



PEEL SENIOR LINK Special Committee



Date: April 1, 2019

Time: 4:30 p.m. to 6:00 p.m.

Place: Community Door Boardroom

Please join my meeting from your computer, tablet or smartphone.

<https://www.gotomeet.me/Peelseniorlink>

Canada: +1 (647) 497-9373 Access Code: 540-894-245

Contact: Derek Rodrigues Email: derekjrodrigues@gmail.com

Item	Topic	Attached File Y/N	Decision- Making	Oversight	Information/ Discussion/ Education
	OPEN SESSION				
1.0	Call to Order-Chair <ul style="list-style-type: none"> Approval of Agenda Declaration of Conflict of Interest 	X	X	X X	
2.0	Approval of Proposed Agenda <ul style="list-style-type: none"> Additions noted 	X	X	X	
3.0	Minutes N/A				
4.0	Chair's Remarks				
5.0	CEO Update				
6.0	Special Committee Priorities <ul style="list-style-type: none"> Committees TOR summary Working Document <ul style="list-style-type: none"> Board Scorecard Q3 Business plan 2019-2020 proposed Business plan tracking Q3 Strategic plan <ul style="list-style-type: none"> Current strategic plan 2016-2020 Refresh timeline for 2021-2025 strategic plan Business plan timeline 2020-2021 Board policies distribution by committee 	X X X X X X			
7.0	Other Business				
8.0	Termination				

Peel Senior Link

Board Standing Committees ('duties are normally continuous')

Terms of Reference (functions, duties, responsibilities and powers in T of R as adopted by the Board) 2014 & 2019

Finance, Audit & Risk Management	Governance	Quality & Community Engagement
Mandate: support the Board in fulfilling its responsibilities to ensure financial & organizational viability, fiscal resource policies, oversight of the corporations' financial performance, review and advise the Board on financial status & exposed risks	Mandate: to assist the Board in fulfilling its responsibilities with respect to corporate governance, succession planning, and Board renewal	Mandate: support the Board in overseeing performance quality & effectiveness, and community engagement processes to ensure community stakeholders are actively engaged in strategic direction, improvement & enhancement of decision making
<p align="center">Core Responsibilities:</p> <ul style="list-style-type: none"> ➤ Develop and monitor annual committee workplan <ul style="list-style-type: none"> ➤ Board policy review ➤ Monitor and provide oversight of annual business plan ➤ Provide a lens/focus for the Board aligned with Board committee mandates to best fulfill its overall responsibilities ➤ Provide oversight to ensure quarterly/annual compliance with regulatory requirements, legislation, and Ministry directives <ul style="list-style-type: none"> ➤ Annual review and input to Board on Strategic Plan and refresh <ul style="list-style-type: none"> ➤ Accreditation ➤ Quarterly & Annual committee report to the Board <ul style="list-style-type: none"> ➤ Annual review of committee performance ➤ Review business plans for expansion of existing, and new services aligned with partnership framework <ul style="list-style-type: none"> ➤ Monitoring risk exposure 		

Provide oversight, and recommend Board review & approval through Chair Report		
Finance, Audit & Risk Management Committee Priorities:	Governance Committee Priorities:	Quality & Community Engagement Committee Priorities:
<ul style="list-style-type: none"> ✓ Annual budget review, monthly financial oversight and quarterly reports to Board ✓ M-SAA indicators ✓ Annual balanced budget monitoring through quarterly report and annual audit process ✓ Review of auditor annually ✓ Year-end reconciliation oversight ✓ Management letter ✓ Interest income compliance ✓ Compliance with financial reporting ✓ Investment policy & allocations per policy guidelines ✓ Enterprise Risk Management ✓ Procurement competitive process requirement ✓ Monthly financial checklist ✓ Fundraising Strategy Framework ✓ Grants, Proposals 	<ul style="list-style-type: none"> ✓ Communication & stewardship ✓ Governance framework ✓ Board effectiveness ✓ CEO Performance Agreement – annual review against performance objectives in collaboration with FARM & Q&CE committees with recommendations to the Board and merit adjustment based on CEO Performance Agreement ✓ Business conduct & ethical behavior ✓ Board orientation & continuous learning/education ✓ Conflict of interest ✓ Privacy ✓ Code of conduct ✓ Corporate Insurance ✓ Board Self-Assessment/Evaluation ✓ Governance Guidelines – annual review ✓ Annual review of Corporate By-Laws ✓ Recruit committee and board members and recommend appointments ✓ Review & approve annually corporate goals & objectives ✓ Develop and recommend to the Board principles and policies to maintain high standard of governance ✓ Best practices, trends & issues related to governance 	<ul style="list-style-type: none"> ✓ Complaints process ✓ Program/service updates on impact ✓ Metrics & measures to benefit review of programs & service quality & excellence ✓ Review new service offerings and identify parameters for fee for service opportunities per policy guidelines ✓ Research/innovation ✓ Enhanced client satisfaction/experience ✓ Service integration ✓ Provide advice on town halls and client/caregiver surveys summary findings in collaboration with the FCCAP ✓ Board performance scorecard – review and refine to support ✓ Quality Improvement Plan & Health Equity ✓ Regulations and related policy in terms of quality service and performance improvement ✓ Digital health trends ✓ Community engagement & integration ✓ Geographic sub region alignment ✓ Opportunities to integrate services

Working Document

Assumptions

- 1 Committee members want to streamline overall reporting
- 2 Committee members are prepared to look at new format and way to present the data
- 3 Committee members are committed to tracking core (MSAA, business), business plan and CEO requirements
- 4 Reinforce and support board oversight and governance, particularly during transformation
- 5 Benchmarking reporting excellence
- 6 Strengthen PSL's position as a lead CSS provider and health system partner
- 7 Increase efficiency in utilization of PSL resources for reporting requirements

Next Steps:

- 1 Review existing Performance Scorecard and identify areas that are obsolete - and propose these be removed
- 2 Identify on all core requirements (MSAA and Business)
- 3 Present opportunities to remove duplication in reporting across:
 - i Core Regulatory/Business Performance
 - ii Business Plan Measures
 - iii CEO Performance Agreement Categories
- 4 Identify and Define:
 - i What will be accomplished?
 - ii How this will be measured?

PSL 2019-2020 REPORTING UPDATE PROPOSAL - Categories, Definitions and Measures

Existing Format
(remove duplication and completed activities)

2019-2020 Business Plan

Proposed Performance Scorecard Reporting Updates

*categories - to be confirmed: Core Business&Regulatory-MSAA (c);
Business Plan (bp); CEO Performance (ceo)

A- Organizational Growth [Finance Committee]	
A1	Budget Variance
A2	Growth Variance
CEO A1	Financial Breakeven
CEO A2	Other Funding Sources
CEO A3	Growth Plan
CEO A4	Strategic Partnerships
A3	Human Resources
A3.a	CEO/SMT Succession Plans
A3.b	Employee Health Risk Index
A3.c	Grievances
A3.d	Arbitrations

SUSTAINABLE ORGANIZATIONAL GROWTH	
1.	MEASURE: Fundraising Strategy Develop and implement a board approved strategy
2.	MEASURE: \$20,000 from Community Fundraising events
3.	MEASURE: 2 Service Partnerships (a) PSL & Indus partnership to service- waitlisted clients (b) PSL & Active Adult Centre to provide friendly visiting services to waitlisted and common high-risk clients
4.	Measure: 1 Capital and Service Partnership Evaluation Explore partnership with Habitat for Humanity to provide service in Peel/Halton region with federal funding support
5.	Measure: Add 15 new spoke clients Proposal to CWHIN/Ontario Health Team to expand Manorbridge
6.	Measure: HR readiness plan To identify and address potential service delivery gaps
7.	Measure: Manage Risks Identify and plan to mitigate risk to operations & growth related to Health System changes

ORGANIZATIONAL GROWTH

Financial			
c		ceo	Budget Variance
		ceo	Financial Breakeven
	bp	ceo	Other Funding Sources
	bp	ceo	Growth Plan Variance
	bp	ceo	Strategic Partnerships
Risk Management			
	bp		Risk Management/Mitigation
Human Resources			
	bp		HR Readiness Plan
		ceo	Employee Health Risk Index
		ceo	Collective Bargaining Agreement

B- Service Excellence [Quality Committee]	
B1	Client Care Risk Index
CEO B1	Client Care Risk Index
B2	Complaints
CEO B2	Client Satisfaction
B3	Satisfaction
B3.a1	% Satisfaction via Client Survey - MH LHIN (Annually - March)
B3.a2	% Satisfaction via Client Survey - CW LHIN (Annually - March)
B3.a3	% Satisfaction via Caregiver / Family Survey
B4	CEO Performance: Quality - Service Excellence
CEO B4.a	Collaborative Research
CEO B4.b	QIP
CEO B4.c	Execute QIP
CEO B4.d	Execute Health Equity Plan
CEO B4.e1	Document and present medication management
CEO B4.e2	Accreditation

LEADING PRACTICES FOR SERVICE EXCELLENCE	
1.	MEASURE: Publication in Peer Reviewed Journal Recognition of PSL service excellence leadership associated with the IDEAS or medication management initiatives
2.	MEASURE: Medication Mngt. Business Case Define development and delivery components, and identify and manage risk, to advance promotion of the Medication Management program
3.	MEASURE: Achieve 90%+ Client experience Implementation of ongoing QIP
4.	MEASURE: Achieve <5.0% Composite Client Care Metric
5.	MEASURE: Increase FCCAP participation by x%

SERVICE EXCELLENCE

Client Care/Engagement			
	bp		PSL Service Excellence Recognition
	bp	ceo	Medication Mngt. Program
c	bp	ceo	Client Satisfaction Survey
c	bp	ceo	Client Care Risk Index Metric
c	bp	ceo	Client/Community Engagement-FCCAP
c	bp	ceo	Execute QIP
		ceo	Caregiver Satisfaction Survey
c		ceo	Complaints
c		ceo	Execute Health Equity Plan
	bp	ceo	Collaboration - Research/Innovation
c		ceo	Accreditation

PSL 2019-2020 REPORTING UPDATE PROPOSAL - Categories, Definitions and Measures

2019-2020 Business Plan and Proposed Performance Scorecard Reporting Updates

Reduce existing reporting lines - remove duplication and

reduce existing reporting lines - remove duplication and completed information



C- Service Growth [Quality Committee]	
C1	Service Program Expansion
CEO C1.a	Launch Creditvale Mills Hub
CEO C1.b	Pilot fee-for-service
C2	Stakeholder and Community Relations
C3	Strategic Business Plans
CEO C3.a	Execution: Business Plans
CEO C3.b	Establish Strategy and Business Plans

D- Community & Gov. Engagement [Governance Committee]	
D1	Regulatory Compliance
D1.a	M-SAA Compliance
D1.b	Ministry Compliance
CEO D1	Compliance - Relationships with Funding Agencies
D2	Government/stakeholder Relations
D2.a	Government Relations
CEO D2.a	Strengthen and integration relationships with 3 committees/teams
CEO D2.b	Engagement Plan/Process
CEO D2.c	Feedback Key Stakeholder
CEO D2.d	Feedback Client/Community Stakeholders
D3	Governance
D3.a	Board Engagement
D3.b	Board Succession Planning (# Board Members)

SUSTAINABLE SERVICE GROWTH
<ol style="list-style-type: none"> 1. MEASURE: Grow Creditvale Mills Wellness Centre <ol style="list-style-type: none"> (a) Introduce 2 new programs to the CVM wellness program (b) Develop and implement CVM evaluation metrics 2. MEASURE: Pilot 1 new Fee for service program Implement and assess program impact and opportunity 3. MEASURE: Social/recreational program offered at all PSL sites

SECTOR STAKEHOLDERS/GOVERNMENT ENGAGEMENT
<ol style="list-style-type: none"> 1. MEASURE: Lead the formation of an Ontario Health Team Partnership with THP, primary care, LTC, and Metamorphosis 2. MEASURE: 2 new stakeholders buy-in on PSL strategic plan 3. MEASURE: CSS included in Health System Transformational Plan Engage in advocacy through policy development in transformational planning. 4. MEASURE: Determine Potential for Municipal partnership Explore potential opportunities for municipal resource support with 2 municipalities (Mississauga and Brampton) to support PSL services and programs

*categories - to be confirmed: Core Business&Regulatory-MSAA (c): Business Plan (bp): CEO Performance (ceo)

SERVICE GROWTH

Service Program Expansion			
	bp	ceo	Grow Creditvale Mills (incl. coordination & performance assessment)
	bp	ceo	Pilot one new Fee for Service Program
	bp	ceo	Extend Social/Recreational Programs

SECTOR STAKEHOLDERS/GOVERNMENT ENGAGEMENT

Regulatory Compliance			
c		ceo	M-SAA Compliance
Government/Sector Stakeholder Relations			
	bp	ceo	Strengthen/Integration Relationships with 3 Committees/Teams - Lead Formation of an Ontario Health Team
	bp	ceo	Key Stakeholder Feedback/Buy-In
	bp	ceo	Advocate for the CSS Sector
	bp	ceo	Determine Potential for Municipal Partnership
Governance			
c		ceo	Board Engagement
c		ceo	Board Succession
c		ceo	Execute Business Plan
c		ceo	Establish Strategic & Business Plans

PSL 2019-2020 REPORTING PROPOSAL - Categories, Definitions and Measures

*categories: Core Business & Regulatory (C) : Business Plan Measures (BP) : CEO Performance (CP)

Category			Primary Owner	Definition	Unit of Measure	Measurement Cycle	Data Source	2019-2020 GOAL	Notes
			FARM	Organizational Growth					
Financial									
c		ceo	Budget Variance	Variance reported to LHINs based on funding provided and expenses incurred to deliver contracted services	\$s	Quarterly	PSL Financial Records	0\$ / Annual	Issues that arise that could impact a balanced budget will be communicated to the Board on a timely basis
		ceo	Financial Breakeven	A balanced annual budget based on revenue equal to expenses	\$s	Quarterly	Audited Financials	0+\$ Revenue vs. Expenses	PSL Financials presented to Auditors - breakeven based on Audited Financials
	bp	ceo	Other Funding Sources	In line with PSL's Funding Strategy secure funding through grants, sponsorships, partnerships and new service offerings to support growth plans	\$s	Quarterly	Audited Financials	\$X	Includes: \$20k community sponsored event; \$Xk grants; etc.
	bp	ceo	Growth Plan Variance	Revenue from Fund generation, Sponsors, Partnerships and new service offerings. This represents X% of 2019-2020 funding	\$s	Quarterly	PSL Financial Records	\$X	? Net new ?
	bp	ceo	Strategic Partnerships	Secure two new strategic Service Partnerships	#	Annual	Signed Contract	2 / Annual	The strategic partnership should meet key partnership criteria recommended to and approved by the Board; resources shared between the two or more organizations
Risk Management									
	bp	?	Risk Management/ Mitigation	Risks reported and reviewed with Directors with mitigation plans for any risk placed in the major/extreme and likely/almost certain categories	Mitigation Plans (as required)	Monthly	ERM and Heat Map	Risk Control	Timely identification and mitigation of risks is critical during Health System Transformation. ? At what point does risk become a larger discussion for mitigation strategies? ERM tool will guide this discussion
Human Resources									
	bp	?	HR Readiness Plan	Ongoing review to identify and plan to address potential resource service delivery gaps	#	Annual	Report	Plan completed	
		?	Employee Health Risk Index	The impact of employee lost days (WSIB) and sick days on the business, and indicates the impact on WSIB payments and cost to contract to backfill longer-term lost days	\$s	Monthly	PSL/WSIB Sick	45.00/month	Weighted average score for lost days (10%) and sick days (90%). Updated in 2017-2018
		?	Collective Bargaining Agreement	PSL compliance with CBA with respect to joint labour management meetings and renewal at end of term	Y/N	Annual	CBA	Y/Annual	Renewal in 2021
Recommend:			Completed - Remove CEO/SMT Succession Plans Too Operational - Remove Grievances						

PSL 2019-2020 REPORTING PROPOSAL - Categories, Definitions and Measures

*categories: Core Business & Regulatory (C) : Business Plan Measures (BP) : CEO Performance (CP)

Category			Primary Owner	Definition	Unit of Measure	Measurement Cycle	Data Source	2019-2020 GOAL	Notes
			Q&CE	Service Excellence					
Client Care/Engagement									
	bp	ceo	PSL Service Excellence Recognition	Peer Review Journal publication of an article on PSL's IDEAs and/or Medication Management Initiative	Publication	Annual	PSL and Partners	1/Annual	
	bp	ceo	Medication Management Program	Presentation of a business case identifying opportunity, risk management, and steps to implement	Business Case	Annual	PSL	1/Annual	
c	bp	ceo	Client Satisfaction Survey	Combined average for all clients served	%	Annual	Client Surveys	90%/Annual	
c	bp	ceo	Client Care Risk Index Metric	Achieve composite client care metric score target with minimal fluctuation. The score is a weighted total of client medication errors and client falls per 10k resident days.	#	Month	Weighted Score based on Medication Errors and Falls	<5/Month	Care index calculated on weighted score for each of recorded Medication Errors (85%) and Falls (15%). Subject to change (see Revised Definition to right) Updated in 2017-2018
c	bp	ceo	Client Community Engagement-FCCAP	Increase representation on PSL's FCCAP to ensure broad representation of clients and communities served	%	Quarterly	FCCAP Membership	%/Annual	TBD
c	bp	ceo	Execute QIP	Implement the QIP plan developed in 2017-2018. Revise QIP with additional targets as identified and reporting materials	Y/N	Annual	QIP Submission	Y/Annual	Steps: Q1 - review/discuss results with management staff. Implement action plan to address key areas. Q2 - Check M-SAA and Accreditation requirements and align client survey questions with client feedback via the FCCAP. Q3: Prepare surveys for distribution. Q4: Launch and tabulate results for Board, LHIN and CQN.
		ceo	Caregiver Satisfaction Survey	Caregiver feedback on client/caregiver experience and service satisfaction levels is gathered with a bi-annual survey	%	Bi-Annual	Caregiver Surveys	88%/Bi-Annual	
c		ceo	Complaints	Complaints reported will include those that present a reasonable level of exposure to negative repercussions and/or impact on client and family service.	#	Quarterly	PSL - written complaints	4/Annual	
c		ceo	Execute Health Equity Plan	Monitor and review ongoing health equity plans.	Y/N	Annual	HQO Submission	Y/Annual	Q1: Review customer satisfaction rate on Q4 2017-2018 related to health equity. Encourage supervisors to enlist assistance
	bp	ceo	Collaboration - Research / Innovation	Implementation of research reports and tools (loneliness and isolation study), publication (IDEAS) and exploring research studies with Universities/Colleges (MMP)	Y/N	Quarterly	PSL	Y/Annual	Quarterly steps to be determined
c		ceo	Accreditation	Move forward to ensure accreditation processes are in place and new activities to reach 2021 accreditation.	Y/N	Annual	Accreditation Achieved	Y/Annual	Quarterly Steps to be identified to support Certification in 2021
Recommend:			Completed - Remove QIP Maintain Execute QIP						

PSL 2019-2020 REPORTING PROPOSAL - Categories, Definitions and Measures

***categories: Core Business & Regulatory (C) : Business Plan Measures (BP) : CEO Performance (CP)**

Category			Primary Owner	Definition	Unit of Measure	Measurement Cycle	Data Source	2019-2020 GOAL	Notes
			Q&CE	Service Growth					
Service Program Expansion									
	bp	ceo	Grow Creditvale Mills	Grow Creditvale Mills program to reach a broader community	%	Annual	PSL and Partners	TBD	Efforts required include: securing space and operational funding
	bp	ceo	Pilot One New Fee-for-Service Program	Identify and develop a pilot program to deliver and test the assessment of a new fee-for-service program offering	Business Case, Delivery & Impact Assess.	Annual	PSL	1/Annual	
	bp	ceo	Extend Social Recreational Programs	Extend social recreational programs to all 11 PSL sites	#	Annual	Client Surveys	11	
Recommend:			Repetitive Service Excellence - Remove Stakeholder/Community Relations - Modify to Client/Community Engagement and Stakeholder/Government Engagement						

PSL 2019-2020 REPORTING PROPOSAL - Categories, Definitions and Measures

*categories: Core Business & Regulatory (C) : Business Plan Measures (BP) : CEO Performance (CP)

Category			Primary Owner	Definition	Unit of Measure	Measurement Cycle	Data Source	2019-2020 GOAL	Notes
			Governance	Sector Stakeholder/Government Engagement					
Regulatory Compliance									
c		ceo	M-SAA Compliance	Meet Quarterly and Annual requirements stated in M-SAA Schedule E1 (core indicators) and E2a (clinical activity) and must be achieved to comply.	Compliance	Quarterly	PSL and Partners	Compliance/ Annual	PSL meets compliance requirements outline in the M-SAA
Sector Stakeholder/Government Relations									
	bp	ceo	Strengthen Integration Relationships with 3 Committees/ Teams - Lead Formation of an Ontario Health Team	Strengthen and integrate relationships with 3 key Committees/Teams influencing the position of CSS in the Ontario Health System	Y/N	Quarterly	PSL and Partners	Y/Annual	Specific information on how PSL has integrated will be required. Targetting: - Trillium Health Partners - Metamorphosis - OCSA
	bp	ceo	Key Stakeholder Feedback/Buy-In	Engage 2 key stakeholders to gather insights and feedback on PSL's Strategic direction and plans	#	Quarterly	PSL and Partners	2/Annual	
	bp	ceo	Advocate for the CSS Sector	Engage in advocacy through influencing policy development in transformational planning	Y/N	Quarterly	PSL	Y/Annual	Supported with evidence of how PSL has influenced transformation planning
	bp	ceo	Determine Potential for Municipal Partnership	Explore opportunities to form partnerships at the Municipal Level to support the provision of services in Mississauga and Brampton	Y/N	Quarterly	PSL	Y/Annual	Identification of potential will lead to proposals for Board review
Governance									
c		ceo	Board Engagement	Board and Director self-evaluations are required for good governance in line with Board Governance Policies and are required by LHINS and Accreditation Canada	#	Annual	PSL	3.8	
c		ceo	Board Succession	Ensure readiness and ability to replace Directors (end of term or otherwise) to ensure the Board maintains support from a minimum of Directors.	#	Quarterly	PSL	11	With impending changes in Governance roles and the transformation of the Health System in Ontario new and existing Directors will require training
Strategic and Business Planning									
c		ceo	Execute Business Plan	Achieve annual Business Plan objectives and activities noted in the 2019-2020 document	0-5	Quarterly	Performance Scorecard and Committee Review and	5/Annual	Scoring as follows: 0 - not initiated, 1 - discussion initiated, 2 - potential defined and interest expressed to, 3 - partial achievement, 4 - total achievement, 5 - overachievement
c		ceo	Establish Strategic & Business Plans	Create annual Business Plan with detailed measures and targets to support the longer-term Strategic Plan	Business Plan	Annual	Board Review Approval	2019-2020 Business Plan	Target is to deliver the Business Plan by February to lead new fiscal year planning and development. The impact of health system transformation requires generative
Recommend:			Clear distinction between client/community and sector stakeholder/government engagement						
Recommend			Moving Strategic and Business Planning into Governance						
Recommend:			Discussion on governance responsibility in the changing health system and orientation on transformation						

Performance Scorecard (FY18-19)
View: Board of Directors

		G O A L S				R E S U L T S						
Category (dark fill) Key Performance Indicator (light fill)		Unit of Measure	PSL Goal		Avg. Q1 18-19	Avg. Q2 18-19	Oct.	Nov.	Dec.	Avg. Q3 18-19	YTD Avg. Completed QTRS or <u>YTD</u> <u>Total</u>	Desired Direction of Success
A- Organizational Growth [Finance Committee]												
A1	Budget Variance	\$	\$0	Annual	\$42,990	-\$19,413	\$1,979	-\$30,835	\$44,836	\$15,980	\$39,557	➡
A2	Growth Variance	\$	\$ 363,000.00	Annual	\$42,700	\$129,600	\$0	\$129,600	\$8,000	\$137,600	\$309,900	⬆
CEO A1	Financial Breakeven	Y	Y	Annual	Y	Y	Y	Y	Y	Y	Y	✓
CEO A2	Other Funding Sources	Y	2	Annual	Y	Y	0	Y	Y	Y	Y	✓
CEO A3	Growth Plan	%	2	Annual	0	0	0	1	0	1	1	⬆
CEO A4	Strategic Partnerships	#	2	Annual	0	0	0	0	0	0	0	⬆
A3	Human Resources											
A3.a	CEO/SMT Succession Plans	#	2	Annual	0	0	0	0	0	0	0	⬆
A3.b	Employee Health Risk Index	#	45.00	Mth	43.25	44.31	32.32	35.37	47.59	38.43	43.78	⬇
A3.c	Grievances	#	6.0	Annual	3	0	0	1	1	2	5	⬇
A3.d	Arbitrations	#	1.0	Annual	0	0	0	0	0	0	0	⬇

Performance Scorecard (FY18-19)
View: Board of Directors

G O A L S					R E S U L T S								
Category (dark fill) Key Performance Indicator (light fill)		Unit of Measure	PSL Goal		Avg. Q1 18-19	Avg. Q2 18-19	Oct.	Nov.	Dec.	Avg. Q3 18-19	YTD Avg. Completed QTRS or <u>YTD</u> <u>Total</u>	Desired Direction of Success	
B- Service Excellence [Quality Committee]													
B1	Client Care Risk Index	#	5.00	Mth	3.82	2.99	5.43	3.91	3.60	4.31	3.97	⬇️	
CEO B1	Client Care Risk Index	#	5.00	Qtr	3.82	2.99	5.43	3.91	3.60	4.31	3.97	⬇️	
B2	Complaints	#	4.0	Year	0	0	0	2	1	3	3	⬇️	
CEO B2	Client Satisfaction	%	90.0	4th Qtr Annual	n/a	N/A	n/a	n/a	n/a	n/a	n/a	⬆️	
B3	Satisfaction												
B3.a1	% Satisfaction via Client Survey - MH LHIN (Annually - March)	%	90	4th Qtr Annual	n/a	n/a	n/a	n/a	n/a	n/a	n/a	⬆️	
B3.a2	% Satisfaction via Client Survey - CW LHIN (Annually - March)	%	90	4th Qtr Annual	n/a	n/a	n/a	n/a	n/a	n/a	n/a	⬆️	
B3.a3	% Satisfaction via Caregiver / Family Survey	%	88	Biennial	n/a	n/a	n/a	n/a	n/a	n/a	n/a	⬆️	
B4	CEO Performance: Quality - Service Excellence											⬆️	
CEO B4.a	Collaborative Research	#	1	Annual	1	0.0	0.0	0.0	0.0	0.0	1	⬆️	
CEO B4.b	QIP	Y/N	Y	Annual	Y	Y	Y	Y	Y	Y	Y	✅	
CEO B4.c	Execute QIP	Y/N	Y	Annual	Y	Y	Y	Y	Y	Y	Y	✅	
CEO B4.d	Execute Health Equity Plan	Y/N	Y	Annual	Y	Y	Y	Y	Y	Y	Y	✅	
CEO B4.e1	Develop and commercialize the medication management program	Y/N	Y	Annual	Y	Y	n/a	Y	n/a	Y	Y	✅	
CEO B4.e2	Accreditation	Y/N	Y	Annual	Y	Y	N	N	N	N	Y	✅	

Performance Scorecard (FY18-19)
View: Board of Directors

		G O A L S				R E S U L T S						Desired Direction of Success
Category (dark fill)	Key Performance Indicator (light fill)	Unit of Measure	PSL Goal		Avg. Q1 18-19	Avg. Q2 18-19	Oct.	Nov.	Dec.	Avg. Q3 18-19	YTD Avg. Completed QTRS or <u>YTD</u> <u>Total</u>	
C- Service Growth [Quality Committee]												
C1	Service Program Expansion	Y/N	Y	Qtr	Y	N	Y	Y	n/a	Y	Y	✓
CEO C1.a	Creditvale Mills Hub	Y/N	2.0	Annual	Y	N	Y	Y	Y	Y	Y	✓
CEO C1.b	Fee-for-service	Y/N	1.0	Annual	n/a	n/a	n/a	n/a	n/a	n/a	n/a	✓
C2	Stakeholder and Community Relations	Y/N	Y	Annual	n/a	n/a	n/a	n/a	Y	Y	Y	✓
C3	Strategic Business Plans	Y/N	Y	Annual	n/a	n/a	n/a	n/a	n/a	n/a	n/a	✓
CEO C3.a	Execution: Business Plans	0-5.0	4.0	Quarter	3	3	3	3	3	3	3	⬆
CEO C3.b	Establish Strategy and Business Plans	Y/N	Y	Qtr	n/a	n/a	n/a	n/a	n/a	n/a	n/a	✓

Performance Scorecard (FY18-19)
View: Board of Directors

G O A L S				R E S U L T S							
				←	←				←	←	
Category (dark fill) Key Performance Indicator (light fill)	Unit of Measure	PSL Goal		Avg. Q1 18-19	Avg. Q2 18-19	Oct.	Nov.	Dec.	Avg. Q3 18-19	YTD Avg. Completed QTRS or <u>YTD</u> <u>Total</u>	Desired Direction of Success
D- Sector Stakeholder/Government Engagement [Governance Committee]											
D1	Regulatory Compliance										
D1.a	M-SAA Compliance	Y/N	Y Qtr	Y	Y	Y	Y	Y	Y	Y	✓
D1.b	Ministry Compliance	Y/N	Y Qtr	Y	Y	Y	Y	Y	Y	Y	✓
CEO D1	Compliance - Relationships with Funding Agencies	Y/N	Y Qtr	Y	Y	Y	Y	Y	Y	Y	✓
D2	Government/stakeholder Relations										
D2.a	Government Relations	#	2.0 Qtr	4	4	7.0	3.0	4.0	14	22	⬆
CEO D2.a	Strengthen and integration relationships with 3 committees/teams	Y/N	Y Annual	Y	Y	Y	Y	Y	Y	Y	✓
CEO D2.b	Engagement Plan/Process	Y/N	Y Annual	n/a	n/a	n/a	Y	Y	Y	Y	✓
CEO D2.c	Feedback Key Stakeholder	#	2 Annual	0	1	0.0	0.0	0	0.0	1	⬆
CEO D2.d	Feedback Client/Community Stakeholders	#	60 Annual	n/a	n/a	n/a	n/a	n/a	n/a	n/a	⬆
D3	Governance										
D3.a	Board Engagement	0-5.0	3.8 4th Qtr Annual	n/a	n/a	n/a	n/a	n/a	n/a	n/a	⬆
D3.b	Board Succession Planning Board Members) (#	0-10	11 Qtr	12	12	12	12	13*	13	13	⬆
Notes:											

Performance Scorecard (FY17-18)

View: Board of Directors

- KPI Definitions -

		Primary Owners	2018-2019 Definition	Original Definition / Measurement		PSL Goal (FY 18-19)	PSL Goal (FY17-18)	Data Source	Method of Measurement	Unit of Measure	Measurement Cycle	Original Notes / Comments	Revised Definition / Measurement	Revised Notes / Comments
A- Organizational Growth		CEO & Finance Committee												
A1	Budget Variance		Variance reported to LHINs based on funding provided and expenses incurred to deliver contracted services	Variance reported to LHINs based on funding provided and expenses incurred to deliver contracted services		\$0 / Annual	\$0 / Annual	PSL Financial Records	Quarterly LHIN Budget Variance	\$s	Quarterly	- year end balanced budget - % of budget on administration - new fiscal pressures - variance for, to act.expenses - fraud & theft - variance for, to act. units of service - number of clients - resident days * Issues that arise that could impact a balanced budget will be communicated to the Board on a timely basis.		** Q4 data will be provided prior to June 30th following the Audit**
A2	Growth Variance		Revenue from Fund generation, Sponsors, Partnerships and new service offerings (less expenses incurred to secure – legal, service delivery, PSL staff resources). This represents 5% of 2018-2019 funding	Revenue from Fund generation, Sponsors, Partnerships and new service offerings (less expenses incurred to secure – legal, service delivery, PSL staff resources). This represents 5% of 2017-2018 funding		\$363,000	\$369,000	PSL Financial Records	Financial Statements	%	Quarterly			** Q4 data will be provided prior to June 30th following the Audit**
CEO A1	Financial Breakeven		A balanced annual budget based on revenue equal to expenses	A balanced annual budget based on revenue equal to expenses		Y / Annual	Y / Annual	PSL Financial Records	Audited Financials	Y/N	Quarterly	This will include funding applied for and secured from new/enhanced funding arrangements to cover approved plans for additional costs.		Financial Breakeven is reported in Q2, and Q4 as a requirement to comply. Q1 is not reported. ** Q4 data will be provided prior to June 30th following the Audit**
CEO A2	Other Funding Sources		Decrease reliance on government funding by 2% in fiscal 2018-2019. Secure funding through grants, sponsorships, partnerships and new service offerings to support growth plans and one new sponsor for community event. Develop	Secure funding through grants, sponsorships, partnerships and new service offerings to support growth plans and one new sponsor for community event		2 / Annual	Y / Annual	PSL	Presentation and approval of plan by the Board	Y/N	Annual			
CEO A3	Growth Plan		Execute growth plan of 2% ongoing funding for the year 2018-2019 through submission of new hub and spoke proposal and collaboration with H&CC for new functional centre to care for MAPLe 1 and 2	Execute growth plan of 2% ongoing funding for the year 2017-18 - MAPLe levels 4 and 5, ROP funding for HR Generalist position and Creditvale Mills funding		2 / Annual	2 / Annual	PSL	Committee Approved Plan	%	Annual		Use % funding based on growth plan of the organization	Distinguishing between growth plan vs. variance
CEO A4.a	Strategic Partnerships		Secure two new strategic partnerships	Secure two new strategic partnerships		2 / Annual	2 / Annual	PSL	Signed Contract	#	Annual	The strategic partnership should meet key partnership criteria recommended to and approved by the Board, and should be a sustainable partnership.		
A3	Human Resources													
A3.a	CEO/SMT Succession Plans		Succession plans are required for all critical positions. Success will be measured on the % of completed succession plans. Positions to be developed for the 2018-2019 include Manager, Business Units and Supervisor, Client Services	Succession plans are required for all critical positions. Success will be measured on the % of completed succession plans. Positions to be developed for the 2017-2018 include Director, Finance and I&T, Director, Human Resources		2 / Annual	4/ Annual	PSL	completion of 1 plan / month [4 executives @ this time (Oct 2015)]	Y/N	Annual			
A3.b	Employee Health Risk Index		The measure reflects the impact of employee lost days (WSIB) and sick days on the business, and reflects the additional cost to contract to backfill longer-term lost days and the impact of these on WSIB payments.	The measure reflects the impact of employee lost days (WSIB) and sick days on the business, and reflects the additional cost to contract to backfill longer-term lost days and the impact of these on WSIB payments.		45.00/Month	56.00/Month	PSL WSIB/SICK	Weighted average score for lost days (10%) and sick days (90%). Updated in 2017-2018	#	Monthly	The measure reflects the impact of employee lost days (WSIB) and sick days on the business, and reflects the additional cost to contract to backfill longer-term lost days and the impact of these on WSIB payments.	Under Human Resources this will be measured by a weighted average of data on WSIB lost days (currently set at 10%), and reported PSL sick days (@90%). The %s identified are initial and are subject to future review as more data / evidence is entered into the system. The calculation will be done using a standard algorithm to support consistency and accuracy in reporting.	Changed weighting to reflect greater sick days as compared to WSIB lost days
A3.c	Grievances		An official statement of a complaint over something believed to be wrong or unfair by an employee can impact the perception of working at PSL.	An official statement of a complaint over something believed to be wrong or unfair by an employee can impact the perception of working at PSL.		6.0/year	5.0/year	PSL			Annual	A measure of grievances will assist in identifying employee issues and concerns as a measure for staff and union dynamics.	Grievances provide a measure for staff and union dynamics. Renumbered Oct 22 as % Turnover KPI removed.	Still currently working to create a baseline of establishing appropriate number of grievances expected
A3.d	Arbitrations		Number of grievances that proceed to arbitrations	Number of grievances that proceed to arbitrations		1.0/year	3.0/year	PSL		#	Annual			
		Primary Owners		Original Definition / Measurement				Source of data	Method of Measurement			Original Notes / Comments	Revised Definition / Measurement	Revised Notes / Comments
B- Service Excellence		CEO & Quality and Community Engagement												

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Fillable Performance Scorecard 2018-2019 - Q3

Performance Scorecard (FY17-18)

View: Board of Directors

- KPI Definitions -

B1	Client Care Risk Index		Achieve composite client care metric score target with minimal fluctuation. The score is a weighted total of client medication errors and client falls per 10k resident days.	Achieve composite client care metric score target with minimal fluctuation. The score is a weighted total of client medication errors and client falls per 10k resident days.	<5.0/month	<5.80/month	PSL	Care index calculated on weighted score for each of recorded Medication Errors (85%) and Falls (15%). Subject to change (see Revised Definition to right) Updated in 2017-2018	#	Monthly	Operational reports will track detailed information. A summary report for the Board will use an overall care metric. * Issues that arise regarding resident care will be communicated to the Board on a timely basis.	A "care index" for PSL will provide an overview index associated with client care. This will reflect 85% of client medication errors and 15% client falls per 10k resident days. The %s identified are initial and are subject to future review as more data / evidence is entered into the system. The calculation will be done using a standard algorithm to support consistency and accuracy in reporting.	With elimination of % Turnover, adjustments to number of original A3.c and A3.d (bumped up) Originally client was to be factored into calculation. Decided otherwise based in inability to make change (ex: chronic faller, alcoholic, etc). Weighting changed to 85% medication errors and 15% falls to focus on areas that can be addressed
CEO B1	Client Care Risk Index			Refer to B1 above	<5.0/month	<5.80/month	PSL	Weighted Average	#	Monthly			
B2	Complaints		Complaints reported will include those that present a reasonable level of exposure to negative repercussions and/or impact on client and family service.	Complaints reported will include those that present a reasonable level of exposure to negative repercussions and/or impact on client and family service.	4 / Annual	4 / Annual	PSL	Written Complaints	#	Quarterly	PSL will track all complaints received by PSL management, and will bring those that cannot be addressed satisfactorily to the attention of the Board on a timely basis. * Reports of fraud and/or theft will be dealt with on a timely basis.	Complaints gathered will include those that present a reasonable level of exposure to negative repercussions and/or an impact on client and family service. Complaints should be addressed to the satisfaction of PSL clients and family.	
B3	Satisfaction												
B3.a1	% Satisfaction via Client Survey - MH LHM (Annually - March)		Satisfaction will be measured using a standard survey tool that includes questions required by the LHINs. PSL satisfaction levels should meet and/or exceed the previous survey results. Results will not show until Q4 when the surveys are completed.	Satisfaction will be measured using a standard survey tool that includes questions required by the LHINs. PSL satisfaction levels should meet and/or exceed the previous survey results. Results will not show until Q4 when the surveys are completed.	90.0 / Annual	90.0 / Annual	PSL - Clients	Annual Survey	%		PSL will work to ensure survey needs of other organizations are met without compromising survey responses and response rate.	Satisfaction will be measured using a standard survey tool. PSL satisfaction levels should meet and/or exceed the previous survey results, and must address requirements defined by the LHIN and HQO.	
B3.a2	% Satisfaction via Client Survey - CW LHM (Annually - March)			Refer to B3.a1	90.0 / Annual	90.0 / Annual	PSL - Clients	Annual Survey	%	Annual			
CEO B2	Client Satisfaction		Below 80% - not achieved; 80-85 partial achievement, 85+ achieved	Combined average for all clients served	90.0 / Annual	90.0 / Annual	PSL - Clients	Annual Survey	%	Annual			
B3.a3	% Satisfaction via Caregiver / Family Survey		Caregiver feedback on client/caregiver experience and service satisfaction levels is gathered with a bi-annual survey	Caregiver feedback on client/caregiver experience and service satisfaction levels is gathered with a bi-annual survey	88.0 / Biennial	85.0 / Biennial	PSL - Caregivers/Clients	Biennal Survey	%	Biennal			
B4	CEO Performance: Quality - Service Excellence												
CEO B4.a	Collaborative Research		Implement isolation and loneliness study by acquiring 1 funding source	Secure 1 research partner to advance business goals and objectives. In 2017-2018, initiate research on Loneliness and Isolation study that was approved in 2016-2017. Acquire funding	1/Annual	1/Annual	PSL + Partner	Project commitment - research project completed	#	Annual			
CEO B4.b	QIP		Implementation plan to support monitoring and reporting.	Implementation plan to support monitoring and reporting.	Y/Annual	Y/Annual	PSL	Submitted to LHINs by March 31, 2019	Y/N	Annual			
CEO B4.c	Execute QIP		Implement the QIP plan developed in 2017-2018. Interim steps: Q1 - review and discuss results with appropriate management staff. Implement action plan to address key areas. Q2 - Check M-SAA requirements for updating client satisfaction survey; Align survey questions with accreditation and client feedback via the FCCAP. Q3: Prepare surveys for distribution. Q4: Launch survey, tabulate results and report to Board, LHIN and CQN. Revise QIP with additional targets as identified	Implement the QIP plan developed in 2016-2017. Interim steps: Q1 - review and discuss results with appropriate management staff. Implement action plan to address key areas. Q2 - Check M-SAA requirements for updating client satisfaction survey; Align survey questions with accreditation and client feedback via the FCCAP. Q3: Prepare surveys for distribution. Q4: Launch survey, tabulate results and report to Board, LHIN and CQN. Revise QIP with additional targets as identified	Y/Annual	Y/Annual	PSL	Submitted to LHINs by March 31, 2019	Y/N	Annual			
CEO B4.d	Execute Health Equity Plan		Monitor and review ongoing health equity plans. Q1: Review customer satisfaction rate on Q4 2017-2018 related to health equity. Encourage supervisors to enlist assistance of translators/family where possible when interacting with clients; Q2: update staff language template and site language requirements; Q3: Develop with HR a recruitment/staffing strategy to place front line staff with 2nd language at respective sites with language needs; Q4: Host a training in Cultural Competency for all PSL staff and managers	Implement Health Equity Plan across all services and programs. Q1 - Implement Health Equity with Foot Care Service; Q2 - evaluate health equity implementation with Foot Care and make necessary changes. Prepare for implementation across all programs. Q3 - Engage LHIN staff to present on Health Equity to supervisors in preparation for implementation across all programs, Monitor progress with foot care program with input from supervisors; Q4 - Implementation across all programs as per LHIN requirement for fiscal 2017-2018	Y/Annual	Y/Annual	PSL	Submitted to LHINs by March 31, 2019	Y/N	Annual			
CEO B4.e1	Develop and commercialize medication management program		Present the medication management program and/or IDEAS project at a minimum of 1 conference. Develop and commercialize medication management workshop. Q1: engage appropriate partners for discussion; Q2: face-to-face meeting with a partner to discuss creation of workshop material; Q3: complete materials and develop presentation; Q4: provide training to at least 1 agency/conference	Present medication management best practices. Q1 - Discuss on appropriate avenues to present the medication program. Evaluate potential conference opportunities; Q2 - Prepare the documentation, assign presenters, abstract submission; Q3 - Present at conference; Q4 - Review feedback from conference and address changes, plan next steps	Y/Annual	Y/Annual	PSL	Presentations; workshop development	Y/N	Annual			
CEO B4.e2	Accreditation		Move forward to ensure accreditation processes are in place and new activities to reach 2021 accreditation. Q1 - Register teams (including governance in September 2018) on the online Accreditation portal, reviewed new draft medication standards for feedback to HSO; Q2 – Reviewed workplan for Q3 survey, prepare standards & ROPs for appropriate teams; Q3 – Conducting surveys and reviewing results , monitor	Move forward to ensure accreditation processes are in place and new activities to reach 2021 accreditation. Q1 - Review accreditation results and recommendations. Implement critical recommendations from survey results; Q2 - Establish workplan for next accreditation; Q3 - Create appropriate committees; Ongoing review of policies and procedures; Q4 - review ROP and standards, align PSL operations according to accreditation standards	Y/Quarter	Y/Annual	PSL	Accreditation Achieved	Y/N	Annual in 2017 (next 2020)			Met 1st aspect - accredited

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able Performance Scorecard 2018-2019 - Q3

Page: 2 | 4

Performance Scorecard (FY17-18)

View: Board of Directors

- KPI Definitions -

		Primary Owners		Original Definition / Measurement			Source of data	Method of Measurement			Original Notes / Comments	Revised Definition / Measurement	Revised Notes / Comments
C- Service Growth		CEO & Quality and Community Engagement											
CEO C1	Service Program Expansion		Plan defining opportunities to expand service offerings; and potential to explore and develop new service offerings - offering existing services to new clients and new services to existing clients. Hire Active Living Coordinator and establish social/recreational programming at 4 service locations. Establish and receive approval for fundraising framework	Plan defining opportunities to expand service offerings; and potential to explore and develop new service offerings - offering existing services to new clients and new services to existing clients	Y / Annual	Y / Annual	PSL + Partner	Committee Approved plan provided to support 2018-2019 business plan development	Y/N	Annual	The plan should explore new business opportunities to extend service offerings; and potential to explore and develop new service offerings		
CEO C1.a	Creditvale Mills Hub		Growth of CVM hub with 2 new programs and development of key evaluation indicators to measure hub outcomes. Strategic plan refresh for the hub.	Launch Creditvale Mills hub in partnership with MH LHIN, ROP, and other HSP's	2/Annual	Y / Annual	PSL		#	Annual			
CEO C1.b	Fee-for-Service		Develop a business case and implementation plan for the board related to fee-for-service programs. Implement one fee-for-service program from recommendations of the Schulich School of Business competitive study	Implement a pilot fee-for-service program for PSW and/or HH following Schulich School of Business competitive study	1/Annual	Y / Annual	PSL + Schulich School of Business		#	Annual			
C2	Stakeholder and Community Relations		Establish a process to engage stakeholders/ clients/caregivers and members of the community to introduce and gather feedback to advance service offerings to support service growth and the 2018-2019 Business Plan. Community engagement to be held in Q4.	Establish a process to engage stakeholders/ clients/caregivers and members of the community to introduce and gather feedback to advance service offerings to support service growth and the 2016-2017 Business Plan	Y / Annual	Y / Annual	PSL documentation consultations on participation and feedback	Committee review and assessment	#	Annual	This will include volunteer contributions to advance the goals and objectives defined for PSL.		
C3	Strategic Business Plans												
CEO C3.a	Execution: Business Plans		Achieve annual Business Plan objectives. Scoring as follows: 0 - not initiated, 1 - discussion initiated, 2 - potential defined and interest expressed to, 3 - partial achievement, 4 - total achievement, 5 - overachievement. This scoring relates to the business plan activities noted in the 2018-2019 business plan document	Establish and maintain reporting to measure achievement of business plan objectives using established indicators and targets	4.0 / Annual	5.0 / Annual	Business Plan Tracking	Performance Scorecard and Business Plan Tracking tool	0-5	Annual			
CEO C3.b	Establish Strategy and Business Plans		Create 2019-2020 Business Plan by Q4 with detailed measures and targets to support the 2016-2020 Strategic Plan, reviewed and approved by the board.	Create 2017-2018 Business Plan with detailed measures and targets to support the 2016-2020 Strategic Plan	Y / Annual	Y / Annual	Board approved Business Plan for 2019-2020	Board approved plans in place	Y/N	Annual			

		Primary Owners		Original Definition / Measurement			Source of data	Method of Measurement			Original Notes / Comments	Revised Definition / Measurement	Revised Notes / Comments
D-Sector Stakeholder/ Government Engagement		CEO & Governance											
D1	Regulatory Compliance												
D1.a	M-SAA Compliance		Meet Quarterly and Annual requirements stated in M-SAA Schedule E1 (core indicators) and E2a (clinical activity) and must be achieved to comply.	Meet Quarterly and Annual requirements stated in M-SAA Schedule E1 (core indicators) and E2a (clinical activity) and must be achieved to comply.	Y / Quarterly	Y / Quarterly	PSL Senior Manager Confirm Compliance	Report Filed	Y/N	Quarterly	This includes ensuring preparedness for 2017 Accreditation.	Defined requirements are clearly stated in Schedule E1 (core indicators) and E2a (clinical activity) and must be achieved to comply. Quarterly reports will be made by PSL Senior Management confirming compliance requirements have been achieved and reported. Schedule E1 and E2a in the MSAA include: • Financial and statistical data corresponding to these requirements are monitored and submitted on a quarterly basis to the Ministry, starting Q2 annually • Data is utilized to populate our performance scorecard and manage operations and results	** Q4 data will be provided prior to June 30th following the Audit**
D1.b	Ministry Compliance		Quarterly reports will be made by PSL Senior Management confirming compliance to directives and/or direct funding from the Ministry of Health separate from LHIN approvals.	Quarterly reports will be made by PSL Senior Management confirming compliance to directives and/or direct funding from the Ministry of Health separate from LHIN approvals, e.g. PSS Wage Enhancement directive.	Y / Quarterly	Y / Quarterly	PSL Senior Manager Confirm Compliance	Documentation Files	Y/N	Quarterly		Defined requirements must be achieved. Quarterly reports will be made by PSL Senior Management confirming compliance requirements have been achieved and reported. This refers to directives and/or direct funding from the Ministry of Health separate from LHIN approvals, e.g. PSS	** Q4 data will be provided prior to June 30th following the Audit**
CEO D1	Compliance - Relationships with Funding Agencies		Ensure ongoing compliance and engagement. Maintain effective relationships with funding agencies.	Ensure ongoing compliance and engagement. Maintain effective relationships with funding agencies.	Y / Quarterly	Y / Quarterly	PSL Documentation	Quarterly & Annual Reports	Y/N	Annual	Ongoing changes to the health infrastructure could change provisions and/or requirements. CEO measurement method would need to be reviewed in this event.	• Meet contract requirements to maintain and or complete funding to its effective term • Develop new funder relationships	
Printed:	Government/stakeholder Relations												

Performance Scorecard (FY17-18)

View: Board of Directors

- KPI Definitions -

D2.a	Government Relations		Maintain effective relationships with government through meetings and communications with local M.P.P.'s , M.P.'s, Regional and Municipal councillors. Participate in organizations that positively impact Senior's Services the – leadership and communication with LHINs and other health system partners, e.g.H&CC, Hospitals, Public Health, Metamorphosis Network etc.	Maintain effective relationships with government through meetings and communications with local M.P.P.'s , M.P.'s, Regional and Municipal councillors. Participate in organizations that positively impact Senior's Services the – leadership and communication with LHINs and other health system partners, e.g. CCAC's, Hospitals, Public Health, Metamorphosis Network etc.	2.0 / Quarterly	4.0 / Quarterly	Ministry, Websites, Meetings, OCSA	Tracking of current legislation and changes	0-5	Qtr		This included: • Maintaining effective relationships with government through meetings and communications with local M.P.P.'s , M.P.'s, Regional and Municipal councillors and staff • Participating in the Metamorphosis Network – leadership and communication with LHINs and other health system partners, e.g. CCAC's, Hospitals, Public Health, etc. • Collaborating and partnering with local, regional, provincial, national and	
CEO D2.a	Strengthen and integrate relationships		Strengthen and integrate relationships with 3 key Committees/Teams influencing the position of CSS in the Ontario Health System	Strengthen and integrate relationships with 3 key Committees/Teams influencing the position of CSS in the Ontario Health System	None	Y/Annual	PSL		Y/N	Annual			
CEO D2.b	Engagement Plan/Process		Engagement in an annual community engagement event that is a key required in the M-SAA. Plan and hold 25th anniversary event	Engagement in an annual community engagement event that is a key required in the M-SAA	Y/Annual	Y/Annual	PSL	Committee Approval	Y/N	Qtr			
CEO D2.c	Feedback Key Stakeholder		Engage 2 key stakeholders to gather insights and feedback on PSL's Strategic direction and plans	Engage 2 key stakeholders to gather insights and feedback on PSL's Strategic direction and plans	2/Annual	2/Annual	PSL + Stakeholders	Participation Feedback	#	Annual		Complete discussions with 2 new potential partners	
CEO D2.d	Feedback Client/Community Stakeholders		Engage 60 client/community participants to gather insights and feedback to advance PSL's Strategic Direction and growth plan	Engage 60 client/community participants to gather insights and feedback to advance PSL's Strategic Direction and growth plan	60 / Annual	60 / Annual	PSL + Client + Caregivers	Participation Feedback	#	Annual			
D3	Governance												
D3.a	Board Engagement		Board and Director self-evaluations are required for good governance in line with Board Governance Policies and are required by LHINS and Accreditation Canada	Board and Director self-evaluations are required for good governance in line with Board Governance Policies and are required by LHINS and Accreditation Canada	3.8 / Annual	3.8 / Annual	PSL + Board	Survey	#	Annual			
D3.b	Board Succession Planning (# Board Members)		Ensure readiness and ability to replace Directors (end of term or otherwise) to ensure the Board maintains support from 10 Directors.	Ensure readiness and ability to replace Directors (end of term or otherwise) to ensure the Board maintains support from 10 Directors.	11 / Quarter	10 / Quarter	PSL + Board	Board of Directors	#	Quarterly	Governance Terms of Reference provides guidelines.	Policies and processes in place to maintain and support by-law requirements, governance guidelines, and adequate number and skill sets required to	

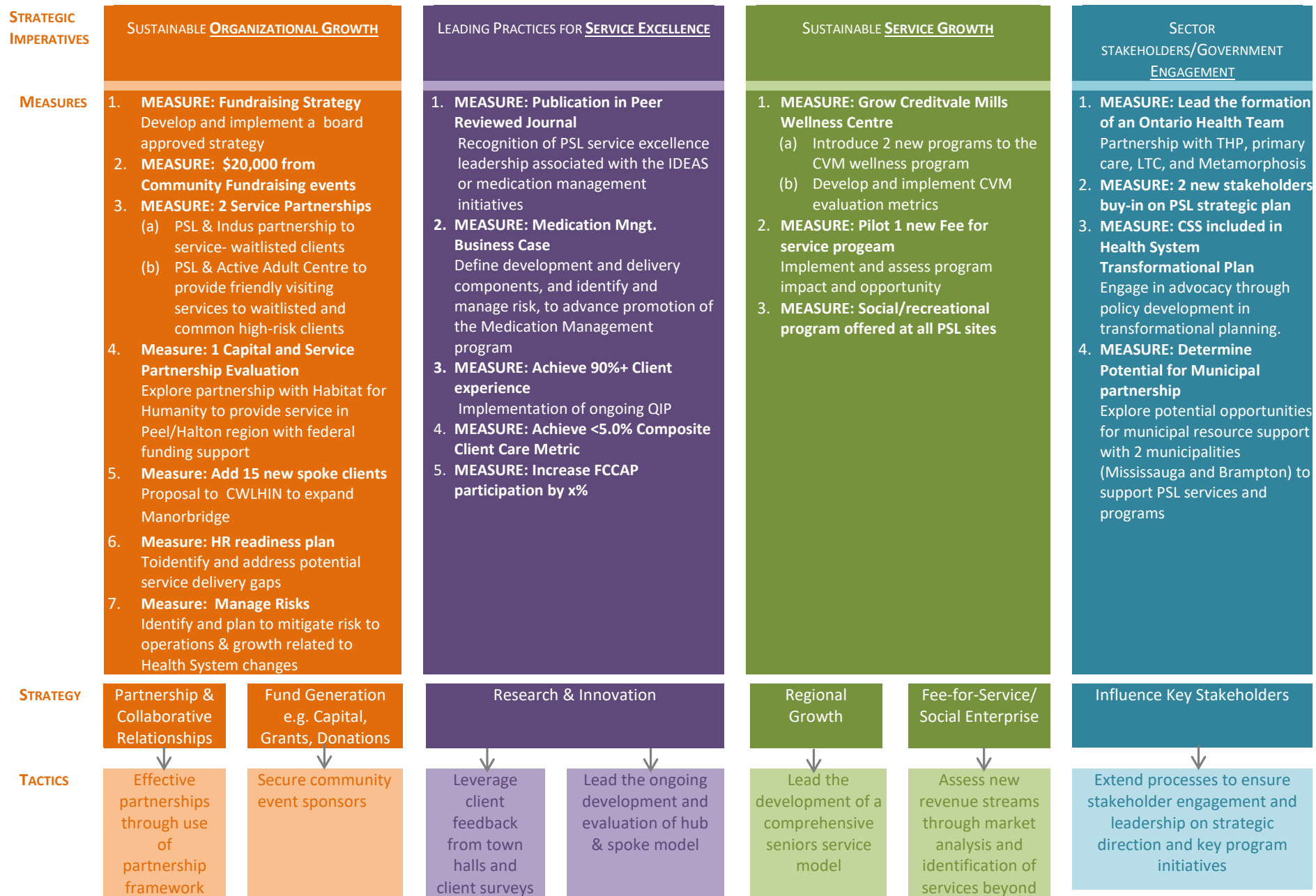


PEEL SENIOR LINK - helping seniors needing supports for daily living.

VISION - Leading in the expansion of services for seniors in need of support in our community.

MISSION – Quality and valued assisted living services by helping seniors live independently with dignity and respect.

Annual 2019-2020 Business Plan





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Annual 2019-2020 Business Plan

		to identify quality improvement initiatives			PSL's core offering	Lead advocacy for CSS sector in collaboration with OCSA to positively impact Health System transformational plans for our Sector
Lead discussions to create partnerships to service current gaps and opportunities		Share research and best practices with community partners and stakeholders to support continuous learning & improvement 1.		Expand service offerings in Community Hubs	Leverage Schulich Business School strategy report and board generative discussion for fee- for-service delivery	Participate on: ➔ Metamorphosis Network ➔ Ontario Health Team collaborative List and report all community & government participation related to service recognition



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ANNUAL 2018- 2019

BUSINESS PLAN - TRACKING

VALUES – Respect | Quality | Equity/Diversity | Communication | Learning | Sustainability | Fabric of the Community

ORGANIZATIONAL GROWTH	Develop the depth and breadth of the organization's capacity to support service delivery.					
	TACTIC	DELIVERABLES/MEASURES	STATUS/EXPLANATION			
			Q1	Q2	Q3	Q4
	Response to MOHLTC Infrastructure changes	<ul style="list-style-type: none"> Align to sub-LHIN boundaries 	<p>Supported the development of terms of reference and signed as charter member of CW and MH LHINs sub-lhin region collaborative/care communities (2 in CW and 3 in MH)</p> <p>Participated actively in development of sub-lhin region priorities</p> <p>Joint meeting held with Integrated Care Coordinators and our Client Supervisors for MH to align partnerships and relationships</p>	<p>Ongoing with the newly formed sub-lhin regional collaboratives in the MH & CW LHINs</p> <p>Engaged the Integrated Care Coordinators in our physician letters</p> <p>Client Supervisors assigned to sub-lhin regions</p>	<p>Serve on the Integrated Care Collaborative Work Group in the CW LHIN as one of three key priority areas</p> <p>Continue to serve on 5 sub-lhin Regions in CW and MH in alignment with PSL service locations</p>	



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ANNUAL 2018- 2019

BUSINESS PLAN - TRACKING

			Assigned Client Supervisors to sub-lhin regions to engage with community partners and provide resource support (connect with primary care and community supports) for clients/community residents			
	<ul style="list-style-type: none"> ▪ Leverage research partnerships to secure Peel Region funding 	<ul style="list-style-type: none"> ▪ Acquire funding to implement Isolation & Loneliness study 	Completed proposal for special grant through the Seniors Active Living Grant for support of research study	SALC funding approved, Sheridan and HSP partners engaged	Isolation & Loneliness Information Tools reviewed and revised by project partners and meetings held between Sheridan researchers and the HSP partners in preparation for Q4 study execution	
	<ul style="list-style-type: none"> ▪ Increased capacity for at home shared care for heavy care clients 	<ul style="list-style-type: none"> ▪ Collaborate with H&CC 	2% base increase from the MHLHIN for fiscal 2018-2019 to support sustainability and complexity of clients	Allocation approved by MHLHIN and a 3.1% base increase for the CWLHIN was approved effective Sept 1 st	Ongoing discussions resulted in the approval of a surge proposal for 15 new clients in Q4 with the MHLHIN to reduce the ALC pressures at local hospital	



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ANNUAL 2018- 2019

BUSINESS PLAN - TRACKING

			<p>Developed a transition plan in collaboration with the CWLHIN H&CC team to address high need clients through a shared care model</p> <p>Met with CWLHIN CEO to discuss current challenges i.e. lack of hub & spoke approval, concerns expressed with the common funding model and request for the template, and the transition plan submitted to the H&CC team end of May per the MSAA requirement</p> <p>Joined the MH LHIN H&CC Collaborative</p>	<p>A further transition plan was developed and submitted to the CWLHIN for hub & spoke operations</p> <p>As a result of this meeting, H&CC VP and Senior Director of Performance met with CEO and COO move plan forward</p> <p>Ongoing</p>	<p>Negotiated an agreement with the CWLHIN for CANES to transition the Knightsbridge spoke clients to PSL in Q4 resulting in a hub & spoke approval for the Knightsbridge operations. One-time funding for Q4 approved.</p>	
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ANNUAL 2018- 2019

BUSINESS PLAN - TRACKING

			<p>(Health Service Providers and Service Provider Organizations) to work together to develop a shared care model, identify gaps and develop strategies to enhance the community service system</p> <p>Working in collaboration with the CWLHIN H&CC team and Assisted Living providers to develop common definitions related to how we gather and submit our common data sets (translate our service delivery model), and utilize the</p>	<p>Common definitions completed and shared with the H&CC team</p> <p>Waiting for direction to process with the common data sets for AL providers</p>	<p>Ongoing discussions through the Assisted Living providers with the CWLHIN to finalize the common definitions for data collection, and discuss the common funding model based on the new data evidence.</p>	
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			data results to facilitate discussions with the CWLHIN to revise the common funding model they initially established along with key assumptions in February 2018			
	<ul style="list-style-type: none"> Establish partnerships to address identified service gaps 	<ul style="list-style-type: none"> Enhanced and new partnerships to support growth Assess HR allocation to address service gaps 	<p>Partnerships to be identified utilizing the partnership framework</p> <p>Meeting held with Habitat for Humanity at Wisma to discuss Malton site development</p> <p>Renewal of bathing service contract with SLEC</p> <p>Discussions with the CWLHIN to expand current</p>	<p>met with Halton Support & Housing new CEO and shared PSL strategic plan and discussed partnership opportunities</p> <p>meeting to be confirmed</p> <p>completed for fiscal 2018-2019</p> <p>waiting for final approval</p>	<p>Agreement with Indus (formerly India Rainbow) to enhance our partnership to explore:</p> <ul style="list-style-type: none"> -provision of foot care services for Indus Adult Day Program clients -run a pilot with common clients for enhanced integrated care -... <p>Met with Habitat for Humanity and agreed to establish a partnership to serve as the onsite service provider in one or two Habitat residential projects and in Q4 have our Board Officers meet together with CEO's/COO's</p>	

			hubs to address MSAA service volume increase and growing community wait list and ALC ongoing pressures	PSL invited as a member of the new decision support team at the MHLHIN		
			Discussions with new Decision Support Manager at the MHLHIN for the community support sector	SALC base funding approved and coordinator hired	Inaugural meeting of Decision Support work group in Q4 Launching SALC programs in Q4 at 4 of our sites	
			Developed proposal submission to Seniors Secretariat for Active Living Centres in alignment with Community Engagement and Schulich report recommendations	Reallocation Approved		
			Applied for reallocation of funding with the	Reallocation approved	Reallocation of Seniors Service Coordinator approved	



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			<p>MHLHIN to facilitate a Seniors Service Coordinator to manage the Active Living programs and develop a central intake function for improved performance and client experience</p> <p>Reallocation of MHLHIN funds to create a half time scheduler to support the current scheduler for extended hours and weekends</p>		Reallocation for 0.5 scheduler approved	
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BUSINESS PLAN - TRACKING

	Leverage research partnerships to secure funding	Secure new sponsors re community event, etc.	Developed funding proposal with the Seniors Secretariat for the Isolation and Loneliness research project in partnership with Sheridan and community partners Partner agency with the Peel Elder Abuse Prevention	Funding allocation approved and project underway Ongoing	Execute project in Q4 Continue to serve on PEAPN collective impact project	



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BUSINESS PLAN - TRACKING

			<p>Network – Collective Impact project to establish a Region wide (Peel) mechanism to identify gaps in service and monitor the quality of life of seniors as a result (project is supported by the Ontario Trillium Foundation)</p> <p>Formed a work group of current and past board chairs to establish a 25th Anniversary event om 2018, reported on the event framework developed by the work group, and approved by the Board for funding support</p>	<p>25th anniversary event developed, invites circulated and planning being finalized</p>	<p>25th Anniversary executed, goals met and expenses were significantly less than budgeted</p>	
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SERVICE EXCELLENCE	Leader in the art and science of identifying and developing and implementing service models.					
	TACTIC	DELIVERABLES/MEASURES	STATUS/EXPLANATION			
			Q1	Q2	Q3	Q4
	<ul style="list-style-type: none"> Participate in advancing senior service models 	<ul style="list-style-type: none"> Implement Isolation & Loneliness study by acquiring a funding source Achieve >90% + aggregate client satisfaction rate Achieve <5.8% composite client care metric Imbed the Health Equity Plan within organizational decision making Document and present medication program as best practice per Accreditation Canada's on-site results 	<p>Developed and submitted an Active Living Centres one-time funding proposal for the Isolation & Loneliness study (partners include Sheridan and 5 HSPs)</p> <p>Revised client satisfaction survey for FCCAP and Q&CE review</p> <p>Q1 data</p>	<p>Funding source approved. Sheridan engaged as research project evaluator. 4 HSP providers confirmed including PSL to facilitate programs in Q4</p> <p>Med man program shared at several provincial</p>	<p>Isolation tools reviewed by project team and finalized funding arrangement with Sheridan as the funding approval was reduced by approx. 33% from the original request due to the large proposal response. Sheridan agreed to provide in-kind support to cover this shortfall. Research intern met with all of the project partners to prepare for Q4 implementation.</p> <p>Achieved a 4.31% composite client care metric</p> <p>Health Equity progress on track with Q3 targets. Staff currently working on including health equity related topic for all-staff training day if possible</p> <p>Presented to the Toronto Central LHIN CSS Chair and her organization</p>	



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BUSINESS PLAN - TRACKING

			Presentation has been developed and presented at the HSSO conference	conferences and to be presented at the CW LHIN as best practice. Presented at SE LHIN CSS network and plans to present at Toronto Central LHIN CSS		
	<ul style="list-style-type: none"> Collaborate with research partner to document hub & spoke model 	<ul style="list-style-type: none"> Hub & spoke service performance research partner 	Proposal submitted and approved by the Region of Peel to hire a consultant to document the hub model development and establish performance indicators (partnering with Care Connections in Georgetown)	Sheridan study on isolation & loneliness to review and evaluate the hub & spoke model and impact for isolated seniors	PSL negotiated an agreement with the Peel Leadership Centre to provide a consultant to lead a performance indicator work group for the Creditvale Mills Community Wellness Hub to develop metrics for the ongoing evaluation of the community hub model	
	<ul style="list-style-type: none"> Continuous learning & improvement 	Utilize the Quality Improvement Plan (QIP) to achieve performance improvements Develop and commercialize a medication management education workshop		QIP – presenting at the Quality Improvement Forum at MH LHIN with addition of IDEAS project	Presented QIP at MH LHIN Quality Forum. QIP on track as per Q3 targets	



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BUSINESS PLAN - TRACKING

				Med Man Program – Presented at SE LHIN CSS network and plans to present at Toronto Central LHIN CSS	Submitted proposal for CW LHIN Quality Awards	
	<ul style="list-style-type: none"> Expand representation of clients/caregivers to 50% of service locations on the Family Client & Caregiver Advisory Panel to achieve enhanced client caregiver engagement and experience 	Promote the FCCAP amongst clients and caregivers		FCCAP representation expanded to 4 sites and 4 caregivers	Update Q3 e.g. FCCAP Dec. meeting and representation of clients/caregivers and discussion of Town Halls	

SERVICE GROWTH	Expand services to reach a large number of seniors living in the community.					
	TACTIC	DELIVERABLES/MEASURES	STATUS/EXPLANATION			
			Q1	Q2	Q3	Q4
	<ul style="list-style-type: none"> Lead the development of a comprehensive seniors service model 	<ul style="list-style-type: none"> Creditvale Mills Community Hub model expansion and infrastructure enhancements Identify integration opportunities using LHIN's integration framework and assess PSL's current state of integration readiness 	<p>Introduced new programs and services at the hub over the summer months including: dental program through the Region of Peel – Public Health; Boys & Girls Club summer camp; and a cooking class for mom's and children. MOU's have been signed with all agency partners for space utilization. As well, we negotiated new service offerings with the Credit Valley Family Health Team, Punjabi Community Health Services, and the Chinese Association of</p>	<p>Developing a large proposal on Feasibility for the CVM hub & spoke with the Region of Peel for submission in Q4 to include infrastructure development, document the CVM community hub as a case study for learnings and replication, and address sustainability</p> <p>Launched the strategic plan refresh and Evaluation KPI study with the hiring of project consultants through a partnership with</p>	<p>Senior staff meeting with Indus and agreement to explore integration opportunities for shared clients</p> <p>Strategic Plan retreat completed and final report in progress for Q4 to be followed by the evaluation KPI study</p>	



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			<p>Mississauga for fall programs. Through a Region of Peel grant, we have launched a partnership with the Peel Leadership Centre who will facilitate two pieces of work with us:</p> <ol style="list-style-type: none"> 1. A strategic plan refresh 2. Development of evaluation indicators for community hubs <p>To be developed</p>	<p>the Peel Leadership Centre</p> <p>To be developed in Q4</p>		
	Explore new streams of revenue	Establish and receive approval for fundraising framework	To be developed	To be developed in Q4	Fundraising event business case developed for FARM Committee review and Board approval	
	Develop a fee for service program	Pilot fee-for-service model following recommendations from Schulich School of Business	To be developed	Will follow the Board's generative discussion in December and be shaped by the conversation	Board generative session held in December, report reviewed by the Governance Committee and recommended for Board approval in February	



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BUSINESS PLAN - TRACKING

		competitive analysis				
	Address service gaps identified in the Community Engagement and Schulich Reports	Develop and hire a Seniors Services Coordinator position to facilitate Active Living programs at 4 service locations	<p>50% of the funding was acquired with the approval of the Active Living Centres grant. An application for funding reallocation was made to the MHLHIN to fund the balance for this new position.</p> <p>Once funding is secured, the position description will be posted</p> <p>3 new Assisted Living opportunities explored/proposed:</p> <ol style="list-style-type: none"> 1. Habitat for Humanity 2. Expand existing sites in Brampton 	<p>Hired the Seniors Services Coordinator effective November 12th Approval provided by the MHLHIN to fund the balance of this position.</p> <p>Done.</p> <p>Partnership being establish Negotiated a proposal and waiting for final approval for hub & spoke service at Knightsbridge site</p> <p>Plan was revised by the LHIN and now waiting for final approval for 15 additional clients.</p>	<p>Programming for the Seniors Active Living Grant to be initiated in early January.</p> <p>Meeting with Habitat in Q4 Re Enhanced Service partnership</p>	



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			<p>by adding spoke operations to double current service capacity</p> <p>3. Proposal submitted for Agnes Street which is located in one of the five highest need areas</p>		<p>Approved by CW LHIN to proceed with spoke operations through transition of CANES clients to PSL in Q4</p> <p>Approval of surge proposal with MHLHIN for 15 new clients in Q4 with a plan to absorb clients into our current operations over time</p>	
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COMMUNITY / GOVERNMENT	Enhance the brand to facilitate and achieve recognition in the community.					
	TACTIC	DELIVERABLES/MEASURES	STATUS/EXPLANATION			
			Q1	Q2	Q3	Q4
	Extend processes to ensure sector stakeholder engagement & leadership on strategic directions and key program initiatives	Increase the representation of PSL staff, board, and clients/caregivers on LHIN decision making bodies	Cathy & Ray participated in MHLHIN 6-year Strategic Plan retreat	The agency has increased the number of new and ongoing that we have representation on both LHINs	We have engaged PSL staff on a few new MHLHIN committees i.e. Data Advisory Team, PSW Initiative, and HHR team.	
		Provide leadership on committees/work groups managing key programs and LHIN/MOH<C strategic directions in alignment with PSL's strategic goals	H&CC collaborative committee member in MHLHIN	CEO serves and facilitated a presentation to the collaborative on HSP's/SPO's which was very well received	Working with OCSA's intern to support their provincial review of common funding of 8 CSS services including Assisted Living for High Risk Seniors.	
			H&CC Assisted Living - submission of collaboration plan and member of Assisted Living	MH and CW LHINs – waiting for final approval for enhanced services		
				COO serves on	CW LHIN approved our Knightsbridge site to expand	



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BUSINESS PLAN TRACKING

			leadership team	the MH – SDL and CW – AL leadership teams	its capacity (15 spoke clients) with the transition of CANES clients to PSL as part of the LHINs transformation plan for one AL provider per sub-lhin.	
			Supports for Daily Living leadership team		MHLHIN approved a proposal for surge one-time funding to support 15 spoke clients across 3 existing PSL service locations.	
	Participation on relevant LHIN committees, and sub-region collaborative	Charter member on LHIN committees and sub-region collaborative	Charter member of the Bramalea and Brampton sub region collaborative and the Mississauga North, Mississauga South,	Ongoing in 5 sub-lhin regions with the CW and MH LHINs	Continue to serve on the 5 sub lhin regional planning committees and Integrated Care planning work team in CWLHIN.	



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BUSINESS PLAN TRACKING

			and Etobicoke sub region Care Communities			
	Influence and engage key influencers	Engage two new stakeholders to acquire insights, feedback, and buy-in on PSL strategic plan Align strategic priorities with LHIN objectives	Ongoing review and integration of LHIN objectives within strategic and operational work plans	Engaged the Halton Support & Housing new CEO and shared PSL strategic plan and discussed partnership opportunities	Follow up to meeting held with Indus in Q3 to explore partnership opportunities, and CEO to review both agencies strategic plans and where we can leverage our key directives to best serve our common and shared clients. Served as a reviewer/key informant for the MHLHIN's Mississauga Integrated Care Centre strategic plan development.	



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**ANNUAL 2018/2019
BUSINESS PLAN TRACKING**

		Identify opportunities to advocate for the sector	Through active representation on community networks and collaborations e.g. PEAPN, Peel Poverty Committee, Fair Share for Peel, OCSA, HOAP, Metamorphosis Network, etc., we engage in ongoing advocacy for our sector.		<p>October 4th Metamorphosis Network all day event for senior staff and Board members. Highly successful sessions and outcomes. Planning a follow up advocacy session in Q4 and to address agreed upon action items.</p> <p>The agency executed a highly successful 25th anniversary event which was attended by some 175 prior and current staff and volunteers. Hazel McCallion's presentation and key messages were very supportive to our community services, and appreciated by everyone. We have posted photos and videos of this event on our website. As well, our special guests/key influencers including the CWLHIN board chair, and Brampton M.P.P. provided acknowledgement and recognition of our work, as well as the certificates received from the Prime Ministers' office, M.P.'s and local Mayors. All of our event goals were achieved.</p>	
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BUSINESS PLAN TRACKING

List and report all community & government participation related to service recognition.

-Health Links (Mississauga and Brampton)

-SDL/AL Collaborative

-Medication Collaborative

-Falls Collaborative

-Palliative Care/End of Life

-PEAPN – Elder Abuse

-MH and CW Seniors' Strategy Committees

-H&CC collaborative MH&CW

-G2G – Board members/CEO/COO

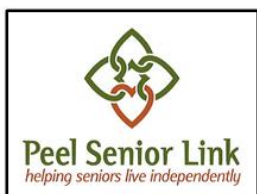
-MHLHIN quarterly community agency meeting CEO/COO

-Synergy West GTA – Community Quality Network

-Peel Poverty Committee

-Fair Share Peel

-Housing for Older Adults of Peel (HOAP) (co-chair)

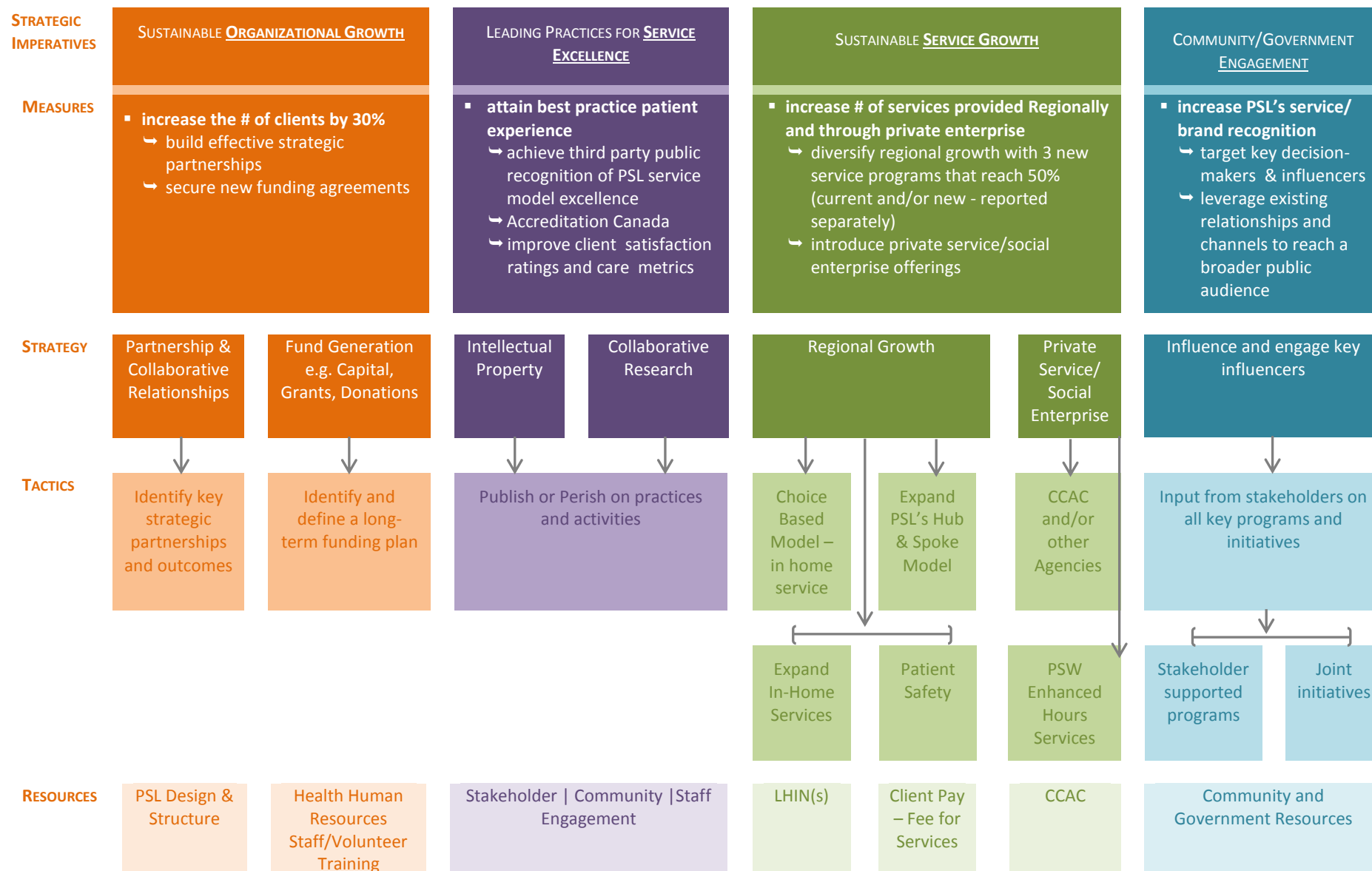


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**2016 – 2020
STRATEGIC PLAN**



VALUES – Respect | Quality | Equity/Diversity | Communication | Learning | Sustainability | Fabric of the Community

PSL Board –Resource for Special Committee

Current Quarterly Documents

Board Performance Scorecard

Business Plan Tracking

Enterprise Risk Management

Financials: Balance Sheet, Executive Summary, and P&L statements

Financial Reports & Risk Management Checklist

Grants & Proposals

Committee Chair Reports

CEO Report

Other Documents – annually/and or as required

Committee Terms of Reference

Committee Workplans

Board Policies

By-Laws

Client/Caregiver Experience Survey

Audit

M-SAA Compliance Report

Governance Checklist

CEO Performance Agreement – Schedule

Business Plan Proposals

Prepared: March 28, 2019