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Scorecard Quarter 4 Report

January 2025 – March 2025

# Strategic Planning 2021-2026: From Strategy to Action

May 2025

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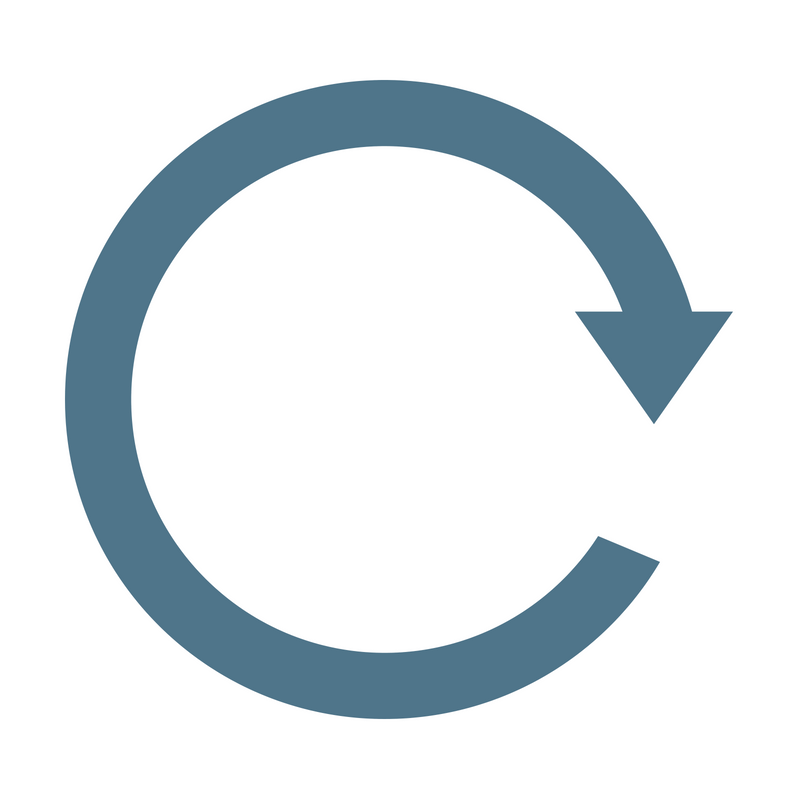
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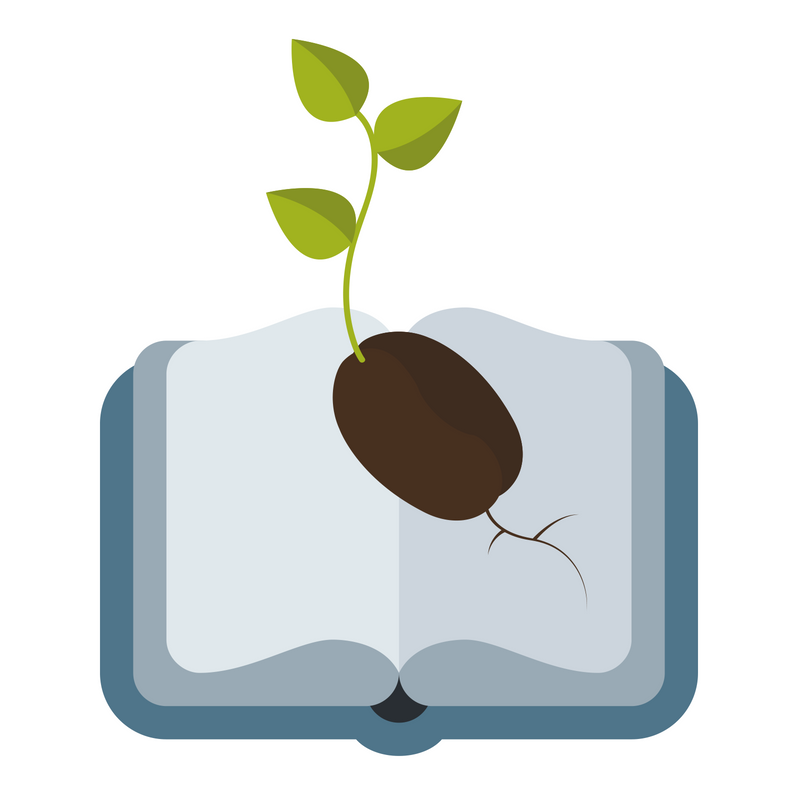
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# How to Use this Document

** Finance quadrant**

** Internal process**

** Learning & Growth**

 **Customer Quadrant**

**A blue arrows pointing to different directions

Description automatically generated External Process**

**Quarterly reporting Annual Reporting**

* Trend Arrows refer to change in direction from the previous quarter.
* A red arrow means the indicator is trending in the opposite of desired direction
* A green arrow means the indicator is trending in the desired direction
* Not all indicators currently have defined targets

# Executive Summary: Q4 Performance (January 2025 – March 2025)

**Introduction**

The Shoreham scorecard reflects the majority of the quantitative performance indicators found in the management contract between Northwood and Shoreham Village (refer to Appendix A: Shoreham Village Board of Directors – Management Contract Performance Measures), plus additional quality of care and work life indicators. Additional qualitative indicators found in the management contract such as achieving accreditation status, finance reports, risk identification and mitigation are reported regularly i.e. Shoreham Village Board meetings, the CEO Monthly Report, and the Annual Community Report.

**How We’ve Done**

Shoreham demonstrated strengths in several core areas during Q4, with positive trends in hand hygiene compliance, restraint use, and resident safety. The occupancy rate was 97.9%, slightly below the target of 99.2%, with an average of 1.09 vacant beds per day. Hand hygiene compliance remained strong at 96%, surpassing the 80% target, despite a drop in audit participation due to changes in the audit process. Physical restraint use decreased to 6.3%, significantly better than the provincial benchmark of 18.1%, largely reflecting effective staff training and careful resident assessments.

Resident safety metrics showed encouraging trends. The incident rate was 8.67 per 1,000 resident days, with responsive behaviour incidents dropping significantly, down by 29 from the previous quarter due to targeted care strategies and staff education. Fall incidents also declined, although medication-related occurrences rose slightly, prompting staffing adjustments and process changes. Infection rates stood at 5.31 per 1,000 resident days, above the target of 3. While only one COVID-19 case occurred, urinary tract and skin infections remain focus areas. Shoreham has been selected as Nova Scotia’s pilot site for a national UTI surveillance study, highlighting its leadership in infection prevention.

Clinical quality indicators showed mixed results. Pressure injury prevalence was 4.49%, above the 2% target, although only one new facility acquired injury developed in the quarter. The rate of potentially inappropriate antipsychotic use was 23.4%, below the provincial average of 30.3%. However, 28.9% of residents experienced worsened depressive mood (target: 17.3%) and 16.7% experienced worsened pain (target: 7.4%), indicating continued need for enhanced psychosocial and pain management supports.

From a regulatory perspective, the annual licensing inspection identified three areas of non-compliance, all of which have since been addressed. Overall, it was an excellent inspection report. On workforce performance, Shoreham reported an average of 16.17 paid sick hours per employee, better than both the provincial and national benchmarks. WCB time-loss hours increased to 475 per 100 employees, driven in part by a single ongoing case and a lower overall staff count in Q4.

Staffing and recruitment metrics were mixed. Shoreham achieved a net gain of three CCAs, with eight hires and five departures. While overall staff turnover remains high at 46.58%, the turnover rate for permanent staff (excluding casuals) was 22.36%, reflecting positive shifts from casual to permanent roles. This transition has helped stabilize staffing but has also reduced available shifts for casual employees, contributing to some resignations.

Volunteer engagement remained relatively stable, with 116 active volunteers, up slightly from 115 in Q3. While the target is 158, the consistent number of active volunteers signals a foundation for future growth. Continued efforts in volunteer recruitment and engagement will be essential to achieving the desired target.

Shoreham’s Q4 performance reflects consistent progress and dedicated efforts across multiple domains. While occupancy remains strong and key care indicators like restraint use and hand hygiene compliance continue to exceed targets, challenges such as elevated staff turnover, worsening pain, and depressive mood symptoms require sustained focus. Promising trends in incident reduction and antipsychotic use, along with Shoreham’s selection as a national pilot site for UTI surveillance, demonstrate a commitment to quality improvement and innovation. Continued attention to workforce stability, volunteer engagement, and enhanced clinical practices will be essential in maintaining and building upon this momentum.

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| Performance Summary: Q4 January 2025 – March 2025 | | | | | | | | | | | | |
| **Indicator** | **Rate** | **Target** | **Target Met** | **Trend** | **Quadrant** | **Indicator** | **Rate** | **Target** | | **Target Met** | **Trend** | **Quadrant** |
| Occupancy Rate | 97.9% | 99.2% |  |  |  | Worsened Depressive Mood | 28.9% | 17.3% | |  |  | A brown figure with arms extended  Description automatically generated |
| Incident rate per 1000 resident days | 8.67% | TBD | TBD |  |  | % of Residents with a Physical Restraint | 6.3% | 18.1% | |  |  |  |
| Hand Hygiene Compliance | 96% | 80% |  |  |  | Paid Sick Hours per Employee | 16.17 | NS: 19.375  National: 21.05 | |  |  |  |
| Resident Infection rate per 1000 resident days | 5.31 | 3 |  |  |  | WCB Hours of time loss per 100 employees | 475 | | TBD | TBD |  |  |
| Pressure Injury Prevalence Rate | 4.49% | 2% |  | **=** |  | Net new CCAs | 3 | TBD | | TBD |  |  |
| Potentially Inappropriate Use of Antipsychotics | 23.4% | 30.3% |  |  | A brown figure with arms extended  Description automatically generated | Staff Turnover | 46.58% (overall)  22.36% (Excl Casuals) | Overall Target: 12.7%  Excl Casuals: Target: 8% | |  | Not available |  |
| Experiencing Worsened Pain | 16.7% | 7.4% |  |  | A brown figure with arms extended  Description automatically generated | # of active volunteers | 116 | 158 | |  |  |  |
| Licensing Requirements (#) | 3 | 0 |  |  | **A blue arrows pointing to different directions  Description automatically generated** |  |  |  | |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **97.9%** | **99.2%** |  |  |  |  |
| **Rate** | **Target** | **Target Met** | **Trend** | **Reporting** | **Quadrant** |

|  |
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| Strengthening the Long Term Care Services We Provide: Occupancy Rate |

**Measurement:** The Occupancy Rate is the ratio of occupied beds to the total number of beds that are licensed to operate by SLTC under the *Homes for Special Care Act*.

**Key Points**

The Q4 occupancy rate for 24-25 was 97.9% (1.09 average vacant beds per day), which is slightly below the targeted rate from SLTC. The Q4 rate is slightly lower compared to the same period of 23-24, which was 98.9%.

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| Strengthening the Long Term Care Services We Provide: Resident Incident Rates |

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| --- | --- | --- | --- | --- | --- |
| **8.67%**  Incidents/ 1000 resident days | **TBD** | **TBD** |  |  | A brown figure with arms extended  Description automatically generated |
| **Rate** | **Target** | **Target Met** | **Trend** | **Reporting** | **Quadrant** |

**Measurement:** [# of incidents (by category)/ # occupied bed days] \*1000

**Key Points**

In Q4 24-25, Shoreham reported 12 responsive behavior incidents, a significant decrease of 29 from the previous quarter, largely due to reduced behaviors from two residents previously demonstrating increased aggression. Efforts to reduce incidents and staff injuries have included updated care plans, collaboration with the Behaviour Resource Consultant and Nurse Practitioner, and mandatory GPA training for staff. Falls also declined this quarter, with 23 compared to 48 in the last quarter. These improvements may be related to changes in resident population; all incidents continue to be reviewed for preventive strategies. Medication occurrences increased slightly to 16 (from 11), with the majority occurring on the higher-care C, D, and E wings. In response, staffing has been adjusted by adding an extra medication cart and reallocating nurse responsibilities during staff shortages. Lastly, 18 other incidents were recorded, including 1 injury of unknown cause, 5 non-aggressive incidents, 3 in-facility elopements, and various unique events such as a fallen light fixture and inappropriate visitor behaviors.

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| Strengthening the Long Term Care Services We Provide: Hand Hygiene Compliance (%) |

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| --- | --- | --- | --- | --- | --- |
| **96%** | **80%** |  |  |  | A brown figure with arms and arm extended  Description automatically generated |
| **Opportunities Met** | **Target** | **Target Met** | **Trend** | **Reporting** | **Quadrant** |

**Measurement:** # of opportunities for hand hygiene met/ total # of opportunities observed. Random hand hygiene audits are completed on a quarterly basis with the goal to observe 10% of staff including regular, part time and casual staff.

**Key Points:**

Hand hygiene audit completion rates remain low this quarter, largely due to the transition from paper audits to iPads, which some staff find less intuitive. Although previous infrastructure issues have been resolved, the lack of visual reminders and comfort with the new process has impacted participation, despite a history of strong engagement. Compliance remains high at 96%, slightly up from last quarter and within the expected range. Reminders for proper hand hygiene and mask usage continue, with increased focus on offering hand hygiene to residents in dining areas. Key areas of attention include handling clean linen and supporting residents during mealtimes, particularly after glove removal, which has shown improvement. Audit observations are used as immediate learning opportunities. Post-outbreak, informal hand hygiene initiatives were introduced in dining areas, and spot education continues across units to reinforce best practices. A plan to boost auditing will be discussed further at the Risk Committee.

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| **5.31**  Infections/ 1000 resident days | **3** |  |  |  |  |
| **Rate** | **Target** | **Target Met** | **Trend** | **Reporting** | **Quadrant** |

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| Strengthening the Long Term Care Services We Provide: Resident Infection Rates |

**Measurement:** [# residents who are treated for an infection during the reporting period/ # of occupied bed days} \*1000

**Key Points:**

In Q4 24-25, Shoreham reported one confirmed case of COVID-19, which was traced to an external source and resolved within two weeks. There were no other outbreaks during the quarter. Infection prevention efforts remain focused on ongoing screening and vaccinations for Influenza, COVID-19, RSV, and Pneumovax. Skin infections, particularly cellulitis, have increased and are being closely monitored. Urinary tract infections (UTIs) remain high but have decreased from the previous quarter; contributing factors include inconsistent care processes, variable staff training, and limited follow-up documentation. Actions underway include ongoing staff education on peri-care, implementation of the PointClickCare Infection Control module, and collaboration with IPAC Nova Scotia to develop a standardized UTI care path. Data analysis is ongoing to identify patterns related to UTIs, including catheter use and resident-specific risk factors. Lab result reporting has improved through streamlined processes with the lab partner. Notably, Shoreham has been selected as the Nova Scotia pilot site for a national UTI surveillance study led by the Public Health Agency of Canada, with the first phase launching in April 2025.

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| --- | --- | --- | --- | --- | --- |
| **4.49%** | **2%** |  | = |  | A brown figure with arms and arm extended  Description automatically generated |
| **Rate** | **Target** | **Target Met** | **Trend** | **Reporting** | **Quadrant** |

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| Strengthening the Long Term Care Services We Provide: Pressure Injury Prevalence |

**Measurement**: Point Prevalence = [number of pressure injuries/# residents that day] x100

**Key Points**:

The Provincial Wound Care Program, overseen by Health Association of NS (HANS) collects monthly data through a submission to the Seniors & Long-Term Care (SLTC). Shoreham data is submitted on the pressure injuries (PIs) in the facility on a given date, the last day of the month. For Q4 24-25, it was reported at the end of March, which is 4.49%. This data captures pressure injuries and does not include other wounds i.e. skin tears, diabetic wounds.

In the last quarter we had 1 new facility acquired pressure injury and 1 new hospital acquired pressure injury. The remaining pressure injuries were previously acquired in the facility.

The wound care team has regular monthly meetings or more frequently if required. Shoreham also has regular check-ins with the wound consultant from the western zone wound program.

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| Strengthening the Long Term Care Services We Provide: Potentially Inappropriate Use of Antipsychotics |

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| **23.4%** | **30.3%** |  |  |  | A brown figure with arms and arm extended  Description automatically generated |
| **Rate** | **Target** | **Target Met** | **Trend** | **Reporting** | **Quadrant** |

**Measurement Definition:** This indicator examines the percentage of residents on antipsychotics without a diagnosis of psychosis. It is calculated by dividing the number of residents who received antipsychotic medication by the number of all residents with valid assessments (excluding those with schizophrenia, Huntington’s chorea, delusions and hallucinations, and end-of-life residents) within the applicable quarter.

**Key Points**

In Q4 24-25, Shoreham saw a slight increase in the percentage of residents on antipsychotics without a diagnosis of psychosis. However, the percentage remains below the Nova Scotia quarterly average of 30.3%.

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| Strengthening the Long Term Care Services We Provide: Experiencing Worsened Pain |

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| --- | --- | --- | --- | --- | --- |
| **16.7%** | **7.4%** |  |  |  | A brown figure with arms and arm extended  Description automatically generated |
| **Rate** | **Target** | **Target Met** | **Trend** | **Reporting** | **Quadrant** |

**Measurement Definition:** This indicator examines the percentage of residents who had worsened pain. It is calculated by dividing the number of residents who had worsened pain by the number of all residents with valid assessments whose symptoms could worsen within the applicable quarter.

**Key Points**

For Q4 24-25, Shoreham saw a decrease in the percentage of residents with worsened pain, although it still did not meet the target and remained above the Nova Scotia quarterly average of 7.4%. The care team is actively monitoring this area.

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| Strengthening the Long Term Care Services We Provide: Worsened Depressive Mood |

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| --- | --- | --- | --- | --- | --- |
| **28.9%** | **17.3%** |  |  |  | A brown figure with arms and arm extended  Description automatically generated |
| **Rate** | **Target** | **Target Met** | **Trend** | **Reporting** | **Quadrant** |

**Measurement Definition:** This indicator examines the percentage of residents whose mood from symptoms of depression worsened. It is calculated by dividing the number of residents whose mood from symptoms of depression worsened by the number of all residents (excluding comatose residents) with valid assessments whose depression symptoms could worsen within the applicable quarter.

**Key Points**

In Q4 24-25, Shoreham experienced a decrease in the percentage of residents whose mood worsened due to symptoms of depression, although the rate is still significantly higher than the Nova Scotia quarterly average of 17.3%.

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| Strengthening the Long Term Care Services We Provide: % of Residents with a Physical Restraint |

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| --- | --- | --- | --- | --- | --- |
| **6.3%** | **18.1%** |  |  |  | A brown figure with arms and arm extended  Description automatically generated |
| **Rate** | **Target** | **Target Met** | **Trend** | **Reporting** | **Quadrant** |

**Measurement**: [# of residents with a physical restraint/ total # of residents] x 100

**Key Points:**

In Q4 24-25, there was another decrease in the percentage of residents using physical restraints, dropping to 6.3% compared to 10% in Q3 24-25. The primary restraint used is seat belts, which are primarily employed for positioning to reduce fall risks. A comprehensive review has been conducted to ensure that the tracking of restraints accurately reflects true restraints, rather than positioning, and aligns with the definition used in the InterRAI assessments and reported to the Canadian Institute for Health Information (CIHI).

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| Strengthening the Long Term Care Services We Provide: Annual Licensing Inspection 2025 |

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| --- | --- | --- | --- | --- | --- |
| **3** Requirements |  | **0** | A green arrow pointing up  AI-generated content may be incorrect. |  | **A blue arrows pointing to different directions  Description automatically generated** |
| **Rate** | **Target** | **Target Met** | **Trend** | **Reporting** | **Quadrant** |

**Annual Licensing Received**

**Key Points**

Three areas of non-compliance were identified during the inspection: overdue bed inspections (last completed in January 2024), resident care plans lacking clarity and resident-specific interventions, and missing lift and transfer assessments for some residents. All identified issues have now been addressed and resolved.

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| Be an employer of choice: Average Paid Sick Time per Employee |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **16.17** paid sick hours per employee | NS: **19.375**  National: **21.05** |  |  |  |  |
| **Rate** | **Target** | **Target Met** | **Trend** | **Reporting** | **Quadrant** |

**Measurement:** Paid sick time includes paid sick hours, paid family ill and paid preventative medical. The number of hours per employee used during periods of illness, without any loss of pay.

**Key Points**

Shoreham is averaging 16.17 hours of sick time per employee in Q4 24-25, which is below both the NS and National targets. This is an increase compared to Q3 24-25.

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| Be an employer of choice: WCB Hours of time loss per 100 employees |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **475**  hrs./100 employees | **TBD** | **TBD** |  |  | **A seed growing out of a book  Description automatically generated** |
| **Rate** | **Target** | **Target Met** | **Trend** | **Reporting** | **Quadrant** |

**Measurement**: Hours of time loss per 100 employees.

**Key Points**

For Q4 24-25, the total time loss hours are 475, marking an increase compared to Q3 24-25. This rise can likely be attributed to an injury reported in December, which has led to over 20 weeks of time loss and is still ongoing. Additionally, the employee count at Shoreham decreased from 156 in Q3 to 138 in Q4, which may have further contributed to the increase in time loss, as the numbers are based on hours per 100 employees.

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| **3**  net new CCAs | **TBD** | **TBD** |  |  |  |
| **Rate** | **Target** | **Target Met** | **Trend** | **Reporting** | **Quadrant** |

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| Be a recruitment magnet: Recruitment of CCAs |

**Measurement**: # of new hires minus the # of terminations during the quarter = net growth.

**Key Points**

During this reporting period, we welcomed eight new hires into the CCA role and experienced five departures, four from casual positions and one from a full-time role. This results in a net increase of three employees. While we continue to experience very low, and at times, no vacancies across the role, which reflects positively on our recruitment efforts and workforce stability, it can also limit shift availability for casual staff, contributing to some resignations. We remain committed to maintaining a strong casual pool and continue to hire as needed. Additionally, when full-time or part-time opportunities arise, we have not encountered significant challenges in filling them.

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| Be a recruitment magnet: Staff Turnover |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **46.58%** (overall)  **22.36%** (Excl Casuals) | **Overall Target**: <12.7%  **Excl Casuals**: Target: <8% |  | Not available |  | **A blue circular arrow with a white background  Description automatically generated** |
| **Rate** | **Target** | **Target Met** | **Trend** | **Reporting** | **Quadrant** |

**Measurement Definition**: # of staff who leave the employ of Shoreham (voluntary or involuntary), as a % of the average employee count.

**Key Points**

Over the past fiscal year, Shoreham recorded 75 staff terminations, resulting in an overall turnover rate of 46.58%. Of these terminations, 36 were from casual or term positions. When excluding these positions, the turnover rate for permanent staff is 22.36%. The decrease in casual and term staff is primarily due to successful recruitment of permanent part-time and full-time staff, especially in Nursing Services. This shift has reduced reliance on casual employees, leading to fewer available shifts and, consequently, higher turnover within that group. Additionally, some retirements contributed to the turnover. With the current staffing levels and reduced dependence on casual workers, we anticipate a more stable turnover rate moving forward.

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| **116** | **158** |  |  |  | **A blue circular arrow with a white background  Description automatically generated** |
| **Rate** | **Target** | **Target Met** | **Trend** | **Reporting** | **Quadrant** |

|  |
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| Be a recruitment magnet: Number of Active Volunteers |

**Measurement:** the total number of volunteers based on those recruited and deactivated during the quarter.

**Key Points:**

The number of active volunteers has grown by one this quarter (116) compared to Q3 24-25.

# Appendix A: Shoreham Village Board of Directors – Management Contract Performance Measures

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Indicator | | | | Measure (over 12 months) | | Data Source | | Finding (actual  performance) | | Value | |
| Quality of Care | | Resident experience /quality of care | | Resident experience survey to be completed at a minimum of every 2 years. An action plan is established. All actions will be complete within 6 months unless the action is deemed more complex and/or requires additional funding to achieve. | | Accrued report | |  | |  | |
| Occupancy rate | | Seniors and Long-Term Care (SLTC) Target of 99.2% | | Scorecard | |  | | /5 | |
| Incident rate | | Incident Rate Per 1000 Resident Days remains under 20 / quarter | | Scorecard | |  | | /5 | |
| Responsive behaviours | | Rate Per 1000 Resident Days remains under 5/ quarter | | Scorecard | |  | | /5 | |
| Falls | | Fall Rate Per 1000 Resident Days remains under 8/ quarter | | Scorecard | |  | | /5 | |
| Medication errors | | Rate Per 1000 Resident Days remains under 5/ quarter | | Scorecard | |  | | /5 | |
| Respiratory infections | | Rate Per 1000 Resident Days remains under 5/ quarter | | Scorecard | |  | | /5 | |
| UTIs | | Rate Per 1000 Resident Days remains under 10/ quarter | | Scorecard | |  | | /5 | |
| Pressure Injury Prevalence | | Point Prevalence = [number of pressure injuries / # residents that day] x100. Internal benchmark 2% or less. | | Scorecard | |  | | /5 | |
| Gastrointestinal problems | | Rate Per 1000 Resident Days remains under 5/ quarter | | Scorecard | |  | | /5 | |
| Licensing status | | Continued good standing | | licensing report | |  | |  | |
| Accuracy of forecasts | | Forecast variances can be explained | | Regular Board Meeting Report | |  | | /2.5 | |
| Financial and Risk  Management | |
| Timeliness of financial reporting | | No unreasonable delays in reporting | | Regular Board Meeting Report | |  | | /2.5 | |
| Risk identification and mitigation | | Monitors Trends and develops Action Plans where required Identifies and responds to emergent risk issues  Communicates with The Board in accordance with the Risk Management Framework which includes Service Delivery Risks (indicators noted above) and Corporate Risks:   * Compliance Risks (Standards and Licensing and Annual Audit Process) * Financial Risk (Monthly financial reporting, Annual Audited statements) * Operational Risks (Cyber security and COVID-19 2 solid indicators that the Partnership provides operational depth/redundancies, expertise and support as   opposed to a stand-alone structure | | CEO report/ Risk Report/Scorecard | |  | | /5 | |
|  | | * Reputational Risk (Public reporting, transparency) * Strategic Risk (Strategic Planning Process, progress toward established goals   Emergent Risks are communicated to the Board via email. Risk Report tracking, monitoring and progress reports are communicated through the Scorecard, Financial Reports and Audited Statements and the  CEO Report to the Board of Directors. | |  | |  | |  | |
|  | | | | | | | | | | | |
| HR  Management | | Workplace safety | | Same as or improved rate of injury/WCB claims | | Scorecard | |  | | /5 | |
| absenteeism | | Same as or improved rate of absenteeism | | Scorecard | |  | | /5 | |
| Staff recruitment, training, retention and succession planning | | Turnover rate | | Scorecard | |  | | /5 | |
| Volunteer recruitment, training and retention | | Steady or growing volunteer base | | Scorecard | |  | | /5 | |
| Staff experience | | Accreditation Survey tool minimum Q 4 years. Staff experience survey to be completed at a minimum of every 2 years. An action plan is  established. All actions will be complete within 6 months unless the action is deemed more complex and/or requires additional funding to achieve. | | Scorecard | |  | | /5 | |
| Shoreham reputation with stakeholders (families, community,  government, sector) | | Greater than 4 out of five star rating by all stakeholders | | Survey/key informant interviews | |  | | /10 | |
| Values and Engagement | |
| Confidence in leadership | | Greater than 4 out of five star rating by all board members | | Survey/key informant  interviews | |  | | /10 | |
|  | |  | |  | |  | |  | |
| Total score (80 or higher, vote to renew; score below 80, review for improvement. Score below 70, consider termination) | | | | | | | | | | /100 | |