large majority of the existing staff, as well as attract new staff. As mentioned by the Chair, on average the occupancy is about fifteen (15) patients per day. Some days, we managed to get to eighteen (18) patients and other days patient numbers aren’t quite as high. The crucial factor in supporting these admissions, is the support of the GP’s who allow those patients to be admitted to the hospital under their care. The hospital is very fortunate to have and very grateful to the small committed group of GP’s who accept the admissions. Sometimes there’s a lack of understanding from some of the bigger services about how crucial they are to the ongoing operations of the hospital.

Dr. Ginette KREMMIDIOTIS really supports not only the Board but she is also the doctor who supports the medical advisory committee through the hospital. We’re extremely grateful to have her support as well as the support from the pharmacists at the local Terry White Chemmart who supply all the medications for the patients which is crucial to their ongoing management.

Most significantly during 2021/22 and not discounting any of the other volunteers, Trevor and Sandra SHARP from the McLaren Vale Vintage Classic have allowed the hospital to renovate the back area of the hospital (*unfortunately unseen from the front of the hospital*). We’ve had new shade sails installed and the hospital will also be putting some artificial turf down. This will enable patients to be outside with their relatives in a space where wheelchairs and walking frames can be moved freely by both staff and their caregivers. What COVID taught us, is that, outside space is super important to enable care and caregivers to support that process.

4. Presentation of Board Members - Continued

4.2 Executive Report (EO) – Yasmin JORDAN - Continued

As mentioned within the attached report, Yasmin further acknowledged, Raelene ROSSER (*apology from the meeting*) for her leadership of the volunteers and the support of the volunteers who come into the hospital for the delivery of morning tea and to support the visits by 'support dogs', which is a lovely service.

In closing, Yasmin again (*as noted within the report*), expressed her gratitude for the opportunity from SALHN to work at the hospital. She felt that she had been strongly supported by Jane ROSS, the Chair and the Board. As mentioned by the Chair, further to moving on from SALHN, she felt very confident that with Chris MENZIES here and also a Board who are around to support both Jane and Chris in the leadership at the hospital, it will continue to be able to support the SALHN contract as long as this tender is required.

No further questions from the AGM floor were raised.

4.3 Annual Finance Report – Clive ALLERT

N.B.: Please refer to report attached - 4.3a – Annual General Meeting – 2022 Financial Report

Please refer to report attached - 4.3b - MVDWMH Financial Statements 2022

The Financial report was tabled, questions invited and noted accordingly.

With no further questions, motion made to move that the audited Financial Statement for the year ending 30th June, 2022 for McLaren Vale & Districts War Memorial Hospital Inc. be approved.

Moved: C. ALLERT. Seconded: Mike ARNOLD. – ACCEPTED

5. Election of Board Members

Renomination of Current Board member(s) have been received:

1. Mr Chris BRIGHT
2. Dr. Ginette KREMMIDIOTIS

Resignation of Current Board member(s) have been received:

1. Lorraine ROSENBERG

The Chair advised of the above changes to the current Board and welcomed for any new member(s) to consider to join the Board with no election required.

6. Appointment of Auditors for 2022/23

Clive ALLERT moved that the Not-for-Profit Auditing Specialists (NFPAS) – a firm of Chartered Accountants be appointed as ongoing auditors.

Moved: C. ALLERT. Seconded: J. ROSS. – ACCEPTED

7. Any Other Business

The floor queried if anybody had come forward to sit on the Board and the Chair explained the difficulty in trying to attract new members. A further explanation was requested and the Chair provided a brief explanation to what is required, advising typically the Board meet ten (10) or eleven (11) times a year. Some Board members, i.e.: the Chair, Vice-Chair, Treasurer and currently Dr Ginette KREMMIDIOTIS have additional responsibilities, such as committee meetings, monitoring finances or looking after community relations. The duties of members were not generally onerous but did require time to consider and think about issues. That said, it was a responsible position and did impose an obligation to be diligent in attending to the duties involved. He expressed the hope that his comments did not deter people from joining the Board.

On behalf of SALHN, Dulcey KAYES thanked the Board for their contributions and said that SALHN was keen to continue to look to support and maintain the relationship in the future with the hospital.

In closing, Board member Gary HENNESSEY advised the AGM that he had been invited to join the Board because of his expertise in real estate. He was thus in a position to advise the Board in the commercial real estate area. His expertise in this and other areas had proved useful when the Board was considering the leasing of parts of the hospital to external parties. He had joined at a time when the Board was facing significant financial challenges and thanks to SALHN those challenges were now less serious. Nevertheless, he felt that his specific expertise could be useful when considering what the hospital might be used for in three (3) to five (5) year time. While the future use of the hospital was still a matter of conjecture, turning it into a health precinct was one plausible option where his expertise would be useful.

Gary recounted his recent experience at Flinders Medical Emergency and commented on the level of care, service and commitment he witnessed and received from the minute an ambulance was called to admission and final discharge from the hospital. He felt that the level of service and commitment was outstandingly good.

He expressed the view that if you are part of this community, you should be incredibly proud of the people that you have working at both FMC and the local hospital. The staff are outstanding and just incredibly committed.

Gary encouraged people to consider joining the Board irrespective of their background or expertise. He expressed the view that everyone has something to contribute and can be a valuable part of this Board and be proud of your hospital because it's a really good hospital. (*Continuous applause*).

8. Meeting Close

The meeting was closed at 11.30am, 26th October, 2022 by the Chair, C. Overland.