

**Board of Directors  
AGENDA**

**Tuesday, February 18, 2025 @ 5:30pm**

<b>Item</b>	<b>Description</b>	<b>MRP</b>
1.	<b>Call to Order and Introductions</b>	<b>Marjorie Belzile</b>
2.	<b>Declaration of Conflict of Interest</b>	<b>Marjorie Belzile</b>
3.	<b>Approval of Agenda*</b>	<b>Marjorie Belzile</b>
4.	<b>Approval of Previous Minutes: November 18, 2024*</b>	<b>Marjorie Belzile</b>
5.	<b>Business Arising from the Minutes</b>	
6.	<b>Standing Reports</b>	
6.1.	<b>Quarterly Update from the President &amp; CEO</b>	<b>Geri Geldart</b>
6.1.1	Report from President & CEO*	
6.1.2	Q3 Operating Plan Progress Report*	
6.2.	<b>Research &amp; Ethics Committee</b>	<b>Tracey Burkhardt</b>
6.2.1	Q3 Report of Committee Chair	
6.3.	<b>Care Services Committee</b>	<b>Andrea Seymour</b>
6.3.1	Q3 Report of Committee Chair	
6.4.	<b>Finance &amp; Administration Committee</b>	<b>Pierre LeBlanc</b>
6.4.1	Q3 Report of Committee Chair	
6.4.2	Unaudited Financial Statements period ending December 31, 2024*	
6.4.3	Risk Management Framework*	
6.5.	<b>Governance &amp; Audit Committee</b>	<b>Lyne St-Pierre-Ellis</b>
6.5.1	Q3 Governance & Audit Report of Committee Chair	
6.5.2	Governance Process Policies Review	
	Gov-A-100 Assessment: Board Chair & Members	
	Gov-B-110 Board Responsibility	
	Gov-B-112 Board Members Acknowledgement of Role & Responsibility	
	Gov-B-115 Board Members Code of Conduct	
	Gov-B-120 Board Membership Skill Matrix	
	Gov-N-260 – Nominating Process	
	Gov-S-280 – Strategic Plan	
	Gov-T-185 – Timely Submission to Members	
6.5.3	Board Evaluation Questions*	
6.5.4	Bylaws – York County Properties Inc. and York Developments Inc.*	
6.5.5	Ends Policies – Monitoring Framework*	

6.5.6 2025-26 Board and Committee Meeting Schedule\*

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|---|----------------------------------|
| <p><b>6.6. Strategic Planning Committee</b><br/>6.6.1. Progress Report*</p> | <p><b>Bryanna White-Aubé</b></p> |
| <p><b>6.7. Report from the York Care Foundation Board Chair*</b></p>        | <p><b>Hector Losier</b></p>      |
| <p><b>7. New Business</b></p>   |                                  |
| <p><b>7.1. Statement of Confidentiality</b></p>                             | <p><b>Geri Geldart</b></p>       |
| <p><b>8. Next Meeting: Monday, March 31, 2025 @ 5:30pm</b></p>              |                                  |

***\*Denotes attachment***

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**Proposed Motions**

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1. That the minutes of November 18, 2024, be approved.
2. That the Board of Directors approve the unaudited financial statements for the period ending December 31, 2024 as presented by the Finance Committee.
3. That the Board of Directors approve Governance Process Policies Gov-A-100 Assessment: Board Chair & Members; Gov-B-110 Board Responsibility; Gov-B-112 Board Members Acknowledgement of Role & Responsibility; Gov-B-115 Board Members Code of Conduct; Gov-B-120 Board Membership Skill Matrix; Gov-N-260 Nominating Process; Gov-S-280 Strategic Plan and Gov-T-185 Timely Submission to Members as presented by the Governance & Audit Committee.
4. That the Board of Directors approve the CEO and the Chair of Governance review/revise the bylaws of YCP and YDI to ensure alignment with the YCC bylaws. The revised bylaws should be presented to the Governance and Audit Committee in April, with the intention of bringing a final set of bylaws to the June meeting of the Board of Directors, following the amendment process outlined in the current bylaws (2017).

**Minutes of meeting of the Board of Directors for York Care Centre, 100 Sunset Drive,  
Fredericton NB,  
Meeting on November 18, 2024 at 5:30pm**

Present: Marjorie Belzile, Lyne St-Pierre-Ellis, Pierre LeBlanc, Andrea Seymour, Donna Curtis-Maillet, Bryanna White-Aubé, Dana Burse, Wayne Albert, Wayne Snowdon, Tracey Burkhardt (virtual), Geri Geldart (non-voting), Hector Losier (non-voting)

Regrets: Deborah Wybou

- 1. Call to Order** The chair, Ms. Belzile called the meeting to order at 5:28 pm.
- 2. Guest Richard Losier**  
The chair, Ms. Belzile introduced guest, Richard Losier – CEO NB Association of Nursing Homes. A question-and-answer period followed.

- 3. Declaration of Conflict of Interest**  
Ms. Belzile asked members to review the agenda and self identify if there was the potential for a conflict of interest. None identified.

- 4. Approval of Agenda**

*It was moved by Andrea Seymour and seconded by Donna Curtis-Maillet that the agenda be approved as presented. All in favour. - Motion carried*

- 5. Approval of Minutes – October 1, 2024**

*It was moved by Wayne Snowdon and seconded by Dana Burse that the Minutes of October 1, 2024 be approved as amended. All in favour. - Motion carried*

- 6. Business Arising from the Minutes**

Nothing to report.

- 7. Standing Reports**

- 7.1 Quarterly Update from the President & CEO**

**7.5.1 Report from President & CEO**

Ms. Geldart provided an overview of her report which was circulated with the meeting package.

Highlights included:

- Lawton's Drugs are the successful respondents to our RFP for Pharmacy Services. The transition is anticipated to occur in late February or early March 2025.

- The Care Services team have undertaken the annual Quality of Life Survey, as part of our participation in the Seniors Quality Leap Initiative Collaborative. This will be the second year for this survey, providing us with not only the ability to measure our improvement over the past year, but will also allow us to compare to other long term care facilities.
- CUPE has requested detailed information by November 22<sup>nd</sup> regarding our staffing levels/plan of establishment. This information informs the process of establishing the level of staffing that would be essential in the event of a strike.
- The employee engagement survey results were presented to the Finance and Administration Committee meeting in November.
- DC Electrical is the successful proponent for the Nurse Call Replacement project. A pre-kick off meeting was held on November 8<sup>th</sup>. A formal kick-off meeting will be held on November 26<sup>th</sup>. The project is expected to last until summer 2025.
- Strategic planning workshop is being held on November 20<sup>th</sup>. There have been 3 focus groups held with senior leadership, general staff and families to data gather in preparation of the workshop.

#### **7.5.2 Q2 Operating Plan Progress Report**

Ms. Geldart shared the Quarter 2 Operating Plan Progress Report.

#### **7.5.3 KPI Dashboard – Q2 2024 – 2025**

Ms. Geldart presented the Quarter 2 KPI Dashboard.

### **7.2 Research and Ethics Committee**

#### **7.2.1 Q2 Research and Ethics Committee – Report of Committee Chair**

Ms. Burkhardt provided the report from the Research and Ethics Committee. Highlights included:

- The Master Data Sharing Agreement with UNB follow up meeting is booked for November 19<sup>th</sup>.
- The Symposium, held on September 26, 2024, at the Fredericton Inn was well attended with 205 registrations.
- Active research projects include Human Rights of Older Persons, Suzy Q and antibiotics.
- Current funding applications; PHAC dementia and New Horizons for Seniors, along with GENIE.
- CiRA project repository should be uploaded to the board portal once updated.

### **7.3 Care Services Committee**

#### **7.3.1 Q2 Care Services Committee – Report of Committee Chair**

Ms. Seymour provided the report from the Care Services Committee. Highlights included:

- Successfully maintained staffing levels while being able to grant more vacation time for employees.
- There were three Covid outbreaks affecting residents and staff.
- KPIs this quarter have seen further improvement with pressure ulcers, below 1%, a decrease with the use of restraints and pain management. Residents transferred to hospital was 10, 2 were admitted and 8 returned to the facility the same day.
- The inspectors from Social Development were on site September 10<sup>th</sup> and 11<sup>th</sup>. The inspection resulted in 19 areas of non-compliance, all of which were considered low risk. The inspectors provided positive feedback noting that all residents seem happy and well cared for.

- Nursing Home Without Walls (NHWW) have 20 registered clients as of September 30<sup>th</sup>. The intake assessment process seeks to identify the primary needs / gaps in services for the target population. The primary gaps identified include transportation and interim (immediate) home support services. The team are looking for volunteers to assist with transportation.

## 7.4 Finance and Administration Committee

### 7.4.1. Q2 Report of Committee Chair

Mr. LeBlanc presented the Q2 Finance & Administration report, including the following:

- Thank you to Doug Holt and Heather Harris-Jones for their input and work on streamlining the Quarterly report. These changes will streamline the financial reports allowing board members to fulfill their fiduciary responsibilities.

### 7.4.2 Unaudited Financial Statements for the period ending September 30, 2024

The unaudited financial statements for the period ending September 30, 2024 were included in the meeting package.

***Motion: It was moved by Pierre LeBlanc and seconded by Andrea Seymour that the Board of Directors approve the unaudited financial statements for the period ending September 30, 2024 as presented by the Finance Committee. All in favour. - Motion Carried***

## 7.5 Governance and Audit Committee

### 7.5.1 Q2 Governance and Audit Report of Committee Chair

Ms. St-Pierre-Ellis presented the Q2 report from the Governance and Audit Committee. It included the review of the following six policies.

- Gov-Link-A-310 Accountability – President & CEO
- Gov-Link-D-320 Delegation to the President & CEO
- Gov-Link-G-330 Global Board– President & CEO
- Gov-Link-M-340 Monitoring President & CEO Performance
- Gov-Link-P-345 President & CEO
- Gov-Link-U-350 Unity of Control

***Motion: It was moved by Lyne St-Pierre-Ellis and seconded by Dana Bursey that the Board of Directors approve the policy Gov-Link-A-310 Accountability – President & CEO as amended. All in favour. - Motion Carried***

***Motion: It was moved by Lyne St-Pierre-Ellis and seconded by Dana Bursey that the Board of Directors approve the policy Gov-Link-D-320 Delegation to the President & CEO as amended. All in favour. - Motion Carried***

***Motion: It was moved by Lyne St-Pierre-Ellis and seconded by Donna Curtis-Maillet that the Board of Directors approve the policy Gov-Link-G-330 Global Board – President & CEO to be deleted. All in favour. - Motion Carried***

***Motion: It was moved by Lyne St-Pierre-Ellis and seconded by Dana Bursey that the Board of Directors approve the policy Gov-Link-M-340 Monitoring President & CEO Performance as amended. All in favour. - Motion Carried***

***Motion: It was moved by Lyne St-Pierre-Ellis and seconded by Donna Curtis-Maillet that the Board of Directors approve the policy Gov-Link-P-345 President & CEO to be deleted. All in favour.  
- Motion Carried***

***Motion: It was moved by Lyne St-Pierre-Ellis and seconded by Dana Burse that the Board of Directors approve the policy Gov-Link-U-350 Unity of Control to be approved as amended. All in favour.  
- Motion Carried***

- Ms St-Pierre-Ellis advised that the Board Skill Matrix results identified gaps in the areas of legal, engineering and property management experience/skills.

***Motion: It was moved by Lyne St-Pierre-Ellis and seconded by Donna Curtis-Maillet that the Board of Directors focus recruitment efforts on individuals with legal, engineering and property management experience/skill as recommended. All in favour.  
- Motion Carried***

#### **7.6 Report from the York Care Foundation Board Chair**

Mr. Losier presented the Foundation report highlighting the following:

- The Foundation is expecting \$40,000 in profits this year (restricted and unrestricted).
- Laugh for Care dinner was held on November 9<sup>th</sup>. Results are pending.
- Promotional materials have been prepared for the upcoming campaign for Tower 2.
- The Christmas Wreath sales are underway. First pick up is on Saturday, November 23rd between 10am – 1pm.

#### **8. New Business**

None

#### **9. Next meeting: Monday December 2, 2024 – Kingswood Lodge @ 5:00pm**

***The meeting was adjourned at 7:35pm on a motion by Andrea Seymour.***

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Marjorie Belzile, Chair

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Jennifer Vos, Recorder



## **Report to the Board**

President & Chief Executive Officer

For the period: November 18, 2024 – February 13, 2025

### **Prepared By:**

Gerri Geldart, President & Chief Executive Officer  
Presented on February 18, 2025

## 1.0 STRATEGIC PLAN, OPERATIONAL GOALS AND KPI DASHBOARD

- Included in our meeting package is the Q3 Progress Report for the 24/25 Operating Plan for 2024-25. As of the end of quarter 3, we have completed 47% of our operational goals, somewhat behind target, but progress continues and I am not concerned that any major objective will be abandoned.

## 2.0 CARE SERVICES

### 2.1 PHARMACY RFP

- The transition to a new Pharmacy provider (Lawton's) is progressing well. Tamsen Arnold is leading the project as the key subject matter expert on medication distribution processes. However, this is an "all hands on deck" project requiring support from Maintenance, IT, Finance and Human Resources. The team is working very well together and I am looking forward to a smooth transition.

### 2.2 QUALITY OF LIFE SURVEY

- As part of our SQLI partnership, we received the preliminary results of the Quality of Life Survey. We still need to dig into the data a bit more, but I can share a few key highlights:
  - We are the top performer on the "Caring Staff" question.
  - We showed high scores on elements such as staff responsiveness, food temperature and being a place that residents would recommend to others.
  - We fall well below the other homes on providing residents with the opportunity for a bath/shower when they want.
  - We saw declining scores in social life and quality of food.
  - These results confirm our assessment of areas for improvement.
  - A more detailed presentation will be provided to the Care Services Committee in April.

## 3.0 PEOPLE AND CULTURE

### 3.1 LABOUR RELATIONS

- We understand that formal collective agreement negotiations with CUPE and NBNU are likely to resume in March. NBANH has hired a lawyer to lead the negotiations on our behalf.
- As promised during the election campaign, Government announced a \$10,000 retention bonus for RNs and LPNs to be paid in December. Implementation details were somewhat more complicated than initially understood. Further negotiations were required with CUPE and NBNU. We were able to pay our RNs in Dec 2024. Payments to the LPNs were delayed until January. CUPE was not willing to accept the retention payment for LPNs unless government agreed to withdraw the legislation which moves their pension to a shared risk model. We understand that government has agreed to do so when the legislature resumes in March. We are unsure how this will affect the transfer of the NBNU and Management pension plans.
- Although nurse managers in the Health Authorities were provided with the same retention bonus, our Directors of Care (which can be seen as equivalent to the nurse manager role) were not included. The key difference is that nurse managers are unionized, while our DOCs are not. There is much upset in the sector regarding this. NBANH has been lobbying government to extend the bonus to our DOCs. Government has not yet said no...

### 3.2 ORGANIZATIONAL DEVELOPMENT

- We held a professional development workshop in October on the topic of teamwork and team building, facilitated by Stephen Franklin. The session was well attended, and evaluations were very positive.

### **3.3 EMPLOYEE ENGAGEMENT**

- We are pleased, once again, to report on improvement in our Human Resources KPIs. We have reached our targets in all KPIs with the exception of our overtime rate which is trending slightly above target but is still below the same period last year. Being fully staffed has such a positive effect on the workplace, but the team is well aware that conditions can change quickly. We meet regularly to review performance, to anticipate changes and to have a variety of contingency plans in place. At this time, we are comfortable with our recruitment plans for Ras, given that we are still expecting 12 candidates from the Philippines. If necessary, we can run a Resident Attendant training program. We are monitoring the potential impact of the new Oromocto Nursing Home which is slated to open in the summer/fall of 2025.

## **4.0 FACILITIES AND INFRASTRUCTURE**

### **4.1 MAJOR CAPITAL PROJECTS**

- Our second major project – replacement of the Nurse Call System – is well underway and progressing well. We anticipate completion in late April.

## **5.0 OTHER ITEMS**

### **5.1 MEETING WITH MINISTER CINDY MILES**

- Shortly after the provincial election, we sent invitations to the Ministers of Social Development, Seniors and Opportunities NB to visit York Care Centre.
- Marjorie, Jamie and I welcomed Minister Miles on January 14<sup>th</sup>, providing her with a facility tour and an overview of our key issues. She seemed very engaged in the discussion.

### **5.2 SLT PLANNING DAY**

- The team took a day away from the office in early January to concentrate on a few key issues, such as reactions to the strategic plan, evaluation approach for our Ends policies, and a preliminary discussion regarding our 25/26 Operating Plan. There is no shortage of great ideas in this group, but there is also the realization that maintenance of current standards/programs is also essential. We talked about need for setting a practical balance of growth versus stability.

### **5.3 WORKSAFE NB PREMIUM REFUND**

- WorksafeNB provided premium rebates to many employers in 2024 due to better performance of their funds than planned. Our total rebate for three companies (YCC, CIRA and YDI) is \$532,608. We received notice from the Department of Social Development on Feb 13<sup>th</sup> that the refund received from WSNB will not be recovered by DSD. However, nursing homes are expected to use the funds “appropriately for the benefit of their residents”. We have been asked to submit a plan to DSD by Feb 21<sup>st</sup> “outlining the intended use of the rebates. Examples could include, but are not limited to, staff training, purchase of equipment, purchase of resident-specific needs, and infrastructure upgrades. The department will take into consideration these funds when evaluating any requests for additional funding through the budget amendment process.” The SLT will be meeting on Feb 18<sup>th</sup> to develop the plan.

### **5.4 NBANH UPDATE**

- Richard Losier, the new CEO for NBANH, has provided an update on his progress.
  - Regular meetings between the Association and DSD staff have resumed.
  - Significant lobbying regarding the importance of including long term care nursing staff in the retention bonus strategy.
  - Rebuilding of the staffing resources for the Association. Justin Wies will be returning

the NBANH as the chief operating officer. Tom Mann has been hired on a temporary contract as the lead negotiator for the upcoming bargaining discussions. XXX will be joining NBANH as a Wellness Coordinator.

- The NBANH, the NB Special Care Home Association and the NB Home Care Association have agreed to collaborate on advocacy activities which benefit the long term care sector.
- The Annual General Meeting will be held in May 2025. The deadline for submission of resolutions is April 2nd. We have been asked if we are interested in adding our name to a resolution from regarding management salaries.
- There is also an opportunity to submit nominations for two awards to be presented at the AGM. These awards are an opportunity to celebrate the hard work of New Brunswick’s nursing homes. The awards are:
  - **Lifetime Achievement Award** – which recognizes residents, staff, board members or volunteers from NBANH member homes, for individuals that are living or passed, for their noteworthy accomplishments and outstanding contributions to their community and/or their nursing home.
  - **Resident-Centred Home Award** – which is presented to an active member that demonstrates significant progress in creating a home-like environment and promoting a relationship-centred culture. The initiative should have been implemented within the past two years.

**5.5 UNSOLICITED EMAILS**

- I am aware that some of you are still receiving emails from an individual who has been lobbying the Coroner’s office to conduct an investigation into the death of a former resident. Although these emails make many claims, we have not received any communication from the Coroner’s Office. My advice remains to ignore the emails.

**5.6 MARK YOUR CALENDARS**

- York Care Foundation is once again funding the summer concert series which is coordinated by our friends at Business Fredericton North. We now have confirmed dates and performers.

June 16, 2024	SG and The Tone Kings	Blues and Classic R&B
July 21, 2024	Country Classics	Country
August 18, 2024	Town Cats	Country, Pop, Rock, Blues

**5.7 ATTESTATION**

I, Geri Geldart, in my capacity as the Chief Executive Officer of York Care Centre, hereby attest and certify that all mandatory deductions from our employees' wages for the period of Oct 1, 2024 – December 31, 2024 have been submitted as required by applicable laws, regulations, and contractual agreements. These deductions include federal and provincial income taxes, employment insurance, Canada pension plan, employee pension plans and union dues. Furthermore, I affirm that all voluntary deductions, such as health insurance premiums, retirement plan contributions, and any other authorized deductions, have also been processed correctly and in accordance with our policies and the agreements in place with our employees.

Respectfully Submitted  
 Happy Valentines Day 😊  
 Geri Geldart  
 February 14, 2025



**Operating Plan - 2024 – 2025**

**Quarter 3 – Progress Report**

**Prepared January 2025**

## Pillar 1: Care to the Aging Population, Residents & Clients

YCC provides services to the residents living in our long-term care facility, those living in our independent apartments and supportive housing units, and other persons living in our catchment area. Within the range of services currently available, the Board of Directors is committed to continuing and enhancing its services to meet the changing demographics of YCC and its community.

Key Results
<p>A. Improved resident / client quality of life</p> <p>B. Improved quality of care and services.</p> <p>C. Improve resident / client and family satisfaction.</p> <p>D. Increase participation in outreach programs.</p> <p>E. Meet or exceed standards, licensing requirements and key performance indicators.</p> <p>F. Increase the number of activities available.</p>

Strategic Goal	Operational Goal	Measure of Performance	Responsibility / Progress
To provide exceptional, person and family centred care and services through evidenced-based delivery models	Measure and improve the quality of care by completing bedside audits and using results to establish quality improvement objectives	<ul style="list-style-type: none"> <li>Conduct audits (10% of residents) in Q1 and Q3 with a 95% compliance target.</li> </ul>	<p>Q1 Audits <b>COMPLETE</b></p> <p>Q3 Audits <b>COMPLETE</b></p> <p><i>Resp - Jamie Roy</i></p>
To develop and implement a community outreach program.	Introduce and develop the Nursing Home Without Walls Program	<ul style="list-style-type: none"> <li>Recruit Manager, NHWW and market program by June 2024</li> <li>Recruit other staff and engage up to 75 new clients by Sept 2024.</li> <li>Reassess outcome measures and determine plan for next year by Dec 2024</li> <li>Submit Proposal for next fiscal year by March 2025</li> </ul>	<ul style="list-style-type: none"> <li><b>COMPLETE</b></li> <li><b>In Progress</b> – Currently at 39 clients. Staff recruitment on track</li> <li><b>In-Progress</b> – nearly complete, not yet documented.</li> </ul> <p><i>Resp - Jamie Roy</i></p>
To enhance resident/client focused activity programs	To improve resident and family input in therapeutic recreation programming.	<ul style="list-style-type: none"> <li>Create assessment form for residents and families by June 2024</li> <li>By March 2025, 50% of residents and 25% of family members will have completed the assessment form.</li> <li>Data collected will be analyzed to determine plan for next fiscal year by March 2025</li> </ul>	<ul style="list-style-type: none"> <li><b>COMPLETE</b></li> </ul> <p><i>Resp - Jamie Roy</i></p>

## Pillar 2: Resources – People, Financial, Technological

For YCC to be a Centre of Excellence, it is essential that continued attention be given to our resources which include human, financial and technological resources.

Key Results
<p>A. Satisfied workforce through wellness and a safe workplace.</p> <p>B. Improve staffing processes to enhance overall care; more time with residents / clients.</p> <p>C. Responsible fiscal management with a focus on continuous quality improvement.</p> <p>D. Enhance training to staff, clarify roles and ensure adequate supervision across YCC.</p>

Strategic Goal	Operational Goal	Measure of Performance	Responsibility / Progress
Improve resident / client outcomes through efficient use of current funding model and resources	Negotiate a new Pharmacy Services contract.	<ul style="list-style-type: none"> <li>New Contract in place by March 2025</li> </ul>	<ul style="list-style-type: none"> <li>In-progress – Contract awarded. Implementation planned for late Feb.</li> </ul> <p><b>Resp - Heather Harris-Jones and Jamie Roy</b></p>
	Conduct an administration process review to address areas for improving efficiency and reducing overlap.	<ul style="list-style-type: none"> <li>Processes reviewed and updated by March 2025</li> </ul>	<ul style="list-style-type: none"> <li>In-progress - Initial discussions underway.</li> </ul> <p><b>Resp - Heather Harris-Jones and Shelley Kenny</b></p>
	To improve management control, review the following processes: <ul style="list-style-type: none"> <li>- shipping and receiving,</li> <li>- credit card policy,</li> <li>- inventory count procedure,</li> <li>- procurement process</li> <li>- financial statement format</li> </ul>	<ul style="list-style-type: none"> <li>Processes reviewed and updated by March 2025</li> </ul>	<ul style="list-style-type: none"> <li>In-progress</li> </ul> <p><b>Resp - Heather Harris-Jones and Michel Boyer</b></p>
	To improve the knowledge and expertise of budget managers, provide education and support for the budget manager role.	<ul style="list-style-type: none"> <li>Quarterly meetings with each budget manager, aiming for monthly meetings in Q3 and Q4</li> </ul>	<ul style="list-style-type: none"> <li>Q3 Meetings <b>COMPLETE</b></li> </ul> <p><b>Resp - Heather Harris-Jones</b></p>
	To ensure employees have access to up-to-date policies and procedures, initiate a 3-year policy review process.	<ul style="list-style-type: none"> <li>33% of all administrative and clinical policies will be reviewed and updated within the fiscal year.</li> </ul>	<ul style="list-style-type: none"> <li>In-progress and on target.</li> </ul> <p><b>Resp - Geri Geldart and Jennifer Vos</b></p>
Enhance the staff experience, increase recruitment and improve retention.	To improve the workplace experience by developing and implementing a staff engagement framework	<ul style="list-style-type: none"> <li>Finalize the draft engagement framework developed in 23/24 by August 2024.</li> <li>Establish implementation milestones for 24/25 and 25/26 by September 2024</li> </ul>	<ul style="list-style-type: none"> <li><b>COMPLETE.</b></li> <li><b>COMPLETE</b></li> </ul> <p><b>Resp - Geri Geldart and Shelley Kenny.</b></p>

Strategic Goal	Operational Goal	Measure of Performance	Responsibility / Progress
Enhance the staff experience, increase recruitment and improve retention (continued)	To support the development of a positive workplace culture, introduce the 20 Tenets Program from “Better Culture”	<ul style="list-style-type: none"> <li>• Program to be introduced by September 2024</li> <li>• Achieve and maintain at least 65% participation in the program</li> </ul>	<ul style="list-style-type: none"> <li>• <b>COMPLETE</b> – Introduced in August.</li> <li>• In-progress – Technology issues resolved. Will relaunch in Q4</li> </ul> <p><i>Resp - Geri Geldart and Shelley Kenny</i></p>
	Evaluate the effectiveness of the mentorship program introduced in 2024.	<ul style="list-style-type: none"> <li>• Evaluation complete by December 2024</li> </ul>	<ul style="list-style-type: none"> <li>• Falling Behind – will complete in Q4</li> </ul> <p><i>Resp- Shelley Kenny</i></p>
	Complete a staff rotation review for the Support Services departments.	<ul style="list-style-type: none"> <li>• Review to be complete by December 2024.</li> </ul>	<ul style="list-style-type: none"> <li>• Falling Behind – Survey completed in Dec. Analysis and plan delayed until Q4</li> </ul> <p><i>Resp - Shelley Kenny and Michel Boyer</i></p>
	To increase engagement of management staff, introduce a monthly management forum focused on alignment, communication and collaboration.	<ul style="list-style-type: none"> <li>• Management Forum to be established by September 2024.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>COMPLETE</b></li> <li>• First meeting held in July 2024</li> </ul> <p><i>Resp - Geri Geldart</i></p>
	Provide two professional development workshops for leaders.	<ul style="list-style-type: none"> <li>• Workshops to be delivered in Fall 2024 and Winter 2025</li> </ul>	<ul style="list-style-type: none"> <li>• In progress. “Creating Effective Teams” session held in October.</li> <li>• Mental Health Session planned for Q4</li> </ul> <p><i>Resp - Shelley Kenny</i></p>
	Offer one wellness education day focused on personal well-being	<ul style="list-style-type: none"> <li>• Workshop to be delivered by June 2024</li> </ul>	<ul style="list-style-type: none"> <li>• <b>COMPLETE</b></li> <li>• Wellness Day held in May 2024</li> </ul> <p><i>Resp - Geri Geldart</i></p>
	To improve work-life balance, increase the amount of paid vacation taken.	<ul style="list-style-type: none"> <li>• Vacation hours taken in Q2 and Q3 will be at least 5% higher than previous years.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>COMPLETE</b></li> <li>• Q1 – 26% increase in paid vacation hours</li> <li>• Q2 – 8.2% increase in paid vacation hours taken.</li> <li>• Q3 – 3.7% increase – Fewer requests received – Overall, the target was reached. Far fewer vacation requests in Q3.</li> </ul> <p><i>• Resp – SLT</i></p>

### Pillar 3: Environment – Building, Grounds and Equipment.

The internal and external environments are essential to ensure the well-being of our residents and ensure that staff and volunteers are functioning within a supportive and safe environment.

Key Results
<p>A. Continuous improvements in the internal and external surroundings.</p> <p>B. Positive feedback from residents, clients and families regarding our efforts to maintain our infrastructure in a “near new” state.</p> <p>C. Positive feedback from residents, clients and families articulating our ability to create a “home-like” atmosphere.</p> <p>D. Number of incidents are reduced/eliminated</p>

Strategic Goal	Operational Goal	Measure of Performance	Responsibility / Progress
Maintain the internal / external surroundings of all our residential facilities at a “near new” state.	Complete a 5- and 10-year maintenance plan for 91, 95, 116 and 120 to ensure the buildings remain viable and sustainable.	<ul style="list-style-type: none"> <li>A maintenance plan completed by December 2024</li> </ul>	<ul style="list-style-type: none"> <li><b>In-progress</b> – NB Housing agreements in place. Building inspections will be scheduled. Inspection reports not sufficient. Building condition assessments to be completed by contractor in Q4. Maintenance plan will follow.</li> </ul> <p><b>Resp - Michel Boyer</b></p>
Ensure a safe and secure environment for residents, clients and staff.	In collaboration with DTI and Infrastructure, replace the Nurse Call System.	<ul style="list-style-type: none"> <li>A new nurse call system has been installed in the LTC facility by end of March 2025</li> </ul>	<ul style="list-style-type: none"> <li><b>In-progress</b> – Contract award. Installation began in Dec. Aiming for completion by Q1 25/26</li> </ul> <p><b>Resp - Michel Boyer</b></p>
	In collaboration with the DTI, assist with the completion of the engineering study for cooling in resident rooms.	<ul style="list-style-type: none"> <li>Study to be completed, conditional on schedule established by DTI</li> </ul>	<ul style="list-style-type: none"> <li><b>In-progress</b> – Engineering plans in development. Limited communication from DTI re next steps.</li> </ul> <p><b>Resp - Michel Boyer</b></p>
	Engage engineers to develop options to improve flow at the front entrance. If feasible, carry out the recommendations	<ul style="list-style-type: none"> <li>Study completed and recommendation submitted for consideration to proceed.</li> </ul>	<ul style="list-style-type: none"> <li><b>COMPLETE</b></li> </ul> <p><b>Resp - Michel Boyer</b></p>
Explore options to expand the senior’s housing program.	Establish operating agreements with DSD to take advantage of the financial benefits available for non-profit housing	<ul style="list-style-type: none"> <li>Operating Agreements to be in place by September 2024.</li> <li>Assessment of potential participation in the provincial rent supplement program complete by Dec. 2024</li> </ul>	<ul style="list-style-type: none"> <li><b>COMPLETE</b></li> <li><b>COMPLETE</b> Discussions with NB Housing complete. Verified opportunity to participate. Transition plan to be developed. Expect transition to be slow (unit by unit)</li> </ul> <p><b>Resp - Heather Harris-Jones</b></p>

Strategic Goal	Operational Goal	Measure of Performance	Responsibility / Progress
	Assess the viability of the seniors housing development proposal	<ul style="list-style-type: none"> <li>Report on viability of project to be presented by March 2025</li> </ul>	<ul style="list-style-type: none"> <li>Not started</li> </ul> <i>Resp - Geri Geldart and Heather Harris-Jones</i>
	Assess the potential to convert Hawkins House to a Level 2 Special Care Home.	<ul style="list-style-type: none"> <li>Analysis to be presented by March 2025</li> </ul>	<ul style="list-style-type: none"> <li>Not started</li> </ul> <i>Resp - Geri Geldart, Heather Harris-Jones and Jamie Roy.</i>
Develop and implement a comprehensive risk management plan.	To develop a comprehensive risk matrix to identify and prioritize potential risks	<ul style="list-style-type: none"> <li>Risk matrix to be completed by December 2024</li> </ul>	<ul style="list-style-type: none"> <li>Falling Behind – target moved to March 2025</li> </ul> <i>Resp - Geri Geldart</i>
	Risk mitigation plans to be developed	<ul style="list-style-type: none"> <li>Risk mitigation plans to be in place by March 2025</li> </ul>	<ul style="list-style-type: none"> <li>Not started</li> </ul> <i>Resp - Geri Geldart</i>

#### Pillar 4: Partnerships – Strategic Alliances, Public Relations, Communications

To maintain and improve the services being provided both within the YCC facilities and within our catchment area, it is imperative that strong partnerships be established with out residents, staff, volunteers, health professionals, families, government and non-government agencies, and the community as a whole. Our partnership with the York Care Foundation is essential not only to increase the visibility of YCC but also to ensure that the Foundation can assist with financial and operational requirements.

Key Results
<p>A. Increase volume and effectiveness of partnerships.</p> <p>B. Increase in number of volunteers, volunteer hours and programs.</p> <p>C. Residents, clients and families needs and preferences are met through partnerships.</p> <p>D. Improve communication with all stakeholders and partners.</p> <p>E. Increase marketing initiatives that promote YCCs profile in the community.</p>

Strategic Goal	Operational Goal	Measure of Performance	Responsibility / Progress
To increase awareness and understanding of goals, objectives and proposed actions with YCC (Staff, Families, Volunteers and Partners).	Develop a monitoring framework for the board to assess achievement of their stated “Ends”.	<ul style="list-style-type: none"> <li>Monitoring framework to be presented by Sept 2024</li> </ul>	<ul style="list-style-type: none"> <li>Falling Behind. Target changed to Quarter 4.</li> </ul> <p><i>Resp - Geri Geldart</i></p>
	Develop and implement a social media content plan to support programs/services.	<ul style="list-style-type: none"> <li>Plan to be developed by September 2024</li> </ul>	<ul style="list-style-type: none"> <li><b>COMPLETE AND ONGOING</b></li> </ul> <p><i>Resp - Geri Geldart and Tara Thibault</i></p>
	Refresh the YCC video displays (donor boards, etc.)	<ul style="list-style-type: none"> <li>Refreshed displays by Oct 2024.</li> </ul>	<ul style="list-style-type: none"> <li><b>COMPLETE</b></li> </ul> <p><i>Resp - Tara Thibault</i></p>
	Complete a refresh of the York Care Centre website	<ul style="list-style-type: none"> <li>Refresh completed by March 2025.</li> </ul>	<ul style="list-style-type: none"> <li>In-progress</li> </ul> <p><i>Resp - Geri Geldart and Tara Thibault</i></p>
	Support the Board in the development of the 2025 – 2030 Strategic Plan	<ul style="list-style-type: none"> <li>Strategic Plan complete by March 2025 in preparation for June 2025 Annual Meeting.</li> </ul>	<ul style="list-style-type: none"> <li>In-progress. Input gathering underway.</li> </ul> <p><i>Resp - Geri Geldart</i></p>
To increase YCCs leadership position in the community by improving the level and the volume of effective partnerships.	Establish a fund development plan for York Care Foundation	Plan to be developed and approved by December 2024	<ul style="list-style-type: none"> <li><b>COMPLETE</b> - The Foundation is focused on a campaign for a specific project rather than a comprehensive fund development plan.</li> </ul> <p><i>Resp - Geri Geldart</i></p>
	Increase the number of volunteer hours over the course of the year.	<ul style="list-style-type: none"> <li>Determine baseline number of hours for on unit/spiritual volunteers by Dec 2024.</li> <li>By March 2025, increase the number of volunteer hours by 10%.</li> </ul>	<ul style="list-style-type: none"> <li><b>COMPLETE</b> – Tracking process implemented. Baseline established.</li> </ul> <p><i>Resp - Jamie Roy</i></p>

## Pillar 5: Research – Discovery, Innovation, Knowledge Transfer

YCC wants to build a self-sustaining research centre that will focus on improving care, delivering services through a person-centered approach, and to implement evidence based best practices to the betterment of YCC clients.

Key Results
<p>A. Improved quality of life for residents, clients, families and staff.</p> <p>B. Situated at the forefront of health and aging research and recognized as a reputable research organization.</p> <p>C. Increase level of quality research projects, partnerships and collaborations.</p> <p>D. Increase amounts of monetary support from granting agencies, governments, communities and foundations.</p>

Strategic Goal	Operational Goal	Measure of Performance	Responsibility / Progress
To increase involvement in research activities that focus on promoting and improving the social, emotional and physical well-being of seniors.	Improve the dining experience through the introduction of the Suzy-Q method of meal delivery (CABHI Grant)	<ul style="list-style-type: none"> <li>Acquire the Suzy-Q equipment by June 2024</li> <li>Implementation process complete by Sept 2024</li> <li>Final evaluation report by Dec 2024</li> </ul>	<ul style="list-style-type: none"> <li><b>COMPLETE</b></li> <li><b>COMPLETE</b></li> <li><b>COMPLETE</b></li> </ul> <p><i>Resp - Kelsey Rusk, Michel Boyer &amp; Jamie Roy</i></p>
To foster relationships with researchers, stakeholders and members of the community.	Increase the enrollment of long term care staff at the annual research symposium	<ul style="list-style-type: none"> <li>December 2024</li> </ul>	<ul style="list-style-type: none"> <li><b>COMPLETE</b> – Target not reached.</li> </ul> <p><i>Resp - Kelsey Rusk</i></p>
To promote and support the translation and transfer of research outcomes, new knowledge and innovation for the betterment of the aging population.	Develop a sustainability plan for 2 RACE with Me	<ul style="list-style-type: none"> <li>Plan developed by September 2024</li> </ul>	<ul style="list-style-type: none"> <li><b>Falling Behind</b> – initial draft prepared.</li> </ul> <p><i>Resp - Kelsey Rusk</i></p>
	Develop a sustainability plan for Genie	<ul style="list-style-type: none"> <li>Plan developed by September 2024</li> </ul>	<ul style="list-style-type: none"> <li><b>Falling Behind</b> – in discussion with Activities</li> </ul> <p><i>Resp - Kelsey Rusk</i></p>

- ↑ Performance Improving
- ↓ Performance Declining
- ↔ Performance Staying about the Same

- Top 3 Ranking
- Middle 4 Ranking
- Bottom 5 Ranking

Quality of Life - Resident Survey	SQLI - Most recent data - Dec 2023			Rank	Progress
<b>2024 Survey results available in Q4</b>	2021	2022	2023	Rank	Progress
Personal Control (max 25)	17	16.0	15.0	●	↓
Staff Responsiveness (max 25)	18.5	17.5	17.6	●	↑
Social Life (max 30)	14	11.5	14.0	●	↑
Food (max 9)	5	5.3	5.6	●	↑
Caring Staff (max 14)	8.8	7.9	8.6	●	↑

Quality of Life - Family Survey	SQLI - Most recent data - Dec 2023			Rank	Progress
<b>2024 Survey results available in Q4</b>	YCC	Rank	Progress		
Basic Needs	72.0	3/10			
Respect and Trust	69.0	1/10			
Visiting the Facility	69.0	1/10			
Engaging in Care	64.0	2/10			
Global Rating	61.0	1/10			

Quality of Care	Q1 24/25	Q2 24/25	Q3 24/25	Target	Progress
Antipsychotics-no Dx psychosis (%)	6	5	4	5	Improved
Residents with Pain (% of residents)	4	1	1	5	Stable
Residents with Worsened Pain (%)	8	9	6	12	Improved

Symptoms of Depression Worsened	18	12	16	18	Variable
Falls in last 30 days (% of residents who fell)	17	18	20	20	Stable
Falls with major injury - %	2	2	2	0	Stable

New Pressure Ulcer	1	0.5	1.0	3	Stable
Pressure Ulcer Worsened	2	0.5	1.0	3	Stable
Physical Restraints (%)	12	8	14	14	Stable
Hospitalizations (%) Includes overnight stays	5	5	11	3	Worse

Quality of Worklife	Q3 23/24	Q4 23/24	Q1 24/25	Target	Progress
<b>Next survey in summer 2025</b>					
Overall I feel valued at work	57	73	75	60	new
I receive meaningful recognition	53	56	60	55	new
I have opportunity for input into decisions	66	70	75	60	new
YCC - a great place to work - % agree	66	70	75	75	Improved

Human Resource Indicators	Q1 24/25	Q2 24/25	Q3 24/25	Target	Progress
Care Hour (Short / Over)	13	6	13	>0	On Target
RN hrs act to standard (%) in quarter	93	97	98	>97	On Target
Retention Rate -12 month look-back (%)	78	85	85	85	On Target
Temp Agency Use Hours in Quarter	65	42	0	0	Improved
Resignations in 1st year employed	9	9	4	<5	Improved
Sick time / 1957 paid hours (std)	11.6	15.8	12.9	13	Improved
Overtime % of pd Hrs in quarter	5.0	5.7	6.1	4	Stable
Worksafe Claims in quarter	2	2	0	0	Stable

Financial & Support Indicators	Q1 24/25	Q2 24/25	Q3 24/25	Target	Progress
YCC YTD Net Surplus(Deficit) \$	346,925	654,073	1,426,938	931,991	Better than plan
YCC YTD Net Surplus/Def-- Bud to Act Var \$	42,183	74,324	494,947	0	Better than plan
YC Fdn - Net Profit Calendar Yr -Dec. 24	34,915	33,490	40,285	29,442	Better than plan
Food Cost per Resident Day \$	12.61	11.83	12.80		Increased
Vacant Bed Day Penalty \$	1,625	6,125	1,000	1,500	Better than plan
Temp Agency Use \$ in Quarter	124,959	0	0	-	At target

Operating Plan	Q2 24/25	Q3 24/25	Q3 Target
% of Annual Objectives Complete	27%	47%	63%

**Finance Committee Chair’s Summary Report to Board of Directors  
Nine months ending December 31, 2024**

- The Finance Committee met on February 10, 2025.
- Reviewed the December 31, 2024 quarterly reports.
- Recommended financial reports to December 31, 2024 to be presented to the Board of Directors.
- Quarterly reports were prepared and presented in accordance with the revised format approved at the November 2024 board meeting.

**Summary of unrestricted financials as of December 31, 2024:**

<b>Company</b>	<b>Cash Balance</b>	<b>Payables/Accruals</b>	<b>Surplus(deficit)</b>
York Care Centre	\$1 755 700	\$3 010 000	\$495 000 (1)
York Developments Inc.	607 000	107 000	82 000
CIRA	208 000	15 000	2,200
<b>Totals</b>	<b>\$2 570 700</b>	<b>\$3 132 000</b>	<b>\$579 200</b>

(1) Includes a one-time WSNB refund of about \$526 000. Not certain if claw back will occur. Deficit is about \$31 000 if claw back is applied.

**Observations - financial:**

- All companies have a cash balance
- All payables can be paid as they become due
- All companies are in a breakeven or in a surplus position
- No significant variations from budgeted revenues and expenditures
- Very busy time of year for the financial services group – payroll rate changes, pension adjustments, taxable benefits adjustments, T-4 slips, tax receipts, preparation for year-end audit, etc.

**KPI observations over past 12 months:**

- Employee retention rate increased from 78% to 85%
- Sick days per FTE has dropped 13.6 days to 12.87 days
- Overtime hours at 6.1% of total worked hours compared to 7.2%
- RN hours is at 98% of target compared to 84%
- Professional care hours (RN/LPN) at 101% of target compared to 89%.

In summary all the KPIs are trending positively.

Of note, 20 nurses were paid the government’s retention bonus. Monies were provided by the government via a budget amendment.

## **Facilities, building and Infrastructure**

- Two large projects – replacement of the Nurse Call System and portable phone system and resident rooms air conditioning. The nurse call system and the portable phone system is proceeding very well and is currently slightly ahead of schedule. There have been no significant developments on air conditioning since the last board meeting.
- The boiler #4 in the Tower required replacement. SD provided a budget amendment to offset the cost.

## **Risk Management Plan**

A draft risk management plan is included in your package. The objective of the plan is to be aware of the operational and clinical risks facing the organization (as opposed to risks to individual residents), considering the likelihood of them occurring and the mitigation strategies to minimize their impact. The objective of including the draft plan in the board package is to consult with the board by initially discussing the plan and subsequently obtaining the board members input before its finalizing.

Pierre LeBlanc, Chair  
Finance Committee  
2025-02-10

**York Care Centre - Summary Financial Position - Report to the Board**  
**December 2024**

	YCC		YDI		CIRA		COMBINED
<b>Cash and Receivables</b>							
Unrestricted Cash	\$ 1,755,729	\$	607,463	\$	207,562	\$	2,570,754
Total Receivables	\$ 817,861	\$	75,094	\$	16,866	\$	909,821
<b>Total Liabilities</b>							
Trade	\$ 717,066	\$	294,337	\$	185,094	\$	1,196,497
Accrued Salary/Payroll Costs	\$ 784,352					\$	784,352
Accrued Vacation / Stats	\$ 1,120,932					\$	1,120,932
Pension Payable to Social Development	\$ 387,545					\$	387,545

**Summary Observations - Results from Operations**

**YCC** finished better than budget resulting in a positive variance of \$494.9K. The WSNB refund of \$526.0K is the main driver of the positive variance offset by overspends mainly with supplies and maintenance costs. We are waiting for a direction from SD on the WSNB refund. Without the WSNB refund YCC has a small negative variance of \$31.5K.

**YDI** finished better than budget with a positive variance of \$57.2K. **Independent Living** did better than budget \$24.2K mainly due to the capitalization of the spend for the roof. **Supportive Housing** did better than budget by \$ 35.4K due to higher revenue for care hours and interest, plus lower maintenance costs offset by higher payroll costs. The **Adult Day Program** finished with a small positive net earnings of \$2.7K but negative variance to budget mainly due to higher payroll costs. **NHWW** reflects no net income as revenue is matched to expenses.

**CIRA** finished with a small net earnings of \$2.2K but a positive variance to budget of \$8.4K due to higher interest, lower Admin expenses, offset by lower net income from the Symposium. Symposium shows a net loss of \$7K.

**Capital Expenditure YTD Update:** The commercial washer - purchased, the Commercial Oven, Blast Chiller - ordered and the video Surveillance - on hold. The front ramp project - complete. The installation of the Nurse Call System - underway.

**YDI Building Update:** In January, received partial payment of \$20K for insurance claim at 91 Sunset. Roof on 95 Sunset completed with a forgivable loan approved and funds received in January for full costs \$51K.

**Key Performance Indicators**

York Care Center			Independent Apartments	
Revenue per resident day (Less WSNB Revenue)	\$310		Revenue per Unit per month	\$646
Expenditures / resident day	\$295		Expenditures per Unit per month	606
Number of beds	218		Number of Units	72
Vacant bed days - YTD	72		<b>Supportive Housing</b>	
<b>Staffing</b>	<i>Perm Positions</i>	<i>Vacant</i>	Revenue per Unit per month	\$2,475
Admin/HR	12	0	<i>Rent revenue/unit/month</i>	\$985
Care	166	12	<i>Care revenue/unit/month</i>	\$578
Support	56	7	<i>Service fee revenue/unit/month</i>	\$669
<b>Expenditure Distribution</b>			Expenditures per Unit per month	\$2,283
<i>YTD Expenditures</i>	<i>Actual</i>	<i>Percent</i>	Number of Units	31
Salary and Benefits	\$ 13,070,279	74.1%	<b>Adult Day Program</b>	
Supplies & Other Expenses	\$ 3,224,531	18.3%	Revenue per client day	79
Depreciation & Mortgage	\$ 1,336,070	7.6%	Expenditures per client day	78

**YORK CARE CENTRE INC.**  
**Statement of Financial Position**  
**12/31/2024**

	Current Quarter	Prior Quarter	Difference
<b><u>ASSETS</u></b>			
<b>CURRENT</b>			
CASH AND CASH EQUIVALENTS	1,755,729	1,908,251 1*	(152,522)
CASH - RESTRICTED FUNDS	77,145	75,305	1,840
ACCOUNTS RECEIVABLE			
- RESIDENTS	59,055	44,242	14,813
- DEPT of SOCIAL DEVELOPMENT	60,670	36,699	23,971
- HST	49,878	28,304	21,574
- OTHER	648,258	116,939 2*	531,319
INVENTORIES	97,837	97,837	-
PREPAID EXPENSES	167,287	332,987 3*	(165,700)
LONG TERM RECEIVABLE	-	-	-
<b>TOTAL CURRENT ASSETS</b>	<b>2,915,859</b>	<b>2,640,563</b>	<b>275,296</b>
CASH RESTRICTED FOR FUTURE CAPITAL	-	-	-
LAND, BUILDING AND FURNITURE (Net)	24,869,576	25,219,337	(349,761)
<b>TOTAL FIXED ASSETS</b>	<b>24,869,576</b>	<b>25,219,337</b>	<b>(349,761)</b>
<b>TOTAL ASSETS</b>	<b>27,785,435</b>	<b>27,859,901</b>	<b>(74,465)</b>
<b><u>LIABILITIES</u></b>			
<b>CURRENT</b>			
PAYABLES & ACCRUALS	3,009,895	3,070,834 4*	(60,940)
DEFERRED REVENUE	296,798	442,720 5*	(145,922)
<b>TOTAL CURRENT</b>	<b>3,306,693</b>	<b>3,513,554</b>	<b>(206,862)</b>
<b>LONG TERM</b>			
LONG TERM DEBT	10,572,467	11,142,995	(570,529)
DEFERRED CONTRIBUTIONS	1,262,685	1,332,036	(69,350)
<b>TOTAL LIABILITIES</b>	<b>11,835,152</b>	<b>12,475,031</b>	<b>(639,879)</b>
<b><u>FUND BALANCES</u></b>			
FUNDS RESTRICTED	67,306	67,620	(314)
UNRESTRICTED	11,149,347	11,149,622	(275)
NET INCOME (LOSS) FOR PERIOD	1,426,938	654,073	772,865
<b>TOTAL FUNDS</b>	<b>12,643,591</b>	<b>11,871,315</b>	<b>772,276</b>
<b>TOTAL LIABILITIES &amp; FUNDS</b>	<b>27,785,435</b>	<b>27,859,901</b>	<b>(74,465)</b>

Notes:

1. Decrease due to normal monthly movements with Accts Receivable, Accts Payable and Revenue.
2. Increase due Worksafe Performance Refund \$526K.
3. Decrease due to monthly amortization to expense the annual property tax and insurance.
4. Decrease due to lower Salary / Payroll Cost Payable \$195K offset by higher Trade Payables \$135K.
5. Decrease mainly due to the Property Taxes, paid by SD in May, being booked to Revenue monthly.

**YORK CARE CENTRE INC.**  
**Statement of Operations - Year to Date**  
**9MONTHS ENDING 12/31/2024**

	<b>Actual Current YTD</b>	<b>Budget Current YTD</b>	<b>Variance Budget vs Actual</b>
<b>REVENUE AND RECOVERIES</b>			
Operating Revenue	17,202,784	17,287,481	-84,697
Recurring Budget Amendments	0	0	0
Non-recurring Budget Amendments	352,330	352,330	0
Administration	854,311	330,969	523,342
Care Services	155,452	49,595	105,857
Operations	284,890	247,549	37,341
Deferred Contributions	208,051	208,051	0
<b>TOTAL REVENUE AND RECOVERIES</b>	<b><u>19,057,818</u></b>	<b><u>18,475,975</u></b> *1.	<b><u>581,843</u></b>
<b>OPERATING EXPENSES</b>			
Administration	3,534,266	3,610,512	*2. 76,246
Care Services	7,998,279	7,927,030	*3. -71,250
Operations	4,762,265	4,656,415	*4. -105,849
Mortgage Interest & Depreciation	1,336,070	1,350,027	*5. 13,957
<b>TOTAL EXPENSES</b>	<b><u>17,630,880</u></b>	<b><u>17,543,984</u></b>	<b><u>-86,896</u></b>
<b>NET SURPLUS (DEFICIT)</b>	<b><u>1,426,938</u></b>	<b><u>931,991</u></b>	<b><u>494,947</u></b>
Less: Transfer to replacement reserve	1,925	0	-1,925
<b>Increase in Operating Fund</b>	<b><u>1,425,013</u></b>	<b><u>931,991</u></b>	<b><u>496,872</u></b>

Notes (Actual to Budget):

- 1 Higher revenue due to higher Admin Rev - WSNB Refund \$526.0K, Care - Secondment Rev \$105.8K, Operations - Dietary Rec. \$22.0K, Café \$5.0K, Other Combined Rev \$10.4K offset by lower Operating Rev - SD \$84.7K, Lower Admin Combined Other \$2.7K.
- 2 Lower due to lower overall Salary/Payroll Costs \$46.9K, Get Inspired/Adver./Com \$9.9K, Prof. Fees \$17.2K (mainly audit), Education \$28.4K offset by higher Recruitment \$12.8K, Office Supplies \$13.3K.
- 3 Higher due to higher Payroll Costs \$95.9K (Secondment \$105K) offset by lower Supplies \$17.3K and Equip. \$7.4K.
- 4 Higher due to higher Supply Costs \$72.6K, Salary Costs \$50.8K, Maintenance \$53.7K, Vehicle \$0.8K offset by lower Utilities \$38.2K, Linen/Mattress \$19.6K, Equipment \$10.2K, Computer Hardware/Software \$4.1K.
- 5 Lower Depreciation due to delayed capital purchases \$14.0K.

YORK DEVELOPMENT INC  
Statement of Financial Position - CONSOLIDATED  
12/31/2024

	Current Quarter	Prior Quarter	Difference
<b><u>ASSETS</u></b>			
<b>CURRENT ASSETS</b>			
CASH	607,463	634,385	-26,922
ACCOUNTS RECEIVABLE	60,995	77,927 <sup>1*</sup>	-16,931
HST RECEIVABLE	1,172	7,456	-6,284
PREPAID EXPENSES	12,927	45,215 <sup>2*</sup>	-32,288
TOTAL CURRENT ASSETS	<u>682,557</u>	<u>764,983</u>	<u>-82,425</u>
<b>RESTRICTED CASH AND DEPOSITS</b>			
REPLACEMENT RESERVE FUND	296,376	284,149	12,227
DEFERRED VACANCY SUBSIDY	47,890	47,357	533
TOTAL RESTRICTED CASH & DEPOSITS	<u>344,266</u>	<u>331,506</u>	<u>12,760</u>
<b>FIXED ASSETS</b>			
BUILDING & LAND 91 SUNSET DR	518,208	518,208	0
BUILDING & LAND 95 SUNSET DR	516,127	516,127	0
BUILDING & LAND 120 SUNSET DR	973,166	973,166	0
BUILDING & LAND 116 SUNSET DR PROJECT#2	1,333,457	1,333,457	0
BUILDING & LAND 116 SUNSET DR	2,062,837	2,062,837	0
BUILDING IMPROVEMENTS & EQUIPMENT	968,032	921,623 <sup>*3</sup>	46,409
ACCUMULATED DEPRECIATION	-4,467,168	-4,427,997	-39,171
TOTAL FIXED ASSETS	<u>1,904,658</u>	<u>1,897,420</u>	<u>7,238</u>
<b>TOTAL ASSETS</b>	<u><u>2,931,482</u></u>	<u><u>2,993,909</u></u>	<u><u>-62,427</u></u>
<b><u>LIABILITIES</u></b>			
<b>CURRENT LIABILITIES</b>			
ACCOUNTS PAYABLE & ACCRUED LIABILITIES	106,813	183,459 <sup>*4</sup>	-76,646
DEFERRED REVENUE	187,524	221,054 <sup>*5</sup>	-33,531
TOTAL CURRENT LIABILITIES	<u>294,337</u>	<u>404,514</u>	<u>-110,177</u>
<b>LONG TERM DEBT</b>			
MORTGAGE 116 SUNSET DRIVE	1,508,038	1,489,915	18,123
TOTAL LONG TERM LIABILITIES	<u>1,508,038</u>	<u>1,489,915</u>	<u>18,123</u>
<b>DEFERRED CONTRIBUTIONS</b>			
DEFERRED CONTRIBUTIONS RELATED TO CAPITAL ASSETS	1,501	2,002	-500
TOTAL DEFERRED	<u>1,501</u>	<u>2,002</u>	<u>-500</u>
<b>FUND BALANCES</b>			
REPLACEMENT RESERVE RESTRICTED	296,376	284,149	12,227
VACANCY SUBSIDY RESERVE	47,890	47,357	533
EARNED SURPLUS	701,362	710,362	-9,000
NET INCOME (LOSS) FOR PERIOD	81,975	55,610	26,365
TOTAL EQUITY	<u>1,127,604</u>	<u>1,097,478</u>	<u>30,126</u>
<b>TOTAL LIABILITIES &amp; FUND BALANCES</b>	<u><u>2,931,480</u></u>	<u><u>2,993,909</u></u>	<u><u>-62,427</u></u>

1. Insurance claim receivable of \$45.9K still outstanding (received partial payment in January).
2. Decrease due to monthly amortization of insurance and property taxes.
3. Increase due to capitalization of roof work on 95 Sunset (considered enhancement - quality of shingles).
4. Decrease due to payment for work for insurance claim 91 Sunset (receivable due from Insurance).
5. Decrease mainly due to spend for the NHWW program.

**YORK DEVELOPMENT INC**  
**Statement of Operations - CONSOLIDATED**  
**9 MONTHS ENDING 12/31/2024**

	Actuals YTD December 31	Budget YTD December 31	Variance
<b>Independent Housing</b>			
Total Revenue	418,498	423,031	-4,532
Operating Expenses			
Wages & Benefits	72,391	70,434	-1,957
Maintenance	200,436	228,682	28,246
Administration	107,643	109,544	1,901
Depreciation	12,351	12,876	525
Total Operating	392,821	421,536	28,715
<b>Net Earnings</b>	<b>25,678</b>	<b>1,495</b>	<b>*1 24,183</b>
<b>Supportive Housing</b>			
Total Revenue	690,647	636,464	54,183
Operating Expenses			
Wages & Benefits	282,903	253,526	-29,377
Tenant Support Costs	52,327	45,878	-6,449
Maintenance	112,040	122,661	10,621
Administration	84,592	88,250	3,658
Depreciation	105,162	107,902	2,740
Total Operating	637,024	618,216	-18,808
<b>Net Earnings</b>	<b>53,623</b>	<b>18,248</b>	<b>*2 35,375</b>
<b>ADP</b>			
Total Revenue	117,665	115,488	2177
Operating Expenses			
Wages & Benefits	90,540	76,676	-13,864
Program Support Costs	14,161	21,051	6,890
Administration	10,290	12,751	2,460
Depreciation	0	0	0
Total Operating	114,991	110,478	-4,514
<b>Net Earnings</b>	<b>2,674</b>	<b>5,011</b>	<b>*3 -2,337</b>
<b>NHWW</b>			
Total Revenue	85,954	174,494	-88,540
Operating Expenses			
Wages & Benefits	67,980	121,663	53,683
Program Support Costs	4,338	36,581	32,242
Administration	13,635	16,250	2,615
Depreciation	0	0	0
Total Operating	85,954	174,494	88,540
<b>Net Earnings</b>	<b>0</b>	<b>0</b>	<b>*4 0</b>
<b>TOTAL NET EARNINGS</b>	<b>81,974</b>	<b>24,754</b>	<b>57,221</b>

Notes: ( Actuals to Budget)

1. Higher Net Earnings due to lower expenses, mainly in Maintenance Cost Center \$28.7k, offset by lower revenue \$4.5K. Lower R&M \$25.5 (No Reserve required for Roof/Work Capitalized), Equipment/Supplies \$2.3K , Utility \$0.6K, lower overall admin \$1.9K, Dep \$0.5K offset by higher payroll \$2.0K. Revenue was lower due to lower Rental Income \$1.5K, Student Funding \$3.6k offset by Other Income \$0.6K.
2. Higher Net Earnings due to higher revenue \$54.2k offset by higher expenses \$18.8k. Revenue was higher due to higher Care Hr Rev. \$40.7k, interest \$10k and WSNB Refund \$3.8K. Expenses were higher for payroll \$29.4K, food costs \$6.4K, offset by overall lower utility \$4.4k, R&M/RR \$3.9k, Equip Purchase/Supplies \$2.3K, no audit costs \$3.5K, lower depreciation \$2.7K.
3. Lower Net Earnings due to overall higher expenses \$4.5K offset by slightly higher revenue \$2.2k . Expenses were higher mainly due to payroll costs \$13.8K offset by lower Program Costs - Food \$4.8K,Supplies \$2.0K, Admin - Adv. \$1.8K, Other \$0.6K. Revenue was lower for Client Day Services \$4.1K that was offset by higher interest income \$5.4K, Other \$0.9K.
4. Lower than budget due to lower revenue \$88.5k and offsetting lower expenses Wages \$53.7k, Program Costs \$32.2k and Admin \$2.6 k.

**Centre for Innovation and Research**  
**Statement of Financial Position**  
**12/31/2024**

	Current Quarter	Prior Quarter	Difference
<b><u>ASSETS</u></b>			
CURRENT			
CASH AND CASH EQUIVALENTS	207,562	325,064 *1	(117,502)
ACCOUNTS RECEIVABLE	11,282	16,118	(4,836)
HST RECEIVABLE	5,584	4,093	1,490
TOTAL CURRENT ASSETS	<u>224,427</u>	<u>345,275</u>	<u>(120,847)</u>
CAPITAL ASSETS			
EQUIPMENT AND FURNITURE	16,186	16,186	-
ACCUMULATED DEPRECIATION	(14,895)	(14,465)	(430)
	<u>1,291</u>	<u>1,721</u>	<u>(430)</u>
TOTAL ASSETS	<u><u>225,718</u></u>	<u><u>346,996</u></u>	<u><u>(121,278)</u></u>
<b><u>LIABILITIES</u></b>			
CURRENT			
ACCOUNTS PAYABLE AND ACCRUED LIABILITIES	10,807	55,844 *2	(45,037)
DUE TO YORK MANOR INC.	3,869	9,878	(6,008)
DUE TO YORK DEVELOPMENTS INC.	175	3,685	(3,510)
DEFERRED REVENUE	170,242	242,517 *3	(72,274)
TOTAL CURRENT	<u>185,094</u>	<u>311,923</u>	<u>(126,830)</u>
<b><u>FUND BALANCES</u></b>			
FUND BALANCES			
FUNDS UNRESTRICTED	38,448	38,448	-
NET INCOME (LOSS) FOR THE PERIOD	2,177	(3,376)	5,552
TOTAL FUNDS	<u>40,625</u>	<u>35,073</u>	<u>5,552</u>
TOTAL LIABILITIES & FUNDS	<u><u>225,718</u></u>	<u><u>346,996</u></u>	<u><u>(121,278)</u></u>

Notes:

1. Decrease due to cover regular monthly expenditure costs.
2. Decrease mainly due to payment of Symposiums Costs \$37.5K.
3. Decrease due to monthly amortization of unearned revenue to earned revenue.

**Centre for Innovation and Research**  
**Statement of Operations - CONSOLIDATED**  
**9 MONTHS ENDING 12/31/2024**

	<b>CURRENT MONTH</b>	<b>BUDGET MONTH</b>	<b>ACTUAL VS BUDGET</b>	<b>ACTUAL YTD</b>	<b>BUDGET YTD</b>	<b>ACTUAL VS BUDGET</b>
<b>REVENUE</b>						
GENERAL CONTRIBUTIONS	3,750	3,750	0	33,750	33,750	0
POLYPHARM APP PHASE 2 PROJECT	8,913	0	8,913	10,774	15,000	-4,226
GENIE PROJECT	-11	4,040	-4,051	4,987	22,000	-17,013
PASSIVE AWARE PROJECT	711	0	711	6,565	15,000	-8,435
PASSIVE AWARE AT HOME PROJECT	0	0	0	26,563	31,560	-4,997
A DAY IN THE LIFE PROJECT	0	0	0	16,268	21,270	-5,002
CABHI - DISCOVER & ADOPT	0	0	0	100,002	100,000	2
PHAC ISAF - HUMAN RIGHTS	21,036	21,056	-20	96,826	186,839	-90,013
PHAC - ANTIBIOTIC STUDY	4,456	1,000	3,456	16,392	17,000	-608
INTEREST INCOME	729	900	-171	12,785	8,100	4,685
STUDENT FUNDING	0	0	0	0	5,814	-5,814
SYMPOSIUM	0	0	0	29,830	40,000	-10,170
OTHER INCOME	1,359	0	1,359	1,359	0	1,359
<b>TOTAL UNRESTRICTED REVENUE</b>	<b>40,943</b>	<b>30,746</b>	<b>10,197</b>	<b>356,102</b>	<b>496,333 *1</b>	<b>-140,231</b>
<b>OPERATING EXPENSES</b>						
<b>WAGES &amp; BENEFITS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>5,814 *2</b>	<b>5,814</b>
<b>ADMINISTRATION</b>	<b>732</b>	<b>4,532</b>	<b>3,800</b>	<b>75,546</b>	<b>88,115 *3</b>	<b>12,568</b>
<b>PROJECT RELATED EXPENDITURES</b>	<b>35,105</b>	<b>26,096</b>	<b>-9,010</b>	<b>278,379</b>	<b>408,668 *4</b>	<b>130,290</b>
<b>TOTAL EXPENSES</b>	<b>35,837</b>	<b>30,628</b>	<b>-5,210</b>	<b>353,925</b>	<b>502,597</b>	<b>148,672</b>
<b>NET EARNINGS (LOSS)</b>	<b>5,105</b>	<b>118</b>	<b>4,987</b>	<b>2,177</b>	<b>-6,264</b>	<b>8,441</b>

**Notes:**

- \*1. Lower than budget due to overall lower Project Income \$130.3K (Lower Project funds \$40K & Delayed \$91K), lower Symposium revenue \$10.2K, no Student Funding \$5.8K, offset by higher Interest Income \$4.7K.
- \*2. Lower than budget as no Summer Students \$5.8K , (Other Employee Wages charged to projects \$215K).
- \*3. Lower than budget due to no audit fees \$7.3k, lower Symposium Costs \$7.1K offset by higher insurance / Other \$1.9K.
- \*4. Project expenditures align with project revenue above (in grey).



## BRIEFING NOTE

**To:** Board of Directors  
**From:** Geri Geldart, President and CEO  
**Date:** February 13, 2025  
**RE:** Risk Management Framework

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### **Purpose**

To provide the Board of Directors with a draft Risk Management Plan for consideration and feedback.

### **Background**


Risk cannot be eliminated. It is an inevitable part of operating a long term care facility. But, if the risks are identified and planned for, risk can then be managed and mitigated. We minimize risk daily at York Care Centre through policy development, staff orientation and training, incident management, emergency planning and through our links with the Department of Social Development and Work Safe NB.

York Care Centre has a number of policies/procedures/plans which address a variety of predictable risks which the organization might face. As part of our operational goals and in compliance with board policies, we have developed our first risk matrix which identifies the predictable risks and determines the likelihood of occurrence and the potential impact on the organization.



This is a draft / preliminary document which will evolve over time. It has been reviewed by the Finance and Administration Committee for review and feedback. We are seeking additional feedback from the Board regarding the content and format of the overall framework.

Over time, we will identify action plans to address opportunities to reduce our level of risk such as staff education, emergency planning, etc.



## Purpose



A robust risk management plan is essential to ensuring the safety, health, and wellbeing of the residents, staff, and visitors of York Care Centre. This preliminary plan outlines the key operational and clinical risks, their likelihood of occurrence and their potential impact. Mitigation strategies to prevent or minimize these risks have been identified for any risk that is assessed as a high probability risk, or would result in has a high impact to the organization. These risks are identified with a  icon.

### A. OPERATIONAL RISKS

Identified Risk	Probability (low, medium, high)	Impact (low, medium, high)	How will we manage this risk?
<b>Critical loss of services – Power</b>  <ul style="list-style-type: none"> <li>Electrical services are essential to the safe operation of the facility.</li> </ul>	High	High	<ul style="list-style-type: none"> <li>Large generator on site. Generator tests performed weekly. Full transfer of power tested weekly. This is an industry best practice.</li> <li>Service contract in place.</li> <li>Fuel replenishment contract in place (should we have back-up contracts?).</li> <li>Code Brown in place</li> </ul>
<b>Critical loss of services - Heat</b>	Med	Low	<ul style="list-style-type: none"> <li>Code Brown in place</li> <li>Independent heat sources throughout the building.</li> </ul>
<b>Critical loss of services – Water</b>  <ul style="list-style-type: none"> <li>Water is essential to the safe operation of the facility. Facility evacuation is required.</li> <li>Water is supplied by the municipality</li> </ul>	Low	High	<ul style="list-style-type: none"> <li>Code Brown in place</li> </ul>


Identified Risk	Probability (low, medium, high)	Impact (low, medium, high)	How will we manage this risk?
<p><b>Critical loss of services – Telephone</b></p> <ul style="list-style-type: none"> <li>Telephone services are required to support communication within the facility, as well as to maintain connection to outside parties (families, emergency services, etc)</li> </ul>	Med	Medium	<ul style="list-style-type: none"> <li>Code Brown in place</li> <li>Prevention – service contracts with telephone provider.</li> <li>System upgrades</li> <li>Equipment replacement plan</li> </ul> <p>We have experienced poor service from a provider but finding a new provider has been challenging. Risk management work underway</p>
<p><b>Critical loss of services – IT Services</b></p> <ul style="list-style-type: none"> <li>Loss of function</li> </ul>	Med	Med	<ul style="list-style-type: none"> <li>Cloud based file and email storage</li> <li>Back-up procedures for clinical data</li> <li>Security/access processes in place to limit security risks</li> <li>Contractual arrangements with technical specialists to support our infrastructure.</li> <li>A number of cybersecurity protocols in place. More protections could be introduced.</li> </ul>
<p><b>Critical loss of services – IT Services</b></p> <ul style="list-style-type: none"> <li>A data breach or cyber-attack can result in the loss of sensitive resident information, leading to legal liabilities, financial penalties, and reputational harm.</li> </ul>	Low	Med	<ul style="list-style-type: none"> <li>Cybersecurity Training:</li> <li>Access Control to limit access to sensitive data based on role and need.</li> <li>Regular Audits: Regular security audits to identify and address potential vulnerabilities.</li> <li>Incident Response Plan: An incident response plan to address cybersecurity breaches is in place.</li> </ul>



Identified Risk	Probability (low, medium, high)	Impact (low, medium, high)	How will we manage this risk?
<p><b>Interruption of Business Continuity due to natural disasters</b> </p> <ul style="list-style-type: none"> <li>Natural disasters can lead to evacuation, structural damage, and disruption in care, putting resident safety at risk.</li> </ul>	Low	High	<ul style="list-style-type: none"> <li>Disaster Preparedness Plan - Code Green is in place. Exercised and updated regularly. <b>Possibly need to plan for a full test of the evacuation plan.</b></li> <li>Emergency Supplies: Facility holds a stock of essential medical equipment which would last for at least 72 hours. <b>Food stocks should be reviewed.</b></li> <li>Facility Insurance: Insurance coverage for natural disasters.</li> <li>Communication Protocol: A communication system in place to keep families informed during disasters - varies depending on disaster. May involve cell phone connection, social media posts. <b>More development required.</b></li> </ul>
<p><b>Interruption due to Fire</b> </p> <ul style="list-style-type: none"> <li>Fires or safety hazards can endanger residents and staff, causing injuries or fatalities.</li> </ul>	Low	High	<ul style="list-style-type: none"> <li>Code Red in place</li> <li>Fire Safety Equipment: All areas are equipped with fire extinguishers, alarms, and sprinklers.</li> <li>Evacuation Plan: Facility has an emergency evacuation plan (Code Green)</li> <li>Electrical Inspections: Routine inspections of electrical equipment are conducted to prevent fire hazards.</li> <li>Staff Training on fire safety protocols and emergency response actions is mandatory.</li> </ul>


Identified Risk	Probability (low, medium, high)	Impact (low, medium, high)	How will we manage this risk?
<b>Potential for threat to building and people</b>  (bomb threat, etc).	Low	High	<ul style="list-style-type: none"> <li>• Code Black in place</li> </ul>
<b>Potential threat to building and people due to natural gas leak</b> 	Low	High	<ul style="list-style-type: none"> <li>• Code Brown in place</li> </ul>

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## B. CLINICAL RISKS




Identified Risk	Probability (low, medium, high)	Impact (low, medium, high)	How will we manage this risk?
<p><b>Potential for infectious disease outbreak.</b> </p> <ul style="list-style-type: none"> <li>• Infection outbreaks can lead to resident illness or death, staff shortages, and significant financial and reputational damage.</li> </ul>	<p>High</p>	<p>Medium</p>	<ul style="list-style-type: none"> <li>• Infection Control Protocols: Strict hygiene and infection prevention protocols, including routine handwashing, PPE use, and environmental cleaning.</li> <li>• Vaccination Programs are regularly offered to protect against seasonal illnesses.</li> <li>• Established protocols for isolating infected individuals to prevent the spread of infection.</li> <li>• Conduct regular health checks and testing for residents during outbreak periods.</li> <li>• Provide ongoing infection control training for staff.</li> <li>• Human Resource policies regarding return to work following a contagious illness.</li> </ul>
<p><b>Potential for clinical service incident - medication error</b></p> <ul style="list-style-type: none"> <li>• Medication errors can lead to serious health consequences for residents, including adverse drug reactions or inadequate care.</li> </ul>	<p>Medium</p>	<p>Medium</p>	<ul style="list-style-type: none"> <li>• Electronic medication administration records and protocols (eMAR) to reduce human error.</li> <li>• Staff Training: Regular training on medication management for all clinical staff.</li> <li>• Double Check System for high-risk medications.</li> </ul>

Identified Risk	Probability (low, medium, high)	Impact (low, medium, high)	How will we manage this risk?
<p><b>Potential for clinical service incident – falls</b></p> <ul style="list-style-type: none"> <li>Falls can result in injury, hospitalization, or even death, and they increase liability risks for the facility.</li> </ul>	Medium	Medium	<ul style="list-style-type: none"> <li>Fall Risk Assessments for all residents, with more frequent checks for high-risk individuals.</li> <li>Environmental Modifications: Hand rails, and proper lighting in all areas.</li> <li>Fall detection and prevention technologies, such as bed alarms.</li> <li>Staff Training on fall prevention strategies and response protocols.</li> </ul>
<p><b>Potential for resident abuse</b> </p> <ul style="list-style-type: none"> <li>Cases of abuse or neglect can cause serious harm to residents and expose the facility to legal and reputational damage.</li> </ul>	Low	High	<ul style="list-style-type: none"> <li>Regulated professional staff at all times.</li> <li>Staff Screening: criminal record check and vulnerable sector check during the hiring process.</li> <li>Staff training - recognizing and preventing abuse or neglect, with mandatory reporting protocols. Abuse policy introduced during orientation.</li> <li>Whistleblower Policy: reporting mechanism for staff and residents to report any concerns.</li> <li>Family involvement and regular visits encouraged to monitor resident care.</li> <li>Incident reports are shared with Adult Protection and DSD.</li> <li>Volunteers - may need to address training re resident abuse.</li> </ul>
<p><b>Potential for Missing Resident</b> </p>	Medium	High	<ul style="list-style-type: none"> <li>Code Yellow in place.</li> <li>Wanderguard technology in place.</li> </ul>

Identified Risk	Probability (low, medium, high)	Impact (low, medium, high)	How will we manage this risk?
<b>Potential for clinical service incident – pressure injury</b>	Low	Medium	Elements of care plan include: <ul style="list-style-type: none"> <li>• Skin care protocol</li> <li>• Mobilization</li> <li>• Pressure-relieving devices</li> <li>• Dietician for nutritional support</li> </ul> Bedside Audits
<b>Critical shortage of staff.</b>  <ul style="list-style-type: none"> <li>• Staffing shortages, especially in nursing and caregiving roles, can affect the quality of care and lead to resident neglect or burnout among staff.</li> </ul>	Medium	High	<ul style="list-style-type: none"> <li>• Rotation design to establish the appropriate number of full time and part time positions.</li> <li>• Large number of part time staff who are available for additional shifts</li> <li>• Routine monitoring of staffing status – vacancies, turnover, care compliance</li> <li>• Employee Engagement initiatives</li> </ul>

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### C. OTHER RISKS

Identified Risk	Probability (low, medium, high)	Impact (low, medium, high)	How will we manage this risk?
<b>Potential for financial insolvency.</b> 	Low	High	<ul style="list-style-type: none"> <li>• Qualified professional accounting personnel on staff</li> <li>• Finance and Administration Committee provides oversight</li> </ul>
<b>Risk of compromised public image due to social media attacks.</b>	Medium	Medium	<ul style="list-style-type: none"> <li>• Communications strategy which promotes the mission and purpose.</li> <li>• Media policy in place</li> </ul>
<b>Potential for employee injury</b>	Medium	Low	<ul style="list-style-type: none"> <li>• Joint Occupational Health and Safety Committee in place.</li> <li>• Training programs</li> <li>• Incident Reporting</li> <li>• Case Management program.</li> </ul>
<b>Potential for workplace violence incident.</b> 	Low	High	<ul style="list-style-type: none"> <li>• Code White – Violent Threat in place</li> <li>• GPA Training</li> </ul>
<b>Regulatory Non-compliance</b>  <ul style="list-style-type: none"> <li>• Noncompliance with DSD and Public Health regulations can lead to loss of license.</li> </ul>	Low	High	<ul style="list-style-type: none"> <li>• Annual inspections – timely follow-up to issues identified during annual inspections. Follow-up includes audits, policy review and staff training to ensure standards are understood and followed.</li> </ul>
<b>Potential for loss of / damage to property requiring replacement</b>	Medium	Medium	<ul style="list-style-type: none"> <li>• Insurance policies in place</li> </ul>
<b>Potential for legal action</b>	Low	Medium	<ul style="list-style-type: none"> <li>• Insurance policies in place  - Need to verify liabilities covered.</li> </ul>

## BRIEFING NOTE

**To:** Members of the Board of Directors

**From:** Governance Committee

**Date:** February 7, 2025

**RE: Board Policy Review**

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### **Purpose**

To provide background for the review of eight of the Governance Process policies.

### **Background**

The Carver Model, also known as *Policy Governance*, provides a structured approach to board governance by emphasizing the roles and responsibilities that ensure strategic oversight without micromanaging operational functions. *Governance process policies* define the way in which a board governs and performs its oversight duties. These policies outline the structure and processes that ensure the board is functioning effectively, making decisions in alignment with the organization's mission and vision, and staying accountable to its stakeholders. The core principle behind Governance process policies is that the board should focus on big-picture strategic issues, delegating the details of day-to-day operations to the CEO or other management staff.

York Care Centre currently has twenty policies that address governance process, many of which have been recently reviewed. The Governance Committee reviewed 8 policies at our most recent meeting and made a number of revisions (see attached).

- Gov-A-100 – Assessment: Board, Chair and Members
- Gov-B-110 – Board Responsibility
- Gov-B-112 – Board and Community Members Acknowledgement of Role and Responsibility
- Gov-B-115 – Board Members Code of Conduct
- Gov-B-120 – Board Membership Skill Matrix
- Gov-N-260 – Nominating Process
- Gov-S-280 – Strategic Plan
- Gov-T-185 – Timeline for Board Submissions

### **Recommendation:**

That the Board approve the governance process policies: Gov-A-100 Assessment: Board Chair & Members; Gov-B-110 Board Responsibility; Gov-B-112 Board Members Acknowledgement of Role & Responsibility; Gov-B-115 Board Members Code of Conduct; Gov-B-120 Board Membership Skill Matrix; Gov-N-260 Nominating Process; Gov-S-280 Strategic Plan and Gov-T-185 Timeline for Board Submissions be approved as presented.

**YORK CARE CENTRE  
Corporate Governance Policy**

<b>Type:</b> Governance Process	<b>Date Issued:</b> May 17, 2012
<b>Title:</b> Assessment: Board, Chair and Members	<b>Page:</b> 1 of 1
<b>Approved by:</b> Board of Directors	Gov-A-100
<b>Date Reviewed/Revised:</b> 05/12; 05/15; 01/21	

**No changes recommended**

**Policy:**

The Board is committed to undertaking an annual assessment of the performance of the Board as a whole, its Chair, its Committees as well as a review of the contributions of individual members.

**Procedure:**

**1. BOARD AS A WHOLE**

- a) The Governance & Audit Committee will undertake an annual assessment of the performance of the Board by seeking input from members through annual assessments. This includes reviewing and analyzing results, identifying strengths, and considering changes/improvements that may be required.
- b) The results will be presented to the Board with appropriate recommendations for consideration.

**2. THE CHAIR**

- a) The Governance & Audit Committee will undertake an annual review of the Board Chair by seeking input from members of the Board through annual assessment. This includes reviewing and analyzing results, identifying strengths, and considering changes/improvements that may be required.
- b) The results will be shared with the Vice-Chair of the Board who will discuss with the Board Chair.

**3. THE MEMBERS**

- a) The Governance & Audit Committee will prepare and distribute an annual self-assessment to members. The Committee will review and analyze results, identify strengths, and consider new development opportunities.
- b) Based on the results, the Committee will identify topics of interest to Board Members for consideration by the Board for inclusion in future educational sessions.
- c) Where the Committee identifies issues specific to a member of the Board, the Committee Chair will bring to the attention of the Board Chair for appropriate discussion with the member.

**4. THE BOARD'S COMMITTEES, THEIR CHAIRS AND MEMBERS**

- a) The Governance & Audit Committee will prepare and distribute an annual assessment of Standing and Ad Hoc Committees of the Board (including Chairs and members), which will be completed by the members.
- b) The Committee will review and analyze results, identifying opportunities where members could benefit from improved/increased knowledge about the organization, their role and/or responsibilities.
- c) Based on the results, the Committee will identify topics of interest to Board Members for consideration by the Board for inclusion in future educational sessions.
- d) Where the Committee identifies issues specific to a committee member, the Chair of the Governance & Audit Committee will bring these to the attention of the Chair of the appropriate committee for follow-up.

**5. OTHER**

- a. The annual review as described herein will be undertaken no later than May.
- b. The Governance & Audit Committee is responsible to review annually the statements contained in the forms used for the annual assessment, amend and report results to the Board of Directors.

**YORK CARE CENTRE**  
**Corporate Governance Policy**

<b>Type: Governance Process</b>	<b>Date Issued: November 30, 2009</b>
<b>Title: BOARD RESPONSIBILITY</b>	<b>Page: 1 of 1</b>
<b>Approved by: Board of Directors</b>	<b>Gov-B-110</b>
<b>Date Reviewed/Revised: 11/16 01/23</b>	

The Board of Directors, through the following responsibilities, ensures the organization's mission and strategic objectives are achieved effectively and ethically.

### 1. Governance Policies

1. The Board shall ~~produce written~~develop, maintain and periodically review governing policies that, at the broadest levels, address each category of organizational decisions.

~~a.~~• Ends: Organizational products, effects, benefits, outcomes, recipients, and their cost or relative worth (what good, for which recipients, at what cost). Ends policies shall be reviewed regularly to ensure alignment with the organization's mission, priorities and evolving needs of recipients.

~~b.~~• Executive Limitations: Constraints on executive authority that establish the prudence and ethical boundaries within which all executive activity and decisions must take place.

~~c.~~• Governance Process: Specification of how the Board conceives, carries out, and monitors its own tasks.

~~d.~~• Board-President & CEO Linkage: How responsibility is delegated and its proper use monitored; the President & CEO role, authority and accountability.

### 2. Hiring and Monitoring the President and CEO

The Board shall hire the President & CEO and establish clear expectations for performance through approved policies and measurable indicators. The Board shall give direction to and monitor President & CEO performance for compliance with Ends policies and adherence to Executive Limitations established and approved policies., with evaluations conducted annually, or as required. The Board shall ensure the President and CEO has the necessary resources to fulfill these expectations.

2.

### 3. Oversight of Activities Beyond Executive Limitations

The Board shall deal with and make decisions regarding activities and/or transactions and assets that exceed executive limitations as outlined in the board's policies. In such cases, the Board shall require an analysis of risks, benefits and alignment with the approved Ends policies.

### 3.4. External Audit Responsibilities

The Board shall bring a recommendation regarding the appointment of the external auditors to the annual meeting of the members of the corporation. The auditors shall be appointed at the annual meeting of the members. The Board shall ensure there is an internal audit plan in place. The Board

shall set fees for the audit, define the audit management plan, and approve the annual financial statements of the Corporation.

#### **4.5. Strategic and Business Plan Approvals**

The Board shall approve, prior to implementation, all strategic plans and business plans as well as all operating and capital budgets.

#### **6. Board Education and Development**

The Board shall ensure its members receive regular training and education to remain informed about governance best practices, industry trends and the organization's strategic priorities.

#### **7. Risk Management Oversight**

The Board shall oversee the organization's risk management framework to ensure that risks are identified, assessed and mitigated. The Board shall periodically review the effectiveness of risk management practices and ensure they are integrated into the strategic and operational plans.

#### **8. Succession Planning**

5. The Board shall ensure the organization has a robust succession plan for the President and CEO and other key leadership roles to maintain continuity and stability.

**YORK CARE CENTRE**  
**Corporate Governance Policy**

Type: Governance Process	Date Issued: November 26, 2012
Title: Board & Community Members Acknowledgement of Role and Responsibility	Page: 1 of 1
Approved by: <i>Board of Directors</i>	Gov-B-112
Date Reviewed/Revised: November 26, 2012, May 5, 2015, March 2021	

Members of the Board of Directors and community members of Board committees of York Care Centre are expected to conduct themselves with personal integrity and to ethically, honestly and diligently carry out their responsibilities as representatives of the organization.

~~Members are required to support and advance the interests of the organization and avoid placing themselves in situations where their personal interests actually or potentially conflict with the interest of the organization. Individuals who accept to serve York Care Centre as members of the Board of Directors agree to:~~

1. Fulfill their fiduciary responsibility by acting in the best interests of the organization at all times.

Members of the Board of Directors or community members of a board committee agree to:

1. Commit to accountability and confidentiality as outlined in the governance policies.
2. Adherence to the organization's "Code of Ethics and Professional Conduct" as well as to the governance policy "Board Members Code of Conduct".
3. Avoid and disclose any conflicts of interest.
4. Participate actively in meetings, deliberations and governance activities ensuring adequate preparation and contribution.

Accordingly, ÷

—i Individuals who accept to serve York Care Centre as members of the Board of Directors or community members of a Board committee are required to sign a statement acknowledging the role and responsibilities associated with the position as provided in the applicable appendix A or B.

**YORK CARE CENTRE ACKNOWLEDGEMENT  
MEMBER BOARD OF DIRECTORS**

As a member of the Board of Directors of York Care Centre and its group of companies, I agree to comply with the organization’s ~~ethics framework~~ Code of Ethics and Professional Conduct and to the Board governance policy on Board Members Code of Conduct and perform my duties honestly and with due diligence. I therefore undertake to:

- 1. Be loyal to and speak positively about the organization and its membership.
- 2. Avoid actual or potential situations of conflict.
- 3. Become familiar with and support the organization’s vision, mission, values, strategic direction and the policies of the Board.
- 4. Attend board meetings and/or assigned committee meetings, as appropriate.
- 5. Read pre-meeting material before each meeting and seek whatever additional information ~~+~~ may be required in reviewing issues for ~~cons~~ consideration.
- 6. Express opinions and ideas on matters being considered without monopolizing ~~the~~ and discussion and being respectful of others views.
- 7. Act in good faith throughout the decision-making process and provide due care of the organization’s financial and legal requirements.
- 8. Not divulge any information ~~that I may~~ received that is of a confidential nature.
- 9. Participate in an orientation session and any ongoing educational sessions.
- 10. Participate in self-evaluation and evaluation of the Board, its Chair and the President & CEO.
- 11. Recognize that the sole official connection to the operating organization, its achievements and conduct shall be through the President & CEO and that only decisions of the Board acting as a body are binding on the President & CEO.

-

I understand that failure to comply may result in my dismissal as a member of York Care Centre Board of Directors.

-

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
DATE

**YORK CARE CENTRE ACKNOWLEDGEMENT  
COMMUNITY MEMBER**

As a Community Member of ~~b~~Board ~~c~~Committees of York Care Centre and its group of companies, ~~I agree~~agree to comply with the organization's ~~"ethics framework~~Code of Ethics and Professional Conduct" as well as the governance policy "Board Members Code of Conduct" and perform my duties honestly and with due diligence. I therefore undertake to:

- 1. Be loyal to and speak positively about the organization and its membership
  - 2. Avoid actual or potential situations of conflict.
  - 3. Become familiar with and support the organization's vision, mission, values, strategic direction and the policies of the Board.
  - 4. Attend ~~board meetings and/or assigned~~ committee meetings, ~~as appropriate~~
  - 5. Read pre-meeting material before each meeting and seek whatever additional information ~~I may be required~~ in reviewing issues for consideration.
  - 6. Express opinions and ideas on matters being considered without monopolizing ~~any~~ the discussion and being respectful of ~~others~~others' views.
  - 7. Act in good faith throughout the decision-making process, ~~and provide due care of the organization's financial and legal requirements~~
  - 8. Not divulge any information ~~that I may received~~ that is of a confidential nature.
  - 9. Participate in an orientation session and any ongoing educational sessions.
  - ~~Participate in self-evaluation and evaluation of the Board, its Chair and the President & CEO~~
  - 10. Recognize that the sole official connection to the operating organization, its achievements and conduct shall be through the President & CEO and that only decisions of the Board acting as a body are binding on the President & CEO.
- I understand that failure to comply may result in my dismissal as a community member of the Board of York Care Centre.

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Signature

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Witness

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DATE

**YORK CARE CENTRE  
Corporate Governance Policy**

**Type:** Governance Process

**Date Issued:** November 30, 2009

**Title:** BOARD MEMBERS CODE OF CONDUCT

**Page:** 1 of 1

**Approved by:** Board of Directors

**#:** Gov-B-115

**Date Reviewed/Revised:** 09/12; 05/15; 01/21

**Policy:**

The Board commits itself and its members to ethical, businesslike, and lawful conduct, including proper use of authority and appropriate decorum when acting as Board members, and ensuring that all decisions align with the Ends policies and the strategic goals of York Care Centre. Individuals who accept to serve York Care Centre as members of the Board of Directors or community members of a Board committee agree to adhere to the organization's "Code of Ethics and Professional Conduct".

**Procedure:**

**1. Board Members Accountabilities and Conflict of Interest.**

- ~~1.~~ Board members must represent unconflicted loyalty to the interests of York Care Centre. This accountability supersedes any conflicting loyalty such as that to advocacy or interest groups and membership on other Boards. It also supersedes the personal interest of any Board member acting as a consumer of the organization's services.
  
- ~~2.~~ Board members must avoid conflict of interest with respect to their fiduciary responsibilities, and disclose any potential conflicts.
  
- ~~a.~~ There must be no self-dealing or any conduct of private business or personal services between any Board member and the organization, except as procedurally controlled, to assure openness, competitive opportunity, and equal access to inside information.
- ~~b.~~ When the Board is to decide upon an issue about which a member has an unavoidable conflict of interest, that member shall absent herself or himself without comment from not only the vote but also from the deliberation.
- ~~c.~~ Board members must not use their positions to obtain employment for themselves, family members, or close associates. Should a member desire employment, he or she must first resign.
- Members shall, as soon as possible disclose their involvement with other organizations or parties that may produce a conflict with this code or be perceived as illegal or unethical behaviour.
- ~~d.~~

**2. Board Authority and Decision-making.**

- ~~•~~ Board members may not ~~attempt to~~ exercise individual authority over the organization except as explicitly set forth in Board policies.
  
-

— Members’ interaction with the President & CEO or with staff must recognize the lack of authority vested in individuals except when explicitly Board-authorized.

— Members’ interaction with the public or press or other entities must recognize this same limitation.

•

• In their ~~decision making~~ decision-making process Board members must ensure all decisions are aligned with the Ends policies and will ensure ~~that~~ the organization’s assets are protected and used for their intended purposes.

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### 3. Respecting Confidentiality and Conduct

• Board members shall respect the confidentiality appropriate to issues of a sensitive nature.

• Board members shall conduct themselves with respect and professionalism in all meetings.

**YORK CARE CENTRE  
Corporate Governance Policy**

**Type:** Governance Process

**Date Issued:** May 17, 2012

**Title:** Board Membership Skill Matrix

**Page:** 1 of 2

**Approved by:** Board of Directors

Gov-B-120

**Date Reviewed/Revised:** 05/12; 05/15; 01/21

**Policy:**

**Minor change recommended.**

In selecting individuals to serve as Board Directors, an annual recruitment plan will be developed to provide guidance in the selection of potential members to the Board to ensure that the membership reflects an appropriate combination of education, experience and competencies required for efficient governance.

**Procedure:**

1. At the beginning of each calendar year an inventory of current member skill sets together with upcoming vacancies, ~~as provided in Appendix A,~~ will be undertaken.
2. Considering the skills of current members, strategic goals and objectives, and other related matters, a recruitment plan will be developed in response to vacancies which will occur in the upcoming 2 to 3 years.
3. The recruitment plan will confirm the current mix of education, experience and competencies and identify specific education, experience and competencies required. In addition, it will also seek to attract individuals who possess appropriate personal attributes (e.g. integrity, high ethical standards, etc.), sound judgement, strong interpersonal skills, and a high level of commitment to the organization and its success.
4. The recruitment plan will consider the following:
  - a) Finance - minimum **one member** with relevant education, experience, and financial competencies.
  - b) Healthcare - minimum **one member** with relevant education, experience, and healthcare competencies.
  - c) Public Sector - minimum **one member** with senior public service experience in management and/or policy.
  - d) Education - minimum **one member** with relevant education, and experience in the education field.
  - e) Research – minimum one member with relevant education, experience, and research competencies.
  - f) Strategy - minimum **two members** on the board should have education, experiences, and competencies relevant to the Board's Strategic Plan.
  - g) Other - The remaining positions on the Board are to be filled with individuals having education, experience and competencies deemed by the Board to be supportive of its vision, mission, values, and goals.
5. Any person of the full age of nineteen years shall be eligible for appointment as a member of the corporation and the corporation may make by-laws governing the method of selecting and appointing members, provided that at any time not more than one member of the corporation shall be a resident outside the County of York.

**YORK CARE CENTRE  
Corporate Governance Policy**

**Type:** Governance Process

**Date Issued:** May 17, 2012

**Title:** Nominating Process

**Page:** 1 of 1

**Approved by:** Board of Directors

Gov-N-260

**Date Reviewed/Revised:** 05/12; 05/15; 01/21

**Policy:**

No changes recommended.

The Board of Directors is committed to having an ongoing nominating process whereby individuals with appropriate education, experience and competencies and appropriate attributes will be identified to serve.

**Procedure:**

1. The Governance & Audit Committee through various means, including public advertisements when appropriate, will on an ongoing basis identify/receive names of individuals as potential candidates for appointment as members of the Board or its Committees.
2. The education, experience and competency of potential candidates will be assessed to determine consistency with needs as identified in the board's Recruitment Plan for members.
3. Once an individual is identified as a potential member of the Board her/his name will be provided to the Chair and Vice-Chair who will contact the individual and pursue the individual's willingness to serve. The actual appointment will be confirmed by the Board.
4. Potential candidates for Board membership may initially be appointed to serve on one of the Board's committees as a means of becoming familiar with the organization's goals, mission, values, and strategic plan.
5. Once a potential candidate is identified as a possible member of a Committee her/his name will be provided to the Chair of that Committee who will be responsible to contact the individual and pursue their willingness to serve. The actual appointment will be confirmed by the Board.
6. An appropriate orientation session will be provided to all members appointed to the Board and its Committees.
7. Individuals appointed to the Board and its Committees will:
  - a) Provide information confirming their education, experience and competencies including areas of interest in serving the Board.
  - b) Sign a statement acknowledging their role, duties, and legal responsibilities as members of the organization.
8. The organization will maintain records including the following:
  - a) The names of past and current members including length of time served, area served, etc.
  - b) The names of potential candidates including education, experience, competencies, areas of interest in serving the Board, etc. for one year.
  - c) The names and relevant information concerning individuals who have been contacted to serve and have indicated that they have no interest in serving the Board for one year.

**YORK CARE CENTRE**  
**Corporate Governance Policy**

<b>Type:</b> Governance Process	<b>Date Issued:</b> May 17, 2012
<b>Title:</b> Strategic Plan	<b>Page:</b> 1 of 1
<b>Approved by:</b> Board of Directors	Gov-S-280
<b>Date Reviewed/Revised:</b> 05/12; 05/15; 01/21	

**Policy:**

No changes recommended

The Board of Directors is committed to operating based on a 5 year Strategic Plan identifying the organization's vision, mission, values and setting out goals and objectives.

**Procedure:**

1. The Board will ensure the development of a 5-year Strategic Plan identifying the long-term vision of the organization, its mission, and its values as well as setting out appropriate goals and objectives.
2. The Strategic Plan will be developed by a Committee appointed by the Board from within its membership with representation from the President and CEO or other staff as required. The plan will be approved by the Board.
3. The Strategic Plan will identify 5-year goals which together with related objectives will be revisited and approved by the Board every year.
4. The Strategic Plan together with its goals and key objectives will be translated through the President & CEO into an annual operating plan.
5. The Operational Plan will identify activities to be pursued each year. Although some activities may be multi-year these will be reviewed/revised and set annually through the President & CEO.
6. A general review of the Strategic Plan will be undertaken at the end of 3 years leading to a revised, extended, or new Plan for the next 5-year period.

**YORK CARE CENTRE  
Corporate Governance Policy**

<b>Type:</b> Governance Process	<b>Date Issued:</b> September 13, 2012
<b>Title:</b> <del>TIMELINE FOR BOARD SUBMISSIONS</del> <del>BOARD</del>	<b>Page:</b> 1 of 1
<b>Approved by:</b> Board of Directors	Gov-T-185
<b>Date Reviewed/Revised:</b> 09/12; 05/15; 01/21	

Title revised

**Policy:**

The Board expects its members to attend meetings prepared to discuss and reach decisions on matters submitted for their consideration. In that respect members are expected to have read, prior to meetings, whatever information or documentation is submitted to them relevant to matters which they will be considering at their meetings.

**Procedure:**

1. The Board acknowledges that information and documentation in support of matters to be considered by members must be forwarded or made available to them in sufficient time to allow them to review it and seek clarification if required.
2. All information and documentation relevant to any matter to be considered and decided upon by the Board should be circulated to members at least 3 working days prior to a scheduled meeting.
3. It is understood that exceptions to this policy may be required in emergency situations where urgent consideration of a matter may be required. Such exceptions shall be approved by the Chair of the Board.

**TO:** Board of Directors

**FROM:** Governance and Audit Committee

**DATE:** February 7, 2025

**SUBJECT:** Board Evaluation Questions – 2025

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- The Governance and Audit Committee is recommending that the Board follow a similar process to that which was used last year for the annual board evaluation.
- A survey will be distributed to all board members in late February. Results will be reviewed at the Q4 Governance and Audit Committee, with results and recommendations presented to the Board in May.
- The survey tool is a slight revision of the tool used in 2024. The questions are as follows:

**A. Overall Board Functioning – 22 questions and an option to provide comments at end of section**

1. Board activities are confined to policy issues rather than management issues.
2. We have a written statement of Vision, Mission and Values for our organization.
3. The material and information provided to members allows for an understanding of the critical issues, the long-range plans, the goals and strategy of the organization.
4. As a board member, I feel comfortable in approaching the Chair of the Board, or the President and CEO to seek clarification on issues that are not clear to me.
5. We know what our business is, and what it isn't.
6. We have a Code of Conduct for Board Members.
7. We know the difference between the roles of directors and that of the staff.
8. All management activities are delegated to the President and CEO.
9. Information is provided in a timely and easy to read manner, and as a Board member we are informed regularly and completely.
10. Directors trust each other and have a high degree of disclosure among themselves.
11. As a member of the Board, I feel comfortable in challenging the strategy, direction, goals and plans, and to take an unpopular position if required.
12. Directors understand their fiduciary, ethical and legal responsibilities.
13. The history and tradition of the organization are clear to this Board and are honored or changed with deliberation and agreement.
14. The goals of our organization are clear and revisited regularly.
15. The responsibilities of the directors are defined.
16. Directors do not cross the boundaries between board and staff.
17. Differences of opinion are encouraged during discussions, but all are expected to carry out the decisions reached.
18. The President & CEO is evaluated annually with input from Directors.
19. Directors are given an orientation session within a reasonable amount of time.
20. The Board has a 5-year strategic plan which is reviewed regularly.

21. Directors are provided opportunities through educational / information sessions to keep current on sector issues and trends which may impact on the organization and the needs of the community it serves.
22. Directors are provided with sufficient opportunity to participate in conferences, workshops, education sessions.

**B. Leadership: Board Chair and President/CEO - This section includes 9 statements and an option to provide comments at end of section.**

1. Board meetings are held often enough to keep everyone informed and actively able to serve the organization well.
2. Meetings are professionally managed, member participation is encouraged, agenda is followed and matters under consideration are concluded in a timely and effective manner.
3. There is time for closed sessions as well as for business at hand.
4. Each year the Board sets out its top priorities and meetings attend to these priorities.
5. Items that should be handled by the staff, or delegated to specific committees, are handled in that manner.
6. When making decisions, this Board uses a variety of procedures and resorts to parliamentary procedure only when required.
7. The CEO is a valued member of the Board even if she is not a formal member.
8. Staff members are invited to attend Board meetings as appropriate.
9. The Board Chair maintains a constructive working relationship with the President & CEO and board members.

**C. Board Sub-committee Functioning. In this section, there are 12 questions and an option to provide comments at end of section. The section was repeated for each of the four subcommittees.**

1. The terms of reference for the (insert name) Committee were provided and explained to members.
2. Matters brought before the (insert name) Committee respect the Terms of Reference.
3. The agenda for (insert name) Committee meetings and related documents are circulated in sufficient time to allow for review and preparation prior to the meeting.
4. The material and information provided allows for an understanding of the issues to be considered and, if required, I feel comfortable in approaching the Chair of the Committee to seek clarification on issues that are not clear to me.
5. As a committee member, I feel comfortable in approaching the chair of the committee or the President and CEO to seek clarification on issues that are not clear to me.
6. Members of the (insert name) Committee come to the meeting prepared and ready to contribute.
7. Committee meetings are professionally managed, make good use of members' time, follow the agenda and are concluded within a reasonable time.
8. The minutes of the (insert name) committee meetings are accurate and reflect the discussions and conclusions/decisions reached.
9. Meetings of the (insert name) Committee are held regularly and with appropriate frequency.
10. Members of the (insert name) Committee treat each other with respect and courtesy.
11. When I speak, I feel listened to and my views/comments are valued.
12. I feel the (insert name) Committee has the respect of the Board of Directors.

## BRIEFING NOTE

**To:** Board of Directors

**From:** Governance and Audit Committee

**Date:** February 6, 2025

**RE:** York County Properties Inc. and York Development Inc. Bylaws

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### **Purpose**

To complete the official process of approving changes to the York County Properties Inc. and the York Developments Inc. Bylaws.

### **Background**

- York County Properties, Inc. is the original company established in 1966. York Manor Inc. was established in 1969 and YDI was incorporated in 1980. York Manor Inc became York Care Centre in 2021. Throughout all of these events, the bylaws of York County Properties remained the authority under which the members, directors and officers of the other companies are appointed because *“The affairs of the Corporation shall be managed by a Board of Directors, who shall be the same persons as are the Directors of York County Properties Inc., and the Executive Committee of the Directors of York County Properties Inc., shall be the Executive Committee of the Directors of the Corporation and may exercise such powers of the Board of Directors as are delegated to it by the Board.”*
- The last approved and signed versions of the bylaws for York County Properties Inc and York Development Inc. are from 2017.
- The Governance and Audit Committee approved revisions to the bylaws of three companies (YCC, YCP and YDI) on January 12, 2022, but it doesn’t appear that this motion was considered at a subsequent Board meeting. The YCC bylaws were eventually approved at a board meeting (February 13, 2023) following changes made to align with regulations under the Nursing Home Act.
- The process for amending bylaws is outlined in each set of bylaws (see Figure One and Figure Two).

### **Recommendation**

1. The Governance and Audit Committee recommends that the CEO and the Chair of the Governance and Audit Committee review / revise the bylaws of YCP and YDI to ensure alignment with the YCC bylaws. The revised bylaws should be presented to the Governance and Audit Committee in April, with the intention of bringing a final set of bylaws to the June meeting of the Board of Directors, following the amendment process outlined in the current bylaws (2017).

Figure One – excerpt from the 2017 Bylaws of York Country Properties Inc.

**30. AMENDMENT OF BYLAWS**

These Bylaws may be amended at an annual, regular or special Meeting of the Board of York County Properties Inc., but such amendments require a minimum of one month's Notice of Motion. The Notice of Motion must be submitted in writing with the proposed amendment, together with the names of the Mover and Seconder and shall be posted at York County Properties Inc. for a period of at least ten days prior to the meeting at which the amendment is to be moved. Such amendment shall be circulated to the Board Members and, for adoption, shall require a two-thirds majority of those present, provided a quorum is present. Such amendments shall be effective when approved by the Board of Directors and subject to conformity with Provincial Acts and Regulations.

Figure Two – excerpt from the 2017 Bylaws of York Developments Inc.

**30. AMENDMENT OF BYLAWS**

These Bylaws may be amended at an annual, regular or special Meeting of the Board of York Developments Inc., but such amendments require a minimum of one month's Notice of Motion. The Notice of Motion must be submitted in writing with the proposed amendment, together with the names of the Mover and Seconder and shall be posted at York Developments Inc. for a period of at least ten days prior to the meeting at which the amendment is to be moved. Such amendment shall be circulated to the Board Members and, for adoption, shall require a two-thirds majority of those present, provided a quorum is present. Such amendments shall be effective when approved by the Board of Directors and subject to conformity with Provincial Acts and Regulations.

## BRIEFING NOTE

**To:** Board of Directors  
**From:** Governance and Audit Committee  
**Date:** February 7, 2025  
**RE:** **Monitoring Framework – Ends Policies**

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### Purpose

To provide the Board of Directors with a draft Monitoring Framework for use when evaluating achievement of the board approved Ends.

### Background

Policy Governance provides a structured approach to organizational governance, emphasizing the separation of ownership and operational responsibilities. The framework is designed to enable boards to effectively govern their organizations by focusing on policy development, strategic leadership, and clearly defining the board's role in relation to management.

**Ends policies** articulate the desired outcomes, impacts, or changes that the organization exists to achieve. Written with a long-term perspective, these mission-related policies embody the Board's vision and the organization's reason for being.

The board should **regularly monitor** progress toward achieving the ends outlined in the policies. Monitoring should be based on relevant data and evidence, allowing the board to make informed assessments.

York Care Centre has three Ends Policies: **Purpose, Residence of Choice, and Employer of Choice.**

Each policy states *"The Board of Directors will monitor progress toward achieving the outcomes outlined in this Ends Policy through regular reports and assessments provided by the executive leadership team."*

- For Purpose, data related to resident satisfaction and the adoption of innovative practices will be considered in the evaluation process.
- For Residence of Choice, key performance indicators related to facility upgrades, quality of care, quality of life, resident satisfaction, and safety measures will be considered in the evaluation process.
- For Employer of Choice, employee satisfaction surveys, retention rates, and assessments of organizational culture will be key indicators in the evaluation process.

***The board has requested that a monitoring framework for the Ends policies be developed to aid the board in evaluating the achievement of the ends.***

**Proposal**

The Senior Leadership Team has considered each of the policies and the various evaluation processes which currently exist. A draft monitoring framework has been developed for the Board’s consideration.

<b>Desired End</b>	<b>Desired Outcome</b>	<b>Indicator</b>	<b>Monitoring Committee</b>	<b>Frequency</b>
<b>Purpose</b>	Dignity and Respect for those we serve	Quality of Life surveys – residents and families	Care Services	Annually
	Exceptional Quality of Care and Quality of Life	Quality of Life Surveys Quality of Care indicators (internal data, SQLI, CIHI) Focused Audits – bedside audits, Infection Control audits, etc Surveys of tenants and clients of YDI	Care Services	Quarterly
	Innovation in Aging Care Practices	Narrative reports  Annual and Special Reports	Care Services Research & Ethics Board of Directors	As available  Annually and as available
	Community Engagement and Collaboration	CEO Reports	Governance and Audit Committee	Annually
<b>Residence of Choice</b>	State of the Art Facility	Director, Facility and Infrastructure reports  Quality of Life Survey – specific questions related to facility Special reports (facility condition reports, NB Housing Inspection) DSD Annual Inspection	Finance and Admin Committee	Quarterly  Annually
	Safe and Home-like Environment	Quality of Life Survey – specific questions related to safety/security/ homelike. Fire Marshall reports and other external reports	Care Services	Annually
	High Quality of Care	See above “Exceptional Quality of Care and Quality of Life”	Care Services	Quarterly
	Resident and Family Satisfaction	Wait list for long term care, assisted living and independent apartments  Quality of Life Surveys	Care Services	Quarterly

Desired End	Desired Outcome	Indicator	Monitoring Committee	Frequency
<b>Employer of Choice</b>	Foundation of Character	Annual Employee Survey. Quality of Life – questions related to staff. SQLI – new employee survey	Finance and Admin	Annually and as available.
	Culture of Excellence	Annual Employee Survey. Quality of Life – questions related to staff.	Finance and Admin	Annually
	Professional Development and Training	Reports to Finance and Admin Committee. Annual Employee Survey	Finance and Admin Care Services	Annually and as available
	Staff Well-being and Work-life Balance	Reports to Finance and Admin Committee Annual Employee Survey HR Indicators (retention rate, attendance, vacancy rate)	Finance and Admin	Quarterly and as available.

**Recommendation:**

The Governance and Audit Committee recommends to the Board of Directors that the Ends Policies Monitoring Framework be adopted for use in 2025/26.

## Board &amp; Committee Meeting Schedule

SEPTEMBER 2025- 1st Quarter Review				Package Distribution	Committee Chair	Executive Lead(s)
Care Services	Tuesday	9-Sep	5:30	Wed, Sep 3 <sup>rd</sup>	Andrea Seymour	Jamie
Governance & Audit	Thursday	11-Sep	5:30	Fri, Sep 5 <sup>th</sup>	Lyne St-Pierre-Ellis	Geri
Finance & Administration	Tuesday	16-Sep	5:30	Wed, Sep 10 <sup>th</sup>	Pierre LeBlanc	Heather/Shelley/Michel
Research & Ethics	Thursday	18-Sep	5:30	Fri, Sep 12 <sup>th</sup>	Tracey Burkhardt	Geri
Board of Directors	Monday	22-Sep	5:30	Thurs, Sep 18 <sup>th</sup>	Marjorie Belzile	Geri
OCTOBER/NOVEMBER 2025- 2 <sup>nd</sup> Quarter Review				Package Distribution	Committee Chair	Executive Lead(s)
Governance & Audit	Tuesday	28-Oct	5:30	Wed, Oct 22 <sup>nd</sup>	Lyne St-Pierre-Ellis	Geri
Care Services	Thursday	4-Nov	5:30	Fri, Oct 24 <sup>th</sup>	Andrea Seymour	Jamie
Finance & Administration	Tuesday	06-Nov	5:30	Fri, Oct 31 <sup>st</sup>	Pierre LeBlanc	Heather/Shelley/Michel
Research & Ethics	Thursday	13-Nov	5:30	Fri, Nov 7 <sup>th</sup>	Tracey Burkhardt	Geri
Board of Directors	Monday	17-Nov	5:30	Thurs, Nov 13 <sup>th</sup>	Marjorie Belzile	Geri
JANUARY/FEBRUARY 2026- 3 <sup>rd</sup> Quarter Review				Package Distribution	Committee Chair	Executive Lead(s)
Governance & Audit	Tuesday	03-Feb	5:30	Wed, Jan 28 <sup>th</sup>	Lyne St-Pierre-Ellis	Geri
Care Services	Thursday	05-Feb	5:30	Fri, Jan 30 <sup>th</sup>	Andrea Seymour	Jamie
Finance & Administration	Tuesday	10-Feb	5:30	Wed, Feb 4 <sup>th</sup>	Pierre LeBlanc	Heather/Shelley/Michel
Research & Ethics	Thursday	12-Feb	5:30	Fri, Feb 6 <sup>th</sup>	Tracey Burkhardt	Geri
Board of Directors	Tuesday	17-Feb	5:30	Fri, Feb 13 <sup>th</sup>	Marjorie Belzile	Geri
MARCH 2026 - Budget Meeting				Package Distribution	Committee Chair	Executive Lead(s)
Finance & Administration	Monday	23-Mar	5:30	Fri, Mar 20 <sup>th</sup>	Pierre LeBlanc	Heather
Board of Directors	Monday	30-Mar	5:30	Fri, Mar 27 <sup>th</sup>	Marjorie Belzile	Geri
APRIL/MAY 2026- 4 <sup>th</sup> Quarter Review				Package Distribution	Committee Chair	Executive Lead(s)
Governance & Audit	Tuesday	28-Apr	5:30	Wed, Apr 22 <sup>nd</sup>	Lyne St-Pierre-Ellis	Geri
Care Services	Thursday	30-Apr	5:30	Fri, Apr 24 <sup>th</sup>	Andrea Seymour	Jamie
Finance & Administration	Tuesday	05-May	5:30	Wed, Apr 29 <sup>th</sup>	Pierre LeBlanc	Heather/Shelley/Michel
Research & Ethics	Thursday	07-May	5:30	Fri, May 1 <sup>st</sup>	Tracey Burkhardt	Geri
Board of Directors	Monday	11-May	5:30	Thurs, May 7 <sup>th</sup>	Marjorie Belzile	Geri
JUNE 2026 - Year End				Package Distribution	Committee Chair	Executive Lead(s)
Governance & Audit	Monday	08-Jun	5:30	Fri, June 5 <sup>th</sup>	Lyne St-Pierre-Ellis	Geri
Board of Directors	Monday	15-Jun	5:30	Fri, June 12 <sup>th</sup>	Marjorie Belzile	Geri
Annual General Meeting	Monday	15-Jun	6:30	Fri, June 12 <sup>th</sup>	Marjorie Belzile	Geri

December 5, 2024

## Strategic Planning – Progress Statement & Next Steps – February 2025

### A. Background

In December 2024, the Board of Directors received a presentation on the progress made by the Strategic Planning Committee. The high-level SOAR statement and the strategic priorities were accepted. Following this discussion, it was agreed that the CEO would work with the senior leaders to develop a draft plan with clear goals, strategies, timelines, and metrics for success. This draft would be presented to the board for feedback, most likely in March. Once a “close to final” draft has been prepared, the CEO would arrange for a World Café feedback process, providing staff with a final opportunity to provide input/feedback. It is anticipated that a final plan would be ready for the Board’s consideration in May 2025.

### B. Further Update

The Senior Leadership Team met in January for a planning day which was primarily focused on the strategic plan. Their thoughts are summarized in the notes below.

#### a. SLT Discussion Notes regarding DRAFT Strategic Plan 2025 - 2030

- **Reaction to the SOAR**
  - Not sure that we are, yet, a Centre of Excellence – maybe this is still aspirational.
  - Does this strategic plan cover the entire organization (all companies)?
  - When we refer to YCC are we just referring to the nursing home.... Or broader.
  - If broader, we need to make commentary about YDI
  - We have strengths in
    - Our knowledgeable people – expertise
    - Stability in our organization. We have been here for a long time and we have many people who have worked here for a long time.
    - We have a focus on continuous improvement.
- **Reaction to the What’s Missing Slide**
  - We aren’t really a Centre of Excellence, but we have lots to offer smaller homes, if we had the right resources (expertise, education, policy, leadership).
  - We haven’t done a great job with integrating changes into our normal practice.
  - Lots of discussion regarding the question of growth versus stability strategy
    - We need to stay open to new opportunities, but not actively pursue new opportunities.
    - Growth creates stress on existing services.

- Change is a constant and we need to adapt to change
    - Perhaps we should take an 80 / 20 approach.
  - Space Plan – we have unused space but we need to be strategic when allocating space to ensure it supports our future plans / strategies.
  - Professional development for support services
- **Reaction to the Strategic Priorities**
  - **Residence of Choice**
    - For the goal of “Strategic Investments to stay at the forefront of LTC industry” – a bit vague.... Needs a more detailed plan.
    - Need to add “Enhancing YDI (Hawkins and Apartments) to improve the quality and range of services”
    - Foster innovative and sustainable care practices
    - Enhance the quality of care – best practices
    - Leverage technology to improve social engagement.
    - Expand the volunteer services program
    - Space review –
    - Update the Facility Refresh Plans
  - **Employer of Choice**
    - Continue to advance employee morale, culture and engagement.
    - Introduce and implement the Employee Engagement framework.
    - Become a certified employer of choice
    - Establish a recruitment strategy
  - **Centre of Excellence**
    - This needs a better explanation of what a Centre of Excellence is.
    - Let’s just define it ourselves
    - Identify gaps in the long term care sector. Identify needs which could be addressed by a CoE.
    - Secure financial resources and infrastructure to support the establishment of a Centre of Excellence
    - Expand the role of CIRA to include innovation, consulting services, education in addition to research.

**b. Proposed Next Steps**

- i. The CEO will draft the next version of the strategic plan (goals, strategies, timelines, metrics) – due March 3, 2025
- ii. Strategic Planning Committee to review draft – March 11, 2025
- iii. Strategic Planning Committee to present revised draft to Board on March 31<sup>st</sup>.
- iv. World Café Event to gather staff / resident / family feedback – early April
- v. Modifications presented to Strategic Planning Committee in late April
- vi. Final Draft presented by the Strategic Planning Committee at May 5<sup>th</sup> meeting of the board.
- vii. Any further modification in May
- viii. Final presentation to the board at June meeting.



## **Report from the YCF Board Chair to the YCC Board of Directors February 13, 2025**

### **1. Financials**

- As of December 2024 and since the beginning of the calendar year, the Foundation has generated \$40,285 in profit (restricted and unrestricted). This is well beyond our initial target of \$29,000

### **2. Major Project – Tower 2**

- Promotional materials have been prepared for the upcoming campaign for Tower 2.
- Discussions have started with a small number of potential major donors. More information to come in the next few months.

### **3. New Board Member**

- We are pleased to shared that Casey Glennen, co-owner of Par94 Golf, has joined the board. Casey has supported our golf tournament in past years.

### **4. Golf Fore Care**

- Planning has started for the Golf tournament (June will be here before we know it). We are returning to West Hills Golf. The tournament format will be much the same as last year which was a very successful event.

### **5. Shed Sale**

- In the spring we will be selling a Garden Shed which was donated by the Carpenters Union. Stay tuned.

Respectfully submitted

Hector Losier.