


North Bay Regional Health Centre  Centre régional de santé de North Bay	Policy/Procedure
Title Strategic Planning Policy	Policy Number ADM-BO-025
Developer President & CEO	Category Board of Directors
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1.0 Scope of Policy/Procedure

To clarify the Board's expectation with respect to the organization's strategic planning.

2.0 Policy Statement

- The North Bay Regional Health Centre (NBRHC) is accountable for ensuring a current Strategic Plan is in place, and for monitoring its execution.
- The Strategic Planning process is undertaken by NBRHC every three to five years, building upon the experience of each previous plan to set a long range course for the organization to pursue its vision over the following three to five years. The plan describes current and future over-arching organizational strategic directions, with a small number of high level metrics achievable by the hospital within a three to five year period. The mission, vision and values of the organization are the framework within which the Strategic Plan is developed.
- The relatively short planning timeframe allows NBRHC to be responsive to the changing healthcare landscape and to the evolving needs of its community. By leveraging current healthcare best practices, innovation and opportunities, NBRHC's strategic planning process ensures we are constantly adapting to the ever-changing climate and delivering excellence in care to our patients.
- In addition to the Strategic Planning process, NBRHC will undertake a yearly annual business planning process to help define and shape how the organization intends to achieve its strategic priorities over the course of following year. The resulting yearly roadmap ensures there is direct alignment of the over-arching strategic plan to the organization's yearly objectives and key performance indicators.

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3.0 Procedure/Process

3.1 Procedure Steps

Normally, a strategic plan review occurs annually with a possible fuller stakeholder engagement process undertaken every three to five years, dependent upon the developments occurring in the healthcare environment.

The development of the Strategic Plan:

- is carried out by the Board of Directors as a whole with support from the Senior Leadership Team;
- is internally or externally facilitated;
- considers changes in the organization's current state and operational environment;
- involves reasonable consultation with key internal and external stakeholders; and
- includes a high-level plan against which progress can be monitored.

As part of this work, the Mission, Vision and Values are reviewed and updated if needed.

The strategic planning cycle follows the plan, do, study, adjust model.

3.2 Planning: Development and Approval

- The Board of Directors and Senior Leadership Team review current direction to determine their continued relevance.
- The Board of Directors and Senior Leadership Team assess risks and opportunities to develop strategies to address within the Strategic Plan.
- The Board of Directors coordinates an Environmental Scan, utilizing internal resources.
- As part of the scan, internal and external feedback is gathered, including staff, physicians and community representation with a focus on the patients' voice.
- The Board of Directors ensures that the draft strategic directions are presented to a larger group of internal and external stakeholders for feedback.
- The Board of Directors uses this feedback to finalize strategic objectives for approval.

3.3 Doing: Cascading Directions

- The Senior Leadership Team communicates the final Strategic Plan to staff, physicians and partners.
- The Senior Leadership Team defines on a yearly basis its priorities through a process of annual business planning, further defining its yearly objectives against the over-arching draft strategic plan.
- The Senior Leadership Team drafts organization wide performance indicators that align to the annual business plan priorities, for consideration by the Board of Directors to monitor organization wide progress on yearly objectives.
- The Board Chair and CEO will jointly communicate the final yearly organizational scorecard to staff, physicians and partners to align effort and contribution across the organization.
- Departments identify priorities, initiatives and metrics on which they will act to help achieve organizational yearly objectives and metrics.
- It is important for the organization to focus on key priorities in order to be able to move them within the annual timeframe. For this reason, the Board of Directors will assign no more than two metrics per direction and the hospital programs/departments will have no less than one metric and no more than three.
- Review of Scorecard elements occurs at each Quality Committee and Resource, Finance and Audit Committee meetings.

3.4 Studying and Acting

- The Board of Directors and Senior Leadership Team reviews the Strategic Plan periodically and incorporates any significant changes in the organization's environment or current state. This includes checking the current organizational priority objectives and metrics.
- The Senior Leadership Team incorporates the strategic directions in the review of department and service level scorecards.

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4.0 References

Accreditation Leadership Standards, Version 9, June 2015
Georgian Bay General Hospital Policy, May 2010

5.0 Stakeholder Review

Committee Stakeholders	Month/Year Reviewed
Senior Leadership Team	May 2021
Governance Committee	May 2021
Board of Directors	June 2021

6.0 Approval

Signing Authority Signature	Date Signed
Chair, Board of Directors	September 9, 2021