

**Executive Committee Meeting
AGENDA**

Thursday, August 7, 2025 @ 10:00am

Item	Description	MRP
1.	Call to Order	Marjorie Belzile
2.	Declaration of Conflict of Interest	Marjorie Belzile
3.	Approval of Agenda*	Marjorie Belzile
4.	Approval of Previous Minutes: August 22, 2024*	Marjorie Belzile
5.	Business Arising from the Minutes	
6.	New Business	
	6.1. Board & Sub-Committee Workplans	Geri Geldart
	- Briefing Note – Workplans*	
	- Strategic Plan – Yearly Grid*	
	- Care Committee Workplan*	
	- Governance and Audit Committee Workplan*	
	- Finance and Administration Committee Workplan*	
	- Research and Ethics Committee Workplan*	
	- Board of Directors Workplan*	
7.	Board Membership	Marjorie Belzile
8.	Outstanding Account - Update	Geri Geldart

**Denotes attachment*

Proposed Motions

1. That the minutes of August 22, 2024 be approved.
2. That the annual workplans of the Board of Directors and sub-committees be approved as presented to the Board Executive Committee and be shared with the respective Board sub-committees for implementation.

**Minutes of meeting of the Board of Directors for York Care Centre, 100 Sunset Drive,
Fredericton NB,
Meeting on August 22, 2024**

Present: Marjorie Belzile (2:45 arrival), Lyne St-Pierre-Ellis, Andrea Seymour (virtual), Wayne Snowdon, Bryanna White-Aubé, Geri Geldart (non-voting)
Regrets: Pierre LeBlanc, Tracey Burkhardt

1. Call to Order & Introductions

The vice-chair, Ms. Bryanna White-Aubé called the meeting to order at 2:12pm.

2. Declaration of Conflict of Interest

Ms. Bryanna White-Aubé asked members to review the agenda and self identify if there was the potential for a conflict of interest. None identified.

3. Approval of Agenda

Ms. Geldart requested agenda item 6.2 and 6.1 be switched.

It was moved by Wayne Snowdon and seconded by Andrea Seymour that the agenda be approved as revised with items 6.1 and 6.2 order switched. All in favour.

- Motion carried

4. Approval of Minutes – August 28, 2023

It was moved by Lyne St-Pierre-Ellis and seconded by Wayne Snowdon that the Minutes of August 28, 2023 be approved. All in favour.

- Motion carried

5. Business Arising from the Minutes

None

6. New Business

6.1 Mid-Summer Update

Ms. Geri Geldart presented a mid-summer update. Highlights included:

- Care compliance was 102% - 2nd week of July, increased from 94% last year.
- Vacation approved – 30% increase over 2023.
- Attendance – lost sick time realized a 0.44% improvement over 2023.
- Employee engagement survey conducted received feedback from 150+ employees.
- Launched Better Culture program.
- International recruitment continues.
- Management Forum was launched – focus on alignment, communication and collaboration.

- NBANH facilitating discussions on transfer of Management Pension to a shared risk plan.

Care Services:

- Nursing Home Without Walls program launched.
- RFP issued for new Pharmacy Provider.
- Suzy-Q project launched. Delayed due to covid outbreak on Tower 1.
- Vaccination program is undergoing changes.
- Developing Foundation project proposal – Tower 2.
- Still awaiting annual inspectors.

Facilities:

- Front entrance accessibility project nearing completion.
- RFP issued for nurse call replacement – being managed internally.
- DTI project – cooling of resident's rooms expected to be a 2 year project – engineering work underway.

CiRA:

- All HSPP projects wrapping up as planned.
- Symposium preparations underway for September 26th.
- Suzy-Q will run until at least December.
- Human Rights project will run until March 2025.
- New PHAC project tentatively approved – two years and 2 million in funding to expand Genie into community settings.
- Kelsey Rusk has accepted a temporary contract until March 2025 as Interim Director.

6.2 Board & Sub-Committee Workplans

Ms. Geri Geldart presented five documents which aim to support the board and its standing committees in planning for the next year. Each document highlighted committee accomplishments, and suggested areas of focus in 2024-2025. Discussion with the committee, and additional item suggestions will be added. The revised document will be distributed to the appropriate committees for review in September.

6.3 Board Member Recruitment

There is a need to recruit additional board members. Currently there are 11 members out of a possible 15. This year there are 4 members eligible for reappointment and one member is completing their term. Suggestion that we engage in a social media campaign to highlighting board members and introducing them to the community. Further discussion at the committee level to follow.

6.4 Strategic Plan Committee

Strategic plan development for 2025 – 2030 is an important focus. The Executive Committee decided to establish a separate committee to lead the process comprised of the Board Vice-chair (as the committee chair) and an additional 2 – 3 members.

Motion: It was moved by Lyne St-Pierre-Ellis and seconded by Wayne Snowdon that the Executive Committee approve the establishment of a Strategic Planning committee to develop the 2025-2030 strategic plan. The Board vice-chair will be the chair of the strategic plan sub committee. All in favour.

- Motion Carried

6.5 Compensation Issue

The Recorder was asked to leave the meeting due to the confidential nature of discussion. The CEO presented a proposal to adjust the compensation plan for the Director of Facilities and Infrastructure.

Motion: It was moved by Lyne St-Pierre-Ellis and seconded by Wayne Snowdon that the Executive Committee approve the compensation plan for the Director of Facilities and Infrastructure to match that of the Chief Financial Officer and the VP of People and Culture

- Motion Carried

The meeting was adjourned at 3:50pm on a motion by Wayne Snowdon.

Marjorie Belzile, Chair

Jennifer Vos, Recorder



YORK
CARE CENTRE

CIRA
CENTRE FOR INNOVATION
AND RESEARCH IN AGING



YORK
DEVELOPMENTS
LIFESTYLE LIVING

BRIEFING NOTE

To: Governance Committee of the Board of Directors
From: Geri Geldart, President and CEO
Date: August 5, 2025
RE: Approach to Development of Board and Committee Workplan

For background, this is the process taken to establish the DRAFT board and committee workplans. These are only DRAFTs.... There is lots of margin for modification / revision.

Assumptions

- Workplans are guided primarily by the Strategic Plan, and secondarily, by Management's Operating Plan.
- Committee workplans are further guided by the responsibilities outlined in the bylaws and the committee terms of reference. Although the bylaws have not changed, there may be a need to update the terms of reference given that we have a new strategic plan.
- Have tried to avoid duplication / overlap of responsibilities of committees – but this may require more discussion.
- Keep in mind that the operating plan was established before the strategic plan was approved – there may be gaps this year.

Steps

- Tried to identify which year the various Strat Plan priorities would be accomplished.
- Tried to identify which committee would be most responsible for guiding the strategic plan priority.
- Took a stab at assigning the operating plan objectives to specific committees
- Established the agenda items for each quarterly committee based on the target dates in the operating plan.

To Be Determined

- Finalize the committee mandates – specifically the Research and Ethics Committee and the Finance and Audit Committee.
- Are any changes to the By-laws required as a result of the mandates changes, if any?

For Discussion

Strategic Plan – Initiatives by Year – DRAFT					
Strategic Priority	25/26	26/27	27/28	28/29	29/30
Residence of Choice	<ul style="list-style-type: none"> • Quality improvement initiatives • Consider new technologies • Facility Condition Assessment - YCC • Facility Condition Assessments – apartments • Facility Space Review 	<ul style="list-style-type: none"> • Quality improvement initiatives • Consider new technologies • YCC Facility Refresh Plan • YDI – Facility Refresh Plan – Apartments • Long Term Space Plan developed • Assess need for additional resources for recreation, care, social work and education. 	<ul style="list-style-type: none"> • Quality improvement initiatives • Consider new technologies • Facility Condition Assessment – Hawkins House • Consider enhancements of community based services based on assessment of resident needs. • Advocacy for additional resources based on assessed need. 	<ul style="list-style-type: none"> • Quality improvement initiatives • Consider new technologies • Hawkins – Facility Refresh Plan • Consider enhancements of community based services based on assessment of resident needs. • Advocacy for additional resources based on assessed need. 	<ul style="list-style-type: none"> • Quality improvement initiatives • Consider new technologies • Consider enhancements of community based services based on assessment of resident needs. • Advocacy for additional resources based on assessed need.
Employer of Choice	<ul style="list-style-type: none"> • Employee Engagement initiatives • Staff development activities • Leader education – quality improvement • Staff mentorship program • Consider options for formal recognition 	<ul style="list-style-type: none"> • Employee Engagement initiatives • Establish formal recruitment strategy • Pursue formal recognition 	<ul style="list-style-type: none"> • Employee Engagement initiatives • Achieve formal recognition 	<ul style="list-style-type: none"> • Employee Engagement initiatives 	<ul style="list-style-type: none"> • Employee Engagement initiatives
Centre of Excellence	<ul style="list-style-type: none"> • Determine method for sector needs assessment • Consider a formal accreditation process. • Expansion of NHWW • Develop research priorities aligned with mission and strategy. 	<ul style="list-style-type: none"> • Sector -wide needs assessment and gap analysis. • Investigate potential new housing models and models of care. • Explore opportunity for an academic partnership aligned with research priorities • Develop mechanisms for professional outreach in the long term care sector 	<ul style="list-style-type: none"> • Establish a role definition and potential elements • 	<ul style="list-style-type: none"> • Secure resources and implement 	<ul style="list-style-type: none"> • Secure resources and implement



Care Services Committee - Annual Work Plan 2025-26

Introduction

The purpose of this document is to provide committee members with background and context information to support their plans for the upcoming board year. Each standing committee of the board is asked to establish a proposed workplan for the upcoming board year. A workplan will ensure that staff are prepared to bring appropriate information to the committee to support its work.

Section 1 provides excerpts from the committee terms of reference, specifically the purpose and scope statements. These terms of reference were reviewed and approved by the board in the 2022/23 year.

Section 2 provides excerpts from the Board's Strategic Plan which are aligned with the mandate of the Care Committee. Work of the committee should support the organization in achieving the objectives of the strategic plan.

Section 3 provides excerpts from Management's operating plan which are aligned with the mandate of the Care Committee. The CEO and the executive team are responsible for the developing and implementing the operating plan in support of the overall strategic plan. The Committee can expect progress updates from the leadership team.

Section 4 is a summary of the accomplishments of the Care Committee in the previous year, as well as an issues which were considered / addressed.

Section 5 is a list of issues which might be of interest / concern to the Committee when planning for the upcoming year.

Section 6 is a list of committee members.

Section 7 is a proposed workplan for the committee. This is a draft and should be discussed at the September meeting. The committee is asked to present a final workplan to the board of directors at the October meeting.

Section 1 - Excerpts from the Terms of Reference

The purpose of the Committee is to make recommendations to the Board to ensure efficient, effective use of all corporate resources in the delivery of quality person-centered, tenants and client services to York Care Centre's residents.

The Committee will provide recommendations regarding the development and operation of policies, processes and procedures, which include:

1. Providing advice, recommendations and comments on the development and review of strategic objective srelated to the delivery of person -centered, tenant and client services.
2. Reviewing and recommending policies designed to support the achievement of objectives adopted by the Board concerning resident care and quality of life.
3. Monitoring, receiving and reviewing reports, recommending their approval, or other action, to the Board, and monitoring reports based on staff reports, implementation and operation of any approved actions.
4. Evaluating information and recommendations presented by management to ensure optimal resident lifestyles and appropriate levels of care are achieved.

Section 2 – Excerpts from the Strategic Plan which align with the Care Committee mandate

Residence of Choice

- ***Commit to Continuous Quality Improvement***
 - QI initiatives focused on meaningful social engagement, quality of care, quality of life and improved dining experience.
 - Advocate for increased funding for recreation, resident care, social work and education.
- ***Enhance Our Community-Based Services to Meet the Needs of Residents and Clients***
 - Enhance our community based services and facilities based on an assessment of resident needs.

Employer of Choice

- ***Commit to Learning and Professional Development***
 - Invest in training and mentorship, through learning and development opportunities for all staff.
 - Develop expertise in quality improvement methods.

Centre of Excellence

- ***Explore and Adopt Innovative Care Practices***
 - Expansion of the Nursing Home Without Walls Program
 - Investigate potential new housing models and models of care

Section 3 – Excerpts from Management’s Operating Plan which align with the Care Committee mandate

Residence of Choice

- Quality of Life
 - To improve our ability to plan and provide resident-centred activities, implement the Activity Pro Gold.
 - To support the delivery of resident-centred activities, increase the availability of volunteers.
- Quality of Care
 - To improve our ability to provide resident-centred care, examine the bathing frequency preferences and options.
 - To provide residents and families with current information regarding York Care Centre, complete a refresh of the Resident Handbook.
 - To improve the dining experience conduct a second trial of the Suzy-Q to determine the most appropriate use of the technology.
- Resident Satisfaction
 - To identify opportunities for improvement, introduce a Tenant Survey in Hawkins House.

Centre of Excellence

- High Standard of Care and Support
 - Expand the Nursing Home Without Walls Program

Operational Excellence

- General Administration
 - Establish a Quality Improvement Plan for 2025-26
- Care Services
 - To improve efficiency, trial Care carts and wipes on one unit. Expand if deemed successful.

Section 4 - Issues & Accomplishments from 2024-2025

- Quarterly reporting from VP Care and Quality Services
- Monitored the following: COVID Outbreaks, Quality of Care indicators,
- Received results of the first bedside audits.
- Received reports from Family Advocacy Council.
- Reviewed results of the Annual Nursing Home Inspection.
- Monitored the establishment and development of the Nursing Home Without Walls Program.
- Monitored the Quality Framework progress report.

Section 5 - Issues to Consider for Upcoming Year

- Generally strong results on committee evaluation. No issues identified.
- Link with Family Advocacy – effective of this group.
- Quality of Life Survey results
- Are we reporting the right KPIs to the Board (Quality of Care, Quality of Life, Care Hours)
- Volunteer Program – critical to quality of life – but is somewhat stalled.
- Monitoring progress of key initiatives (NHWW, Suzy-Q, Therapeutic Recreation program).
- Monitoring framework for Ends Policy – Residence of Choice
- Monitoring wait lists for all services (long term care, assisted living, independent apartments, Adult Day Program).
- Distribution of duties between committees.

Section 6 - Committee Membership

- Andrea Seymour, Chair
- Lyne St-Pierre-Ellis
- Wayne Albert
- Deborah Wybou
- Jane Matthews-Clark
- Marjorie Deveau, Family Advocacy representative
- Marjorie Belzile, ex officio
- Geri Geldart, ex officio
- Jamie Roy, staff.

DRAFT

Section 7 - Proposed Workplan for Discussion

Meeting	Date	Reports and Documents
Q1	Tuesday, Sept 9, 2025 @ 5:30 PM	<ul style="list-style-type: none"> • Review of Terms of Reference • Review of Annual Workplan • Report from the VP, Care and Quality Services • Report from the Family Advocacy Council • Review selection of Quality of Care indicators • Quality Framework Update 25/26 • Nursing Home Inspection Results • Quality of Life Survey – Family – Results
Q2	Thursday, Nov 6, 2025 @ 5:30 PM	<ul style="list-style-type: none"> • Report from the VP, Care and Quality Services • Report from the Family Advocacy Council • Progress report on Nursing Home Without Walls implementation • Results of Tenant Survey – Hawkins House
Q3	Thursday, Jan. 15, 2026 @ 5:30 PM	<ul style="list-style-type: none"> • Report from the VP, Care and Quality Services • Report from the Family Advocacy Council • Receive – Updated Resident Handbook • Nursing Home Without Walls Program update • Progress Report - SuzyQ
Q4	Thursday, April 30, 2026 @ 5:30 PM	<ul style="list-style-type: none"> • Report from the VP, Care and Quality Services • Progress Report – Family Portal / Activity Pro Gold • Progress Report – Bathing Preferences • Progress Report – Care Cart trial • Progress Report – SuzyQ • Report from the Family Advocacy Council • Quality Framework Progress Report • SQLI Quality of Life Survey results – if available • Report on Volunteer Program.



Governance & Audit Committee - Annual Work Plan 2025-26

Introduction

The purpose of this document is to provide committee members with background and context information to support their plans for the upcoming board year. Each standing committee of the board is asked to establish a proposed workplan for the upcoming board year. A workplan will ensure that staff are prepared to bring appropriate information to the committee to support its work.

Section 1 provides excerpts from the committee terms of reference, specifically the purpose and scope statements. These terms of reference were reviewed and approved by the board in the 2022/23 year.

Section 2 provides excerpts from the Board's Strategic Plan which are aligned with the mandate of the Governance and Audit Committee. Work of the committee should support the organization in achieving the objectives of the strategic plan.

Section 3 provides excerpts from Management's operating plan which are aligned with the mandate of the Governance and Audit Committee. The CEO and the executive team are responsible for the developing and implementing the operating plan in support of the overall strategic plan. The Committee can expect progress updates from the leadership team.

Section 4 is a summary of the accomplishments of the Governance and Audit Committee in the previous year, as well as any issues which were considered / addressed.

Section 5 is a list of issues which might be of interest / concern to the Committee when planning for the upcoming year.

Section 6 is a list of committee members.

Section 7 is a proposed workplan for the committee. This is a draft and should be discussed at the September meeting. The committee is asked to present a final workplan to the board of directors at the October meeting.

Section 1 - Excerpts from the Terms of Reference

The purpose of the Committee is to make recommendations to assist the Board by providing advice, recommendations and comments on the development and review of policies, processes and procedures and its financial and licensing oversight responsibilities and promote community engagement.

The Committee will provide recommendations to the development and operation of governance, financial and licensing policies, processes, and procedures, which include:

1. The roles and responsibilities of the Board of Directors, Committees and officers.
2. The nomination, selection, orientation, training of members of the Board of Directors.
3. Monitoring attendance and behaviors of Board and Community members, and recommending appropriate actions as required.
4. An annual assessment of the Board of Directors and committees.
5. Matters pertaining to conflict of interest.
6. Reviewing and recommending the appointment, scope and fees of the external auditors to the Board of Directors.
7. Receiving and reviewing the results of the external audit, financials and procedures with the Chair of the Finance and Administration Committee and the President and CEO and making recommendations to the Board of Directors.
8. Reviewing and recommending the inspection results regarding service requirements in alignment with the Nursing Homes Act and Regulations with the Chair of the Care Committee and President and CEO and report recommendations to the Board for review.
9. Making recommendations to the Board regarding community engagement and partnerships.

Section 2 - Excerpts from the Strategic Plan which align with the Governance and Audit Committee Mandate

Centre of Excellence

- Develop and Promote the Centre of Excellence Model
 - ~~Conduct a sector-wide needs assessment and gap analysis.~~
 - ~~Develop a role definition for the Centre of Excellence which may include the provision of education, management support services, expert guidance, etc.~~
 - Secure resources and partnerships to support operations of the Centre of Excellence
 - Consider a formal accreditation process

Section 3 - Excerpts from Management's Operating Plan which align with the Governance & Audit Mandate

Operational Excellence

- General Administration
 - Official Launch of the 2025-2030 Strategic Plan
 - Update Communication Plan for 2025-26 to support the strategic plan.
 - Year 2 of a 3-year plan to update all policies

Section 4 - Issues & Accomplishments from 2023/24

- Review of the Year End Audited and Unaudited financial statements and the auditors' report.
- Quarterly reporting from the Chief Executive Officer
- Reviewed the results of the Nursing Home Inspection Report.
- Conducted an annual board evaluation as well as evaluations of each sub-committee meeting.
- Board Recruitment strategy developed which resulted in the appointment of two new board members.
- Review of board policies- Board/CEO Linkage and Governance policies.
- Developed a Monitoring Framework for accomplishment of the approved Ends.
- Review and revision of bylaws for York Developments Inc. and York Country Properties Inc.
- Amended policy regarding York Foundation board representation
- Recommendations for Board Officer and Committee Chairs prepared for board consideration.

Section 5 - Issues to Consider for Upcoming Year

- Generally strong results on committee evaluation.
- Board policy review – Executive Limitation policies.
- Annual board evaluation – is there a better way?
- Board Education – potential topics and timing
- Review of committee terms of reference given our new strategic plan
- Monitor the launch of the strategic plan
- Relationship with the Foundation - service level agreement
- What items should the CEO report on to the Governance Committee – my written reports have been quite slim.

Section 6 - Committee Membership

- Lyne St-Pierre-Ellis, Chair
- Tracey Burkhardt
- Andrea Seymour
- Donna Curtis Maillet
- Bryanna White-Aubé
- Jane Matthews-Clark
- Marjorie Belzile – ex officio
- Geri Geldart, ex officio

Section 7 - Proposed Workplan for Governance and Audit Committee

Meeting	Date	Reports and Documents
Q1	Thursday, Sept 11, 2025 @ 5:30 PM	<ul style="list-style-type: none"> • Policy review – Executive Limitations – 4 policies • Planning – Board Education Sessions • High level review of committee responsibilities in light of new strategic plan (reference bylaws and current terms of reference). • DSD Inspection Report • Communication Plan / Launch of Strategic Plan
Q2	Tuesday, Oct 28, 2025 @ 5:30 PM	<ul style="list-style-type: none"> • Policy review – Executive Limitations – 4 policies • Board evaluation – process and methodology • Service Level Agreement with YCF
Q3	Tuesday, Feb 3, 2026 @ 5:30 PM	<ul style="list-style-type: none"> • Policy review – Executive Limitations – 3 policies • Board membership – terms of office • Board Executive and Committee Chairs for 2024-25 • New Board member appointments.
Q4	Tuesday, April 28, 2026 @ 5:30 PM	<ul style="list-style-type: none"> • Policy review – as needed. • Operational Policy Review – status report • Recommendations from Board Evaluation
June meeting	Monday, June 8, 2026 @ 5:30 PM	<ul style="list-style-type: none"> • Year End Financial Statements and Auditors Report • Recommendation – Appointment of Auditors • Recommendation – Approval of Annual Report • Recommendations – Board Appointments



Finance and Administration Committee - Annual Work Plan 2025-26

Introduction

The purpose of this document is to provide committee members with background and context information to support their plans for the upcoming board year. Each standing committee of the board is asked to establish a proposed workplan for the upcoming board year. A workplan will ensure that staff are prepared to bring appropriate information to the committee to support its work.

Section 1 provides excerpts from the committee terms of reference, specifically the purpose and scope statements. These terms of reference were reviewed and approved by the board in the 2022/23 year.

Section 2 provides excerpts from the Board's Strategic Plan which are aligned with the mandate of the Finance and Administration Committee. Work of the committee should support the organization in achieving the objectives of the strategic plan.

Section 3 provides excerpts from Management's operating plan which are aligned with the mandate of the Finance and Administration Committee. The CEO and the executive team are responsible for the developing and implementing the operating plan in support of the overall strategic plan. The Committee can expect progress updates from the leadership team.

Section 4 is a summary of the accomplishments of the Finance and Administration Committee in the previous year, as well as an issues which were considered / addressed.

Section 5 is a list of issues which might be of interest / concern to the Committee when planning for the upcoming year.

Section 6 is a list of committee members.

Section 7 is a proposed workplan for the committee. This is a draft and should be discussed at the September meeting. The committee is asked to present a final workplan to the board of directors at the October meeting.

Section 1 - Excerpts from the Terms of Reference

The purpose of the Committee is to make recommendations to assist the Board in fulfilling financial oversight and to help govern management administration related to financial budgeting and reporting, human resources, and overall administration.

The Committee will provide advice and/or recommendations in relation to the development and operation of relevant policies, processes and/or procedures, which may include:

1. Reviewing and recommending approval of an annual operating and capital budget.
2. Reviewing regular and ad hoc financial statements and recommending their approval, or other action, to the Board and monitoring implementation and operation of any approved actions.
3. Reviewing, together with the Chair of the Governance and Audit Committee, the financial audit results, and external auditors' recommendations with the President & CEO, leading to the development of a plan of action in response to the results and recommendations to bring forward to the Board.
4. Reviewing human resource policies and programs, and when applicable, recommending action to the Board and monitoring implementation and operation of any approved actions.
5. Reviewing and recommending approval of remuneration and benefits packages associated with non- bargaining personnel to the Board.
6. Recommend approval of collective agreements as negotiated through the New Brunswick Association of Nursing Homes and the New Brunswick Nurses Union and the Canadian Union of Public Employees to the Board.
7. Reviewing environmental services and housing reports regarding the maintenance, replacement and/or upgrade of infrastructure and equipment, and when applicable, recommending action to the Board.
8. Reviewing information technology and any other administration and/or care support services reports, and when applicable, recommending action to the Board and monitoring the implementation and operation of any approved actions.

Section 2 - Excerpts from the Strategic Plan which align with the Finance and Admin Committee Mandate

Residence of Choice

- Make strategic investments in infrastructure, technology and amenities.
 - Conduct a facility space review and develop a long-term space plan aligned with strategic priorities.
 - Update the facility refresh plans with a focus on safety, accessibility and resident comfort.
 - Consider new technologies which improve resident care, employee safety and process efficiency
- Enhance our community-based services to meet the needs of residents and clients.
 - Conduct facility condition assessments of our independent and supportive living facilities and develop a long-term refresh plan.

Employer of Choice

- Building an Engaging Workplace Culture
 - Advocate for fair compensation for our employees
 - Strengthen morale, culture and engagement through the initiatives which improve:
 - Work-life balance
 - Facility-wide communication
 - Processes for employee feedback, and
 - Recognition and respect.
- Commit to Learning and Professional Development
 - Invest in training and mentorship, through learning and development opportunities for all staff
 - Provide professional development for current and aspiring leaders
 - Develop expertise in quality improvement methods
- Strengthen Our Reputation as an Employer of Choice

- Showcase the accomplishments of our team.
- Establish a formal recruitment strategy
- Pursue formal recognition as a top place to work.

Section 3 – Excerpts from Mgmt’s Operating Plan which align with the Finance & Admin Comm. Mandate

Residence of Choice

- Safe and Homelike Environment
 - To improve resident comfort, introduce air conditioning / cooling in resident rooms (multi-year project)
 - To ensure a safe environment, establish a maintenance plan for critical infrastructure at YCC
 - To improve the quality of environment services, conduct facility cleanliness audits
 - To ensure a safe environment, establish a maintenance plan for YDI

Employer of Choice

- Foundation of Character and Culture of Excellence
 - To support a culture of excellence, re-introduce the 20 Tenets of Culture Program
- Professional Development and Training
 - To support professional development, offer a Leaders’ level workshop in Fall of 2025
 - To support professional development, expand the mentorship program to include LPNs, DA’s and EA’s
- Staff Well-Being and Work-life Balance
 - To enhance staff recognition, provide monthly activities to highlight achievements, committee work, etc.
 - To support a positive work-life balance, review staff rotations for EA’s, LA’s and LPN’s
 - To support employee wellness, provide two mental health/wellness mini sessions on units
 - Update the Attendance Support Program
 - Attendance improvements in high use departments

Centre of Excellence

- High Standard of Care and Support
 - With the financial support of the York Care Foundation, refurbish Tower 2 to incorporate evidence-based design features for an advanced dementia unit

Operational Excellence

- General Administration
 - Identify and document all critical finance functions
 - To improve efficiency and reliability, complete the Administration Process review
 - To manage the risk and cost associated with contracted services, establish a current contract register
 - Develop cost centre managers expertise re expense coding and variance analysis
- York Developments Inc.
 - To improve the sustainability of the independent housing units, review and update policies with respect to rent and insurance

Section 4 - Issues & Accomplishments from 2024/25

- Review of the Quarterly Financial Statements and the Year End Financial Statements.
- Review of the 2025-26 Annual Budget
- Quarterly reporting from the Chief Financial Officer, the VP People and Culture and the Director, Facilities and Infrastructure.
- Significant revision of the format of quarterly financial statements.
- Monitored the following:
 - Human resource indicators regarding recruitment, turnover, sick time, care hour compliance
- Recommendations to Board to Approve
 - Project list for York Care Foundation consideration.
 - Risk Management – risk matrix
 - Monitoring framework for Ends Policy – Employer of Choice
 - Policy changes for YDI Independent Apartments (rental rates, security deposit, income limit, subsidy program, tenants insurance)
- Received reports regarding:
 - Facility & Infrastructure improvements – front entrance accessibility, nurse call system replacement.
 - International Recruitment mission
 - Employee Survey results
 - Employee Engagement Framework
 - Collective agreement negotiations / changes

Section 5 - Issues to Consider for Upcoming Year

- Generally strong results on committee evaluation.
- There is concern that the workload for this committee is too broad.
- Review of results from Facility Condition Reports
- Revised budget for 25/26 as a result of CUPE Collective Agreement
- Contract Register
- Risk Management Plan

Section 6 - Committee Membership

- Pierre LeBlanc, Chair
- Lyne St-Pierre-Ellis
- Deborah Wybou
- Dana Bursey
- Bryanna White-Aubè
- Tim Boone
- Marjorie Belzile, ex officio
- Doug Holt, Community Member
- Geri Geldart, ex officio
- Heather Harris-Jones, Shelley Kenny, Michel Boyer, staff

Section 7 - Proposed Workplan

Meeting	Date	Reports and Documents
Q1	Tuesday, Sept. 16, 2025 @ 5:30 PM	<ul style="list-style-type: none"> • Review of Annual Workplan • Review of Financial Statements • Report from the CFO, VP People & Culture and Director of Facilities/Infrastructure • Revised budget for 25/26 • Facility Condition Assessments – YDI – Summary Report
Q2	Tuesday, Nov 4, 2025 @ 5:30 PM	<ul style="list-style-type: none"> • Review of Financial Statements • Report from the CFO, VP People & Culture and Director of Facilities/Infrastructure • Review of Annual Employee Survey • Environmental Audit Results for Q2 • YDI Rental Policy Review – status report • Contract Register – status report • Critical Finance Function List
Q3	Tuesday, Feb 10, 2026 @ 5:30 PM	<ul style="list-style-type: none"> • Review of Financial Statements • Report from the CFO, VP People & Culture and Director of Facilities/Infrastructure • Review of potential YCF Projects • Resident Room Cooling – status report • YCC Critical Infrastructure Maintenance Plan • Admin Process Review – Resident Trust Account
March	Monday, March 23, 2026 @ 5:30PM	<ul style="list-style-type: none"> • Annual Budget Meeting
Q4	Tuesday, May 5, 2026 @ 5:30PM	<ul style="list-style-type: none"> • Review of Financial Statements • Report from the CFO, VP People & Culture and Director of Facilities/Infrastructure • Environmental Audit Results for Q3 and Q4 • Better Culture Program – status report • Professional Development – status report • Critical Finance Function documentation – status report • Contract Register – status report



Research and Ethics Committee - Annual Work Plan 2025/26

Introduction

The purpose of this document is to provide committee members with background and context information to support their plans for the upcoming board year. Each standing committee of the board is asked to establish a proposed workplan for the upcoming board year. A workplan will ensure that staff are prepared to bring appropriate information to the committee to support its work.

Section 1 provides excerpts from the committee terms of reference, specifically the purpose and scope statements. These terms of reference were reviewed and approved by the board in the 2022/23 year.

Section 2 provides excerpts from the Board's Strategic Plan which are aligned with the mandate of the Research and Ethics Committee. Work of the committee should support the organization in achieving the objectives of the strategic plan.

Section 3 provides excerpts from Management's operating plan which are aligned with the mandate of the Research and Ethics Committee. The CEO and the executive team are responsible for the developing and implementing the operating plan in support of the overall strategic plan. The Committee can expect progress updates from the leadership team.

Section 4 is a summary of the accomplishments of the Research and Ethics Committee in the previous year, as well as any issues which were considered / addressed.

Section 5 is a list of issues which might be of interest / concern to the Committee when planning for the upcoming year.

Section 6 is a list of committee members.

Section 7 is a proposed workplan for the committee. This is a draft and should be discussed at the September meeting. The committee is asked to present a final work plan to the board of directors at the October meeting.

Section 1 - Excerpts from the Terms of Reference

The purpose of the Committee is to make recommendations to the Board to ensure that ethical standards and research activities reflect the Vision, Mission and Values of the organization.

The Committee is focused on providing an academic/research environment that promotes professional development and stimulates research activity combined with and applied to a full suite of long-term care services. The work of the committee includes:

1. Ensuring appropriate policies are in place that respect the ethical standards of the organization as well as applicable privacy legislation.
2. Reviews the Code of Ethics on an annual basis and makes recommendations to the Board if changes are required.
3. Reviewing policies proposed by the President & CEO related to ethical and research matters and recommending those that it supports for approval by the Board of Directors.
4. Encouraging innovation, health promotion and knowledge transfer through the following:
 - Increase involvement in research activities that focus on promotion and improving the social, emotional, and physical well-being of seniors.
 - Fostering relationships with researchers, stakeholders, and members of the community
 - Promoting and supporting the translation and transfer of research outcomes, new knowledge and innovation to the betterment of the aging population.
5. Reviewing and approving proposed research initiatives; monitor related President and CEO actions in support and, when necessary, recommending action for the Board's consideration.
6. Monitoring adherence to the Code of Ethics and initial goals and objectives based on staff responsibilities of all research projects and, when necessary, recommend remedial action for the Board's consideration.
7. Ensuring that research activity remains focused on aging and/or long-term care.

Section 2 – Excerpts from the Strategic Plan which align with the Research and Ethics Committee mandate.

Centre of Excellence

- Develop and Promote the Centre of Excellence Model
 - Conduct a sector-wide needs assessment and gap analysis.
 - Develop a role definition for the Centre of Excellence which may include the provision of education, management support services, expert guidance, etc.
 - ~~Secure resources and partnerships to support operation of the Centre of Excellence.~~
 - ~~Consider a formal accreditation process.~~
- Expand Research and Professional Outreach
 - Develop research priorities aligned with our mission and strategy.
 - Explore the opportunity for an academic partnership to support research
 - Develop mechanisms for professional outreach in the long-term care sector, such as education, conferences, social media, public campaigns.

Section 3 – Excerpts from Management’s Operating Plan which align with the Research & Ethics Committee mandate.

Centre of Excellence

- Leader in Aging Care
 - Host a Region 3 Support Services Managers Forum
 - Explore the possible elements of the Centre of Excellence role with NBANH and Region 3 Administrators.
- Employer of Choice
 - Examine the feasibility / requirements for recognition as a top employer.

Section 4 - Issues & Accomplishments from 2023/24

- Quarterly reporting from Executive Director of CIRA on new and active projects.
- Successful Research Symposium

Section 5 - Issues to Consider for Upcoming Year

- The status of CiRA – closed, on-hold, evolving?
- New format for Code of Ethics document

Section 6 - Committee Membership

- Tracey Burkhardt, Chair
- Donna Curtis Maillet
- Wayne Albert
- Marjorie Belzile, ex officio
- Geri Geldart, ex officio
- Jamie Roy, staff

Section 7 - Proposed Workplan

Meeting	Date	Reports and Documents
Q1	Thursday, Sept 18, 2025 @ 5:30 PM	<ul style="list-style-type: none">• Review of Annual Workplan• CEO Report – Wrap up of CiRA projects• Code of Ethics – shortform• Progress Report – Discussions with NBANH and DSD
Q2	Tuesday, Nov 13, 2025 @ 5:30 PM	<ul style="list-style-type: none">• Discussion – Research Priorities for YCC• Progress Report – Discussions with NBANH and Region 3
Q3	Tuesday, Feb 12, 2026 @ 5:30 PM	<ul style="list-style-type: none">• Recognition as Top Employer – review of options• Discussion – Potential for Academic Partnership• Report on Region 3 Support Service Managers Forum
Q4	Tuesday, May 7, 2026 @ 5:30 PM	<ul style="list-style-type: none">• Discussion – Options for Professional Outreach• Centre of Excellence – role definition



Board of Directors - Annual Work Plan 2025-26

Introduction

The purpose of this document is to provide committee members with background and context information to support their plans for the upcoming board year. Each standing committee of the board is asked to establish a proposed workplan for the upcoming board year. A workplan will ensure that staff are prepared to bring appropriate information to the committee to support its work.

Section 1 is a summary of the Board of Directors' accomplishments from the previous year, as well as any issues which were considered / addressed.

Section 2 is a list of issues which might be of interest / concern to the Committee when planning for the upcoming year.

Section 3 is a proposed workplan for the Board. This is draft should be discussed at the October meeting of the Board.

Section 1 - Issues and Accomplishments from 2024/25

- Board orientation session
- Strategic Plan Development
- CEO Evaluation completed and goals established for 25/26
 - Introduce the new strategic plan to the organization and develop an implementation plan.
 - Develop a succession plan for all executive level positions.
 - Prepare options for the transition of CIRA for the board's consideration.
 - Continue the work on reviewing/revising administrative processes with a focus on the Finance and HR processes.
- Board Evaluation
- Board policy revisions – Board/CEO Linkage policies & YCF Board Representation
- Monitoring Framework – Ends Policies
- Code of Ethics revision
- YDI and YCP Bylaw revisions

Section 2 - Items to Consider for Upcoming Year.

- Implementation of Strategic Plan
- Board development / education
- The future of C.I.R.A. / Role of Centre of Excellence
- Policy Review
- Service Level Agreement with York Care Foundation
- Social Event?

Section 3 - Proposed Workplan

Meeting	Date	Reports and Documents
Q1	<ul style="list-style-type: none"> Monday, September 22, 2025 @ 5:30 	<ul style="list-style-type: none"> Committee Reports Report from the President and CEO Review of Annual Workplan Governance Policies - 4 DSD Inspection Results Strategic Plan Launch Board Education recommendations Code of Ethics - shortform Revised Budget 25/26
Q2	<ul style="list-style-type: none"> Monday, Nov. 17, 2025 @ 5:30 	<ul style="list-style-type: none"> Committee Reports Report from the President and CEO Governance Policies - 4 Service Level Agreement – YCF Research Priorities for YCC
Q3	<ul style="list-style-type: none"> Tuesday, Feb. 17, 2026 @ 5:30 	<ul style="list-style-type: none"> Committee Reports Report from the President and CEO Review of Potential YCF Projects CEO Performance Review Governance Policies - 3 Potential YCF Projects Recognition as a top employer - recommendation
March (Budget)	<ul style="list-style-type: none"> Monday, March 30, 2026 @ 5:30 	<ul style="list-style-type: none"> Approval of Annual Budget
Q4	<ul style="list-style-type: none"> Monday, May 11, 2026 @5:30 	<ul style="list-style-type: none"> Committee Reports Report from the President and CEO Operating Plan 2025/26 Quality Framework Progress Report Centre of Excellence – role definition Risk Management Plan. Board Evaluation Results Board Executive and Committee Chair recommendations New Board members recommendations
June	<ul style="list-style-type: none"> Monday, June 15, 2025 @ 5:30 	<ul style="list-style-type: none"> Governance and Audit Committee Report Auditing Process & Appointment of Auditors Board Appointments Board Evaluation Draft Annual Report YCF Annual Report Meeting Schedule
AGM (June)	<ul style="list-style-type: none"> Monday, June 15, 2025 at 6:30 	<ul style="list-style-type: none"> Audited & Unaudited Year End Financial Statements Auditors Report Appointment of Auditors Board Appointments for 25/26 Annual Report 2024/25