

AGENDA

Special Purpose Elliott Board Meeting

June 03, 2026 15:00 - 18:30

G. Elliott Boardroom

Chair: Wilkie, Kathy **Secretary:** Spindler, Julie

Confirmed: Lise Betteridge, Kathy Wilkie, Lisa Woolley, Michelle Karker, Ted Sehl, Kimberley Wilson

Requested: Justine Garner, Joanne Hohenadel, David Kennedy, Naeem Mir, Martin Ruaux, Tanya Watton, Thomas Hunter, Katherine Hauser, Al Van Leeuwen

			Pages
15:00	1	WELCOME AND CALL TO ORDER	Wilkie, Kathy
15:00	1.1	Disclosure(s) of Pecuniary Interest and General Nature Thereof (open items)	Declaration as Required
	1.2	Approval of the Agenda	
		<ul style="list-style-type: none"> • Att 1 OPEN Board Agenda.June 3, 2026 	3 - 4
	1.3	CEO's Statement of Compliance and Territorial Acknowledgement	
	2	BOARD STRATEGIC DIRECTIONS AND GOVERNANCE DEVELOPMENT - Karen Fryday-Field	
		<ul style="list-style-type: none"> • Att 2 BR_Models of Governance Meridian Edge • Att 2 BR_Role_Descriptions Meridian Edge • Att 2 Policy Driven Governance Principles Overview Meridian Edge 	5 - 8 9 - 25 26 - 36
	2.1	The Refreshed Elliott Governance Approach	
	2.2	A Governance Philosophy and Approach - Board Policy Discussion	
	2.3	The Role of the Board and Board Trustees and the Role of the CEO	
	2.4	Continuing the Critical Outcomes Policy Direction Discussion	
	3	CONSENT AGENDA (OPEN)	Consent
	3.1	Approval of the Previous Minutes - May 7, 2026 (May 7 closed minutes to be approved in September)	
		<ul style="list-style-type: none"> • Att 3 Open Meeting Minutes.May 7, 2026 d r a f t 	37 - 39
	3.2	Minutes and Open Meeting Requirements of the Municipal Act for Local Board - D. McMahon and Meeting Summary - K. Wilkie	
		<ul style="list-style-type: none"> • Att 4a Requirements of the Municipal Act for Local Boards 	40 - 46

4	NEW BUSINESS - OPEN MEETING	
5	CORRESPONDENCE FOR INFORMATION	Information
5.1	GW OHT ICC Meeting Key Messages May 2026	
	• Att 5 GW OHT ICC Meeting Key Messages May 2026	56 - 57
	• Att 5b GW OHT ICC Slides_May 13 2026	58 - 103
5.2	Committee of Management Report Q1 2026	
	• Att 6 The Elliott Long-Term Care Residence Quarterly Report 2026-Q1.Final	104 - 108
6	UPCOMING MEETINGS: Board of Trustees Sept 10th, Corporate Affairs June 10th, Governance and Nominating Sept 16th	
7	CHAIR'S ANNOUNCEMENT AND ADJOURNMENT	Wilkie, Kathy

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NOTICE OF SPECIAL PURPOSE OPEN BOARD OF TRUSTEES MEETING

WEDNESDAY, JUNE 3, 2026
3:00 - 6:30 PM

G. ELLIOTT BOARDROOM

A G E N D A

1. WELCOME AND CALL TO ORDER

- 1.1 Disclosure(s) of Pecuniary Interest and General Nature Thereof (open items)
- 1.2 Approval of the Agenda *(Motion)* Att 1
- 1.3 CEO's Statement of Compliance and Territorial Acknowledgement

2. BOARD STRATEGIC DIRECTIONS AND GOVERNANCE DEVELOPMENT – Karen Fryday-Field Att 2

2.1 The Refreshed Elliott Governance Approach (1.5 hours)

- Alignment between the current priorities for The Elliott Community and the introduction of the intentional focus on critical outcomes, including alignment of governance and management.
- An overview of governance approaches
- What The Elliott Board said was important to them in terms of governance principles and updates.
- Key governance principles for high-performing boards.
- The connection between these principles and the policy-driven governance system.

2.2 A Governance Philosophy and Approach – Board Policy discussion working from a draft policy (.5 hours)

- Discuss a pre-circulated draft of a possible governance philosophy and approach policy, which would incorporate the governance principles that The Elliott Board chooses to use going forward.

2.3 The Role of the Board and Board Trustees and the Role of the CEO (.75 hours if materials are pre-circulated)

- A discussion using a draft pre-circulated document of these roles, leading to refreshed policies for all three roles.

2.4 Continuing the Critical Outcomes Policy Direction Discussion (.75 hours)

- Discussion on the connection between a purpose and Critical Outcomes Policy and the future strategic directions, strategic plan, operational and financial plans.
- A discussion on timing and the connection to The Elliott Strategic cycle.
- A refreshed draft of the Critical Outcomes Policy incorporating May board meeting input and further feedback from the CEO.

3. CONSENT AGENDA (OPEN) *(Motion)*

3.1 Approval of the Previous Minutes – May 7, 2026 Att 3

3.2 Minutes and Open Meeting Requirements of the Municipal Act for Local Boards – D. McMahon and Meeting Summary – K. Wilkie Att 4

4. NEW BUSINESS – OPEN MEETING

5. CORRESPONDENCE FOR INFORMATION *(Motion)*

5.1 GW OHT ICC Meeting Key Messages May 2026 Att 5

5.2 COM Report Q1 2026 Att 6

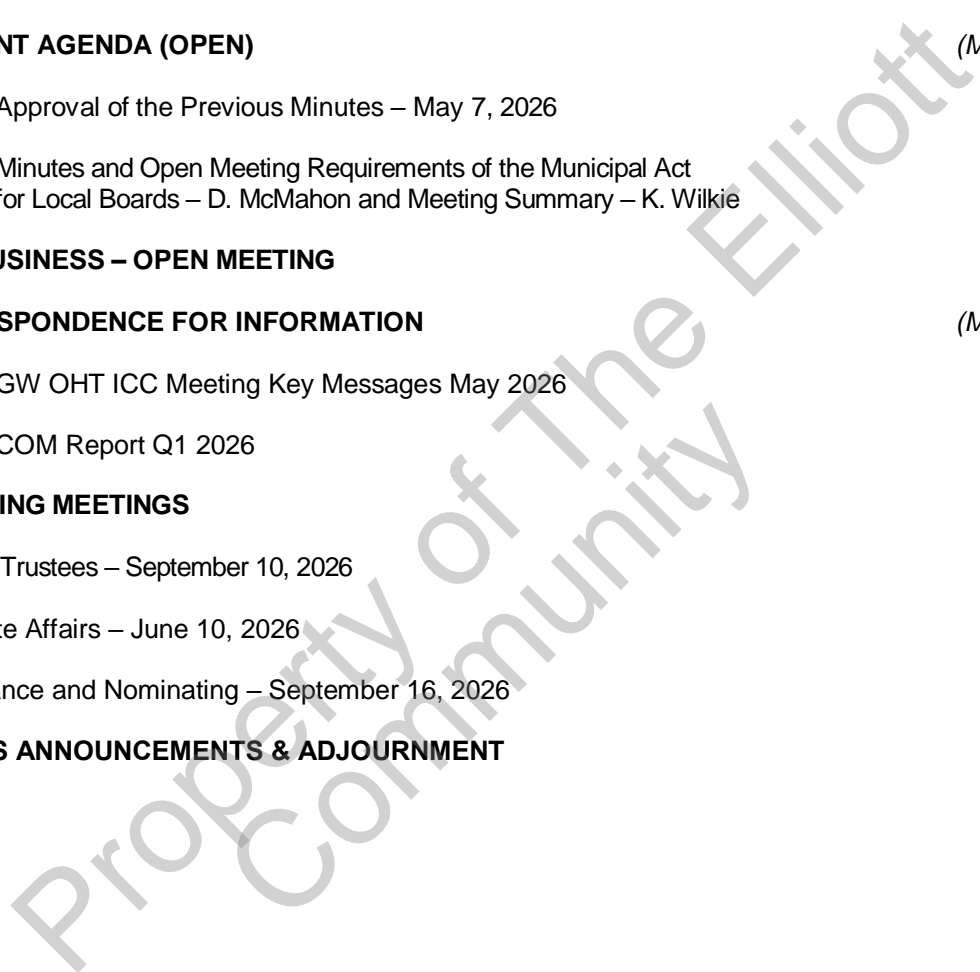
6. UPCOMING MEETINGS

Board of Trustees – September 10, 2026

Corporate Affairs – June 10, 2026

Governance and Nominating – September 16, 2026

7. CHAIR’S ANNOUNCEMENTS & ADJOURNMENT





BRIEFING REPORT TO THE ELLIOTT COMMUNITY BOARD OF TRUSTEES

REPORT TOPIC	An Overview and Summary of Governance Approaches
REPORT DATE	June 1, 2026
REPORT FROM	Karen Fryday-Field, BScPT, MCPA, MBA, GSP Senior Consultant Meridian Edge Leadership & Governance Consulting

BACKGROUND

Organizations today operate in an environment of unprecedented complexity. Rapid technological change, geopolitical uncertainty, evolving stakeholder expectations, increasing regulatory requirements, financial pressures, workforce challenges, and heightened public scrutiny have significantly elevated the demands placed on Boards of Directors. At the same time, organizations across the not-for-profit/ for-impact, public, regulatory, and for-profit/corporate sectors are being called upon to navigate greater risk, demonstrate stronger accountability, and create sustainable value / impact over both the short and long term. In this context, governance is no longer simply about oversight—it is increasingly about stewardship, foresight, resilience, and strategic impact.

Given these realities, it is important that Boards thoughtfully select and apply a governance approach that aligns with the organization’s purpose, desired outcomes, operating environment, culture, and capacity. There is no single governance model that is appropriate for every organization. Different governance approaches offer distinct advantages, assumptions, and mechanisms for decision-making, accountability, strategic leadership, and organizational performance. The following summary has been designed to build Board awareness of several governance models and approaches currently in use as we move through the latter half of this decade. By understanding the strengths, limitations, and appropriate applications of each approach, Boards can make more informed choices about the governance practices that will best support their organization’s purpose, effectiveness, and long-term success.

At The Elliott June Board governance and strategic discussion, a brief overview of key considerations across governance approaches will be provided followed by a discussion on recommendations related to the refresh of the governance approach at The Elliott.

High Level Comparison of Models of Governance

Dimension	Collective / Cooperative Board	Management / Administrative Board	Policy Governance® Board	Advisory / Patron Board	Competency Governance Board	Generative Governance	Stewardship Governance	Reform Governance
Strategic vision, strategic planning, future focus	Shared values and mission; organizational members co-create direction	Board and staff jointly develop plans and implementation priorities Board approves all key planning decisions	Board defines strategic direction Ends/outcomes; CEO determines means (including strategies)	Provides strategic advice and environmental scanning	Strategy informed by Board competencies and individual Board Member expertise	Focus on future trends, sense-making and emerging issues/impact	Long-term mission /impact and stakeholder value focus	Adaptive strategy, systems change and innovation
Governance of risk	Shared responsibility for risk awareness	Board determines, monitors operational, financial and compliance risks	Board sets risk tolerances and executive limitations	Advises on strategic and reputational risks	Risk oversight aligned to individual Board Member expertise areas	Explores emerging and uncertain risks	Balances mission, reputation and sustainability risks	Builds resilience and adaptive capacity
Financial plan and conditions	Collective budgeting and resource decisions	Detailed budget and program /service delivery oversight by Board	Board sets boundaries around related values and financial risk, monitors financial outcomes /compliance	Supports fundraising and external relationships	Strong financial oversight through skilled members	Considers resource implications of strategic choices	Focus on long-term sustainability and stewardship	Allocates resources to transformation priorities

Dimension	Collective / Cooperative Board	Management / Administrative Board	Policy Governance® Board	Advisory / Patron Board	Competency Governance Board	Generative Governance	Stewardship Governance	Reform Governance
Board / CEO Relationship	Limited hierarchy; shared leadership	CEO reports through involved chair and any committee structure	Board speaks with one voice; CEO accountable to full Board	Advisory role only; no direct authority	CEO supported and challenged by expert directors	CEO & Board engaged in strategic dialogue and reflection	Partnership based on trust and accountability	Collaborative leadership during change initiatives
People and Human Resources	Shared HR responsibilities	Board sets HR policy; management administers	Board manages CEO performance only, setting HR operational risk limits for CEO	Provides mentoring and leadership advice	Focus on talent, skills and leadership development	Supports learning culture and leadership capacity	Emphasizes engagement, wellbeing and trust	Prioritizes inclusion, equity and change readiness
Board Succession	Member-driven recruitment	Recruitment based on operational oversight needs	Recruitment aligned with governance responsibilities	Often recruits influential advisors and donors	Formal skills matrix and competency assessment	Seeks diverse perspectives and strategic thinkers	Focus on culture fit and stakeholder trust	Emphasizes diversity, lived experience and innovation
Board Operations and Processes	Consensus-oriented processes	Committee-intensive governance	Policy-focused governance with limited committees – full Board engagement – continuous improvement focus	Meetings emphasize advice and advocacy	Performance and competency-based oversight	Deep inquiry and strategic conversations	Relationship-centered governance	Agile and continuous-improvement processes

Dimension	Collective / Cooperative Board	Management / Administrative Board	Policy Governance® Board	Advisory / Patron Board	Competency Governance Board	Generative Governance	Stewardship Governance	Reform Governance
Governance Philosophy	Participation, democracy and shared ownership	Oversight, control and accountability	Clear separation of governance and management roles	Influence and counsel without authority	Right skills for effective governance	Meaning-making before decision-making	Trusteeship and responsible stewardship	Transformation, equity and systems thinking
Organizational Operations	Operational functions often shared	Board closely oversees operations	CEO manages operations within policy boundaries	No operational authority	Operations reviewed through expert Board Member lenses	Focus on strategic implications of operations	Operational autonomy with accountability	Adaptive and iterative operations
Community Connections	Members represent organization externally	Board and staff manage stakeholder relations	Board links with owners /careholders regarding systemic matters, CEO links with customers	Strong advocacy and ambassador role	Leverages Board Members expertise and networks	Engages stakeholders for insight and foresight	Builds trust-based relationships	Co-design and partnership with communities
Sectors of common use	Cooperatives; grassroots organizations	Small-medium nonprofits and associations	Large nonprofits/for-impact; public agencies, corporate organizations /business	Foundations; charities; cultural organizations	Professional and regulated organizations	Innovative nonprofits/for-impact; think tanks	Social enterprises; mission /purpose-driven organizations	Networks; coalitions; social impact organizations



BRIEFING REPORT TO THE ELLIOTT COMMUNITY BOARD OF TRUSTEES

REPORT TOPIC	Proposed Board Role Descriptions Policies
REPORT DATE	June 1, 2026
REPORT FROM	Karen Fryday-Field, BScPT, MCPA, MBA, GSP Senior Consultant Meridian Edge Leadership & Governance Consulting

BACKGROUND

Based on the review of governance models and the Board's ongoing exploration of governance approaches, the Policy Governance® system has emerged as one option that will provide an effective, integrated, and appropriately scaled governance framework for The Elliott.

Given this, it is important to refresh the Board description of its own role as a collective, and the role of individual trustees. Two new policies are presented for Board consideration:

1. Board of Trustees Role Description Policy (Appendix 1)
2. Individual Trustee Role Description Policy (Appendix 2)

These policies represent proposed additions to The Elliott Board of Trustees' policy framework. They have been developed based on the principles outlined in the document *Summary of Key Principles of Policy-Driven Governance*, which is included in the background materials for the June 3, 2026, Board governance and strategic discussion.

The proposed policies are intended to provide greater clarity regarding the responsibilities of the Board as a governing body and the expectations of individual trustees. Together, they reflect key principles associated with a policy-driven governance approach, including role clarity, accountability, delegation, and a focus on organizational impact.

Should the Board choose to move toward this governance approach, these policies would replace two existing Board policies that address similar subject matter:

1. Board Governance Policy (Appendix 3)
2. Performance Expectations Policy (Appendix 4).



Relevant elements from these existing policies have been incorporated in the proposed Board of Trustees Role Description and Individual Board Trustee Role Description policies. Other provisions currently contained within the existing policies would be addressed through a series of more focused governance policies that would be developed over time, including policies related to meeting preparation and participation, Board education and development, Board ambassadorship, governing style, delegation to the CEO, and standards of conduct, confidentiality, and conflict of interest.

To support a productive governance and strategic discussion on June 3, 2026, trustees are encouraged to review the proposed policies in advance of the meeting. The discussion will focus on whether the proposed role descriptions adequately define the responsibilities of both the Board and individual trustees, and whether they align with the governance principles and future governance aspirations of The Elliott Board of Trustees.

Following the review and discussion of these two new policies, if the Board is ready to adopt the updated full Board of Trustees Role Description and the Individual Board Trustee Role Description the following motions will apply.

RECOMMENDED MOTIONS:

1. Be it resolved that The Elliott Board of Trustees moves to approve the draft Board of Trustees Role Description Policy as a Governance Process Policy.
2. Be it resolved that The Elliott Board of Trustees moves to approve the draft Individual Board Trustee Role Description Policy as a Governance Process Policy.

Upon the approval of the two new role description policies, there are two existing Board policies which should be rescinded in order to ensure that the Board policy set is coherent and integrated. Key elements of existing policies have been moved to the proposed new policies and the remaining relevant sections of existing policies, as described above, will be included in additional refreshed policies in the near term.

RECOMMENDED MOTIONS:

3. Be it resolved that The Elliott Board of Trustees moves to rescind the draft Board Governance Policy (1-2014) and that remaining components not referred to in the new policies be considered for inclusion in additional refreshed policies.
4. Be it resolved that The Elliott Board of Trustees moves to rescind the draft Performance Expectations Policy (1-2020) and that remaining components not referred to in the new policies be considered for inclusion in additional refreshed policies.



APPENDIX 1 – DRAFT FOR BOARD DISCUSSION

POLICY TITLE: BOARD OF TRUSTEES ROLE DESCRIPTION	
POLICY SECTION:	GOVERNANCE PROCESS
POLICY NO:	GP #IV-____
BOARD POLICY REVIEW FREQUENCY:	EVERY FOUR YEARS
DATE APPROVED BY BOARD OF TRUSTEES:	DRAFT READY FOR JUNE 2026
DATE REVIEWED/REVISED:	
BOARD CHAIR’S SIGNATURE:	

BACKGROUND

The Board of Trustees exists to ensure the strategic direction and accountability of The Elliott Community (The Elliott).

POLICY PURPOSE

This policy has been created, by the Board of Trustees, to clearly articulate the Board role, responsibilities, deliverables, and accountabilities.

MANDATE

The purpose of the Board is to ensure the accountability of The Elliott by seeing that it achieves critical outcomes for the people, communities, and organizations we serve and engage with, at an appropriate investment. Further, the Board is accountable for ensuring that The Elliott does not use unethical, inequitable, or imprudent means for achieving these critical outcomes.

The Board of Trustees’ mandate, summarized, is to govern the organization by inspiring, developing, and overseeing the significant governance responsibility areas listed below:

1. Developing Well-Informed Policy Direction Regarding:
 - a. The Elliott Critical Outcomes (Impact): Organizational results, impacts, benefits, outcomes, recipients, and their relative priority and value.
 - b. Executive Limitations and Risk Boundaries: Boundaries of executive authority which establish the prudence, ethics, and equity expectations of the Board within which all executive decisions and actions must take place.
 - c. Governance Process: A description of the Board’s philosophy/approach/principles for governance and the Board’s agreed-upon governance processes.
 - d. Board-CEO Connection and Delegation: A description of how the Board delegates to the CEO, supports the CEO, and monitors critical outcomes results, as well as prudence, equity, and ethics achievement/compliance results.



2. Assuring Effective CEO/Organization Leadership and Performance:
 - The Board is responsible for ensuring effective executive leadership and that the CEO/organization is fulfilling its purpose and achieving its Critical Outcomes Policy through engaging, evaluating/monitoring, and supporting the CEO/organization.
3. Staying Connected Beyond the Organization
 - Engaging with the careholdership, such as residents, donors, the broader community, and community partners related to seeking input to inform Board decisions/policies and serving as the link between the careholdership and the operational organization and CEO.

SPECIFIC RESPONSIBILITIES

The Board's specific duties are more fully described below.

1. Developing and Keeping Current Policy Direction

Critical Outcomes Policy Direction

- Scanning the environment to develop an understanding of key trends, emerging opportunities and needs, competitive forces, and what is working in other jurisdictions along with the current and future needs related to The Elliott's purpose and critical outcomes.
- Developing the The Elliott's critical outcomes reflecting the values and priorities of the careholders. This may involve both generative thinking and strategic direction setting.
- Defining which needs are to be met, for whom, and at what investment/value/expected impact.

Executive Boundaries Policy Direction

The Board will govern with the ethics, prudence, and equity of organizational operations by setting policies in the form of Executive Limitations which outline the Board values and risk boundaries within which the CEO can make all strategic and operational decisions.

- Defining expectations of executive authority will establish the prudence, ethics, equity, and risk boundaries within which all executive activity and decisions take place.
- Defining the executive limitations related to resource management in order to ensure effective outcomes and protect the assets of the organization.

Governance Process Policy Direction

- Determining its philosophy, principles, authority, responsibility, and accountability and the specifics of the Board's role.



- Specifying how the Board conceives, carries out, and monitors its own governance work.
- Establishing the structures and processes of the Board for effective functioning and decision-making.
- Establishing policy to recruit, train, and develop effective new and ongoing Directors.
- Evaluating its own performance to enhance Board effectiveness (see Board Effectiveness Evaluation Policy GP #IV-____)

Board-CEO Connection and Delegation Policy Direction

- Stating the manner in which the Board delegates authority and holds accountable the CEO.
- Defining the CEO's role, authority, and accountability.
- Selecting the CEO and establishing the conditions of the CEO's employment agreement and ongoing compensation.
- Monitoring and ensuring effective performance of the CEO.
- Supporting the CEO and CEO's role in leading the organization.
- Recruiting and dismissing (as needed) the CEO.

2. Ensuring Effective CEO/Organization Leadership and Performance

The Board is responsible for ensuring the CEO/organization is fulfilling its purpose and achieving its Critical Outcomes Policy with responsible management of resources, by:

- Recruiting and hiring a qualified, effective, and values-aligned CEO.
- Monitoring the outcomes of the organization against the Board's stated desired Critical Outcomes.
- Ensuring achievement and compliance with the Executive Limitations Policies related to operational risks, ethics, prudence, and equity.
- Ensuring compliance with applicable laws, regulations, statutes, by-laws, and contracts.

The Board of Trustees is also responsible for ensuring that there are mechanisms in place to provide input, dialogue, and support to the CEO by:

- Monitoring the CEO's/organization's results through the Board Monitoring CEO and Organizational Performance Policy (BCR #III-____), and
- Being available to the CEO to support and discuss key issues upon the request of the CEO.

3. Staying Connected Outside the Organization

The Board is responsible for hands-on ensuring that the organization is effectively integrated with its communities through effective linkage/engagement with our careholders and organizations with which we collaborate by:

- Communicating and engaging regularly with the careholders regarding Critical Outcomes and values.



- Establishing and maintaining clearly defined relationships with the organizations with whom we work, and ensuring the organizations/partners with whom we work are inclusive and representative of the broader community and issues they face.
- Establishing policy to obtain and review feedback from the careholdership on future needs and trends and on the Critical Outcomes being achieved by the organization.

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APPENDIX 2 – DRAFT FOR BOARD DISCUSSION

POLICY TITLE: INDIVIDUAL BOARD TRUSTEE ROLE DESCRIPTION	
POLICY SECTION:	GOVERNANCE PROCESS
POLICY NO:	GP #IV-____
BOARD POLICY REVIEW FREQUENCY:	EVERY FOUR YEARS
DATE APPROVED BY BOARD OF TRUSTEES:	DRAFT READY FOR JUNE 2026
DATE REVIEWED/REVISED:	
BOARD CHAIR’S SIGNATURE:	

POLICY PURPOSE

This policy exists to outline the role and expectations the Board has for The Elliott Community (The Elliott) Board of Trustees in terms of their individual accountability and their service responsibilities.

POLICY

The primary role of a Trustee of The Elliott is to govern the strategic direction, outcomes, ethics, prudence, and equity of the organization. Trustees are bound by the *Elliott Act, 2002*, The Elliott By-laws as well as the Board policies that support the by-laws. Under the Long-Term Care Services Agreement of November 2014, the City of Guelph has delegated its authority for the management and operation of the LTC Home to the Board of Trustees of The Elliott. Further, The Elliott Trustee’s role, as part of the Board as a whole, is strategic leadership and fiduciary oversight of the business and affairs of The Elliott, rather than direct involvement in the day-to-day management, strategy, and operations of The Elliott.

Board Trustees conduct themselves in a manner that is consistent with:

- Their strategic direction and fiduciary responsibilities,
- Group rather than individual authority,
- Ethical, business-like, and lawful conduct including proper use of authority and appropriate leader character and behaviour when serving as Trustees.

To ensure Board Trustees are familiar with these requirements, new Trustees attend an orientation session. In addition, Trustees have a responsibility to review their obligations as outlined in this policy at least once per year.

ACCOUNTABILITY

The Board of Trustees is collectively accountable to the careholdership (the residents and the broader community). Collectively, Board Trustees are accountable for The Elliott’s performance in realizing its purpose, achieving its Critical Outcomes Policy goals, and for the effective stewardship of the organization including ethics, prudence, and equity.



Board Trustee engagement and participation are integral to the Board's leadership success. Therefore, in agreeing to serve on the Board, Trustees will act as stewards on behalf of the careholdership in the best interests of the primary beneficiaries (the residents, their families, and care support group). Further, Trustees are required to uphold and practice the Board Code of Conduct, Confidentiality, and Conflict of Interest (GP #IV-____).

AUTHORITY

The Board holds its accountability and authority to govern only as a group. Individual Trustees have no authority to direct or make requests of the Chief Executive Officer (CEO) or staff, or to speak on behalf of The Elliott unless given such authority by the Board under specific circumstances.

DUTY OF CARE

Trustees must demonstrate a duty of care which requires that they exercise the care, diligence, and skill that a reasonably prudent person would exercise in comparable circumstances and in performing the duties of a Trustee. Duty of care requires Trustees to take appropriate steps so that they can make sound, informed decisions.

This duty includes:

- Being diligent - being prepared for and engaged in the work of the Board.
- Being civil – respecting the process and fellow Trustees, paying attention, practicing active listening, and adopting an objective approach to decision-making.
- Being ethical – using The Elliott resources appropriately and conducting Board work with honesty and integrity.
- Managing conflict of interest – declaring real or perceived conflicts of interest.
- Maintaining confidentiality – Trustees must respect confidentiality and not disclose or use, for any other purpose, information that they come across in their official capacity as Trustees.

DUTY OF LOYALTY

- Act honestly and in good faith with a view to represent the best interests of The Elliott and the careholdership with loyalty to the organization as a whole. This supersedes any conflicting loyalty such as that to advocacy, for a conflicting interest, special interest groups, membership on other Boards, a self-interest, or conflicting employment.

DUTY OF KNOWLEDGE

- Trustees will adhere to The Elliott By-law and will familiarize themselves with the bylaws and Board policies.
- Trustees will participate in Board orientation sessions at the beginning of their term and throughout the year and on a continuous learning basis.
- Specific skills and expertise of Directors should be used in the best interest of The Elliott.
- Trustees will build an awareness of potential and significant risks to the organization.



DUTY OF OBEDIENCE

- Trustees will ensure compliance with The Elliott purpose and Critical Outcomes, legislation and regulatory obligations, bylaws, and governing policies.

SPECIFIC DUTIES OF TRUSTEES

Every member of the Board of Trustees, including the Board's officers, is expected to:

Service Responsibility

- Act in the best short and long-term interests of The Elliott, guided by the organization's purpose, vision, and values.
- Bring experience, a future-focused perspective, openness to learning, and collaboration to Board deliberations.
- Support Board decisions publicly, even when holding or expressing differing views during Board discussions.

Alignment with Governance Philosophy

- Comply with The Elliott Bylaws, Board Code of Conduct, and all Board policies.
- Participate in Board, Committee, and Task Force meetings in accordance with the Governance Philosophy and Approach Policy (GP #IV-____) applicable Terms of Reference.

Work Commitment

- Be prepared to serve on at least one Board Committee annually and on Task Forces as the Board requires.
- Participate in the hiring, evaluation, and (if required) termination of the CEO.
- Be willing to take on specific assignments aligned with individual skills, such as Committee or Task Force leadership or leading Board discussions.

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Collaboration

- Listen respectfully, explore diverse perspectives, and seek common ground and appropriate compromise.
- Actively contribute ideas, expertise, and informed perspectives to support sound, purpose-driven decisions.

Communication

- Remain attentive to communications from the CEO or designates.
- Respond promptly to requests for feedback, input, or assistance.



Thought-Leadership and Decision-Making

- Develop and oversee policy related to The Elliott's long-term critical outcomes, values, CEO authority, and governance processes.
- Use a collaborative, consultative approach, engaging Trustees, Committees, and the CEO before decisions are made.
- Strive for consensus and integrate diverse viewpoints.
- Direct any concerns about an individual Trustee to the Board Chair for resolution.

Ambassadorship

- Represent and support The Elliott publicly at events and within the broader community.
- Promote a positive reputation for The Elliott.

Social Responsibility

- Consider equity, diversity, inclusion, and justice in Board decisions.
- Maintain respectful, constructive relationships and professional conduct, including on social media.

Preparation

- Review materials in advance and come prepared to discuss and vote in the best interests of the organization, its careholdership, and its beneficiaries.
- Seek clarification regarding items in the Board package when needed.
- Participate in approved internal and external continuing education related to governance, Trustee responsibilities, The Elliott Community as an organization, and the sectors within which The Elliott operates.

Attendance

- Attend Board and assigned Committee meetings consistently, on time, and prepared.
- Notify the Board Chair and CEO of absences and any circumstances affecting the ability to serve.
- Recognize that repeated absences may be reviewed to support continued effective participation.

Evaluation

- Participate in regular evaluations of Board performance and individual Trustee effectiveness.



Notes:

1. Board Trustees may volunteer as individuals in operational capacities (e.g., actively serving at an operational event). In such situations, they are subject to the direct leadership and supervision of the CEO.
2. Meetings of the Board of Trustees will generally be scheduled for _____. In certain circumstances additional time may be required based on the business before the Board.

REFERENCE

- GP #IV-____ Governance Philosophy and Approach Policy
- GP #IV-_____ Board Code of Conduct, Confidentiality, and Conflict of Interest.

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Board Policy 1-2014

Board Governance

POLICY:

The Elliott Community is governed by a Board of Trustees who is ultimately accountable for all strategic outcomes of the organization. Under the Long-Term Care Services Agreement of November 2014, the City of Guelph has delegated its authority for the management and operation of the 85 bed LTC Home to the Board of Trustees of The Elliott. All other areas of the organization (Retirement and Life Lease) are directly overseen by the CEO who is responsible to the Elliott Board.

PURPOSE:

To clearly set out the Board of Trustees' roles and responsibilities within a governance framework as it applies to The Elliott Community.

PROCEDURE:

Governing Style

The Board intends to be proactive, to provide leadership, to strive for consensus in decision making and to keep The Elliott Community's interests front and centre in their deliberations.

As a governing body, the Board believes in the basic principles of governance as they apply to The Elliott Community. As such, the Board:

- Directs its attention toward strategic rather than operational issues and concerns;
- Approves all reports and motions of the Committees of the Board (Governance and Nominating, Finance and Audit, Risk Management and Quality, and Fundraising and Community Engagement); and
- Ensures that all decisions and actions are in keeping with the Strategic Directions of the organization.

Manages any risks to the organizations' reputation and integrity.

Board Role

In its leadership role, the Board sets the organization's direction and advocates on behalf of The Elliott Community to funders. In doing so, the Board will:

1. Promote and advocate for the organization with its respective constituents to ensure it has sufficient resources to achieve its mission (e.g. City Council, member residents, Ministry, Ontario Health, etc.);
2. Provide written governing policies related to the Strategic Directions;
3. Foster and support an active working relationship with The Elliott Community's Chief Executive Officer (CEO); and
4. Monitor the CEO's performance against the Strategic Directions and the annual work plan connected to the Strategic Directions.

APPENDIX 3

Board Responsibilities

1. Develop and approve the Strategic Directions of the organization in partnership with staff;
2. Approve short and long-range plans for the organization to carry out its goals;
3. Review and approve the capital and operating budgets and, once approved, advocate for the same with funders;
4. Monitor the ongoing financial performance of the organization;
5. Represent the organization with integrity and with full and active support;
6. Report to the Board about constituent interests and concerns; and
7. Recruitment, performance management, and compensation of the Chief Executive Officer.

Delegation to CEO

The Board delegates all operational matters to the CEO, who has authority to make all decisions and take all actions required to ensure that Board outcomes are realized and achieved.

In carrying out the duties prescribed by the Board, the CEO will:

- promote and model ethical and fair business practices and effective implementation of the policies and procedures of the organization;
- reinforce the critical importance of the health, safety, and wellbeing of staff, residents, families, and visitors;
- ensure that the organization enters into agreements or contracts that are fair and are in the best interests of the organization;
- focus on the financial health of the Elliott Community
- use sound business practices in the administration and management of The Elliott Community; and
- ensure that the organization complies with the Long-Term Care Homes Act, Retirement Homes Act, and other legal obligations.

Expectations of Trustees

Trustees must work together as a team and share collective legal and fiscal responsibilities. Trustees are expected to contribute to discussions and to participate fully and respectfully in each other's contributions.

The following ground rules reinforce this spirit:

- Practice mutual respect
- Accept different viewpoints and tension as healthy and handle both creatively
- Deal with problems promptly and with courtesy and consideration
- Encourage and affirm each Trustee's unique potential and viewpoint
- Keep an open mind and give one another permission to make mistakes and to brainstorm
- Never monopolize, interrupt or intimidate during discussions
- Be prepared for meetings by reading agenda packages in advance and bringing them to meetings
- Declare conflicts of interest
- Take advantage of opportunities to learn about The Elliott Community and Retirement & Long-Term Care sectors
- Respect and support any decisions of the Board
- Actively participate in all discussions, sharing your unique perspectives and experiences

APPENDIX 3

Obligations and Liabilities

1. Trustees shall never permit themselves to be placed in a conflict of interest situation, where their self-interest is contrary to that of the organization or where they might otherwise have something to gain by a Board position or decision;
2. Trustees are expected to consider, represent and always act in the best interests of the organization as a whole in preference to any other interests which that Trustee may also have or represent;
3. Trustees shall fulfill their duties with honesty and loyalty and with the care, diligence and skill that a reasonably prudent person would exercise in a comparable circumstance;
4. Trustees must be familiar with the organization's by-laws, rules, regulations, and policies as a minimum base knowledge.

Board Chair

The Board Chair:

- Takes a leadership role within the Board;
- Ensures that all meetings are conducted in an orderly manner and keeping with established Rules of Order;
- Acts as the liaison between the Board and the CEO;
- Speaks for the Board in the public domain, including with the media; and
- Serves as Chair of the Governance and Nominating Committee.

Vice-Chair

The Vice-Chair acts in the Chair's absence and may perform other responsibilities at the Chair's request. Serves as Chair of the Risk Management and Quality Committee.

Secretary/Treasurer

The Secretary/Treasurer reports the monthly financial statements to the Board, as presented to the Finance and Audit Committee. Serves as Chair of the Finance and Audit Committee.

The positions of Board Chair, Vice-Chair, and Secretary/Treasurer are held for a term of 2 years, re-affirmed annually by the Board.

Membership

Board membership is determined by appointment as recommended by the Governance and Nominating Committee to Guelph City Council.

Closed Meetings

Reference Board Policy 1-2012

Monitoring/Tools

The Board continues to identify tools for use in monitoring its policies. Present below are a sample of such tools:

- Financial Statements
- Annual Audit Reports
- Risk Management and Quality Reports
- Resident and Staff Surveys

- CEO Reports to the Board

Board Committees

Board members are expected to sit on and take active roles in various Board Committees. These committees review and approve management decisions in the various areas to ensure alignment with strategic direction and sound operational practices. A Board Member serves as Chair of the Community Engagement and Fundraising Committee.

Board Evaluation

The Board conducts annual self-evaluation of its internal processes in keeping with the principles of Continuous Quality Improvement (CQI).

Respectfully Submitted,

Approved by Motion of the Board of Trustees,

Michelle Karker
CEO
March 20, 2024

Peter Barrow
Chair, Board of Trustees
April 4, 2024

Property of The Elliott Community



Board Policy 1-2020

Performance Expectations

A high functioning strategic board will work in the best interest of The Elliott Community and will follow good governance rules and expectations to ensure each Board Member is able to serve to the best of their ability. All Board Members will be treated equally and respectfully at all times. The board will work in a consensus decision making model encouraging dialogue and participation by all members.

1. BELIEVE IN AND BE AN ACTIVE ADVOCATE AND AMBASSADOR FOR THE VALUES, MISSION AND VISION OF THE ORGANIZATION

- a. Discuss The Elliott Community with people in the community, share your knowledge as appropriate.
- b. Advocate for helping The Elliott Community build relationships within the community and meet its strategic objectives.

2. MEETING PREPARATION AND PERFORMANCE

- a. Act in a way that contributes to the effective oversight of the Board and work with fellow Board members and staff to assure that the Board and its committees function well and meets its objectives.
 - i. Focus on the good of the organization, independent of personal agenda, self-interest, or influence of others.
 - ii. Support the organization's policies and procedures while conducting business on behalf of The Elliott.
 - iii. Maintain confidentiality of all work and decisions unless authorized otherwise.
 - iv. Support Board decisions once these are made both as a Board member and in public.
 - v. Help support good governance and contribute positively to the organizational culture.
- b. Regularly attend and actively participate in Board and Committee meetings, working positively, co-operatively and respectfully as a Board Member. Prepare for these meetings in advance by reviewing materials on the Elliott website board login. Regrets to be sent to the Executive,

APPENDIX 4

Assistant at least 2 days in advance, to ensure quorum is maintained.

- c. Use conversation as a core business practice, asking strategic questions and participating fully in generative discussions. Lend your expertise and knowledge as appropriate.
- d. Be available to serve on at least one (1) committee as chair or member. Be a prepared and an active participant.
- e. Inform the Board of any potential conflicts of interest at the beginning of every meeting, whether real or perceived, and abide by the decision of the Board related to the situation.
- f. Respect the expertise of the CEO and staff.

3. PERSONAL DEVELOPMENT

- a. Keep informed about the organization, its issues, and its connection to the community through active participation within the organization and outreach outside the organization.
- b. Participate in professional development opportunities to strengthen corporate governance and advance the organization's effectiveness through learning.
- c. Participate in the annual evaluation of overall Board effectiveness.

4. INDIVIDUAL LEADERSHIP ACTS OUTSIDE BOARD AND COMMITTEE MEETING

- a. Help support the The Elliott Community. Specifically:
 - i. Reach into the community and help identify and cultivate relationships to support the organization to achieve its strategic objectives.
 - ii. If the organization launches a special campaign, help promote and give a financial contribution to the best of personal ability (e.g. The Great Escape).
- b. As appropriate, use personal and professional contacts and expertise to benefit the organization, without compromising ethics or trespassing on relationships.

Respectfully Submitted,

Approved by Motion of the Board of Trustees,

Peter Barrow

Chair, Board of Trustees

March 20, 2024

April 4, 2024

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BRIEFING REPORT TO THE ELLIOTT COMMUNITY BOARD OF TRUSTEES

REPORT TOPIC	Summary of Key Principles of Policy-Driven Governance (Policy Governance®)
REPORT DATE	May 31, 2026
REPORT FROM	Karen Fryday-Field, BScPT, MCPA, MBA, GSP Senior Consultant Meridian Edge Leadership & Governance Consulting

BACKGROUND

In order for The Elliott Board of Trustees to further understand and assess the fit of the Policy-Driven Governance System, this Briefing Note has been designed to further explain the proposed Board Policy refreshed framework, the key principles of policy-driven governance, and 10 key practices of high impact Boards which are supported by the Policy Governance principles. This is background information to support the discussion on the future governance approach and philosophy used by The Elliott Board of Trustees.

Policy Governance is a comprehensive and integrated system of governance built upon a set of interdependent principles that work together to enable Boards to govern effectively, strategically, and with a clear focus on organizational impact. Unlike a collection of isolated governance practices, Policy Governance is designed as a coherent framework in which each principle reinforces and supports the others. As the Board considers whether this governance approach aligns with its aspirations, culture, and governance needs, it is important to understand both the individual principles and the way they function collectively to promote accountability, role clarity, ethical conduct, strategic leadership, and meaningful organizational results. The key principles of Policy Governance are outlined below. In addition, the document concludes with a summary of governance principles and practices commonly demonstrated by high-impact boards. While many of these practices are broadly applicable to effective governance, they are particularly well supported and strengthened through a policy-driven approach to governing.

Policy-Driven Governance Principles Overview

Board leadership requires, above all, that the Board provide vision. To do so, the Board must first have an adequate vision and understanding of its own job. That role is best conceived neither as volunteer-helper nor as watchdog but as trustee-owner/steward whose job it is to keep the CEO/organization focused on purpose, critical outcomes, governance of risk, and accountability with a meaningful connection to the broader careholdership.



- **Purpose and Strategic Direction**
 - Listening to input, and then on behalf of the “careholders”, creating and being clear about a relevant, impactful purpose and high-level critical outcomes/impact.
- **Organization Protection (Governance of Risk)**
 - Governance of risk and values, including prudence, ethics, equity, etc.
- **Assurance to Interested Parties (Careholders)**
 - Board accountability to the broader careholdership for results within ethical, prudent, and equitable means.
- **Informed Connection with Careholders**
 - Understanding the broader careholders values and expectations for impact.



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Policy Driven Governance is a systematic approach to the job of governing that emphasizes values, vision, impact, empowerment of both the Board and CEO, and the strategic ability to lead leaders.

Through intentional use of these principles, a Board crafts its values and direction into policies in four key buckets or areas outlined below. Board policies are the evidence of intentional Board values, decisions, and direction to the organization. Policies, created and written this way, enable the Board to focus its wisdom/direction into one central, document of key governance direction to the organization.

CRITICAL OUTCOMES – *(The purpose and desired outcomes/results/impacts of the organization for and with which beneficiaries, at what investment/cost/value).*

In these policies, the Board defines which human needs are to be met, for whom, and at what worth/priority. Written with a long-term perspective, these “purpose related/mission-focused” policies embody most of the Board’s part of long-range strategic directions planning and generative thought-leadership on desired outcomes/impacts.

Every Board is accountable to ensure that the organization the Board is governing is achieving the desired impact for a reasonable cost.

OPERATIONAL LIMITATIONS/BOUNDARIES – *(The standards/values and risk/limits of prudence, ethics, and equity for all organizational behaviour).*

Here the Board establishes the boundaries of acceptability within which the CEO methods, decisions, staffing plan, activities, and programs can be responsibly delegated to the CEO to operate the organization. These policies are one of the primary tools for the Board to govern values and risk through establishing operational boundaries and risk tolerances.

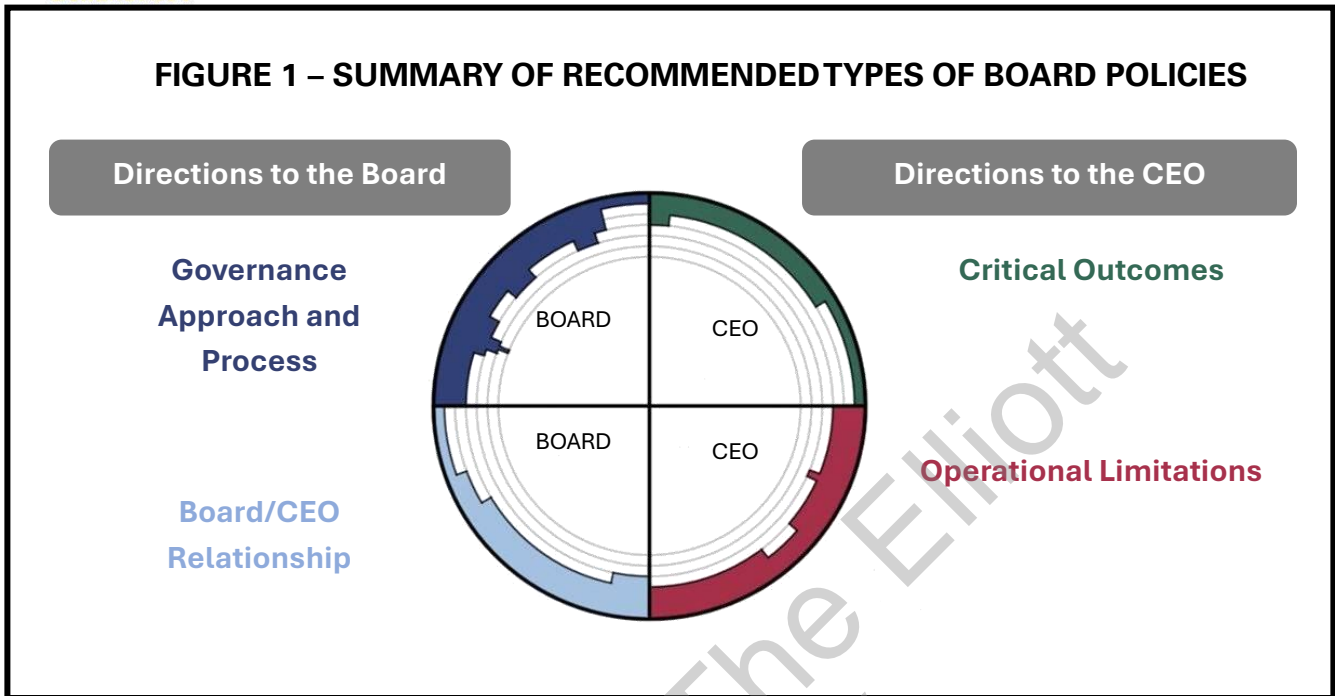
BOARD/CEO RELATIONSHIP – *Delegation of authority and monitoring of policy achievement.*

In these policies, the Board clarifies the manner in which it delegates authority to the CEO as well as how the Board structures its relationship with the CEO. These policies also address how it evaluates CEO performance including achievement of Critical Outcomes and Operational Limitations Policies.

GOVERNANCE PROCESS – *The Board’s logical governance philosophy/approach/system, structure, culture, and how the Board carries out its duties.*

In these policies, the Board determines its philosophy, its accountability, and the specifics of its own job.

FIGURE 1 – SUMMARY OF RECOMMENDED TYPES OF BOARD POLICIES



Using the criteria for Advanced Governance Systems, the policy driven governance principles emerge as a highly effective governance approach. These governing principles are summarized below.

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The Key Principles of Policy Driven Governance Summarized

Careholdership:

The Board exists to act as the informed voice or the agent of the careholders, whether they are careholders in a legal ownership or moral sense. All careholders are system partner, but not all system partners are careholders. Only those system partners or interested persons whose position in relation to an organization is equivalent to the position of “shareholders” in a for-profit-corporation are careholders. Careholders can also be defined as those people who, given the opportunity or if they know about you, care about the organization’s purpose and its ability to achieve its Critical Outcomes within its values, prudence, and equity over the long-term or as long as necessary.

PRINCIPLES OF POLICY DRIVEN GOVERNANCE

Principle 1 – Careholdership Representative/Engagement



The Board owns the organization (as trustee/steward) for some “careholdership” to whom the Board owes primary accountability.

Careholders should be distinguished from customers (or beneficiaries) and from all other stakeholders as the way the organizations connects with them, and their roles are very different.

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Position of the Board:

The Board is accountable to careholdership to ensure the organization successfully achieves the desired strategic impact within legal, equitable, prudent, and ethical values. As such it is not advisory to staff but an active link in the chain of accountability. All authority in the CEO, and the staff organization flows from the Board.

PRINCIPLES OF POLICY DRIVEN GOVERNANCE

Principle 2 – Position of the Board



With the careholdership above it and operational matters below it, governance forms a distinct link in the chain of accountability. **Its role is leader, not advisor.**

It exists to **exercise that authority and properly empower others** rather than to be management’s consultant, ornament, or adversary. The Board – not the staff – bears the full and direct responsibility for the process and products of governance, just as it bears accountability to any authority and performance expectations delegated to others.

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Board Holism:

The authority of the Board is held and used as a body or as a whole. The Board speaks with one voice in that its direction is expressed by the Board as a whole. Individual Board Members have no authority to make decisions for the Board or to instruct the CEO or staff (unless given that specific authority by the full Board).

Given this, the Board uses a minimum number of Board Committees.

PRINCIPLES OF POLICY DRIVEN GOVERNANCE

Principle 3 – Board Holism

The authority of the Board is held and used as a body.

The Board speaks with once voice in that its direction is expressed by the Board as a whole.

Individual Board Members have no authority to instruct the CEO or the staff.



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Critical Outcomes Policies:

The Board defines in writing its expectations about the intended effects (Critical Outcomes) to be produced, the intended recipients of those effects, and the intended worth (cost-benefit or priority) of the effects/outcomes. All decisions made about purpose, effects, recipients, and worth/return on the investment are Critical Outcomes decisions. All decisions about issues that do not fit the definition of Critical Outcomes are “means” or “how-to” or strategic/operating decisions. In all forms of governance, it is important to distinguish means from outcomes.

PRINCIPLES OF POLICY DRIVEN GOVERNANCE

Principle 4 – Critical Outcomes Policies

What needs(s) served, what good/results/impact, for what people, at what cost/investment.



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Board Approach and Process Policies:

The Board defines in writing the job philosophy, approach, results, practices, delegation style, and discipline that make up the Board’s job. These are Board process decisions and are categorized as “Board Process” Policies. They also include “Board/CEO Relationship” Policies.

PRINCIPLES OF POLICY DRIVEN GOVERNANCE

Principle 5 – Board (Governance) Approach and Process Policies

The Board must explicitly design its own product, approach, and process.

It is a disciplined job, not a rigid job. The Board’s job in 2024 and beyond is so much more than reading a Board package, approving motions, and attending periodic Board meetings.

It is a thinking job – so it is for people who want to engage in thought-leadership.

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Operational Limitations Policies:

The Board defines in writing its expectations about the means of the operational organization. However, rather than prescribing Board chosen means-- which would enable the CEO to escape accountability for achieving Critical Outcomes, these Operational Limitation Policies define limits on operational means, thereby placing boundaries on the authority granted to the CEO in strategy and operations. In effect, the Board describes those means that would be unacceptable even if they were to work. All other means, programs, approaches, strategies, operations are at the CEO’s discretion as long as they are reasonable.

PRINCIPLES OF POLICY DRIVEN GOVERNANCE

Principle 6 – Operational Limitations Policies

The Board delegates the authority needed for the CEO to achieve the Critical Outcomes, other than to identify what is not acceptable in terms of prudence, ethics, and equity in strategy and operations, i.e. the Board’s risk tolerances/boundaries.

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Policy Sizes:


The Board decides its policies in each category first at the broadest, most inclusive level. It further defines each policy in descending levels of detail until reaching the level of detail at which the Board is willing to accept any reasonable interpretation of the Board’s policy by the CEO.

PRINCIPLES OF POLICY DRIVEN GOVERNANCE

Principle 7 – Policy Sizes

The Board’s decisions in Critical Outcomes, Governance Process, Board/CEO Relationship, and Operational Limitations are made beginning at the broadest, most inclusive level and, if necessary, continuing into more detailed levels that narrow the interpretative range of higher levels, one articulated level at a time.

These documents – which replace or obviate Board expressions of mission , organizational vision, strategy, operations, and budget – are called Board policies.



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Critical Outcomes, Operational Limitations, Governance Process, and Board/CEO Relationship Policies are exhaustive in that they establish control over the entire organization, both Board and staff. They replace, at the Board level, more traditional documents such as detailed strategic plans, detailed line-by-line budgets, and administrative policies which outline how the organization conducts aspects of its business.

Clarity and Coherence of Delegation:

The identification of a Board delegate (i.e. the CEO) is unambiguous as to authority and responsibility. No subparts of the Board, such as Board Committees or officers, can be given jobs that interfere with, duplicate, or obscure the job given to the CEO.


PRINCIPLES OF POLICY DRIVEN GOVERNANCE

Principle 8 – Clarity and Coherence of Delegation

The Board should define and delegate rather than react and ratify.

A Board needs to define what its CEO is for, not what its CEO does.

The Board has one employee, the CEO.



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The Board delegates the responsibility to methodically interpret and implement Board policy to the CEO.

Any Reasonable interpretation of Board Policy:

More detailed decisions about Critical Outcomes and operational means are delegated to the CEO.

The CEO is delegated the authority and responsibility to interpret Board Critical Outcomes and Operational Limitations/Boundaries Policies by providing:

- operational definitions/operating outcomes
- measures and targets of how much good will be achieved, and
- rationale.

In the case of Board means/processes, delegation is to the Chief Governance Officer (CGO), i.e. the Board Chair unless part of the delegation is explicitly directed elsewhere, for example, to a Board Committee. The Board delegatee has the right to use any reasonable interpretation of the applicable Board policies. Normally the Board Chair (CGO) is responsible for interpreting Governance Process and Board/CEO Relationship Policies.

Monitoring:


The Board must monitor organizational performance against previously stated Critical Outcomes Policies and Operational Limitations Policies.

PRINCIPLES OF POLICY DRIVEN GOVERNANCE

Principle 9 – Any Reasonable Interpretation

The CEO has two main job products including:

1. organizational achievement as prescribed by the Board’s Critical Outcomes Policies... and,
2. assurance that organizational situations, activities, and operations never exceed the boundaries of acceptability as outlined in the Board’s Operational Limitations Policies.



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PRINCIPLES OF POLICY DRIVEN GOVERNANCE

Principle 10 – Monitoring

Assurance of Executive (CEO and Organizational) Performance

- Selection and appointment of the CEO.
- Monitoring of CEO achievement of a reasonable interpretation of the Critical Outcomes and achievement with a reasonable interpretation of Operational Limitations (risk boundary) Policies.


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Monitoring is for the purpose of discovering if the organization achieved a reasonable interpretation of these Board policies. The Board must therefore evaluate the CEO's interpretation for its reasonableness, and the data demonstrating the accomplishment of the interpretation. The ongoing monitoring of the Board's Critical Outcomes and Operational Limitations Policies and the related trends constitutes the majority of the CEO's annual summative performance evaluation.

Key Governance Principles and Practises For High Impact Boards

Outlined below are key governance principles and practices consistently demonstrated by high-impact Boards of Directors. These principles reflect the essential characteristics of effective governance in today's increasingly complex, dynamic, and accountable environment. They are strongly aligned with, and supported by, the integrated principles of the Policy Governance model outlined above. Rather than representing a collection of independent practices, these elements work together as an interconnected governance system that enables boards to provide clear strategic direction, exercise meaningful oversight, maintain accountability for organizational performance, and govern with foresight, discipline, and integrity. The Policy Governance approach offers a coherent framework through which Boards can intentionally develop and sustain these high-impact governance practices, helping to ensure that organizational purpose, performance, values, and accountability remain forward facing and effectively aligned.

FIGURE 2 KEY GOVERNING PRINCIPLES AND PRACTICES FOR HIGH IMPACT BOARDS	
1	Governing on Behalf of a Larger Group (Ownership/Careholdership) <ul style="list-style-type: none"> • Public and Ownership Accountability
2	Governing Through Policies – Record Board Decisions in Policy Format to Clearly Build and Record Board Direction – The Board’s Voice
3 & 4	Build Strategic Foresight and Define Critical Outcomes (Obsess About Intended Effects/Results) <ul style="list-style-type: none"> • Build understanding of environmental changes, asking challenging questions, looking for opportunities to have impact. • Board serves as a strategic leadership body
5	Protect the Prudence, Ethics, Equity of the Organization Through Identifying & Governing Values and Risk – Operational Boundaries <ul style="list-style-type: none"> • Creating boundaries for prudence, ethics, justice, and risk. • Enterprise Risk Governance • Fiduciary and Stewardship Responsibilities
6	Delegate the Work of Achieving Critical Outcomes Within Operational Means Boundaries

**FIGURE 2
KEY GOVERNING PRINCIPLES AND PRACTICES FOR HIGH IMPACT BOARDS**

7	CEO Interpretation of Board Policy Direction
8	Monitoring to Ensure Organizational Accountability Through Evaluating Critical Outcomes/Results and Risk Management Effectiveness <ul style="list-style-type: none"> • Performance Measurement and Accountability
9	Know the Board Job and Practice Board Discipline, Reflection, Board Evaluation, and Continuous Improvement <ul style="list-style-type: none"> • Speak as One Voice • Only Govern What You Should and Not All You Can • Clear Distinction Between Governance and Management • Competency-Based Board Recruitment
10	Build Board Leader Character/Effective Board Dynamics <ul style="list-style-type: none"> • Continuous Governance Improvement

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MINUTES OF OPEN BOARD MEETING

BOARD OF TRUSTEES MEETING

THURSDAY, MAY 7, 2026

G. ELLIOTT BOARDROOM

Board:	Kathy Wilkie (Chair), Lise Betteridge (Vice-Chair), David Kennedy (Secretary/Treasurer), Lisa Woolley, Justine Garner, Ted Sehl, Joanne Hohenadel, Katherine Hauser, Naeem Mir, Kim Wilson
Staff:	Michelle Karker (CEO), Tanya Watton (Chief of HR and Community Services), Al Van Leeuwen (CFO), Julie Spindler (Executive Assistant / Board Liaison)
Guests:	Karen Fryday-Field - Meridian Edge Consulting
Regrets:	Thomas Hunter, Danna Evans

1. WELCOME AND CALL TO ORDER

K. Wilkie called the meeting to order at 6:01 pm. Introductions were made, and Kim Wilson, who was appointed by Guelph City Council on April 21, 2026, was welcomed to her first Board meeting.

1.1 Disclosure

There were no disclosures of pecuniary interest.

1.2 Approval of the Agenda

Moved by K. Hauser, seconded by N. Mir that the May 7, 2026 agenda be accepted. CARRIED.

1.3. CEO's Statement of Compliance and Territorial Acknowledgement

The CEO confirmed that all government statutory deductions have been calculated and remitted, that all payroll-related statements of account are in good standing, and that The Elliott Community's Directors & Officers insurance policy is in effect with its current policy valid to July 2026.

The CEO provided a territorial acknowledgement.

2. Board Strategic Directions and Governance Development – K. Fryday-Field

2.1 Presentation: “Strategic Direction (Critical Outcomes Policies) –The Key Work of the Board”

K. Wilkie provided a brief introduction and background on how we got to where we are today in the Board's governance development work, including developing the next version of the Board's Critical Outcomes Policy.

Presentation facilitated by Karen Fryday-Field, focused on the consensus that has developed regarding the April 30th V5 draft of The Elliott Community Critical Outcomes Policy, described in the Strategic Direction (Critical Outcomes Policies) – The Key Work of the Board Briefing Report, and what it could look like to move forward with implementing the refreshed governance philosophy and approach and governance development priorities

2.2 Handout: “High-Level Board Governance Development Work Plan”

A draft Board High-Level Governance Development Work Plan was presented by Karen Fryday-Field, setting out the policies and tasks for the Board, Committees, and management to work on beginning in June. The proposed launch would be January 2027, the start of the next Board strategic cycle.

Direction to Board Members: Please continue reading your material, with further discussion at the June meeting.

3. CONSENT AGENDA

Items on the Consent Agenda included the Minutes of the April 2, 2026 Open Meeting of the Board of Trustees, Governance and Nominating Committee Highlights from the April 16, 2026 meeting, and Corporate Affairs Committee Highlights from the April 22, 2026 meeting. No items were removed from the Consent Agenda for discussion.

Moved by L. Woolley, seconded by T. Sehl that items noted on the Consent Agenda for the open meeting held on May 7, 2026 be approved. CARRIED.

4. THE ELLIOTT LTC RESIDENCE QUARTERLY REPORT Q1 2026

M. Karker presented the Elliott LTC Residence Quarterly report for Q1 2026. There were no questions.

Moved by N. Mir, seconded by K. Hauser that The Elliott LTC Residence Quarterly Report Q1 2026 be accepted. CARRIED.

5. NEW BUSINESS – OPEN MEETING

5.1 CEO’s Report May 2026

M. Karker presented the monthly CEO Report to the Board.

Moved by J. Garner, seconded by J. Hohenadel that the CEO’s Report for May 2026 be accepted. CARRIED.

6. CORRESPONDENCE FOR INFORMATION

6.1 GW OHT Community Newsletter April 2026

Received for information.

Slides from the collaborative governance session held on March 30, 2026 were shared with the Board via email on May 6, 2026.

7. UPCOMING MEETINGS

As noted on the agenda.

8. ADJOURNMENT – OPEN MEETING AND AUTHORITY TO MOVE INTO CLOSED MEETING

Having no other business raised, it was moved by J. Garner, seconded by K. Hauser that the Board of Trustees open meeting adjourn at 7:42 pm and now hold a meeting that is closed to the public, pursuant to the Municipal Act, Section 239 (j). CARRIED.

9. MOTIONS FROM CLOSED MEETING

Moved by J. Hohenadel, seconded by K. Hauser that the May 7, 2026 closed meeting Board Agenda be approved. CARRIED.

Moved by J. Hohenadel, seconded by K. Hauser that the items noted on the Consent Agenda for the closed meeting held on May 7, 2026 (Minutes of the April 2, 2026 Closed Meeting of the Board of Trustees) be approved. CARRIED.

Moved by J. Garner, seconded by L. Woolley that the Executive Leadership Team Strategic Report May 2026 be received for information. CARRIED

Moved by L. Betteridge, seconded by D. Kennedy that the Financial Position Report and Scorecards February 2026 be accepted. CARRIED.

Moved by N. Mir, seconded by J. Garner that the KPI Dashboard Q1 2026 be accepted. CARRIED.

Moved by K. Wilson, seconded by T. Sehl that the HR Annual Report for 2025 be accepted. CARRIED.

10. CHAIR'S ANNOUNCEMENTS & ADJOURNMENT

Having no other business raised, it was moved by K. Wilkie that the Board of Trustees open meeting adjourn at 8:41 pm. CARRIED.

Respectfully Submitted,

Approved by Motion of the Board of Trustees,

Julie Spindler
Executive Assistant
May 8, 2026

Kathy Wilkie
Chair, Board of Trustees
June 3, 2026

Minutes and Open Meeting Requirements of the Municipal Act for Local Boards

Dylan McMahon, City Clerk, City of Guelph

May 11, 2026

Minutes

Minutes are the historical record of an officially convened meeting of an organized decision-making body.

Record of meeting

S. 239 (7) A municipality or **local board** or a committee of either of them shall record **without note or comment** all resolutions, decisions and other proceedings at a meeting of the body, whether it is closed to the public or not.

Same

S. 239 (8) The record required by subsection (7) shall be made by,

- (a) the clerk, in the case of a meeting of council; or
- (b) the **appropriate officer**, in the case of a meeting of a local board or committee.

The 'Appropriate Officer'

- The 'appropriate officer' means the officer appointed by the Board to fulfill the requirements of S. 239 (7) of the Municipal Act
- The 'appropriate officer' cannot be a member of the Board as Board members cannot be officers of the organizations they govern

Minutes Without Note or Comment

- Interpreted consistently by Ontario municipalities, the Provincial Ombudsman and courts as establishing a neutral standard for minutes that include:
 - Motions and resolutions (mover/seconder and vote result)
 - Procedural matters (amendments, referrals, deferrals, etc.)
 - Attendance and timing
 - Neutral summaries (only where this is no motion)

Open Meeting Rule

- Municipal councils and local boards (and committees, sub-committees, etc.) must conduct their meetings in public.
- S. 239 (1) Except as provided in this section, all [local board] meetings shall be open to the public.

Open Meeting Exceptions

- A. Security of municipal property
- B. Personal matters about an identifiable individual
- C. Proposed or pending acquisition or disposition of land
- D. Labour relations or employee negotiations
- E. Litigation or potential litigation
- F. Advice that is subject to solicitor-client privilege
- G. A matter permitted under another Act to be considered in a closed meeting
- H. Information explicitly supplied in confidence by Canada, a province or territory or Crown agency
- I. Trade secret or scientific, technical, commercial, financial or labour relations information supplied in confidence
- J. Trade secret or financial information belonging to the municipality with monetary value
- K. A position, plan, procedure, criteria or instruction to be applied to any negotiations
- L. Training or education purposes, without advancing business or decision-making

Closed Meeting Minutes

- The same Municipal Act requirements exist for closed minutes as open minutes
- Appropriate officer must be present, can be delegated to other staff but not board members

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Community

May 12, 2026

Summary Notes – Discussion on Board Minutes, Closed Meetings & Municipal Act Requirements

Meeting Purpose

Discussion led by Dylan McMahon, City Clerk for the City of Guelph, regarding:

- Municipal Act requirements for board minutes
 - Open vs. closed meetings
 - Role of the “appropriate officer” in Closed meeting minute-taking
 - Governance implications for The Elliott Community Board practices
 - Balancing transparency, confidentiality, and practical governance needs
-

Key Participants

- Dylan McMahon – City Clerk, City of Guelph
 - Michelle Karker, CEO, TEC
 - Julie Spindler, EA & Board Liaison, TEC
 - Kathy Wilkie, Board Chair, TEC
 - Lise Betteridge, Board Vice-Chair, TEC
 - Ted Sehl, Chair, Corporate Affairs Committee, TEC

 - Regrets - David Kennedy, Past Chair, Corporate Affairs Committee, TEC
-

Key Themes Discussed

Dylan noted that although Boards governed by the Municipal Act generally follow the same rules as the City, they have a high degree of autonomy. The following key topics were addressed in his PPT presentation:

1. Municipal Act Requirements for Minutes

Legislative Requirement

Under the Municipal Act:

- All meetings (open and closed) must have minutes recorded.
- Minutes must be recorded “**without note or comment.**”

- Minutes are intended to be:
 - Neutral
 - Action-oriented
 - Procedural records

What SHOULD Be Included

Minutes should include:

- Motions/resolutions
- Mover and seconder
- Vote outcomes
- Attendance
- Start/end times
- Recesses/breaks
- Procedural motions
- Limited neutral summaries where necessary

What SHOULD NOT Be Included

Minutes generally should not include:

- Detailed debate
- Individual opinions
- Interpretive commentary
- Verbatim discussion
- Subjective summaries of why members voted a certain way

Rationale

- Boards/councils speak with "one voice"
- Detailed interpretive summaries create risk of:
 - Misrepresentation
 - Disputes over wording
 - Bias in minute-taking

2. Open vs. Closed Meetings

Open Meetings

Most (95-97%) board meetings should occur in open session with:

- Public notice
- Agenda
- Opportunity for public attendance

Closed Meetings

Closed meetings are permitted only under specific Municipal Act exceptions (Section 239), including:

- Personal matters
- Solicitor-client privilege
- Labour relations
- Financial/trade secret information
- Proprietary information (e.g. sensitive retirement home business matters)

Michelle explained that:

- Long-term care matters are generally open unless exempted
- Retirement home operations often require confidentiality due to competitive/proprietary concerns

3. Resolution Required to Move Into Closed Session

Before entering closed session:

- Board must meet in open session first
- A formal motion/resolution is required
- Resolution must:
 - Cite the applicable Municipal Act exception under S. 239
 - Provide as much topic detail as possible without revealing confidential information

Example:

- “Discussion regarding acquisition of property”
- “Personal matters about an identifiable individual”

4. “Rise and Report” / Reporting Out

Dylan recommended consideration of providing a brief summary of the closed meeting discussion after returning to open session.

Typical reporting out includes:

- Topic discussed
- Whether direction was provided
- Whether any action was taken

Julie explained current Elliott practice:

- All motions from closed session are approved in open session and recorded in the minutes.

Participants generally agreed:

- Greater transparency is beneficial where possible

5. Role of the “Appropriate Officer”

Requirement

The Municipal Act requires:

- An “appropriate officer” to record minutes
- This person cannot be a board member

Possible options:

- Executive Assistant
- CEO
- External professional (e.g. auditor, lawyer)
- External Consultant
- Delegated third party

(Note: an important distinction is that the City Clerk is hired by Guelph City Council, whereas the Elliott Executive Assistant, who generally serves as Recording Secretary for Board/Committee meetings, is not hired by the Elliott Board or Trustees, rather they are hired by and report to the Elliott CEO.)

Important Clarification

Even in closed meetings:

- Someone authorized must be present to take minutes
 - Board members alone cannot properly convene a closed meeting without an appropriate officer/minute taker
-

6. Significant Discussion: Sensitive In Camera Discussions

Major concerns raised by Ted, Lise and Kathy regarding staff members recording highly sensitive discussions involving management such as:

- CEO evaluations
- Harassment allegations
- Fraud discussions
- Auditor-only conversations
- Staff conflicts of interest

Dylan's Guidance

Someone authorized must still record official minutes. Therefore, possible solutions are:

- Delegate minute-taking authority to:
 - Auditor
 - Lawyer
 - External consultant
 - Another neutral third party

This was viewed as a potentially workable solution to the requirement that someone authorized must still record official minutes.

7. Distinction Between "Closed" and "In Camera"

Dylan clarified that the Municipal Act only recognizes Open meetings and Closed Meetings. "In camera" is commonly used terminology but not legally distinct under the Act.

8. Risk of Informal Board Discussions

Important reminder: A majority of board members discussing board business outside a properly convened meeting may constitute an illegal meeting.

Examples: Informal gatherings, group emails, social discussions involving board business. This prompted discussion about governance discipline and careful communication practices.

9. Detailed Discussion on Meeting Summaries vs. Minutes

Kathy raised a concern that:

- Pure motion-based minutes do not adequately preserve organizational reasoning or governance continuity and suggested some form of summary or discussion notes should exist

Dylan's guidance re possible approach included:

- Keep statutory minutes minimal
- Create separate:
 - Meeting summaries
 - Decision documents
 - Briefing notes
 - Governance records

These would:

- Exist outside the formal legislative minute record
- Provide historical context
- Support governance continuity

However, such documents may still be discoverable/legal records if retained.

10. Handling of Notes and Records

Key guidance:

- Personal draft notes used to prepare minutes are often destroyed once official minutes are approved

Concern discussed:

- Multiple versions of records could create legal/conflict risks

Important distinction:

- Official minutes = statutory record
 - Supplementary notes/summaries = separate governance documents
-

11. Storage and Confidentiality of Closed Meeting Records

Discussion included:

- Shared drives
- Board portals
- Cybersecurity
- Restricted access

Dylan advised:

- Closed meeting records must be securely stored
- Access should be limited to authorized individuals only

Potential methods:

- Restricted electronic folders
- Secure board portal permissions
- Locked physical storage

Special caution:

- Sensitive CEO/HR discussions may require alternate handling processes
-

12. Committee Reports and Recommendations

Michelle asked the City Clerk how Committee reports/recommendations should flow to the Board. Dylan replied that The Municipal Act is largely silent on Committee processes regarding reporting to the Board and supplementary

briefings/summaries; therefore, Boards have flexibility to develop governance practices and administrative processes that work for them.

13. Importance of Policies

Strong consensus emerged around developing Governance Process Policies (e.g. Board Decision-Making Policy, Committee Composition Policy, Board Communications, etc.)

Participants noted strong governance frameworks and policies reduce ambiguity and improve continuity and consistency over time.

14. Overall Takeaways

There was consensus that the Board needs to:

- Balance:
 - Legislative compliance
 - Transparency
 - Confidentiality
 - Governance effectiveness
- Clarify:
 - Minute-taking practices
 - Closed meeting procedures
 - Administrative expectations regarding committee reports to the Board
 - Storage/security protocols for confidential minutes of Closed meetings.

Other Key Insights Gained

- Board flexibility exists where legislation is silent. What **can** we do vs what **can't** we do.
- Closed meetings still require an authorized minute taker; however, delegation to an external party is possible.
- Supplementary governance documents may be created outside formal minutes. e.g. Summary Notes
- Governance policies will be critical moving forward.

Potential Follow-Up Actions Identified

1. Review current minute-taking practices
2. Clarify role/designation of “appropriate officer”
3. Determine when external minute takers may be appropriate
4. Develop guidance for:
 - o Closed session documentation
 - o Rise-and-report practices
 - o Governance summaries
5. Consider governance policies for:
 - o Board Decision-making
 - o Board Communications
6. Review board portal/document security practices
7. Consider broader Board governance discussion/training session - share PPT slides and summary meeting notes with Board for information; file in Orientation folder in Aprio for new Board member orientation

Note:

- Items 1, 2, 3 and 4 can be addressed in a Board Governance Process (GP) Policy on “Board Meeting Process and Minutes Policy”.
- Item 5 – can be addressed in future Board Governance Process Policies.

Date: May 14, 2026
To: GW OHT Integrated Care Council
From: Emmi Perkins, Director of Transformation
Subject: **GW OHT Integrated Care Council Key Messages – May 13, 2026**

Key Messages

The following are the Key Messages from the Guelph Wellington OHT (GW OHT) Integrated Care Council (ICC) meeting on **May 13, 2026**. Please share broadly with your staff, clinicians, boards, and partners.

- 1. New Integrated Care Council Member** – Members of the ICC are excited to welcome Lindsay Beuermann to the Integrated Care Council as the new Executive Director of the Minto-Mapleton Family Health Team.
- 2. Celebrations of Radical Collaboration** – At each ICC meeting, members are invited to share examples of radical collaboration amongst partners.
 - a) Seniors on Stevenson – Partners from CMHA WW joined to share this update on how CMHA WW collaborated with Stepping Stone to identify the need in the senior population for transitional housing. The program launched in April 2026 and provides housing for 4 seniors along with support services.
 - b) GW OHT Joint Quality Improvement Training – On April 4, GW OHT partners and members of the Data & QI Working Group met for a training session with in-house subject matter expertise from the RISE Platform, Guelph General Hospital and Guelph Family Health Team. Attendees left with tangible tools and strategies for quality improvement planning and cycles. The group plans to reconvene for more training in the fall.
 - c) Joint AGM between Guelph CHC, Stonehenge, Wyndham House, Kindle, Family & Children’s Services GW – As evidence of their on-going radical collaboration, these organizations are holding a joint Annual General Meeting (AGM) in June.
- 3. GW OHT Patient, Family, Caregiver (PFAC) Engagement Opportunity** – The GW OHT invites partners who may not have a PFAC to bring any projects and work they would like feedback on the GW OHT PFAC. Their next meeting is on June 10th.
- 4. Updated Integrated Care Council Terms of Reference** – The ICC reviews the Terms of Reference for the Council annually. The primary changes were to clarify the tri-chair model which consists of an executive, governor, and patient advisor. Additionally, the term length for these positions was increased to 1-2 years. The adjustment to term length was made in acknowledgement of the significant learning curve for new chairs entering the role. The Integrated Care Council endorsed all changes made to the Terms of Reference.
- 5. Primary Care Expansion Funding** – The GW OHT is thrilled to announce that we were successful in our proposal for primary care expansion funding that we submitted back in November. Primary care partners

will receive a total of \$4.6 million to attach approximately 12,000 patients to primary care. Our Family Health Teams and Community Health Centre are working to complete a collaborative implementation plan. Residents in need of a primary care provider can join the Health Care Connect waitlist. GW OHT partners are invited to promote the primary care attachment opportunity – resources can be found on the [GW OHT website](#).

- 6. One Team Approach Assessment 2026** – The One Team Approach definition and domains were developed by the GW OHT in 2023 to be a guiding term for the desired culture of integrated work with a people centered approach. This approach promotes greater efficiency, innovation, and a positive work environment. The assessment survey was distributed to GW OHT partners earlier this year. All domains of the One Team Approach showed improvement when compared to the 2024 results. ICC members discussed the results and discussed priority areas of focus for the coming year.
- 7. Aligning Strategic Priorities and Planning Processes** – The GW OHT ICC continues to advance collaborative governance as an enabler to achieve the GW OHT shared purpose (i.e. improved health of the population of Guelph Wellington). Previous discussion led to recognition that there is already great alignment between GW OHT strategic priorities and the strategic priorities of partners organizations. Next steps include:
- Continue to support organization who are undertaking strategic planning in 2026 to explore opportunities for process alignment
 - Create a shared resource list for OHT partners (including names of consultants with different strengths in planning vs. execution)
 - Invite group of interested ICC members to meet to consider progress to date (including summary of today's discussion) to guide process / recommendations back to ICC in June.

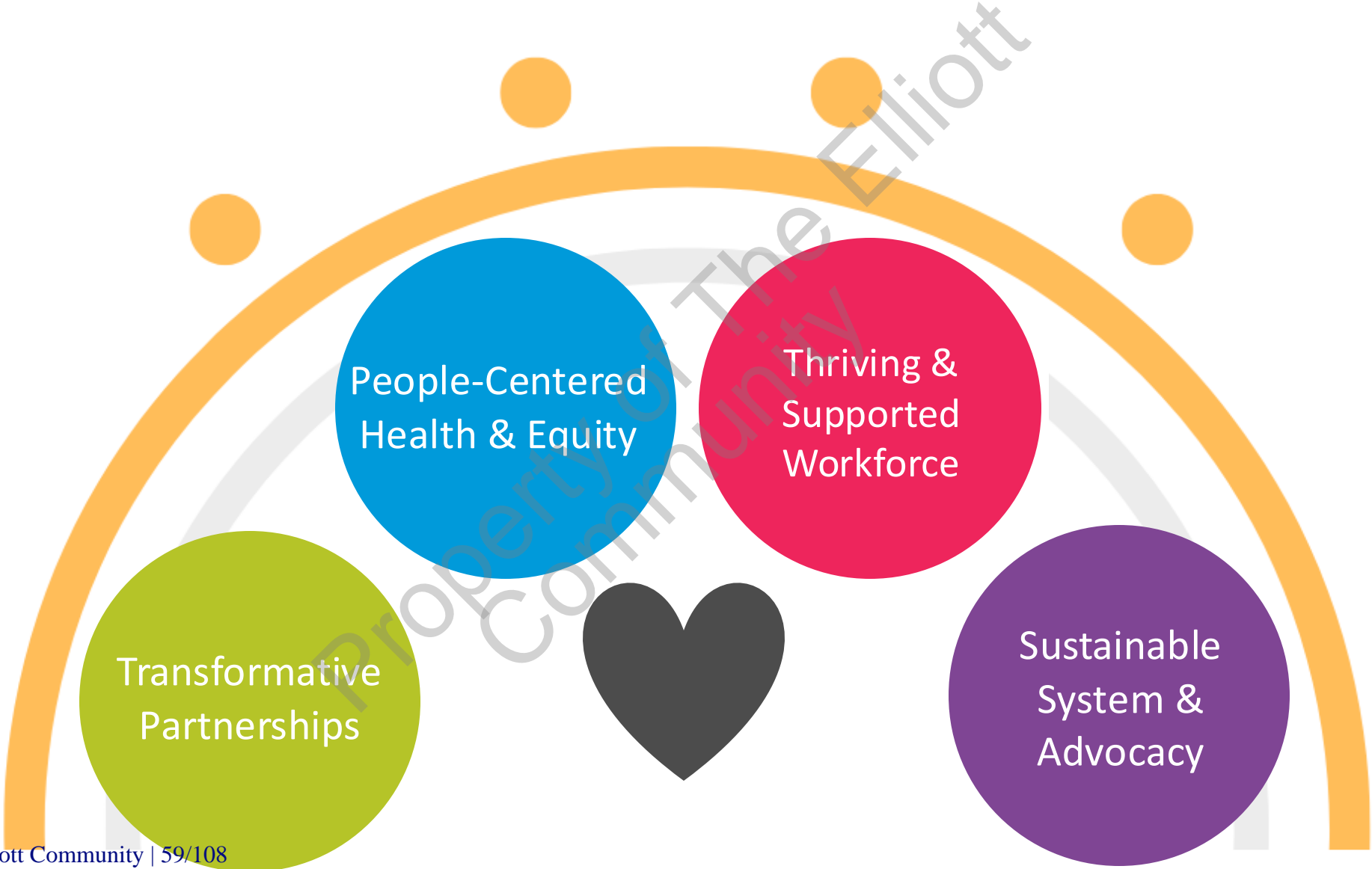
If you have any questions or comments, or would like to be involved in the Guelph Wellington Ontario Health Team, please contact Emmi Perkins (emmi.perkins@quelphwellingtonoht.com)

Guelph Wellington OHT
Integrated Care Council
May 13, 2026



**Guelph
Wellington**
Ontario Health Team

Strategic Priorities



IMPACT MEASURE

Thriving & Supported Workforce

Advancing **integrated care models** and **population health** strategies that prioritize early intervention, **equitable access**, and **person-centered** solutions to improve the well-being of individuals and communities.

City of Guelph, CMHA WW, East Wellington FHT, Amplify Care, Family & Children's Services of Guelph & Wellington County, Guelph CHC, Guelph FHT, Guelph General Hospital, Homewood, Minto-Mapleton FHT, OHaH, St. Joseph's, Stonehenge, the Elliott, Thresholds, Traverse Independence, University of Guelph, Upper Grand FHT, Wellington-Dufferin-Guelph Public Health, WHCA, Wyndham House, Mount Forest FHT (22)

IMPACT MEASURE

People-Centered Health & Equity

Advancing **integrated care models** and **population health** strategies that prioritize early intervention, **equitable access**, and **person-centered** solutions to improve the well-being of individuals and communities.

City of Guelph, CMHA WW, County of Wellington, East Wellington FHT, Amplify Care, Family & Children's Services of Guelph & Wellington County, Guelph CHC, Guelph FHT, Guelph General Hospital, Homewood, Kindle Communities, Minto-Mapleton FHT, Mount Forest FHT, OHaH, St. Joseph's, Stonehenge, the Elliott, Thresholds, University of Guelph, Upper Grand FHT, WHCA, Wyndham House (22)

IMPACT MEASURE

Sustainable System & Advocacy

Build a resilient health system through **data-driven decision-making**, strategic **resource alignment**, and advocacy to ensure long-term funding, workforce stability, and equitable, high-quality health and social outcomes for residents of Guelph Wellington.

City of Guelph, CMHA WW, County of Wellington, Amplify Care, Family & Children's Services of Guelph & Wellington County, Guelph FHT, Guelph General Hospital, Homewood, Minto-Mapleton FHT, Mount Forest FHT, St. Joseph's, Stonehenge, the Elliott, Thresholds, Traverse Independence, University of Guelph, Wellington-Dufferin-Guelph Public Health, WHCA, Wyndham House (19)

IMPACT MEASURE

Transformative Partnerships

Strengthen **collaborative leadership** and **shared governance** to drive system integration, enhance coordination, and create sustainable solutions that **improve health outcomes** across Guelph Wellington.

CMHA WW, Amplify Care, Family & Children's Services of Guelph & Wellington County, East Wellington FHT, Guelph General Hospital, Minto-Mapleton FHT, Mount Forest FHT, OHaH, St. Joseph's, the Elliott, Thresholds, Traverse Independence, University of Guelph, Upper Grand FHT, Wellington-Dufferin-Guelph Public Health, WHCA, Wyndham House (17)

GW OHT Partner Strategic Planning

East Wellington FHT	2025	Traverse Independence	2027
Minto Mapleton FHT	2026	Wellington Dufferin Guelph Public Health	2027
Amplify Care	2026	Wyndham House	2027
Stepping Stone	2026	Mount Forest FHT	2028
Thresholds	2026	Family and Children's Services of Guelph and Wellington County	2028
Stonehenge Therapeutic Community	2026	Guelph CHC	2029
Guelph FHT	2027	St. Joseph's Health Centre Guelph	2029
CMHA WW	2027	Upper Grand FHT	2029
Guelph General Hospital	2027	Homewood Health Centre	TBD
Groves Memorial Community Hospital	2027	Guelph Wellington Paramedic Services	TBD
North Wellington Health Care	2027	Ontario Health atHome	TBD
The Elliot Community	2027	University of Guelph	TBD

2025/26 Accountability: Attach all patients who are on the Health Care Connect (HCC) waitlist as of January 1, 2025. Provincial Goal = 100% attachment by 2029

Current status: The GW PCN is pleased to share that the Health Care Connect waitlist, as of January 1, 2025 has been fully cleared. Having worked collaboratively with our Health Care Connector and leveraging our NP Onboarding Program, partners have successfully attached 1105 patients from the HCC waitlist to primary care.

Pre Jan. 1 2025 waitlist % cleared to date	Pre Jan. 1 2025 waitlist # – total removed	Post Jan 1 – Total Removed (as of March 30, 2026)	Primary Care Team
100%	202	43	UG
100%	248	31	MF/UG
100%	218	12	MM/MF
100%	186	8	MM
100%	148	51	EW
100%	88	22	Guelph
	1105	167	

- Proposal for FY (26/27) due November 14.
- GW OHT allotted 1 proposal submission (determined by Ontario Health based on attachment need)
- Proposals that demonstrate the following will be selected:
 - strong collaboration and community engagement will be selected
 - readiness to implement

Guelph Wellington OHT wants to be the first OHT to achieve full attachment to interdisciplinary primary care teams.

GW OHT partners have collaboratively developed a comprehensive and inclusive plan that can be enacted NOW.

This will demonstrate the impact of provincial investments in OHTs and PCNs towards improving the health of local populations.

With an investment of \$6,410,420.50, partners in Guelph Wellington can achieve 100% attachment NOW!

Medical clinic



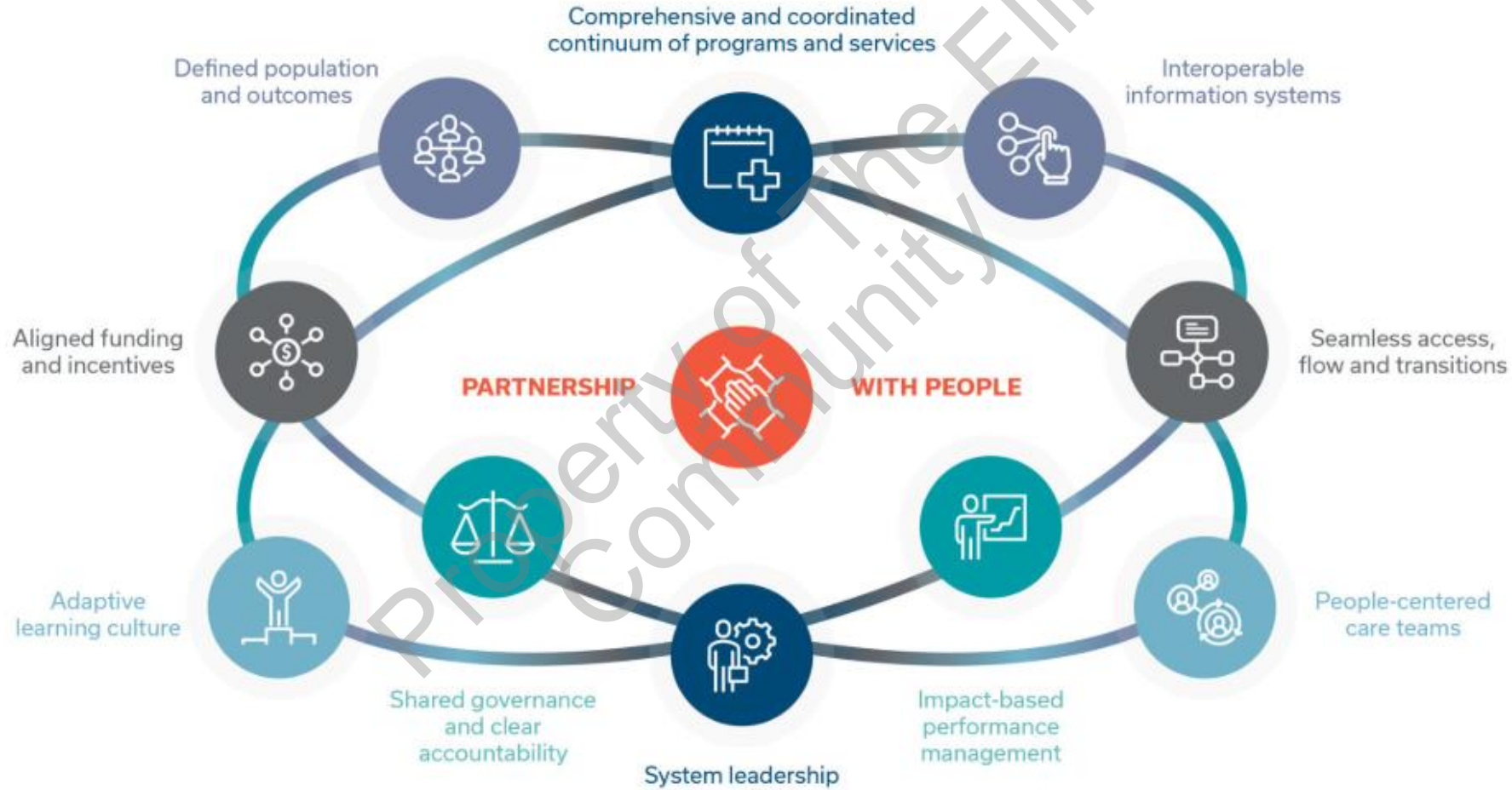
- We received ~72% of our requested amount (\$4,479,600/\$6,230,000) to attach 11,621-12,845 patients
- Each primary care partner organization was allocated a total funding amount, specific FTEs (i.e. admin, Interprofessional Health Provider (IHP)). The patient attachment targets is shared/collaborative

ONE-TEAM APPROACH

One-team Approach Definition

The one-team approach is a culture where individuals and groups work in an integrated way to put people at the centre, regardless of their functional or organizational boundaries. The approach emphasizes the importance of open communication, transparency, continuous improvement, equitable sharing of information and resources, with mutual support to achieve goals and objectives. Each member seeks to understand each other's strengths and differences, their roles and how they contribute to the success of the "one-team". This approach will promote greater efficiency, higher levels of innovation, and a more positive work environment while prioritizing compassionate, responsive care.

The 10 Design Principles of Integrated Care



Domains of a One Team Approach/Culture

Domain	Outcome Statements
Partners & Common Agenda The appropriate partners and a common agenda are in place	GW OHT is composed of a broad range of partners including organizations that address the social determinants of health (e.g., equity-deserving groups, children/youth, food insecurity, poverty, etc.) and are responsive to the needs of the community.
	All GW OHT partners understand and endorse the purpose of the GW OHT and are working collaboratively towards the strategic priorities.
Leadership Alignment Leadership and core support are there to align and coordinate the work	GW OHT leadership structure is adaptive and invested in ongoing learning and improvement.
	Core staff effectively model and guide GW OHT's strategic priorities
	Core staff collaboratively work towards alignment of GW OHT's activities with the strategic priorities
Sustainability Able to continue the work over the long-term	Sufficient funding (including permanent base funding) and resources are available to support the GW OHT over the long-term (i.e., 10 years).
	GW OHT has broad community/stakeholder support.
	Resource allocation is highly flexible to respond to population needs
	Sufficient investment in health human resources to recruit and retain staff.

Domain	Outcome Statements
Community/Stakeholder Communication & Engagement Building trust and strengthening relationships	GW OHT partners have implemented shared internal and external communication plans to support the OHT with clear roles and responsibilities.
	GW OHT partners have implemented a shared community and stakeholder engagement plan that incorporates an equity, diversity and inclusion (EDI) lens.
	GW OHT partners have a shared understanding of EDI and now it applies to the GW community.
Shared Data and Measurement Tracking progress, continuous learning, and accountability	GW OHT partners have collaborated in the design and management of a shared measurement framework.
	Quality data based on a set of meaningful indicators is accessible to all GW OHT partners and the community.
	A shared measurement framework is used for key decision-making, performance monitoring, and system planning.
Shared Protocols/Operations/ Resources Activities are integrated to maximize impact	GW OHT partner organizations have equitably shared functions and resources to support the OHT (e.g., clinical, back office).
	GW OHT partners are following shared protocols (e.g., communication)

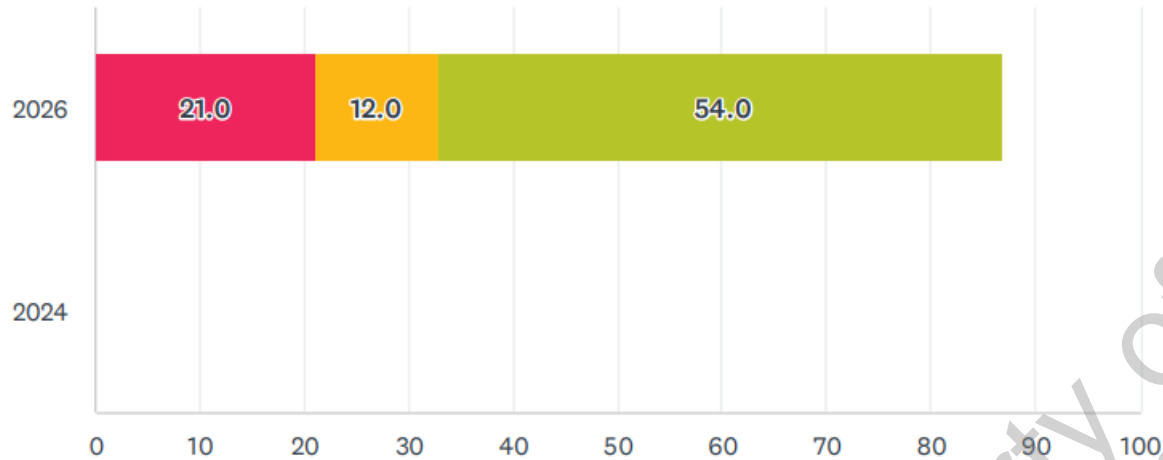
ONE-TEAM APPROACH

One-team Assessment

A One-Team Approach (OTA) Assessment Tool was developed in order to understand GW OHT's current state and progress towards fully adopting a one-team approach to their work. The purpose of the tool is to identify both the areas of strength and areas for improvement towards the one-team approach and direct action plans for ongoing development of the GW OHT. The Assessment Tool should be completed by the Steering Committee and the Transformation Table on an annual basis.

Q1 What is your role?

Answered: 85 Skipped: 23

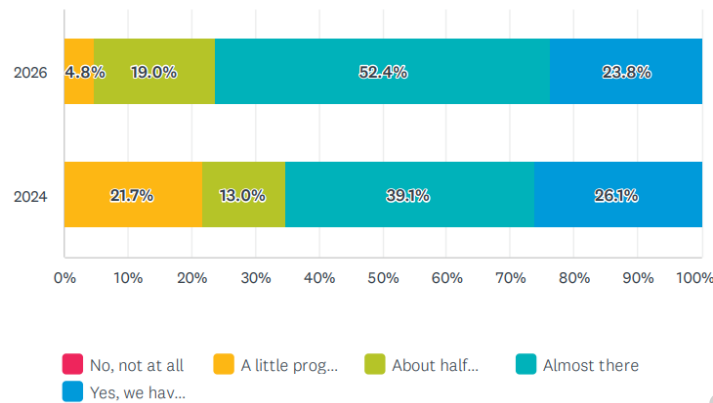


	TIER 4/5 MHA (1)	MHA IN IPCT/TIER 3 (2)	MHA SYSTEM PLANNING TABLE (3)	AOAT (4)	DATA & QUALITY (5)	DIGITAL HEALTH (6)	FINANCE (7)	WELLINGTON GUELPH HEALTH AND HOUSING COMMUNITY PLANNING TABLE (8)	HUMAN RESOURCES COP (9)	AI COP (10)	IPCT ADVISORY GROUP (11)
2026	25.64% 20	10.26% 8	16.67% 13	11.54% 9	16.67% 13	12.82% 10	1.28% 1	12.82% 10	1.28% 1	2.56% 2	12.82% 10
2024	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0
Total Respondents	20	8	13	9	13	10	1	10	1	2	10

Overall Responses (Comparing 2024:2026)

Q3 The GW OHT is comprised of a broad range of partners including organizations that address the social determinants of health (e.g., equity-deserving groups, children/youth, food insecurity, poverty, etc.).

Answered: 107 Skipped: 1

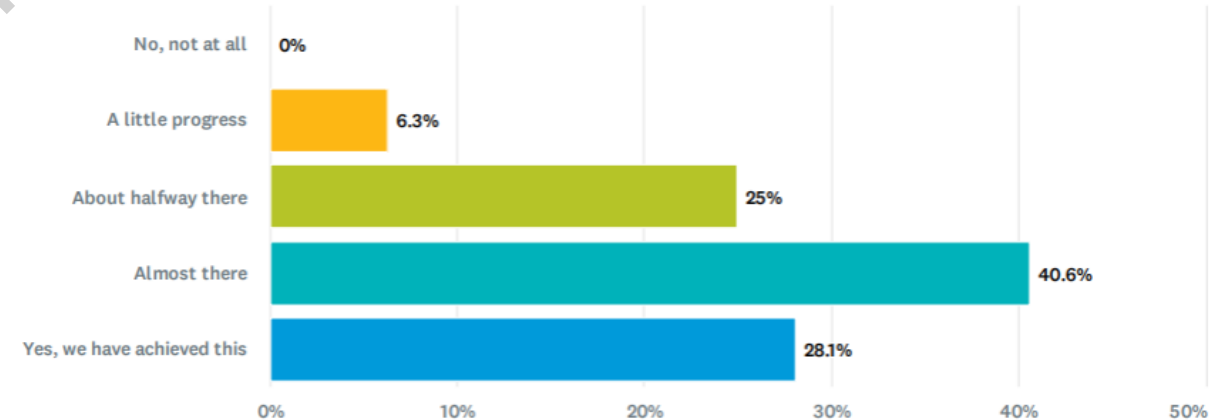


The majority of respondents believe the GW OHT is comprised of a broad range of partners. This score has improved from 65.2 to 76.2%

ICC Responses (2026)

Q3 32 responses

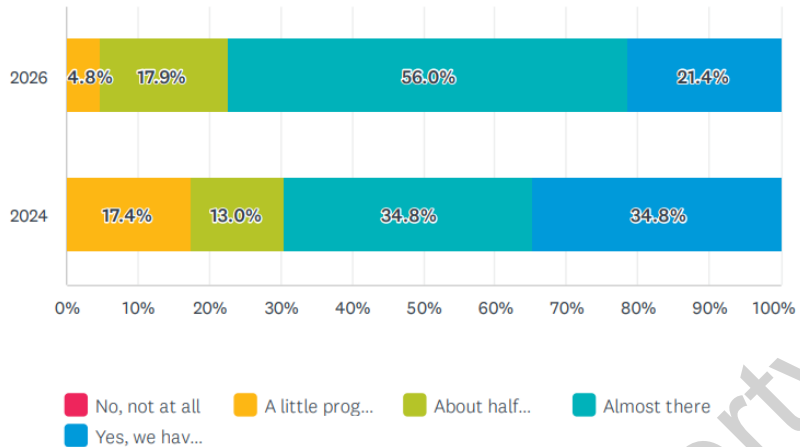
The GW OHT is comprised of a broad range of partners including organizations that address the social determinants of health (e.g., equity-deserving groups, children/youth, food insecurity, poverty, etc.).



Overall Responses (Comparing 2024:2026)

Q4 The GW OHT is comprised of a broad range of partners that are responsive to the needs of the community.

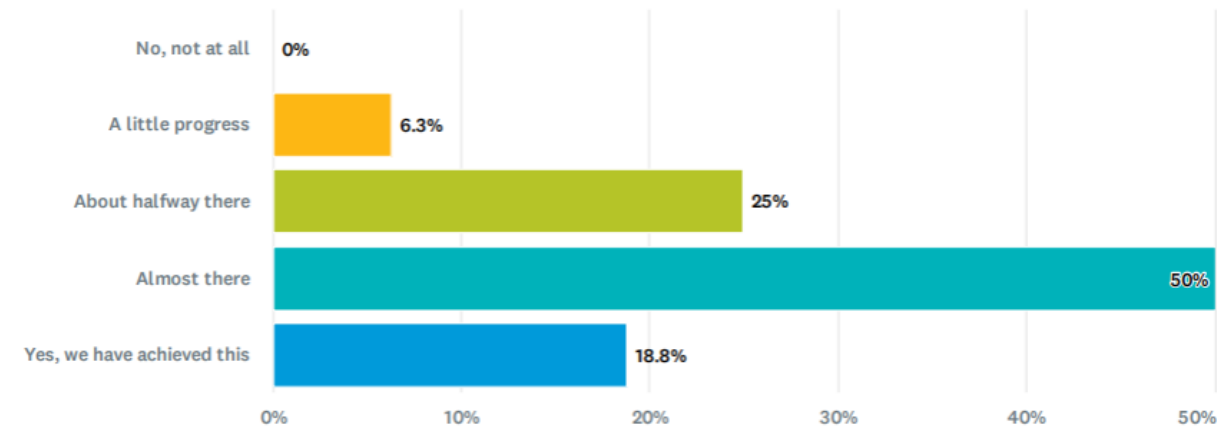
Answered: 107 Skipped: 1



ICC Responses (2026)

Q4 32 responses

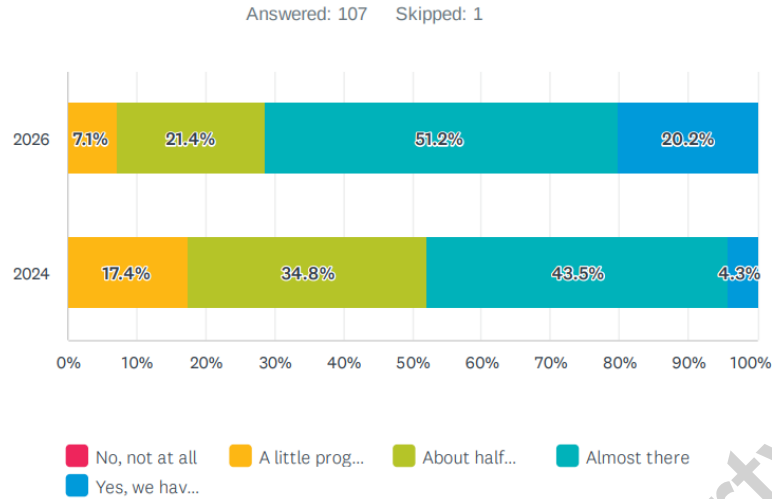
The GW OHT is comprised of a broad range of partners that are responsive to the needs of the community.



Most respondents believe the GW OHT is comprised of a broad range of partners that are responsive to the needs of the community. This score has increased from 69.6% to 77.4%

Overall Responses (Comparing 2024:2026)

Q5 All GW OHT partners understand and endorse the purpose of the GW OHT and are working collaboratively towards the strategic priorities.

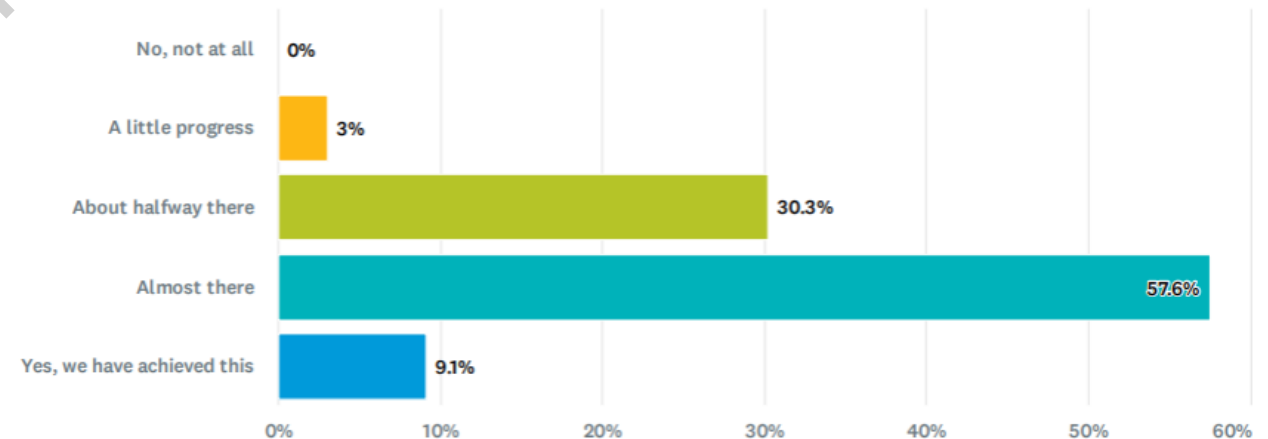


71.4% of respondents believe GW OHT partners understand and endorse the purpose of the GW OHT and are working collaboratively towards the strategic priorities. This score has increased from 47.8% to

ICC Responses (2026)

Q5 33 responses

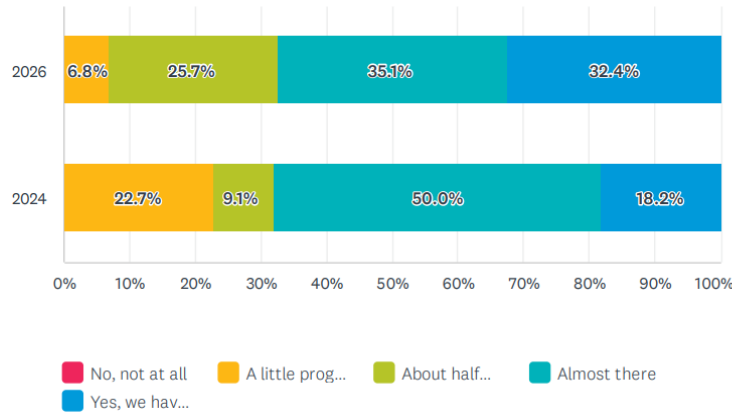
All GW OHT partners understand and endorse the purpose of the GW OHT and are working collaboratively towards the strategic priorities.



Overall Responses (Comparing 2024:2026)

Q7 The GW OHT leadership structure is adaptive and invested in ongoing learning and improvement.

Answered: 96 Skipped: 12

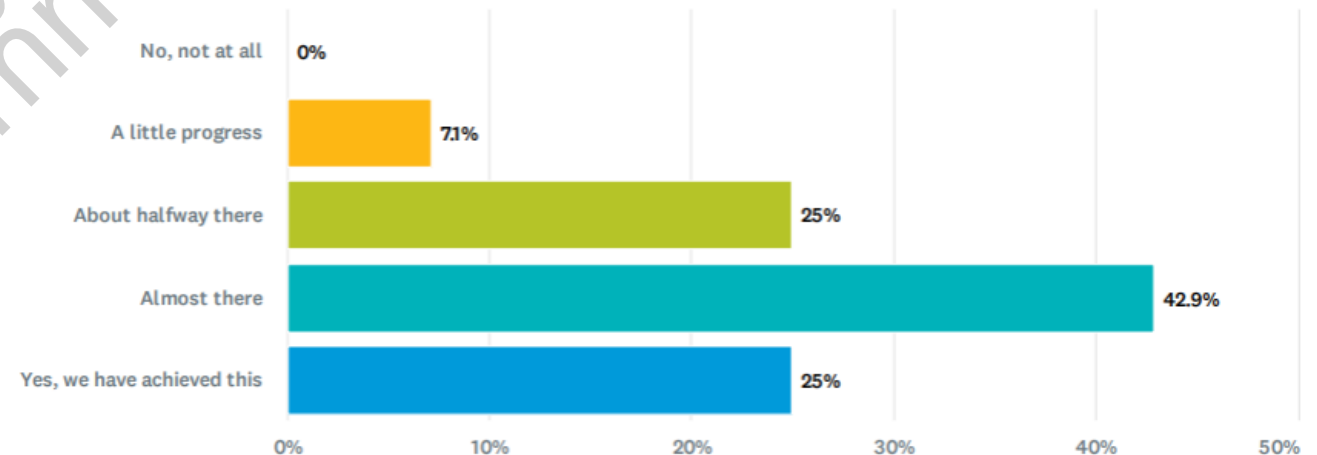


~ 68% of respondents believe GW OHT leadership structure is adaptive and invested in ongoing learning and improvement. This score is largely unchanged.

ICC Responses (2026)

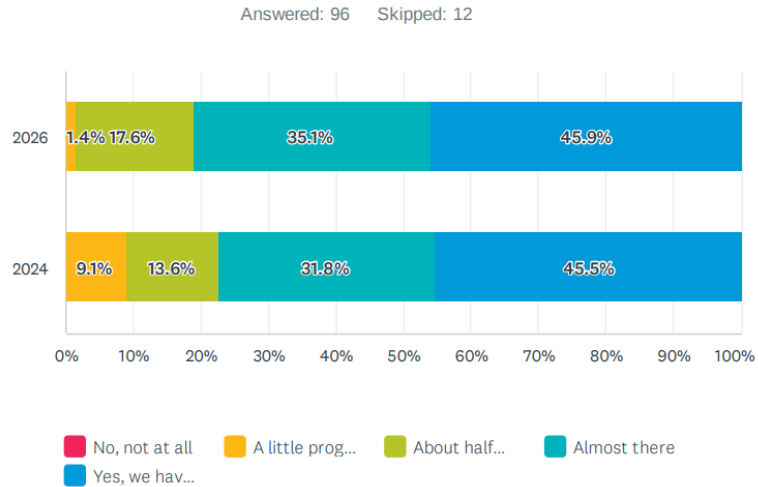
Q7 28 responses

The GW OHT leadership structure is adaptive and invested in ongoing learning and improvement.



Overall Responses (Comparing 2024:2026)

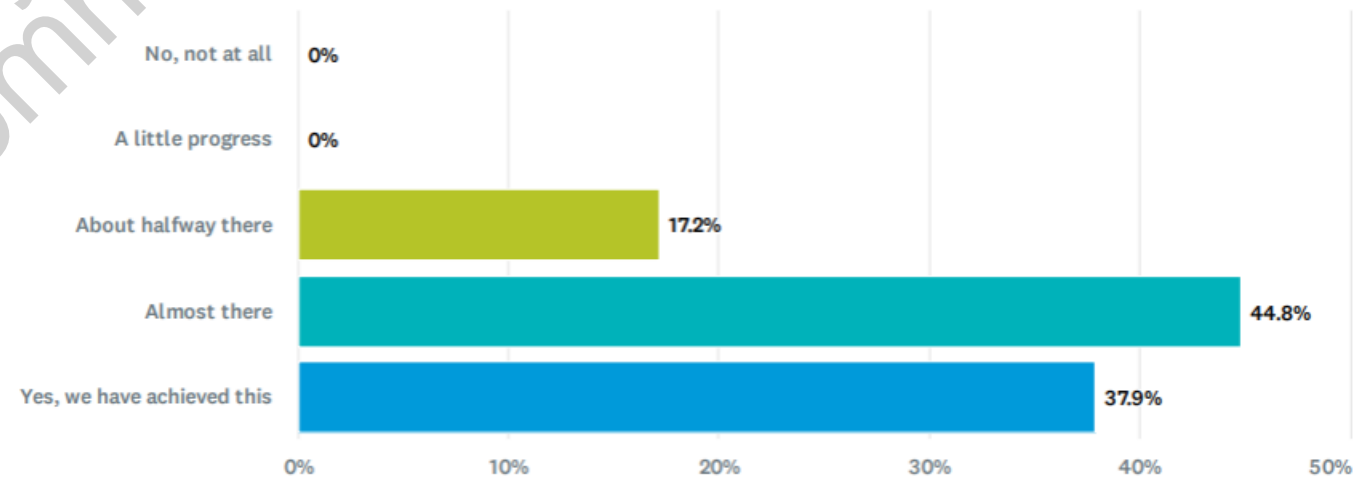
Q8 The GW OHT core staff effectively model and guide the OHT's strategic priorities.



ICC Responses (2026)

Q8 29 responses

The GW OHT core staff effectively model and guide the OHT's strategic priorities.

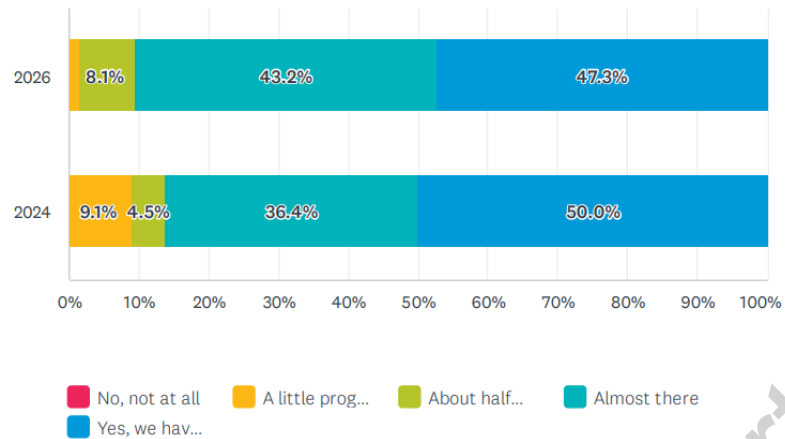


Most respondents believe the GW OHT core staff effectively model and guide the OHT's strategic priorities. This score has increased from 77.3% to 81%.

Overall Responses (Comparing 2024:2026)

Q9 The GW OHT core staff work towards alignment of the OHT's activities with the strategic priorities.

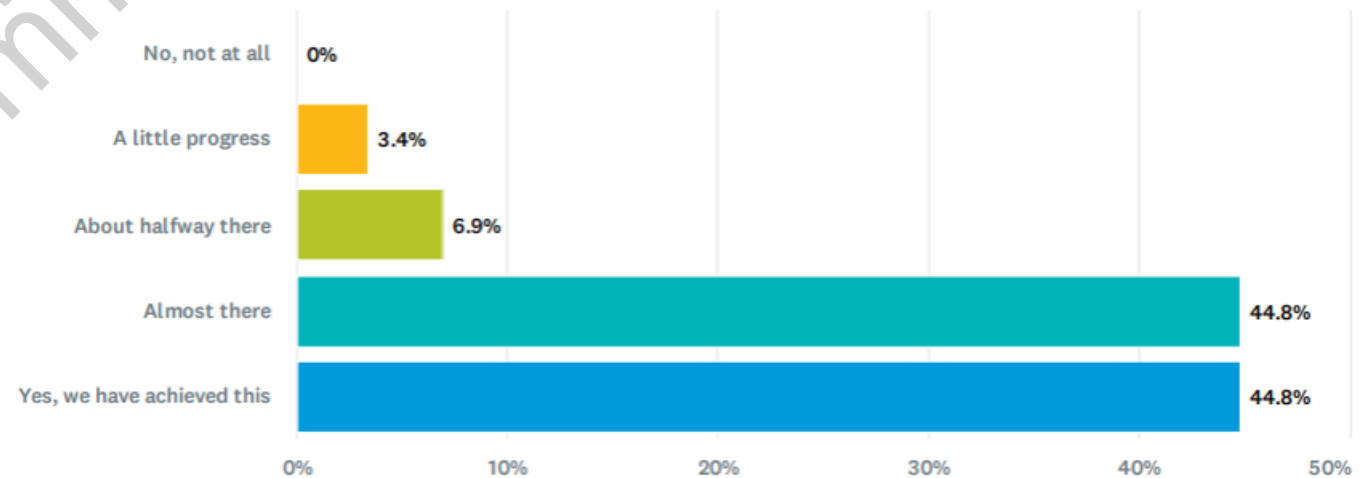
Answered: 96 Skipped: 12



ICC Responses (2026)

Q9 29 responses

The GW OHT core staff work towards alignment of the OHT's activities with the strategic priorities.

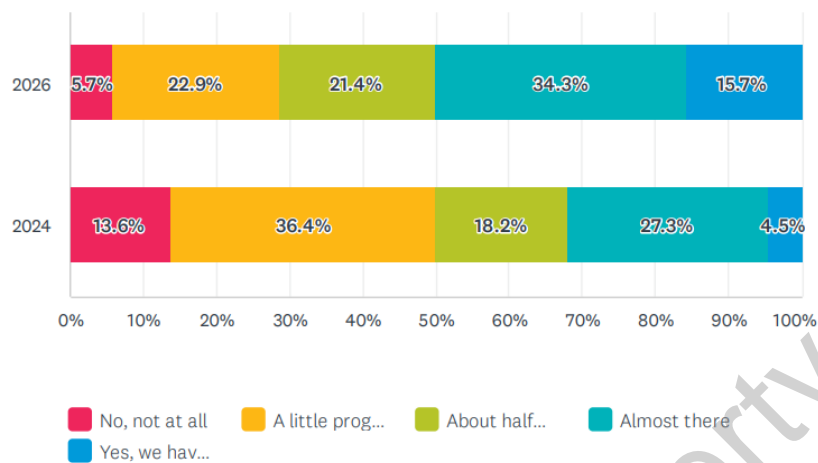


Most respondents believe the GW OHT core staff work towards alignment of the OHT's activities with the strategic priorities. This score has increased from 86.4% to 90.5%.

Overall Responses (Comparing 2024:2026)

Q11 GW OHT partner organizations have equitably shared functions and resources to support the OHT (e.g., clinical, back office).

Answered: 92 Skipped: 16

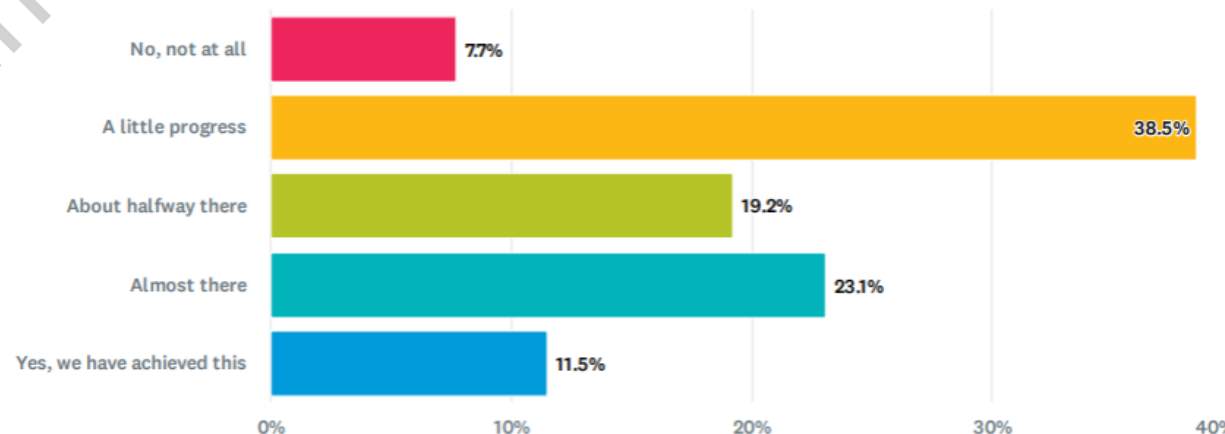


Half of respondents believe GW OHT partner organizations have equitably shared functions and resources to support the OHT (e.g., clinical, back office). This score has increased from 31.8% to 50%.

ICC Responses (2026)

Q11 26 responses

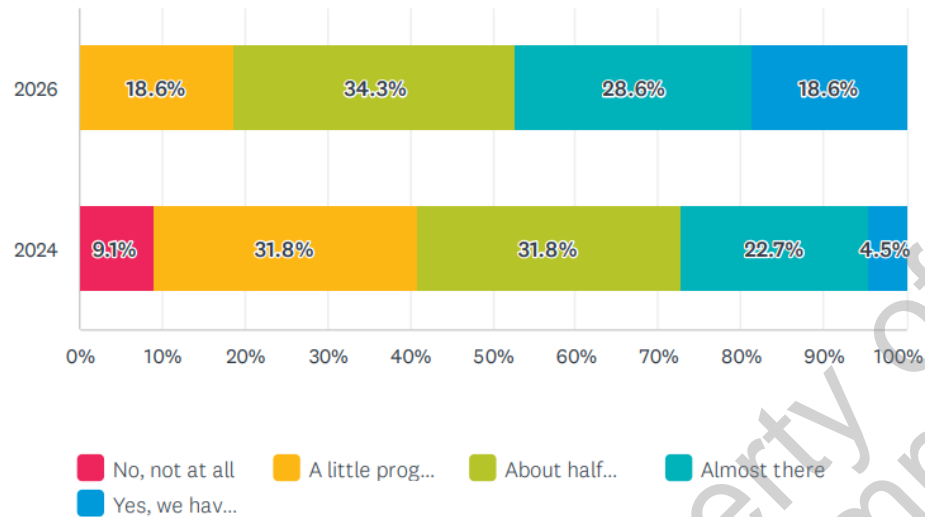
GW OHT partner organizations have equitably shared functions and resources to support the OHT (e.g., clinical, back office).



Overall Responses (Comparing 2024:2026)

Q12 GW OHT partners are following shared protocols (e.g., communication).

Answered: 92 Skipped: 16

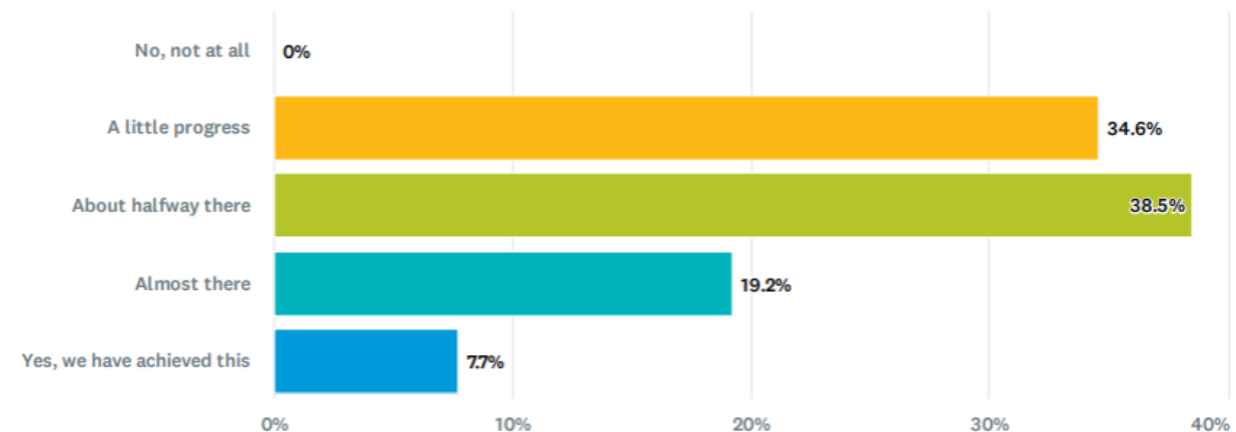


47.2% of respondents believe GW OHT partners are following shared protocols. This score has increased from 27.2% to 47.2%.

ICC Responses (2026)

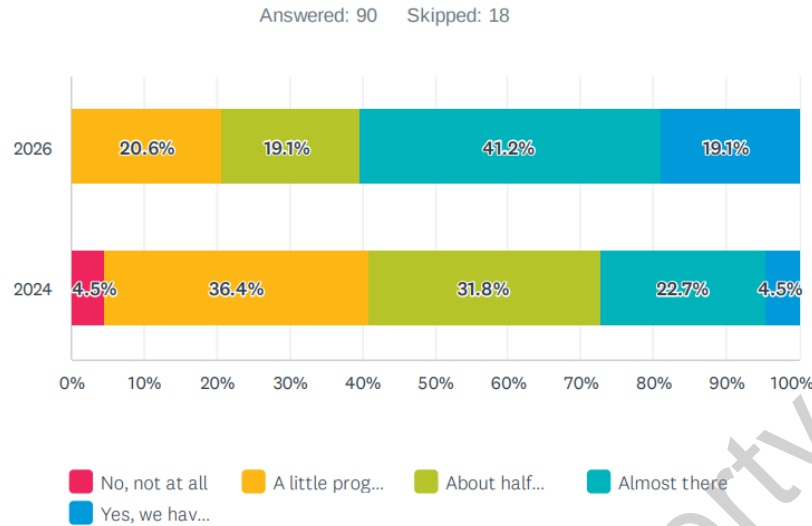
Q12 26 responses

GW OHT partners are following shared protocols (e.g., communication).



Overall Responses (Comparing 2024:2026)

Q14 GW OHT partners have implemented shared internal and external communication plans to support the OHT with clear roles and responsibilities.

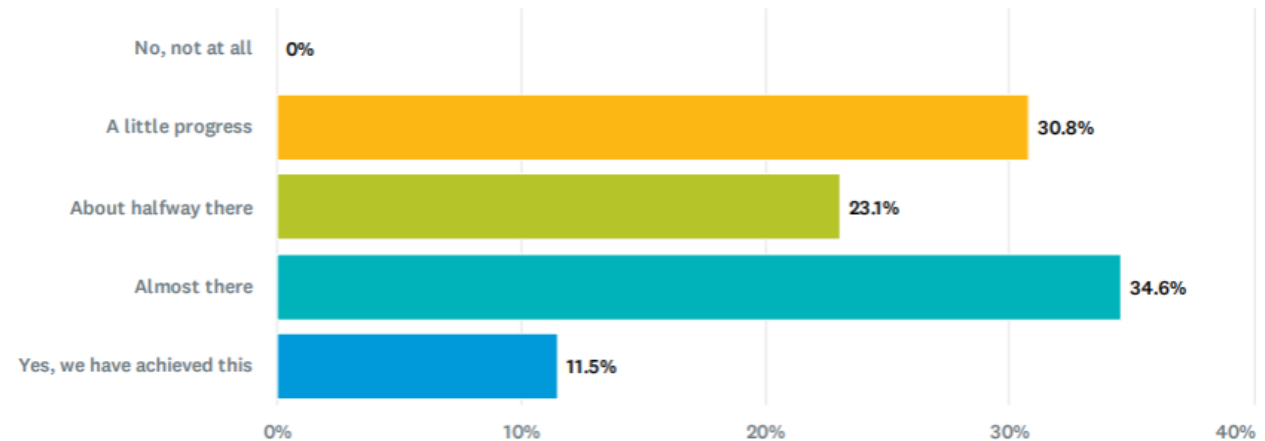


Majority of respondents believe GW OHT partners have implemented shared internal and external communication plans to support the OHT with clear roles and responsibilities. Top ratings of this score has increased from 27.2% to 60.3%.

ICC Responses (2026)

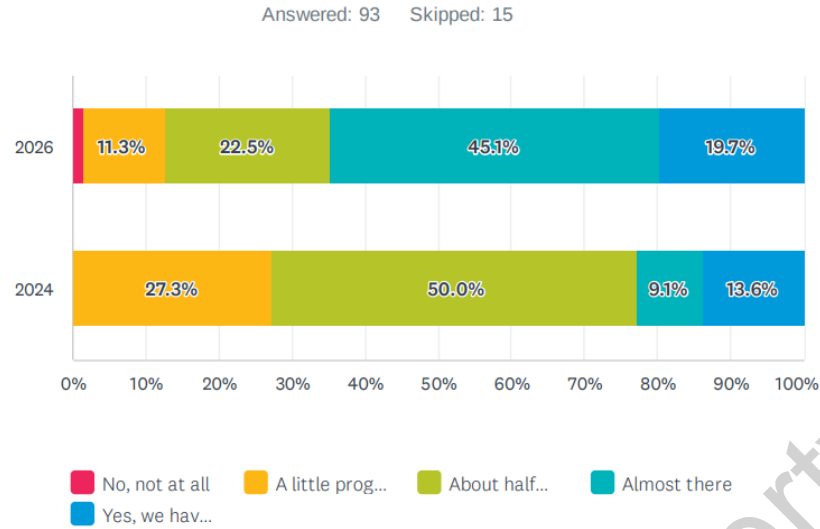
Q14 26 responses

GW OHT partners have implemented shared internal and external communication plans to support the OHT with clear roles and responsibilities.



Overall Responses (Comparing 2024:2026)

Q15 GW OHT partners have implemented a shared community and stakeholder engagement plan that incorporates an equity, diversity and inclusion (EDI) lens.

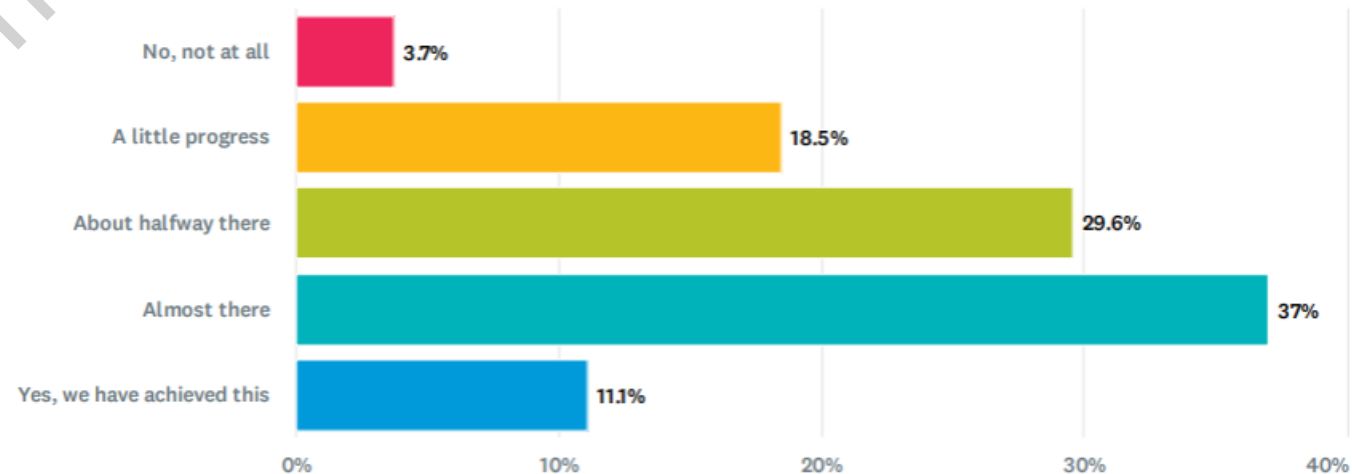


Majority of respondents believe GW OHT partners have implemented a shared community and stakeholder engagement plan that incorporates an equity, diversity and inclusion (EDI) lens. Top ratings of this score has increased from 22.7% to 64.8%.

ICC Responses (2026)

Q15 27 responses

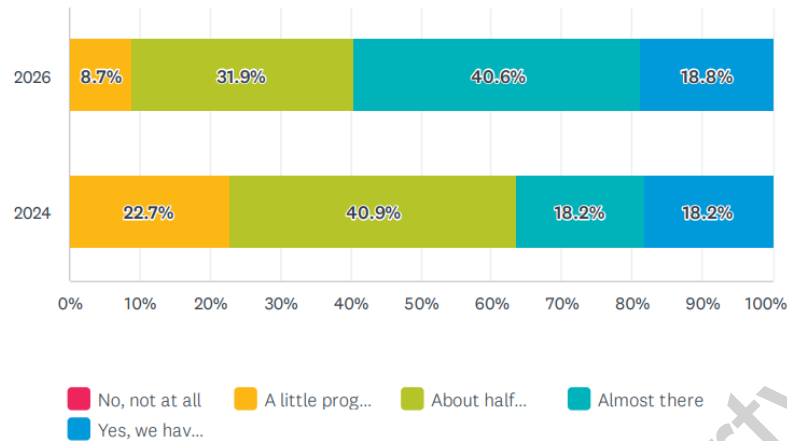
GW OHT partners have implemented a shared community and stakeholder engagement plan that incorporates an equity, diversity and inclusion (EDI) lens.



Overall Responses (Comparing 2024:2026)

Q16 GW OHT partners have a shared understanding of EDI and now it applies to the GW community.

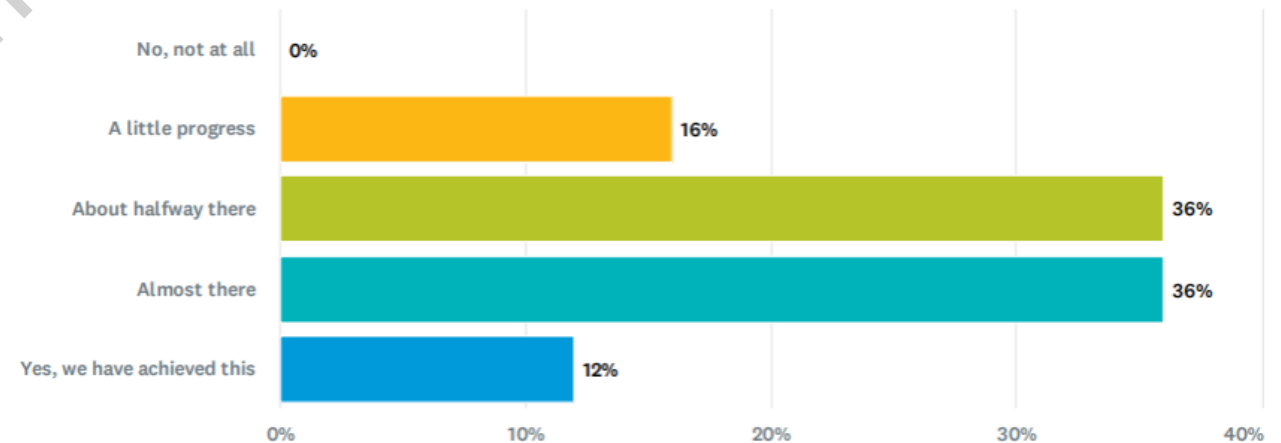
Answered: 91 Skipped: 17



ICC Responses (2026)

Q16 25 responses

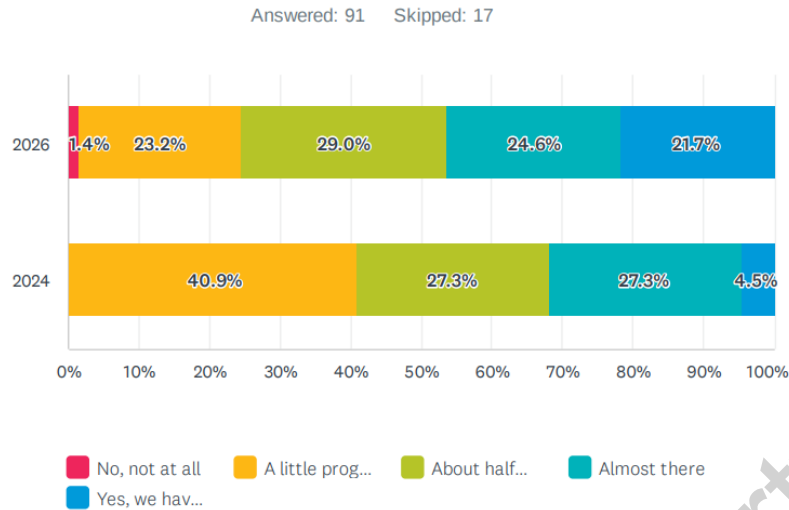
GW OHT partners have a shared understanding of EDI and now it applies to the GW community.



Majority of respondents believe GW OHT partners have a shared understanding of EDI and now it applies to the GW community. Top ratings of this score have increased from 36.4% to 59.4%.

Overall Responses (Comparing 2024:2026)

Q18 GW OHT partners have collaborated in the design and management of a shared measurement framework.

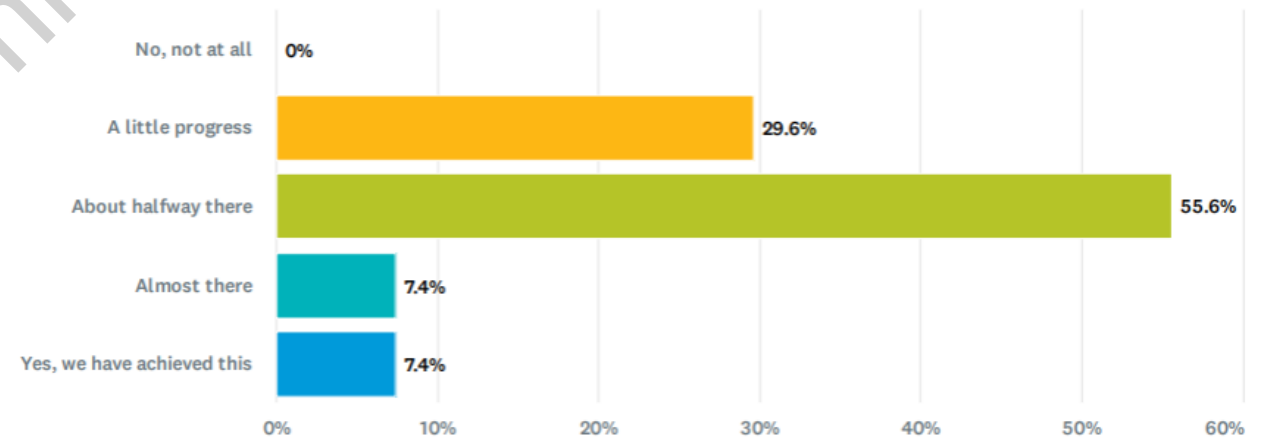


46.3% of respondents believe GW OHT partners have collaborated in the design and management of a shared measurement framework. Top ratings of this score has increased from 31.8% to 46.3%.

ICC Responses (2026)

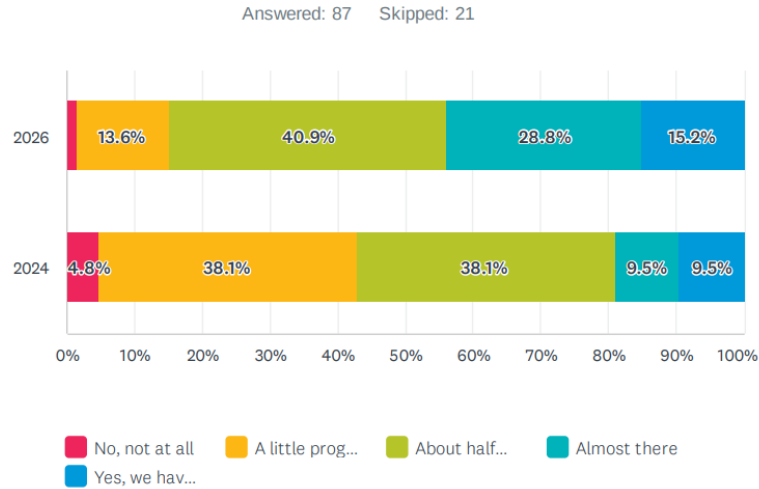
Q18 27 responses

GW OHT partners have collaborated in the design and management of a shared measurement framework.



Overall Responses (Comparing 2024:2026)

Q19 Quality data based on a set of meaningful indicators is accessible to all GW OHT partners and the community.

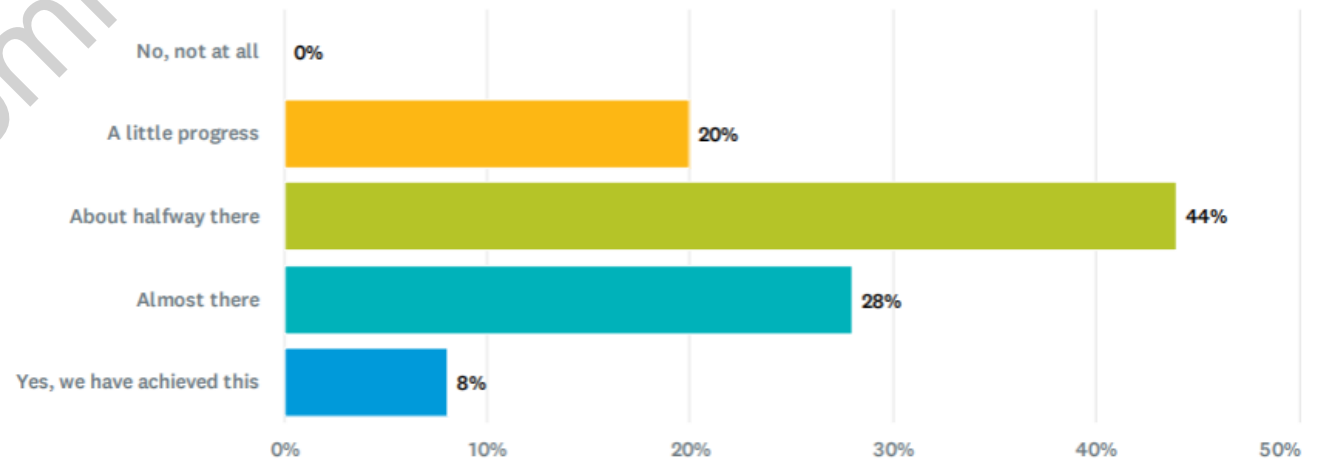


44% of respondents believe quality data based on a set of meaningful indicators is accessible to all GW OHT partners and the community. Top ratings of this score has increased from 19%.

ICC Responses (2026)

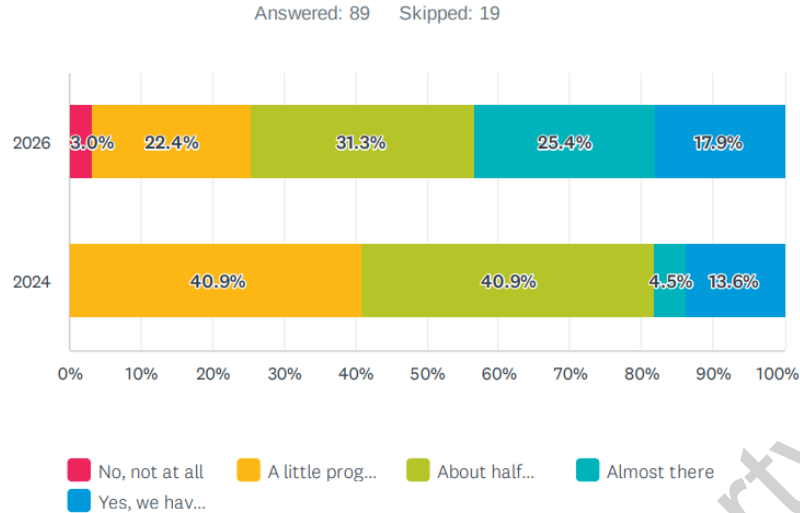
Q19 25 responses

Quality data based on a set of meaningful indicators is accessible to all GW OHT partners and the community.



Overall Responses (Comparing 2024:2026)

Q20 A shared measurement framework is used for key decision-making, performance monitoring, and system planning.

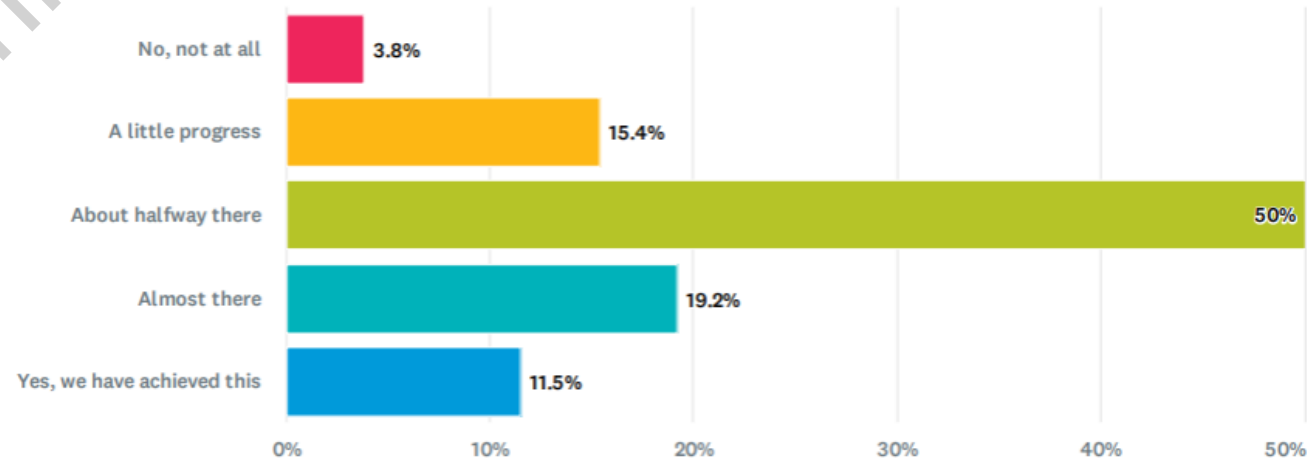


43.3% of respondents believe a shared measurement framework is used for key decision-making, performance monitoring, and system planning. Top ratings of this score have increased from 18.1%.

ICC Responses (2026)

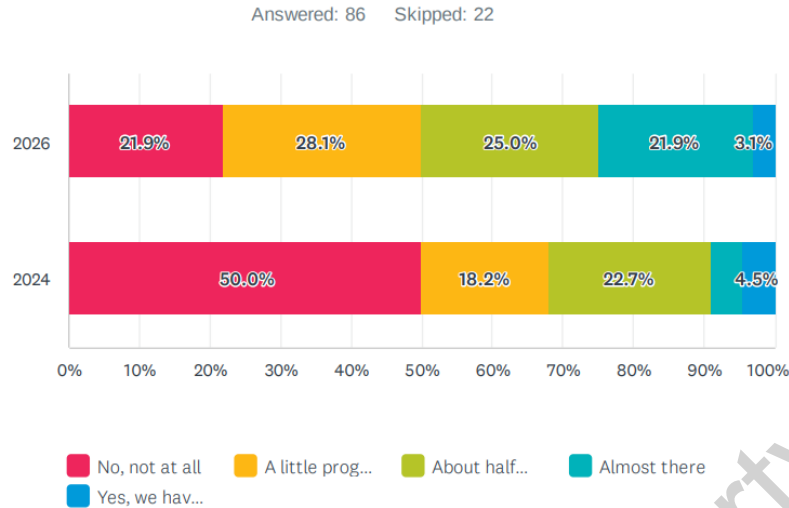
Q20 26 responses

A shared measurement framework is used for key decision-making, performance monitoring, and system planning.



Overall Responses (Comparing 2024:2026)

Q22 Sufficient funding (including permanent base funding) and resources are available to support the GW OHT over the long-term (i.e., 10 years).

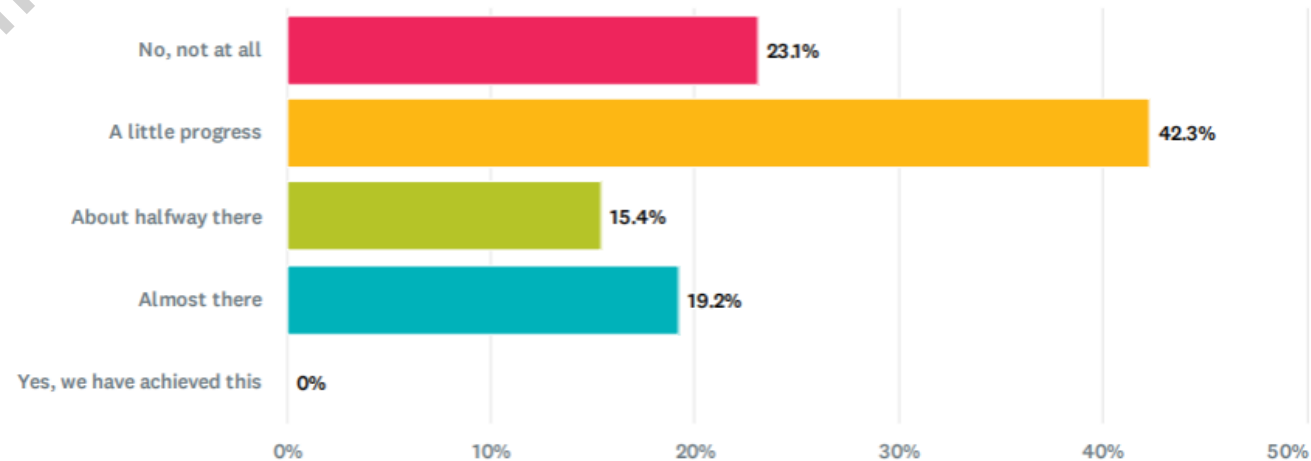


25% of respondents believe sufficient funding (including permanent base funding) and resources are available to support the GW OHT over the long-term (i.e., 10 years). Top ratings of this score increased from 9%

ICC Responses (2026)

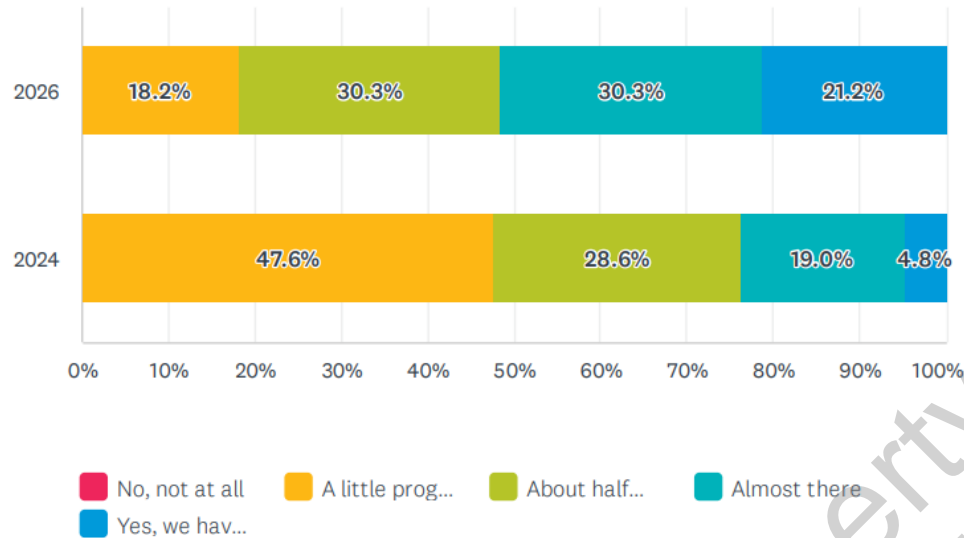
Q22 26 responses

Sufficient funding (including permanent base funding) and resources are available to support the GW OHT over the long-term (i.e., 10 years).



Overall Responses (Comparing 2024:2026) Q23 The GW OHT has broad community/stakeholder support.

Answered: 87 Skipped: 21

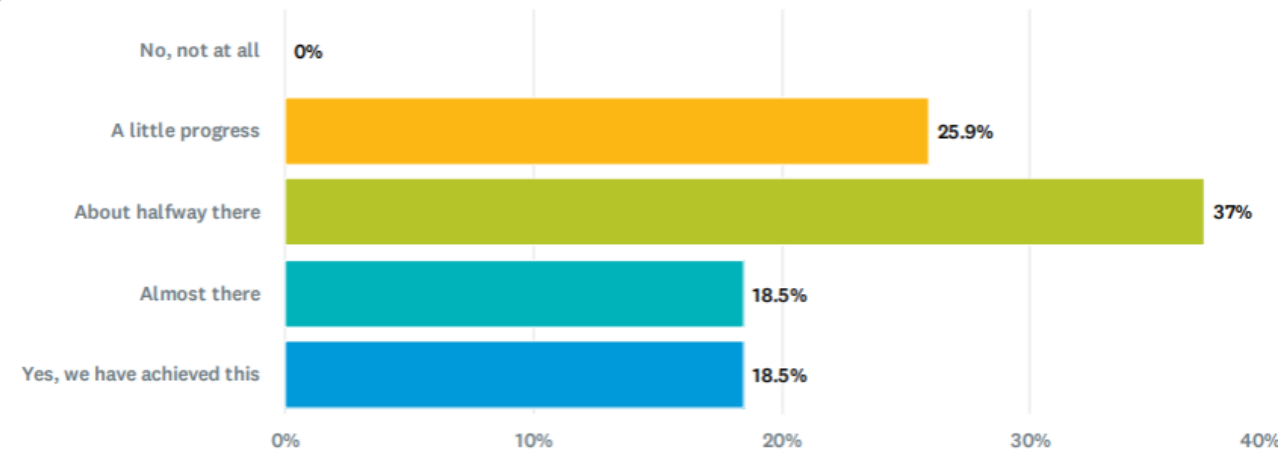


51.5% of respondents believe the GW OHT has broad community/stakeholder support. Top ratings of this score increased from 23.8%

ICC Responses (2026)

Q23 27 responses

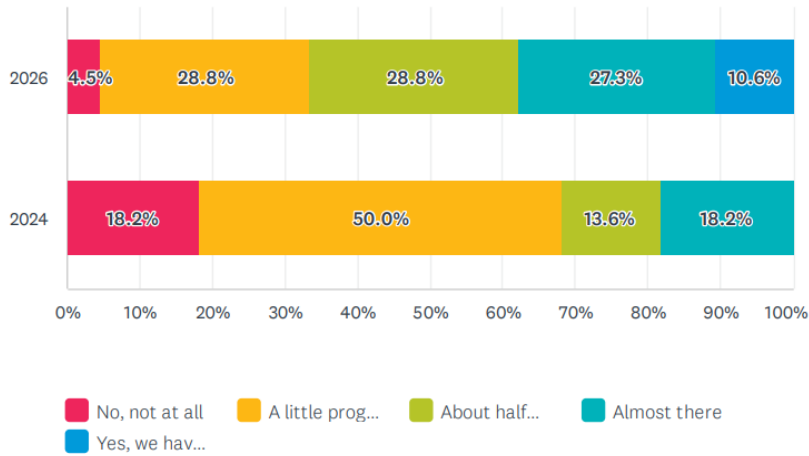
The GW OHT has broad community/stakeholder support.



Overall Responses (Comparing 2024:2026)

Q24 Resource allocation is flexible to respond to population health needs.

Answered: 88 Skipped: 20

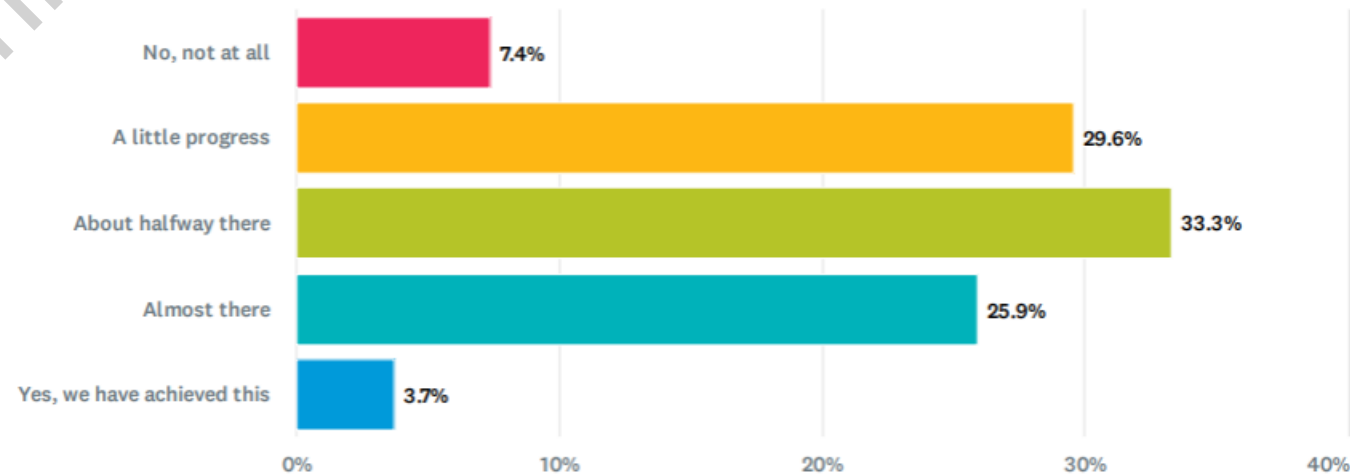


37.9% of respondents believe resource allocation is flexible to respond to population health needs. Top ratings of this score increased from 31.8%

ICC Responses (2026)

Q24 27 responses

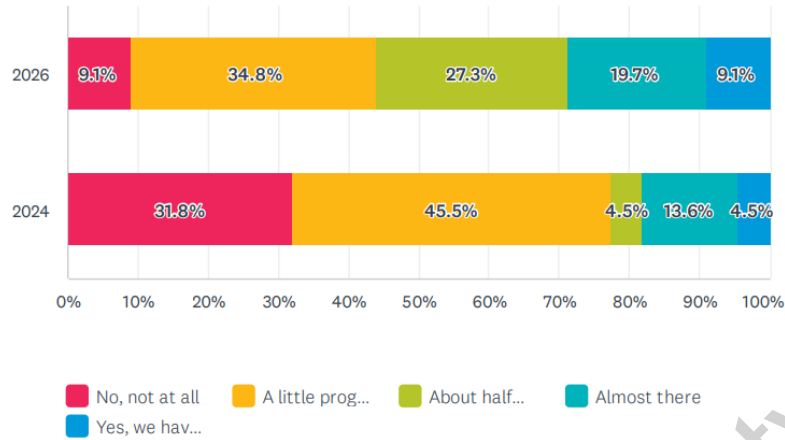
Resource allocation is flexible to respond to population health needs.



Overall Responses (Comparing 2024:2026)

Q25 There is sufficient investment in health human resources to recruit and retain staff.

Answered: 88 Skipped: 20

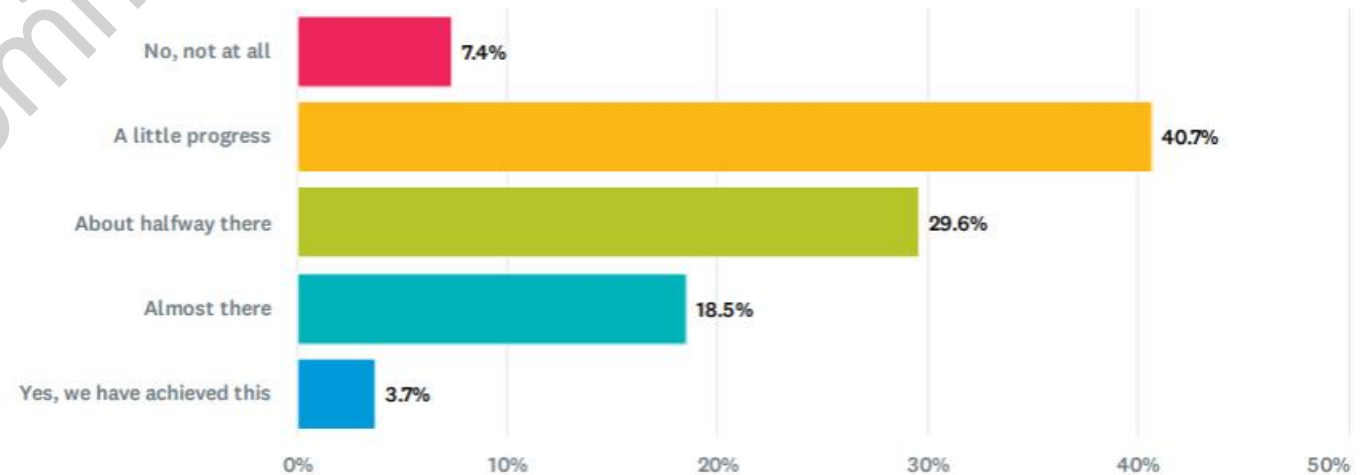


28.8% of respondents believe there is sufficient investment in health human resources to recruit and retain staff. Top ratings of this score increased from 18.1%

ICC Responses (2026)

Q25 27 responses

There is sufficient investment in health human resources to recruit and retain staff.



Overall Results:

- All domains demonstrate improvement from 2024 with 9 domains increasing greater than 20 points

Areas to Celebrate:

- Consistently high ratings for GW OHT core staff effectively modelling and guiding the OHT's strategic priorities and working towards alignment of the OHT's activities with the strategic priorities.
- 64.8% of respondents believe GW OHT partners have implemented a shared community and stakeholder engagement plan that incorporates an equity, diversity and inclusion (EDI) lens. Top ratings of this score has increased from 22.7%.

One Team Assessment Survey – Opportunities for Improvement

		Overall 2026 Ratings	ICC 2026 Ratings
Shared Protocols/Operations/Resources	Q11: GW OHT partner organizations have equitably shared functions and resources to support the OHT (e.g., clinical, back office).	50% (increased from 31.8%)	34.8%
	Q12: GW OHT partners are following shared protocols (e.g., communication).	47.2% (increased from 27.2%)	26.4%
Shared Protocols/Operations/Resources	Q14: GW OHT partners have implemented shared internal and external communication plans to support the OHT with clear roles and responsibilities.	60.3% (increased from 27.2%)	46.1%
Shared Data & Measurement	Q18: GW OHT partners have collaborated in the design and management of a shared measurement framework	46.3% (increased from 31.8%)	14.8%
	Q19: Quality data based on a set of meaningful indicators is accessible to all GW OHT partners and the community	44% (increased from 19%)	36%
	Q20: A shared measurement framework is used for key decision-making, performance monitoring, and system planning	43.4 (increased from 18.1%)	30.7
Sustainability	Q22: Sufficient funding (including permanent base funding) and resources are available to support the GW OHT over the long-term (i.e., 10 years).	25% (increased from 9%)	34.6%
	Q23: The GW OHT has broad community/stakeholder support	51.5% (increased from 23.8%)	37%
	Q24: Resource allocation is flexible to respond to population health needs.	37.9% (increased from 31.8%)	29.6%
	Q25: There is sufficient investment in health human resources to recruit and retain staff.	28.8% (increased from 18.1%)	22.2%

Sustainable System & Advocacy

Building a resilient health system through **data-driven decision-making**, strategic **resource alignment**, and advocacy to ensure long-term funding, workforce stability, and equitable, high-quality health and social outcomes for residents of Guelph Wellington.

Key Objectives

- i. We will advance maturity as an integrated system of health and social care.
- ii. We will develop an **advocacy framework** to influence policy and funding decisions.
- iii. We will elevate **community engagement** to **co-design** health and care solutions.
- iv. We will secure long-term sustainability through **resource alignment** and shared priorities.

SUSTAINABLE SYSTEM & ADVOCACY - Building a resilient health system through data-driven decision-making, strategic resource alignment, and advocacy to ensure long-term funding, workforce stability, and equitable, high-quality health and social outcomes for residents of Guelph Wellington.	
Strategic Priority Objectives	Success Measures/Indicators – By Q4 2027/28...
A. We will advance maturity as an integrated system of health and social care.	<ul style="list-style-type: none"> i. At least a 2% reduction in hospitalization rates for ambulatory care sensitive conditions per 10,000 population (diabetes, COPD, HF) ii. Advancements in all 10 pillars of HSO Integrated People-Centred Health Systems (IPCHS) Standard iii. 2% reduction in OHT Level Rate of Change of Newly Designated ALC cases iv. 2% reduction in OHT Level Rate of change of Discharged ALC Cases
B. We will develop an advocacy framework to influence policy and funding decisions.	<ul style="list-style-type: none"> i. Advocacy framework is created and approved by the GW OHT Integrated Care Council
C. We will elevate community engagement to co-design health and care solutions.	<ul style="list-style-type: none"> i. At least a 5% increase in the # of patients/caregivers involved in IPCTs ii. At least one patient/caregiver will be actively involved in each of the GW OHT working groups
D. We will secure long-term sustainability through resource alignment and shared priorities.	<ul style="list-style-type: none"> i. At least 10% improvement on 80% of GW OHT One Team Approach Assessment scores ii. 100% of partner organizations completing a strategic priority setting will participate in a joint strategy session in the year of the start of their strategic priority renewal process

Transformative Partnerships

Strengthening **collaborative leadership** and **shared governance** to drive system integration, enhance coordination, and create sustainable solutions that **improve health outcomes** across Guelph Wellington.

Property of The Elliott Community

Key Objectives

- i. We will advance **radical collaboration** by prioritizing trust, strong relationships and shared accountability, as the foundations of integrated care.
- ii. We will foster **shared accountability through distributed governance and leadership** and clearly defined outcomes and performance metrics.
- iii. We will develop **common** protocols, operations and resources to create efficiencies.
- iv. We will enhance digital health and data sharing for a more **connected** system.

Transformative Partnerships – Measures of Success

Strategic Priority Objectives	Success Measures/Indicators – By Q4 2027/28....
<p>TRANSFORMATIVE PARTNERSHIPS - Strengthening collaborative leadership and shared governance to drive system integration, enhance coordination, and create sustainable solutions that improve health outcomes across Guelph Wellington.</p>	
<p>A. We will advance radical collaboration by prioritizing trust, strong relationships and shared accountability, as the foundations of integrated care.</p>	<ul style="list-style-type: none"> i. Organizations will report at least a 5% improvement in patient satisfaction rates (in their respective patient satisfaction measures) including whether they feel their needs are being met through integrated care (baseline to be collected in 2025/26 Q4) ii. At least a 3% reduction in hospital admissions for ambulatory sensitive conditions (ACSC) iii. 1 point improvement on 80% of the domains within the GW OHT One Team Approach Assessment
<p>B. We will foster shared accountability through distributed governance and leadership and clearly defined outcomes and performance metrics.</p>	<p>ICC members will report at least a 10% improvement in the following questions:</p> <ul style="list-style-type: none"> i. Have you found the ICC meetings help foster strong communication? ii. Have you found the ICC meetings build trust?
<p>C. We will develop common protocols, operations and resources to create efficiencies.</p>	<ul style="list-style-type: none"> i. 5% reduction in falls-related ED visits (resulting from the implementation of a GW OHT Integrated Falls Pathway) ii. The MH&A Information Exchange will be launched and evaluated iii. Community Assessment of Risk Protocol (CARP) will be implemented and evaluated

People-Centered Health & Equity

Advancing **integrated care models** and **population health** strategies that prioritize early intervention, **equitable** access, and **person-centered** solutions to improve the well-being of individuals and communities.

Key Objectives

- i. We will expand **Integrated Patient Care Teams (IPCTs)** to improve integration of holistic primary and in-home care.
- ii. We will strengthen **chronic disease prevention & early intervention** for improved health outcomes for residents of Guelph Wellington .
- iii. We will develop a comprehensive **Mental Health & Addictions strategy** to enhance service alignment and health and social outcomes.
- iv. We will improve **primary care access** and attachment, ensuring every resident is attached to interdisciplinary primary care.
- v. We will support equitable health and social care outcomes by working across sectors to address **social determinants of health**.

Strategic Priority Objectives	Success Measures/Indicators – By Q4 2027/28....
<p>PEOPLE-CENTERED HEALTH & EQUITY - Advancing integrated care models and population health strategies that prioritize early intervention, equitable access, and person-centered solutions to improve the well-being of individuals and communities.</p>	
<p>A. We will expand Integrated Patient Care Teams (IPCTs).</p>	<ul style="list-style-type: none"> i. Increase # of sites achieving at least 6/10 on IPCT maturity scale in at least 50% of the domains ii. The GW OHT will increase the # of IPCT sites by at least 2 and/or expand the # of partners in each IPCT by at least 1 new partner in at least 90% of the sites iii. 10% increase in # of patients who have a shared care plan
<p>B. We will strengthen chronic disease prevention & early intervention for improved health outcomes for residents of Guelph Wellington.</p>	<ul style="list-style-type: none"> i. 5% increase in screening eligible people up-to-date with colorectal, cervical & breast cancer screening* ii. 5% reduction in COPD and HF related (re-)admissions* iii. 2% reduction in hospitalizations and a 5% reduction in emergency room visits for ACSC* iv. 10% increase in the # of HF and COPD patients who have a comprehensive review of best practice delivery as part of their IPCT shared care plan**
<p>C. We will develop a comprehensive Mental Health & Addictions strategy to enhance service alignment and health and social outcomes.</p>	<ul style="list-style-type: none"> i. Reduce # unique patients with MH/SU ED visits for those with 4+ ED visits to 5% ii. At least a 3% reduction in the # low acuity MH/SU ED visits iii. Pathway from Short Stay Assessment Unit (SSAU) to community will be developed, implemented and evaluated
<p>D. We will improve primary care access and attachment, ensuring every resident is attached to interdisciplinary primary care.</p>	<ul style="list-style-type: none"> i. 97% of residents will be attached to a primary care physician, nurse practitioner or primary care team* ii. At least 85% of Leading Practice patients will respond to the following question with yes “Did your home care services start when you needed them?”
<p>E. We will support equitable health and social care outcomes by working across sectors to address social determinants of health.</p>	<ul style="list-style-type: none"> i. We will reduce the primary care attachment gap (i.e. attachment rates between least marginalized and most marginalized populations)

Thriving & Supported Workforce

Empowering healthcare providers with the **tools, training,** and system-wide **supports** needed to **reduce administrative** burden, enhance provider experience and **coordinate** patient care.

Key Objectives

- i. We will expand **shared training** and **workforce development** to address evolving healthcare needs.
- ii. We will reduce **administrative burden** through **digital innovations** and streamlined processes.
- iii. We will support **new models of interdisciplinary care** and flexible staffing solutions to enhance provider capacity.
- iv. We will strengthen **provider well-being** and retention through strategic workforce planning.

THRIVING & SUPPORTED WORKFORCE - Empowering healthcare providers with the tools, training, and system-wide supports needed to reduce administrative burden, enhance provider experience and coordinate patient care.	
Strategic Priority Objectives	Success Measures/Indicators – By Q4 2027/28....
A. We will expand shared training and workforce development to address evolving healthcare needs.	<ul style="list-style-type: none"> i. # of OHT shared training and workforce development sessions ii. # of organizational training/development sessions that are opened up to staff from partner organizations
B. We will reduce administrative burden through digital innovations and streamlined processes.	<ul style="list-style-type: none"> i. Increase eReferral adoption to 95% of MDs and NPs* ii. At least 10% of specialists will be utilizing eReferral* iii. Increase Hypercare utilization by at least 10%* iv. Increase OAB adoption by at least 20% v. At least 15% of total booked appointments are scheduled through OAB vi. Increase AI Scribe adoption to at least 45%*
C. We will support new models of interdisciplinary care and flexible staffing solutions to enhance provider capacity.	<ul style="list-style-type: none"> i. 5% reduction in unfilled positions at partner organizations ii. 5% increase in retention rates at partner organizations iii. 5% reduction in absenteeism rates at partner organizations iv. Improvements in partner organization measures of employee satisfaction and overall organizational health

TO: Committee of Management

DATE: May 21, 2026

SUBJECT: The Elliott Long-Term Care Residence Quarterly Report 2026 – Q1

RECOMMENDATION

That the 2026-Q1 quarterly report on the operations of The Elliott Long-Term Care Residence (the ELTCR), be received.

BACKGROUND

The *Fixing Long-Term Care Act, 2021 (FLTCA)* requires every municipality within Ontario to support a municipal long-term care home. The City of Guelph (The City) is meeting this responsibility through a Delegation of Authority Bylaw, assigning the responsibility to operate The City's approved 114-bed long-term care home to The Elliott Community's (The Elliott) Board of Trustees. In addition to the Delegation of Authority Bylaw, The City and The Elliott have also entered into a Long-Term Care Services Agreement (Services Agreement) that identifies the specific nature of the relationship and sets out the responsibilities of both parties to the Agreement. There is a requirement within the Services Agreement for The Elliott to report quarterly on the operations of the ELTCR.

The Elliott operates a campus of care offering retirement and life-lease care and services beyond the ELTCR. As the relationship set out in the Services Agreement pertains strictly to the ELTCR operations, this report only reflects long-term care operations and does not reflect the retirement and life-lease suites.

REPORT

In accordance with the provisions within the Services Agreement:

Attestation of the Responsibilities of The Elliott

The Elliott confirms that to the best of its knowledge, it is,

- (a) Complying with all provisions of the *Municipal Act* relating to local boards;
- (b) Complying with all provisions of the *Elliott Act*;
- (c) Complying with all provisions of the *Fixing Long-Term Care Act), 2021*, including fulfilling the obligations under section 69;
- (d) Complying with all laws, regulations, policies, and orders made by any level of government that relate to the operation of the ELTCR;
- (e) Complying with all provisions in the Elliott Delegation of Authority Bylaw; and,
- (f) Managing a Business Plan and Strategic Plan for the ELTCR.

Overview of the Operations

The Elliott – Long-Term Care Update

- **Butterfly Accreditation Achievement**

Implementation of the Butterfly Approach continues to progress. Environmental enhancements and furnishings are being updated on the second-floor home areas (Eramosa and Paisley). Staff training was completed as scheduled by March 31, 2026. All planned milestones to date have been achieved, and the organization remains on track for full Butterfly Accreditation in Fall 2026.

- **Direct Hours of Care Compliance**

ELTCR continues to exceed the provincial requirement of 4.0 direct hours of care per resident per day, as mandated by the *FLTCA, 2021*, to be achieved by March 31, 2025. In Q4 (last reported), The Elliott reported an average of 4.11 direct hours of care per resident per day, demonstrating our ongoing commitment to quality care.

- **Infection Prevention and Control Compliance**

The Elliott remains fully compliant with all Ontario Government and Public Health directives related to Infection Prevention and Control (IPAC). We are committed to upholding the highest standards to protect the health and safety of our residents, staff, and visitors.

There have been no conflicts of interest of any Board of Trustee members or employees of The Elliott providing services.

There have been no requests for information under the *Freedom of Information and Protection of Privacy Act*, R.S.O. 1990, c.58.

There are no identified litigations, potential litigations, or claims (insured or uninsured) of any kind at the time of preparing this report.

In the opinion of the Chair of the Board of Trustees, no other issues or matters require a direction from or a decision of the Committee of Management or which the Committee of Management has requested that the Board of Trustees provide a report.

The following represent specific sections of the responsibilities of the Services Agreement:

Complaints / Concerns

There were zero (0) complaints/concerns received during Q1, 2026 by the ELTCR.

Critical Incident Reports

Four (5) critical incidents were reported to the MLTC during Q1, 2026 by the ELTCR:

No.	Details of Critical Incident	Response from Management	Resolved within The Elliott	MLTC Completed Inspection
M633-000003-26	Disease Outbreak – Enteric – Norovirus. Home-wide outbreak declared on Feb 27, 2026 with a number of resident cases, as well as staff cases	In collaboration with Public Health, outbreak declared. All appropriate IPAC outbreak management standards in place. Routine Outbreak Management Committee meetings. Collaborative reporting through WSIB (employees). Cases resolved by March 9 and outbreak declared over.	Yes with support of Public Health	No
M633-000002-26	Abuse of Resident by staff member. Feb 15, 2026 Director of Care made aware of concerns via an anonymous email advising of witnessing a current PSW's approach to care.	Investigation initiated. Team member suspended. Difficult to substantiate via resident interviews, however staff members were able to validate the issues. Police notified. Staff member terminated.	Yes with support of Guelph Police	Phone inquiry
M633-000004-26	Disease Outbreak – Enteric – Fountain Home Area involving 3 residents/ no staff. Declared March 11, 2026	In collaboration with Public Health, outbreak declared. All appropriate IPAC outbreak management standards in place. Routine Outbreak Management Committee meetings. Declared over March 16, 2026.	Yes with support of Public Health	No
M633-000005-26	Fall with Injury. Occurred on March 14, 2026. Resident assisting in dining room fell. Transferred to hospital and diagnosed with dislocated right shoulder and left patella fracture. Returned to The Elliott on March 17, 2026	Assessed as Low risk for Falls. Following incident – head to toe assessment completed. EMS called for transfer to hospital.	Yes	No
M633-000006-26	Disease Outbreak – Enteric – Wellington Home Area involving 5 residents/ no staff. Declared March 31, 2026	In collaboration with Public Health, outbreak declared. All appropriate IPAC outbreak management standards in place. Routine Outbreak Management Committee meetings. Declared over April 6, 2026	Yes with support of Public Health	No

Financial Overview

City Council confirmed The Elliott's 2026 Long-Term Care budget, on February 4th, 2026. The total funding request was \$3,005,863 and consisted of:

- Base operational funding of \$2,113,789; and,
- Annual capital expenditure of \$892,074.

Financial Results

At the end of Q1 2026, The Elliott – LTC operations has a year-to-date surplus of \$913,162 which is \$281,670 higher than budget; revenue was higher than budget for the period and expenses were under resulting in a 45% variance at the end of the quarter.

Statement of Operations and Variance Analysis

**THE ELLIOTT COMMUNITY
LTC - STATEMENT OF OPERATIONS
For the Three Months Ending March 31, 2026**

	OA Envelope Actual \$	Other envelopes Actual \$	Total all envelopes Actual \$	Year To Date Budget \$	Variance		Notes
					\$	%	
<u>REVENUE</u>							
LTC accommodation (basic and preferred)	852,182	0	852,182	826,909	25,273	3.1%	
Provincial funding - MLTC	126,879	2,671,334	2,798,213	2,626,675	171,538	6.5%	
City of Guelph funding	528,447	0	528,447	528,447	0	0.0%	
Recognition of deferred contributions	114,639	0	114,639	136,479	(21,840)	-16.0%	1
Other revenue	88,090	8,159	96,249	58,655	37,594	64.1%	2
Total Revenue	1,710,237	2,679,493	4,389,730	4,177,165	212,565	5.1%	
<u>EXPENSES</u>							
Wages, salaries and benefits	550,860	1,861,166	2,412,026	2,475,854	63,828	2.6%	
Supplies, facilities, equipment, services	316,793	384,620	701,413	683,586	(17,827)	-2.6%	
Administrative, financing, other	113,334	26,616	139,950	138,559	(1,391)	-1.0%	
Amortization of capital assets and financing fees	223,179	0	223,179	247,673	24,494	9.9%	
Total Expenses	1,204,166	2,272,402	3,476,568	3,545,672	69,104	1.9%	
SURPLUS / (DEFICIT)	506,071	407,091	913,162	631,493	281,670	44.6%	

Actual results with variances of 10% and \$15,000 compared to budget are explained as follows:

1. Capital asset purchases were less than budget. In December of 2024, the capital plan was revised after receipt of a Building Condition Assessment for the Elliott (LTC) building. Management planned for less spending in 2025 with an increase spend in 2026. Several requirements have emerged in 2026 so management is in the midst of forecasting these costs and prioritizing the investment for 2026.
2. In Q1, TEC received \$30,000 from University of Waterloo Research Institute for Aging, as budgeted. TEC also received \$16,500 from HIROC for Butterfly and Emergency Preparedness, \$10,000 from Healthcare Excellence Canada and funds and a salary recovery for time spent administering the PSW student program.

PREPARED BY:

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APPROVED BY:

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Chair, Board of Trustees

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Community