



# **SASKATOON REGIONAL HEALTH AUTHORITY GOVERNANCE CHARTER**

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## 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 and Health Care Organizations, this Charter details the roles and responsibilities, functions and structures of the SRHA that are linked to the Ministry of Health Plan and our strategic plan. The Authority shall review this Charter every two years or as substantial changes arise.

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 for which the Regional health authority is responsible include:

- Hospitals, health centres and wellness centres;
- 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 center 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.

## OUR COMPOSITION

The members of the Authority form the governing body of the organization. SRHA has all the powers prescribed in The Regional Health Services Act, the regulations and any other applicable legislation.

### Term Lengths and Limits

The SRHA consists of not more than 12 members.<sup>1</sup> Members of the Authority (including the chairperson and vice-chairperson) serve at the pleasure of the Minister of Health (Saskatchewan). The Minister decides the term of appointment. The Minister/ Government of Saskatchewan can change the term of appointment at discretion. In accordance with The Regional Health Services Act and Regulations, the Lieutenant Governor in Council formally appoints members of the Authority, the chairperson and vice-chairperson through an Order-in-Council.

### Attendance Requirements

A member may be disqualified from holding office if the member absents himself or herself from three or more consecutive meetings of the Regional Health Authority without the authorization of the Regional Health Authority.<sup>2</sup> Members who participate in a meeting by conference call will be considered as in attendance.<sup>3</sup> The Authority can report attendance matters to the Minister of Health; only the Minister of Health can cancel an appointment to the Authority.

## 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 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, at 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;<sup>4</sup>
- 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

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<sup>1</sup> RHSA s. 16(3)

<sup>2</sup> RHSA s.7

<sup>3</sup> RHSA s.18(b)

<sup>4</sup> SHR Legal Services and SHR Policy Consultant to keep Authority apprised of changes to *Regional Health Services Act* and Regulations

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 directions within SRHA, taking into account the opportunities and risks facing the Region. SRHA's Strategic Plan highlights our strategic priorities. Key strategic priorities include:

**Better Health.** Improve population health through health promotion, protection and disease prevention and collaborating with communities and different government organizations to close the health disparity gap.

**Better Care.** In partnership with patients and families, improve the individual's experience, achieve timely access and continuously improve healthcare safety.

**Better Teams.** Build safe, supportive and quality workplaces that support patient and family-centred care and collaborative practices and develop a highly skilled, professional and diverse workforce that has a sufficient number and mix of service providers.

**Better Value.** Achieve best value for money, improve transparency and accountability, and strategically invest in facilities, equipment and information infrastructure.

Strategic planning is facilitated by the Authority as a committee of the whole. An ad hoc 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 Ministry of Health Plan
- 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, Practitioner Staff 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 a business plan that specifies the overall direction of our organization.

### **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 Ministry of Health Plan 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

## MEETINGS

### Public Meetings

Saskatoon Regional Health Authority will schedule public Authority meetings, 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 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 Authority shall be by majority vote of the members at any meetings where a quorum is present. Information about public meetings shall be communicated to the public regularly. Annually at a public meeting, the Authority shall present and approve:

- The capital and operating budget and integrated business plan for the upcoming fiscal year, including identification of any significant changes to existing RHA health services.
- A report prepared by the Chief Medical Health Officer which may include:
  - The results of previous needs assessments and/or
  - The effectiveness, accessibility, appropriateness, acceptability, efficiency and equity of RHA health services and programs.
- The audited financial statements for SRHA.

All resolutions of the Authority must be passed during a public meeting (with the public invited). No resolutions of the Authority can be passed without a properly constituted public meeting; resolutions of the Authority cannot be passed in-camera.

SRHA has a unique relationship with physicians. The Authority grants physician's privileges in healthcare 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 Processes

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 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:

- 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:

<b>Public Authority Meetings</b>	<b>Non-Public Authority Meetings</b>	<b>In-Camera Sessions</b>
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	**except when President and CEO compensation or performance is discussed or the Authority wishes to have only Authority members present
Non-RHA officials	Non-RHA officials (e.g. government) by invitation only	
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.

## **PUBLIC ACCESSIBILITY**

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](http://www.saskatoonhealthregion.ca).

## 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.

SRHA, 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](#))

## RESPONSIBILITIES OF THE CHAIRPERSON OF THE AUTHORITY<sup>5</sup>

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:

- Provide leadership that falls within and is 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 strategic planning, committees, relationships, operations and outcomes.

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<sup>5</sup> General Bylaws p.5

- 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; 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.
- Maintain an open working relationship and ensure on-going 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.

## **RESPONSIBILITIES OF THE VICE-CHAIRPERSON<sup>6</sup>**

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.

## **AUTHORITY REMUNERATION**

The Chairperson 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](#))

## **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.

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<sup>6</sup> General Bylaws p.5

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 orientation to the Authority and information which outlines:

- The context in which SRHA operates (*The Regional Health Services Act*, Regulations, Bylaws and relevant SHR/Ministry of Health reports/information, management structure/organizational charts, etc.).
- Information pertinent to current and on-going discussions (strategic planning, clinical/financial and operational risk management matters, Authority member contact lists/meeting schedules, access to recent minutes, etc.).

Initial and on-going education and orientation enable Authority members to:

- 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 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 (see Appendix W, Conference/Seminar Evaluation Form) to the Authority. If time permits, an opportunity may be provided on the SRHA meeting agenda for a brief verbal report.

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

## **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 ( <a href="#">Appendix H</a> )
Stakeholder Relations Committee	Terms of Reference ( <a href="#">Appendix I</a> )
Audit, Finance and Risk Committee	Terms of Reference ( <a href="#">Appendix J</a> )
Human Resources Committee	Terms of Reference ( <a href="#">Appendix K</a> )
Policy and Governance Committee	Terms of Reference ( <a href="#">Appendix L</a> )
Partnership Committee	Terms of Reference ( <a href="#">Appendix M</a> )
Quality and Safety Committee	Terms of Reference ( <a href="#">Appendix N</a> )

At times, ad hoc committees may also be established.

Committee Chairpersons are appointed by the Chairperson of the Authority based on skill set, expressed interest and input from committee members. Committee Chairpersons are formally appointed by the Authority.<sup>7</sup>

Committees will review Terms of Reference annually and forward any changes to the Policy and Governance Committee.

## **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; and
- 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.

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<sup>7</sup> Bylaws s.15(3)

## EVALUATION

Evaluation allows the Authority to highlight successes, learn what processes are working well, self-improve and creates an opportunity to take any corrective action that is necessary. After the annual retreat, Authority members conduct a self and/or peer evaluation to assess the collective performance of its members and its committees. The results are compiled and used to develop learning plans.

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.

## ETHICAL BEHAVIOUR

The operations of SRHA are driven by our values. We have adopted a Code of Conduct and Ethics<sup>8</sup> 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 annual and on-going notices of conflict of interest.

### Governance Process

Conflict of Interest ([Appendix O](#))

## COMMUNITY ENGAGEMENT

SRHA is committed to engaging individuals who represent the diversity of the population served by SHR. Patient/client/family and community engagement is essential to the design and delivery of optimal healthcare services. Various Advisory Councils/Committees are established in response to The Regional Health Services Act Section 28 and directives from the Ministry of Health.

Patient/client/family membership on Advisory Councils/Committees promotes active citizen participation in decision making as well as supports SRHA's commitment to client and family centred care. The size and number of Advisory Councils/Committees vary from time to time.

SRHA engages communities using the following approach:

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<sup>8</sup> General Bylaws, Appendix A

- 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.;
- Community Advisory Councils: 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 (i.e. Rural Advisory Council);
- Patient/client/family membership on Advisory Councils: SRHA engages members of the public in program/service delivery planning and development.

Patients, clients, families and members of the community are welcome to advise the Authority on issues related to the health of the community as well as assist the Authority to understand the needs, experiences, preferences and priorities of the people and communities we serve.

The SRHA has established a process that allows for public presentations at its meetings.

#### **Governance Process**

GP 15-1 Public Presentations – SRHA Meetings ([Appendix P](#))

## **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 (i.e. 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](#))

## **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.

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 are 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 to approve and 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

	<b>DIRECTION</b>  <b>Number: D3-1</b> <b>Title: Vision, Mission, Values</b>
Authorization  (X) SRHA	Source: Chair, Policy and Governance Committee Cross Index: Date Approved: June 9, 2010 Date Revised: February 9, 2011 Date Reaffirmed: June 5, 2013 Date Reaffirmed: March 25, 2015

**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><b>DIRECTION</b></p> <p><b>Number: D3-2</b>  <b>Title: Strategic Direction</b></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 Reaffirmed: February 9, 2011  Date Revised: June 5, 2013  Date Reaffirmed: March 25, 2015</p>

**Better Health.** Improve population health through health promotion, protection and disease prevention and collaborating with communities and different government organizations to close the health disparity gap.

**Better Care.** In partnership with patients and families, improve the individual's experience, achieve timely access and continuously improve health-care safety.

**Better Teams.** Build safe, supportive and quality workplaces that support patient and family-centred care and collaborative practices and develop a highly skilled, professional and diverse workforce that has a sufficient number and mix of service providers.

**Better Value.** Achieve best value for money, improve transparency and accountability and strategically invest in facilities, equipment and information infrastructure.

## APPENDIX C

	<p><b>GOVERNANCE PROCESS</b></p> <p><b>Number: GP4-1</b>  <b>Title: Meetings – Public Notification</b></p>
<p>Authorization</p> <p>(X) SRHA</p>	<p>Source: Chair, Policy and Governance Committee  Cross Index:  Date Approved: December 14, 2009  Date Effective: December 14, 2009  Date Reaffirmed: February 9, 2011  Date Reaffirmed: June 5, 2013  Date Reaffirmed: March 25, 2015</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 (i.e. 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><b>GOVERNANCE PROCESS</b></p> <p><b>Number: GP4-2</b>  <b>Title: Recording of Meetings</b></p>
<p>Authorization</p> <p>(X) SRHA</p>	<p>Source: Chair, Policy and Governance Committee  Cross Index:  Date Approved: December 14, 2009  Date Reaffirmed: February 9, 2011  Date Reaffirmed: June 5, 2013  Date Reaffirmed: March 25, 2015</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 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

	<b>GOVERNANCE PROCESS</b>  <b>Number: GP4-3</b> <b>Title: Rules of Order</b>
Authorization  (X) SRHA	Source: Chair, Policy and Governance Committee Cross Index: Date Approved: August 21, 2002 Date Revised: May 17, 2006 Date Reaffirmed: December 14, 2009 Date Reaffirmed: February 9, 2011 Date Reaffirmed: June 5, 2013 Date Reaffirmed: March 25, 2015

## 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 signaled 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 **sub-amendment** can modify only the amendment – it cannot directly modify the main motion. Just as an amendment must be relevant to the main motion, a sub-amendment 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 sub-amendment 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 sub-amendment 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 sub-amendments 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 or order and procedure**.
- 7) At all times, preserve **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.
- 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><b>GOVERNANCE PROCESS</b></p> <p><b>Number: GP6-1</b>  <b>Title: Authority Communication</b></p>
<p>Authorization</p> <p>(X) SRHA</p>	<p>Source: Chair, Policy and Governance Committee  Cross Index:  Date Approved: August 21, 2002  Date Reaffirmed: December 14, 2009  Date Reaffirmed: February 9, 2011  Date Reaffirmed: June 5, 2013  Date Reaffirmed: March 25, 2015</p>

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

- 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.
- 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.
- 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.
- 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.

## APPENDIX G

	<p><b>GOVERNANCE PROCESS</b></p> <p><b>Number: GP6-2</b>  <b>Title: Authority Remuneration</b></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 Reaffirmed: December 14, 2009  Date Reaffirmed: February 9, 2011  Date Reaffirmed: June 5, 2013  Date Reaffirmed: March 25, 2015</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 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 of 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;
  - 3.2.5 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
    - Governance training as provided/offered/recommended by the Ministry of Health.
  - 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.; or
  - 3.10.1.3 Inclement weather makes travel inadvisable.
- 3.10.2 Authority members requiring accommodation will use hotels on the 3sHealth 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.
- 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 5<sup>th</sup> 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.

## APPENDIX H

	<b>TERMS OF REFERENCE</b>  <b>Number:</b> TR11-1 <b>Title:</b> SRHA Executive Committee
Authorization  (X) SRHA	Source: Chair, Executive Committee Cross Index: Date Approved: August 21, 2002 Date Revised: November 28, 2007 Date Revised: December 14, 2009 Date Effective: December 14, 2009 Date Reaffirmed: February 9, 2011 Date Reaffirmed: January 24, 2012 Date Reaffirmed: June 5, 2013 Date Reaffirmed: March 25, 2015

### 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 & Risk, Policy & Governance, Quality & 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.

## APPENDIX I

	<b>TERMS OF REFERENCE</b>  <b>Number:</b> TR11-2 <b>Title:</b> SRHA Stakeholder Relations Committee
Authorization  (X) SRHA	Source: Chair, Stakeholder Relations Committee Cross Index: Date Approved: August 21, 2002 Date Revised: November 28, 2007 Date Revised: December 14, 2009 Date Reaffirmed: February 9, 2011 Date Reaffirmed: January 24, 2012 Date Reaffirmed: June 5, 2013 Date Reaffirmed: March 25, 2015

#### 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 mechanism 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; and

- 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.

## APPENDIX J

	<b>TERMS OF REFERENCE</b>  <b>Number: TR11-3</b> <b>Title: SRHA Audit, Finance and Risk Committee</b>
Authorization  (X) SRHA	Source: Chair, Audit, Finance and Risk Committee Cross Index: Date Approved: August 21, 2002 Date Revised: May 17, 2006 Date Revised: June 26, 2009 Date Revised: December 14, 2009 Date Effective: December 14, 2009 Date Reaffirmed: February 9, 2011 Date Revised: September 7, 2011 Date Revised: January 24, 2012 Date Revised: June 5, 2013 Date Revised: February 26, 2014 Date Reaffirmed: March 25, 2015

### 1. Purpose

The Audit, Finance and Risk Committee is a joint committee of the Saskatoon Regional Health Authority (SRHA) and the St. Paul's Hospital (SPH) Board of Directors (Board). The Audit, Finance and Risk Committee will assist the SRHA and SPH Board in carrying out their governance roles related to audit, finance and risk management throughout the Region.

The Audit, Finance and Risk Committee is not a decision-making body and conducts its business through processes consistent with the governance models of the Authority and the SPH Board.

- 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 internal audit plan; 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 through informing the internal audit function.
- 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.

## 2. 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 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 general accepted accounting principles;
    - 2.3.2.6. Ensure the appropriateness of accounting policies; and
    - 2.3.2.7. Ensure the external and internal audit functions have been effectively carried out and that any matter that the external and internal 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; and
  - 2.3.4. Understanding SHR's incidences of fraud over \$500 and the actions taken.
- 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.
- 2.14. The Audit, Finance and Risk Committee will inform, review and approve the internal audit plan annually, to ensure it addresses risks in the RHA.
- 2.15. The Audit, Finance and Risk Committee will receive and review internal audit reports and agree with recommendations for improvements as identified by internal Audit.

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

### **4. 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. Up to four members of the St. Paul's Hospital Board will sit on the Audit, Finance and Risk Committee also as voting members.

- 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 appointed by the Chairperson of the Authority based on skillset, expressed interest and input from Committee members.
- 4.4. One or more members of the Audit, Finance and Risk Committee will have a financial management background.

#### 5. **Resources**

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

The Director, Enterprise Risk Management; internal Auditor; Manager, Capital and Corporate Services; Director, Financial Reporting and Operations and Director, Financial Planning and Advisory Services will attend meetings on an ongoing basis to provide reports and supports to the Committee as appropriate.

## APPENDIX K

	<b>TERMS OF REFERENCE</b>  <b>Number: TR11-4</b> <b>Title: SRHA Human Resources Committee</b>
Authorization  (X) SRHA	Source: Chair, Human Resources 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: January 24, 2012 Date Revised: June 5, 2013 Date Reaffirmed: March 25, 2015

### 1. Purpose

The purpose of the Saskatoon Regional Health Authority (SRHA) Human Resources Committee is to provide oversight and ensure compatibility between the Saskatoon Health Region (SHR) Strategic Development Plan and SHR human resources strategies. The SRHA Human Resources Committee also assists the Authority in evaluating the performance of the President and Chief Executive Officer of the Saskatoon Health Region.

### 2. 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 human resource strategies are aligned and positively correlated with provincial shared services initiatives as well as the Strategic Deployment Plan based on the Hoshins.
- Set breakthrough initiatives that align with the Hoshins for committee work as an annual standing item at beginning of each fiscal year.
- To receive, review and comment on reports, progress reports and implementation strategies related to the Hoshin-Safetys and to convey this information to the Authority as a whole at each meeting.
- 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° evaluation at least every 3<sup>rd</sup> 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.
- Steward to ensure that results of the annual CEO evaluation are reported to the Ministry of Health.
- Conduct and approve of CEO recruitment searches in conjunction with the Chair.

#### **3. Commitment**

- Meetings will be held no less frequently than quarterly and additional meetings can be at the call of the Chairperson.
- The Chairperson of the Committee will establish agendas for Committee meetings in consultation with the SHR Vice President accountable for the Committee.
- Minutes of each meeting are to be circulated in a timely manner; are reviewed by the Committee members; and are formally approved at the next meeting.
- 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.

#### **4. 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 appointed by the Chairperson of the Authority based on skillset, expressed interest and input from Committee members.

#### **5. Resources**

SHR Administration will provide administrative support to the Committee.

## APPENDIX L

	<p><b>TERMS OF REFERENCE</b></p> <p><b>Number:</b> TR11-5  <b>Title:</b> 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  Date Revised: June 5, 2013  Date Reaffirmed: March 25, 2015</p>

### 1. 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.

### 2. 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:

- To lead a review of the SRHA Governance Charter (every two years) 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 monitor and review Authority performance on an ongoing basis and to conduct a formal, annual Authority board evaluation using the peer review tool.
- To forward to all Authority members the skills matrix; this is to be reviewed on an annual basis.
- 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.

### **3. 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 Chairperson of the Authority based on skillset, expressed interest and input from Committee members.

### **4. 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.

### **5. Resources**

The Authority office will provide administrative support to the Committee.

## APPENDIX M

	<p><b>TERMS OF REFERENCE</b></p> <p><b>Number:</b> TR11-6  <b>Title:</b> SRHA Partnership Committee</p>
<p>Authorization</p> <p>(X) SRHA</p>	<p>Source: Chair, Partnership Committee  Cross Index:  Date Approved: November 28, 2007  Date Approved: December 17, 2008  Date Revised: December 14, 2009  Date Reaffirmed: February 9, 2011  Date Reaffirmed: June 5, 2013  Date Revised: February 26, 2014  Date Reaffirmed: March 25, 2015</p>

### 1. 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.

### 2. 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.

### **3. Membership**

- The Partnership Committee shall consist of a minimum of three 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 three 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 SHR and the President and Chief Executive Officer of St. Paul's Hospital will attend Partnership Committee meetings as non-voting members and will provide administrative support to the Partnership Committee.

### **4. 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.

### **5. Resources**

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

## APPENDIX N

	<p><b>TERMS OF REFERENCE</b></p> <p><b>Number:</b> TR11-7  <b>Title:</b> SRHA Joint Quality and Safety Committee</p>
<p>Authorization</p> <p>(X) SRHA</p>	<p>Source: Chair, Joint Quality and Safety Committee  Cross Index:  Date Approved: December 17, 2008  Date Revised: December 14, 2009  Date Effective: December 14, 2009  Date Revised: February 24, 2010  Date Revised: February 26, 2014  Date Reaffirmed: March 25, 2015</p>

### 1. 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, a culture of safety and ethics 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.

### 2. 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 Saskatoon Health Region (SHR) staff and physicians, will:

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

- Review SHR's quality and safety performance and report summary results with recommendations, as appropriate, to the SRHA and SPH Board. Performance will be monitored through monthly wall walks on quality, safety and delivery indicators and reports related to client concerns, patient satisfaction and critical incidents and other quality and safety reports;
- Monitor SHR's compliance with Accreditation Canada and other accreditation standards;
- Monitor SHR's participation in local, provincial and national quality improvement initiatives;
- Oversee and review the credentialing process yearly 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 safety.
- Oversee Ethics Services and periodically review summary reports from St. Paul's Hospital's Ethics Committee and the Saskatoon Health Region's portion of the Saskatoon Health Region/Saskatchewan Cancer Agency Joint Ethics Committee, as part of ethics reporting process.
- Ethics will have direct access to the Boards, Board Chairperson, Joint Board Quality and Safety Committee or CEO's at their discretion.

### 3. 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 Chief Executive Officer of the St. Paul's Hospital; and
- 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; and
- The Chair will be selected by the SRHA Chair subject to approval by the SRHA and SPH Board and shall be a member of the SRHA.

### 4. Commitment

- The Quality and Safety Committee will meet at least quarterly; and
- The Quality and Safety Committee will meet for special purposes as required.
- The Chair of the Quality and Safety Committee and the Chair of the SPH Board will establish the agenda for Committee meetings in consultation with the SHR Vice President accountable for the Committee.
- 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.

### 5. Resources

SHR Administration will provide administrative support to the Committee.

## APPENDIX O

	<p><b>GOVERNANCE PROCESS</b></p> <p><b>Number: GP14-1</b>  <b>Title: Conflict of Interest</b></p>
<p>Authorization</p> <p>(X) SRHA</p>	<p>Source: Chair, Policy and Governance Committee  Cross Index: General Bylaws 2013 and Appendix (Code of Conduct and Ethics); GP - Gifts  Date Approved: June 5, 2013  Date Effective: June 5, 2013  Date Reaffirmed: March 25, 2015  Scope: SRHA</p>

### OVERVIEW

This governance process does not address acceptance of gifts (see GP-Gifts).

### DEFINITIONS

**Associate means** a relationship including:

- A corporate body of which that person beneficially owns, directly or indirectly, more than 10% of any class of voting equity securities of the corporate body that are outstanding at that time;
- A partner, other than a limited partner, of that person;
- A trust or estate in which that person has a beneficial interest or serves as a trustee or in a capacity similar to a trustee; or
- Any other person who has the same residence as that person.<sup>9</sup>

**Conflict of Interest**<sup>10</sup> means any situation (actual, potential or perceived) in which a member of the Authority uses their position on the Authority to benefit themselves, their family/relatives/friends or Associates; includes using their position on the Authority to promote a private or personal interest which results or appears to result in:

- Interference with his/her roles and responsibilities for Saskatoon Regional Health Authority, or
- A gain or advantage by virtue of his/her position with Saskatoon Regional Health Authority.

There are two types of conflict of interest<sup>11</sup>:

**Financial conflict (material interest)** means a direct or indirect financial interest or benefit from a vendor/contractor or any other entity that provides goods or services to Saskatoon

<sup>9</sup> The Interpretation Act, 1995 s.17(1)

<sup>10</sup> SRHA General Bylaws, 2013, p.13

<sup>11</sup> Ibid, p.18

Health Region while in a position to influence a decision related to the vendor/contractor or other entity.

Examples include, but are not limited to: “influencing the Authority to lease equipment from a business owned by the member’s family; influencing the Authority to allocate funds to an affiliate or hospital where the member’s family or relative works or is involved; influencing the Authority to make all its travel arrangements through a travel agency owned by a family member or relative of the member; and influencing or participating in a decision of the Authority that will directly or indirectly result in the member’s own financial gain.”<sup>12 13</sup>

**Commitment conflict (representation group interest)** means an interest or activity outside of SRHA that could be advanced as a result of membership on the SRHA. It also means situations where activities of a member burden or interfere with the member’s obligations and commitments to SRHA.<sup>14</sup>

Examples include, but are not limited to: a reduction of a member’s time, focus and/or energy devoted to SRHA activities.

## 1. Purpose

The purpose of this governance process is to establish a consistent process for members of the Saskatoon Regional Health Authority (SRH) when faced with an actual, potential or perceived conflict of interest situation.

## 2. Principles

2.1. SRHA is committed to preserving public trust. The integrity of SRHA depends on the avoidance of bias arising from actual, potential or perceived conflicts of interest by members of SRHA.

2.2. Actual, potential or perceived conflict of interest lies in the mind of the beholder, not in the conduct of the member.

2.3. The atmosphere SRHA desires is one where members are comfortable asking questions relating to conflict of interest without feeling awkward or accusatorial and where recusing oneself from participation in discussions that might be perceived as constituting a conflict is the norm rather than the exception.

2.4. All members of the Authority have a responsibility to disclose and raise questions related to actual, potential and/or perceived conflicts of interest without reprisal.

## 3. Disclosure Requirements and Authority to Make Decisions

3.1. Conflicts of interest (both financial and commitment conflicts) must be disclosed in writing by annual submission and as situations arise.

3.2. Disclosure for all actual, potential or perceived conflict of interest situations is required as follows:

3.2.1. for the Chairperson of the Authority, Vice Chairperson

3.2.2. for Authority members, the Chairperson<sup>15</sup>

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<sup>12</sup> SRHA General Bylaws p.17

<sup>13</sup> Ibid, p.19

<sup>14</sup> Ibid, p.18

<sup>15</sup> Ibid

3.2.3. for the President and CEO, the Chairperson

#### 4. Governance Process

##### 4.1. Annual Disclosure

- 4.1.1. All members complete *SRHA General Disclosure of Conflict of Interest* form annually (see Appendix A).
- 4.1.2. Members submit form pursuant to 3.2 above.
- 4.1.3. Disclosure forms are compiled and stored in the Regional Health Authority office and are made available upon request.

##### 4.2. Self-disclosure (actual, potential or perceived)

- 4.2.1. Members review meeting packages prior to meetings and consider if there is an actual, potential or perceived conflict of interest.
  - 4.2.1.1. Each member reviews his/her personal situation and updates his/her declaration on a regular basis as it relates to a specific agenda item.
  - 4.2.1.2. If there is a conflict, member completes *SRHA Conflict of Interest Declaration* form (see Appendix B) and brings it to the meeting.
- 4.2.2. Chairperson asks members if there are any conflicts of interest at the onset of each meeting (public and non-public).
- 4.2.3. Member makes verbal declaration at Authority meeting (e.g. "I declare a conflict of interest with agenda item X.")
  - 4.2.3.1. Member submits Conflict of Interest Declaration form to Chairperson
  - 4.2.3.2. Chairperson/Member requests to have entered into the minutes that a Conflict of Interest exists.<sup>16</sup>
  - 4.2.3.3. If a conflict or potential conflict situation exists, it is required that the conflicted member absent themselves from the meeting while the Authority discusses the matter (agenda item) and not vote on the matter.
  - 4.2.3.4. If circumstances warrant, the conflict can be discussed with Authority members in camera.
- 4.2.4. The *SRHA Conflict of Interest Declaration* form is retained by the Regional Health Authority office.

##### 4.3. Potential or Perceived Conflict of Interest of another Member

###### Consider

- 4.3.1. Would you be comfortable seeing the interest revealed on the front page of the newspaper?

###### Disclose

- 4.3.2. The member shall immediately bring his or her concern to the other members' attention and request that the conflict be declared.
  - 4.3.2.1. If the other member refuses to declare the conflict, the member shall immediately bring his or her concern to the attention of the Chairperson<sup>17</sup> (by completing and forwarding Appendix A (side 2) to the Chairperson).

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<sup>16</sup> The Interpretation Act, 1995 s.17(2)

<sup>17</sup> SRHA General Bylaws, 2013, p.18

- 4.3.2.2. If there is a concern with the Chairperson, the issue shall be referred to the Vice Chairperson (by completing and forwarding Appendix A (side 2) to the Vice Chairperson).

#### **Assess**

- 4.3.3. Disclosure recipient assesses the severity of the situation (risk assessment) and may discuss the matter with either member.

Consider:

Likelihood of undue influence:

- What is the value of the interest?
- What is the scope of the interest?
- What is the extent of discretion?

Seriousness of possible harm:

- What is the value of the interest?
- What is the scope of the consequences?
- What is the extent of accountability?

Disclosure recipients may seek advice from legal and/or the Policy and Governance Committee for input into the review and assessment, however, disclosure recipients have the authority to determine if a conflict of interest situation exists.

- 4.3.4. Disclosure recipient makes a decision.

- 4.3.5. Disclosure recipient advised member in writing to:

- Recuse – advise member not to participate in and/or influence any decisions for SRHA related to the conflict; **or**
- Divest – advise member to remove the conflict.

#### **Reporting**

- 4.3.6. Disclosure recipients review the potential concern received and provide a written decision. The disclosure and the written decision are forwarded to the members involved and the RHA Coordinator for storage at the Regional Health Authority office.

- 4.3.7. Conflict of interest decisions for the Chairperson (made by the Vice Chairperson pursuant to 4.3.2.2) are forwarded to the Chairperson/Member and the Policy and Governance Committee. After Policy and Governance review, these are forwarded to the RHA Coordinator for storage at the Regional Health Authority office.

Saskatoon Regional Health Authority  
General Disclosure of Conflict of Interest  
ANNUAL DISCLOSURE

To: *(insert disclosure recipient)*

I hereby disclose:

**Financial Conflict**

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 Interpretation Act*,:  
\_\_\_\_\_.
3. My 'Associate', \_\_\_\_\_, is an employee, officer or director of, or has a direct or indirect interest in \_\_\_\_\_.
4. I am to be regarded as having a financial conflict in any contract SRHA may have with \_\_\_\_\_.

**Commitment Conflict**

5. I am, have or am currently experiencing a commitment conflict *(please provide details)*:

**OR**

There are currently no conflicts of interest for me (financial or commitment).

---

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
Name

\*\*Annual Conflict of interest forms are completed, submitted, reviewed and stored at the Regional Health Authority office.



### Conflict of Interest Declaration

*The Saskatoon Regional Health Authority (SRHA) aspires to the highest ethical and professional standards and therefore, all business of the SRHA, including co-sponsorship activities, shall be conducted in accordance with SRHA Bylaws and SRHA Conflict of Interest Principles and Governance Process.*

Please include all relevant information. If you need more space or if your situation is not covered by the following, please attach additional pages as necessary.

1, \_\_\_\_\_, a Member of the Saskatoon Regional Health Authority (SRHA), declare to the best of my current knowledge:

1. Situations where I or a member of my immediate family provide any products or services to SRHA or the Saskatoon Health Region.
  
2. Situations where a member of my immediate family is employed by the Saskatoon Health Region.
  
3. Any other issues that are or may be perceived to be a conflict of interest for SRHA or Saskatoon Health Region.

**The information disclosed in this questionnaire is accurate and complete to the best of my knowledge. (If any conflict becomes apparent during the meeting, the Board Member is required to excuse themselves from that item's discussion.)**

\_\_\_\_\_ Board Member  
\_\_\_\_\_ Agenda Item  
\_\_\_\_\_ Date

## Appendix P

	<p><b>GOVERNANCE PROCESS</b></p> <p><b>Number: GP16-1</b>  <b>Title: Public Presentations – SRHA Meetings</b></p>
<p>Authorization</p> <p>(X) SRHA</p>	<p>Source: Chair, Stakeholder Relations Committee  Cross Index:  Scope: SRHA  Date Approved: August 21, 2002  Date Revised: December 14, 2009  Date Effective: December 14, 2009  Date Reaffirmed: February 9, 2011  Date Revised: June 5, 2013  Date Revised: March 25, 2015</p>

SRHA values transparency in its governance role and supports community/public participation in health system process and decision-making. The SRHA recognizes that their areas of responsibility and accountability to the general public are dependent on opportunity for partnership and interaction with those who are served by the system whether they are patients, clients, residents or families (advocates) or wider community interest groups who wish to advocate or influence the SRHA decisions.

### 1. What does SRHA do?

SRHA stands for the Saskatoon Regional Health Authority. The SRHA operates in accordance with *The Regional Health Services Act*. The SRHA is the governing body for the Saskatoon Health Region.

Decisions of the SRHA are made publicly at its regular meetings. Meetings are held on a monthly basis except for the months of April, July, August and December.

The SRHA has delegated some responsibilities to several standing committees (Audit and Finance, Executive, Human Resources, Partnership, Policy and Governance, Quality and Safety and Stakeholder Relations). These committees are comprised of members of the SRHA. These committees meet regularly throughout the year to review matters under their jurisdiction and submit recommendations to the SRHA for approval. The SRHA may approve, amend or defeat the recommendations of a committee.

Subjects which the SRHA and its standing committees discuss include:

- Operating and Capital Budget of the Saskatoon Health Region (SHR)
- Performance monitoring
- Quality and Safety
- Policy and Governance issues

- Human Resource issues

## 2. How do citizens most often participate in SRHA's decisions?

You can participate in SRHA's decisions by:

- Making presentations at public meetings regarding health issues/concerns.
- Writing to the Chair of the SRHA on issues of concern.

The SRHA welcomes formal presentations at the end of each meeting with time allowed for the presentation, questions and discussion with all members of the Authority in attendance.

The SRHA will not, in most cases, make a decision or agree to specific responses or actions at the meeting or at the conclusion of the presentation.

However, the SRHA recognizes that they will be required to follow-up the presentations / presenters in some format after the public meeting. While there may be thorough discussion with the presenters at the meeting itself, a formal response and acknowledgement for the presentation will be sent to the presenters within four weeks after the meeting unless some other response process is agreed to during the presentation time.

## 3. How can I find out what is on the SRHA's agenda?

Agendas are normally published on the SRHA's web site on the Friday of the week preceding the meeting date. Please follow this link to see SRHA's meeting agenda and meeting minutes <https://www.saskatoonhealthregion.ca/about/Pages/Governance.aspx>

## 4. How can I get an item of concern before the SRHA?

Please note:

While the SRHA will make every effort to hear from citizens who want to speak, it is important that the discussions be productive and respectful. The SRHA reserves the right to deny some access to the public meetings if there is some other more appropriate avenue for discussion or constructive debate.

Presentations must identify whether they are related to:

### a. Healthiest individuals

- Comments on the treatment and direct services provided within the Health Region;
- Promotion of new models of care or service or re-orientation and alignment of current services.

### b. Healthiest communities

- Needs for changes or additions to the community access and involvement with the Health Region.
- Promotion for SRHA involvement and participation on the broader issues of health (education, housing, economic and income issues, etc.)

### c. Exceptional Services

- Changes to design and/or delivery of current services in all aspects of care including hospitals, long term care, public health, community or home care to ensure the highest quality of customer service.

Presentations must also identify if they are:

- **For information** to be used by the SRHA members in future deliberations and to increase awareness.
- **For response/action** to request that the SRHA members make a decision or take specific action.

#### 5. What is the process for getting a concern on the SRHA's agenda?

- Fill out the "Request to Present to the Saskatoon Regional Health Authority" form, found at [www.saskatoonhealthregion.ca/about/Documents/Governance/SRHA\\_Public\\_Meeting\\_Presentation\\_Request\\_Form.pdf](http://www.saskatoonhealthregion.ca/about/Documents/Governance/SRHA_Public_Meeting_Presentation_Request_Form.pdf) and submit it three (3) weeks prior to the meeting date at which you want to present your issue.
- Attach any background information you feel is important for the SRHA to read before your presentation.
- Once you have submitted the "Request to Present to the Saskatoon Regional Health Authority" form\*, you will be contacted by the SRHA Office staff to confirm whether your presentation has been accepted, and if yes, your presentation time and date.
- If you plan to use PowerPoint, you must submit an electronic copy of the presentation to Lois Henbury at [lois.henbury@saskatoonhealthregion.ca](mailto:lois.henbury@saskatoonhealthregion.ca) no later than 10 days prior to the date of the meeting. If you are unable to provide an electronic copy of your written material, you may provide one hard copy in lieu by the above deadline.
- Bring an electronic copy of the presentation (a memory stick, CD or other) to the meeting.
- You will be given 5-10 minutes to present your issue (inclusive of any electronic presentation).
- Following your presentation, you may be asked questions from members of the SRHA.

\* If the formal process listed above is onerous or not suitable for the requested presentation, presenters may contact a Saskatoon Health Region Director or Vice President for assistance in facilitating the request for presentation. The connections to a Director or Vice President can be suggested by calling the SRHA office (306-655-7730).

#### 6. What are the SRHA guidelines for making the presentation?

- a. There will be a maximum of two presentations allowed for each Authority public meeting.
- b. Some potential presenters who may have particular issues or concerns may be directed away from a public presentation and onto different lines of communication and contact people within the Region to assist them with getting appropriate attention paid to their matters. It will be the right of the Authority or the designate from administration to ascertain the appropriateness of the representation before time is set aside on the agenda for the presentations.
- c. The opportunities for public presentations in this formal manner will not preclude spontaneous public comments or questions from the floor during the public meetings as is now the protocol.

#### 7. Are there any deadlines of which I should be aware?

- Three weeks before meeting date – submit the "Request to Present to the Saskatoon Regional Health Authority" form electronically.
- Ten days before meeting date – submit electronic copy of your presentation to Lois Henbury at [lois.henbury@saskatoonhealthregion.ca](mailto:lois.henbury@saskatoonhealthregion.ca).

**8. Is there any audio-visual equipment available to use in making a presentation?**

There is a computer, projector and screen available at the meeting. You must bring your presentation on a memory stick or CD.

**9. How will I know when a decision is made on the issue in which I am interested?**

- Typically, the SRHA will likely respond to your questions, no later than 4 weeks following the presentation. If you do not hear from them by 4 weeks, please contact Lois Henbury at [lois.henbury@saskatoonhealthregion.ca](mailto:lois.henbury@saskatoonhealthregion.ca) to further inquire about a response.

**10. Where can I get more information about the SRHA and its committees?**

SRHA office staff can help you with any questions you may have regarding the above information. If they cannot answer your questions, they will refer you to another SHR appropriate resource.

## Appendix Q

	<p><b>GOVERNANCE PROCESS</b></p> <p><b>Number: GP16-2</b>  <b>Title: Sponsorships</b></p>
<p>Authorization</p> <p>(X) SRHA</p>	<p>Source: Chair, Executive Committee  Cross Index:  Date Approved: September 17, 2003  Date Revised: December 14, 2009  Date Reaffirmed: February 9, 2011  Date Reaffirmed: June 5, 2013  Date Reaffirmed: March 25, 2015</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><b>EXECUTIVE RESPONSIBILITIES</b></p> <p><b>Number:</b> ER17-1  <b>Title:</b> 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 Reaffirmed: December 14, 2009  Date Reaffirmed: February 9, 2011  Date Revised: June 5, 2013  Date Revised: March 25, 2015</p>

The Regional Health Authority defines the expectations and authority of the Chief Executive Officers 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 approve or delegate approval of administrative policies, make management decisions and take actions consistent with Authority direction 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 as outlined in SHR Signing Authority Policy and/or a major change such as the elimination of a program or service that is significant.
- 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 that are not significant (i.e. less than \$100,000<sup>18</sup>).

### **5. Expectations Related to Asset Protection**

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

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<sup>18</sup> *The Regional Health Services Act, Sections 30 and 39; The Regional Health Services Administration Regulations, Sections 4 and 9; and Saskatchewan Health Regional Health Services Policy & Procedure Manual, Approval to Construct, Renovate or Alter a Facility, January 2007.*

- 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 Enterprise Risk Management**

The Authority defines expectations related to the CEO's management of enterprise-wide risks and risk management.

- 6.1. The CEO shall ensure that the organization is effectively management risk by identifying, analyzing and evaluating whether the risk should be modified by risk treatment in order to satisfy the organization's risk criteria.
- 6.2. The CEO shall:
  - 6.2.1. Ensure efficient and effective processes and systems are in place to manage all aspects of risk within the organization and to provide reasonable assurance that SHR is meeting its objectives while maintaining a safe environment for its patients, staff and public.
  - 6.2.2. Ensure that mechanisms are in place to control risk in a systemic way by developing and implementing an enterprise risk management framework and implementation plan.
  - 6.2.3. Ensure necessary linkages to existing (and potentially new) working groups and committee structures to effectively manage risk.

## **7. Expectations Related to Communications**

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

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

## Appendix S

	<p><b>CEO EXPECTATIONS</b></p> <p><b>Number:</b> ER17-2  <b>Title:</b> 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 Reaffirmed: February 9, 2011  Date Revised: June 5, 2013  Date Reaffirmed: March 25, 2015</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 effective quality and patient/staff safety programs that meet the standards established by external bodies, promotes a culture of quality and safety and ensures accountability for effective resource utilization.

Monitor the corporate risk register developed through a systemic process of identifying, measuring/ assessing, analyzing, mitigating, evaluating and reporting actual or potential risks to prevent, control and minimize risk exposure.

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 ER 17-3. 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; and
- Any program changes or public presentations which may lead to a negative public reaction.

Provide strong and effective leadership of human resources, consistent with ER 17-3.

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:

- Who the designated CEO shall be in their absence; and
- 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 the Ministry of 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><b>CEO EXPECTATIONS</b></p> <p><b>Number: ER17-3</b>  <b>Title: Financial Expectations</b></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 Reaffirmed: December 14, 2009  Date Reaffirmed: February 9, 2001  Date Revised: June 5, 2013  Date Reaffirmed: March 25, 2015</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.

Accordingly, 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;
  - 1.1.2. Describes significant planning assumptions and risks; and
  - 1.1.3. 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.

### 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.

### **3. 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**

- 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 Enterprise Risk Management**

The Authority defines expectations related to the CEO's management of enterprise-wide risks.

- 5.1. The CEO shall ensure that the organization is effectively managing risk by identifying, analyzing and evaluating whether the risk should be modified by risk treatment in order to satisfy the organization's risk criteria.
- 5.2. The CEO shall:

Ensure efficient and effective processes and systems are in place to manager all aspects of risk within the organization and to provide reasonable assurance that SHR is meeting its objectives while maintaining a safe environment for its patients, staff and public.

Ensure that mechanisms are in place to control risk in a systemic way by developing and implementing an enterprise risk management framework and implementation plan.

Ensure necessary linkages to existing (and potentially new) working groups and committee structures to effectively manage risk.

## **6. Expectations Related to Purchases and Contracts**

- 6.1. Ensure that the processes for the purchase of equipment, supplies, services, property leases or clinical agreements are appropriately defined.
- 6.2. Ensure that all transactions of a value greater than \$75,000 for goods and services and \$200,000 for construction are based on competitive tender, public invitation for proposal or good faith negotiations<sup>19</sup>.
- 6.3. Keep the Authority informed of any significant risks e.g. matters of public sensitivity or irregularities related to purchases and contracts.
- 6.4. Ensure that all SHR 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**

- 7.1. 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, regulations and SHR policies.
  - 7.1.2. The approval of contracts by the CEO must be within the limits of the approved operating and capital budgets.
  - 7.1.3. The CEO shall notify the Authority prior to approving procurements that have material risks or irregularities.
  - 7.1.4. The CEO shall receive Authority approval prior to acquisition or disposal of real property or leases not contemplated in the Authority approved annual plan.
- 7.2. The CEO may further delegate signing authority to Saskatoon Health Region management personnel (see SHR Policy: Signing Authority).

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<sup>19</sup> SHR Policy: Competitive Bidding

## Appendix U

	<p><b>CEO EXPECTATIONS</b></p> <p><b>Number: ER17-4</b>  <b>Title: Management of Human Resources</b></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  Date Revised: June 5, 2013  Date Reaffirmed: March 25, 2015</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 is 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 3sHealth 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 employment contracts outside of the standard senior management agreement unless authorized by the Authority.
14. Negotiate any changes to pre-existing senior management contracts unless authorized by the Authority.

## Appendix V

	<p><b>GOVERNANCE PROCESS</b></p> <p><b>Number:</b> GP - Gifts <b>Title:</b> 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 Reaffirmed: June 5, 2013 Date Reaffirmed: March 25, 2015 Scope: RHA</p>

### DEFINITIONS

**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 Authority<sup>20</sup>;

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.

<sup>20</sup> SRHA Bylaws, Entertainment, Gifts and Favours (October, 2013)

- 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.
- 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 (Saskatoon Regional Health Authority Governance Charter).
- 2.2.5. Full and immediate disclosure to the Chairperson or 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

	<b>Gift May be accepted</b>	<b>Action Required</b>	<b>Approval Required</b>
<\$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.	

## Appendix W

### Conference / Seminar Evaluation Form

Member:

Conference/Seminar Attended:

Date Attended:

1. Give at least one example of how this conference/seminar changed or influenced your decision making.
2. Did you have an opportunity to influence others' practice through introduction of new evidence/ideas? If so, please describe.
3. How can this information influence our strategic directions...Better Health, Better Care, Better Teams and Better Value? Please explain.
4. In one paragraph, please summarize key learnings from this session.

Please return completed Evaluation form to:

Authority Office  
Executive Offices, Level 2  
Saskatoon City Hospital  
701 Queen Street  
Saskatoon, SK S7K 0M7