



SASKATOON REGIONAL HEALTH AUTHORITY

GOVERNANCE CHARTER

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1. INTRODUCTION

The Saskatoon Regional Health Authority (“SRHA” or “Authority”) is responsible for the planning, organization, delivery and evaluation of health services provided within its health region. The board derives its authority to act from *The Regional Health Services Act*. The conduct of the Authority is governed by the SRHA Bylaws.

In carrying out its responsibilities, the SRHA’s mandate is to:

- assess the health needs of the persons to whom the regional health authority provides health services;
- prepare and regularly update an operational plan for the provision of health services;
- provide the health services that the minister determines the regional health authority is to provide;
- co-ordinate the health services it provides with those provided by others;
- evaluate the health services that it provides;
- credentialing;
- promote and encourage health and wellness; and
- do any other things that the minister may direct.

Building on the roles and expectations outlined in the provincial document *Roles and Expectations of the Minister of Health and Saskatchewan’s Regional Health Authorities*, this Charter details the roles and responsibilities, functions and structures of the SRHA that are linked to the *Accountability Document* and our strategic plan. The Authority shall review this Charter annually.

The Authority is accountable for the overall management and control of the health region and is accountable to the Minister of Health to achieve the provincial and regional goals and objectives for health services.

Major services that the regional health authority is responsible for include:

- hospitals, health centers and wellness centers;
- emergency response services, including first responders, ambulance;
- supportive care, such as long-term care, day programs, respite, palliative care and programs for patients with multiple disabilities;
- home care;
- community health services, such as public health nursing, public health inspection, dental health, vaccinations and speech pathology;
- mental health services; and
- rehabilitation services.

GOVERNANCE PHILOSOPHY

The governance philosophy for the Saskatoon Regional Health Authority provides the foundation for the Authority's work. Governance is the process whereby strategic goals are set, key relationships are maintained, assets of the organization are safeguarded, and within SRHA, where we advocate and champion quality care in accordance with best practices, service excellence and national performance standards. Our governance philosophy is based on trust, respect and integrity.

SRHA governance philosophy is grounded in a number of interrelated principles. These are: accountability, participation and transparency. The Authority is committed to overseeing ongoing improvements to healthcare recognizing the diverse nature of our Region. We are responsive to the expectations of the public (*accountability*). We are open and transparent regarding the decisions we make (*transparency*). Each member of the Authority is required to actively participate in the decision making process and to work towards obtaining consensus (*participation*). We proudly support, and sometimes challenge, the diverse network of people in the region that influence everything from patient care to employee satisfaction. Above all, patients, clients, and families are at the centre of our service and governance philosophy.

Governance takes place by way of the Authority Members exercising three primary roles: a fiduciary role, a strategic role and a generative role. Authority Members monitor activity and focus on stewardship of assets (*fiduciary role*). Authority Members and Senior Leadership work together to develop priorities and strategies; there is openness to addressing big picture questions (*strategic role*). Authority Members provide a source of leadership through a strong committee structure that focuses on risk management and oversight of the organization. Authority Members engage in constructive dialogue that explores all sides of the situation as they relate to our mission, vision, values and strategic directions. This allows for open, lively and constructive dialogue prior to reaching decisions (*generative role*). Governance at SRHA also takes place via a network of inter-related activities through which the management, staff, affiliates and community participants articulate their interests and influence the decision making process.

The Authority recognizes the paramount importance of quality healthcare to every patient and resident in the Saskatoon Health Region. Our highest priority is to make available the best healthcare possible, to the greatest number of people, in a manner consistent with the strategic directions of the Ministry of Health. The Authority will continue to streamline and review its governance processes with this priority in mind.

2. OUR COMPOSITION

In accordance with the Regional Health Services Act and regulations, the Lieutenant Governor in Council appoints members of the Authority the chair and vice-chair through an Order-in-Council. The members of the Authority form the governing body of the organization.

Membership and term of appointment to SRHA is set out in *The Regional Health Services Act*. SHRA has all the powers prescribed in *The Regional Health Services Act* and the regulations and any other applicable legislation.

3. OUR ROLES AND RESPONSIBILITIES

As outlined in our General Bylaws, the SRHA shall provide strategic direction and effective oversight of the Region. We shall govern in alignment with current corporate governance best practices.

In general, some of our key responsibilities are to:

- establish and review on a regular basis the mission, vision, values and strategic plan of the Authority in relation to the provision, within available resources, of appropriate programs and services in order to meet the needs of the residents in the health region and Saskatchewan;
- establish, on an annual basis, Authority goals to ensure the effective and efficient governance of the Authority;
- establish procedures for monitoring compliance with the requirements of *The Regional Health Services Act*, regulations, and other applicable legislation;
- establish policies and procedures which will provide the framework for the management and operation of the Authority; and
- evaluate its own performance in relation to its responsibilities and periodically review and revise governance policies, processes and structures as appropriate.

Strategic Framework

We set the overall direction for the Region by defining a strategic framework that specifies the overall direction of our organization. This strategic framework is based on expectations in the key areas outlined in the *Roles and Expectations of The Minister of Health and Saskatchewan's Regional Health Authorities* document. We shall regularly evaluate and enunciate the strategic priorities and performance indicators for SRHA.

Our strategic framework includes:

➤ Strategic Planning

Establish mission, vision and values consistent with the strategic direction provided by the province ([Appendix A](#)).

- **Mission:** *We improve health through excellence and innovation in service, education and research, building on the strengths of our people and partnerships.*

- **Vision:** *Healthiest people, healthiest communities, exceptional service*

- **Values:** *We believe that our daily actions, interactions and decisions will reflect:*

- Respect:** recognizing that all people and their needs are important

- Compassion:** caring genuinely for others

- Excellence:** pursuing quality in all that we do

- Stewardship:** demonstrating trust and integrity in our responsible use of resources

- Collaboration:** cultivating and honouring relationships to better serve our communities.

- Determine health service strategic priorities and direction within SRHA, taking into account the opportunities and risks facing the region. SRHA's Strategic Plan highlights our strategic priorities. Key strategic priorities include: ([Appendix B](#))

Transform the Care and Service Experience

Transforming the work experience

Partner to Improve Health of the Community

Build a Sustainable Integrated System

Strategic planning is facilitated by the Authority as a committee of the whole. An adhoc committee may be established to take the lead on strategic planning initiatives.

➤ **Fiscal Management and Reporting**

- ensure that key financial objectives and indicators are developed for Authority's approval and in line with the strategic plan and the *Accountability Document*
- monitor performance against the financial objectives
- maintain a high level of risk management

➤ **Relationships**

- establish mechanisms for collaboration with health system partners
- ensure that the importance of community engagement is reinforced

➤ **Quality Management**

- ensure quality goals and performance indicators are in place
- ensure that exemplary customer service is provided

➤ **Monitoring, Evaluation and Reporting**

- monitor indicators of clinical outcomes and quality of services
- evaluate periodically strategy programs and services through management's reporting re: progress towards goals related to programs and services
- report on the SRHA performance in addressing the health needs in the strategic priority areas

➤ **Management and Performance**

- appoint the Chief Executive Officer (President and CEO) and monitor his or her performance
- appoint Senior Medical Officer (Vice President, Medical Affairs)
- establish or approve compensation for President and CEO
- approve structure for organization upon recommendation of the President and CEO
- establish and review succession planning
- support a quality workplace and high performing work team
- ensure that a safe working environment is created for staff

In addition to our Strategic Plan, we have an Operational, Capital and Service Plan that specifies the overall direction of our organization.



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Decision Making

The Authority shall have a decision making model that is evidence based and based on stakeholder input. We shall endorse policies and make decisions that support the vision, mission and values of the organization.

Performance

The SRHA will specify and monitor performance indicators set out in the *Accountability Document*, which will target results to assure the organization is fulfilling its mission and values.

We shall ensure that the Region is meeting the desired outcomes and established targets related to our performance indicators. We will do this by setting regular intervals throughout the year in which the President and CEO will report on performance related to the indicator. We are accountable for monitoring variances related to the indicators

and ensuring that the Region has developed measures to improve and enhance the performance of the region.

The key responsibilities of our individual members include:

- being diligent and adhering to the Authority's mission, vision and values;
- owing a fiduciary duty and duty of care to the organization. Members exercise care, diligence and skill that a reasonably prudent person would exercise in similar circumstances;
- representing the interest of the whole health region rather than the specific interest of any individual, constituency, association or organization; and
- keeping informed about matters relating to the organization, the community served, and other health care services provided in the health region

4. MEETINGS

Public Meetings

Saskatoon Regional Health Authority will schedule monthly public Authority meetings¹, generally to be held from September to June. Our members attend meetings regularly and are adequately prepared to participate meaningfully in discussions. In response to Saskatchewan Patient First Review, SRHA has now reduced the number of meetings from ten per year to eight per year. Meeting agendas are managed to ensure an appropriate balance between information to monitor management activities, hold management accountable as well as make informed decisions.

Unless otherwise specified, all decisions of the board shall be by majority vote of the members at any meetings where a quorum is present.

Information about the public meetings shall be communicated to the public regularly.

Annually at a public Authority meeting, the Authority shall present and approve;

- The SRHA operating plan and budget for the upcoming fiscal year; including identification of any significant changes to existing RHA health services.
- The report on the health status of SRHA residents, which may include the results of previous needs assessments and a report on the effectiveness of RHA health services and programs.
- The Audited Financial Statements for SRHA.

Authority resolutions must be passed during a public meeting.

SRHA has a unique relationship with Physicians. The Authority grants physician's privileges in health care facilities, but does not employ all physicians. The Saskatoon Regional Medical Association (SRMA) is a critical part of our relationship with physicians, as such, the SRMA has Ex-officio standing at our public meetings.

Governance Process

GP4-1 Public Notification ([Appendix C](#))

GP4-2 Recording of Meetings ([Appendix D](#))

GP4-3 Rules of Order ([Appendix E](#))

Non-Public Meetings

Saskatoon Regional Health Authority will schedule monthly non-public Authority meetings, generally to be held from September to June, to discuss issues including but not limited to those items that would reveal information relating to:

¹ The Regional Health Services Act

- proposals for contracts or negotiations or decisions with respect to contracts;
- plans or proposals of the regional health authority involving future budgetary decisions;
- risk management issues or patient care issues;
- collective bargaining or human resource management issues;
- security measures being undertaken by the RHA; or,
- other considerations that require a non-public review.

In Camera

The Authority agenda will provide time for the Authority to meet in-camera with the President and CEO. At the discretion of the President and CEO, other RHA officials may be invited to attend all or part of a private Authority meeting, as required.

The President and CEO will be excluded from in-camera sessions when the Authority is to review the performance or compensation of the President and CEO or when the Authority wishes to have only Authority members present.

MEETING ATTENDANCE

In summary, attendance at the three types of meetings should be as follows:

<i>Public Authority Meetings</i>	<i>Non-Public Authority Meetings</i>	<i>In-Camera Sessions</i>
Authority	Authority	Authority
President and CEO	President and CEO	President and CEO**
Other RHA officials, invited at the discretion of the President and CEO	Other RHA officials, invited at the discretion of the President and CEO	<i>** except when President and CEO compensation or performance is discussed</i>
Non-RHA officials	Non-RHA officials (e.g., government) by invitation only	<i>or the Authority wishes to have only Authority members present.</i>
Members of the public		

Other Meetings

The Authority may schedule special meetings as necessary for the purposes of participating in joint planning with the Ministry of Health, and or management, for the purposes of strategic planning and/or budget planning.

5. PUBLIC ACCESSABILITY

Consistent with the provisions of *The Regional Health Services Act*:

- part or all of each regular meeting of the Saskatoon Regional Health Authority will be open to the public.
- the bylaws of the SRHA and minutes of public meetings are available to the public during the normal office hours or on the Saskatoon Health Region web site at www.saskatoonhealthregion.ca.

6. AUTHORITY COMMUNICATION

Communication and information linkages are necessary to promote the effective exchange of directives, information and ideas among government, RHAs and management, as well as to ensure accountability for responsibilities delegated to SRHA by the government.

SHRA, as individuals and collectively, shall communicate with all persons, groups and organizations in ways that support the vision, mission, values, goals and priorities of SHR. The Authority shall communicate in a manner that is fair, truthful, timely, clear and appropriate. Interaction with the public permits the Authority to share information with the public and to receive comments and suggestions from the public.

The Authority will receive and provide information in a manner that:

- respects both individual freedom of access to information and rights to privacy (e.g., of patients, residents, clients and the general public – as well as care and service providers);
- is as timely, accurate, consistent and complete as possible;
- promotes individual and community health; and,
- supports effective action by care and service providers.

The Authority communicates with the public only on matters that fall within the purview of the Authority. The Authority shall receive necessary support for its communication activities from the President and CEO.

Governance Process

GP 6-1 Authority Communication ([Appendix F](#))

7. RESPONSIBILITIES OF THE CHAIRPERSON OF THE AUTHORITY²

The Chairperson will:

- (a) liaise with the Minister of Health
- (b) represent the SRHA to the public as its official spokesperson
- (c) communicate with Authority members between meetings
- (d) provide pertinent information to the Authority in a timely fashion

More specifically, the Chairperson of SRHA will:

- provides leadership that falls within and are consistent with any reasonable interpretation of the Governance Charter and/or Authority policies.
- Chair Authority meetings, set Authority agendas in consultation with the President and CEO and Authority members, maintain order and orderly decision-making, allow adequate time for discussion, ensure all views are aired at meetings, encourage vigorous debate of issues while at the same time building consensus on issues, and determine and resolve conflicts of interest.
- strive to ensure the effectiveness of the Authority, both individually and collectively, and accordingly, will facilitate excellence in leadership, management, strategic planning, committees, relationships, operations, and outcomes.
- strive to ensure that the Authority behaves consistently with its *Governance Charter* and applicable federal and provincial legislation.
- give time and effort to planning and integrating committee chairs' work and guiding their agendas and reports as necessary; and attend committee meetings where appropriate or required.
- strive to ensure full utilization of individual capacities and capabilities and optimum performance of the Authority and each of its committees.

² General Bylaws

- maintain an open working relationship and ensure ongoing communication with the President and CEO. Accordingly, the Chairperson shall ensure the early identification of policy and organizational issues that need to be addressed by the Authority.
- ensure that the Vice Chairperson is fully informed of all Authority issues and processes.

8. RESPONSIBILITIES OF THE VICE-CHAIRPERSON³

The key responsibilities of the Vice-Chairperson of the Authority include performing all the duties of the Chairperson in the absence of the Chairperson, together with such other duties as are usually incidental to such a position or may be assigned by the Authority from time to time.

In the absence of the Authority Chairperson, the Vice-Chairperson shall have all of the delegated powers and perform all the duties of the Chairperson.

The Vice Chairperson will:

- work collaboratively with the Chairperson in addressing organizational issues related to Authority performance.
- advise and support the Chairperson in fulfilling his/her responsibilities.

9. AUTHORITY REMUNERATION

The Chair and Authority members shall receive remuneration for services rendered and be reimbursed for expenses incurred on behalf of Saskatoon Regional Health Authority;

Remuneration shall be consistent with the current Order in Council, Government of Saskatchewan.

Governance Process

GP 9-1 Authority Remuneration ([Appendix G](#))

10. PROFESSIONAL DEVELOPMENT

Authority members will take responsibility for engaging in Authority development activities, which will assist us in carrying out our duties. A plan and budget for Authority professional development shall be established annually.

There are several levels of Authority development:

- new member orientation;
- development of the Authority as a whole; and
- individual member development.

On joining the Authority, each member is provided with an Authority orientation. Additionally, each member is provided with a copy of the Authority Member Handbook, which outlines details of strategic plan, management structure, and clinical, financial, and operational risk management issues.

Initial and ongoing education and orientation in order to enable Authority members to receive:

- develop individual skills;
- fully understand their responsibilities;
- recognize opportunities to contribute to improving health; and
- understand the operations of the Health Region.

On-going education shall be provided to Authority members as part of regular Authority meetings and as part of the Authority's retreat. At the provincial level, the Authority shall

³ General Bylaws

receive education sessions on a variety of governance topics. Individual members who identify other educational opportunities that will assist them in their role as a member shall submit their request in writing to the chairperson outlining the objective for attending. The chairperson will review and make a recommendation to individual members. On completion of attendance at a national or international professional development event, the SRHA member/members will provide a written report to the Authority addressing the following:

1. What learnings are applicable to the Saskatoon Health Region or the Saskatoon Regional Health Authority?
2. Should this professional development event be attended by SRHA members in the future?

In addition, if time permits, an opportunity may be provided on the SRHA meeting agenda for a brief verbal report.

At the Chair's discretion, this guideline may apply to educational/professional development events in the province which are available to all SRHA members.

11. COMMITTEES

Committees support Authority function and each committee is delegated certain tasks as determined by the Authority. Each committee shall adopt its own terms of reference that is approved and periodically reviewed by the Authority. Occasionally, committees, with prior approval of the chairperson, may engage consulting advice and independent counsel. The committees and their specific roles are assessed and evaluated annually.

We have established standing committees to make recommendations to the Authority. Our committees are:

Executive Committee	Terms of Reference (Appendix H)
Stakeholder Relations Committee	Terms of Reference (Appendix I)
Audit, Finance and Risk Committee	Terms of Reference (Appendix J)
Human Resources Committee	Terms of Reference (Appendix K)
Policy and Governance Committee	Terms of Reference (Appendix L)
Partnership Committee	Terms of Reference (Appendix M)
Quality and Safety Committee	Terms of Reference (Appendix N)

At times, ad hoc committees may also be established.

12. STAKEHOLDERS AND PARTNERS

The Ministry of Health defined its governance expectations for the Regional Health Authorities in relation to developing and maintaining positive functional relationships with stakeholders and partners. Accordingly, Saskatoon Regional Health Authority will:

- identify the broad array of relationships with stakeholders and partners - regionally and provincially
- establish a prioritized approach to relationship building with its stakeholders and partners.

SRHA recognizes that, as a body overseeing the governance of a publicly funded health region, it is responsible for including the opinions, ideas and voices of many stakeholders in the work that it does. The Stakeholder Relations Committee is primarily focused on engaging external stakeholders on issues of mutual importance.

We believe:

- Opportunity for engagement with the public and organizations affected by the activities of SRHA is beneficial to decision-making at the governance level;
- Stakeholders have a vested interest in the process of governance of SRHA as a publicly funded organization;
- Transparency and accountability of the actions of SRHA are paramount and best fulfilled by engaging with those affected by decisions and directions to be undertaken;
- SRHA values stewardship of the resources it controls and recognizes that stakeholder engagement is critical to effective stewardship.

13. EVALUATION

Evaluation allows us to highlight successes, learn what processes are working well, self-improve, and opportunity to take any corrective action that is necessary. The Policy and Governance Committee establishes a process for self evaluation. The self-evaluation assesses collective performance of its members and its committees. The Policy and Governance Committee reports the findings to the Authority on an annual basis.

Accreditation Canada also requires an annual evaluation as part of their Sustainable Governance Standards.

Since the Authority delegates responsibility and related authority to the President and CEO for the management and operation of the organization, the President and CEO is accountable to the Authority. Thus the Authority shall conduct periodic informal evaluations and an annual formal evaluation of President and CEO performance. This evaluation is set against the President and CEO's performance objectives and job description.

14. ETHICAL BEHAVIOR

The operations of SRHA are driven by our values. We have adopted a Code of Conduct and Ethics⁴ that governs the conduct of the Authority members, individually and collectively.

Any Member who has a direct or indirect interest in any matter before the Authority, or any of its committees or who has an Associate who has a direct or indirect interest in any matter before the Authority or any of its committees, shall declare his or her interest and shall excuse himself/herself from the meeting until discussion and voting (if applicable) on the matter has been completed. Authority members shall provide a general notice of material interest to the Authority in the prescribed form attached as [Appendix O](#).

15. COMMUNITY ADVISORY NETWORKS

Community Advisory Networks (Networks) are established in accordance with *The Regional Health Services Act* Section 28 and directives from the Ministry of Health.

The Networks promote active and representative citizen participation in keeping with SRHA's community development role. Networks are established by and responsible to the Authority. Networks facilitate SHRA's commitment to communities. Networks advise the Authority on broad issues related to the health of the community as well as assist the Authority to understand the needs, preferences and priorities of people and

⁴ General Bylaws, Appendix A

communities. The size and number of Networks vary from time to time depending on the issues/concerns being considered by SRHA.

SRHA engages communities using the following approach:

- existing Regional and Local Planning and Service Delivery Structures: SRHA engages the various formal groups, at the local and regional level, including municipal governments, Regional Economic Development Associations (REDAs), Regional Inter-sectoral Committees (RICs), recreation associations, etc;
- geographic based advisory networks: SRHA involves communities in the planning and operation of the health system both from the perspective of providing input to SRHA decision making as well as providing a vehicle to support information dissemination;
- communities of Interest: SRHA also engages Networks that are not represented by a specific geographic area, but rather a specific interest or population grouping (i.e. children and youth, seniors, mental health, etc).

Participants in Networks are not entitled to remuneration with respect to that participation.⁵ Network members are reimbursed for travel expenses. Other reimbursement will be considered at the discretion of the Authority.

Governance Process

GP 15-1 Community Advisory Networks ([Appendix P](#))

16. SPONSORSHIPS

The Authority will enhance community partnerships and support health-related community events within the Health Region. Financial support/ sponsorship of health-related community events will be considered provided the event complies with SRHA values and goals and has the potential for a positive impact on health promotion and matters that affect the determinants of health.

The Authority will purchase tickets for selected events sponsored by Foundations, affiliates, and agencies associated with Saskatoon Regional Health Authority. An annual amount shall be budgeted for financial support/ sponsorship of community events (ie United Way Dinner, Mayor's Gala).

The financial support to an individual community agency shall be limited to a maximum of \$5,000.00 in any one fiscal year. A request for financial support for a health-related community event shall come to the Authority, in writing, with appropriate background information.

Governance Process

GP 16-1 Sponsorships ([Appendix Q](#))

17. EXECUTIVE RESPONSIBILITIES

The Authority shall appoint a President and CEO who is responsible, in accordance with the directions of the Authority, for the general day-to-day management and conduct of the affairs of the organization. The President and CEO is the official secretary to the Authority. Subject to *The Regional Health Services Act* the Authority shall set the conditions of employment and review them annually.

⁵ Regional Health Services Act, Section 28(3)

The President and CEO is the Authority's link to the administration of the health region. The President and CEO is accountable to the Authority as a whole and all communications on behalf of the Authority is through the President and CEO. The President and CEO exercises all powers delegated by the Authority.

In the context of the above relationship, the Authority shall:


- direct the President and CEO to achieve results, reflective of the strategic plan, corporate performance indicators and performance monitoring processes established by the Authority;
- provide parameters for achieving results;
- direct the President and CEO to provide and report on a succession plan annually to the regional health Authority;
- delegate authority to the President and CEO to conduct the business and operations of the Authority;
- authorize the President and CEO to delegate authority, implement policy, establish procedures, make all decisions, take all actions, establish all practices, and direct all activities for the Authority;
- ensure that only decisions of the Authority acting as a single body are binding upon the President and CEO; and
- authorize the President and CEO to enter into employment agreements with staff, setting out terms and conditions of employment, and salary and benefits.

Executive Responsibilities & CEO Expectations

ER 17-1 ([Appendix R](#)) ER 17-2 ([Appendix S](#))

ER 17-3 ([Appendix T](#)) ER 17-4 ([Appendix U](#))

Appendix A

	<p>DIRECTION</p> <p>Number: D3-1 Title: Vision, Mission, Values</p>
<p>Authorization</p> <p>[X] SRHA</p>	<p>Source: Chair, Policy and Governance Committee Cross Index: Date Approved: January 15, 2003 Date Revised: June 9, 2010 Date Approved: February 9, 2011</p>

Vision Healthiest people, healthiest communities, exceptional service.

Mission We improve health through excellence and innovation in service, education and research, building on the strengths of our people and partnerships.

Values We believe that our daily actions, interactions and decisions will reflect:

Respect

Recognizing that all people and their needs are important.

Compassion

Caring genuinely for others.

Excellence

Pursuing quality in all that we do.

Stewardship


Demonstrating trust and integrity in our responsible use of resources.

Collaboration

Cultivating and honouring relationships to better serve our communities.

Promise Every moment is an opportunity to create a positive experience in the way we treat and care for people, in how we work and interact with each other and in how we deliver quality service. We promise to seize every opportunity.


Appendix B

	<p>DIRECTION</p> <p>Number: D3-2 Title: STRATEGIC DIRECTION</p>
<p>Authorization</p> <p><input checked="" type="checkbox"/> SRHA</p>	<p>Source: Chair, Policy and Governance Committee Cross Index: Date Approved: January 15, 2003 Date Revised: June 9, 2010 Date Effective: June 9, 2010 Date Reaffirmed: February 9, 2011</p>

***Strategic
Directions***

1. Transforming the Care and Service Experience
2. Transforming the Work Experience
3. Partner to Improve Health of the Community
4. Building a Sustainable Integrated System

Appendix C

	<p>GOVERNANCE PROCESS</p> <p>Number: GP4-1 Title: MEETINGS – PUBLIC NOTIFICATION</p>
<p>Authorization</p> <p><input checked="" type="checkbox"/> SRHA</p>	<p>Source: Chair, Policy and Governance Committee Cross Index: Date Approved: December 14, 2009 Date Revised: Date Effective: December 14, 2009 Date Reaffirmed: February 9, 2011</p>

PUBLIC MEETING NOTIFICATION

Information about the public meetings is communicated to the public regularly.

Semi-annual

- 1.1 Notices are published in The StarPhoenix to provide the dates of the up-coming public meetings. Notices are published semi-annually:
 - 1.1.1 In August for the September to December meetings and
 - 1.1.2 In December for the January to June meetings.


Prior to each meeting

- 1.2 Meeting notices are published in The StarPhoenix on the Saturday before the meeting (for meetings held in Saskatoon).
- 1.3 Meeting notices are also published in the rural weeklies during the week prior to the meeting (for meetings held outside Saskatoon)
- 1.4 Meeting notices are distributed via email to all town administrators in the Health Region. Town administrators use various methods of further notification (ie: posters at the local post office, monthly newsletters, attachment to utility bill etc).

Online

- 1.5 Meeting notices are also found on our external web site and information is updated prior to each meeting by posting a copy of the public agenda.

Appendix D

	<p>GOVERNANCE PROCESS</p> <p>Number: GP 4-2 Title: RECORDING OF MEETINGS</p>
<p>Authorization</p> <p>[X] SRHA</p>	<p>Source: Chair, Policy and Governance Committee Cross Index: Date Approved: December 14, 2009 Date Revised: Date Effective: December 14, 2009 Date Reaffirmed: February 9, 2011</p>


1. RECORDING OF MEETINGS

- 1.1 Authority staff is authorized to record both SRHA and committee meetings for the sole purpose of providing back-up in the preparation of meeting notes.
- 1.2 The recording device used will be a digital stereo voice recorder which may be running during any SRHA and committee meetings, as needed.
- 1.3 The Chair of the meeting will announce at the beginning of the meeting that the meeting will be recorded.

2. MEETING NOTE PROCESS

- 2.1 Following each SRHA and committee meeting, the recording of the meeting will be transferred to the Authority staff desktop computer where the recording will not be backed up and will not be accessible to anyone but Authority staff.
- 2.2 Once the recording is transferred to the desktop computer, the recording will be deleted from the digital stereo voice recorder.
- 2.3 The Authority staff person will prepare the meetings notes in a timely manner, using the digital stereo voice recording, as required.
- 2.4 The Authority staff person will delete the meeting recording from their desktop computer upon the meeting notes being approved by either the SRHA or the committee or within 30 days of the meeting, whichever first occurs.

Appendix E

	GOVERNANCE PROCESS Number: GP 4-3 Title: RULES OF ORDER
Authorization <input checked="" type="checkbox"/> SRHA	Source: Chair, Policy and Governance Committee Cross Index: Date Approved: August 21, 2002 Date Revised: May 17 2006 Date Effective: May 17, 2006 Date Reaffirmed: December 14, 2009 Date Reaffirmed: February 9, 2011

GUIDANCE FROM BOURINOT'S RULES OF ORDER

Note: Use of the term "Board" means "the Authority"

Rules of order serve to ensure that everyone present at a meeting, that has a right to be there, has the opportunity to express an opinion, that the rights of a minority are respected, that clear decisions or conclusions are reached on the issues raised on the basis of a free majority vote, and that as far as possible, proceedings are governed by an assessment of the issues rather than by personality factors.

- 1) Members of the Board must **act and vote as a Board** of the RHA.
- 2) Members of the Board are **empowered** to administer the RHA's affairs on behalf of its owners.
- 3) Members of the Board meet as a Board to **make decisions**, which are binding upon both the Board and the RHA.
- 4) Members of the **Board require specific authority from the Board before acting independently** on behalf of the RHA.
- 5) Members of the Board **cannot act or vote by proxy** at a meeting of the Board.
- 6) Members of the Board may appoint, from among themselves, an **executive committee** and assign specific functions to it.
- 7) Members of the Board are empowered to **appoint a CEO** and assign responsibility for the daily operations of the RHA.
- 8) Members of the Board have a **statutory duty to act honestly and in good faith** with a view to the best interests of the RHA.
- 9) Members of the Board must **exercise** the **care, diligence and skill** in carrying out their respective responsibilities within the RHA that a reasonably prudent person would exercise in comparable circumstances.
- 10) Members of the Board who have extensive experience or expertise are expected to perform to a **higher standard** than members with little experience or expertise.

- 11) Members of the Board who have a personal interest in a matter under consideration must disclose in full what that interest is and usually will be required to abstain from voting on that matter. A Board member with a **conflict of interest** should leave the meeting while the matter is under consideration.

Meeting Rules of Procedure

- 1) Meetings must be **duly called** and properly constituted.
- 2) Members must have **advance notice** – every person entitled to attend a meeting must be informed, in advance, of the day, time and place at which the meeting will be held as well as information about the nature of the business to be dealt with.
- 3) Meetings are normally presided over by the **Chair** or, in the absence of the Chair, another person appointed by the Board.
- 4) While a meeting is in progress, all remarks must be addressed to the presiding officer as “Mr. Chair” or “Madam Chair”.
- 5) When a member has signalled a desire to speak, he or she must await **recognition by the chair**. If two or more members signal at the same time, the Chair will call upon the one who first caught his or her attention and should indicate at that time the order in which the others who wish to speak may have the floor.
- 6) All remarks by members should be **addressed to the Chair**. The Chair can decline a question to be put (i.e., from one member to another member), if in his or her opinion, it would be contrary to the rules or would offend propriety. The Chair’s ruling can be appealed (see rule #31).
- 7) An order of business or **agenda** is to be prepared in advance and distributed to the members, usually following an accustomed pattern of (a) approval of the minutes of the preceding meeting (remarks on the minutes must relate strictly to the matter of error), (b) reports, (c) pending business, and (d) new business – in a convenient arrangement. As well, members should receive copies of reports or other supporting papers relating to the matters to be considered.
- 8) The Chair is to ensure that the agenda is followed.
- 9) The Secretary to the Board should take adequate **notes** of discussions and resolutions.
- 10) All decisions concerning **significant** issues should be made by motion, properly seconded and carried by a majority of the members. A **motion** is a formal proposal placed before a meeting by one member (the **mover** of the motion) for debate and a decision, usually taken by vote. Most, but not all, motions must be supported by a second member (the **second**) before they can be debated and decided.
- 11) A motion should be worded in affirmative terms and should express fully and unambiguously the intent of the mover. It should *not* be preceded by a preamble (“Whereas ...” or “In order to ...”).
- 12) An **amendment to a motion** is an alteration of a main motion by substituting, adding or deleting a word or words without materially altering the basic intent of the main motion. An amendment must be proposed by motion and must be seconded. Every amendment must be strictly relevant to the question being considered. An amendment that would simply counter the intent of the main motion is not acceptable.
- 13) Once a motion to amend has been moved and seconded, the **main motion is set aside until the amendment has been decided**.
- 14) Any member may move to amend an amendment, but such a **subamendment** can modify only the amendment – it cannot directly modify the main motion. Just as an amendment must be relevant to the main motion, a subamendment must be relevant to the amendment.
- 15) An amendment can be introduced at any stage before the question is put on the main motion, provided there is not more than one amendment and one subamendment before the meeting at one time.

- 16) Any member wishing to move an amendment, that is not in order at the time because there are already two amendments before the meeting, can still state the intention of the motion, as the proposal may affect the vote on those motions awaiting decision.
- 17) Any subamendment and amendment must be resolved before a new amendment to the main motion can be entertained.
- 18) There is no limit to the number of amendments and subamendments that may be proposed.
- 19) No member may speak twice to a question, except to explain a material part of his or her speech that may have been misquoted or misunderstood. However, the mover of a substantive motion is allowed a reply at the conclusion of the discussion.
- 20) A **resolution** is a proposal or motion that declares the *opinion* of the Board rather than its intent to act on a certain matter.
- 21) Once adopted, a motion cannot be debated further, except for the purpose of moving that it be rescinded.
- 22) Ordinarily, **a motion that has once failed cannot be reintroduced**; however, the decision can be later reconsidered.
- 23) **Reconsideration** of a decision requires advance notice in writing (i.e., that a question will be reconsidered at the next meeting). However, a two-thirds majority vote is required on a motion to reconsider.
- 24) All approved motions and resolutions should be entered into the **minutes** (permanent record) of the meeting – and the minutes are normally submitted for approval at the next meeting of the Board. The minutes of each meeting should record (a) the place, date and time of the meeting; (b) the name of the presiding officer (Chair); (c) a list of those attending (or evidence of a quorum); and (d) the actions taken and decisions made, including references to the major points made in the course of debate (but generally not identifying speakers).
- 25) A **question** is the issue before a meeting on which a decision has to be made. A question cannot be debated, amended or voted on until it has been proposed as a motion. To “put the question” ends debate and submits the motion to a vote.
- 26) On any given issue before it, the Board may choose to **refer** it to a committee for study and report before the whole Board makes its decision. A motion for referral should be made, seconded, and debated.
- 27) If a **substantial issue** is to be raised affecting the by-laws, policies or procedures, notice should be given at one meeting that this issue will be introduced by motion at the next or a subsequent meeting. The notice is merely a statement of intention and can be made by any member at an appropriate time in the proceedings. It requires no seconder and is not at that time debatable.
- 28) Motions to postpone a discussion or question to a specified time or indefinitely or to **table** it may be made, but must be seconded, and are debatable. This deferment or tabling should be used only where appropriate – such as when it is necessary to attend to more urgent business.
- 29) A **motion to adjourn a debate or a meeting** is always in order, must be seconded, but is not debatable. If a motion to adjourn carries, the matter under consideration must be put aside, or the current meeting ceases.
- 30) A **motion to proceed to the next item of business**, if carried, also sets aside the question being considered and the meeting proceeds to the next item on the agenda. The motion must be seconded and must be put to the meeting immediately.
- 31) A **ruling by the Chair** is not debatable, but may be challenged on a properly moved and seconded motion – and must be put to a vote immediately. If such a motion receives majority support, the Chair’s ruling is overturned. The exception to this is when the Chair rules on points of order (see point 36).
- 32) A **quorum** is the number of people required to be present at a meeting to validate the transaction of its business. A quorum of members must be maintained throughout the meeting (any by-law or motion adopted in the absence of a quorum is invalid). Should

members leave in the course of a meeting that has begun with a quorum, proceedings must cease at the point at which the number attending falls below a quorum. If the meeting continues, any decisions made are interim, and cannot be regarded as the official decisions nor be acted upon until they have been ratified at a subsequent meeting with a quorum present.

- 33) When routine items are being decided on, or when it is obvious to the Chair that there is no objection to a proposal being discussed, the Chair can dispense with a formal vote and simply say "If there is no objection ... " and assume **general assent**. Should someone object to this assumption, a vote must be taken.
- 34) **Voting** will be done based on a show of hands. Those for and against the motion are in turn asked to raise their right hands. The hands are counted, the result announced, and the motion declared by the Chair as either carried or lost.
- 35) When the vote is equal or tied, the Chair has a **casting vote**. If the Chair has voted already as part of a tied vote, he or she has a second vote in order to break the tie.
- 36) A **point of order** may be raised by a member, claiming that the procedures of the meeting or of an individual are contrary to procedural rules or practices. A point of order must be raised at the time the alleged irregularity occurs. The Chair may permit a debate on the point of order before ruling on its validity. However, the Chair's ruling, once made, is not debatable and cannot be appealed. If the Chair does rule that there is a valid point of order, debate on the point can proceed.
- 37) If any meeting must be adjourned until another day to complete its business, the next meeting is in effect the same meeting and should have the same agenda, as if there had been no break in the proceedings.

Chairing of Meetings

- 1) When satisfied that a quorum is present, **call the meeting to order**.
- 2) Unless the meeting otherwise directs or in order to consider the delayed attendance of a member who may be important to the discussion, **follow the agenda** and call the items of business in order.
- 3) **Receive motions and amendments**, ensure they are properly seconded, and submit them to the meeting for discussion and decision.
- 4) **Submit motions or other proposals for final decision by vote** – and having determined the sense of the meeting, announce that the motion or proposal has been carried or lost.
- 5) Act as the **judge of relevancy** – insist that discussion be relevant to the issue under consideration, and that any proposed amendments relate properly to motions under consideration. If necessary, interrupt a speaker who is deviating unduly from the main thread of the discussion.
- 6) Decide, subject to appeal, all **questions of order and procedure**.
- 7) At all times, preserve the **order and decorum** essential to calm deliberation, effective use of the available time, and general agreement that fair and equitable processes have led to acceptable conclusions. Where required, call "Order, please" or indicate to a member "You are out of order."
- 8) Remain **objective and impartial**, acting as an umpire of proceedings.
- 9) Exercise **voting rights as any other member**. However, generally refrain from participating in debate and voting – unless a **casting vote** is required when the vote is tied.
- 10) To propose a motion, step down in favour of the Vice-Chair (or to any other temporary Chair if the Vice-Chair is not present) and resume the chairing only after the motion has been resolved.
- 11) Stop discussion of any question that in the Chair's opinion has been fully debated and **call for a vote** on the motion.
- 12) When all items of business on the agenda are completed, ask whether there is any **other business** to be considered and rule whether any such new business is in order. Permit

consideration of a new issue if time permits and there is no objection to adding it to the agenda.

- 13) When all the business is completed, **close the meeting**, or adjourn it if a further consecutive meeting is required. The Chair does not need a motion to close a meeting when the meeting business is concluded. If the Chair suggests that the meeting be adjourned to another day, a motion that has been seconded and voted upon is required.
- 14) **Recess or adjourn a disorderly meeting** that cannot be called to order.

Committees

- 1) Committees can spend whatever time is necessary to investigate an issue or to consult with others before coming up with one or more **recommendations to the full Board** to consider.
- 2) **Standing committees** are appointed or elected to consider matters of an ongoing nature, and they usually have a continuing responsibility in those areas. Membership is usually revised annually or from time to time as needed.
- 3) **Special committees** can be appointed at any time an issue needs to be referred to a smaller body for consideration, and they exist only for the length of time they require to study the issue and make recommendations.
- 4) The **Chair has the right to name individuals to the special committee**, including the Chair of the committee, but usually does so after hearing the meeting's suggestions.
- 5) A **committee can arrange its own procedures**, as long as they do not contravene the directives given by the Board or the regulations governing the RHA.
- 6) A committee can deal only with the matters referred to it and cannot go beyond its **Terms of Reference**.
- 7) Committee **reports must be made to the Board only** unless specifically authorized by the Board to report to another interested party.
- 8) A **subcommittee** is a part of a committee appointed to deal with an aspect of the committee's business. It is responsible to, and reports to, the committee.
- 9) Unless otherwise stated, the **quorum** of a committee is a majority of its members.
- 10) Any **report of a committee** to its Board should contain all of the information the Board needs in order to come to a decision on the issue. If a committee needs to work for a long period of time, a progress report should be made, either verbally or in writing to the Board. Reports should be clear and concise, and should not detail the considerations leading to a conclusion or recommendation unless they are required to understand the issue and the committee's proposal. Written reports should be signed by the chair of the committee or by all members of the committee.


Suspension of the Rules

Occasionally, it may be necessary to suspend certain rules for the sake of smooth functioning, but this should be restricted to cases of extreme urgency, usually when time is limited or when it is necessary to deal with an extraordinary item not provided for in routine business.

A motion for the suspension of a rule for a specific purpose should be moved and seconded, and, it is customary to insist on unanimous assent.


When the purposes for which a suspension was made have been achieved, the suspended rule returns to full force and effect.

Appendix F

	<p>GOVERNANCE PROCESS</p> <p>Number: GP 6-1 Title: AUTHORITY COMMUNICATION</p>
<p>Authorization</p> <p><input checked="" type="checkbox"/> SRHA</p>	<p>Source: Chair, Policy and Governance Committee</p> <p>Cross Index:</p> <p>Date Approved: August 21, 2002</p> <p>Date Revised:</p> <p>Date Effective:</p> <p>Date Reaffirmed: December 14, 2009</p> <p>Date Reaffirmed: February 9, 2011</p>

This governance process provides Authority members with direction and guidance on how to deal with communications issues:

- 1.1 If individual Authority members **have questions or require information**, they will contact either the Chairperson or the President and CEO for appropriate follow-up.
- 1.2 If individual Authority members **receive inquiries from the media or others**, they will direct those inquiries to either the Chairperson or the President and CEO for appropriate follow-up.
- 1.3 Service concerns/complaints **from patients, residents, clients, service consumers or consumer families/friends** usually involve the quality of service delivery, but also can involve confidential patient/client/ resident/personal health information. Therefore, Regional Health Authority members will not express their opinions on these matters directly to a health service recipient and/or the recipient's family member(s) and friends. Regional Health Authority members will refer any such concerns/complaints to the CEO for follow-up.
- 1.4 Communications about SRHA and its activities will be approved in advance by the President and CEO, in consultation with the Authority Chairperson, and will be provided to Authority members for information.

	<p>GOVERNANCE PROCESS</p> <p>Number: GP 6-2 Title: AUTHORITY REMUNERATION</p>
<p>Authorization</p> <p>[X] SRHA</p>	<p>Source: Chair, Policy and Governance Committee Cross Index: Ministry of Health Policy - Board Remuneration 22Nov07 Date Approved: August 21, 2002 Date Revised: Date Effective: August 21, 2002 Date Reaffirmed: December 14, 2009 Date Reaffirmed: February 9, 2011</p>

DEFINITIONS

Per diem means an amount paid for all regularly scheduled Authority meetings of at least five hours.

Honorarium means the hourly remuneration rate paid to Authority members for attendance at meetings/events of less than five hours.

Functions mean events where Authority member presence is requested by the Authority, Executive Committee or Chairperson.

1. Chairperson

- 1.1 Per diem of \$300.00 for an Authority or Committee meeting of at least five hours in length.
- 1.2 Hourly remuneration of \$37.50 for Authority or Committee meetings of less than five hours in length.
- 1.3 Annual retainer fee of \$ 9,960 payable in monthly installments of \$830.00 per month, to cover additional activities which are not meetings of the Authority or Authority Committees/Task Forces as specified in Order-in-Council.
- 1.4
- 1.5 An hourly remuneration of \$37.50 to a maximum of \$300.00 per day for time related to Authority activities and Committee/Task Force work, conferences or government-initiated meetings at which the Minister considers Authority representation mandatory, and attendance at meetings approved by the Authority, or as specified by Order-in-Council or regulation.

2. Authority Members

- 2.1 Per diem of \$200.00 for an Authority or Committee meeting of at least five hours in length.
- 2.2 Hourly remuneration of \$25.00 for Authority or Committee meetings of less than five hours in length.
- 2.3 An hourly remuneration of \$25.00 to a maximum of \$200.00 per day for time related to Authority activities and Committee/Task Force work, conferences or government-initiated meetings at which the Minister considers Authority representation mandatory, and attendance at meetings approved by the Authority, or as specified by Order-in-Council or regulation.

3. Payment of Honorarium for Authority Members (excluding Authority Chair):


- 3.1 The maximum payment per day will be the stated per diem rate.
- 3.2 Hours submitted will qualify for remuneration in the following situations, if approved by the Authority Chairperson:
 - 3.2.1 Attendance at other Authority meetings and Committee/Task Force meetings;
 - 3.2.2 Attendance at Authority sponsored events, i.e. Service Recognition Awards;
 - 3.2.3 Attendance at community or other group meetings if the Chairperson or the Authority requests representation and approves representation prior to the event;
 - 3.2.4 Attendance at education sessions or conferences to a maximum of five days per fiscal year;
 - 3.2.4 Attendance at a social function, such as a Foundation banquet, receives a maximum of two hours remuneration.
- 3.3 Education and Conferences – to encourage the systematic upgrading of Authority members' knowledge and skills through attendance at conferences, thus, benefiting both the Authority members and the organization.
 - 3.3.1 All Authority members shall be encouraged to attend:
 - Saskatchewan Health Orientation Programs
 - SAHO Annual General Meeting and Convention
 - 3.3.2 In addition, each Authority member will have an annual budget to attend Chairperson/Authority approved educational sessions or conferences.
- 3.4 Upon completion of the conference and submission of appropriate receipts, expenses will be reimbursed. Upon request, travel advances may be approved by the Chairperson.
 - 3.4.1 Reimbursable conference expenses will be limited to the following: registration, travel, accommodation, meals, parking, and taxi charges.
- 3.5 Reimbursement will not be allowed for liquor or personal entertainment.
- 3.6 Authority members attending conferences, workshops, etc., on behalf of and sponsored by the Saskatoon Regional Health Authority, are accountable for submitting a brief written report to the Authority Office shortly after the event date. The report(s) will be included in the next Authority information package.

- 3.7 Travel Time - Travel time will be paid to Authority members for each of the following meetings. The amount will be determined by multiplying the respective hourly rate by the actual travel time to a maximum of two times per diem rate.
 - 3.7.1 Regularly scheduled authority meetings
 - 3.7.2 Meetings of the Authority, other than regularly scheduled meetings
 - 3.7.3 Authority committee meetings
 - 3.7.4 Conferences or government initiated meetings at which the Minister considers authority representation mandatory
 - 3.7.5 Attendance at meetings authorized by the Authority
 - 3.7.6 Attendance at Authority sponsored events
 - 3.7.7 Authority members will not be paid for travel within their home community.
- 3.8 Out-of-town Travel
 - 3.8.1 Out-of-town mileage is to be reimbursed in accordance with the rates as mandated by The Public Service Commission.
 - 3.8.2 Where attendance by several Authority members is expected at out of town meetings, arrangements for travel will be made so that a minimum cost will be incurred by the RHA. A designated vehicle may be assigned with shared travel encouraged.
- 3.9 Meal Rates
 - 3.9.1 Meal allowances are to be reimbursed in accordance with the rates mandated by The Public Service Commission.
 - 3.9.2 Meal allowances are paid as follows:

Meal	Paid If
Breakfast	Leave before 7:30 a.m.
Lunch	Leave before 11:30 a.m. or return after 12:30 p.m.
Supper	Leave before 5:30 p.m. or return after 6:30 p.m.

- 3.10 Accommodation
 - 3.10.1 Accommodation expenses for out-of-town members will be reimbursed if supported by receipts and if:
 - 3.10.1.1 An overnight stay is deemed necessary in order to attend meetings on two consecutive days and it can be demonstrated that an overnight stay is less costly than travel.
 - 3.10.1.2 The length of a meeting or event results in a member arriving home later than 10:00 p.m.
 - 3.10.1.3 Inclement weather makes travel inadvisable.
 - 3.10.2 Authority members requiring accommodation will use hotels on the SAHO preferred accommodation list when possible.
 - 3.10.3 An amount of \$35.00 per night will be paid for accommodation in private residences. No receipts are required.
- 3.11 Out of Pocket Expenses
 - 3.11.1 All expenses must have been incurred for the purpose of handling Authority matters;
 - 3.11.2 These expenses will include, but will not be limited to, the following: parking, long distance telephone calls, meals;
 - 3.11.3 Authority members that have a fax machine or computer in the home can submit for reimbursement of fax and computer expenses at a *flat rate* of \$20.00/month.

- 3.11.4 With the exception of the Authority Chair, Authority members will not be reimbursed for any cell phone expenses.
- 3.11.5 Receipts are required to substantiate claims.
- 3.12 Submission of Expense Claims
 - 3.12.1 Prescribed form to be used (attached);
 - 3.12.2 Expense statements will name and date all events;
 - 3.12.3 Time submitted will be rounded up to the nearest half hour with the Chair or Committee/Task Force Chair's hour submission used as the baseline;
 - 3.12.4 Expense statements must be submitted by all Authority members to the Authority Office by the 5th of the month for authorization;
 - 3.12.5 Cheques will be forwarded to Authority members prior to the end of the month for the previous month's expenses;
 - 3.12.6 Authority members are to specify the percentage of income they wish to have deducted from each payment for income tax.

	<p>TERMS OF REFERENCE</p> <p>Number: TR 11-1 Title: SRHA EXECUTIVE COMMITTEE</p>
<p>Authorization</p> <p>[X] SRHA</p>	<p>Source: Chair, Executive Committee Cross Index: Date Approved: August 21, 2002 Date Revised: December 14, 2009 Date Effective: December 14, 2009 Date Reaffirmed: February 9, 2011 Date Revised:</p>

Purpose

The Executive Committee serves in a facilitative role to provide support to the Chair and the Authority. The Executive Committee exists to deal with exceptional circumstances facing the Saskatoon Health Region.

Functions

Accountability

The Executive Committee will report to the Authority, as required, through the Chairperson's report at regular Authority meetings.

Responsibility

- The Executive Committee will deal with emergency situations that arise between meetings of the Authority, and, in particular, make urgent decisions on behalf of the Authority when a meeting or conference call is not feasible.
- The Executive Committee will deal with such duties or matters delegated to it by the Authority in the interval between meetings of the Authority.
- Any decision made by this committee shall be immediately communicated to the Saskatoon Regional Health Authority by the Chair of this committee and the decision be ratified by the Authority at the next meeting.

Membership

- The Executive Committee will consist of the Chairperson, the Vice Chairperson, and Chairpersons of Audit, Finance and Risk, Policy and Governance, Quality and Safety, Human Resources and Stakeholder Relations Committees of the Authority.
- The CEO will provide administrative support to the Executive Committee.

Commitment

- The Executive Committee will meet at the call of the Chairperson.
- The Chairperson will determine Executive Committee meeting agendas in consultation with the Committee and the CEO.
- Notes of the Executive Committee meetings will be distributed to all members of the Authority on a timely basis.


Resources

Administrative Support for the committee will be provided by the Saskatoon Regional Health Authority Office.

Revision History

Date	Version	Comments
August 21, 2002	RR 2-70-1	
Nov 28, 2007	RR 2-70-1	
Nov 18, 2009	TR 11-1	
Jan 24, 2012	TR 11-1	Annual Review

APPENDIX I

	TERMS OF REFERENCE Number: TR 11-2 Title: SRHA STAKEHOLDER RELATIONS COMMITTEE
Authorization <input checked="" type="checkbox"/> SRHA	Source: Chair, Stakeholder Relations Committee Cross Index: Date Approved: August 21, 2002 Date Revised: December 14, 2009 Date Effective: December 14, 2009 Date Reaffirmed: February 9, 2011 Date Revised:

Purpose

As a committee of the SRHA, the Stakeholder Relations Committee, is assigned the activities of ensuring positive external stakeholder relations and ongoing assessment and analysis of effective stakeholder engagement in relation to policy and strategy for the organization.

Functions

Accountability:

The Stakeholder Relations Committee is accountable to the Saskatoon Regional Health Authority.

Responsibility:

- Identifying relevant stakeholders;
- Establishing and maintaining effective communication processes with stakeholders;
- Analyzing and acting on opportunities for ongoing channels of communication with stakeholders;
- Proposing various methods for stakeholder engagement to the SRHA;
- Overseeing and monitoring the approved methods of stakeholder engagement;
- Ensuring appropriate and effective mechanisms for incorporating, integrating and responding to stakeholder concerns and input in SRHA actions.
- Developing and recommending a stakeholder strategy that is aligned with the Region's strategic plan and other relevant objectives and priorities of the Authority.
- Monitoring the implementation of the stakeholder strategy.
- Reviewing and commenting on reports related to stakeholder matters, making recommendations to the Authority, as necessary, and receiving progress reports on implementations.

Membership

- The Committee shall consist of a minimum of three members of the Authority;
- The Committee members shall be determined by the Authority;
- The Chairperson of the Committee will be selected by the Committee;
- The Chief Executive Officer or designate will provide information and support to the Committee.

Commitment


- Meetings will be held at least twice annually at the call of the Chairperson of the Committee in consultation with the Committee.
- The Chairperson of the Committee will establish agendas for Committee meetings in consultation with the Committee.

Resources

Administrative Support for the committee will be provided by the Saskatoon Regional Health Authority Office.

Revision History

Date	Version	Comments
November 28, 2007	RR-2-70-2	
December 14, 2009	TR11-2	
January 24, 2012	TR 11-2	Annual Review

	<p>TERMS OF REFERENCE</p> <p>Number: TR 11-3 Title: SRHA AUDIT, FINANCE AND RISK COMMITTEE</p>
<p>Authorization</p> <p>[X] SRHA</p>	<p>Source: Chair, Audit, Finance and Risk Committee Cross Index: Date Approved: August 21, 2002 Date Revised: December 14, 2009 Date Effective: December 14, 2009 Date Reviewed: December 13, 2010 Date Reaffirmed: February 9, 2011 Date Revised: September 7, 2011 Date Revised: January 24, 2012</p>

Purpose

- 1.1 The Audit, Finance and Risk Committee will provide effective oversight of:
 - 1.1.1 The financial reporting process;
 - 1.1.2 The business risk process and adequacy of internal controls;
 - 1.1.3 Relationships with external and internal auditors;
 - 1.1.4 Financial compliance issues;
 - 1.1.5 The internal audit function through monitoring compliance with the Internal Audit Charter; and
 - 1.1.6 The major risks inherent to the business, facilities and strategic directions.
- 1.2 While it is management’s responsibility to design and implement an effective system of internal control, it is the responsibility of the Audit, Finance and Risk Committee to ensure that management has done so.
- 1.3 The Audit, Finance and Risk Committee will facilitate the audit function of the RHA.
- 1.4 The Audit, Finance and Risk Committee will help Authority members meet their Audit, Finance and Risk responsibilities.

Functions

- 2.1 Audit, Finance and Risk Committee members will have an understanding of the financial statements (including the underlying principles, practices, assumptions and estimates) as well as the scope and findings of audits.
- 2.2 Audit, Finance and Risk Committee members must be willing and able to investigate accounting or other irregularities as needed.
- 2.3 The Audit, Finance and Risk Committee will assist the Authority in:
 - 2.3.1 Understanding the principal risks for the Regional Health Authority;

- 2.3.2 Monitoring management's systems to:
 - 2.3.2.1 Identify, monitor, manage and control risks;
 - 2.3.2.2 Ensure compliance with legal, ethical, and regulatory requirements;
 - 2.3.2.3 Ensure compliance with policies and procedures;
 - 2.3.2.4 Ensure internal control over financial reporting;
 - 2.3.2.5 Ensure the annual and quarterly financial statements are fairly presented in all material respects with generally accepted accounting principles;
 - 2.3.2.6 Ensure the appropriateness of accounting policies; and,
 - 2.3.2.7 Ensure the external audit function has been effectively carried out and that any matter that the external auditors wish to bring to the attention of the Authority has been given adequate attention.
- 2.3.3 Seeking assurance as necessary from internal and external auditors.
- 2.4 The Audit, Finance and Risk Committee will have direct communication channels with the internal and external auditors to discuss and review specific issues, as appropriate.
- 2.5 The Audit, Finance and Risk Committee will be responsible to assist the Authority in interpreting the Strategic Plan by recommending to the Authority the annual budget assumptions and approval of the operating and capital budgets.
- 2.6 The Audit, Finance and Risk Committee may invite such members of management and staff of the Regional Health Authority as it may see fit, from time to time, to attend meetings of the Audit, Finance and Risk Committee and assist in the discussion and consideration of the matters before the Committee.
- 2.7 The Audit, Finance and Risk Committee shall meet with the external auditor and Regional Health Authority management to:
 - 2.7.1 Review the scope and extent of the annual audit
 - 2.7.2 Discuss any concerns about the operation of the RHA, and if appropriate, request that the external auditor extend the examination and report on areas in question
 - 2.7.3 Discuss the reliance on and coordination with the work of Financial Services
 - 2.7.4 Review the audited financial statements and the results of the external auditor's examination
 - 2.7.5 Discuss in detail, the recommendations of the external auditor to the RHA administration
 - 2.7.6 Discuss any matters that the external auditor thinks should be brought forward to the Committee or that the Committee wishes to discuss with the external auditor
- 2.8 At least once annually, meet with the internal and external auditors without RHA management present to discuss concerns that should be brought before the Committee.
- 2.9 The Audit, Finance and Risk Committee will review the RHA's major accounting policies, including the impact of alternative accounting policies, presentation of significant risks and uncertainties, and key management estimates and judgments that can have a material impact on reported figures.
- 2.10 The Audit, Finance and Risk Committee shall meet with RHA management to:

- 2.10.1 Review policies with respect to internal control and plans for enhancements
 - 2.10.2 Review the reporting procedures related to audit activities
 - 2.10.3 Receive reports from the Chief Financial Officer and his or her staff
 - 2.10.4 Review the adequacy and appropriateness of the insurance program, including coverage for officers' and directors' liability
 - 2.10.5 Determine a recommendation to the Authority on the appointment or re-appointment of the external auditor
 - 2.10.6 Consider the appropriateness of specific accounting policies and practices where there are major differences of opinion between management and the external auditors
 - 2.10.7 Consider, upon advisement, policies relating to compliance with laws and regulations, ethics, conflicts of interest, sensitive expenses, and the investigation of misconduct and fraud
 - 2.10.8 Review pending and ongoing litigation in order to assess potential settlement costs
 - 2.10.9 Consider all matters of material consequence with respect to financial reporting, policies, business practices and management of the RHA's resources
 - 2.10.10 Review internal audit costs and external audit fees
 - 2.10.11 Review Finance and accounting personnel succession planning within the organization.
 - 2.10.12 Review its own Terms of Reference annually and determine recommendations to the Authority, through the Policy and Governance Committee, for changes, as appropriate
- 2.11 The Audit, Finance and Risk Committee may, if and when the Committee considers it appropriate and the Authority as a whole approves, institute, direct and supervise an investigation into any matter related to the mandate of the Committee, and may, for purposes of such investigation, retain the services of outside counsel or other professionals, as required.
- 2.12 The Audit, Finance and Risk Committee will review the annual financial statements of the RHA.
- 2.13 The Audit, Finance and Risk Committee will review with management on a quarterly basis, the processes to identify, monitor, evaluate and address important enterprise risks.

Commitment

- 3.1 The Audit, Finance and Risk Committee will meet regularly on a quarterly basis, at least two weeks in advance of a scheduled Authority meeting.
- 3.2 The Audit, Finance and Risk Committee will meet for special purposes as required.
- 3.3 The Chairperson of the Audit, Finance and Risk Committee will establish agendas for Committee meetings in consultation with the Chief Financial Officer.
- 3.4 Minutes of Audit, Finance and Risk Committee meetings will be distributed to all members of the Authority on a timely basis.
- 3.5 All meetings will be open to any member of the Authority who would like to attend.

- 3.6 The Audit, Finance and Risk Committee will report to the Authority at the subsequent Authority meeting following any meeting of the Audit, Finance and Risk Committee.
- 3.7 The Audit, Finance and Risk Committee will provide written documentation, reports, minutes and recommendations to the Authority.

Membership

The Audit, Finance and Risk Committee shall consist of voting and non-voting members as follows:

- 4.1 The voting members of the Audit, Finance and Risk Committee shall consist of a minimum of four members of the Authority, including the Vice Chairperson.
- 4.2 The Audit, Finance and Risk Committee members shall be determined by the Authority.
- 4.3 The Chairperson of the Audit, Finance and Risk Committee will be selected by the Committee.
- 4.4 One or more members of the Audit, Finance and Risk Committee will have a financial management background.
- 4.5 Up to four members of the St. Paul's Hospital Board will sit on the Audit, Finance and Risk Committee also as voting members.


Resources

The office of the Chief Executive Officer and the Chief Financial Officer will provide administrative support to the Audit, Finance and Risk Committee.

Revision History

Date	Version	Comments
August 21, 2002	RR-2-70-3	
May 17, 2006	RR-2-70-3	
June 26, 2009 - draft		
September 7, 2011	TR 11-3	Revising the name of the committee to Audit, Finance and Risk Committee
January 24, 2012	TR 11-3	Changing the status of SPH Board members on this committee from non-voting to voting members

APPENDIX K

	<p>TERMS OF REFERENCE</p> <p>Number: TR 11-4 Title: SRHA HUMAN RESOURCES COMMITTEE</p>
<p>Authorization</p> <p>[X] SRHA</p>	<p>Source: Chair, Human Resources Committee Cross Index: Date Approved: August 21, 2002 Date Revised: December 14, 2009 Date Effective: December 14, 2009 Date Reviewed: November 30, 2010 Date Reaffirmed: February 9, 2011 Date Revised: January 24, 2012</p>

Purpose

To provide oversight and insure compatibility with the Strategic Plan of the human resources strategies and policies of the Saskatoon Health Region and to assist the Authority in evaluating the performance of the President and Chief Executive Officer of the Saskatoon Health Region.

Functions

Accountability

The Human Resources Committee is accountable to the Saskatoon Regional Health Authority.

Responsibility

The primary responsibilities of the Human Resources Committee are to:

- Ensure that the organization has human resource policies and strategies and that they will be aligned and positively correlated with provincial shared services initiatives.
- Ensure that the organization has a sound plan for management succession.
- Review and comment on reports related to labour relations matters, make recommendations to the Authority as necessary and receive progress reports on implementations.
- In consultation with the CEO, the Human Resources Committee may invite such members of management and staff of the Saskatoon Health Region, as it may see fit from time to time, to attend meetings of the Human Resources Committee and assist in the discussion and consideration of the matters before the Committee.
- Develop CEO performance objectives together with CEO, the Chair and the Authority.
- Plan and facilitate an annual comprehensive evaluation of the CEO including:
 - Review and make appropriate recommendations to the Authority regarding evaluation tools and processes for conducting the evaluation.
 - In consultation with the CEO the committee may invite members of management and staff of the Saskatoon Health Region to participate in the evaluation process.
 - Conduct a 360 degree evaluation at least every 3rd year.

Authority

The Human Resources Committee has the authority to:

- Recommend to the Authority, the Chair and the CEO areas of focus for improvement following an annual CEO evaluation.
- Report the results of the annual CEO evaluation to the Ministry of Health.
- Conduct and approve of CEO recruitment searches in conjunction with the Chair.

Membership

- The Human Resources Committee shall consist of a minimum of three members of the Authority.
- The Human Resources Committee shall be determined by the Authority.
- The Chairperson of the Human Resources Committee will be selected by the Committee.
- The CEO or designate will provide information and support to the Committee.

Commitment:

- Meetings will be held at the call of the Chairperson.
- The Committee will meet at least quarterly.
- The Chairperson of the Committee will establish agendas for Committee meetings in consultation with the CEO.
- Minutes of each meeting, approved by the Committee Chairperson, shall be circulated to the Committee members in a timely manner.
- The Committee Chairperson will report to the Authority and will provide oral and/or written reports and recommendations or sponsor an SHR staff member when necessary.


Resources

Administrative Support for the committee will be provided by People Strategies.

Revision History

Date	Version	Comments
November 7, 2009	Draft Version 1.0	Development of TOR for Human Resources Committee – Combining HR and CEO Evaluation into one
November 16, 2009	Draft Version 2.0	Input received from Ross Huckle, Darcy Swiderski, Jim Rhode, version finalized by Colleen Christensen
January 24, 2012	TR 11-4	

APPENDIX L

	<p>TERMS OF REFERENCE</p> <p>Number: TR 11-5 Title: SRHA POLICY AND GOVERNANCE COMMITTEE</p>
<p>Authorization</p> <p>[X] SRHA</p>	<p>Source: Chair, Policy and Governance Committee Cross Index: Date Approved: September 15, 2004 Date Revised: December 14, 2009 Date Effective: December 14, 2009 Date Revised: November 16, 2010 Date Reaffirmed: February 9, 2011</p>

Purpose

The purpose of the Policy and Governance Committee is to provide advice and recommendations to the Saskatoon Regional Health Authority in matters of policy and governance.

Functions

Accountability

The Policy and Governance Committee will report to the Authority and will provide oral and/or written reports and recommendations as required.

Responsibility

The duties and responsibilities of the Policy and Governance Committee shall be:

Governance

- To lead an annual review of the SRHA Governance Charter containing all documents relevant to the Authority Governance structure.
- To review new policies brought forward by other Authority committees before they are forwarded to the Authority.
- To identify revisions to the SRHA Governance Charter.
- To monitor and review Authority performance on an ongoing basis, and to conduct a formal, annual Authority board evaluation.
- To help facilitate the education and professional development of the Authority and its members. This includes organizing and developing annual retreats and/or planning days.
- Lead the RHA in addressing Accreditation Canada governance requirements.

Membership

The Policy and Governance Committee shall consist of a minimum of three members of the Authority.

The Policy and Governance Committee members shall be determined by the Authority.

The Chairperson of the Policy and Governance Committee will be selected by the Committee.

Commitment

The Policy and Governance Committee will meet at the call of the Committee Chairperson in consultation with the Committee.

The Committee will meet at least four (4) times annually, or more frequently if required.

The Chairperson of the Committee will establish agendas for the Committee meetings in consultation with members of the Committee.

Minutes of Policy and Governance Committee meetings will be distributed to all members of the Authority on a timely basis.


Resources

The Authority office will provide administrative support to the Committee.

Revision History

Date	Version	Comments
Sept 15, 2004	RR 2-75-5	
Nov 20 2009	draft	

APPENDIX M

	<p>TERMS OF REFERENCE</p> <p>Number: TR 11-6 Title: SRHA PARTNERSHIP COMMITTEE</p>
<p>Authorization</p> <p>[X] SRHA</p>	<p>Source: Chair, Partnership Committee Cross Index: Date Approved: December 17, 2008 Date Revised: December 14, 2009 Date Effective: December 14, 2009 Date Reaffirmed: February 9, 2011</p>

Purpose

The Partnership Committee is a joint committee of the Saskatoon Regional Health Authority and the St. Paul’s Hospital Board. The Partnership Committee will assist the Saskatoon Regional Health Authority and St. Paul’s Hospital Board in carrying out their governance roles and will enhance the effectiveness of the Partnership Agreement between the SRHA and St. Paul’s Hospital. The Partnership Committee is not a decision making body and conducts its business through processes consistent with the governance models of the Authority and the St. Paul’s Hospital Board.

Functions

Accountability

- The Partnership Committee will report to the Authority at the subsequent Authority meeting following any meeting of the Partnership Committee.
- The Partnership Committee will report to the St. Paul’s Hospital Board at the subsequent St. Paul’s Hospital Board meeting following any meeting of the Partnership Committee.
- The Partnership Committee will provide all written documentation, reports, minutes and recommendations to the Authority and the St. Paul’s Hospital Board.

Responsibility

The Partnership Committee is a forum for discussion and enhancement of mutual understanding between representatives of the SRHA and SPH Board regarding:

- Health system issues which influence the ability of the boards to carry out their governance responsibilities
- Opportunities for collaboration between the two boards;
- Relationships with government and other key external stakeholders; and
- Other issues of mutual concern regarding the Saskatoon Health Region and St. Paul’s Hospital.
- The Partnership Committee will identify, discuss and seek mutual resolution of emerging issues, conflicts and concerns related to the Partnership Agreement.

Membership

- The Partnership Committee shall consist of a minimum of four members of the Authority, as determined by the Authority. One of these members will be the Authority Chair.
- The Partnership Committee shall consist of a minimum of four members of the St. Paul's Hospital Board, as determined by the St. Paul's Hospital Board. One of these members shall be the Chair of the St. Paul's Board.
- The Partnership Committee will be co-chaired by the Chair of the Authority and the Chair of the St. Paul's Board.
- The President and Chief Executive Officer of the SHR and the President and the Chief Executive Officer of the St. Paul's Hospital will attend Partnership Committee meetings as non-voting members and will provide administrative support to the Partnership Committee.

Commitment

- The Partnership Committee will meet at least quarterly;
- The Partnership Committee will meet for special purposes as required.
- The Chairpersons of the Partnership Committee will jointly establish agenda for Committee meetings in consultation with the CEOs of SHR and SPH.
- Minutes of the Partnership Committee meetings will be distributed to all members of the Authority and SPH Board on a timely basis.
- All meetings will be open to any member of the Authority or SPH Board who would like to attend.
- The Partnership Committee shall conduct an annual evaluation of the Committee's effectiveness.


Resources

The Authority office will provide primary administrative support to the Committee.

Revision History

Date	Version	Comments
November 28, 2007	RR-2-70-2	
October 27, 2009	draft	

APPENDIX N

	<p>TERMS OF REFERENCE</p> <p>Number: TR 11-7 Title: SRHA QUALITY AND SAFETY COMMITTEE</p>
<p>Authorization</p> <p>[X] SRHA</p>	<p>Source: Chair, SRHA Quality and Safety Committee</p> <p>Cross Index:</p> <p>Date Approved: December 17, 2008 Date Revised: December 14, 2009 Date Effective: December 14, 2009 Date Reviewed: November 30, 2010 Date Reaffirmed: February 9, 2011</p>

Purpose

The Quality and Safety Committee is a joint committee of the Saskatoon Regional Health Authority (SRHA) and the St. Paul’s Hospital Board. The Quality and Safety Committee will assist the Saskatoon Regional Health Authority and St. Paul’s Hospital Board in carrying out their governance roles related to quality of care and patient safety throughout the Region. Dimensions of quality to be addressed by the Committee include accessibility, equity, client-centeredness, efficiency, effectiveness, safety and competency.

The Quality and Safety Committee is not a decision making body and conducts its business through processes consistent with the governance models of the Authority and the St. Paul’s Hospital Board.

Functions

Accountability

- The Quality and Safety Committee will report to the SRHA at the subsequent Authority meeting following any meeting of the Quality and Safety Committee.
- The Quality and Safety Committee will report to the St. Paul’s Hospital Board at the subsequent St. Paul’s Hospital Board meeting following any meeting of the Quality and Safety Committee.
- The Quality and Safety Committee will provide all written documentation, reports, minutes and recommendations to the Authority and the St. Paul’s Hospital Board.

Responsibility

The Quality and Safety Committee, in consultation with SHR staff and physicians, will:

- Recommend to the SRHA and SPH Board quality and patient safety-related organization goals;
- Review management’s plans to improve the quality of care and patient safety throughout SHR;

- Review reports (at least bi-annually) from all SHR care groups regarding implementation of quality improvements and results consistent with SHR quality and patient safety organizational goals;
- Review SHR's quality and patient safety performance and report summary results with recommendations, as appropriate, to the SRHA and SPH Board. Performance will be monitored through quarterly quality and patient safety dashboards, reports related to client concerns, patient satisfaction, and critical incidents, and other quality reports;
- Monitor SHR's compliance with Accreditation Canada and other accreditation standards;
- Monitor SHR's participation in Safer Healthcare Now!, provincial Health Quality Council and other major quality improvement initiatives;
- Oversee and periodically review the credentialing process through which physicians and other health professionals are granted clinical privileges;
- Build awareness and skills among Committee members, the SRHA and the SPH Board to enable them to carry out their governance roles related to quality and patient safety.

Membership

The Quality and Safety Committee shall consist of:

- A minimum of three members of the SRHA, as determined by the SRHA;
- A minimum of three members of the St. Paul's Hospital Board, as determined by the St. Paul's Hospital Board;
- The President and Chief Executive Officer of the SHR and the President and the Chief Executive Officer of the St. Paul's Hospital;
- A representative from the Practitioner Advisory Committee.

The Quality and Safety Committee may consist of:

- Other members of SHR staff, SHR medical staff or the community as determined by the Committee in order to fulfill its responsibilities;
- The Chair will be selected by the Committee, subject to approval by the SRHA and SPH Board and shall be a member of the SRHA.

Commitment

- The Quality and Safety Committee will meet at least quarterly;
- The Quality and Safety Committee will meet for special purposes as required.
- The Chair of the Quality and Safety Committee will establish the agenda for Committee meetings in consultation with the CEOs of SHR and SPH.
- Minutes of the Quality and Safety Committee meetings will be distributed to all members of the SRHA and SPH Board on a timely basis.
- All meetings will be open to any member of the SRHA or SPH Board who would like to attend.
- The Quality and Safety Committee shall conduct an annual evaluation of the Committee's effectiveness.

Resources

The Authority office will provide administrative support to the Committee.

Revision History

Date	Version	Comments
December 17, 2008	RR-2-70-8	

APPENDIX O

Saskatoon Regional Health Authority
General Disclosure of Material Interest

To: The Corporation

And to: Members of the Authority

I hereby disclose that:

1. I am an employee, officer or director of, or have a direct or indirect interest in,

2. I have the following "Associate", as defined in the Code of Conduct policy and *The Interpretation Act*.

3. My "Associate", _____, is an employee, officer or director of, or has a direct or indirect interest in _____.


I am to be regarded as having a material interest in any contract the Corporation may have with

_____.

Dated this _____ day of _____, 20 _____.

Signature

Appendix P

	<p>GOVERNANCE PROCESS</p> <p>Number: GP 16-1 Title: COMMUNITY ADVISORY NETWORKS (Networks)</p>
<p>Authorization</p> <p>[X] SRHA</p>	<p>Source: Chair, Stakeholder Relations Committee Cross Index: Date Approved: August 21, 2002 Date Revised: December 14, 2009 Date Effective: December 14, 2009 Date Reaffirmed: February 9, 2011</p>

1. PURPOSE

The purpose of this governance process is to establish Networks to achieve meaningful public engagement.

2. PRINCIPLES

- 2.1 Networks represent the public by communicating community needs to the Authority and advising on the relevance of programs and services.
- 2.2 Networks assist in communicating information to the public using a variety of forums and mediums.
- 2.3 Designated Authority members attend meetings of the Community Advisory Network.
- 2.4 Networks participate in and provide input to planning discussions.
- 2.5 Networks foster and contribute to an open, collaborative climate.
- 2.6 Networks consider the broad regional implications of issues and potential solutions.

3. MEMBERSHIP

Networks are established by and responsible to the Authority.

3.1 Number and Size of Networks

Geographical Area	Number of Networks	Members Per Network	Total Number Of Members
Rural	1	3 - 18	3 - 18
City of Saskatoon	1	3 - 18	3 - 18
	2		6 - 36

3.2 Authority Participation

3.2.1 Authority members may be appointed to Networks as liaisons.

3.2.2 Network meetings may be co-chaired by a member of the Network and a representative of the Authority.

3.3 Member Selection

A range for the number of members per network allows for flexibility when reviewing nominations, so that appropriate cross-sectional representation from the community can be achieved.

3.3.1 Names of potential Network members will be solicited through nominations (including self-nominations) and by invitation. Standard nomination forms will be made available.

3.3.2 The call for nominations may be conducted through general advertising within the geographical area of a Network and/or by letters mailed to contact organizations. Contacts may include urban and rural municipalities, school boards, church groups, non-profit health care organizations, and aboriginal groups.

3.3.3 Nominations should describe why the candidates are interested in participating in the Network, their interests and background, and their involvement in the community. The responses should be accompanied by letters of support.

3.3.4 A Task Force of the Authority will be established to review nominations.

3.3.5 Standard criteria will be used to select Network members:

<p>The selection task force will endeavour to achieve a broad representation from the community and will consider:</p> <ul style="list-style-type: none">◆ Age group (youth, adult, senior)◆ Gender (male/female parity)◆ Socio-economic backgrounds (culture, social situation, and financial circumstances)◆ Community knowledge and experience <p>Aboriginal membership on both urban and rural Networks should be proportional to their representation in the population, and for rural Networks should ensure at least one member from the reserve(s) located within Network boundaries.</p> <p>Nomination or support letter(s) originate from a credible organization.</p> <p>Potential member has shown an interest in learning and in representing their community.</p> <p>Potential member has influence (formal and informal) within the community.</p> <p>Potential member has the ability to communicate with the broader community.</p>

3.3.6 Recommendations for appointments will be presented to the Authority by the Task Force.

3.3.7 The Authority will approve appointments and issue an invitation to individuals to participate in a Network.

3.4 Insufficient Nominations to Fill Membership

3.4.1 If the recommended number of members is not obtained through regular membership recruitment, invitations will be issued to specific organizations.

- 3.5 Duration of Appointments
 - 3.5.1 Initial set-up of the Networks will include staggered 1-, 2- and 3-year appointments.
 - 3.5.2 Subsequent appointments will be for a 3-year term.
- 3.6 Renewal of Appointments
 - 3.6.1 Members who wish to continue for another term beyond their current appointment must reapply at the end of their term.
 - 3.6.2 There will be no limitation on the number of term renewals.
- 3.7 Filling Mid-term Vacancies
 - 3.7.1 In the event of a vacancy where the membership drops below 12 members, a replacement member may be selected, approved, and appointed by the Authority to fill the duration of that term.


4. MEETINGS

- 4.1 Network meetings will be at the call of the Authority.
- 4.2 The schedule for Network meetings will be coordinated with the planning and reporting cycles of the Authority, with approximately two to three meetings occurring per year.
- 4.3 Records of Network meetings will be maintained and forwarded to the Authority.

5. RESOURCES


- 5.1 Administration may provide resources to support the Networks.
- 5.1 Any budget allocation will be managed by the Authority.

Appendix Q

	<p>GOVERNANCE PROCESS</p> <p>Number: GP 16-1 Title: Sponsorships</p>
<p>Authorization</p> <p><input checked="" type="checkbox"/> SRHA</p>	<p>Source: Chair, Executive committee Cross Index: Date Approved: September 17, 2003 Date Revised: December 14, 2009 Date Effective: December 14, 2009 Date Reaffirmed: February 9, 2011</p>

1. The Executive Committee of the Authority will review and determine the response to requests for financial support / sponsorship of community events.
2. The request and action taken shall be documented in the Executive Committee meeting notes and communicated to the other Authority members.
3. The Chairperson shall acknowledge, in writing, the request and the Executive Committee's response. The correspondence will include the expectation that Saskatoon Regional Health Authority will be acknowledged as a sponsor of the event.
4. Allocation of tickets is based on the following descending order of priority, including spouses:
 - Authority members
 - Members of the Senior Leadership Team

Appendix R

	<p>EXECUTIVE RESPONSIBILITIES</p> <p>Number: ER 17-1 Title: CHIEF EXECUTIVE OFFICER EXPECTATIONS AND AUTHORITY</p>
<p>Authorization</p> <p>[X] SRHA</p>	<p>Source: Chair, Human Resources Committee Cross Index: Date Approved: September 17, 2003 Date Revised: March 21, 2007 Date Effective: March 21, 2007 Date Reaffirmed: December 14, 2009 Date Reaffirmed: February 9, 2011</p>

The Regional Health Authority defines the expectations and authority of the Chief Executive Officer of the Saskatoon Health Region.

1. Delegation of Authority

The Authority delegates management/administrative responsibilities to the CEO.

- 1.1 The CEO is authorized to establish administrative policies, make management decisions and take actions consistent with Authority policy and relevant legislation and regulations.
- 1.2 The Authority, in consultation with the CEO, may change its policies, thereby shifting the respective responsibilities of the Authority and CEO. The result may be a change of degree in administrative latitude or authority given to the CEO.

2. Expectations Related to Financial Planning

The Authority defines expectations of the CEO related to financial planning.

- 2.1 The CEO shall present an annual budget for operating and capital expenditures for the approval of the Authority.
- 2.2 The CEO shall bring forward budgets which:
 - 2.2.1 Contain sufficient information to enable reasonable projection of revenues and expenses, separation of capital and operational items, cash flow analysis, and disclosure of significant changes in the financial position;
 - 2.2.2 Describe significant planning assumptions and risks; and,
 - 2.2.3 Comply with financial directions defined by the Authority and Saskatchewan Health.
- 2.3 The CEO shall ensure that financial planning for any fiscal period or the remaining part of any fiscal period shall:

- 2.3.1 Align with the Saskatoon Regional Health Authority's approved vision, mission, values and goals;
- 2.3.2 Contribute to the advancement of priorities established by the Authority and by Saskatchewan Health; and,
- 2.3.3 Support responsible fiscal management.

3. Expectations Related to Financial Management

The Authority defines expectations of the CEO related to financial management.

- 3.1 The CEO shall adequately and prudently manage the financial resources and assets of Saskatoon Health Region.
- 3.2 The CEO shall ensure that appropriate and effective processes exist for financial management of the Saskatoon Health Region's budget.
- 3.3 The CEO shall monitor expenditure and revenue management throughout the fiscal year.
- 3.4 The CEO shall regularly provide information to the Authority comparing actual revenue and expenditures to budget and shall report on variances from the budget.
- 3.5 The CEO shall receive, process or disburse funds under controls which meet generally accepted accounting standards.
- 3.6 The CEO shall ensure adherence to the pay for performance framework established by the Ministry of Health.

4. Conditions Related to Financial Management

The Authority defines conditions related to the CEO's financial management authority.

- 4.1 The CEO shall manage financial resources within the limits established by the annual budget for total operating and total capital expenditures.
- 4.2 The CEO shall report to the Authority on financial management issues of materiality or significance:
 - 4.2.1 An individual program or service change involving more than \$500,000 is material;
 - 4.2.2 A group of individual changes in programs or services cumulatively totaling more than \$1.5 million is material; and,
 - 4.2.3 A major change such as the elimination of a program or service is significant.
 - 4.2.4 Materiality in budget variance reporting is plus or minus \$500,000 or plus or minus 10%.
- 4.3 The CEO may make individual program and service budget adjustments and reallocations within the fiscal year to address unplanned and/or necessary variations (both increases and decreases) in expenditures and revenues.
 - 4.3.1 When program and service expenditure or revenue adjustments and reallocations are material, the CEO shall inform the Authority (see 4.2); and,
 - 4.3.2 When material expenditure or revenue adjustments and reallocations cannot be accommodated within the total approved annual budget for the Saskatoon Health Region, the CEO shall require the Authority's approval for the change.
- 4.4 The CEO shall require the Authority's approval to use any reserves for other than their designated purpose, except for those are not significant (i.e., less than \$100,000).

5. Expectations Related to Asset Protection and Risk Management

The Authority defines expectations related to the CEO's protection of assets and management of risks.

- 5.1 The CEO shall ensure that assets are reasonably protected, adequately maintained and are not placed unnecessarily at risk.
- 5.2 The CEO shall:
 - 5.2.1 Obtain reasonable insurance against theft, fire and casualty losses, with an appropriate deductible;
 - 5.2.2 Obtain reasonable insurance to the appropriate extent against liability losses to Authority members, staff and individuals engaged in activities on behalf of the Authority;
 - 5.2.3 Insure to the appropriate extent against losses due to errors and omissions on the part of Authority members or staff;
 - 5.2.4 To the extent possible, ensure the Saskatoon Health Region, its Authority or staff are not exposed to claims of liability.

6. Expectations Related to Purchases and Contracts

The Authority defines expectations related to the CEO's management of purchases and contracts.

- 6.1 The CEO shall ensure that the processes for the purchase of equipment, supplies, services, property leases, or clinical agreements are appropriately defined.
- 6.2 The CEO shall ensure that all transactions of a value greater than \$100,000 shall be based on competitive tender, public invitation for proposal or good faith negotiations.
- 6.3 The CEO shall keep the Authority informed of any significant risks (i.e., greater than \$100,000 in value or involving matters of public sensitivity) or irregularities related to purchases and contracts.
- 6.4 The CEO shall ensure that all contracts including those for clinical or surgical services comply with relevant legislation and regulations, including appropriate reporting to the Authority.

7. Conditions Related to Purchases and Contracts

The Authority defines conditions related to the CEO's authority for purchases and contracts.


- 7.1 The CEO shall approve and sign contracts, agreements, engagements and undertakings (referred to as "Contracts") on behalf of the Authority.
 - 7.1.1 The dollar value of contracts signed by the CEO shall be within the limits established by relevant legislation and regulations.
 - 7.1.2 The approval of contracts by the CEO must be within the limits of the approved operating and capital budgets.
- 7.2 The CEO may further delegate signing authority to Saskatoon Health Region management personnel.
- 7.3 The CEO shall ensure that prior Authority approval is received for the acquisition or disposal of real property or leases not contemplated in the annual revenue and expenditure plan.
- 7.4 The CEO shall sign or authorize collective agreements (with employee unions) that have been ratified by the Authority.

8. Expectations Related to Communications

The Authority defines expectations related to the CEO's responsibility for communications.

- 8.1 The Authority Chairperson and the CEO are the designated spokespersons for the Saskatoon Regional Health Authority and Saskatoon Health Region respectively.
- 8.2 Statements made by the CEO shall align with established Authority policy or directions.

Appendix S

	<p>CEO EXPECTATIONS</p> <p>Number: ER 17-2 Title: CHIEF EXECUTIVE OFFICER POSITION PROFILE</p>
<p>Authorization</p> <p>[X] SRHA</p>	<p>Source: Chair, Human Resources Committee Cross Index: Date Approved: June 18, 2008 Date Revised: June 18, 2008 Date Effective: June 18, 2008 Date Reaffirmed: December 14, 2009 Date Reaffirmed: February 9, 2011</p>

1. REPORTING RELATIONSHIP

The Chief Executive Officer (CEO) reports directly to the Saskatoon Regional Health Authority through the Chairperson. As the Authority's official link to the operating organization, the CEO's responsibilities are considered to be synonymous with organizational performance as a whole. The CEO is accountable for the overall leadership and management of the Health Region in accordance with the mission, policies, standards and objectives established by the Authority and legislative and regulatory requirements of the Province of Saskatchewan.

2. POSITION SUMMARY

The CEO is responsible for the administration of all health services and programs of the Health Region, under the general direction of the Authority. The CEO supports the key business functions of the SHR to ensure that the residents of the region have access to quality, effective and integrated health programs and services. These key functions include:

- Implementing the Authority's policy direction of the health programs and services in the region within the guidelines and standards established by the Minister/Saskatchewan Health;
- Establishing the accountability mechanisms with the Authority to ensure the execution of regional policies,
- Creating and maintaining a regional structure to support the effective operation of the SHR and the health programs and services in the region; and
- Fostering an environment that invites participation of the entire region in the determination of health needs, the establishment of regional priorities and health goals, and the attainment of those goals.

3. RESPONSIBILITIES

Establish and maintain a strategic plan in collaboration with the Authority. Support the members of the Authority in the development and regular updating of a plan that will be based on the needs of the population and developed in consultation with stakeholders. The plan will include short, medium and long-term objectives and strategies in order to address those issues.

Direct and control the day-to-day operations of the Health Region.

Recommend new and revised policies and programs to the Authority in order to meet the changing needs of the population and to reflect new developments in health care.

Monitor the quality of patient and client care by over-seeing an effective quality and risk management program that meets the standards established by external bodies, promotes a culture of quality and safety, and ensures accountability for effective resource utilization.

Monitor and evaluate program and service performance to ensure that the region's objectives are being met.

With respect to interactions with clients or potential clients, ensure conditions, procedures and decisions which are safe, respectful, dignified, non-intrusive and provide appropriate confidentiality and privacy, high quality of service and appropriate access to service. Ensure that a clear understanding is established with clients of what may or may not be expected from the service offered and provide a process to those clients or their families who have concerns or complaints.

Ensure financial systems and controls are in place to maintain a balanced budget along with regular reporting to ensure the Authority of efficient and prudent management of financial resources, consistent with Policy CE-4-20. Prepare an annual operating and capital plan and furnish required explanations and details to the Authority to support its decision-making process.

Upon the appointment of each new Authority member, assist with a program which will provide new members with background information on the Authority, the governance role of an Authority member and the general issues facing the Authority at that time.

Ensure that members of the Authority have clear, concise and complete information necessary to properly exercise their responsibilities, including, but not limited to, information related to financial, medical, policy and personnel issues recommended courses of action and alternatives. Marshal as many staff and external points of view, issues and options and provide diverse points of view and options as needed for fully informed Authority decisions.

Ensure the Authority is aware of relevant trends and material external and internal changes, particularly changes in the assumptions upon which any Authority policy has previously been established. Advise the Authority in advance of:

- any staffing decisions or structural changes at a senior level,
- any planned downsizing or closure of facilities prior to Authority approval.
- any program changes or public presentations which may lead to a negative public reaction.

Provide strong and effective leadership of human resources, consistent with Policy CE4-30.

Maintain a positive and productive relationship with medical and other professional staff; ensure the effective development and functioning of the medical staff organization in the area covered by the SHR. Monitor recommendations to the Authority by the Regional Practitioner Advisory Committee of medical staff appointments; and notify the Authority of all Medical

Department Head appointments, as well as recommendations on other medical and medical/administrative matters and establishing medical bylaws.

Enhance the capacity for the SHR in its role as a provincial academic and research centre. Work with educational partners to develop health training programs and research undertakings within the area served by the SHR. Develop effective working relationships with teaching institutions such as the University of Saskatchewan, the University of Regina and other educational institutions.

Develop and implement a communication strategy to build positive relationships and foster open, transparent communications. Maintain high visibility throughout the region in order to focus and motivate all staff to contribute their maximum to the realization of the region's mission, goals, and values.

Work cooperatively with other health providers to ensure residents receive the best possible health services. Establish productive working relationships with the leaders and those involved or interested in enhancing health systems, including but not limited to the following:

- The general public
- Staff
- Other Health Authorities
- Saskatchewan Health
- Community organizations with an interest in health, such as municipalities, school districts and seniors' organizations
- Research and academic organizations
- Private sector organizations active in the health care delivery system
- Foundations
- Other organizations whose role and practices are compatible with the SHR mission and policies

Promote an informed public and clear, open communications with the public that support the vision, mission, values and goals of the Health Region. Inform communities and stakeholders in a timely manner of major changes in programs, services and operations that may substantively impact them.

Protect the Health Region's public image and credibility. Promote positive relations with the media. Inform the Authority of any circumstances, complements, concerns or complaints that may impact upon the public image of the Region.

Foster an atmosphere that encourages innovation and creativity. Provide mechanisms for the senior management team to efficiently and effectively plan, and to resolve problems and issues.

Direct appropriate actions to ensure the safeguarding and maintenance of all physical properties and resources of the Health Region. Oversee all SHR development projects.

Designate at least two executives who are familiar with Authority and chief executive issues and processes. The CEO shall advise the Chairperson of:


- (a) who the designated CEO shall be in their absence; and
- (b) vacation and personal leaves longer than two days.

Contacts and Committees:

- Attend all Authority meetings and act in an advisory capacity to its committees.

- Maintain regular contact with Saskatchewan Health and other regional health authorities to share information and work cooperatively to achieve provincial health goals. Participate in provincial forums to support and enhance the system.
- Maintain regular contact with health providers in the Health Region, as well as education and research agencies and community groups.
- Participate on other provincial and regional committees as appropriate.
- Participate in community-based activities.

Appendix T

	<p>CEO EXPECTATIONS</p> <p>Number: ER 17-3 Title: FINANCIAL EXPECTATIONS</p>
<p>Authorization</p> <p>[X] SRHA</p>	<p>Source: Chair, Human Resources Committee Cross Index: Date Approved: June 18, 2008 Date Revised: June 18, 2008 Date Effective: June 18, 2008 Date Reaffirmed: December 14, 2009 Date Reaffirmed: February 9, 2011</p>

The Authority defines expectations and authority of the CEO related to financial planning, financial management, asset protection and risk management, and purchases and contracts.

According, the CEO shall:

1. Expectations Related to Financial Planning

- 1.1 Present an annual budget for operating and capital expenditures for the approval of the Authority which.
 - 1.1.1 Contains sufficient information to enable reasonable projection of revenues and expenses, separation of capital and operational items, cash flow analysis, and disclosure of significant changes in the financial position;
 - 1.1.1 Describes significant planning assumptions and risks; and,
 - 1.1.2 Complies with financial directions defined by the Authority and Saskatchewan Health.
- 1.2 Ensure that financial planning for any fiscal period or the remaining part of any fiscal period shall:
 - 1.2.1 Align with the Saskatoon Regional Health Authority's approved vision, mission, values and goals;
 - 1.2.2 Contribute to the advancement of priorities established by the Authority and by Saskatchewan Health; and,

2. Expectations Related to Financial Management

- 2.1 Ensure responsible management of the financial resources and assets of the Saskatoon Health Region.
- 2.2 Ensure that appropriate and effective processes exist for financial management of the Saskatoon Health Region's budget.

- 2.3 Monitor expenditure and revenue management throughout the fiscal year.
- 2.4 Provide monthly reports to the Authority comparing actual revenue and expenditures to budget and report on variances from the budget.
- 2.5 Receive, process or disburse funds under controls which meet generally accepted accounting standards.

6. Conditions Related to Financial Management

- 3.1 Manage financial resources within the limits established by the annual budget for total operating and total capital expenditures.
- 3.2 Report to the Authority on financial management issues of materiality or significance:
 - 3.2.1 An individual program or service change involving more than \$500,000 is material;
 - 3.2.2 A group of individual changes in programs or services cumulatively totaling more than \$1.5 million is material; and,
 - 3.2.3 A major change such as the elimination of a program or service is significant.
- 3.3 The CEO may make individual program and service budget adjustments and reallocations within the fiscal year to address unplanned and/or necessary variations (increases and decreases) in expenditures and revenues.
 - 3.3.1 When program and service expenditure or revenue adjustments and reallocations are material, the CEO shall inform the Authority (see 3.2); and,
 - 3.3.2 When material expenditure or revenue adjustments and reallocations cannot be accommodated within the total approved annual budget for the Saskatoon Health Region, the CEO shall require the Authority's approval for the change.
- 3.4 Require the Authority's approval to use any reserves for other than their designated purpose, except for those that are less than \$100,000.

4. Expectations Related to Asset Protection and Risk Management

- 4.1 Ensure that assets are reasonably protected, adequately maintained and are not placed unnecessarily at risk.
- 4.2 Obtain reasonable insurance against theft, fire and casualty losses, with an appropriate deductible.
- 4.3 Obtain insurance to the appropriate extent against liability losses to Authority members, staff and individuals engaged in activities on behalf of the Authority.
- 4.4 Insure to the appropriate extent against losses due to errors and omissions on the part of Authority members or staff.
- 4.5 To the extent possible, ensure the Saskatoon Health Region, its Authority or staff are not exposed to claims of liability.


5. Expectations Related to Purchases and Contracts

- 5.1 Ensure that the processes for the purchase of equipment, supplies, services, property leases, or clinical agreements are appropriately defined.
- 5.2 Ensure that all transactions of a value greater than \$100,000 shall be based on competitive tender, public invitation for proposal or good faith negotiations.
- 5.3 Keep the Authority informed of any significant risks e.g. matters of public sensitivity or irregularities related to purchases and contracts.
- 5.4 Ensure that all contracts including those for clinical or surgical services comply with relevant legislation and regulations, including appropriate reporting to the Authority.

6. Conditions Related to Purchases and Contracts

- 6.1 Approve and sign contracts, agreements, engagements and undertakings (referred to as "Contracts") on behalf of the Authority.
 - 6.1.1 The dollar value of contracts signed by the CEO shall be within the limits established by relevant legislation, regulations and SHR policies.
 - 6.1.2 The approval of contracts by the CEO must be within the limits of the approved operating and capital budgets.
 - 6.1.3 The CEO shall notify the Authority prior to approving procurements that have material risks or irregularities.
 - 6.1.4 The CEO shall receive Authority approval prior to acquisition or disposal of real property or leases not contemplated in the Authority approved annual plan.
- 6.2 The CEO may further delegate signing authority to Saskatoon Health Region management personnel.

Appendix U

	<p>CEO EXPECTATIONS</p> <p>Number: ER 17-4 Title: MANAGEMENT OF HUMAN RESOURCES</p>
<p>Authorization</p> <p>[X] SRHA</p>	<p>Source: Chair, Human Resources Committee Cross Index: Date Approved: June 18, 2008 Date Revised: June 18, 2008 Date Effective: June 18, 2008 Date Reaffirmed: December 14, 2009 Date Reaffirmed: February 9, 2011</p>

The Chief Executive Officer shall ensure working conditions which are humane, fair, dignified and safe and comply with the Authority's approved statement of values, legislated employment standards and negotiated collective agreements.


The CEO shall:

1. Operate with and ensure staff are aware of written personnel policies and procedures which clarify working conditions and expectations for staff.
2. Ensure compliance with policies regarding acceptance of compensation, reward, or gifts from a client, client's family or supplier.
3. Strive for compliance with the Accreditation Canada human capital standards.
4. Submit Collective Agreements for ratification by the Authority and provide for effective handling of grievances.
5. Operate with fair hiring practices that support the development of a representative workforce.
6. Ensure human resource practices do not discriminate against any staff member or volunteer for expressing ethical dissent, or on the grounds of age, gender, ethnic background, religion or sexual orientation.
7. Ensure all employees have access to the SAHO dental, life insurance, retirement, disability and extended health plans.
8. Ensure continuing education opportunities are available to staff.
9. Develop a staff recognition program.

The CEO shall not:

10. Allow employees, consultants or contract worker to change their own compensation and benefits.
11. Promise or imply life-long or guaranteed employment.
12. Establish compensation and benefits which deviate materially from the geographic or professional market for the skills employed, create obligations over a longer term than revenues can be safely projected, or are discriminatory.
13. Enter into contractual agreements other than the standardized senior management contract unless authorized by the Authority.
14. Negotiate any changes to pre-existing senior management contracts unless authorized by the Authority.

Appendix V

	<p>GOVERNANCE PROCESS</p> <p>Number: GP-NEW Title: GIFTS</p>
<p>Authorization</p> <p>[X] RHA</p>	<p>Source: Chair, Policy and Governance Committee Cross Index: General Bylaws (pg. 20) Date Approved: October 2009 Date Revised: November 16, 2010 Date Effective: Date Reaffirmed: Scope: RHA</p>

DEFINITION

Gift means something voluntarily transferred from one person to another without compensation. (Merriam-Webster)

or

Gift means the transfer of property from one person to another, when it is done without recompense/compensation. (legal definition)

Examples include: any tangible products, gift certificates, invitations to meals, tickets to sporting, theatrical, cultural or political events.

1. PURPOSE

The purpose of this document is to establish the governance process for Authority Members when presented with a gift. The intention is to ensure disclosure of gifts and avoid appearance of making decisions influenced by gifts. This process does not apply to Sponsorships – for Sponsorships see SRHA Governance Charter, Appendix Q.

2. PRINCIPLES

- 2.1 Authority Members and members of their immediate families should not accept entertainment, gifts or favours that create or appear to create a favoured position for doing business with the Authority⁶;
- 2.2 Gifts and entertainment should only be accepted or offered by a member in normal exchanges common to established business relationships for the Authority;
 - 2.2.1 Members should not accept gifts from vendors/suppliers/organizations when SHR is in contract negotiations.
 - 2.2.2 Gifts estimated to be valued as less than \$250.00 are considered nominal and do not require disclosure.
 - 2.2.3 Gifts estimated to be valued as greater than or equal to \$250.00 require disclosure.

⁶ SRHA Bylaws, Entertainment, Gifts and Favours (December 2009)

- 2.2.4 For gifts estimated to be valued at greater than or equal to \$1000.00 members should indicate that they will accept the gift on behalf of the Authority who will decide how best to use the gift.
- 2.2.5 Full and immediate disclosure to the Chairperson of borderline cases will always be taken as good-faith compliance with these principles.

3. GOVERNANCE PROCESS

- 3.1 Consider the gift and the associated monetary value.
 - 3.1.1 If the gift is estimated to be less than \$250.00, from any one source over a one year period, the gift may be accepted, nothing further is required.
 - 3.1.2 If the gift is estimated to be greater than or equal to \$250.00, from any one source over a one year period, the gift may be accepted, however, members must file a disclosure statement to the Chairperson within 10 business days of receiving a gift indicating:
 - the nature of the gift or benefit,
 - its source and
 - the circumstances under which it was offered and accepted.
 - 3.1.3 If the gift is estimated to be valued at more than \$1000.00, the member will disclose to the Chairperson as indicated above. The RHA will decide how best to use the gift in the Region’s operations.
 - 3.1.4 Board members are not allowed to accept prize winnings from RHA funded tickets to functions.

Summary

	Gift May be accepted	Action Required	Approval Required
<\$250 (from any one source over a one year period)	Yes	None	No
> or =\$250 (from any one source over a one year period)	Yes	Disclosure	No
> or = \$1000	Cannot be personally accepted, becomes property of region.	Disclosure. RHA decides how to use gift.	