

MEETING MINUTES – PUBLIC BOARD MEETING

Te Hopai Trust Board

Te Hopai Home and Hospital Limited

Date and Time:	Wednesday 3 rd July at 6:00pm
Venue:	Te Hopai Home and Hospital, 51 Hospital Road, Newtown, Wellington
Meeting for:	Public Board meeting
In Attendance (Board members and presenting):	David Bratt, Masako Crawford, Cheryl Goodyer, Angelique Jackson, Andrea McCance, Dean Riddell (Chair), Renée Sara, Pakize Sari (General Manager), Mike Smith
In Attendance (Staff and catering):	Cristie Allado, Vulori Daunibau, Amanda Esbach, Amy Fanning (Minutes), Jill Kerridge, Marianne Kerridge, Prasad Mathew, Stephanie Renshaw
In Attendance (Volunteers):	Sister Francis Gibbs, Sara Hall, Ross Thurston, Jo Walton, Jared Wilkinson
In Attendance (Residents):	Vicky Horvath, Margaret McGregor, Mary McNamara, Peter Osborne, Joanna Robson, Elizabeth Simcock, Ron Stewart, Hachiko Treen, Raymond Young
In Attendance (Family and friends):	Virginia Abbott, Jill Allan, Georgie Aspros, Gyles Beckford, John Bourke, Mike Bourke, June Burton, Helen Dobson, Chris Harvey, John Harvey, Harriett Kerr, John Moore, Lean Neoh, Jenny Robertson, Gundrun Scharnke, Val Scharnke, Lockie Stewart, Barbara Strathdee
Apologies (Board):	Mark Rowe

MEETING OPENING

- Opening Karakia – performed by Angelique Jackson
- Board members introduced themselves with a brief introduction regarding their backgrounds.

2023/24 ANNUAL REPORT – presented by Pakize Sari

- **Staffing:** is of critical importance for the whole aged care sector, we have been advocating with Immigration NZ to ensure we can recruit staff internationally. Despite sector wide staffing shortages we have maintained a full complement of registered nurses and caregivers, and only have one position open currently – for our Quality Manager for which we have several applicants. We have several retention strategies including but not limited to, flexible shift rosters and leave approvals so that staff can go back home to visit their families, onsite parking, and access to funded postgraduate studies.
- **Staff training:** a cornerstone of our success is our robust and multifaceted training programme, which includes a comprehensive orientation programme, structured training for existing staff at least quarterly, specialised training for Kōwhai dementia unit staff, and external training. This is highlighted by the extraordinary academic achievement of our registered nurses with five currently pursuing advanced qualifications including three working towards becoming nurse practitioners.
- **Volunteers:** we currently have 35 dedicated volunteers who lend their wide range of skills and talents to provide our residents with one-to-one time or group activities 60 hours per week, and also join us to assist with special events such as ANZAC Day.
- **Van:** we are eagerly awaiting the arrival which was intended for May but the fit-out has taken longer than expected. The supplier can not commit to an arrival date but indications are very soon.

- **Covid-19 and infection control:** the Covid-19 pandemic has presented us with many challenges. We have had several outbreaks which were generally confined to one wing and resolved quickly, unfortunately the latest outbreak has been more widespread and lasted for a longer period. We take this very seriously, and have many precautions in place, but have not closed our facilities to the public. Testing kits are widely available to staff for use when they have symptoms, but staff are not required to test prior to beginning their shifts. In this latest outbreak the number of staff infected has been low, but unfortunately there has been a high number of residents infected. Other infection control measures remain strong with low or no flu outbreaks for the last two years.
- **Food services:** we receive a lot of feedback and questions about resident meals which we take seriously and will respond to each of these privately with you. We provide a wide variety of meals, with alternative options available, and our menu is reviewed by a registered dietitian to ensure its meeting nutritional and dietary needs. It is difficult to satisfy everyone's needs given there are a wide range of texture requirements and preferences – however we continue to work on this.
- **Resident and family feedback:** we undertake annual surveys and the feedback is very positive – we are grateful for your continued support and input. We are working on achieving a higher response rate as we had around a third of surveys returned in the last survey.

CHAIRPERSON'S REPORT – presented by Dean Riddell

- All our extended whānau were welcomed to our first public Board meeting. Engagement with our extended whānau is part of our strategic direction and we are truly grateful of your participation.
- We have a great Board of nine members, all of which are voluntary positions, and we are also grateful for their energy, enthusiasm, dedication and diversity, and it is a pleasure to be their Chair.
- Our Board normally meets monthly (except January) and each meeting includes a detailed General Manager's report. On a quarterly basis the Board receives a comprehensive financial report which is thoroughly reviewed, and then the other seven meetings focus on strategic direction which allows us time to focus on a wide range of topics. There are five sub-committees who you will hear from soon who do the mahi in specific areas and report back to the full Board monthly.
- The true champions are our team of staff who are dedicated, passionate, caring and skilled, a star team lead by Pakize as their inspirational captain, we thank you for all your effort and dedication.

CLINICAL ADVISORY COMMITTEE REPORT – presented by Andrea McCance

- Our focus is improving resident safety and service quality, and we are guided by the clinicians at the coal face (several doctors and the Clinical Manager form our group), as well as reviewing and tracking a lot of monthly data and trends which come from the Moa benchmarking system.
- Some specific areas of focus have been on ensuring alignment with the new standards from 2021, reviewing workforce practices and challenges given the key role this plays in resident safety, and reviewing special projects such as medication safety recently led by our Nurse Practitioner.

CULTURAL SAFETY COMMITTEE REPORT – presented by Cheryl Goodyer

- We are the newest Board committee only commenced in 2024. Our focus is on building the Board's cultural safety awareness, competence and capability, but also establishing the standards that everyone needs to work towards as an organisation. We also review how cultural capability impacts on our clinical care. To start with we have done some background analysis about the many initiatives and good work already happening in this space at Te Hopai, including meeting with staff, but are also very keen to receive any feedback about what cultural safety looks like to all of you.

PROPERTY COMMITTEE REPORT – presented by Dean Riddell

- Our focus is undertaking the mahi related to the big picture / strategic property issues – it is not property management which the management team have full responsibility for. This second slide indicates the footprint of our land very roughly.

- We were established in 1888, one of the very early charities of its kind in NZ, with land gifted by the “City Fathers” under the conditions of being used as “aged care for the needy” which remains a condition of our tenure. This creates a challenge – we own the land but are unable to sell or offer title to it – so we cannot use the land, or any building on it, for security on borrowings. This makes it more difficult for us to borrow from the banks, and we need significant cash reserves/future earning potential to fund projects. Although we are land rich carparking is very important to our workforce.
- Recently, due to reduced budgeted margins, we evaluated options to move into community housing/apartments due to perceived demand from non-assessed aged care, our staff, hospital staff and the community, as well as possible Government funding streams. However the funding conditions were not consistent with our mantra and the feasibility of apartments did not stack up.
- Therefore we moved back to investigating development options focused on providing more assessed aged care – whilst the margins in providing the base level of aged care are slim – this can be improved with accommodation supplements on premium rooms. This development would be the next level of higher quality rooms – with larger, more luxurious rooms than Owen Street with modular flexibility. Our management team are working hard on building an operational model to maximise staffing efficiency and ensure the feasibility of this development.

FUNDRAISING COMMITTEE REPORT – presented by Renée Sara

- The aged care environment is tough for charitable entities and many are closing their doors because government derived funding rates are no longer covering their costs. The trend continues that non-premium rooms are being removed from the market, and new developments are only occurring for facilities with accommodation supplements for all rooms. There is a tsunami of need coming and the aged care sector needs more beds. Our mantra is “Setting the standard in quality aged care” and we believe that everyone deserves this, not just those who can afford to pay more.
- Therefore our committee was established recently to identify projects that we want to support, and to assist management in generating additional funds for these projects. We are grateful for the immense support provided by our residents and our resident’s whānau with these efforts.

FINANCE AND AUDIT COMMITTEE REPORT – presented by Mike Smith

- Our focus is ensuring that we are operating in a financially prudent manner – we have a particular role to look at financial processes, annual budgets and monthly results/reporting closely. We have a high turnover and as a charity we need to ensure this is managed very carefully. We work with the external auditors who undertake an annual review of our finances (recently completed) and we collaborate with other Board committees as required to ensure projects are financially viable.
- The aged care sector is a tough financial environment, where two thirds of our income is spent on staff costs, and it continues to be difficult to match the offers our staff receive from competitors. Our occupancy is key to our survival, and success, in this touch climate – in the last three years we normally sat between 96% to 98% occupancy of our 151 beds – compared to 88% to 90% national averages. We work very hard to maintain these high occupancy levels which allows us to do more.

GENERAL BUSINESS AND QUESTIONS – facilitated by Pakize Sari

- **What was the reason for the dip in occupancy in October to December 2023?** This was not attributable to anything in particular, we cannot admit into a wing if there is Covid-19 present, and there are times when we have many residents with high acuity, which affects occupancy.
- **Who is the management team?** Pakize Sari and Jill Kerridge are available 24/7 to lead the team operationally – over 24 hours we have 99 shifts which need to be staffed across the facility. Vulori Daunibau heads our Kōwhai dementia unit and Cristie Allado heads the Rest Home, and Amy Fanning is our newest member – the Finance Manager.
- **What is done with the responses to the recent May feedback survey?** These are reviewed individually and if anyone has raised issues we would have discussed these with them directly.

There were a few comments on food which are being worked through. The Board get a summarised version of the results to enable them to review the trends.

- **Should our staffing team include a counsellor to provide support to staff when a resident passes away?** We cannot provide for this in the staffing budget, historically we have received funds/grants specifically for staff to access external counsellors. We have several other avenues in place for staff who require support/counselling (for any reason) including running Clinical meetings if several residents all pass away at the same time, having a trained staff member who can perform health and wellbeing assessments, and referring staff to external counselling services if needed.
- One family member expressed his **sincere gratitude to the team** for caring for his wife. The Board noted they are an unpaid volunteer Board, and some have been on the Board for around 20 years. The mahi required is substantial (especially during specific periods such as the initial response to the Covid-19 pandemic) and the continuity of care from the Board and the staff is exceptional.
- **Should the facility have been shut down to the public in the latest Covid-19 outbreak?** We took many measures such as stopping staff working across areas to stop the spread amongst staff. The number of staff with Covid-19 was low and it is likely that it was being brought in from resident's family, the visiting public, and our residents going outside into the public. Full isolation takes a lot from our residents and in itself has its own risks. Residents in the Kōwhai dementia unit and the rest home can not be isolated effectively and therefore when Covid-19 is present in the rest home we work on a reverse isolation practice – where we advise all residents there is Covid-19 present and they can choose to stay in their own rooms.
- **Can staff remain away from work if they have Covid-19 but have no sick leave available to them?** We have enough staff (including a casual workforce) to cover shortages and so always encourage staff to take sick leave. We have been advancing sick leave (especially for staff who have just begun work with us and may not be entitled to sick leave yet) so that staff with Covid-19 can take the full five days sick leave.

MEETING CLOSING

- Closing Karakia – performed by Angelique Jackson
- **Meeting closed 7:15pm.**