

DEEP RIVER AND DISTRICT HEALTH

Policy: Terms of Reference - Strategic Planning and Relationships Committee	
Original Date: 2020-09-15	Policy Manual: Governance
Approved by: <input checked="" type="checkbox"/> Board of Directors <input type="checkbox"/> Chief Executive Officer <input type="checkbox"/> Chief Financial Officer <input type="checkbox"/> Chief Nursing Executive	

Purpose

The Strategic Planning and Relationships Committee is a standing committee of the Board of Directors of Deep River and District Health, including the Deep River and District Hospital, the Four Seasons Lodge Long-Term Care Home, and the North Renfrew Family Health Team, whose purpose is to assist in setting and monitoring strategic directions, and fostering relationships with external partners.

Objectives

1. Ensure that the organization is advancing a current and relevant Strategic Plan.
 - Every three to five years, oversee the preparation and review of the Strategic Plan which is led by the CEO. In addition, ensure that the organization's mission, vision and values are aligned with current provincial and national health care directions as well as the needs of the community.
 - On an annual basis, recommend any needed changes to the strategic goals based on an assessment prepared under the direction of the CEO, that includes:
 - significant changes and emerging trends in the organization's internal and external operating environment
 - feedback from staff, physicians, and stakeholders
 - Monitor progress and support activities related to the organization's strategic objectives (priorities) to deliver on strategic goals
2. Ensure planning for future service delivery and infrastructure modernization
 - Every three to five years, or as determined necessary by the Board of Directors, oversee the development and updating of a Master Program/Master Plan
 - Building any type of plan for the future requires first and foremost the involvement of the community. This Committee ensures a wide range of community members and organizations are invited to participate in planning from across the region. Community members input includes: surveys, interviews, meetings and focus groups, telephone town halls and other engagement methods. Participants are asked to share their opinions and feedback on:
 - What the organization does to provide health care that should be continued
 - Barriers to accessing services
 - What the organization can do to provide health care differently far into the future
 - The first step in the process of planning for the future is the development of a Master Program. A Master Program identifies what programs and services are required to meet the needs of the community over the next 5, 10 and 20+ years and where those services

should be located. The Master Program takes our present programs and services and factors in expected changes to determine demand needs.

- The second step is the development of a Master Plan. The Master Plan builds on the Master Program information to create a blueprint for construction and development including, but not limited to, facilities, technology, or services needed to deliver the programs and services. It involves evaluating the condition and capabilities of our existing buildings, defining the long-term development strategies, and outlining the sequencing of site development to support the future delivery of acute care services.
3. Ensure that the organization has effective communications with external stakeholders and partners
 - On an annual basis, provide input on the draft Communications Plan and make recommendations regarding its implementation to the Board.
 - Review the organization's progress on communications activities and identify future communication priorities.
 4. Ensure that the organization has effective relationships with community partners and stakeholders
 - Monitor the activities of, review input from and provide feedback to the Community Health Partners Group.
 - Receive applicable updates and information regarding relations and activities related to:
 - Advocacy groups
 - Business environment
 - Care partners
 - Industry
 - Government

Membership

- Board Members (3 minimum), voting
- Chair of the Board (ex-officio), voting
- Chief Executive Officer, voting
- May include one or more non-elected patient / resident representatives, voting
- Physician recommended by the Medical Advisory Committee and appointed by the Board of Directors, voting

Chairperson

- A Chairperson will be appointed by the Chair of the Board, from the Board of Directors.

Recorder

- Executive Assistant

Terms of Appointment

- Based on position
- All Board Committee Members will be appointed annually, by the Board Chair.

Quorum

- A majority of Members (50% plus 1) entitled to vote shall constitute a quorum.

Frequency and Format of Meetings

- The Committee will meet a minimum of one time a year between Strategic Planning cycles, or at the call of the Chair.

- The length of each meeting shall not normally exceed one and a half hours.
- The Committee may hold meetings in-person or virtually.

Circulation

- Minutes will be circulated to all Committee members with the forthcoming agenda - no less than seven days prior to the meeting.
- All minutes and agendas will be posted electronically in the document management system.

Reporting Relationship

- The Committee reports to the Board of Directors.

Confidentiality

- In the course of Committee business, confidential information about staff and/or patients and/or residents may become known to Committee Members. Members have the responsibility to keep such information confidential.

Reference Documents	•
Acknowledgements	• Muskoka Algonquin Healthcare (MAHC), Strategic Planning Committee - Terms of Reference, 2018
Review Process	• Strategic Planning and Partnership Committee: 2024-11-22 • Governance Committee: 2024-12-06
Revision Approval Date	• Board of Directors: 2024-12-17