



# SCH Foundation Board Manual

Revision Date: February 2025



## Saskatoon City Hospital History - Current services - Numbers

Saskatoon City Hospital, originally built in 1909, was the first municipal hospital in western Canada and just the second in Canada. The hospital was renovated or rebuilt several times over the years, with the latest building opening in 1993. The Rependa Centre, home to the Foundation offices, was built in 2006, entirely with donor funds.

### Departments and Services

Acquired Brain Injury Program  
Adult Speech and Language Center  
Ambulatory Care  
Andrology  
Anticoagulation Management  
Cameco MS Neuroscience Research Centre  
Central Therapy / Physical Therapy  
Clinical Treatment Centre  
Convalescent Unit  
Driver Evaluation Program  
Emergency Department  
Eye Care Centre  
Fit for Active Living  
Geriatric Evaluation and Management Program (GEM)  
Health Records  
Hip & Knee Surgery  
Home Care – Community Treatment

Irene and Leslie Dubé Centre of Care, Breast Health Centre  
Kinetik Rehab Services  
Medical Imaging – MRI, Endoscopy, X-Ray  
Medical Library  
MS Clinic  
Ophthalmology  
Oral Facial Maxillo Surgery  
Orthopedics  
Pre-Assessment Clinic  
Rehabilitation (Inpatient and Outpatient units)  
Same Day Surgery  
Saskatoon Centre for Patient Oriented Research  
Sleep Disorders Centre  
Spine Pathway Clinic  
Transitional Care Unit  
Women's Health Centre

### SCH by the numbers

Staff: 1,700  
Physicians with visiting privileges: 875  
Patient Visits: 195,000/year.  
Percentage of patients who return home same day: 95%  
Outpatient procedures: 95,000/year  
Medical Imaging visits: 55,000/year  
Day surgeries: 8,500/year  
Eye Care procedures: 1,700/year  
Emergency Department visits: 21,500/year  
Inpatient stays: 5,400/year

SCHF raises funds to support ongoing and priority needs for Saskatoon City Hospital, including, capital improvements, new equipment and technology, programs, research, professional development, Fellowship funding and more.

For a list of current campaigns, priorities and events please visit the SCHF website often at [schfgo.com](http://schfgo.com)

# SASKATOON CITY HOSPITAL FOUNDATION

## BOARD OF DIRECTORS 2024-2025

NAME	TERM	ADDRESS	EMAIL	TELEPHONE
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<b>Depesh Parmar</b> V. Chair (Ashala Naidu)	2025 2 <sup>nd</sup> term	914 Willowgrove Cres Saskatoon, SK S7W 0B1	<a href="mailto:depeshkparmar@gmail.com">depeshkparmar@gmail.com</a>	306-341-2666 Cell*
<b>Bryan Witt</b> SHA Rep (Jo-Lynn Witt)	2025 1 <sup>st</sup> term	701 Queen St. – 2 <sup>nd</sup> Fl Admin. (Home: 818 Pezer Cr S7S 1J8)	<a href="mailto:Bryan.Witt@saskhealthauthority.ca">Bryan.Witt@saskhealthauthority.ca</a>	306-230-6766 Cell*
<b>Dr. Kabir Virdi</b> (Shilpa Patel)	2025 2 <sup>nd</sup> term	20 – 602 Cartwright St Saskatoon, SK S7T 0M1	<a href="mailto:kvirdi2002@me.com">kvirdi2002@me.com</a>  <i>Kabir's office manager:</i> <a href="mailto:ian@saskatoonoralsurgery.ca">ian@saskatoonoralsurgery.ca</a>	306-652-9454 Bus. 306-241-4656 Cell*
<b>Tracy Kendel</b> (Mark Amendt)	2026 2 <sup>nd</sup> term	1319 Stensrud Rd Saskatoon, SK S7W 0C6	<a href="mailto:tkendel@fairwaydivorce.com">tkendel@fairwaydivorce.com</a>	306-664-3247 Bus. 306-717-3961 Cell*
<b>George Fofas</b> (Deighan Remoundos)	2026 2 <sup>nd</sup> term	554 Lynd Place Saskatoon, SK S7T 0C6	<a href="mailto:george.fofas@usask.ca">george.fofas@usask.ca</a>	306-229-5555 Cell* 306-966-6785 Bus.
<b>Greg Clark</b> (Marlo Clark)	2027 2 <sup>nd</sup> term	401 21 <sup>st</sup> ST Saskatoon, SK S7K 0C5 (Home: 142 Dulmage Crescent S7T 0K4)	<a href="mailto:wgregclark@me.com">wgregclark@me.com</a>	306-974-0944 Bus. 306-261-0308 Cell*
<b>Kathryn Pally</b> (Elliott Pally)	2027 2 <sup>nd</sup> term	304 Saskatchewan Cres W Saskatoon, SK S7M 0A4	<a href="mailto:kathryn.pally@gmail.com">kathryn.pally@gmail.com</a>	306-341-3604 Cell*
<b>Jacquie Lehmann</b> (Troi Lehmann)	2027 2 <sup>nd</sup> term	Box 81 Hague, SK S0K 1X0	<a href="mailto:jaclehmann3@gmail.com">jaclehmann3@gmail.com</a>	306-713-0254 Cell*
<b>Elizabeth Ulmer</b> (Travis Chipping)	2026 1 <sup>st</sup> term	922 Temperance St Saskatoon, SK S7N 0N4	<a href="mailto:eulmer@mcdougallgauley.com">eulmer@mcdougallgauley.com</a>	306-280-6203 Cell* 306-665-5496 Bus.
<b>Leah Hipperson</b> Treas. (Greg Hipperson)	2026 1 <sup>st</sup> term	535 Sturgeon Cres Saskatoon, SK S7K 4H4	<a href="mailto:Leah_hipperson@cameco.com">Leah_hipperson@cameco.com</a>	306-385-5524 Bus. 306-380-4469 Cell*
<b>Sheryl Fox</b> (Vic Fox)	2027 1 <sup>st</sup> term	3765 Reginald Ave Furdale, SK S7T 1B2	<a href="mailto:sjfox@shaw.ca">sjfox@shaw.ca</a>	306-221-2605 Cell* 306-653-0418 Home
<b>Deidre Lane</b> (Mike Lane)	2027 1 <sup>st</sup> term	3031 Calder Crt Saskatoon, SK S7J 4X3	<a href="mailto:deidre@optimahr.ca">deidre@optimahr.ca</a>	306-241-6904 Cell*
<b>Chris Lambiris</b> (Shaelene Gudmundson)	2027 1 <sup>st</sup> term	105-475 2 <sup>nd</sup> Avenue South Saskatoon SK. S7K 1P4 (Home: 442 Kloppenburg St S7W 0N8)	<a href="mailto:clambiris@atb.com">clambiris@atb.com</a>	306-850-8550 Cell*

<b>Executive:</b>	Holly Ward (Chair)	George Fofas (Development)	Greg Clark (HR)
	Depesh Parmar (Vice Chair)	Tracy Kendel (Special Events)	Jacquie Lehmann (A&F)
	Leah Hipperson (Treasurer, A&F)	Elizabeth Ulmer (Governance)	

\*Preferred Contact





Dear SCHF Board of Directors,

Welcome to Saskatoon City Hospital Foundation and thank you for joining the volunteer Board of Directors.

Our members tend to come from the business world, so you'll understand when I say that our business here at the Foundation is fundraising. Our customers are the donors and our mission – our product – is to supply them with opportunities to enhance health care at Saskatoon City Hospital.

The Foundation has done this since 1983. It helped build the new hospital, helped create the renowned Breast Health Centre and helped develop the innovative Cameco MS Neuroscience Research Centre.

In the last few years Saskatoon City Hospital has undergone a major evolution. Today it is the region's leading centre for ambulatory care. Every day hundreds of day surgeries, procedures and clinical visits are conducted, all with one goal in mind: restoring and improving the quality of life for patients. In the vast majority of cases, recovery happens at home after a short visit to the hospital.

The Foundation has fundraised for equipment, resources, technology and Physician Fellowship that supports this evolution, promotes the quality of life and creates happy patients. This is the heart and soul of what we do and the passion with which we conduct our affairs as a Foundation.

There is an important way you can help us do this – by sharing stories. You can tell others of your reason for becoming involved with the Foundation. You can let people know how the hospital has positively impacted someone's life and the lives of their loved ones. Finally, you can share the tales of people who have expressed their gratitude by becoming donors.

As a board member, you can help the Foundation connect to people, whether it's one-on-one, with a group or through various events. This networking is vital to the success of the Foundation.

The following pages will help you understand more about how Saskatoon City Hospital Foundation operates, its organizational and committee structures, and the work we can do together to support the needs of Saskatoon City Hospital.

Again, thank you for volunteering your time as a member of the board. I hope you find the experience as rewarding and empowering as others before you.

A handwritten signature in black ink, appearing to read "Steve Shannon", with a long horizontal flourish extending to the right.

Steve Shannon, CEO  
Saskatoon City Hospital Foundation

## Quick Navigation Keys

Keyboard Buttons	What it does – this will take/move you to the:
HOME	1 <sup>st</sup> page of the manual.
END	Last page of the manual.
PAGE UP Or CTRL + UP ARROW	Last page in reverse chronological order.
PAGE DOWN Or CTRL + DOWN ARROW	Next page in chronological order.
ALT + LEFT ARROW	Last page you were on; you can continue to press this going back page by page.
ALT + RIGHT ARROW	Next page you can continue to press this going forward page by page.
MOUSE SCROLL WHEEL	Press and hold the Mouse Scroll Wheel down; pull your mouse downwards at the same time to scroll quickly throughout a document.

TITLE:	<b>SASKATOON CITY HOSPITAL FOUNDATION (SCHF) BOARD MANUAL</b>		
OWNER :	SCHF	REVISION DATE:	July 2024

**SCH / SHA Fact Sheet**

**Overview of Current Campaigns**

**Current Board Member Listing**

**Welcome Message from CEO**

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## 1.0 GOVERNANCE

### 1.1 Mission Statement

*Reviewed / Approved by SCHF Board of Directors: September 20GG*  
*Next review period: 202I*

Saskatoon City Hospital Foundation builds relationships and raises funds to support excellence and innovation in the work of Saskatoon City Hospital with its patients and communities that it serves.

<https://schfgo.com/our-mission/the-why/>

### 1.2 Strategic Plan

*Reviewed / Approved by SCHF Board of Directors: Approved January 2024*  
*Next review period: 2026-2027*

The Strategic Plan is a *living document* used to set priorities, focus energy and resources, strengthen operations, ensure that employees and other stakeholders are working toward common goals, establish agreement around intended outcomes/results, and assess and adjust the organization's direction in response to a changing environment.

#### 6.3 Plans – Strategic Plan

### Bylaws

### 1.3

*Reviewed / Approved by SCHF Board of Directors: November 2015*

Relating generally to the conduct of the affairs of the Foundation.

#### 6.5 Bylaws

### Board Committees

### 1.4

The Saskatoon City Hospital Foundation Board is made up of five standing committees including: Audit & Finance, Governance, HR, Special Events & Development. The Executive Committee exists to provide guidance in developing board meeting agendas and motions.

#### 6.1 Forms / Documents – Board Committees



#### **1.4.1 Board Committee Calendar**

Summarizes the number of annual meetings each committee has deemed appropriate based on the Terms of Reference and outlines approximate meeting dates throughout the year. It is at the committees' discretion to adjust meeting dates as necessary.

##### **6.1 Forms / Documents – Board Committee Calendar**

#### **1.4.2 Terms of Reference**

*Reviewed / Approved by SCHF Board of Directors: May 2024*

*Next review period: 2025*

- Governance Committee
- Audit and Finance
- HR Committee
- Special Events
- Development

##### **6.4 Policies / Procedures – Board of Director Committee Terms of Reference**

#### **1.4.3 Policy Review Timeline per board committee**

Each board committee is responsible for timely review of various Foundation policies and plans. A board motion and approval would be required to make amendments to these documents if changes are deemed necessary.

##### **6.1 Forms / Documents – Policy Review Timeline**

#### **1.5 Complaints Policy**

*Reviewed / Approved by SCHF Board of Directors/CEO: May 2024*

*Next review period: 2025*

The Foundation logs all relevant complaints received from external stakeholders and the CEO reports to the Board annually as to the number, type and disposition of complaints received. The Complaints Policy is available on the SCHF website with instructions on where and to whom to send information within the Foundation.

##### **6.4 Policies / Procedures – Complaints Policy**

## **1.6 Board of Director Recruitment and Officer Succession Plan**

The SCHF Board of Directors understands the need to recruit qualified individuals for election to Board and to lead the organization. The SCHF Board, with the assistance and oversight of the Governance Committee, will seek candidates with the right values, skills, attitude and commitment to fill director positions.

### **6.3 Plans – Board of Directors Recruitment and Officer Succession Plan**

## **1.7 Board of Director Orientation, Education and Development Plan**

The SCHF Board of Directors and individual board members are committed to director education and board development. The Board and its members will balance the important need for education with financial prudence as stewards of the organization.

The objective of the Director Education and Board Development Plan is to provide training and development opportunities in order that board members can add value to the organization, provide effective oversight and fulfill their fiduciary responsibilities to the organization.

### **6.3 Plans – Director Orientation, Education and Development Plan**

## **1.8 Board of Director Evaluation & Performance Review Plan**

The SCHF Governance Committee oversees a process of regular evaluation of the board, the board chair and board committees. This ensures that the Board and its individual Directors are carrying out their roles/responsibilities referred to in this plan. An evaluation assists the Board to demonstrate that it is accountable for its decisions and the operation of the organization. Through the evaluation process both strengths and weaknesses are examined and a plan for improvement can be implemented where necessary.

### **6.3 Plan – Board of Director Evaluation & Performance Review Plan**

### **1.8.1 Code of Conduct & Ethics (Board of Directors, Employees & Volunteers)**

*Reviewed / Approved by SCHF Board of Directors: May 2024*

*Next review period: 2025*

This policy is intended to establish a Code of Conduct and Ethics to govern the decisions and actions of the SCHF Board of Directors, volunteers and all employees.

### **6.4 Policies / Procedures - Code of Conduct & Ethics (Board of Directors, Employees & Volunteers)**

## **1.8.2 Conflict of Interest Policy (Board of Directors, Employees & Volunteers)**

*Reviewed / Approved by SCHF Board of Directors: May 2024*

*Next review period: 2025*

All members of SCHF Board of Directors, non-board volunteers and staff are subject to this conflict of interest and nondisclosure policy. The policy defines conflict of interest, outlines procedures for dealing with conflict of interest and duty to disclose any actual or potential conflicts of interest.

### **6.4 Policies / Procedures - Conflict of Interest Policy (Board of Directors, Employees & Volunteers)**

## **1.8.3 Confidentiality of Patient and Donor Information Agreement**

*Reviewed / Approved by SCHF Board of Directors: May 2024*

*Next review period: 2025*

SCHF staff and board members review and sign/date this agreement on their start date. All information concerning patients, donors and their families is to be kept strictly confidential by all employees, volunteers and board members of Saskatoon City Hospital Foundation.

### **6.4 Policies / Procedures – Confidentiality Agreement**

## **1.8.4 Risk Management Plan & Checklist**

*Reviewed / Approved by SCHF Board of Directors/CEO: May 2024*

*Next review period: 2025*

The purpose of the risk management plan is to minimize risk to individuals and stakeholders being served, employees, volunteers and SCHF. The plan is intended to address risks, increase everyone's awareness to help identify risks and develop strategies to minimize risk while achieving the mission of SCHF.

### **6.3 Plans – Risk Management Plan & Checklist**

## **1.9 Compliance with Laws, Rules and Regulations Policy**

*Reviewed / Approved by SCHF Board of Directors: May 2024*

*Next review period: 2025*

The SCHF Board of Directors will ensure that the Board and CEO have an understanding of the laws, rules and regulations that apply to SCHF, as well as all governing policies

approved from time to time by the Board, and that there is full compliance with the policies, rules and regulations.

#### 6.4 Policies / Procedures - Compliance with Laws, Rules and Regulations Policy

### 1.10 Stakeholder Consultation and Communication Plan

*Reviewed / Approved by SCHF Board of Directors: June 2024*

*Next review period: 2025*

Consultation is an important principle in sound planning and decision-making. The SCHF Board believes that where stakeholders are consulted on a regular basis, real benefits have been delivered for all parties. Consultation provides opportunities to develop shared understandings with stakeholders of visions and expectations for SCHF and our mission and commitment to our stakeholders.

#### 6.3 Plans - Stakeholder Consultation and Communication Plan

## **2.0 FINANCIAL ACCOUNTABILITY AND TRANSPARENCY**

Charitable Registration No: 119140739RR0001

Public access to SCHF financial information and documentation is located on the SCHF website <https://schfgo.com/our-mission/annual-reports-financial-statements-t3010/> *About Us* page with links to the Annual Report, Financial Statements and T3010 on the Canada Revenue Agency site.

### **CRA Reporting**

Virtus Group LLP, SCHF's approved auditors, complete the annual financial statements and T3010 charity return. The board passes a motion annually at the June AGM to accept these documents which gives permission to SCHF Accounting Administrator to submit copies to CRA.

The T3010 for SCHF is due within six months of the March 31st year-end or September 30th annually. To ensure timely and accurate submission of the T3010 the board of directors adheres to the following critical path:

- Annual General Meeting is scheduled annually in June with a standing agenda item to complete a full review of the final draft financial statements and data to complete the T3010. A motion to approve the statements for submission to CRA is presented and passed.
- Once the financial statements and T3010 data are approved at the AGM, the board instructs the accounting firm to complete submissions of the T3010 to CRA. SCHF CEO, Account Administrator and Chair of the Audit and Finance Committee (representing the SCHF Board) complete one final review of T3010 to approve submission.
- The next scheduled board meeting falls annually during the second week of September during which the Board receives confirmation in the form of CRA's acknowledgment, that the T3010 was submitted meeting the September 30th deadline.

### **Monitoring performance to annual budget**

SCHF board of directors meets five times during the fiscal year. In advance of each meeting, the entire board receives copies of the SCHF balance sheet comparing current year with previous year for the same time frame, Profit & Loss year to date - Budget vs. Actual, and a detailed variance report discussing any significant discrepancies. At each meeting, the Treasurer of the board (or his/her delegate) highlights any particular areas of interest or concern for board discussion. If any particular budget line is off target, year-to-date, the board has the opportunity to address and implement strategies to mitigate. A motion is then presented to accept the financial statements as presented.



## **Canadian Code of Practice for Consumer Protection in Electronic Commerce**

SCHF practices are consistent with the Code. Online donations require donors to input personal information including name, address, payment information and any particular notes regarding the preference of allocation for their donation (IE: supporting a particular campaign or equipment purchase).

The funds are received by transfer through Blackbaud Merchant Services (BBMS).

The donated funds are automatically deposited into the Foundation bank account and the personal information is received via email at the Foundation office to be recorded into our donor database and properly receipted/recognized.

### **2.1 Investment Policy**

*Reviewed / Approved by SCHF Board of Directors: November 2023*

*Next review period: 2024*

The investment policy provides guidelines governing the investment of the Foundation's funds in such a manner as to protect capital on a long-term basis while maximizing the returns from the goals of managing a conservative fixed income portfolio.

### **6.4 Policies / Procedures – Investment Policy**

### **2.2 Financial Statements**

The most recent three years of financial statements are available for public view on the Foundation website at <https://schfgo.com/our-mission/annual-reports-financial-statements-t3010/>

### **2.3 Annual Gratitude Report**

The most recent three years of the annual summary reports are available for public view on the Foundation website at <https://schfgo.com/our-mission/annual-reports-financial-statements-t3010/>

### **3.0 FUNDRAISING**

#### **3.1 Consolidated Fundraising Policy**

*Reviewed / Approved by SCHF Board of Directors: December 2022*

*Next review period: 2025*

Policies and procedures outlined in this section together with other SCHF policies as a whole, will serve as a guide for best practices in soliciting donations and stewarding donors.

The consolidated fundraising policy addresses:

- Charitable receipting
- Donor Privacy Policy
- Donor Bill of Rights
- Donor Recognition Policy
- Gift Acceptance Policy and Gift-in-kind: Deed of Gift
- Endowment Policy and Endowment Agreement template
- Naming Policy and Named Gift Agreement
- Special Events Policy and Third Party Event Hosting Application and Agreement

#### **6.4 Policies / Procedures – Consolidated Fundraising Policy**

#### **3.2 Privacy Policy**

SCHF respects constituent / donor privacy and we are committed to protecting the confidentiality of personal constituent information. We value the relationship and trust we have with our constituents and we acknowledge that, to keep this trust, we must be transparent and accountable in our treatment of the personal information that constituents choose to share with us.

The policy is available for public view on the Foundation website at:  
<https://schfgo.com/privacy-policy/>

#### **6.4 Policies / Procedure – Privacy Policy**

## **4.0 STAFF MANAGEMENT**

The HR Committee assists the Board in fulfilling its obligations relating to SCHF's human resource issues, including CEO evaluation and compensation, succession planning and significant human resource policies.

The CEO provides executive leadership and direction to achieve the Foundation's vision, mission, business strategy and annual goals and objectives. S/he is accountable for all Foundation operations including fiscal management oversight and responsibility.

The CEO reports to the volunteer Board of Directors and directly oversees the work plan and performance objectives of Foundation staff. The team includes the Director of Development, Communications Director, Director of Finance, EA/ Administrative Coordinator, Events & Community Relations Coordinator, Database Manager/Administrative Assistant and SCH Gift Shoppe Manager.

### **Compensation and Benefits**

SCHF employees are subscribed to Saskatchewan Health Authority (SHA) out-of-scope OOS benefits, insurance and retirement packages. Salaries and benefits are paid from the Foundation office to the region's finance department who administer payroll deductions, auto pay and complete all required income tax, CPP and EI reporting. The Foundation abides by all relevant and applicable labour laws and SHA human resource policies.

### **6.4 Policies / Procedure - SHA Policy #SHA-06-007 - Workplace Expectations**

#### **Salary Range**

SCHF participates in confidential compensation surveys focused on job positions within the charitable sector. SCHF has access to the provincial and national survey results including those produced by the Association of Health Care Philanthropy (AHP) and Association of Fundraising Professionals (AFP). Salaries are also compared with equivalent roles within the University of Saskatchewan, which tends to draw employees for their development teams from the charitable sector. The most recent survey was conducted in 2016/2017.

Using the most recent survey data, SCHF HR Committee approves a salary range for each SCHF employee position. Should an employee reach the top of their salary range, the Committee together with the CEO will review the position to determine if further increase is warranted and/or if the job description needs to be amended/expanded.

#### **4.1 Staff Job Descriptions**

6.1 Forms / Documents – Staff Job Descriptions with photos

#### **4.2 Staff Organizational Chart**

6.1 Forms / Documents – Staff Organizational Chart

#### **4.3 Succession, Recruitment and Management of most senior staff person**

6.3 Plans - CEO Succession Management Process

6.3 Plans - CEO Recruitment and Orientation Plan

## 5.0 VOLUNTEER INVOLVEMENT

### 5.1 Volunteer Policy and Agreements

*Reviewed / Approved by SCHF Board of Directors: May 2024*  
*Next review period: 2025*

The volunteer policy details various board and non-board volunteer opportunities with SCHF and provides guiding principles and required documentation regarding SCHF volunteer involvement.

#### 6.4 Policies / Agreements – Volunteer Policy & Agreements

### 5.2 Third Party Event Hosting Policy and Agreement

SCHF welcomes third party hosted events that designate their proceeds to Saskatoon City Hospital Foundation. This policy provides tips to hosting a successful event, event hosting guidelines as established by SCHF and an Event Hosting Application Form and Agreement. SCH Foundation reserves the right to deny any application for a special event/fundraising program that does not present, in the Foundation's view, a positive image for the Foundation.

#### 6.4 Policies / Procedures – Third Party Event Hosting & Agreement

### 5.3 Events Calendar



#### CALENDAR OF EVENTS SASKATOON CITY HOSPITAL FOUNDATION

Month:	EVENT DESCRIPTION
January	Swinging with the Stars
February	Hospital Home Lottery (Spring edition) (Joint initiative with RUHF, SPHF & SCHF - Third Party event with S.O. Asher hired as Project Manager)
March	Black Tie Bingo (SCHF managed initiative with support from SCHF board and non-board volunteers)
May	Spring Dr. Series and Donor Recognition/Stewardship Presentation
May	Ouzopalooza Greek Dinner (Third party hosted and managed)
May	Golfun (Volunteer committee lead by Vassos Marketing Group as Project Manager)
June	Ouzopalooza
August - October	Hospital Home Lottery (Fall edition) (Joint initiative with RUHF, SPHF & SCHF - Third Party event with S.O. Asher hired as Project Manager)
October - November	Fall Dr. Series
November	Festival of Trees (Third party hosted and managed)
November - January	Enchanted Forest (Jointly managed initiative with Zoo Foundation & SCHF - Vassos Marketing Group hired as Project Manager)



### 5.3.1 SCHF Benchmark Fundraising Events

Event	Longevity as of 2023-2024	Date	Hosting	Proceeds Support	3 Year Average Revenue	Average Attendees	Event Description
Swinging with the Stars	2024 was the 6th year with SCHF (11 years total running time)	Last Saturday in January (2022 - Event postponed to April due to COVID19 )	2017: SCHF staff managed with 3rd party support 2018-2020: SCHF staff managed (with volunteer committee) 2021: Event Cancelled COVID19 2022-2024: SCHF staff managed (with volunteer committee)	2018: BHC 2019: BHC 2020: Operating Rm 2022: Eye Care Centre 2023: Surgery 2024: Eye Care Centre	2020, 2022, 2023 Net Average = \$178,000 2024 Net = \$350,000	650	Modelled after the TV series, Dancing with the Stars, contestants train and compete for votes to gain the title of SWTS champion. Guests enjoy a dinner and dance competition followed by an informal dance. Funds are raised through sponsorship, ticket sales and people pay to vote for their favourite contestant.
Black Tie Bingo	26 years	Third Saturday in March	SCHF Staff & Board with support of Volunteer Committee 2020: Event Cancelled COVID19 2021: Virtual Event due to COVID19 2022: Event Cancelled COVID19 2023-2024: SCHF Staff & Board with support of Volunteer Committee	2019: Physician Fellowship / Residency Program 2020: Equip for Excellence/Fellowships 2023: Equip for Excellence 2024: Equip for Excellence	2018, 2019, 2023 Net Average = \$150,000 2024 Net = \$100,000	400	Extraordinary night of bingo playing, fine dining and socializing with friends. It offers guests a chance to win outstanding auction packages, terrific trips, dazzling jewellery and enticing vacation packages.
Enchanted Forest	25 years	November through January	Partnership with Zoo Foundation	Equip for Excellence Campaign	2021, 2022, 2023 Net Average = \$199,000 2024 Net = \$160,000	80,000	A forest of trees decorated with hundreds of thousands of sparkling lights, moving displays and dazzling images, The Enchanted Forest is a remarkable display in an incredible setting at the Saskatoon Zoo.
Festival of Trees	37 years	Last week in November	Began in 1986 Third party	Equip for Excellence Campaign	2019, 2021, 2022 Net Average = \$45,500 2023 Net = \$100,000	17,000	Fabulous Christmas trees, miniature trees, wreaths, designer stockings, sugar-and-spice Gingerbread Village, all in the magnificent Boomtown 1910 setting at the Western Development Museum. You can attend several special events during the week
Hospital Home Lottery	40 years	Spring	Partnership with RUHF and SPHF - SO Asher Consultants are the Project Managers	2021: Sleep Disorder Centre 2022: Equip for Excellence Campaign 2023: Medical Imaging/Anatomic Pathology Lab	SPRING: 2021: \$1,086,574.92 2022: \$1,035,848.00 2023: \$828,929.00	50,000	Since 1985, the Hospital Home Lottery has raised over \$20 million to ensure the best possible patient care at Saskatoon's three hospitals. There are thousands of prizes including the grand prize of a fully-furnished luxury house as well as a huge 50-50 draw.
Hospital Home Lottery	12 years	Fall	Partnership with RUHF and SPHF - SO Asher Consultants are the Project Managers	2021: Equip for Excellence 2022: Equip for Excellence 2023: Equip for Excellence	FALL: 2020: \$681,623 2021: \$1,180,837.97 2022: \$811,897.33	40,000	The Hospital Home Lottery fall program launched in 2011 to fill a gap in the Saskatoon market.

## **6.0 REFERENCES**

### **6.1 Forms / Office Documents**

- Board Committees
- Board Committee Calendar
- Policy Review Timeline
- SCHF Job Descriptions
- Staff Organizational Chart
- SCHF Board of Director Org Chart
- SCHF Volunteer Welcome Package, Guide and Waiver



## Board Committee/Executive Listing 2024-2025

Committee	Members	# of members Recommended per TOR	Duties For all – Refer to newly developed Terms of Reference for each Committee
<b>Governance</b> (Standing Committee)	Elizabeth Ulmer - CHAIR Holly Ward Kathryn Pally Sheryl Fox Ex officio list – Steve Shannon	3 – 5 members	<ul style="list-style-type: none"> <li>• <b>Oversee policy and processes</b> (IE: Imagine Canada accreditation and checks after accreditation, board training, populating committees, and process of choosing committees.)</li> <li>• <b>Board recruitment and succession.</b> (Nominations officers Chair, Vice Chair, setting the board up.)</li> </ul>
<b>Audit &amp; Finance</b> (Standing Committee)	Leah Hipperson – CO-CHAIR/Treasurer Jacquie Lehmann – CO-CHAIR Bryan Witt Chris Lambiris Ex officio list – Steve Shannon, Ian Frias	3-5 members	<ul style="list-style-type: none"> <li>• Oversee and report on <b>budget/finances</b></li> </ul>
<b>HR</b> (Standing Committee)	Greg Clark - CHAIR Holly Ward George Foufas Deidre Lane Ex officio list – Steve Shannon	Minimum of 3 members	<ul style="list-style-type: none"> <li>• Hire the best CEO for the organization and conduct annual <b>CEO compensation review</b>; ensure processes in place for <b>CEO succession</b>; (may also be called on by the CEO to provide advice regarding staffing issues)</li> </ul>
<b>Special Events</b> (Operational Fundraising Committees)	Tracy Kendel – CHAIR Kathryn Pally Depesh Parmar Kabir Viridi George Foufas Deidre Lane Ex officio list – Nicole Husteij	3 – 5 members	<ul style="list-style-type: none"> <li>• Develop various criteria to objectively review special events</li> </ul>
<b>Development</b> (Operational Fundraising Committees)	George Foufas - CHAIR Kabir Viridi Jacquie Lehmann Kathryn Pally Tracy Kendel Bryan Witt Leah Hipperson Sheryl Fox Chris Lambiris Ex officio list – Steve Shannon, Nicole Semko	3 – 5 members	<ul style="list-style-type: none"> <li>• Assisting the Director of Development and the CEO with cultivating of major gifts and assisting with campaigns.</li> </ul>

**Board Executive Committee:** Holly Ward (Chair), Depesh Parmar (Vice Chair), Leah Hipperson (Treasurer), Jacquie Lehmann, Greg Clark, Tracy Kendel, George Foufas, Elizabeth Ulmer

*Footnote to Committee list: While an ex officio member has been designated to sit on each of the SCHF Board committees, their attendance at meetings is at the discretion of the Committee Chair*

Committee	Date												Meeting Occurrence (Per Board Committee Terms of Reference)
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
Governance		x			x				x			x	minimum 4x/yr
Audit & Finance				x		x					x		minimum 3x/yr
HR			x			x			x				minimum 3x/yr
Special Events		x			x				x				minimum 3x/yr
Development				x							x		minimum 2x/yr
CEO / Chair Quarterly Review			x			x			x			x	minimum 4x/yr

Committees meet at minimum 2-4 times per year as specified in the Terms of Reference for each committee.

While the months in which meetings are held may vary, it is recommended that committees meet in advance of scheduled board meetings should motions be required for board approval.

Meetings are held at the call of the Committee Chair or as requested by any two Committee members, or at the request of the Board of Directors. SCHF staff will assist with preparation of agenda and recording minutes as required.

<b><u>Document</u></b>	<b><u>Review Period</u></b>	<b><u>Review Cycle</u></b>
➤ Review of Expenses	Every 3 months	Every 3 months
➤ Budget	March	Annually
➤ Financial Statements (Audit via email notification)	February	Annually (prior to AGM)
➤ Investment Policy	February	Annually
➤ Registered Charity Information Return (report to Board)		Annually
➤ Actual Revenues & Expenses (SCHF Balance Sheet, Profit & Loss, Variance) *Prior to board meeting, CEO sends to Audit & Finance		Every Board Meeting (5x/yr)
➤ Terms of Reference	Prior to AGM	Annually



Document	Review Period	Review Cycle
➤ Mission Statement (June 2019 – June 2024)		Every 5 years
➤ Strategic Plan (2019-2024)		Every 3 years
➤ Risk Management Plan & Checklist Risk Analysis on four main assets of org. (people, property, income & goodwill)	May	Annually
➤ Insurance Coverage through SHA	May	Annually
➤ Code of Ethics & Conduct	May	Annually
➤ Conflict of Interest Policy	May	Annually
➤ Conflict Management Policy	May	Annually
➤ Confidentiality Agreement	May	Annually
➤ Complaints Policy	May	Annually
➤ Board Expertise and Skill Matrix	May	Annually
➤ Terms of Reference for Board Committees	Prior to AGM	Annually
➤ Compliance with Laws, Rules and Regulations Policy	May	Annually

<b><u>Document</u></b>	<b><u>Review Period</u></b>	<b><u>Review Cycle</u></b>
➤ CEO Annual Performance Review & Objectives	April/May	Annually
➤ Senior Management Succession Plan (discussion)	April/May	Annually
➤ HR Management Policies (SHA Policy)		Regularly, Every 2 years
➤ Terms of Reference for Board Committees	Prior to AGM	Annually

<b><u>Document</u></b>	<b><u>Review Period</u></b>	<b><u>Review Cycle</u></b>
➤ Terms of Reference for Board Committees	Prior to AGM	Annually
➤ Consolidated Fundraising Policy	November	Every 3 years
➤ Donor Privacy Policy	November	Every 3 years
➤ Gift Acceptance Policy	November	Every 3 years
➤ Endowment Policy	November	Every 3 years
➤ Stakeholders Consultation and Communication Plan	May	Annually

<b><u>Document</u></b>	<b><u>Review Period</u></b>	<b><u>Review Cycle</u></b>
➤ Volunteer Policy & Agreement	May	Annually
➤ Terms of Reference for Board Committees	Prior to AGM	Annually

## Saskatoon City Hospital Foundation Staff and Job Descriptions



### **Steve Shannon** **Chief Executive Officer**

The Chief Executive Officer (CEO) has overall accountability, responsibility and authority for the management of the Foundation in accordance with the strategic plan and objectives adopted and approved by the Board of Directors. The CEO also makes sure the organization meets the requirements of the donors, supports hospital staff and those receiving foundation funding, and complies with applicable laws and regulations. Steve also supports and invests in the Foundation staff through training and recognition of efforts and accomplishments.



### **Nicole Semko** **Director of Development**

The Director of Development attracts major gifts to the Foundation and recognizes donors accordingly. The position is responsible for administering and marketing the Planned Giving program and making it an integral part of the Foundation's Development Program. The Director of Development also acts for the CEO of the Foundation in an administrative capacity in the absence of the CEO.



### **Tom Eremondi** **Communications Director**

The Communications Director assists in the development and supports the achievement of objectives and targets related to internal and external communications for the Foundation. This includes participating in the development of communication strategies through coordinating outputs, maintaining the website and coordinating public relations.



### **Ian** **Director of Finance**

The Director of Finance is responsible for providing accurate and efficient record keeping for the Foundation, Gift Shoppe and The Enchanted Forest. Ian ensures financial records are maintained and remitted in compliance with accepted policies and procedures set out in the Canada Revenue Agency Charitable Organization guidelines.

## Saskatoon City Hospital Foundation Staff and Job Descriptions



9I YW hj Y5 gg]gHbh#5 Xa ]b]glf Uhj Y7 ccfX]bUrcf

The EA/AC provides personal, confidential and related administrative services and executive support to the CEO, the Board of Directors and other SCHF staff. Responsible for the vital administrative functions of SCHF, the EA/AC is focused on achieving donor and stakeholder service excellence, managing the day-to-day circulation of the reception desk, completing policy and manual maintenance and organizing numerous internal board and staff events.



**Marlene Saretsky**

**Database Manager / Administrative Assistant**

The Administrative Assistant is responsible for our direct mail, inputting and maintaining Foundation data and ensuring donor information is accurate and accessible. Marlene is responsible for processing donations and clerical support for a variety of tasks in the office. She also contributes to event organization and coordinating special projects.

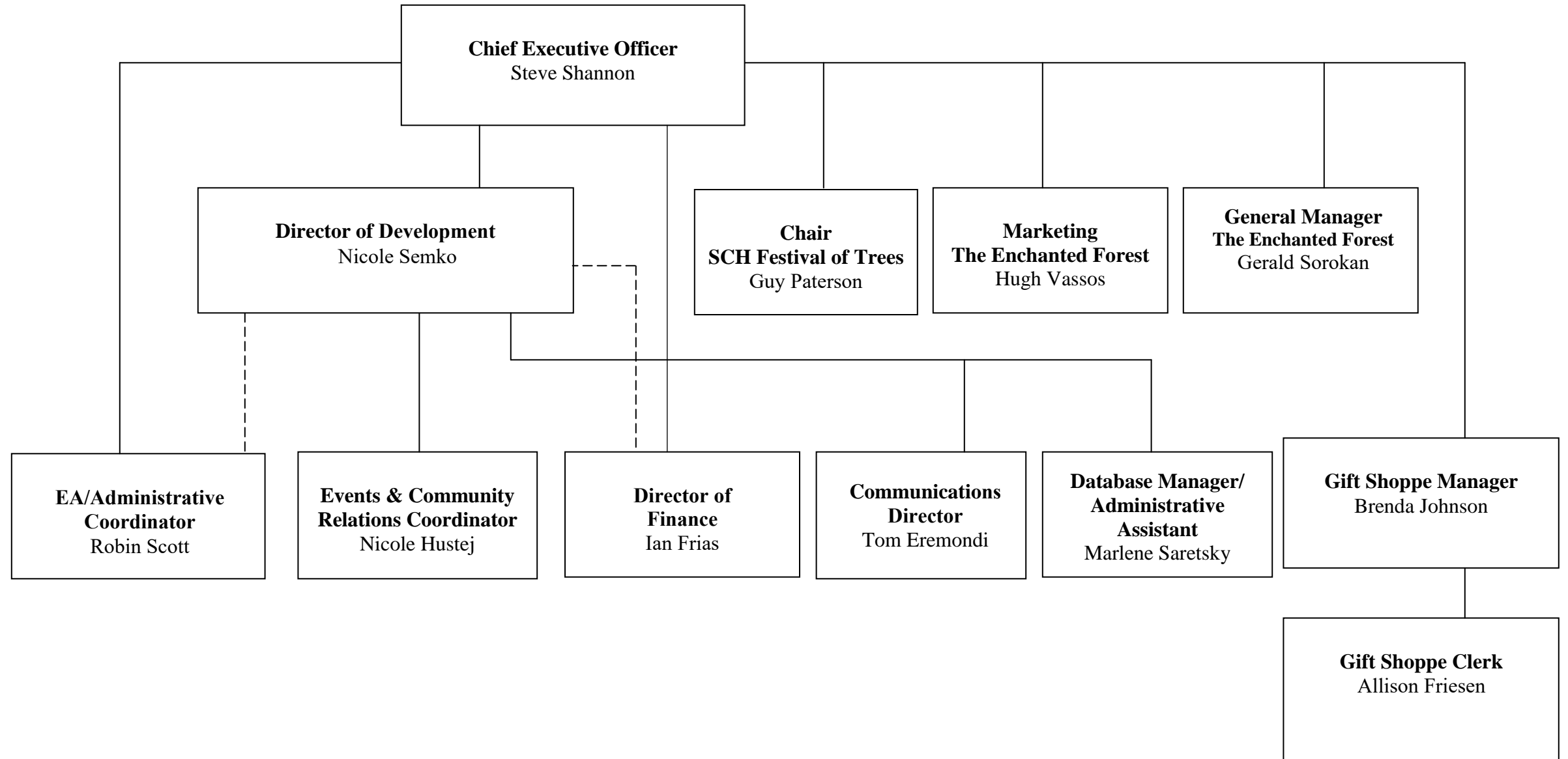


**Nicole Hustej**

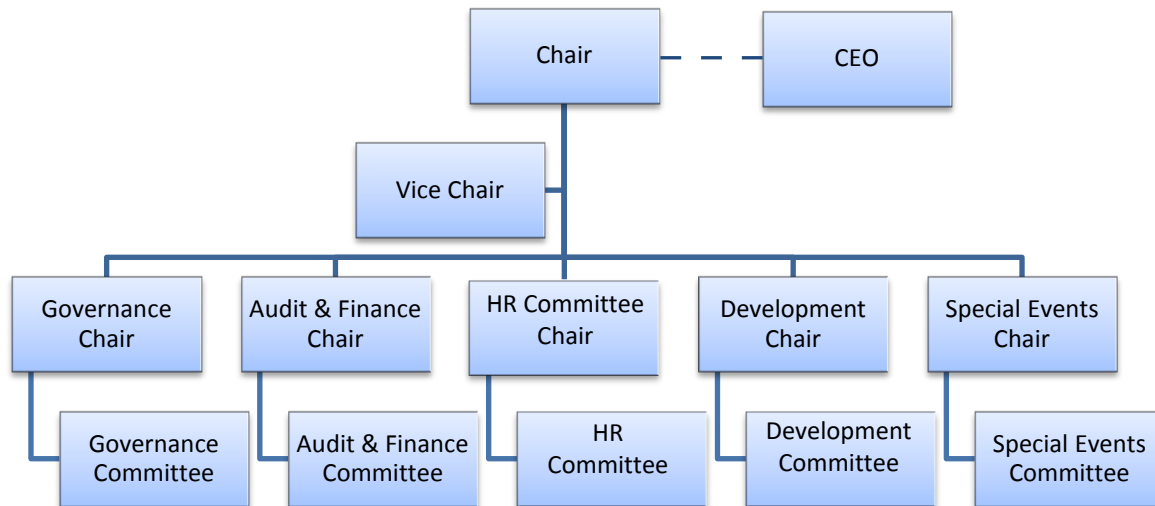
**Events & Community Relations Coordinator**

The Events & Community Relations Coordinator is the lead employee for the recommendation, coordination and execution of SCHF fundraising events which include Swinging with the Stars and Black Tie Bingo. The Coordinator works on a portfolio of events collaboratively, with the Special Event Chair or Project Manager and volunteer committee, to develop unique experiences which acquire donors and deepen donor engagement.

## Organizational Structure



## SCHF Board of Directors Organizational Chart



Committee	Role
Governance	The purposes of the Governance Committee is to assist the Board in ensuring that SCHF has an effective governance system, structure and policies, and that the Board is fulfilling its stewardship and oversight responsibilities.
Audit & Finance	<p>a) The Audit and Finance Committee is responsible for assisting the Board in fulfilling its obligations and oversight responsibilities relating to financial planning, the audit process, financial reporting, the system of corporate controls and risk management, and when required, to make recommendations to the full Board for approval.</p> <p>b) Management is responsible for the preparation and integrity of SCHF's financial statements and for maintaining appropriate accounting and financial reporting principles, policies, internal controls and procedures designed to ensure compliance with accounting standards and applicable laws.</p> <p>c) The External Auditor is responsible for planning and carrying out, in accordance with professional standards, an audit of SCHF's annual financial statements and internal controls over financial reporting, and reviews of SCHF's financial information.</p>
HR	The purpose of the Human Resources Committee is to assist the Board in fulfilling its obligations relating to SCHF's human resources issues, including CEO evaluation and compensation, succession planning and significant human resources policies.
Development	The purpose of the Development Committee is to develop policy related to principled, effective and ethical fundraising activities, to assist in and engage the Board in major gifts and campaigns, and to oversee outcomes of these fundraising initiatives
Special Events	<p>a) The purpose of the SCHF Special Events Committee is to raise funds in support of the SCHF mission and campaigns and increase awareness about SCHF.</p> <p>b) The Special Events Committee will develop policy related to fundraising events and activities, assist in and engage the Board in events and activities, and establish goals and criteria for successful events, and oversee outcomes of these fundraising initiatives.</p>

NOTE: The committees serve in an advisory capacity only.



## **CEO SUCCESSION MANAGEMENT PROCESS**

### **Introduction:**

An organization that is prepared for the departure of their CEO or Executive Director is better positioned for future success. Effective succession planning increases the likelihood that an organization will have the leadership required to ensure long-term stability and sustainability. This document outlines the succession planning process and includes sections detailing:

1. Roles and responsibilities, and
2. Readiness questions.

### **1.0 Roles and Responsibilities:**

#### **Board members**

- a. Secure the Foundation's future by clarifying direction and ensuring strong leadership;
- b. Understand the complexity and responsibilities of the CEO role;
- c. Leverage Board contacts and expertise, especially during periods of leadership and transition;
- d. Play a lead role in working with the CEO to develop and approve succession plans for various scenarios.

#### **CEO**

- a. Implement processes to develop key staff members and promote a culture that encourages professional development;
- b. Evaluate their role in the Foundation, promote and encourage the CEO succession planning process;

#### **Key Staff**

- a. Support successful transition of a new CEO and provide program and organizational information as requested;
- b. Continue to provide services to clients/customers in absence of a CEO and during transition.

## 2.0 Succession Planning Readiness Questions

The Foundation's Board of Directors are responsible for overseeing the transition of a CEO and ensuring that the Foundation is well positioned to successfully continue its operations during a change in leadership. The following questions should act as the first step in measuring readiness for succession planning:

- a. If your CEO is suddenly unable to serve, or retires, have candidates been identified for the job?
  - YES: Is that talent prepared? Do they have the required leadership style, business acumen, contacts and necessary experience to take charge of the Foundation without interrupting services?
  - NO: What is the plan for hiring another CEO who understands how to lead the Foundation and provide uninterrupted services?
  - Does everyone within the organization know who will be the acting CEO until the Board can meet and appoint someone officially?
- b. Is the Foundation able to operationally perform without the CEO?
- c. Do employees trust that the organization can succeed without the current CEO?
- d. Does the Board have the right mix of talent to effectively hire a new CEO for the Foundation?
- e. Will the Foundation lose institutional knowledge and contacts if the CEO were to suddenly leave?

## 3.0 Succession Planning

CEO succession planning is a structured process to ensure leadership continuity and to retain and develop knowledge capital and relationships for the future. It can take on different forms and be completed for various situations. Three scenarios are defined in this document:

- Emergency Succession Planning: A process that is in place in the event the CEO suddenly departs for over three weeks and up to 3 months either permanently or for an extended period of time.
- Departure-Defined Succession Planning: A process that is in place for a future planned retirement or permanent departure of the CEO.
- Strategic Leader Development: A process that promotes ongoing leadership development for talent within the Foundation.

### 3.1 Emergency Succession Planning

Emergency succession planning is a process that is implemented in the event the CEO suddenly departs – either permanently or for an extended period of time from three weeks and up to three months. The emergency succession planning process provides an opportunity to 1) examine the current CEO job responsibilities, and 2) outline and examine the Foundation’s communication plan with funders and stakeholders.

The Board implements the formal emergency succession plan.

Where there is NO formal emergency succession plan, the following steps are recommended:

- a. The Board’s executive committee convenes to address the following and makes a recommendation to the Board:
  - i. Identify a team lead, either internally or externally for the Foundation until the new CEO is hired.
  - ii. Draft a communication plan.
  - iii. If required, agree on the process to hire a new CEO. Decide whether or not to conduct an outside search or promote from within (or a combination of both). The recommendation should be to conduct an outside search, unless an internal successor has been identified and previously approved by the Board. An external search or previous identification of an internal successor demonstrates the Board’s commitment to find a qualified replacement and facilitates a smooth transition for the new CEO. Expectations of potential internal successor and candidates should be managed in order to avoid turnover during the hiring process.
  - iv. Identify interim CEO and recommend temporary compensation.
  - v. Define the interim CEO’s responsibilities, authority and decision making limitations. Also define any additional functions that should be handled by a second manager or Director.
  - vi. Identify Board support and supervision of the interim CEO. Determine who will be the primary contact for support and supervision. Schedule regular meetings to discuss Foundation issues. The Board Chair is often the primary point of contact for the CEO.
  - vii. Identify a CEO search task committee to facilitate the hiring process and present final candidate(s) to the Board for approval. For the Foundation, this may be the Executive Committee along with one or two select staff members.

- b. CEO search task force committee facilitates the recruiting and hiring process by completing the following steps:
  - i. Update the CEO Job description to ensure the right person is identified to lead the Foundation into the future.
  - ii. Outline and implement the process to recruit and select a new CEO. This will include identifying candidate sources, selection criteria, interview steps and team, reference/background checks, compensation range, hiring package, communication of new CEO and transition plan.

### **3.2 Departure-Defined Succession Planning**

Below are the steps to developing a departure-defined succession plan:

- a. Address/acknowledge the personal and professional concerns for the departing CEO.
- b. Update the job description to ensure the CEO responsibilities and hiring requirements promote the Foundation's sustainability.
- c. Form a succession-planning committee with clear roles and responsibilities. The committee will facilitate, manage, and obtain Board and CEO approval for the leadership transition. Activities will include:
  - i. Determine the CEO search strategy.
  - ii. Update job description
  - iii. Create a plan to link the successor's development to key initiatives in the strategic plan, build effective relationships with stakeholders, and ensure an understanding of how the Foundation achieves its operational objectives and remains financially sustainable.
- d. Define internal and external communication plan.
  - i. The plan should address communication with stakeholders, including but not limited to staff, funders, government contacts, foundation program officers, major donors, key volunteers, and the community at large. The communication should be a coordinated process.
  - ii. A well-prepared plan is helpful in a successful transition from a departing long-term CEO to a successor. The plan should include: rationale for change, steps to achieve success and commitment to the successor, and a plan for the Foundation's continued future success.
- e. Promote successful transition of the new CEO. The Board Chair and CEO successor should agree on and implement a transition plan.

### **3.3 Strategic Leader Development Planning**

The strategic leader development succession management process is a proactive approach to ensure ongoing leadership talent is available when needed to drive Foundation sustainability. This may not always be viable, but can create internal capacity should a vacancy occur.

### **4.0 Conclusion**

This document has been created to provide actions for the Foundation Board to consider in developing a CEO succession plan. The key items to incorporate in the planning process are clarity, linkage to strategic direction, skills and competencies needed, recruitment and selection process, and a defined communication and transition plan.

An essential component of the succession planning process is to understand the aspirations and intentions of the current CEO. This knowledge is gained from on-going open communication and dialogue between the CEO and the Board (and specifically the Board Chair).

Last Reviewed by the HR Committee: Sept 2024

This process is to be reviewed annually. Next Review due: April 2025



## **CEO RECRUITMENT AND ORIENTATION PLAN**

### **Best Practice for CEO Recruitment**

1. Create a CEO search committee consisting of tenured board members or other trusted leaders/stakeholders who are truly invested and willing to dedicate their time, talents and resources. This group should have a good understanding of the organizations needs and qualifications desired in a CEO. Having a diverse committee can help to provide a well-rounded view of the situation;
2. Review the existing job description to ensure that it is a holistic position profile that covers current requirements;
3. It is recommended to use an executive search firm to assist with recruitment for a new CEO. The staff at an executive search firm has lots of experience finding, interviewing, and hiring chief executive officers;
4. Board members should communicate within their professional connections and networks that SCHF is searching for a CEO. Someone you trust may be able to personally endorse or recommend a candidate;
5. Plan Ahead. It takes time to compile a thorough list of places to look for a new leader. Plus, it takes time to pinpoint the qualities to look for in a new CEO and designing a method for how to seek out this candidate. Work with your current staff to decide what course of action will be best for your company.

### **CEO Orientation Plan**

1. The Board Chair and the HR Committee Chair will be involved with introducing the new CEO to the outgoing CEO, staff, board executive and other key individuals/stakeholders.
2. They will then work through a checklist to ensure the new CEO receives an introduction to the total job, review of the job description and applying various contexts of the job.
3. They will review the annual calendar making note of key board and committee meetings and other pertinent dates and events.
4. Introduce the CEO to the major components of the organization. Compile documents and other resources.

5. The orientation will assist the new CEO in developing relationships with key stakeholders and communicating the transition process.
6. The board will set out clear goals and objectives for specified time frames, communicating the organizations priorities and action plans, and their expectations.
7. The board will provide explanation regarding the next phase of transition and who in the organization will assist with each component.

Last Reviewed by the HR Committee:

May 2024

This process is to be reviewed annually. Next Review due:

May 2025



## **Volunteer Welcome Package, Guide and Waiver**





## Volunteer Welcome Package, Guide and Waiver

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## **WELCOME**

Volunteers are vital to the success of Saskatoon City Hospital Foundation (SCHF). Your time, energy and skills are a valuable resource that helps to build and strengthen the Foundation. We are honoured that you believe in the work of SCHF. We appreciate everything you do to support fundraising efforts for SCHF and to promote our message about enhancing healthcare in our community.

## **WHO IS THIS POLICY FOR?**

Volunteers support SCHF by giving their time to carry out roles that have been initiated by or agreed with the charity. The volunteering relationship is based on trust and does not involve the obligations associated with employment. No payment, other than the reimbursement of agreed expenses, is made by SCHF to people who give their time as volunteers. This policy is intended for SCHF volunteers who have accepted an agreed role with the charity. It outlines the principles on which the relationship between volunteers and the charity is based and provides basic information about volunteering with us.

## **RECRUITMENT**

SCHF welcomes and respects the breadth of experience, skills, dedication and goodwill that volunteers bring. Informal interviews are carried out to ensure that applicants are suitable for the role in question. We will base our selection on the ability of each applicant to fulfil the role concerned, taking into account any effect a volunteer may have on the safety of all parties, our brand and reputation.

## **AGE**

In most cases you will need to be over 16 years of age to volunteer independently and under 18 will be asked for parental consent. Younger people may get involved in some aspects of volunteering with us if they are accompanied by a responsible adult. We do not have an upper age limit for volunteers but there may be situations that require us to ask someone to stop volunteering – for example when health issues are considered a risk to the person concerned or others around them.

## **GETTING STARTED WELCOME TO THE TEAM!**

We want to make sure you have everything you need to get started so we'll provide you with either an induction or access to useful materials and information. Your SCHF contact will be the staff member who manages the area of work in which you volunteer.

## **EQUAL OPPORTUNITIES AND DIVERSITY**

You will be volunteering in an organisation that is committed to equal opportunities and diversity. This commitment is reflected throughout the charity's policies and practices.

## **RESPONSIBILITIES AND EXPECTATIONS**

We want you to enjoy volunteering with us and we take our responsibilities towards you very seriously. As an SCHF volunteer, you will also be a representative of the charity and, as such, we ask that you act appropriately. See attached:

- SCHF Code of Conduct and Ethics Board of Directors, Employees and Volunteers

## **SASKATOON CITY HOSPITAL FOUNDATION RESPONSIBILITIES:**

- To offer equal opportunities to everyone who wants to volunteer
- To match your skills and experiences with the right role for you wherever possible, listening to your motivations and aspirations
- To offer appropriate training and support for your role
- To celebrate success and recognise loyalty and dedication
- To respect all our volunteers and listen to what you have to say, consistently encouraging two-way communication
- To provide information about the charity's work, policies and procedures
- To reimburse agreed out-of-pocket expenses
- To make necessary arrangements to ensure your health, safety and welfare as a volunteer
- To encourage a positive and friendly atmosphere
- To provide access to trained members of staff, to support, guide and advise you

## **OUR EXPECTATIONS OF YOU AS A VOLUNTEER:**

- To aim for high standards of efficiency, reliability and quality in your volunteering
- To work in partnership with other volunteers, staff and the general public
- To support, respect and adhere to our organisational policies, guidelines and management decisions – including all aspects of equal opportunities, health and safety, data protection and use of our brand
- To always consider and protect Saskatoon City Hospital Foundation's good reputation in your actions and conduct
- To act responsibly and within the law

- To let your staff contact know first if you have any problems so that we can find a solution together
- To let your staff contact know if there are changes in your personal circumstances that may affect your volunteering
- To have the best possible experience by getting involved and enjoying your volunteering

## **YOUR VOLUNTEER EXPERIENCE**

### **HEALTH AND SAFETY**

We are committed to ensuring your well-being and safety while you are volunteering and, in turn, we expect our volunteers to contribute to maintaining a safe working environment.

#### **All volunteers with SCHF must:**

- Take reasonable care for the health and safety of yourself and other persons who may be affected by your actions or omissions
- Co-operate with staff by assisting them to fulfil their statutory duties
- Follow our health and safety policy and measures put in place by SCHF or any organisation whose premises you may be working on
- Report accidents/incidents or dangerous circumstances to a paid member of staff, whether or not any person has been injured
- Be aware of actions to take when an emergency situation arises and who, on site, to contact for support

### **COPYRIGHT, INTELLECTUAL PROPERTY AND PHOTOGRAPHY**

The rights to any original works that you may produce in the course of volunteering will belong to the charity, unless otherwise agreed. Examples include photography, artwork, graphic design and written work. We may use photographs of volunteers carrying out their roles for promotional purposes, such as in a brochure, on our website or through other forms of social media. You may, of course, request that an image is withdrawn.

### **MEDIA RELATIONS**

No comments or stories should be given directly to the media, unless your volunteer role specifically includes talking to the press or other local media. Generally, our media relations are handled by trained specialists and so any requests from the press, etc. should be referred to your SCHF staff contact, the Communications Director or CEO.

## **DATA PROTECTION AND CONFIDENTIALITY**

We take great care to protect your information as part of our data protection responsibilities. As a volunteer, we expect you to protect any personal or confidential information to which you may have access. See attached SCHF Policy: Confidentiality of Patient and Donor Information

## **EXPENSES**

Volunteers may request reimbursement of reasonable out-of-pocket expenses, such as travel costs and, if devoting a full day to the charity, a sandwich lunch or equivalent. Payment of reasonable expenses must be authorised by your staff contact in advance and original receipts will be required.

## **INSURANCE AND WAIVER**

SCHF, through the Saskatoon Health Authority (SHA) has appropriate types of insurance in place to cover its volunteers. These include employers' liability insurance and public liability insurance in the event of a volunteer being harmed due to the negligence of the charity or a third party being injured as a result of the actions of a volunteer while performing SCHF duties. However, our insurance does not cover your personal belongings. See attached: SCHF Volunteer Waiver (to be dated and signed)

## **USING YOUR OWN VEHICLE**

SCHF does not provide motor insurance for you as a volunteer. Driving in connection with charitable volunteering is normally classified by insurers as "social, domestic and pleasure" which is part of your standard cover. If we have agreed to reimburse your expenses for travelling in your own vehicle, we use the SHA standard mileage rate, which includes an allowance for insurance, fuel, maintenance, tax, etc.

## **SMOKING AND SUBSTANCE ABUSE**

All SHA premises and SCHF events are smoke free. No smoking is allowed in or near our sites. Volunteers are asked not to smoke when wearing a badge, branded clothing or anything that would identify you with the charity. Volunteering whilst under the influence of alcohol or drugs will not be accepted.

## **TRAINING AND DEVELOPMENT**

You will have access to training or information to help you successfully carry out your volunteering role. You will be offered an appropriate induction including information about the volunteering environment and any equipment you may be using in your role. If you choose to

take on an additional or alternative role or activity as a volunteer, your staff contact will be happy to help you widen or develop your skills and knowledge accordingly.

### **RESOLVING CONCERNS**

If you have any problems or complaints about your volunteering, please talk to your staff contact immediately. The charity takes the concerns of its volunteers very seriously and will make every reasonable effort to resolve any difficulties.

### **FURTHER INFORMATION**

For more information about Saskatoon City Hospital Foundation or any aspect of volunteering with SCHF, please feel welcome to contact us directly at:

**SASKATOON CITY HOSPITAL FOUNDATION**

**701 QUEEN STREET**

**SASKATOON, SK. S7K 0M7**

**Phone: (306) 655-8489**

**Email: [info@schfgo.com](mailto:info@schfgo.com)**

**Website: [www.schfgo.com](http://www.schfgo.com)**

### **THANK YOU**

Volunteers contribute to the success of Saskatoon City Hospital Foundation's mission through their support of our many fundraising events, the SCH Gift Shoppe and the volunteer board of directors. Your efforts truly make a difference in the lives of others.

**To our volunteers, thank you, we appreciate everything you do.**



## Volunteer Waiver

### THE VOLUNTEER:

Volunteer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: (     )     -     \_\_\_\_\_

Email: \_\_\_\_\_

Next of kin: \_\_\_\_\_

Phone Number: (     )     -     \_\_\_\_\_

### THE ORGANIZATION:

**Saskatoon City Hospital Foundation Inc.**

**701 Queen Street, Saskatoon SK. S7K 0M7**

**Phone: (306) 655-8489**

**Email: [info@schfgo.com](mailto:info@schfgo.com)**

I, the volunteer, hereby waive all claims against Saskatoon City Hospital Foundation and hold harmless its officers, directors or employees, any sponsors, cooperating organizations, or any other parties connected with this event in any way singly or collectively, from and against any blame and liability for any injury misadventures, harm, loss, inconvenience or damage suffered or sustained while volunteering for Saskatoon City Hospital Foundation.

I attest that I am physically fit and prepared for work on any of the various fundraising endeavors I may participate in. I hereby consent to and permit emergency treatment in the event of injury or illness. I also grant full permission for organizers to use my name or photographs of me, in connection with any event for which I have volunteered.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

*Please read, sign and return this waiver form to your volunteer supervisor or SCHF staff contact. Thank you!*

## **6.2      Reports / Statements**



### **6.3 Plans**

- SCHF Strategic Plan – Framework Monitoring
- SCHF Board of Director Recruitment and Officer Succession Plan
- Individual Board Expertise and Skill Sets Form
- Master list – SCHF Board Members Skill Set Spreadsheet
- SCHF Director Orientation, Education and Development Plan
- SCHF Board of Director Evaluation and Performance Review
- SCHF Risk Management Plan and Checklist
- Stakeholder Consultation and Communication Plan
- CEO Succession Management Process
- CEO Recruitment and Orientation Plan

**SASKATOON CITY HOSPITAL FOUNDATION  
STRATEGIC PLAN – VITAL AND SUSTAINABLE  
Fiscal 2024/2025 through 2026/2027**

**SCHF MISSION:** Saskatoon City Hospital Foundation builds relationships and raises funds to support excellence and innovation in the work of Saskatoon City Hospital with its patients and communities that it serves.

**GOAL 1**

**SCHF has a dynamic and forward-looking plan to attract donors and have an affinity for the unique role and impact of SCH.**

<b>Objectives</b>	<b>Measuring Progress</b>	<b>Status</b>
1a) Management monitors donor profiles and motivation		
1b) Ensure effective mix of fundraising strategies that attract, engage and retain donors in unique and meaningful ways.		
1c) Communication plan to inform and inspire donors and community of the unique role and impact of SCH.		

**GOAL 2**

**The board and staff team are skilled, supported and well-positioned to produce strategic outcomes.**

<b>Objectives</b>	<b>Measuring Progress</b>	
2a) There is sufficient staffing with the right skills' sets to produce strategic outcomes		
2b) The staff is supported to work effectively and collaboratively		
2c) Staff development and education program is in place		
2d) The board has a development plan to increase board knowledge and skills, and fundraising support skills and mechanisms		
2e) Succession plan is in place for leaders within the organization		

<b>GOAL 3</b>		
<b>The SHA, the SCH and the SCHF have a mutually supportive partnership to support provincial health services, funding plans and long-term health care strategic planning.</b>		
<b>Objectives</b>	<b>Measuring Progress</b>	
3a) SCHF engages and builds relationships with SHA and SCH leadership in order to build a culture of philanthropy		
<b>GOAL 4</b>		
<b>SCHF gathers critical financial and operational information with which to analyze and plan for strategic outcomes through shifting economic environments.</b>		
<b>Objectives</b>	<b>Measuring Progress</b>	
4a) Assessment of greatest returns and growth scenarios and opportunities in investments, programs, events and fundraising		
4b) Clear understanding of donor demographics and giving profiles		
4c) Identification of efficiency opportunities and potential cost savings		
<b>GOAL 5</b>		
<b>Institutional and operational knowledge and procedure is codified and accessible in order to provide continuity and consistency in policies and procedures.</b>		
<b>Objectives</b>	<b>Measuring Progress</b>	
5a) A process is developed to ensure operations manuals and role descriptions related to SCHF staff and Board of Directors are in writing and updated regularly		
5b) There is a consistent process to transfer knowledge and cross-train employees within the organization		
<b>GOAL 6</b>		
<b>Maximize technology to communicate SCHF story and organizational performance.</b>		
<b>Objectives</b>	<b>Measuring Progress</b>	
6a) Technology is leveraged and maximized to support operations and fundraising		



## **BOARD OF DIRECTOR RECRUITMENT**

### **AND**

## **OFFICER SUCCESSION PLAN**

### **PLAN STATEMENT**

The SCHF Board of Directors understands the need to recruit qualified individuals for election to Board and to lead the organization going forward.

The SCHF Board, with the assistance and oversight of the Governance Committee, will seek candidates with the right values, skills, attitude and commitment to fill director positions.

The Board and Governance Committee will develop, regularly review and revise the Board's succession plans and makes recommendations regarding nominees for election to the Board.

This plan also sets out the process for the recruitment of the board chair, vice-chair, and committee chairs.

### **DIRECTOR SUCCESSION PLANNING**

#### **Director Recruitment Process**

The Governance Committee will oversee the recruitment and selection process, which involves:

- Reviewing of applications;
- Assessing applicants' qualifications, experience and skills according to the skills matrix;
- Identify a shortlist of qualified candidates;
- Reference check and/or interview shortlisted candidates;
- Recommend a slate of successful candidates to the Board of Directors for approval.

#### **Recruitment and Selection Procedures**

The Governance Committee will recommend and oversee the process for actively recruiting potential Board member candidates. This will ensure that all persons standing for appointment are highly qualified and fully committed to SCHF and board service.

Upon identification of a need for a new Board member, the Governance Committee will:

- define any skill and/or competency gaps, or both, resulting from the vacancy, to form the basis for the recruitment of a new individual for approval by the Board. The skill sets

desired for the individual Board members and the Board as a whole are set out in the SCHF Board matrix;

- encourage Board members and associates to identify potential candidates for the position through their various contacts;
- lead the identification of suitable candidates based on the following criteria: appropriate positive screening for conflicts of interest, their match to the competency requirements identified in the Board matrix, and potential compatibility with the Board and SCHF; and
- refer the suitable candidates to the Board for endorsement.

### **Director Terms**

Each new board member agrees to serve for a 3 year term. After that, the governance committee may advise the board to renew a board members term 1, 2 or 3 additional years based on projects they may be working or other criteria. Extensions may be granted if the board member chooses to accept nomination to a Board Officer position.

There is a board attendance policy which is reviewed once a year and is maintained in each member's board manual.

### **Board Matrix**

A Board Matrix was adopted by the board for use in board reviews and recruitment.

This recruitment process will be used to fill existing vacancies on the board as well as identify candidates for election at the annual meeting of the organization.

### **Qualifications:**

Directors must possess the following qualities:

- Ability to devote sufficient time and energy to the performance of duties as a director
- Willingness to assume the responsibilities associated with being a director
- Demonstrated integrity, high ethical standards and respect of privacy and confidentiality
- Ability to recognize and assess business risks and strategic opportunities
- Ability to distinguish between Board and Management roles
- Ability to think, act and speak independently and with conviction and confidence
- Financial literacy (e.g. able to read and understand financial statements and reports, and assess the implications)
- Strong oral and written communication skills
- Ability to conceptualize and think strategically
- Good problem-solving and interpersonal skills
- Ability to meet time commitments

- Ability to participate in group decision-making
- Willingness to participate in board orientation and continuing education
- Objectivity
- Values consistent with those of the organization.

## **Director Expectations**

As a member of the Board, and in contributing to the collective achievement of the role of the Board, the individual director is responsible for the following:

- **Fiduciary Duties**
  - Each director is responsible to act honestly, in good faith and in the best interests of SCHF and in so doing, to support the organization in fulfilling its mission and discharging its accountabilities.
  - A director shall apply the level of skill and judgment that may reasonably be expected of a person with his or her knowledge and experience. Directors with special skill and knowledge are expected to apply that skill and knowledge to matters that come before the Board.
  - A director's fiduciary duty includes a requirement that he or she avoid situations where the interests of the director are in conflict with the interests of Saskatoon City Hospital Foundation.
  - Candidates must be able and willing to assume the legal/financial risks and liabilities associated with the standards of care and fiduciary responsibility imposed on directors.
- **Accountability**
  - The director is not solely accountable to any special group or interest and shall act and make decisions that are in the best interest of the organization, as a whole. A director shall be knowledgeable of the stakeholders to whom the organization is accountable and shall appropriately take into account the interests of such stakeholders when making decisions as a director, but shall not prefer the interests of any one group if to do so would not be in the best interests of the organization.
- **Knowledge:**
  - A director shall be knowledgeable about the following:
  - The activities of SCHF
  - SCHF stakeholders
  - The duties and expectations of a director
  - The Board's governance role
  - Organization policies applicable to Board members.

- **A director is expected to:**

- Participate in a Board orientation session, orientation to committees, Board retreats and Board education sessions
- Attend additional appropriate educational conferences in accordance with Board-approved policies
- Ensure he or she understands his or her fiduciary duties and the standard of care that is required and seek clarity where required
- Have a good general knowledge of the legal framework within which SCHF operates, including: legislation, incorporating documents, by-laws, policies
- Acquire a good working knowledge of issues that have faced the Board.

- **Community Representation and Support**

A director shall represent the Board and the organization in the community when asked to do so by the Board Chair or CEO.

## **OFFICER RECRUITMENT AND SUCCESSION**

This following outlines the responsibilities, qualifications, terms of office and selection procedures for the committee chairs, Chair and Vice-Chair of the Board.

### **COMMITTEE CHAIRS**

#### **Responsibilities of Committee Chair**

- to preside and provide leadership at meetings of the committee in a way which:
  - encourages openness, participation and motivation of members
  - maintains order and respects appropriate rules of procedure
  - ensures that the committee's deliberations/activities are effective and properly focused on policy, planning and accountability issues
  - advances the Board's annual and longer-term objectives

#### **Skills and Experience Required by Committee Chair**

- sat on the relevant committee for at least one year
- ability to chair meetings effectively
- understanding of, and commitment to the institution and its mission

#### **Term of Committee Chair**

The term of office for each committee chair is one year, subject to renewal on an annual basis for the remaining term of the individual's time as a board member.

## **Selection of Committee Chair**

In the event of an upcoming committee chair vacancy, such committee should recommend a replacement committee chair to the Governance Committee. The Chair will – in their discretion – also approach other Board members to determine if they are interested in the committee chair position. The Governance Committee will consider the candidates who have advised of their interest and develop recommendations that will be brought forward to the Board.

## **BOARD CHAIR**

### **Responsibilities of Board Chair**

- to preside and provide leadership at meetings of the Board of Governors in a way which:
- encourages openness, participation and motivation of members
- maintains order and respects appropriate rules of procedure
- ensures that the Board's deliberations/activities are effective and properly focused on policy, planning and accountability issues
- advances the Board's annual and longer-term objectives
- to represent and act as spokesperson for the Board ; to serve as advocate/ambassador/fundraiser for SCHF locally, provincial, nationally and internationally
- to take a leadership role on behalf of the Board in the appointment and review of the CEO; the orientation of new Board members; Board team-building; the evaluation of Board effectiveness
- to advise, support and encourage the CEO in his or her efforts to advance the Foundation's mission, goals and objectives

### **Skills and Experience Required by Board Chair**

- proven leadership skills (significant corporate, public sector and/or non-profit experience) and demonstrated willingness to provide leadership in the SCHF context
- knowledge about Saskatoon City Hospital Foundation initiatives and ability to "speak for" the Foundation where appropriate
- ability to chair meetings effectively
- ability to accept and deliver constructive criticism
- fundraising experience and willingness to provide leadership in this area
- understanding of, and commitment to the institution and its mission
- understanding of governance issues
- appreciation of SCHF culture and consultative processes



### **Term of Office of Board Chair**

The term of office for the Board Chair is 2 years.

### **Chair Selection Procedure**

It is expected that the Vice-Chair will assume the position of Board Chair unless circumstances arise which call for the Board to reconsider the appointment for this office.

### **VICE-CHAIR**

#### **Responsibilities and Qualifications of Vice-Chair**

The Vice-Chair is expected to preside at Board meetings and assume other duties in the Chair's absence, and in this sense, the two positions have parallel responsibilities and skill requirements. Skills, knowledge and experience are the primary requirements; availability, geographical balance and compatibility with the Chair are other factors which may receive consideration. In order to be considered for the role of Vice-Chair of the Board, the Board member should have sat on the Board for at least one term and sat on at least one committee for one year.

#### **Vice-Chair Term of Office, Succession**

Vice-Chair appointments are normally made for two years and reappointments are possible.

#### **Selection of Vice-Chair**

Board members are encouraged to advise in writing of their interest in becoming Vice Chair to the Governance Committee for consideration. The Chair will – in their discretion – also approach other Board members to determine if they are interested in this position. The Vice-Chair appointment is recommended to the Board once every two years by the Governance Committee.

Policy Review:

This plan was last reviewed and approved by the Governance Committee May 2024

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Saskatoon City Hospital Foundation Board Expertise and Skill Sets

Board Director / Candidate		
Date Appointed		
Current Term Expiry		
Personal Attributes		
Works well in a team environment		
Strategic Thinker		
Decision Maker		
Active 'Doer'/Can Commit Sufficient Time to Board Activities		
Business & Administration Experience		
Business or Organization Management		
People Leadership		
Grant Applications (Management or Assessment)		
Governance		
Knowledge and/or Experience in Financial Management		
Strategic Planning		
Entrepreneurial		
Professional Experience		
Marketing		
Communications		
Human Resources		
Media		
Legal		
Medical		
Accounting		
Relationships		
Experience/Interest in Fundraising		
Familiar with Planned Giving Principles		
Connections in the Community to Potential Donors		
Involved with Networking Groups or Associations		
Ranking		Special Interests
No experience	0	Events
Limited Experience	1	Board Committees
Substantial Experience	2	Fund Raising
Very Extensive	3	Other:

**CONFIDENTIAL**
**Desired Saskatoon City Hospital Foundation Board Member's Expertise and Skill Sets**

				Relationships					Business & Administration Experience							Professional Experience							Personal Attributes					
Director	Date Appointed	Current Term Expiry	Board Committee (Serving)	Experience / Interest in Fundraising	Familiar with Planned Giving Principles	Connections in the Community to Potential Donors	Involved with a networking groups or associations		Business or Organization Management	People Leadership	Grant Applications (Management or Assessment)	Governance	Knowledge and/or Experience in Financial Management	Strategic Planning	Entrepreneurial		Marketing	Communications	Human Resources	Media	Legal	Medical	Accounting		Works well in a team environment	Strategic Thinker	Decision Maker	Active "Doer" / Can Commit Sufficient Time to Board Activities
Holly Ward	June, 2017	June, 2025	Governance, HR	1	1	2	1		2	1	1	3	1	2	0		0	0	0	0	3	0	0		3	3	3	3
Depesh Parmar	June, 2019	June, 2025	Special Events	2	1	2	2		3	3	1	2	2	3	3		3	2	1	0	1	0	0		3	3	3	3
Bryan Witt	June, 2022	June, 2025	Audit & Finance, Development	2	2	2	2		3	3	2	2	2	3	3		1	2	2	2	1	2	2		3	3	3	2
Kabir Virdi	June, 2019	June, 2025	Special Events, Development	2	1	2	2		2	2	1	1	2	2	2		2	2	2	3	1	3	1		3	2	2	1
Tracy Kendel	June, 2020	June, 2026	Special Events, Development	3	1	2	3		3	3	0	2	2	2	3		2	3	2	2	2	0	2		3	3	3	3
George Foufas	June, 2020	June, 2026	Special Events, Development, HR	2	1	2	2		3	3	1	2	2	3	3		2	2	2	1	1	0	1		3	3	3	3
Greg Clark	June, 2021	June, 2027	HR	2	1	2	2		3	3	1	1	3	2	3		2	2	3	3	1	1	2		3	3	2	2
Kathryn Pally	June, 2021	June, 2027	Special Events, Governance, Development	2	1	2	1		1	1	2	2	1	1	2		1	1	1	0	0	0	1		2	1	2	1
Jacquie Lehmann	June, 2021	June, 2027	Audit & Finance, Development	2	1	2	1		2	2	2	1	2	3	3		2	1	2	0	0	1	1		3	3	3	3
Elizabeth Ulmer	June, 2023	June, 2026	Governance	1	1	1	1		1	2	0	2	0	1	1		1	2	2	0	3	1	0		3	3	3	2
Leah Hipperson	June, 2023	June, 2026	Audit & Finance, Development	1	1	1	1		2	2	0	2	3	3	0		1	3	1	0	1	0	2		3	3	3	1
Chris Lambiris	June, 2024	June, 2027	Audit & Finance, Development	3	1	2	2		2	1	0	1	3	2	3		3	1	1	3	1	0	1		3	2	2	3
Deidre Lane	June, 2024	June, 2027	Special Events, HR	2	1	1	2		3	3	1	1	2	2	3		2	2	3	2	1	1	2		3	3	3	3
Sheryl Fox	June, 2024	June, 2027	Development, Governance	3	3	1	2		3	3	3	2	2	3	1		3	3	2	2	1	0	1		3	3	3	3

**Additional Information**

Ranking	
No Experience	0
Limited Experience	1
Substantial Experience	2
Very Extensive	3

## **BOARD OF DIRECTOR ORIENTATION, EDUCATION AND DEVELOPMENT PLAN**

### **PLAN STATEMENT**

The SCHF board of directors and individual board members are committed to director education and board development.

The Board and its members will balance the important need for education with financial prudence as stewards of the organization.

The objective of the Director Education and Board Development Plan is to provide training and development opportunities in order that board members can add value to the organization, provide effective oversight and fulfill their fiduciary responsibilities to the organization.

To fulfill the objective, this plan sets out the responsibilities and expectations of the organization, the Board and individual board members regarding: orientation, director education and development.

### **PLAN PROCESS**

#### **A. Board Orientation**

SCHF will design and maintain an in-depth orientation program for new board members. The Board and Governance Committee will ensure that the orientation program is designed to provide baseline knowledge to enable:

- New board members to actively contribute to the work of the Board; and
- Productive and effective boardroom participation and understanding of the SCHF and the industry and environment within which it operates.

Some aspects of orientation will be standardized to ensure consistency among directors, and consideration will be given to tailoring training for each new board member, taking into account his/her unique mix of skills, experience, education, and knowledge.

At a minimum the orientation program should:

- Provide each new board member with an understanding of the SCHF governance structure, the constitution, the bylaws and other governance documents, the role of the Board, its committees, and the expectations with respect to individual board member performance;
- Build an understanding of the organization's nature; its operations and working environment including the organization's programs and services and summary details of the organization's major stakeholders; the organization's structure; the strategy and risk management strategy; key performance indicators and requirements for reporting;
- Build a link with the individuals within the organization, fellow board members, meetings with senior management and site visits to view the organization's operations and meet employees and colleagues;

- Provide a comprehensive set of written materials related to board work. These materials should include contact information for all board members and the staff team; the organization's governing regulations, by-laws; the governance policies; the current strategic plan; the most recent financial reports; board member's and officer's liability insurance and indemnity; minutes of board meetings; details of board committees; a schedule of dates for upcoming board meetings; and website references.

All new board members are expected to receive orientation materials and attend an initial board orientation meeting within the first four months of appointment to the Board or a new board being constituted.

## **B. Director Education and Board Training**

SCHF will provide regular training and learning opportunities as decided by the Board of Directors. The SCHF Governance Committee will coordinate the training program and regular Board retreats.

SCHF will establish a board development program annually. In developing this program, the Governance Committee will:

- Take into consideration discussion at board meetings and informal discussion with board members as a means of identifying issues or topics to update their skills and knowledge of the organization; and
- prioritize topics for focused education sessions at regular board meetings, special meetings or retreats devoted to education, or other suitable events

The board development program shall include:

- Regular presentations by management and staff to the Board and committees
- Trips to hospital departments and related facilities and
- Drawing upon external resources where appropriate, including presentations by outside experts to the Board or the committees
- Reflect on key strategies on matters of particular importance or emerging significance.

The SCHF Board also believes that each board member is responsible for their ongoing director education and that the organization should support directors in their pursuit.

The Board and Governance Committee shall from time to time provide relevant governance articles, magazines, websites or book summaries to enable self-study by board members.

The Governance Committee and CEO shall make board members aware from time to time about relevant courses and other external formal educational opportunities.

The Governance Committee will review the amount budgeted to support director education and board development to ensure it is adequate to support effective education and board development.

The Governance Committee will review this plan, including the orientation program annually.

### **Policy Review:**

This plan was last reviewed and approved by the Governance Committee May 2024

## **BOARD EVALUATION AND PERFORMANCE REVIEW**

### **REVIEW STATEMENT**

To ensure that the Board and its individual Directors are carrying out their roles/responsibilities and effectively undertaking the roles and responsibilities referred to in this plan, the SCHF Governance Committee will oversee a process of regular evaluation of the board, the board chair and board committees. An evaluation will assist in allowing the Board to demonstrate that it is accountable for its decisions and the operation of the organization.

The purpose of the evaluation process is to examine both strengths and weaknesses which should result in a plan for improvement where necessary. This might include suggestions for improved operation of the Board and its Members, communication within the Board and/or opportunities for professional development.

### **REVIEW PROCESS**

The Board evaluation process involves an assessment of the Board through any or a combination of the following:

- a) a periodic evaluation survey conducted with all Board Members;
- b) roundtable board discussions
- c) interviews with board members and on occasion, stakeholders familiar with the work of the board

The Board also recommends exit questionnaires and/or interviews of Board Members whose term is complete.

When completing the Board evaluation survey, discussions, interviews and exit questionnaire, and/or exit interview, Board Members should:

- review the purpose and responsibilities of the Board and its standing committees as outlined in Board documents
- review the minutes of Board and committee meetings of the prior year
- review the Board binder
- review orientation, professional development opportunities, and retreats offered throughout the year
- examine the Board's relationship with the CEO
- evaluate the performance of the Board with regard to issues such as strategic planning and fiscal management
- consider whether director commitment level to the Board is sufficient

- consider whether directors are participating fully and effectively as individuals at Board meetings

### **Procedure for Board Evaluation Survey (all Board Members)**

On an annual basis, the Governance Committee will initiate a Board evaluation survey process, which will be as follows:

1. Prior to the Board evaluation survey, the Governance Committee will review the survey questions and ensure that they are relevant and within the current context and work of the Board;
2. At scheduled time, each Board Member will complete a confidential written Board evaluation survey;
3. The surveys will be delivered in confidence to Board Chair, Governance Committee Chair, external facilitator, or other designated person, for collating and summarizing and a summary will be presented to the Governance Committee;
4. The summary will be discussed by the Governance Committee, and the Board, and areas requiring improvement, action, and time lines will be discussed and an evaluation report drafted;
5. The Chair of the Governance Committee will finalize and present the evaluation report and recommendations to the Board Executive for review and future direction.

### **Procedure for Exit Questionnaire and/or Interview (Members whose term is complete)**

As individual Board Members' terms are complete, the Chair of the Board, Vice-Chair of the Board, and Governance Committee Chair may conduct an exit questionnaire and/or interview.

A summary of the exit interview will be discussed by the Governance Committee and areas requiring improvement, actions required, and time lines will be discussed;

The Chair of the Governance Committee will bring an evaluation report and recommendations to the Board Executive for review and future direction.

### **Policy Review:**

This plan was last reviewed and approved by the Governance Committee in May 2024.



## **RISK MANAGEMENT PLAN**

### **PURPOSE**

The purpose of the risk management plan is to minimize risk to individuals and stakeholders being served, employees, volunteers and Saskatoon City Hospital Foundation (SCHF). The plan is intended to address risks, increase everyone's awareness to help identify risks and develop strategies to minimize risk while achieving the mission of SCHF.

The overall goals of the risk management plan are:

1. Prevention of harmful events
2. Protection of people, and the reputation and assets of SCHF
3. To ensure continuity of SCHF in the event of adverse circumstances

### **DEFINITION OF RISK MANAGEMENT**

Risk management often involves activities that deal with uncertainty and potentially harmful future events. The risk management plan provides the opportunity to make responsible choices about how SCHF conducts business and responds to unexpected events. The basic principles of risk management are to consider people first, be practical and use common sense.

### **RISK MANAGEMENT METHODS AND STRATEGIES TO ADDRESS AREAS OF RISK**

Providing training, equipment and tools, implementing policies and procedures, setting clear expectations and controls, all contribute to minimizing risks. The following are some examples of how SCHF manages risks:

1. **Avoid:** Discontinue the activity or don't offer the service
2. **Modify:** Change the activities to reduce the level of risk to an acceptable level such as implementing policies and procedures and provide training
3. **Accept/Retain:** Accept all or part of the risk and prepare for potential consequences
4. **Share:** Purchase insurance, share responsibility with another organization, contract services.

### **RESPONSIBILITY FOR RISK MANAGEMENT PLAN**

The CEO is delegated the responsibility to develop, manage and report on the plan. The CEO may involve additional individuals in the development and implementation of the plan.

Board Committees of SCHF are responsible for oversight of the Risk Management Plan and Checklist, with approval of the Board of Directors.



The Committees work closely with the Chief Executive Officer (CEO) in this area, who annually prepares a report to the Committees, for the board, reviewing each of the risk exposure areas. The quality of risk management is assessed, determining if the steps being taken to mitigate risk are operating efficiently, and if not, making recommendations for improvements including implementation plan.

The Board Committees are tasked with ensuring the implementation of this plan and reporting to the Board. For issues that arise during the year which are not addressed in this plan or are of a strategic nature, the CEO's report to the board includes reference to the issue including any risk to which the foundation could be exposed and a strategy to mitigate the risk.

To minimize risk, SCHF operates in compliance with the requirements of various donor and, funder guidelines and requirements, regulators and stakeholder groups guidelines. Internally, the CEO is in charge of staff and operations and reports directly to the Board of Directors.

## **COMMUNICATING AND REPORTING RESULTS**

The Board of Directors is aware of the risk management responsibilities and delegates the operational authority and responsibility to the CEO through governance policies. The Risk Management Plan will be communicated throughout SCHF. The performance and results of the Risk Management Plan shall be reported to the Board of Directors annually. The Board of Directors, in consultation with the CEO, makes adjustments and reviews the risk management plan as necessary.

Area of Risk	Risk Category	Board and Staff procedures to manage risk		Rating of Risk Level*	Quality of Risk Management (W –weak; A – adequate)	Operating Effectively (Y – Yes; N -No)
Legislative & Legal						
		Board Responsibility	Staff Responsibility			
Legislative & Legal	Financial Reputational	Bylaws regularly reviewed Bylaw changes approved by board Human Resource Policy (follow SHR policies and procedures) Policy sign-off and review External auditor review	Reporting and receipting practices: Charity Tax Return / T3010 filing CRA remittance PST filing (Gift Shoppe) Staff training and orientation program Minutes of all meetings retained Manage and monitor human resources within policy perimeters	1	A	Y
Privacy Policy	Reputational	Board Chair obtains annual declaration from members confirming adherence to the SCHF privacy policy	CEO obtains declaration from staff confirming adherence to the SCHF privacy policy Staff ensures signed copies of the Confidentiality Agreement are retained for all staff and volunteers	3	A	Y
Donor Bill of Rights	Reputational	Donor Rights Policy Privacy Policy Donor Recognition Policy	Appropriate policy implementation	1	A	Y
Health and Safety	Operational	Volunteer Policy HR Policy and Procedures	Risk assessment and screening for volunteers Adherence to OH&S standards	1	A	Y
Employment Laws	Operational	Human Resource Policy	CEO ensures adherence to SHA and Labour Standards policies and procedures	1	A	Y
CRA Regulations	Operational Reputational	SCHF Compliance with Laws Rules and Regulations Policy	CEO provides quarterly compliance assurance	3	A	Y

Area of Risk	Risk Category	Board and Staff procedures to manage risk		Rating of Risk Level*	Quality of Risk Management (W –weak; A – adequate)	Operating Effectively (Y – Yes; N -No)
Operational						
		Board Responsibility	Staff Responsibility			
Fiscal Performance and Financial Reporting	Financial Reputation Operational	Annual financial audits Review annual management letter SCHF Governance Committee oversight Endowment Spending Policy Ensure adequate insurance coverage	Annual budget and operational plan Preparation of monthly financial statements Preparation of annual report Annual review of insurance coverage Operating procedures documented	3	A	Y
Human Resources	Succession Training Evaluation	CEO Succession Plan CEO Objectives and Performance review B.o.D. Recruitment & Officer Succession B.o.D Orientation, Education & Development Plan B.o.D. Evaluation & Performance Review	Cross-training staff for various duties CEO - Staff objectives and performance reviews Identify suitable training and development opportunities for staff and board Maintain updated job descriptions, including roles and responsibilities	2	A	Y
Management of Volunteers	Reputation Operational Financial	Approval of volunteers Terms of reference Board orientation	Screening process Reviewing terms of reference Sign-off on relevant policies	3	A	Y
Business and operational processes	Financial Operational	SCHF Compliance with Laws Rules and Regulations Policy	Regular in house audits of receipting and donor stewardship procedures Staff – weekly meetings and semi-annual planning meeting	1	A	Y
Granting	Financial Reputational	Granting program development policies Approval of all Campaigns under which granting is completed	Ensure beneficiaries are qualified donees Grant review and assessment process Grant agreements prepared and monitored	1	A	Y
Information Technology	Operational Financial Reputational Strategic	Records Retention Policy	Appropriate policy implementation (per CRA guidelines, CASL, Canadian Code of Practice for Consumer Protection in E-Commerce) Records backed up/ key documents scanned	3	A	Y

Area of Risk	Risk Category	Board and Staff procedures to manage risk		Rating of Risk Level*	Quality of Risk Management (W –weak; A – adequate)	Operating Effectively (Y – Yes; N -No)
Strategic						
		Board Responsibility	Staff Responsibility			
Strategic & Economic Risk	Financial Reputational Strategic	Strategic Plan Development Monitor & evaluate strategic plan Monitor Investment Policy Monitoring community & economic trends CEO Succession Plan Staff succession Plan	Annual business plan preparation and implementation Background research on community and relevant economic trends Knowledge transfer and training programs designed and implemented	2	A	Y
Governance/ Board of Directors	Strategic	Board Committee Terms of Reference Policy review	Ensure any necessary reviews, declarations, etc. are included on Board Meeting agendas	1	A	Y
Financial	Strategic	Fundraising Policy Campaigns Granting	Adherence to fundraising policy, best practices and ethic procedures Develop and promote Campaigns Work with SHA to determine priority projects for granting	1	A	Y
Crisis Management	Reputational Operational	Stakeholder Consultation and Communications Plan CEO & Staff Succession Privacy Policy	Develop key messaging and communicate to all stakeholders Ensure adequate cross-training to cover key staff during an unplanned or extended absence Maintain stringent privacy/confidentiality policy	3	A	Y
Event Management	Reputational Strategic Operational Financial	Code of Conduct & Ethics Volunteer Policy & Agreement	Ensure, understanding and adherence to Third Party Hosting Agreements and Independent MOU’s Foundation follows best practices in sponsor engagement, stewardship and retention	2	A	Y

\*Risk Rating: 1- LOW RISK/LOW SEVERITY 2- MID RISK/MID SEVERITY 3- HIGH RISK/HIGH SEVERITY

## **Board of Directors**

### **SCHF STAKEHOLDER CONSULTATION AND COMMUNICATION PLAN**

#### **PLAN STATEMENT**

##### **Commitment to Stakeholder Consultation and Communication**

Consultation is an important principle in sound planning and decision-making. The SCHF Board believes that where stakeholders are consulted on a regular basis, real benefits have been delivered for all parties. Consultation provides opportunities to develop shared understandings with stakeholders of visions and expectations for SCHF and our mission and commitment to our stakeholders.

##### **Stakeholder Identification**

Our stakeholders include:

- existing donor base
- potential donors
- Saskatchewan Health Authority staff and management
- patients and visitors to Saskatoon City Hospital
- volunteers
- other organizations and partners
- business community
- the broader general public as a whole

We review this list on a regular basis and keep an up-to-date database.

##### **Methods and Strategies for Engagement**

The SCHF Board and Management determine an appropriate method of engagement in regard to stakeholder consultation. We categorize our stakeholders, determine our messaging and approach.

Methods of engagement include:

- multi-media approach to communicate with our stakeholders including hard copy written communications in the form of three-times-yearly newsletter

- donor appeal letters (sent five times per year)
- social media including Facebook, Twitter and YouTube as well as a newly developed interactive website
- webinars, seminars and presentations
- individual contact by a designated member of the Board or Management
- surveys

Our Communication Plan (see below) gives us a planned, structured approach to our communications and ensures that all the key stakeholders are contacted in an appropriate and timely manner.

## **Messaging**

Communications are developed with the strategy and goal to inform, steward and inspire donors and prospective donors about our mission and values, current campaigns and impact in the community.

Fundraising and development is the most important element of our mandate, and we are always mindful of message to donors and potential donors. Consideration is given to the frequency of donor touches to ensure we remain top of mind for donations without being intrusive. Further, each donor receives a thank you letter with their charitable receipt and donors who've gifted \$150 or greater, or, a first time donor, will receive a personal thank you call from SCHF staff. To ensure consistent messaging, communications using SCHF logo must be approved by SCHF Communications Director or SCHF management.

### **Plan Review:**

This plan was last reviewed and approved by the Development Committee on May 28, 2024.

## Communication Plan: A supporting resource, communicating SCHF mission and vision

Communication	When	Stakeholder	Key Message	Channel	Responsibility	Status
<b>Well Aware (WA)</b>	March May September	Existing donor base & BOD; SCH staff, patients, volunteers and visitors;	Soft ask; Current campaign info; impact and accountability for funds spent; inspiring donor stories; upcoming events	Direct mail In SCH Email notice of WA on website	Tom/Nicole	Current & Ongoing
<b>Donor Appeals</b>	January April August November	Existing donor base & BOD Lapsed donors	Hard ask for support of current priority equipment/project	Direct Mail	Tom/Nicole	Current & Ongoing
<b>Acquisition Appeal</b>	November	Potential donors	Hard ask for support of current priority equipment/project	Direct mail (unaddressed)	Tom/Nicole	Based on budget & appeal topic
<b>Email subscribers</b>	Semi-Monthly	Existing donors; Potential donors; Event attendees & sponsors;	Notice of new WA; info on upcoming events or event net results; direct appeals	Internal database via Raiser's Edge OLX program	Tom/Nicole	Current & Ongoing
<b>Legacy Survey</b>	Semi-annual	Existing donors who fit predetermined Planned Giving (PG) criteria	Importance of PG; inspire donors to complete/return the survey & self-identify their PG intentions	Direct Mail	Nicole	April 2024
<b>Social Media (SCHF; BTB; SWTS)</b>	Posts weekly or more frequent	Social media followers; donors; potential donors; general public; SHA/SCH staff & volunteers;	Event info and updates; campaign info; SCHF activities in SCH (Gallery on the Bridges, Pancake breakfast, Gift Shoppe sales, etc.); Thank you; Photos	Facebook; Twitter; Instagram; YouTube; LinkedIn	Tom	Current & Ongoing

<b>SCH internal</b>	Ongoing	SHA/SCH staff & management, patients, volunteers and visitors	Current campaigns; Upcoming events; Event & campaign results & impact	Atrium TVs Posters SCH E-news SHA E-news	Tom	Current & Ongoing
<b>Website</b>	Constant	General/interested public Allied professionals	General info about SCHF; Donation page; information on current campaigns, planned giving; link to WA; Event info; inspiring stories; Annual report; financial statements; etc.	Internet	Tom	Current & Ongoing
<b>Advertising/Media</b>	Concentrated during fall/winter (Sept-Dec)	General public; donors & donor prospects	Current campaigns; How you can help	Print, radio, television	Tom/Nicole	Current & Ongoing



## **6.4 Policies / Procedures**

- SCHF Board Committees Terms of Reference
- SCHF Complaints Policy
- SCHF Code of Conduct and Ethics BOD, Employees and Volunteers
- SCHF Conflict of Interest Policy
- Confidentiality Agreement
- Compliance with Laws, Rules and Regulations Policy
- SCHF Investment Policy
- SCHF Consolidated Fundraising Policy
- Privacy Policy
- Respect and Dignity Policy - SHA
- SCHF Volunteer Policy and Agreements
- Third Party Fundraising



# **Saskatoon City Hospital Foundation**

## **Board of Director Committees**

### **Terms of Reference**

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## **1.0 BOARD OF DIRECTORS**

### **1.1 Introduction and Purpose**

The Board governs through policy formulation, decision-making and oversight in accordance with its bylaws, vision, mission and core values, governance policies, and applicable laws and regulations. The Board delegates the management and operation of the Foundation to the Chief Executive Officer (CEO).

This Board of Director Terms of Reference sets out the major roles and responsibilities of the SCHF Board of Directors. It is accompanied by a suite of policies related to specific additional aspects of SCHF governance.

### **1.2 Composition and Quorum**

The Board consists of not less than five and not more than twenty elected Directors. Directors are entitled to serve a maximum of six years, normally based on two, three year terms.

All Directors shall, at all times, act with a view to the best interests of the Saskatoon City Hospital Foundation.

All Board Members shall have the competencies, skills and personal attributes appropriate to their appointment as Directors and to any relevant Committees. It is recognized that having the right mix of competencies and skills is a reasonable step taken to ensure that the Board and each Committee fulfills their duties and responsibilities.

### **1.3 Accountability and Authority**

The Board is accountable to the Foundation's stakeholders and its community and its own ethical sense of obligation.

The Board reports on the Foundation's performance regularly and as part of the Annual Report, as well as providing information that is subject to disclosure under legislation, including the Freedom of Information and Protection of Privacy Act.

The Board makes available to the Government as required, reports on compliance with applicable laws and regulations, policies and directions, and implementation of approved capital projects.

The Board makes available to Saskatchewan Health Authority as required, evidence that the Foundation is operating consistent with regulation, policies and the Memorandum of Understanding between Saskatchewan Health Authority and Saskatoon City Hospital Foundation.

#### 1.4 Duties and Responsibilities

The Board of Directors fulfills the following roles:

**Policy Formulation:** Establish policies to provide guidance to those empowered with the responsibility to manage Foundation operations in compliance with all applicable laws and regulations.

**Decision-Making:** Choose from alternatives that are consistent with Board policies and that advance the goals of the Foundation.

**Oversight:** Monitor and assess organizational processes and outcomes.

The Board will have the following duties and responsibilities:

##### 1. Leadership and Strategy

- a. Be responsible for the overall stewardship of SCHF and provide its strategic direction and framework.
- b. Adopt a strategic planning process and, approve a Strategic Plan for SCHF that achieves the mission of SCHF in a reliable, quality and ethical manner, and takes into account, among other things, the opportunities, stakeholders and risks of SCHF's business and affairs.
- c. Oversee the development of SCHF's strategic direction and strategic framework (vision, mission, objectives) and take all reasonable steps to ensure that the financial and operational plans of SCHF are consistent with the foregoing strategic framework.
- d. Acquire or maintain a reasonable level of understanding of the current philanthropic, regulatory, legislative, business, risk and political environments within which SCHF and its stakeholders operate.
- e. Ensure that performance measures and targets for SCHF and Management are established and monitored, are realistic and challenging, in order to measure the implementation and outcomes of the Strategic Plan.
- f. Approve and maintain a current strategic plan, with a view to continuous monitoring and modification as indicated.

- g. Monitor the performance of SCHF and its Management on a quarterly basis in light of the approved Strategic Plan.
- h. Report annually to the stakeholders of SCHF on SCHF's activities and the achievements of the Strategic Plan.

## **2. CEO and Executive Management**

- a. Select, retain, support and compensate the CEO. Be prepared for any extraordinary circumstances in which the Board needs to dismiss the CEO.
- b. Review goals, key performance indicators and expectations for the CEO and ensure there is alignment with the achievement of the Strategic Plan.
- c. Annually evaluate the performance of the CEO, compared with the foregoing goals, key performance indicators and expectations of the CEO, and the achievement of the Strategic Plan.
- d. Evaluate and approve the contract, performance and compensation of the CEO.
- e. Ensure a contingency plan and a long term succession plan for the CEO.
- f. Receive reports regularly from the CEO on the current matters relevant to SCHF and immediately in the case of any major emergent or urgent matters.
- g. Consider and, in the Board's discretion, approve any matters proposed by Executive Management.

## **3. Ethics and Integrity**

- a. Discharge the Board's duties and responsibilities and act in the best interest of SCHF with honesty and integrity.
- b. Take all reasonable steps to satisfy itself of the integrity of the CEO and Staff, and ensure the Board and the CEO create a culture of integrity throughout SCHF.
- c. Foster ethical and responsible decision-making by the Board, management and other employees.

- d. Annually comply with the Board of Directors' Code of Conduct. An annually signed document is required.
- e. Monitor compliance with the SCHF Code of Conduct. A compliance email will be sent out to all Directors.
- f. Disclose to the Chair and Governance Committee all relevant information related to any perceived conflict of interest due to a material contract, arrangement, transaction, situation, decision, or an issue in which a Director or Management has, or can be reasonably seen to have, a material interest, or who cannot be considered impartial.

#### **4. Financial Oversight and Stewardship**

- a. Take all reasonable steps to ensure that effective internal controls over financial reporting and internal operations are in place and effective, and ensure the appointment of an Auditor to provide requisite reporting and assurance to the Board, Audit Committee, and other Committees, as the case may be.
- b. Review and, at the recommendation of the Audit Committee, approve the annual audited financial statements.
- c. Approve an annual budget and plan for SCHF considering operational requirements, organizational structure, and the requirements of the CEO to support the Strategic Plan.
- d. Review and, at the recommendation of the Audit Committee, approve financial reports.

#### **5. Risk Management**

- a. Review and, in the Board's consideration, approve the adequacy of SCHF's Risk Management Policy, including the identification and mitigation of SCHF's financial and non-financial principal risks.
- b. Take all reasonable steps to ensure that policies and procedures are in place to identify SCHF's principal financial and non-financial risks and opportunities; to address what risks are acceptable to SCHF; and to ensure that appropriate systems and internal controls are in place to manage and report on the foregoing risks.



**6. Director Nomination, Orientation and Education**

- a. At the recommendation of the Governance Committee, participate regularly in a competency and skills analysis of Directors to identify any critical gaps in the competencies, skills and other attributes necessary to complement SCHF's strategic direction and the balance of the overall composition of the Board.
- b. In collaboration with the Governance Committee, participate in recruiting and nominating potential Board members.
- c. At the recommendation of the Governance Committee, participate in the development and fulfillment of the director orientation and education programs.

**7. Board Selection of Vice Chair and Committee Chairs**

- a. In order to become the Chair of a Board Committee, the Board member must have sat on the relevant committee for at least one year.
- b. In order to be considered for the role of Vice Chair of the Board, the Board member should have sat on the Board for at least one term and sat on at least one committee for one year.
- c. Board members are encouraged to advise in writing of their interest in chairing a committee or becoming Vice Chair to the Governance Committee for consideration.
- d. The Governance Committee will – at their discretion – also approach other Board members to determine if they are interested in these positions.
- e. The Governance Committee will consider the candidates who have advised of their interest and develop recommendations that will be vetted with the Executive Committee of the Board.
- f. Thereafter the proposed Vice Chair and any new Chairs will be put forward for the acceptance by the Board at the next Annual General Meeting of the Foundation.

**8. Board Governance and Performance**

- a. Ensure that the policies and procedures of the Board are current, reflect good practices in contemporary governance and are fully supported by the Board of Directors.
- b. Participate in regular evaluation of Board, Committee and individual Director performance and effectiveness.
- c. Receive, consider and implement as appropriate the recommendations from the Governance Committee on the results of the foregoing evaluations.
- d. Review and reassess the adequacy of this Mandate regularly and recommend any proposed changes from the Governance Committee to the Board for consideration and approval.

**9. Board and Committee Meetings/Attendance**

- a. Meet as a Board at least five times annually and as many additional times as needed to fulfill the Board's and relevant Committee's duties and responsibilities effectively.
- b. Meet regularly in separate, non-management In camera sessions for Board and Committee meetings.
- c. Meet in separate, non-management closed sessions with any internal personnel or outside advisor, as needed or appropriate, at Board or Committee meetings.
- d. The agenda will be structured in alignment with the Board's roles and responsibilities, annual work plan and goals and objectives. The agenda is set for each meeting in consultation with the Board Chair and CEO.
- e. Standards for Board meeting packages will be in place and include timelines for distribution, formats for reporting and the level of detail to be provided.
- f. Decisions of the Board will be recorded in the minutes.
- g. Retain, oversee, compensate and terminate independent advisors who assist the Board in its activities and that are needed or appropriate for the Board to carry out its duties.

- h. Attend in person all scheduled meetings to the fullest extent possible; be fully prepared to participate; listen to the opinions of others; encourage robust discussion and constructive dissent; and share the workload.

## **10. Committees**

- a. Establish and maintain an Audit and Finance Committee, a Governance Committee and Human Resources and Compensation Committee as standing Board Committees. Ensure separate, current Terms of Reference for each Committee.
- b. Establish or disband any additional Board Committees at any time, and delegate to such Board Committee(s) any appropriate powers of the Board as is deemed necessary for the effective governance oversight and discharge of responsibilities, the consideration of any other such matters as the Board may refer to a Board Committee.
- c. In the Board's discretion, appoint the Chair of each Board Committee.
- d. Review the report of the Governance Committee on the assessment of Board Committee composition, and appoint Board Committees that promote a knowledgeable and informed Board, which demonstrates an understanding of relevant matters.
- e. Consider and, in the Board's discretion, approve any matters recommended by the Board Committees.

## **11. Stakeholder Communication and Accountability**

- a. The board will identify key stakeholders and community partners, and understands stakeholder accountability.
- b. The board ensures the organization appropriately communicates with stakeholders in a manner consistent with accountability to stakeholders.
- c. The board contributes to the maintenance of strong stakeholder relationships.
- d. The board performs advocacy on behalf of the Foundation with stakeholders where required in support of the mission, vision, and values and strategic directions of the Foundation.

**12. Delegation and Approval Authorities**

- a. Provide direction to the CEO on various policy, risk and administrative matters. It is the CEO's responsibility to implement the Board's decisions. It is the Board's responsibility to monitor and evaluate this implementation.
- b. Approve and delegate authority levels to ensure effective oversight as approved by the Board and review them regularly.
- c. Consider and, in the Board's discretion, approve financial commitments in excess of delegated approval authorities.

**13. Director Commitment**

Directors work as a team, think critically and strategically, are committed to ethical standards, and possess integrity, wisdom and judgment.

SCHF acknowledges the contribution of its valued Board members and has a high standard of expectation of the Board members who give generously of their time. The following is a list of Director Expectations:

- **Remain Informed**  
Understand the need for philanthropic support and the responsibility of stewardship for gifts received. Directors can facilitate Foundation objectives through a positive attitude and by being informed members of the Board. Directors are expected to be prepared for and to participate fully in Board and Committee meetings.
- **Advocacy**  
In many business and social situations, Directors have the opportunity to communicate the importance of the Foundation's philanthropic goals. Through their advocacy role, Directors can provide leadership in obtaining public understanding for the role and mission of the Foundation, and by building a connection between the Foundation and the Community.
- **Governance**  
Board members have a fiduciary responsibility to act fairly, honestly and in good faith in the best interest of the Foundation. Inherent in the role of Board members is the responsibility to participate actively on the board and on committees, and to lend assistance to other committees and the Foundation office and staff as requested.
- **Recruitment**

Directors are asked to assist in the identification and recruitment of prospective Board members. Potential recruits are individuals whose personal mission, vision and values align with the Foundation's.

- **Charitable Giving**

The Foundation relies on fundraising efforts to support the budget and ultimate goals. It is unrealistic to expect others to donate in support of the Foundation's goals if Board members don't support them; therefore, Directors are asked to make personal financial contributions of which they can feel proud. The amount of Directors' gifts is less important than the fact that they give.

- **Gift Solicitation**

Directors are asked to support and to participate as volunteer solicitors for the various fund development initiatives underway throughout the year. Gift solicitation should be a positive experience and to ensure endeavors are successful and positive, Foundation Staff support the efforts of Directors. Education and appropriate strategy planning is provided to all Board members. Directors are also expected to assist Foundation staff in identifying potential resources and donors (individuals, corporations and granting sources).

- **Dedication**

Directors must have an understanding of and be committed to the mission, vision and values of the Saskatoon City Hospital Foundation, the office and employees of the Foundation and all those who support the Foundation.

#### **14. Evaluation**

The Board of Directors is committed to regular evaluation. The Board evaluation examines the performance, processes and structure of the Board as a whole, as well as its chair and committees. The purpose of evaluations is to ensure continuous improvement, obtain input for succession planning, identify education needs, and provide opportunity for feedback on the effectiveness of the board, the governance system and practices. The Board has a separate policy on evaluation.

## **2.0 GOVERNANCE COMMITTEE**

### **2.1 Introduction and Purpose**

The purposes of the Governance Committee is to assist the Board in ensuring that SCHF has an effective governance system, structure and policies, and that the Board is fulfilling its stewardship and oversight responsibilities.

### **2.2 Composition and Quorum**

- a) The Governance Committee is composed of between three and five Directors.
- b) The Board appoints the Committee Chair and members.
- c) Non-Board members may be invited participants as the need for their expertise arises.
- d) The Chief Executive Officer shall serve as a resource to the Committee and may attend, upon invitation of the Chair of the Committee, all Committee meetings, except in camera sessions.
- e) A majority of members of the Committee shall constitute a quorum.

### **2.3 Accountability and Authority**

The Committee is accountable to the Board of Directors, and the Committee has no authority to direct management.

The Governance Committee will be provided with the resources necessary to carry out its responsibilities, including access to management information and the authorization to engage independent counsel and other advisors.

### **2.4 Duties and Responsibilities**

Subject to the powers and duties of the Board, and in keeping with the Mission, Vision and Values of the Hospital and Foundation, the Governance Committee will perform the following duties:

- a) Governance System: The Committee will:
  - 1. Ensure appropriate structures and procedures are in place to allow the Board to function effectively, including current bylaws and board policies;
  - 2. Annually review the governance framework for SCHF and advise the Board regarding: areas of concern, governance developments and best practices and recommended changes;
  - 3. Annually review compliance by SCHF with all applicable regulatory requirements relating to governance;

**b) Board Composition and Recruitment**

1. Annually review the composition of the Board as a whole and recommend, if necessary, changes to the Board Matrix;
2. Together with the Board Chair, annually and as vacancies arise, review the skills and experience on the Board and recommend to the Board the desired skills and experience for potential new Directors to be recommended to the Board; giving consideration to:
  - a. what industry sectors are represented to ensure broad diversity on the board
  - b. areas of expertise and professional skills
  - c. fund-raising potential (past experience or Centres of Influence)
  - d. skill-set match for campaigns
  - e. availability and time to commit to our board;
3. Recommend candidate applications to the Board for board nomination and election.

**c) Director Orientation, Development and Training**

1. Ensure programs are in place for new Director orientation and ongoing Director professional development;
2. Ensure timely orientation sessions which will include a review of the:
  - a. History, mission, vision and values of the Hospital and Foundation
  - b. Bylaws and governance policy
  - c. An overview of funding sources
  - d. An overview of key policy areas and copies of policy
  - e. Role, structure and functions of the Board
  - f. Overview of duties of Directors
  - g. Board Director Oath of Office & Confidentiality Agreement, Code of Conduct and Conflict of Interest policies
  - h. Procedural guidelines for Board meetings
  - i. Procedures for Board Director expenses
  - j. A tour of facilities and introduction to key staff
  - k. Any other information related to the governance of the organization

**d) Board Conduct and Evaluation**

1. Assist and support the annual review processes for evaluating the effectiveness

of the Board, Board Chair, and Committees;

2. Annually review and ensure the adequacy of SCHF's Code of Conduct & Ethics and Conflict of Interest policies and procedures for Directors and all employees;
3. Annually obtain Conflict of Interest Declarations from Directors and all employees;
4. Address Code of Conduct issues as delegated to the Committee by the Board;
5. Review any complaints that a Director has violated any provision of SCHF's Bylaws, Governance Policies and Principles and Code of Conduct and Conflict of Interest.

e) Board Development and Retreats

The Committee will oversee the planning for regular board retreats and strategic planning sessions. The Board is committed to regular sessions outside of board meetings with the intent to:

1. Develop and keep current the SCHF strategic plan and priorities;
2. Elevate board engagement level and strive for equitable participation by all Saskatoon City Hospital Foundation board members
3. Educate members about SCHF mission, goals, strategies to ensure trust and transparency
4. Present workshops and learning opportunities that will enable board members to:
  - a. Effectively tell the Foundation story
  - b. Present a diverse list of activities that board members can undertake to contribute to the success of Saskatoon City Hospital Foundation
  - c. Facilitate social time which builds trust and respect - helping board members understand each other's strengths & skills builds relationships & even friendships.

f) Other Responsibilities - The Committee will:

1. Review Directors' and officers' liability coverage; and



2. Assume other related responsibilities as assigned to the Committee by the Board.
- g) Meetings
- The Committee meets at least four times per year. Meetings are held at the call of the Committee Chair or as requested by any two Committee members, or at the request of the Board of Directors.
- h) Reporting
- The Committee will report to the Board by distributing the minutes of its meetings to the Board. When a Board meeting closely follows a Committee meeting, the Committee Chair will provide a verbal report to the Board and the minutes will be circulated at the next Board meeting.
- The Chair of the Committee shall maintain direct lines of communication with Chair of the Board.
- i) Staff Support
- Staff support will be provided to take minutes and assist with Committee activities, under the authority and direction of the Board of Directors.
- j) Responsibility for Policy Review
- The Committee has responsibility to review at least annually the policies assigned to it as part of the SCHF Board Policy including the Conflict Management Policy, the Confidentiality Policy, the Complaints Policy, and the Compliance with Laws, Rules and Regulations Policy.

### **3.0 EXECUTIVE COMMITTEE**

#### **3.1 Introduction and Purpose**

The purpose of the SCHF Executive Committee is to lend support and guidance to the Foundation CEO in developing board meeting agendas and motions.

#### **3.2 Composition and Quorum**

1. The Executive Committee is composed of the board Chair, Vice-Chair, and the Chairs of each of the Board Committees which include, Governance, Audit and Finance, HR and Compensation, Special Events and Development; together with the Foundation CEO
2. A majority of members of the Committee shall constitute a quorum

#### **3.3 Accountability and Authority**

The Committee, is accountable to the Board of Directors, and has no authority to make decisions on behalf of the board.

#### **3.4 Duties and Responsibilities**

1. Ensure only pertinent and relevant topics requiring board discussion and input are included on the board meeting agenda
2. Ensure all required motions are included in the agenda with ample time allotted for discussion

#### **3.5 Meetings**

The committee meets minimum five times per year approximately one week in advance of each scheduled board meeting.

#### **3.6 Reporting**

Meeting minutes will be recorded and included in the board package.

#### **3.7 Staff Support**

Staff support may be provided to take minutes and assist with Committee activities, under the authority and direction of the CEO.

#### **3.8 Responsibility for Policy Review N/A**

## **4.0 AUDIT AND FINANCE COMMITTEE**

### **4.1 Introduction and Purpose**

- a) The Audit and Finance Committee is responsible for assisting the Board in fulfilling its obligations and oversight responsibilities relating to financial planning, the audit process, financial reporting, the system of corporate controls and risk management, and when required, to make recommendations to the full Board for approval.
- b) Management is responsible for the preparation and integrity of SCHF's financial statements and for maintaining appropriate accounting and financial reporting principles, policies, internal controls and procedures designed to ensure compliance with accounting standards and applicable laws.
- c) The External Auditor is responsible for planning and carrying out, in accordance with professional standards, an audit of SCHF's annual financial statements and internal controls over financial reporting, and reviews of SCHF's financial information.

### **4.2 Composition and Quorum**

- a) The Audit and Finance Committee is composed of minimum one Director and up to five members.
- b) The Board appoints the Committee Chair and members, or the Treasurer is appointed as Chair of the Committee.
- c) Committee members shall be independent and financially literate. At least one member of the Committee should have a financial designation or relevant financial management expertise.
- d) Non-Board members may be invited participants as the need for their expertise arises.
- e) The Chief Executive Officer shall serve as a resource to the Committee and may attend, upon invitation of the Chair of the Committee, all Committee meetings, except in camera sessions.
- f) A majority of members of the Committee shall constitute a quorum.

### **4.3 Accountability and Authority**

- a) The Committee is accountable to the Board of Directors, and the Committee has no authority to direct management.
- b) The Audit and Finance Committee will be provided with the resources necessary to carry out its responsibilities, including access to management information and the authorization to engage independent counsel and other advisors.

### **4.4 Duties and Responsibilities**

Subject to the powers and duties of the Board, the Audit and Finance Committee will perform the following duties:

## a) Financial Planning

The Committee will review and make recommendations to the Board in respect of:

1. Financial plans and budgets forwarded to the Board for approval.
2. The consistency of the plans and budgets with policies, objectives and initiatives approved by the Board.
3. Any significant assumptions, targets or performance goals used by management in the preparation of the financial plans and/or budgets.
4. Ensure the Board receives on timely basis meaningful financial information regarding SCHF's current financial status and up-to-date forecasts required for decision-making.

## b) Financial Reporting

The Committee will perform the following duties:

1. Review the integrity of SCHF's financial statements with respect to their fair presentation in all material respects and compliance with generally accepted accounting principles.  
Discuss with management and with the External Auditor: significant financial reporting; the appropriateness of accounting policies and any proposed changes to those policies; all large risks or uncertainties; compliance with accounting standards and guidelines; and all estimates or judgments by management that may be material to financial reporting.
2. Examine the audited annual financial statements in conjunction with the report of the External Auditor.
3. Review and recommend to the Board approval of the annual audited financial statements and any significant financial reports made publicly available or required by funders, legislation or the government.

## c) External Audit

The Committee will:

1. Confirm the independence and review the terms of the External Auditor's engagement, and the appropriateness and reasonableness of the proposed audit fees and recommend the appointment of the External Auditor and the audit plan.
2. Determine whether the performance of the External Auditor is satisfactory, effective and meets the requirements of SCHF.

3. Review the post-audit opinion letter containing the recommendations of the External Auditor and review management's response and subsequent follow-up to any significant identified weaknesses.
4. Review and approve the provision of non-audit services provided by the External Auditor.
5. Meet in camera with the External Auditor at least annually or as requested and shall permit the External Auditor to attend Committee meetings on request.

d) Risk Management and Internal Controls

The Committee will:

1. Provide leadership to the Board's overall approach to risk management oversight, including organizing the Board's annual risk review.
2. Understand and review the material financial risks to SCHF, SCHF's risk management controls, policies and plans.
3. Receive regular reports on the management of material risks to SCHF.
4. Annually review SCHF's insurance coverage of material business risks and uncertainties.
5. Confirm that appropriate policies and procedures are in place for monitoring compliance with applicable laws and government directives and ascertain their adequacy and the levels of compliance.
6. Through discussions with management and the External Auditors, obtain reasonable assurance that SCHF has implemented appropriate systems of internal control over financial reporting and internal operations, and that these systems are operating effectively.

e) Alleged Wrong-Doing

The Committee will:

1. Ensure that management has implemented a process to receive and respond to complaints or allegations of wrong-doing or questionable acts by SCHF, its employees, contractors and/or Directors.
2. Review and advise the Board with respect to complaints or allegations of wrong-doing.

f) Investment Management

The Committee will:

1. Periodically review and advise the Board with respect to SCHF's investments including policies and performance to ensure applicability to the long term needs of the organization and compliance of the Investments to the Investment Policy Statement.
2. Review the Investments annually.

g) Other Responsibilities

The Committee will:

1. Review the annual expenses of the CEO.
2. Report to the Board in a timely manner all financial matters of which the Committee has knowledge that may materially affect the current or future position of SCHF.
3. Review such other matters that the Committee or the Board deems advisable or timely.

4.5 **Meetings**

The Committee meets at least three times per year. Meetings are held at the call of the Committee Chair or as requested by any two Committee members, or at the request of the External Auditor.

4.6 **Committee Timetable**

May/June: Committee to review audited financial statements prior to the Annual General Meeting.

4.7 **Reporting**

The Committee will report to the Board by distributing the minutes of its meetings to the Board. When a Board meeting closely follows a Committee meeting, the Committee Chair will provide a verbal report to the Board and the minutes will be circulated at the next Board meeting.

The Chair of the Committee shall maintain direct lines of communication with Chair of the Board.

4.8 **Staff Support**

Staff support may be provided when needed to take minutes and assist with Committee activities, under the authority and direction of the Board of Directors.

4.9 **Responsibility for Policy Review**

The Committee has responsibility to review at least annually the policies assigned as part of the SCHF Board Policies which includes the Investment Policy.

**5.0 HUMAN RESOURCES COMMITTEE****5.1 Introduction and Purpose**

The purpose of the Human Resources Committee is to assist the Board in fulfilling its obligations relating to SCHF's human resources issues, including CEO evaluation and compensation, succession planning and significant human resources policies.

**5.2 Composition and Quorum**

- a) The Human Resources Committee is composed of a minimum of three Directors appointed by the Board.
- b) The Board appoints the Committee Chair and members.
- c) Non-Board members may be invited by the committee to join the committee as non-voting advisors as the need for their expertise arises.
- d) The Chief Executive Officer shall serve as a resource to the Committee, and will attend meetings upon invitation of the Chair of the Committee or upon request to attend.
- e) A majority of members of the Committee shall constitute a quorum.

**5.3 Accountability and Authority**

- a) The Committee is accountable to the Board of Directors, and the Committee has no authority to direct foundation staff.
- b) The Human Resources Committee will be provided with the resources necessary to carry out its responsibilities, including access to management information and the authorization to engage independent counsel and other advisors.

**5.4 Duties and Responsibilities**

Subject to the powers and duties of the Board, the Human Resources Committee will perform the following duties:

- a) Together with the Board Chair, lead the development of the CEO's annual goals and objectives, for recommendation to the Board.
- b) Together with the Board Chair, lead the Board's annual performance and compensation review for the CEO.
- c) Annually review SCHF's management structure and succession plans.

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Terms of Reference**

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- d) Review and recommend to the Board SCHF's philosophy and guidelines for management compensation.
- e) Review management recommendations for programs, policies and practices with respect to the development of SCHF's human resources.
- f) Review with the CEO any proposed CEO external commitments before they are made, and make recommendations to the Board.
- g) The Committee will assume other related responsibilities as assigned to the Committee by the Board.
- h) Board Chair to vet new committee members with CEO

**5.5 Meetings**

The Committee meets at least three times per year. Meetings are held at the call of the Committee Chair or as requested by any two Committee members, or at the request of the Board of Directors.

**5.6 Reporting**

- a) The Committee will report to the Board by distributing the minutes of its meetings to the Board. When a Board meeting closely follows a Committee meeting, the Committee Chair will provide a verbal report to the Board and the minutes will be circulated at the next Board meeting.
- b) The Chair of the Committee shall maintain direct lines of communication with Chair of the Board.

**5.7 Staff Support**

Staff support can be provided to take minutes and assist with Committee activities, under the authority and direction of the Board of Directors.

**5.8 Responsibility for Policy Review**

The Committee has responsibility to review at least annually the policies assigned to as part of the SCHF Board Policies.

TOR-0001



## **6.0 SPECIAL EVENTS COMMITTEE**

### **6.1 Introduction and Purpose**

- a) The purpose of the SCHF Special Events Committee is to raise funds in support of the SCHF mission and campaigns and increase awareness about SCHF.
- b) The Special Events Committee will develop policy related to fundraising events and activities, assist in and engage the Board in events and activities, and establish goals and criteria for successful events, and oversee outcomes of these fundraising initiatives.

### **6.2 Composition and Quorum**

- a) The Special Events Committee is composed of a minimum of one Director and up to five members.
- b) The Board appoints the Committee Chair and members.
- c) Non-Board members may be invited participants as the need for their expertise arises.
- d) The Chief Executive Officer shall serve as a resource to the Committee, and will attend meetings as requested.
- e) A majority of members of the Committee shall constitute a quorum.

### **6.3 Accountability and Authority**

- a) The Committee, is accountable to the Board of Directors, and has no authority to direct management.
- b) The Special Events Committee will be provided with the resources necessary to carry out its responsibilities, including access to management information and the authorization to engage independent counsel and other advisors.

### **6.4 Duties and Responsibilities**

Subject to the powers and duties of the Board, the Special Events Committee will perform the following duties:

- a) Recommend to the Board of Directors policy related to all special fundraising events and activities as part of the overall SCHF fundraising strategy.
- b) Assist in the execution of the special events and activities as required.
- c) Engage the Board in assisting with special events and activities.

- d) Ensure that fundraising activities are in alignment with the SCHF mission, vision and values.
- e) To review the principles, standards and criteria related to efficient and effective special events and activities
- f) Establish and prioritize measures of success / targets / standards
- g) To review and oversee the value, effectiveness and outcomes of all special events and activities
- h) Establish criteria to determine whether special events and activities should be, developed, modified, or as discontinued
- i) The Committee will assume other related responsibilities as assigned to the Committee by the Board.

#### **6.5 Meetings**

The Committee meets minimum three times per year. Meetings are held at the call of the Committee Chair or as requested by any two Committee members, or at the request of the Board of Directors.

#### **6.6 Reporting**

- a) The Committee will report to the Board by distributing the minutes of its meetings to the Board. When a Board meeting closely follows a Committee meeting, the Committee Chair will provide a verbal report to the Board and the minutes will be circulated at the next Board meeting.
- b) The Chair of the Committee shall maintain direct lines of communication with Chair of the Board.

#### **6.7 Staff Support**

The CEO will work closely with this Committee. Staff support may be provided to take minutes and assist with Committee activities, under the authority and direction of the CEO.

#### **6.8 Responsibility for Policy Review**

The Committee has responsibility to review at least annually the policies assigned to as part of the SCHF Board Policies.

## **7.0 DEVELOPMENT COMMITTEE**

### **7.1 Introduction and Purpose**

The purpose of the Development Committee is to develop policy related to principled, effective and ethical fundraising activities, to assist in and engage the Board in fund development, including major gifts, planned gifts and campaigns, and to oversee outcomes of these fundraising initiatives

### **7.2 Composition and Quorum**

- a) The Development Committee is composed of a minimum of one Director and up to five members.
- b) The Board/Chair appoints the Committee Chair and members.
- c) Non-Board members may be invited participants as the need for their expertise arises.
- d) The Chief Executive Officer and Director of Development will participate in all Committee meetings.
- e) A majority of members of the Committee shall constitute a quorum.

### **7.3 Accountability and Authority**

- a) The Committee works in partnership with the CEO, is accountable to the Board of Directors, and has no authority to direct management.
- b) The Development Committee will be provided with the resources necessary to carry out its responsibilities, including access to management information and the authorization to engage independent counsel and other advisors.

### **7.4 Duties and Responsibilities**

Subject to the powers and duties of the Board, the Development Committee will perform the following duties:

- a) Recommend to the Board of Directors policy related to major gifts, planned gifts and campaign fundraising strategy and initiatives;
- b) Assist the CEO in the planning of the fundraising initiatives of the campaign;
- c) As a regular and priority activity, along with the CEO, engage the Board in identifying, cultivating, soliciting and stewarding potential donors;

- d) Assist in the execution of donor cultivation and fundraising activities under the direction of the CEO
- e) To ensure that fundraising activities are in alignment with the SCHF mission, vision and values.
- f) To review the principles, standards and criteria related to efficient and effective fundraising initiatives.
- g) To oversee the effectiveness and outcomes of major gifts, planned gifts and campaign initiatives;
- h) Periodically review and assess SCHF's communication to stakeholders and the general public with respect to maintaining good relations.
- i) The Committee will assume other related responsibilities as assigned to the Committee by the Board.

#### **7.5 Meetings**

The Committee meets a minimum of twice per year. Additional meetings are held at the call of the Committee Chair or as requested by any two Committee members, or at the request of the Board of Directors.

#### **7.6 Reporting**

- a) The Committee will report to the Board by distributing the minutes of its meetings to the Board. When a Board meeting closely follows a Committee meeting, the Committee Chair will provide a verbal report to the Board and the minutes will be circulated at the next Board meeting.
- b) The Chair of the Committee shall maintain direct lines of communication with Chair of the Board.

#### **7.7 Staff Support**

The CEO will work closely with this Committee. Staff support can be provided to take minutes and assist with Committee activities, under the authority and direction of the Board of Directors.

#### **7.8 Responsibility for Policy Review**

The Committee has responsibility to review the policies assigned as part of the SCHF Board Policies, which includes reviewing the Stakeholders Consultation and Communication Plan and Terms of Reference for the Board Committees (#7. Development Committee) at least annually and the Consolidated Fundraising Policy at least every three years.

## **COMPLAINTS POLICY**

### **1) SCOPE AND OBJECTIVES**

This policy has been created to serve as a guide on how to respond to complaints from the Saskatoon City Hospital Foundation's public stakeholders, such as donors and volunteers, when these stakeholders perceive that the Foundation is not in compliance with its policies and procedures, including matters that are addressed in the Imagine Canada Standard Program for Charities and Nonprofits.

*This document does not apply to complaints from internal staff of the Foundation - these should be reported through management.*

The Saskatoon City Hospital Foundation is a not-for-profit registered charity that is committed to high standards of conduct. We realize that occasionally there may be complaints from individuals about our operations and we wish to ensure that all our stakeholders have an opportunity to discuss these with us.

### **2) POLICY**

The Saskatoon City Hospital Foundation Board will ensure that all concerns and complaints will be investigated and resolved in a timely and respectful manner.

The Foundation office will keep a log of any reported complaints, whether received by email, telephone, or mail. This log will be maintained by the front-office administrative assistant, since most complaints would initially be received by that person.

Any complaints which cannot be dealt with immediately by the receiving person will be referred to the appropriate person within the Foundation office. This person will respond to the complaint within two days to acknowledge receipt of the complaint. If resolution of the complaint is not possible within that two day time frame, the complainant will be advised that their concern is being investigated and a response will be forthcoming as soon as possible.

The CEO of the Foundation will report to the Board annually on the number, type and disposition of complaints received. If it is considered that the complaint will seriously impact the Foundation, the CEO will inform the Governance Committee of the Board that it is being investigated.

The Foundation will publicize its complaints policy on the Foundation website, with instructions on where and whom to send information to within the Foundation.

Website: [www.schfgo.com](http://www.schfgo.com)  
Email: [info@schfgo.com](mailto:info@schfgo.com)  
Phone: (306) 655-8489

### **3) PROCEDURE**

- a) Complaints will be logged by the date received, name and contact information of the complainant, the nature of the complaint, and the person within the Foundation to whom the complaint was referred.
- b) The complaint will be investigated by the Foundation office.
- c) The complainant will be contacted, firstly to acknowledge receipt of the complaint, and then later when the complaint has been investigated.
- d) The Foundation will take corrective or disciplinary action, as appropriate and as required.
- e) The complaints log will be updated to give a brief description of the results of the investigation and to document any action taken once the investigation is completed.
- f) The CEO will review the log periodically to determine whether there are recurring complaints of a similar type. (If so, this may point to systemic process issues within the Foundation which need to be addressed).
- g) The CEO will report to the Board annually as to the number, type and disposition of complaints received.
- h) In the event of any complaints being received that are deemed to potentially or seriously impact the Foundation, the CEO will immediately inform the Governance Committee of the Board.

#### **Policy Review**

This policy was last reviewed and approved by the Governance Committee on May 2024.



## CODE OF CONDUCT AND ETHICS

### BOARD OF DIRECTORS, EMPLOYEES AND VOLUNTEERS

#### 1. Purpose

This policy is intended to establish a Code of Conduct and Ethics to govern the decisions and actions of the SCHF Board of Directors, volunteers and all employees.

Our stakeholders and the public are entitled to expect the highest standards of conduct from all representatives of SCHF.

This policy outlines the values and standards that will ensure that SCHF's activities are conducted in an open, fair, and transparent manner.

#### 2. Scope

This policy is intended to guide those activities engaged in by all members of the Board of Directors, volunteers, and all employees. The private conduct of each employee and volunteer is a personal matter except when such conduct compromises the reputation, image, or integrity of SCHF'S.

#### 3. Policy

SCHF'S Board of Directors, volunteers, and all employees are expected to conduct themselves in all matters involving their association with SCHF in a manner that is fully consistent with high standards of behavior that the public has come to expect of SCHF and upon which our reputation rests. At all times, their behavior must reflect and not compromise the trust of our stakeholders.

Their actions and relations with agencies and community partners, donors, other stakeholders, colleagues, and each other will be driven by the core values that shape SCHF.

To that end, all members of SCHF's Board of Directors, SCHF's volunteers, and SCHF's employees will:

1. Acquaint themselves with SCHF's mission, vision, values, principles, and policies, and behave accordingly.
2. Not participate in, condone, or engage in dishonesty, fraud, deceit, misrepresentation or illegal activities.
3. Comply with SCHF's policies and the AFP Code of Ethics that address specific areas of conduct and ethics:
  - Confidentiality Confidential information regarding SCHF'S affairs and information relating to donors, agencies, constituent organizations, employees and volunteers must be respected and protected at all times.
  - Conflict of Interest Members of SCHF'S Board of Directors, volunteers and employees must recognize and take steps to avoid conflicts of interest to protect the interests and reputation of SCHF.

- Fundraising The rights of donors and prospective donors to respectful, fair and professional treatment at all times, which all members of SCHF uphold.

4. Follow SCHF's communications protocols in regard to public comments and contact with the media.

#### 4. Procedures

It is the responsibility of:

- The Chair of the Board to ensure that the Board of Directors understand and comply with this Code and related policies;
- The CEO to ensure that employees and volunteers understand and comply with this Code and related policies.

Individuals will be asked to sign their agreement to this Code of Conduct and Ethics Policy when joining SCHF as employees, volunteers and Board of Directors, and annually thereafter.

Breaches of this policy will be considered a serious matter and subject to disciplinary action up to and including termination. If it is alleged that an individual has not been in compliance with this policy, an investigation will be conducted under established procedures for specific policies, or if there are none, under the auspices of the Chair of the Board or the CEO based on the circumstances.

This policy will be communicated to all SCHF volunteers and employees.

#### My Commitment to Code of Conduct & Ethics

By signing this document I am confirming that I have read, understood and agree to comply with the Code of Conduct & Ethics and its related policies (Policy on Compliance with Laws, Rules and Regulations; Conflict of Interest Policy; Fundraising Policy; Privacy Policy).

I recognize that it is my duty to follow this Code of Conduct & Ethics and I understand the consequences of not adhering to it.

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Signature

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(Please Print Name)

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Date

#### Policy Review:

This policy was last reviewed and approved by the Governance Committee on May 2024



## **CONFLICT OF INTEREST POLICY**

All members of the Saskatoon City Hospital Foundation (SCHF) Board of Directors, SCHF non-board volunteers and SCHF staff designated by the CEO of SCHF shall be subject to this conflict of interest and nondisclosure policy. Any action by such individuals in violation of these requirements shall not be permitted unless the Board of Directors expressly approves.

### **Definition**

A conflict of interest exists when the outside interests or concerns of any Director, volunteer or staff (whether personal, relationship-based, financial, professional, commercial or otherwise) have, could have or are seen as having an undue influence on his or her actions as a Director, volunteer or staff member of the organization.

### **A. Conflict of Interest**

1. Members of the Board of Directors, non-board volunteers and staff must always, during the course of services for SCHF, reflect the highest standards of ethical behavior, integrity and public responsibility.
2. SCHF recognizes the inherent right of members of the Board of Directors, volunteers and staff to engage in outside interests and private enterprise, and the organization does not wish to impede these activities. However, to the extent that such outside interests may affect a transaction in which SCHF is involved, there is potential for an actual or perceived conflict of interest. Since SCHF has a legal obligation to avoid private inurement, self-dealing and misuse of donor funds, it is the policy of this organization to avoid, whenever possible, all such actual or potential conflicts of interest.
3. A transaction between SCHF and members of the Board of Directors, volunteers and staff, or related entity, is acceptable provided that all material facts have been disclosed and, except in the case of a charitable gift, the terms, conditions and consideration involved are commercially fair and reasonable. Any proposed activities which presents or may be a conflict of interest, shall be presented to the CEO or his/her designee and approved, in advance, by the board.
4. All members of the Board of Directors, SCHF volunteers and staff will be asked to sign this document upon the beginning of their service with SCHF.

## **B. Procedures for Dealing with Conflict of Interest**

### **1. Board of Directors**

The Board of Directors as a whole relies on individual Directors to promptly disclose a conflict of interest. The process for disclosure is as follows:

- a) When a Director thinks that he or she has a real or perceived conflict of interest, that Director shall disclose the conflict of interest as soon as an issue arises, and ideally before the Board or a committee deals with the matter at issue. Disclosure should be made to the Board Chair or Chair of the Governance Committee. If a Director is uncertain whether a conflict of interest exists, the Director must err on the side of disclosure.
- b) If there is any question or doubt concerning whether there is a conflict of interest, it is the responsibility of the Governance Committee to determine whether a conflict of interest exists and to inform the Board of its decision. The disclosure and decision as to whether a conflict of interest exists shall be recorded in the minutes of the Board meeting.
- c) When it has been decided that there is a conflict of interest of a Director, the Governance Committee may take whatever action it thinks is appropriate to manage the conflict of interest and will report back to the Board on the action taken. At a minimum, the conflicted Director shall be absent from any discussion in advance of a vote and shall not vote or in any way attempt to influence the discussion of, or voting on, the matter at issue.

The Board Chair or Chair of the Governance Committee may request that the Director remain present at the meeting for the purposes of answering questions.

- d) If a Director or an employee believes that another Director has a conflict of interest, the Director must raise the concern with the Board Chair or Governance Committee Chair. The Director with the perceived conflict of interest must excuse him- or herself from the room, and the Chair shall make a determination on whether the Director has a conflict of interest. If the Chair finds the Director has a conflict of interest, the Director must observe the requirements of this policy.
- e) A conflict of interest involving the Chair shall be reported to the Vice-Chair or Chair of the Governance Committee who shall report the matter and make a recommendation to the entire Board.

## **2. Volunteers and Staff**

If the Chief Executive Officer (CEO) thinks he or she has a real or perceived conflict of interest, they will report to the Chair of the Board who will follow similar procedures as outlined above.

The CEO is responsible for oversight and management of conflict of interest matters related to staff and volunteers.

At any time where a staff member or volunteer thinks they may have or they do have a real or perceived conflict of interest, the staff member or volunteer must report as soon as possible to their coordinator, direct report or the CEO.

Management of conflict of interest may be circumstantial, but must always ensure the integrity and reputation of the organization.

The CEO will be the final authority on conflicts of interest related to volunteers and staff.

## **C. CONFIDENTIALITY COMMITMENT**

**(See also, SCHF Confidentiality of Patient and Donor Information Policy and Agreement)**

1. I agree that any information disclosed to me by members or staff of SCHF, or by third parties, in connection with my membership on the SCHF Board or employment by SCHF or while serving as a non-board volunteer, will be considered privileged and confidential, including all such information relating to individual SCHF donors, any actions to establish, amend or enforce SCHF Operations, policies, plans, goals, objectives, and discussion by SCHF members, staff, and third parties regarding these subjects.
2. Confidential information shall not include information previously known to me, the general public, or previously recognized as standard practice in the field.
3. I agree that I will hold all such privileged and confidential information in confidence during my lifetime, and will not use or disclose such information except as may be authorized by SCHF, and will make my best effort to prevent its unauthorized disclosure. I acknowledge that unauthorized disclosure could cause irreparable harm and significant injury to SCHF and its board, volunteers, staff and donors. I agree that upon request, I will return to SCHF all written or descriptive matter supplied by SCHF, including committee agendas, minutes, and supporting documents.

I have read SCHF's Conflict of Interest Policy and Confidentiality Commitment and agree to its terms.

## Conflict of Interest

As a member of the Saskatoon City Hospital Foundation Board, a volunteer or staff member, I recognize that I owe a fiduciary duty of loyalty to SCHF. This duty requires me to avoid conflicts of interest and to act at all times in the best interests of SCHF.

I have read the conflicts of interest policy and confidentiality commitment set forth above and agree to comply fully with its terms and conditions at all times during my service as a Board member/volunteer/staff member of SCHF.

If at any time following the submission of this form I become aware of any actual or potential conflicts of interest, or if the information provided below becomes inaccurate or incomplete, I will promptly notify the appropriate authority at SCHF in writing.

### Disclosure of Actual or Potential Conflicts of Interest:

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*Signature*

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*Date*

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*Print Name*

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*Title*

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*Saskatoon City Hospital Foundation*  
*Organization*

### Policy Review:

This policy was last reviewed and approved by the Governance Committee on May 2024



## **CONFLICT MANAGEMENT POLICY**

### **POLICY STATEMENT**

#### **Problem Solving**

SCHF believes in clear and open communication, and encourages employees to talk directly with their supervisor and colleagues and vice versa.

If an issue or conflict does arise, it is recommended that the individual try to resolve the problem with those directly involved. The employee may also choose to involve his or her supervisor if necessary. In discussing the conflict please remember that the organization's confidentiality policy still applies.

If after this discussion the employee or supervisor feels the issue is still not resolved, he/she may request a meeting with the next level supervisor or CEO as applicable. By exploring the issue in a professional and constructive fashion it should be possible to find an appropriate way to resolve the problem.

#### **Complaint Resolution Procedure**

The organization will act expediently if problems do occur and all individuals, whether staff or management, will be treated with fairness, respect, and consistency.

All employees are encouraged to bring forward any complaints or recommendations dealing with safety, health standards, proper working conditions, performance appraisals, discipline and fair management practices, without fear of reprisal.

Any disputes, controversies or suggestions must first be handled between the employee and his or her immediate supervisor, unless they are serious enough to warrant intervention by the next level supervisor or the CEO.

An employee who has not obtained a solution within five business days of the circumstances that gave rise to the situation has the right to bring the matter to the attention of the next level supervisor or CEO.

Complaints should be in writing and include all relevant circumstances. The employee and supervisor will receive a solution or a written reply from the Manager within five more business days.

If the employee is not satisfied with the response, he or she has the right to discuss the issue with the CEO. If the CEO cannot fulfill the employee's expectations and a serious conflict persists, the employee may decide to bring the matter, in writing, to the chair of the Board of Directors and the CEO will be notified. The Board of Directors' decision will be final.

#### **Policy Review**

This policy was last reviewed and approved by the Governance Committee May 24, 2024. Discussion to continue in Fall 2024.



**Saskatoon City Hospital Foundation Inc.  
ADMINISTRATIVE POLICY & PROCEDURE MANUAL**

<b>CATEGORY: Policies and Procedures</b>	<b>EFFECTIVE DATE: June 2023</b>
<b>CONFIDENTIALITY OF PATIENT AND DONOR INFORMATION</b>	

**POLICY**

All information concerning patients and donors and their families is to be kept strictly confidential by all employees, volunteers and board members of Saskatoon City Hospital Foundation Inc. Employees, volunteers and board members will not seek out, discuss or transmit any information concerning a patient or donor's records, condition, treatment or personal affairs or any matter relating to a patient or donor, other than as required in the performance of their duties.

Employees, volunteers and board members shall not make use of any patient or donor contact or information that they become privy to as a result of such contact, for purposes of personal benefit or gain.

Employees, volunteers and board members of Saskatoon City Hospital Foundation Inc. are reminded of the importance of ethics and confidentiality of patient and donor information as a condition of employment or volunteering.

Saskatoon City Hospital Foundation Inc. has adopted the Association of Healthcare Philanthropy's Statement of Professional Standards including statement VII stating that we have "respect for the rights of privacy of others and the confidentiality of information gained in the pursuit of [our] professional duties."

Saskatoon City Hospital Foundation Inc. has adopted the Association of Healthcare Philanthropy's Donor Bill of Rights including statement VI stating that donors may be assured that information about their donations is handled with respect and with confidentiality to the extent provided by law.

\*\*\*\*\*

**I have read and will abide by the policy as stated above.**  
*(Please sign and date below)*

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Signature**

**Policy Review:**

This policy was last reviewed and approved by the Governance Committee on May 2024.

## **Board of Directors**

### **COMPLIANCE WITH LAWS, RULES AND REGULATIONS POLICY**

#### **POLICY STATEMENT**

The SCHF Board of Directors will ensure that the Board and CEO have an understanding of the laws, rules and regulations that apply to SCHF, as well as all governing policies approved from time to time by the Board, and that there is full compliance with the laws, rules and regulations.

#### **COMPLIANCE PROCESS**

##### **Know and comply with all the laws, rules and regulations applicable to your job.**

SCHF is subject to numerous laws, rules and regulations. We will ensure that the Board is familiar with all laws, rules and regulations, and that we have an internal process to ensure that we comply with laws, rules and regulations applicable to our organization. Any violation of laws, rules or regulations applicable to us could jeopardize our integrity. Fraud, dishonesty or criminal conduct will not be tolerated.

As part of our board and management responsibilities, we will:

- Learn about laws, rules and regulations that affect our organization
- Ensure that there is an up-to-date list of applicable law, rules and regulations
- Receive regular compliance reports from management
- Consult with the legal counsel if we have any questions about any law or regulation.

##### **We comply with our board approved internal policies and procedures.**

Our board will ensure that board policy is current, applicable and referenced in our role as governors of the organization.

As part of our board responsibilities, we will:

- Ensure up-to-date board policies and code, such as code of conduct and confidentiality
- Ensure an adequate orientation for new directors and ongoing training sessions to ensure a full understanding of the laws and policies of the organization
- Ensure a process to review all board policies on a regular basis.

## **Compliance and Monitoring**

The board will monitor compliance as follows:

- The CEO will provide written assurance of organization compliance with all laws and regulations on an annual basis.
- The board chair and Governance Committee will review and assess board compliance with board policy on an annual basis.

## **Policy Review**

This policy was last reviewed and approved by the Governance Committee May 2024





## **Investment Policy**

### **PURPOSE**

To establish guidelines governing the investment of the Foundation's funds in such a manner as to protect capital on a long-term basis while maximizing the returns from the goals of managing a conservative fixed income portfolio.

### **SCOPE**

These policy guidelines are applicable to all of the Foundation's Funds.

### **INVESTMENT GUIDELINES**

#### **1) Definition and Investment Philosophy**

A portfolio structured in order to maximize safety of capital, with a consistent income stream. The portfolio will be managed towards a view of achieving a consistent and flexible return, meaning that the term of investments will not be altered to take a view on interest rate forecasting. A philosophy will be used that, as maturities arise they will be reinvested at the longer end of acceptable maturities, in order to continuously receive the highest rates available. At all times a laddered approach to security investment will drive the portfolio.

#### **2) Scope of Investments**

Investments will generally be limited to securities with a maturity of five years or less. These investments will be made with the intention of holding the security to maturity, with reinvestment upon maturity into a term that fits with a philosophy of laddered maturities.

This investment policy strictly prohibits engaging in any activity that would be considered speculative according to the generally accepted principles of conservative investment management.

#### **3) Application**

This investment policy statement will be implemented, and monitored by the Foundation. The Board of Directors of the Foundation will implement, review and monitor these guidelines and must approve all changes to them.

#### **4) Eligible Investments**

SCHF will strive to invest in a diversified portfolio of Accounts, GIC's and Term Deposits that are eligible for CDIC insurance coverage to maximize asset protection. These include deposits with terms to maturity of 5 years or less held in Canadian dollars at a CIDC member. When possible, term certificates will be invested in \$100,000 increments.

#### Fixed Income (No maximum)

- Government obligations (i.e., Treasury Bills, Debentures and/or Bonds) issued directly or indirectly by the Canadian Federal government or any of the provinces that hold an appropriate credit rating.
- Direct obligations of any Canadian Schedule 1 Bank. (This includes CIBC, Royal Bank, TD Bank, Bank of Montreal, Bank of Nova Scotia.)
- Any certificate of deposit subject to the condition that the Government of Canada or an agency thereof guarantees both principle and interest.
- Corporate obligations provided they are rated investment grade or higher by a recognized bond rating service such as DBRS (Dominion Bond Rating Service). Investment Grade is 'BBB': rated or higher. For example: Province of Saskatchewan is currently 'BBB+'. The corporate long-term debt cannot make up more than 50% of the portfolio. As market conditions change and prices fluctuate in bonds, we will allow a re-balancing limit of 5% on the weighting between corporate and government debt.

#### Equity (No allocation currently)

- The Board is currently comfortable with a fixed income laddered portfolio. If need be in the future they will re-examine this Policy Statement to determine a need for adding an equity component.

#### 5) Investment Limits:

Investment of appropriate credit quality may be made subject to the following limits:

<b>Investment Vehicle</b>	<b>Maximum % of Portfolio</b>
Federal Governments	100%
Provincial Governments (excluding Quebec)	100%
Canadian chartered banks carrying A rating of AA (low) or better	100%
Certificate of deposit backed by a Government Guarantee	50% or max amount of government guarantee
Corporate Long Term Debt, A rated or higher	5% maximum per issuer and 50% maximum allocated to this asset class

#### 6) Safekeeping

RBC Dominion Securities will hold securities purchased in safekeeping for all investments.

## 7) Reporting

Monthly statements are prepared and distributed to the Foundation.

Quarterly fixed income investment reports will be prepared for and distributed to the Foundation as requested. These reports will contain the following information:

- A complete inventory of all portfolio investments and percentage breakdown by each type of investment.
- Average term to maturity of the portfolio.
- A projected income statement for the following 12 months.

## 8) Policy Review

This policy shall be reviewed **annually by the Audit and Finance Committee** to ensure that it remains consistent with the overall objectives of the Foundation and prudent and conservative investment practices. This policy may be reviewed and updated more frequently if necessary.

### Policy Review

This policy was last reviewed and approved by the Audit & Finance Committee Nov. 23, 2023

## **CONSOLIDATED FUNDRAISING POLICY**

Saskatoon City Hospital Foundation (SCHF) is a not-for-profit organization with the mission to *“build relationships and raise funds to support excellence and innovation in the work of Saskatoon City Hospital with its patients and the communities that it serves”*.

All donations solicited on behalf of the organization shall be used to further this mission. Policies and procedures outlined below, and within the SCHF board/policies manual as a whole, will serve as a guide for best practices.

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### **Appendix:**

- A – Gift in-kind: Deed of Gift
- B – Endowment Agreement Template
- C – Named Gift Agreement
- D - Third Party Event Hosting Application and Agreement
- E – Donor Recognition Chart

## **1) INTRODUCTION**

- a)** Funds shall be solicited in a respectful manner and without pressure. All third parties who are not directly affiliated with SCHF who wish to solicit funds on behalf of the organization must complete the SCHF Third Party Fundraising Application and Agreement and must acquire written permission from SCHF prior to beginning any fundraising activities.
- b)** Fundraising Solicitations: All fundraising solicitations by or on behalf of SCHF must:
- i) be truthful;
  - ii) accurately describe the organization's activities;
  - iii) disclose the organization's name;
  - iv) disclose the purpose for which funds are requested; and
  - v) disclose upon request, whether the individual or entity soliciting donations is a volunteer, employee or contracted third party
  - vi) Any written solicitations done by or on behalf SCHF must include its address or other contact information.
- c)** Declarations:
- i) Under no circumstances shall SCHF make claims that cannot be upheld or may be perceived as being misleading.
  - ii) SCHF accurately discloses all costs associated with its fundraising activities
  - iii) The organization does not exploit its beneficiaries. It is sensitive in describing those it serves (whether using graphics, images or text) and fairly represent their needs and how this need will be addressed.
- d)** Donor designated restrictions on contributions shall be honored provided they do not prevent SCHF from freely and effectively following its mission (Example: a donor may direct their gift to support a particular department within SCH provided SCHF can determine a viable need for the funds being donated).
- e)** Payment of Fundraisers: The organization does not, directly or indirectly, pay finder's fees, commissions or percentage compensation based on contributions.
- f)** Issuance of Charitable Receipts: SCHF is a not-for-profit organization and contributions made to the organization are tax deductible. Written tax receipts shall be issued for all donations equal to or greater than \$10.00. If the donor receives anything in exchange for their donation, such as a dinner or event admission, the tax receipt shall clearly state what portion of the donation is tax deductible.
- g)** Independent Advice: The information provided to donors regarding planned giving and various donation options is general in nature and not intended to represent legal advice. We understand that each individual's financial circumstances are unique and donors are advised to consult with a qualified professional advisor.

## **2) DONOR ACKNOWLEDGEMENTS**

Within seven days of donation receipt, every donor to SCHF shall receive a formal acknowledgement/ thank you letter and donation receipt. Donations of \$150 or more shall merit a personal phone call from a staff member, the CEO or a board member. Every new donor shall be included in informational mailings.

### **3) DONOR PRIVACY POLICY**

Any information supplied to SCHF by donors shall be used solely to fulfill their donation and shall not be shared for any reason unless permission is granted by the donor to share such information. All requests to remain anonymous shall be honored. SCHF does not trade, rent or sell personal information.

Donors who supply SCHF with their postal address or email address may be contacted periodically for solicitation purposes and/or with information regarding upcoming events.

All donors have the option of being placed on a “once-a-year” mailing list which grants SCHF permission to contact them only once per year.

Donors may request to be permanently removed from the mailing list by contacting us via email, phone or postal mail. All requests to be removed from the SCHF mailing list shall be honored.

Donors who supply SCHF with their telephone number may request that they not be contacted for telephone fundraising purposes.

#### **4) DONOR BILL OF RIGHTS**

*This policy has been adapted for Saskatoon City Hospital Foundation from the Association of Fundraising Professional – Donor Bill of Rights*

PHILANTHROPY is based on voluntary action for the common good. It is a tradition of giving and sharing that is primary to the quality of life. To ensure that philanthropy merits the respect and trust of the general public, and that donors and prospective donors can have full confidence in Saskatoon City Hospital Foundation when they are asked to support, we declare that all donors have these rights:

- a) To be informed of the organization's mission, of the way the organization intends to use donated resources, and of its capacity to use donations effectively for their intended purposes.
- b) To be informed of the identity of those serving on the organization's governing board, and to expect the board to exercise prudent judgment in its stewardship responsibilities.
- c) To have access to the organization's most recent financial statements.
- d) To be assured their gifts will be used for the purposes for which they were given.
- e) To receive appropriate acknowledgement and recognition.
- f) To remain anonymous if requested.
- g) To be assured that information about their donation is handled with respect and with confidentiality to the extent provided by law.
- h) To expect that all relationships with individuals representing organizations of interest to the donor will be professional in nature.
- i) To be informed whether those seeking donations are volunteers, employees of the organization or hired solicitors.
- j) To have the opportunity for their names to be deleted from organization mailing lists.
- k) To limit the frequency of contact or to request discontinuation of contact in any form.
- l) To request they not be contacted by phone or other technology.
- m) To be assured that their names and any other information will not be sold or shared.
- n) To feel free to ask questions when making a donation and to receive prompt, truthful and forthright answers.



## **5) DONOR RECOGNITION PROGRAM**

Saskatoon City Hospital Foundation has been the very fortunate recipient of extraordinary community support over the past 30+ years. This support has served to enhance health care at Saskatoon City Hospital. Donors are now playing a crucial role as Saskatoon City Hospital evolves into a leading centre for ambulatory care.

While Saskatoon City Hospital Foundation knows that donors give willingly, the Foundation also realizes the need to recognize special and accumulative donations. Sometimes a thank you suffices; but the Foundation may say thank you in other different and meaningful ways.

The Donor Recognition Program serves as a daily reminder to patients, staff and the community of the vital support donors provide the hospital in delivering excellence in patient care. It also serves to inspire others to become donors themselves. To show our appreciation we've created the following recognition levels for gifts already received and for those pledged through a planned gift in your will. Planned Gifts will be listed on a designated panel until the gift is fulfilled at which time your name(s) will be listed under the appropriate gift level category:

- A. \$2,500 - \$9,999: Name is added to the Donor Wall; invitation to Annual Donor Reception
- B. \$10,000 - \$24,999: Name is added to or moved up a level on the donor Wall; invitation to Annual Donor Reception; offer of a Well Aware magazine donor profile article and offer of inclusion in a joint thank you print ad
- C. \$25,000 - \$49,999: Same as B. above (if not already offered), plus small framed, limited edition, computer-generated print of Saskatoon City Hospital by photographer Gene Hattori (large for corporate donors)
- D. \$50,000 - \$99,999: Same as B. & C. above (if not already offered), plus recognition on SCHF website "Donor Profiles" or social media
- E. \$100,000 - \$499,999: Same as D. above (if not already offered) plus offer of an individual thank you print ad
- F. \$500,000 - \$999,999: Same as E. above plus offer of custom tour within SCH
- G. \$1,000,000 - \$2,499,999
- H. \$2,500,000 - \$4,999,999
- I. \$5,000,000+

For levels G through I: SCHF will offer that a version of their donor profile story, edited to fit the appropriate space, be featured on the SCHF donor wall for a minimum of 1 year from the date of the next scheduled update which is typically completed in May annually.

Note: In the case of a naming opportunity SCHF complies with the SHA's Naming Policy.

## **6) GIFT ACCEPTANCE POLICY**

Saskatoon City Hospital Foundation (SCHF) builds relationships and raises funds that support excellence and innovation in the work of Saskatoon City Hospital with its patients and the communities it serves, improving the quality of care for patients to Saskatoon City Hospital. Funds raised support the purchase of leading edge equipment and technology, and conduct research, medical teaching and clinical care. As such, we welcome the gifts of individuals, corporations, and foundations to help us achieve our mission.

Gifts to SCHF may take a variety of forms. Many are outright gifts by living donors. Some are bequests or testamentary gifts that take effect upon the donor's death. Others are different forms of deferred or split-interest gifts.

SCHF may accept the following types of contributions: Cash, Will and Bequest, Charitable gift annuities, Life insurance Policy, Retirement fund, Publicly traded securities, Charitable remainder trusts and residual interest gifts, Gifts of property.

Note: SCHF reserves the right to refuse any proposed gift. Gifts to SCHF may not be directly or indirectly subjected by a donor to any material restriction or condition that would prevent the organization from freely and effectively employing the transferred assets or the income derived there from, in furtherance of its exempt purposes.

#### **a) SCOPE**

This policy applies to donations received through all fundraising activities of the Foundation, including: general donations, annual giving, planned gifts, special fund raising initiatives and campaigns.

- i) A donation must be given freely. If a donation is made as a result of a contractual or other obligation (for example, a court order), it is not eligible for a receipt.
- ii) Only gifts of property are eligible for official donation receipts.
- iii) Gifts of service, and promises of service, are not gifts of property, and are not eligible for an official donation receipt.
- iv) Gift certificates donated by the issuer of the certificate are not considered property and are only eligible for official donation receipts under specific circumstances. See CRA guidance CG-007. However, a gift certificate purchased and then donated, does constitute property, and may be receipted.
- v) Pledges do not constitute a transfer of property until they are fulfilled and, as such, are not eligible for an official donation receipt.
- vi) When a donor receives an advantage or consideration for a donation part, or all, of the donation may no longer qualify as a gift. See CRA Split receipting for more information on advantages. Examples of advantages might include: a ticket to an event; round of golf; a dinner and/or performance at a fundraising event.

#### **b) GIFT ELIGIBILITY**

The following gifts are deemed eligible for acceptance by Saskatoon City Hospital Foundation:

- Cash
- Will and bequest
- Charitable gift annuities
- Life insurance Policy
- Retirement fund
- Publicly traded securities
- Shares in privately owned companies
- Charitable remainder trusts and residual interest gifts
- Gifts of property

**CASH**

Saskatoon City Hospital Foundation accepts cash, credit card payments, direct debit payments and cheques or money orders made payable to Saskatoon City Hospital Foundation. Postdated cheques are accepted.

**WILL AND BEQUEST**

Bequests made to Saskatoon City Hospital Foundation may qualify as a charitable gift if the terms and conditions of the bequest are acceptable under SCHF's gift acceptance policies. Official receipts will be issued to the estate of the deceased.

Saskatoon City Hospital Foundation requests a copy of documents naming SCHF as a beneficiary for our files. A tax receipt will only be issued once the bequest proceeds have been received.

**CHARITABLE GIFT ANNUITIES**

Saskatoon City Hospital Foundation will consider charitable gift annuities on a case-by-case basis. The tax receipt amount will be determined according to Canada Revenue Agency (CRA) Guidelines.

**LIFE INSURANCE POLICY**

Saskatoon City Hospital Foundation will accept a life insurance policy as a gift if it is named as beneficiary or is both the irrevocable owner and beneficiary. The tax receipt amount will be determined according to CRA Guidelines.

Any premiums due are the responsibility of the donor. If the insurance policy lapses for non-payment prior to maturity because a donor fails to provide for premium payments, Saskatoon City Hospital Foundation may:

- continue to pay the premiums,
- convert the policy to paid up insurance, or
- surrender the policy for its current cash value.

When a life insurance policy is absolutely assigned to SCHF, any consent that is required by provincial regulations to change a beneficiary must be signed before the transfer represents a valid charitable donation.

**RETIREMENT FUND**

Saskatoon City Hospital Foundation will accept the proceeds of a retirement fund as a gift if it is named as beneficiary. The tax receipt amount will be determined according to CRA Guidelines

**PUBLICLY TRADED SECURITIES**

As a general rule, Saskatoon City Hospital Foundation will only accept gifts of securities that are publicly traded stocks and bonds. The value and the tax receipt amount of such a donation are determined by the value at close of trading on the date of receipt of donation. Saskatoon City Hospital Foundation Board decided and enforced the rule that all the stocks and securities the Foundation receives from the donors will be sold upon completion of the stock transfer without exception.

**SHARES IN PRIVATELY OWNED COMPANIES**

With the approval of the Board of Directors, SCHF will accept gifts of privately owned shares so long as it assumes no legal liability in receiving them. Such gifts will be reviewed on an individual

basis, engaging legal counsel as necessary. Gifts must be accompanied by an independent valuation of the shares for tax receipting purposes.

#### **CHARITABLE REMAINDER TRUST AND RESIDUAL INTEREST GIFTS**

Saskatoon City Hospital Foundation will accept a charitable remainder trust as a gift if it is named as capital beneficiary. The tax receipt amount will be determined according to CRA Guidelines.

#### **GIFTS OF PROPERTY**

Generally, gifts of property are not encouraged. All proposals for gifts-in-kind to Saskatoon City Hospital Foundation shall be reviewed by the CEO in conjunction with the Director of Development, and legal counsel as necessary. Gifts of property will be reviewed with special care to ensure that acceptance will not involve financial commitments in excess of budgeted items or other obligations disproportionate to the use of the gift. The **Deed of Gift** form is to be completed and signed by both the donor and SCHF CEO.

##### Gifts in-kind under \$1,000:

- An original bill of sale can be used to prove the value of the item or fair market value is to be determined by the Foundation in accordance with CRA Guidelines

##### Gifts in-kind over \$1,000:

- An independent external appraiser must be used to determine the value of the item
- The cost associated with an appraiser is the responsibility of the charity

#### **c) PRINCIPLE**

As a matter of principle, we engage in the following practices:

- i) The Foundation will not accept gifts that are not recognized by CRA, or violate federal, provincial or municipal laws.
- ii) The Foundation will not accept gifts, enter into partnerships, or accept support that will compromise its commitment to its mission.
- iii) The Foundation values and will protect its integrity, autonomy and funding freedom, and does not accept gifts when a condition of such acceptance would compromise these fundamental principles.
- iv) The Foundation reserves the right to accept or decline any gift. The final decision to decline a gift rests with the Board of Directors.
- v) Ownership of all gifts directed to Saskatoon City Hospital Foundation vests in the Foundation, whether said gifts are for the benefit of the Foundation generally or for some specific purpose in it.

#### **d) PROCEDURES**

We are committed to the following procedures in accepting donations:

- i) Designated gifts will be used for the purposes for which they are provided.
- ii) Undesignated gifts will be used for the most needed initiatives as determined by the CEO in conjunction with the Director of Development to fulfill campaign and annual fundraising commitments which have been approved by the board of directors.
- iii) Accountability to donors must be of the highest caliber, through appropriate acknowledgment, and accurate and timely reporting by the relevant SCHF staff. Where

- appropriate, gift agreements will be recorded between donors and the Foundation and these will be adhered to by the Foundation.
- iv) All donations will be recorded and receipted in accordance with the rules and regulations set out by the CRA. Saskatoon City Hospital Foundation will issue an official receipt for donations of \$10 or more that qualify as charitable gifts, in accordance with CRA guidelines.
  - v) The donor of a gift in-kind must sign a 'Deed of Gift', acknowledging and detailing what the donor plans to give to Saskatoon City Hospital or Saskatoon City Hospital Foundation.
  - vi) If, following internal consultations, uncertainty remains as to whether a donation qualifies as a charitable gift, a ruling may be sought from the SCHF's legal counsel, auditor and/or the CRA.
  - vii) Anonymity will be granted to any donor who makes this request.

*See Appendix A: Gift In-Kind: Deed of Gift*

## **7) ENDOWMENT POLICY**

The purpose of this policy is to establish certain internal controls to govern the establishment, administration, and management of general and named endowments of Saskatoon City Hospital Foundation (SCHF). The acceptance and receipt of donations which are applied to endowment funds within SCHF shall be governed in accordance with this policy.

### **a) Endowment Fund Definition**

- i) An investment fund established in which annual disbursements from the invested capital and/or income are used for ongoing operations or other specified purposes.

### **b) Administration and Investment of the Endowment Fund**

- i) Endowment funds are administered and managed in accordance with Saskatoon City Hospital Foundation's Investment Policy.
- ii) The investment objectives of the endowment shall be governed by the SCHF Investment Policy.
- iii) Endowment expenditures shall be limited and governed in accordance with Section (f) of this policy. Excesses shall be reinvested and accumulated with the endowment capital.

### **c) Endowment Fund Contributions**

- i) SCHF has established that a minimum investment of \$50,000 (CAD) is required to establish a general or named endowment fund.
- ii) An endowment agreement shall be drafted to include details listed in Section 5. *See Appendix B: Endowment Agreement Template*  
In addition to the endowment agreement, a letter of intent, donation pledge form or other confirmation of the donor's intent in respect of a donation to a SCHF endowment fund may be provided.
  - Confirmation of the designated purpose of the endowment fund for which the donation is to be applied shall be provided to all donors by SCHF in the form of a duplicate signed copy of the agreement.
  - An original copy of such documentation shall be held and maintained by SCHF.
- iii) Donations may be made in cash or other eligible form and official donation receipts will be issued for all eligible donations in accordance with the Income Tax Act (Canada).

### **d) Designated - Named Endowments**

- i) A designated, named endowment may be established subject to the approval of the SCHF CEO and/or Board of Directors in consultation with Health Authority representatives to determine suitability. The amount required for an individual endowment will depend on the objectives to be accomplished, and will be negotiated between the donor and the CEO of the Foundation.
- ii) Any amount may be contributed for any previously-established designated, named endowment.
- iii) When appropriate, the SCHF Board of Directors has full discretion to instruct that contributions to a designated, named endowment are to cease. An example might be the cessation of contributions to a fund where the express purpose has been fulfilled or is no longer appropriate for SCHF to support.

**e) Endowment Agreements**

- i) An executed endowment agreement setting out the terms of the gift will be required to establish any designated, named endowment.
- ii) Any endowment agreement should include but is not limited to the following terms:
  - 1. Definition of the purpose of the endowment;
  - 2. Donor and funding information;
  - 3. The conditions and treatment of capital and income from the endowment and the distribution of funds;
  - 4. A provision allowing the SCHF CEO and/or Board of Directors to amend the terms or the purpose of the endowment if it becomes impossible or impractical to carry out the stated purposes or to operate under the terms;
  - 5. A provision allowing SCHF CEO and/or Board of Directors to encroach on the capital of the endowment in order to meet the designated purposes of the fund and/or in furtherance of the mission of the SCHF; and
  - 6. A provision allowing the donor and SCHF CEO to amend any executed agreement by mutual consent;
  - 7. References to the appropriate provisions of this policy.

Where such named endowments with non-established designations are established by bequest and without a supporting endowment agreement, the SCHF CEO and/or Board of Directors will determine the best use and designation of the endowment funds in accordance with the SCHF's mission, provided it can do so without a request for direction from the Court.

**f) Endowment Spending**

- i) The objective of endowment spending is to satisfy the charitable purposes and administrative requirements associated with the endowment.
- ii) The spending or pay-out rate available to the endowment fund shall be established each year from the audited financial statements which calculate the unexpended surplus.
- iii) Pay-out from the endowment shall be distributed to SCHF and such income shall be used for the charitable purposes designated by the donors or, if undesignated, at the discretion of the SCHF CEO or Board of Directors, and for administrative expenditures associated with the endowment.
- iv) The SCHF CEO and/or Board of Directors shall have the power to encroach on endowment capital on an "as needed" basis, in order to meet the charitable and/or administrative expenditures of the SCHF in furtherance of its objects.
- v) In the event that it becomes impossible or impractical to continue the endowment for the designated purpose or under the stated terms, SCHF CEO and/or Board of Directors may at its full discretion modify the terms or re-designate the purpose of the endowment and apply the endowment income and capital to such other purposes as deemed appropriate.
- vi) The SCHF shall use a total return on investment approach that does not distinguish between capital and income. Capital gains may be included in income for the purposes of distribution and endowment spending. Unrealized capital appreciation shall not be treated as income because it may not represent actual income available for distribution.

**g) Documentation**

- i) Decisions of SCHF in respect of this Endowment Policy shall be appropriately documented in the minutes of the meeting.
- ii) An endowment is a gift whereby the capital is held for a period of time  
*Gifts to endowment funds are required to remain in place for a period of ten years under current Canadian tax law.*
- iii) An endowment can be created by either the donor through an endowment fund agreement (donor endowment agreement) or by the board of a charity in creating an endowment fund (board endowment fund).
- iv) Under the Income Tax Act, an endowed gift is referred to as “enduring property”
- v) The income (i.e. the interest, dividends or capital gains) can be either expended in total each year or can be reinvested in whole or in part.
- vi) The capital and/or the income can be restricted to a particular use, such as supporting a specified department or purchasing equipment only, or can be unrestricted and used for the general purposes of the charity
- vii) The disbursement of income and capital can be left to the discretion of the charity or can be subject to donor advice, i.e. a donor advised fund.



## **8) NAMING POLICY**

Saskatoon City Hospital Foundation proudly recognizes donors with naming opportunities that balance public and private interests. We celebrate and recognize donor's efforts and achievements. Saskatchewan Health Authority (SHA) and the foundations, encourage continued investment in these facilities/programs that will benefit SHA patients, clients, and residents for generations to come.

### **POLICY**

Saskatoon City Hospital Foundation adheres to the SHA's Naming and Recognition Policy #SHA-04-003 approved January 11, 2024.

### **DOCUMENTATION**

In accordance with the fore mentioned Naming and Recognition Policy #SHA-04-003:  
All naming decisions shall be supported by appropriate and complete documents including written documentation stipulating rationale and conditions underlying the naming decision.

*See Appendix C: Named Gift Agreement*

The Foundation will retain on file confirmations of necessary Health Authority approvals to offer naming rights to the donor.

## 9) SPECIAL EVENTS POLICY

Saskatoon City Hospital Foundation benefits from events in three general categories:

- Existing third party managed events
  - Existing Foundation Board managed events
  - New events (both third party and Foundation Board managed events)
- a) Existing third party managed events are reviewed from time-to-time by the Saskatoon City Hospital Foundation Special Events Committee. Various criteria are used to analyze the event to determine whether the event continues as is, requires marked improvements or ceases to benefit SCHF.
- b) Where the SCHF Board is managing and executing the fundraising event, the following will serve as a general guideline:
- i) A detailed budget must be prepared in advance and approved by the Board of Directors.
  - ii) Proceeds of SCHF events must support SCHF's identified needs and be approved by the Board of Directors.
  - iii) SCHF shall provide clear communication to event guests regarding CRA regulations that limit the charitable deduction amount to only a portion of the ticket price.
  - iv) All SCHF events must be evaluated for determination of continued offering.
- c) New events proposed to benefit SCHF, whether third party or Foundation board managed, require that the event manager:
- Complete the Saskatoon City Hospital Foundation - third party event hosting application and agreement
  - i) This documentation is then submitted to the SCHF Special Events Committee for review. Once satisfactory review of the application has been conducted either the SCHF Special Events Committee or the SCHF CEO as proxy must sign to approve the event hosting agreement.
  - ii) A post event analysis will be conducted to determine if subsequent events are warranted.

*See Appendix D: Third Party Event Hosting Application and Agreement*

## APPENDIX A

### Gift In-Kind: DEED OF GIFT

Saskatoon City Hospital Foundation has accepted with sincere gratitude and appreciation:

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Value: 

---

Appraised by (if applicable):

Name: 

---

Address: 

---

Received by: 

---

 Title: CEO  
Steve Shannon for Saskatoon City Hospital Foundation

I, the undersigned, hereby offer to Saskatoon City Hospital Foundation as an unrestricted gift, the materials described above, to which I have clear title. I assign both physical and literary rights of the item(s), unless covered by prior copyright restrictions to Saskatoon City Hospital Foundation. This gift is made with no limiting conditions or restrictions and such materials may be exhibited, stored, loaned, maintained, reproduced, or sold at the sole discretion of Saskatoon City Hospital Foundation.

Date: 

---

 Donor's Signature: 

---

Name: 

---

Address: 

---

City/Town: 

---

 Province: 

---

 Postal Code: 

---

Phone: 

---

Email: 

---

Fair Market Value: <hr/>
For Foundation Use Only

## APPENDIX B

# Saskatoon City Hospital Foundation Endowment Fund Agreement

### I. Establishment

Saskatoon City Hospital Foundation Inc. (hereinafter "the Charity") hereby agrees to establish the (Chosen name for the Fund) **Endowment** per the terms of this agreement, to become effective when contributions for this Fund total at least \$50,000.

### II. Purpose

The purpose of this Fund shall be:

To establish a named endowment to (State the purpose of the fund)  
\_\_\_\_\_  
\_\_\_\_\_

### III. Donors

*State the names of the primary donors, their affiliation with Saskatoon City Hospital, why the fund is being established and some brief biographical information about the donors. This is the only record that will endure, and it should be sufficient to memorialize the donors and provide information for any future publication about our endowment program:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### IV. Funding

This Endowment will be funded with the following (include all applicable items):

- ☐ A cash gift of \$\_\_\_\_\_ (state terms if paying via a pledge term)
- ☐ A gift of securities (or real property) valued at \$\_\_\_\_\_
- ☐ A gift of the remainder interest in a charitable remainder trust executed on (date).
- ☐ The gift portion of a charitable gift annuity executed on (date).
- ☐ A life insurance policy assigned to the Foundation on (date).
- ☐ Any other gifts or bequests that (name) or other persons may designate for this purpose.
- ☐ Additional gifts that the donor(s) intend(s) to complete by (date) which, when added to the initial gift, total at least \$\_\_\_\_\_.

Subsequent contributions: Any person or organization may make contributions to this Endowment. All contributions to the Fund shall be administered pursuant to the terms and conditions of this agreement.

#### **V. Investment**

The donors intend that the property contributed for this Fund, or other property substituted for it, shall be held and invested by Saskatoon City Hospital Foundation Inc. as a ten year endowment unless the purpose is amended in accordance with Article VII. In no case shall the contributed property, or property substituted for it, be held for a period of less than ten years. In the eleventh year, the Foundation will have discretion to disburse the principal in support of the stated purpose at a rate not greater than 30% of the principal value as calculated at the beginning of each fiscal year.

The income earned on the endowment shall be used for the purposes authorized by this agreement. The investment, management, and expenditure of all funds shall be in accordance with Saskatoon City Hospital Foundation's policies and procedures.

#### **VI. Administration**

The income earned on the endowment shall be retained, administered and managed by Saskatoon City Hospital Foundation Inc. The distributed income shall be used for the purposes described in Article II. A prorated share of interest and dividends will be credited to the Fund on an annual basis and prorated management fees will be deducted.

The Foundation will charge a fee for its expenses in administering the endowment. The fee will be charged against income on an annual basis prior to distribution. In the event annual income is insufficient to cover this fee, the fee will be charged against undistributed income from prior years, or capital if undistributed income from prior years is insufficient. Management fees are not to exceed the lesser of 1.0% of the fund value to a maximum of \$5,000.

#### **VII. Amendment**

This agreement may be amended by the mutual consent of ***Saskatoon City Hospital Foundation Inc.*** and ***(the donors name)*** during their lifetime.

If changed circumstances should at some future time make it impractical to continue using the income from this endowment for the designated purpose, and the donor(s) either is (are) not living or not able to consent to an amendment, then Saskatoon City Hospital Foundation Inc. may designate the purpose of the endowment income, provided that the Fund shall continue to bear the name(s) of ***List name as indicated in***

**Article I** Endowment and the amended terms will adhere as closely as possible to the donor(s) original intent for this Fund.

**Donor(s):**

**Saskatoon City Hospital Foundation Inc.**

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---

Steve Shannon, Chief Executive Officer

---

Date

---

Date

## APPENDIX C



### NAMED GIFT AGREEMENT BETWEEN:

\_\_\_\_\_  
(the "Donor")

AND:

\_\_\_\_\_  
(the "Foundation")

AND

Saskatchewan Health Authority

(the "SHA")

The parties hereto covenant and agree as follows:

#### 1. Purpose of Agreement

The purpose of this agreement is to outline the agreement between the Donor, the Foundation and SHA regarding gifts as described in this Agreement.

#### 2. The Foundation's Representations

The Foundation represents that it is a qualified donee (Charitable No. \_\_\_\_\_), such that the Donor may be entitled to a charitable contribution tax deduction under the rules and regulations of the Canada Revenue Agency, if available. Upon receipt of the Gift and as permitted by law relating to the manner in which the Gift is made, the Foundation agrees to issue and deliver to the Donor an official receipt, (or series of receipts, as appropriate) for income tax purposes, if eligible.

#### 3. The Gift

To further the wishes of the Donor to assist the Foundation in carrying out its work, and in consideration of the undertaking given by the Foundation as set out in this Agreement, the Donor agrees to make a Gift to the Foundation in the amount of \$\_\_\_\_\_ (the "Gift") in Canadian currency.

The Gift will be made in the manner outlined in Schedule A.

#### 4. Purpose of the Gift

The purpose of the Gift(s) will be to support the "<insert campaign name>" for "<insert hospital or institution>" or "<insert specific priority area of support with in <insert hospital/institution>" (the "Purpose").

The Donor understands that the Foundation is relying on and will rely on the Gift in the planning and budgeting for Foundation initiatives. The Foundation will pursue similar commitments from others and may refer to the Gift when encouraging others to make such commitments, unless directed by the Donor that it wishes to remain anonymous.

## **5. Named Recognition Rights**

In grateful recognition of the Donor's Gift, the Donor will receive named recognition as outlined in Schedule B. Page 11 of 18

## **6. Term of the Named Recognition**

The term of the named recognition will be for the period not to exceed **insert term** or the life of the Purpose, whichever occurs first. The term will commence upon the Purpose commencing: for space, the officially opening to the public, for equipment, the date the equipment is installed or in use, or such other time as the parties may agree in writing. The Donor will have right of first refusal at the end of the term. Any right of renewal or right of first refusal shall be as outlined in Schedule C.

## **7. Approval**

Named recognition rights are subject to the approval of the SHA as outlined in the current *SHA Naming Policy*.

## **8. Revocation**

Named recognition rights may be revoked if, in the reasonable opinion of the SHA, circumstances respecting a recognized individual, organization or corporation contradict the mission, ethics and values of SHA or the Foundation.

## **9. Change of Purpose**

The parties agree that the SHA retains the right to revise the name for the Purpose if deemed appropriate. In event this occurs, the Foundation shall notify the Donor, in writing, of the revision.

If the Foundation is of the opinion that a revised Purpose for the use of the Gift is appropriate, the Foundation shall exercise its discretion, in consultation with the Donor, and use the Gift to the best advantage of the Foundation for other purposes consistent with the intent of the Donor.

If the Donor does not fulfill its commitments as outlined in this Agreement, the Foundation shall exercise its discretion, in consultation with the Donor, and use the Gift to the best advantage of the Foundation for other purposes consistent with the intent of the Donor. The Donor will receive recognition for the actual amount received by the Foundation consistent with the gift level benefits outlined in Foundation policy.

## **10. Commitments of the Foundation**

The Foundation and SHA agree that they shall make every reasonable effort to maintain the named recognition rights referred to in Section 6.

The Foundation agrees to use its best efforts to ensure the purpose of the funding of the Gift.

## **11. Notice**

The contact person designated by **the Foundation** is

Name, Title

Insert Address



Phone #

The contact person designated by **the Donor** is

Name, Title

Insert Address

Phone #

The contact person designated by **the SHA** is

Name, Title

Insert Address

Phone #

## **12. Publicity**

Neither party shall disclose the terms of this Agreement to any third party without the prior written consent of the other party, unless compelled by law.

## **13. Governing Law**

The agreement shall be governed by the laws of the Province of Saskatchewan and the laws of Canada applicable therein.

## **14. Miscellaneous**

Naming rights does not imply ownership of assets. It is understood that the SHA and the Foundation will retain sole ownership of any and all assets, intellectual property or other obtained as a result of the Gift.

The SHA retains the right to manage and control a SHA facility. This Agreement ensures to the benefit of and is binding upon the parties and their respective heirs, executors, successors and assigns.

If a corporation or business name changes, signage and other naming devices may be changed at the cost to the Donor with the approval of the SHA.

The effective date of this agreement shall be the date it is signed by all parties.

**IN WITNESS WHEREOF this Agreement has been executed and delivered by the parties.**

**Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ in the city of \_\_\_\_\_ in the Province of \_\_\_\_\_.**

By: \_\_\_\_\_  
Donor Signature

By: \_\_\_\_\_  
Witness

By: \_\_\_\_\_  
Donor Signature

By: \_\_\_\_\_  
Witness

**APPENDIX D**



**EVENT HOSTING APPLICATION FORM**

To Benefit:

**Saskatoon City Hospital Foundation Inc. – (Charitable Business # 119140739 RR0001)**

If you or your organization wishes to host an event to benefit Saskatoon City Hospital Foundation, please submit the completed application form with any attachments to:

Saskatoon City Hospital Foundation, 701 Queen Street, Saskatoon, SK S7K 0M7.  
Phone 655-8489 Fax 655-8245 email [brittany.ciona@schfgo.com](mailto:brittany.ciona@schfgo.com)

**CONTACT INFORMATION:**

Name /

Organization

Contact Person(s)

Address

City & Province

Postal Code

Business Phone

Home  
Phone

Cell

Email Address

Fax

Name /

Organization

Contact Person(s)

Address

City & Province

Postal Code

Business Phone

Home  
Phone

Cell

Email Address

Fax

Can the Foundation use the above contact information on our website so people can contact you? ☐Yes ☐No

Please select the category that best describes you or your organization:

☐Individual ☐Community ☐Corporate ☐School ☐Service Club ☐Registered not-for-profit

☐Employee Group ☐Other: (please specify)

**EVENT INFORMATION:**

Event Name

---

Event Date(s) & Time

---

Event Location

---

Is there an event website? ☐Yes ☐No (If yes, please specify)

---

Will you be using other social media to promote this event? ☐Yes ☐No (If yes, please specify)

---

Is this a first time event? ☐Yes ☐No (If no, please specify other event dates and amounts raised)

---

Please briefly describe your event (i.e. location, cost to participants, etc.)

This information will be used to promote your event on our website.

---

**PUBLIC RELATIONS INFORMATION:**

Will you be working with an advertising agent to promote your event? ☐Yes ☐No (If yes, please specify)

---

Will materials, print or electronic, be developed to promote the event or campaign?

☐Yes ☐No If yes, please indicate the extent of distribution and dates of release.

---

---

All print or electronic materials referencing SCHF and/or using SCHF logo must be reviewed and approved by Saskatoon City Hospital Foundation. Do you intend to use the name and/or logo of Saskatoon City Hospital Foundation in your promotional materials? ☐Yes ☐No If yes, please indicate when you will need a camera-ready logo.

---

Do you want to designate event proceeds to a specific department, program or initiative?

☐Yes ☐No

If yes, please indicated the specific department/program/initiative you wish to support:

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**FINANCIAL INFORMATION:**

Estimated gross revenue	\$
Estimated expenses	\$
Estimated net proceeds to SCH Foundation	\$
Anticipated date that SCH Foundation will receive donation	(mm/dd/yy)

**Recovery of Fundraising Costs (RoFC):** A portion of donations raised by SCHF are directed by donors towards specific programs and initiatives. These designated donations support a specific program, unit or department and are *restricted to purpose* by the donor. Once the funds are received by SCHF we provide a letter of thank you and a charitable receipt to the donor, and have oversight on the donor's behalf that the funds are used for charitable purposes as defined by Canada Revenue Agency. All SCHF revenue, designated and undesignated is charged a flat rate of 15% RoFC.

**I have read and will comply with the SCHF Event Hosting Guidelines** ☐ Yes

Name

Signature

Date

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All fundraising activities to benefit Saskatoon City Hospital are coordinated by Saskatoon City Hospital Foundation. If you have any questions concerning this application, please contact SCH

Foundation at (306) 655-8489 or [brittany.ciona@schfgo.com](mailto:brittany.ciona@schfgo.com)

THANK YOU for supporting Saskatoon City Hospital Foundation!

## SASKATOON CITY HOSPITAL FOUNDATION EVENT HOSTING AGREEMENT

The SPONSORING ORGANIZATION or INDIVIDUAL agrees:

- A. To submit all copies for advertisements, point of purchase materials and other project-related promotional materials to Saskatoon City Hospital Foundation office and to obtain the Foundation's written permission before production or use. The Foundation expressly reserves the right to final approval on all Saskatoon City Hospital Foundation promotional materials.
- B. To use only the authorized name and logo of Saskatoon City Hospital Foundation in all media and printed materials relating to the special project/promotional campaign/event; and strictly according to the SCHF Logo Brand Standards Guide.
- C. To underwrite all costs of the special project/promotional campaign/event or to secure such underwriting. No costs shall be incurred by Saskatoon City Hospital Foundation unless otherwise agreed in writing prior to the special project/promotional campaign/event.
- D. To provide names of prospective sponsors to Saskatoon City Hospital Foundation for review prior to contacting them for support. Saskatoon City Hospital Foundation agrees to provide the sponsoring organization with recognition corresponding to the level of giving as set forth in the Donor Recognition Policy.
- E. To handle all monetary transactions for the special project/promotional campaign/event and to present the net proceeds to Saskatoon City Hospital Foundation within 30 days of the special project/promotional campaign/event.
- F. To provide all staffing and volunteers for the special project/promotional campaign/event unless otherwise agreed in writing.
- G. To use its own mailing list for the special project/promotional campaign/event unless otherwise agreed in writing.

I have read this authorization and waiver and fully understand it and all its provisions and obligations. By signing below, I indicate my agreement and understanding.

\_\_\_\_\_  
Signature of Contact

\_\_\_\_\_  
Print name of Contact

For Office Use Only:

Date Application Received \_\_\_\_\_

Approved:      ☐Yes ☐No      SCHF Staff Signature \_\_\_\_\_

## APPENDIX E:

**DONOR RECOGNITION CHART:** Donors to SCHF will be offered the following opportunities based on the gift level they have achieved, either through a one-time gift, through cumulative donations or the pledge of a planned gift. While this policy provides a guideline for consistency and fairness, donor recognition is flexible and SCHF would be pleased to discuss opportunities and ideas to complement our donor's recognition expectations.

SCHF GIFT RANGE	Name added to or moved up a level on the donor wall	Invitation to donor reception when each new level is achieved	WA magazine profile article	Inclusion in Joint Thank you Ad	Small (Large for corporate) framed Hattori print	Recognition on SCHF website or social media	Individual Thank you Ad	Custom SCH tour	Profile story on donor wall for minimum 1 year
\$2,500 - \$9,999	✓	✓							
\$10,000 - \$24,999	✓	✓	✓	✓					
\$25,000 - \$49,999	✓	✓	✓	✓	✓				
\$50,000 - \$99,999	✓	✓	✓	✓	✓	✓			
\$100,000 - \$499,999	✓	✓	✓	✓	✓	✓	✓		
\$500,000 - \$999,999	✓	✓	✓	✓	✓	✓	✓	✓	
\$1,000,000 - \$2,499,999	✓	✓	✓	✓	✓	✓	✓	✓	✓
\$2,500,000 - \$4,999,999	✓	✓	✓	✓	✓	✓	✓	✓	✓
\$5,000,000+	✓	✓	✓	✓	✓	✓	✓	✓	✓

Policy Review

This policy was last reviewed and approved by the Development Committee November 2024.



## **Saskatoon City Hospital Foundation Privacy Policy**

### **Preamble:**

The Saskatoon City Hospital Foundation respects the privacy of all constituents (donors, volunteers, employees, and other stakeholders) and has developed a Privacy Policy based on the Canadian Standards Association model.

The Saskatchewan HIPA (Health Information Privacy Act) does not apply to the Foundation, since it applies to "personal health information". "Personal health information" is defined as information about an individual's physical or mental health and/or information gathered in the course of providing a health service. The Foundation does not have access to such information and therefore the Foundation is not defined as a "trustee" under HIPA.

The federal PIPEDA (Personal Information Protection and Personal Electronic Documents Act) – which is also based on the Canadian Standards Association model – does not apply to the Foundation since it specifically applies only to provincial organizations involved in "commercial activities". The Foundation is only deemed to be involved in commercial activities if it trades, rents or sells personal information (such as donor lists). The Foundation does not trade, rent or sell personal information.

### **Guiding Principle:**

The Saskatoon City Hospital Foundation (the "Foundation") is committed to protecting the privacy of the personal information of its constituents (donors, volunteers, employees, and other stakeholders). The Foundation has taken the necessary actions to ensure that information in any format (paper or electronic) is protected so that the relationship of trust between the constituent and the Foundation is upheld. The Foundation recognizes, and adheres to, the Saskatchewan Health Authority ("SHA") Privacy and Confidentiality, and Information Technology Policies.

"Personal information" for this purpose is defined as being any information that can be used to distinguish, identify, or contact a specific individual. Business contact information and certain publicly available information (such as names, addresses and telephone numbers as published in telephone directories- including on-line public databases) are not considered personal information.

The Saskatoon City Hospital Foundation Privacy Policy serves to outline the rules for the collection, use, disclosure and retention of personal information. The Policy is based on ten (10) internationally recognized privacy principles as outlined in the Canadian Standards Association Model Code ("CSMAMC") for the Protection of Personal Information.

### **1. Accountability for Personal Information.**

The Foundation has a Privacy Officer who is accountable for the Foundation's overall compliance with its Privacy Policy and acts as the primary contact person on information privacy and security matters. The Privacy Officer reports to the CEO of the Foundation and can be contacted as follows: Marlene Saretsky [info@schfgo.com](mailto:info@schfgo.com).

The Foundation and the Saskatchewan Health Authority have signed a Memorandum of Understanding which articulates mutual accountabilities. However, SHA does not share data related to patient records or patient information with the Foundation.

### **2. Identifying Purposes for the Collection of Personal Information.**

When the Foundation collects personal information directly from its constituents, the Foundation will identify the purposes for which personal information is collected at or before the time of collection. These purposes include: donor, employee or volunteer recruitment and engagement; that which is necessary for the administration of the interests of a donor, employee or volunteer; and compliance with legal and regulatory requirements.

### **3. Obtaining Consent for the Collection, Use or Disclosure of Personal Information.**

The knowledge and consent of a person is required for the direct collection, use or disclosure of personal information except where mandated by law.

This consent may be either express or implied. Express consent can be given orally, electronically or in writing. Implied consent is consent that can reasonably be inferred from an individual's action or inaction.

At any time, an individual may opt out of receiving communications (printed and/or electronic) from our Foundation. To opt out the individual must contact the Foundation. The Foundation can be reached by telephone at 306-655-8489, [info@schfgo.com](mailto:info@schfgo.com), or Saskatoon City Hospital Foundation Inc., 701 Queen Street, Saskatoon, SK, S7K 0M7.



#### **4. Limiting Collection of Personal Information.**

The Foundation will limit the collection of personal information to that which is necessary for the purposes identified. Information will be collected by fair and lawful means.

The Foundation does not collect any personal health information, other than that which is volunteered directly by the constituent to the Foundation.

#### **5. Limiting Use, Disclosure, and Retention of Personal Information.**

Personal information will not be used or disclosed for purposes other than those for which it was collected, except with the consent of the person or as required by law. Personal information will be retained only as long as necessary for the fulfillment of those purposes. The Foundation **does not** trade, rent or sell any personal information to third parties.

The Foundation's web page contains online forms that allow visitors to make a donation. The personal and credit card information provided on these forms is used only to process these donations (although the donor name and address will be retained in our database). Online donations to the Foundation are processed through Blackbaud.

#### **6. Ensuring Accuracy of Personal Information.**

The Foundation ensures personal information is accurate, complete and as up-to-date as necessary for the purposes for which it is to be used. We encourage individuals to review, correct and update personal information previously provided to the Foundation, by contacting us at 306-655-8489, [info@schfgo.com](mailto:info@schfgo.com), or Saskatoon City Hospital Foundation Inc., 701 Queen Street, Saskatoon, SK, S7K 0M7.

Donors who request that their name and/or amount of the gift not be publicly released shall remain anonymous.

#### **7. Ensuring Safeguards for Personal Information.**

Personal information is protected with security safeguards appropriate to the sensitivity of the information. All Foundation employees, volunteers, and directors must sign a Confidentiality Agreement. In addition, independent contractors, or vendors that have a working relationship with the Foundation's proprietary database, must sign a Confidentiality Agreement.

All SHA employees are bound by, and do adhere to, SHA's Confidentiality Policy. All Foundation employees receive mandatory Privacy Training.

## **8. Openness Concerning Policies and Practices.**

The Foundation's Privacy Policy is available to view on its web site at [SCHFgo.com](http://SCHFgo.com). A print version of the Foundation's Privacy Policy can be requested from the Foundation at Saskatoon City Hospital Foundation, 701 Queen Street, Saskatoon, SK S7K 0M7.

## **9. Access to Personal Information.**

Upon request, a person will be informed of the existence, use, and disclosure of personal information of the person and shall be given access to that information. A person can challenge the accuracy and completeness of the information and have it amended as appropriate. Please contact the Foundation at 306-655-8489, [info@schfgo.com](mailto:info@schfgo.com) or Saskatoon City Hospital Foundation Inc., 701 Queen Street, Saskatoon, SK, S7K 0M7.

## **10. Challenging Compliance.**

A challenge concerning compliance with the above principles should be made to the Privacy Officer at:

Marlene Saretsky  
[info@schfgo.com](mailto:info@schfgo.com)

If your concerns are not properly addressed, please contact the Foundation's CEO at:

Steve Shannon  
[info@schfgo.com](mailto:info@schfgo.com)

If you still do not receive acknowledgment of your inquiry or your inquiry has not been satisfactorily addressed, you should then contact the Saskatchewan Information and Privacy Commissioner's office toll free at 1-877-748-2298, [intake@oipc.sk.ca](mailto:intake@oipc.sk.ca) or 503 1801 Hamilton Street, Regina, SK S4P 4B4 ([oipc.sk.ca](http://oipc.sk.ca)).

## **Policy: Workplace Expectations**

Number: SHA-06-007

Date Effective: October 12, 2022

Scope: Saskatchewan Health Authority

Date Revised: December 12, 2023

### **This policy applies to the following team members:**

- Staff
- Practitioner Staff
- Contracted Individuals
- Patient Family Partner
- Knowledge Keepers
- Volunteers
- Learners
- Contractors

(See Appendix A for Definitions)

## **1. Purpose**

This policy sets employment requirements and establishes behaviours and contributions expected of Saskatchewan Health Authority (SHA) team members. The SHA is committed to fair, culturally responsive and consistent employment practices.

## **2. Principles**

- 2.1. Team members provide [patient and family-centered care](#).
- 2.2. The SHA puts people first by providing safe, high quality health care services in a welcoming and safe work environment. The SHA values and is committed to the health, quality of life and interests of:
  - our patients, clients, residents,
  - our team members,
  - our partners, and
  - the public.
- 2.3. Team members are supported in maintaining high standards of behaviour. These standards inform SHA leaders about the qualities, knowledge and skills to look for when hiring.
- 2.4. Team members are accountable to our patients, clients, residents, the SHA and the public, and are responsible for their own actions, decisions, and outcomes.
- 2.5. The SHA aims to build a workforce that reflects the diversity of the population served.
- 2.6. The SHA aims to make team members feel valued and supported for their contributions.

2.7. SHA is committed to:

- respecting all individual's privacy including those of team members, patients, clients and residents in accordance with applicable legislation;
- accommodating team members where required; and
- treating everyone fairly and equitably.

### 3. Policy

3.1. Team members treat each other and our patients with dignity and respect and refrain from discrimination, harassment, bullying or other disrespectful behaviour.

3.2. Team members are accountable for their own behaviours and are expected to conduct themselves in a respectful and appropriate manner at all times (Appendix C - Code of Conduct).

3.3. Team members are ambassadors of the SHA and will demonstrate the behaviours outlined in this policy where there is an identifiable or substantive link to the workplace and while working for the SHA in all work locations. These include:

- SHA facilities and sites;
- the community;
- clients' homes;
- traveling for work; or
- remote work locations.

3.4. Appropriate conduct is expected of team members at an SHA worksite or off-site and may occur:

- directly from person to person; or
- electronically using SHA or personal devices. Examples include e-mail, internal systems and social media.

3.5. Team members are required to comply with processes and programs developed by Human Resources and Practitioner Staff Affairs such as:

- [Performance Leadership](#).

3.6. Team members who require registration or certification of a professional designation to practice will maintain membership in their respective association as a condition of employment. Any code of conduct, ethics guide or practice standards of a professional governing body will be applicable to a team member working subject to a governing body and the team member will act in accordance with those guidelines as a condition of employment.

3.7. Team members must successfully review policies, complete mandatory training, and acquire certifications required for their job during paid time.

3.8. SHA leaders will guide team members to meet SHA goals, objectives and strategies in a reasonable, fair, equitable, and respectful manner.

3.9. The SHA will apply cultural responsivity to resolve conduct and performance problems in an informal and positive manner where reasonably possible with a goal of correcting behaviour to align with

expectations. Disciplinary procedures will be administered in a manner that is intended to be corrective.

- 3.10. SHA team members will meet productivity standards established in their program or service areas. Time management, teamwork, efficiency, cooperation, punctuality and effort all contribute to productivity.
- 3.11. Team members are responsible and accountable to the SHA and to the public for the efficient, effective and ethical use of resources.
- 3.12. All persons interacting with SHA team members or patients and persons attending SHA worksites are expected to conduct themselves appropriately.
- 3.13. The SHA has processes in place for the appropriate selection and management of the workforce to protect the safety of patients and team members and to maintain public confidence and trust.

#### **Criminal Record Check**

- 3.14. SHA requires a criminal record check from every potential SHA team member. The criminal record check must be satisfactory to the SHA. A vulnerable sector check is required for individuals providing patient/resident/client care to vulnerable persons.
  - If it is not clear that care will be provided to vulnerable persons, consult with your Human Resources Business Partner (HRBP) or Workforce Planning and Employment Strategies (WPES) Specialist to determine whether a vulnerable sector search is required.
  - Potential team members under 18 years of age may not be able to obtain a vulnerable sector search. Consult with your HRBP or WPES Specialist for direction.
- 3.15. Team members who receive a criminal charge or conviction while employed by the SHA shall immediately inform their manager/supervisor.
  - Non-disclosure of criminal charge or conviction may result in disciplinary action up to and including termination of employment.
  - Team members who receive a criminal charge or conviction while employed by the SHA may be subject to disciplinary action up to and including termination of employment.
- 3.16. All individuals working in SHA facilities under contract/service agreement require a criminal record check.

#### **Recording Daily/Weekly Time**

- 3.17. Team members are responsible for accurately documenting and submitting their time entries for payroll processing.
- 3.18. Team members must have manager or designate's approval to work overtime unless otherwise stated in their collective bargaining agreement or letter of understanding.
- 3.19. Team members submit requests for leaves of absences to their supervisor for approval unless otherwise stated in their collective bargaining agreement or letter of understanding.

## **Social Media Personal Use**

- 3.20. Team member's personal social media activities will not interfere with SHA job duties or affect SHA's business interests or reputation.
- 3.21. Team members who identify themselves as SHA staff in social media or network account posts must state that they are not speaking on behalf of the SHA. Team members are entitled to express opinions and ideas in social media as long as they do not interfere with their ability to perform their work tasks and duties.

If team members choose to identify as SHA staff in social media or network account posts, they must state that they are not speaking on behalf of the SHA. Stating this on a personal social media profile does not mean that team members are permitted to publically contravene organizational policies of the SHA.

- 3.22. Personal, private, confidential or internal information about patients, residents, clients and/or staff that become known by a team member through their work or relationship with the SHA must never be disclosed when using social media. Disclosure of personal, private, confidential or internal information about patients, residents, clients and/or staff on social media may result in disciplinary action up to and including termination of employment.
- 3.23. Work email accounts are for work purposes and are not to be used by team members for personal social media profiles, mailing lists or pages.

## **4. Roles and responsibilities**

### **4.1. Team members**

- Practice and promote a positive, respectful, ethical, inclusive, culturally responsive workplace.
- Conduct themselves in a manner that aligns with the Code of Conduct (see Appendix C - Code of Conduct).
- Seek guidance from their supervisor or the Human Resources department with questions about the best course of action or behaviour in a challenging situation.
- Are responsible for their work performance and for adapting to changes in their work.
- Notify their supervisor of any work-related problems or personal circumstances that may affect their work performance.
- Ensure all SHA mandatory training is completed and identify support/training needed to meet their job expectations with their supervisor's assistance.
- Will wear their SHA identification badge where it is visible while at work.
- Report breaches of this policy to their supervisor or Human Resources contact.

### **4.2. Leaders/Managers/Supervisors**

- Show leadership by modelling workplace expectations.
- Follow-up on concerns brought to their attention.
- Address interpersonal conflicts and provide feedback for improvement.
- Develop coaching competencies.

- Provide feedback, performance improvement plans and corrective actions to assist and guide team members with unsatisfactory job performance, misconduct or behaviour that violates SHA policies, procedures, or practices.
- Resolve situations within their scope of accountability, and escalate if necessary.
- Provide team members with accurate written job descriptions, orientation to their position and job tasks, and ongoing training as required.
- Provide appropriate supervision and performance feedback to team members.
- Identify, address and take action to resolve performance issues as early as possible.
- Utilize a supportive, cooperative approach to resolving issues.
- Provide staff with well-being, resilience and mental health resources and supports.

#### **4.3. Human Resources**

- Advise and educate managers about this policy and its application.
- Provide managers with the necessary tools to educate team members about this policy.
- Include this policy in new hire orientation programs and ensure that team members have reviewed the provisions of the policy.
- Assist managers to assess and investigate all reported suspected breaches of this policy.

### **5. Failure to follow this policy**

Failure to follow this policy will be handled according to:

- collective bargaining agreements;
- applicable legislation, regulations, policies, procedures and processes; and/or
- SHA Practitioner Staff Bylaws.

Breach of this policy may result in discipline up to and including termination/revocation of:

- employment;
- contractual relationship;
- practitioner staff appointment; and/or
- privileges.

### **6. Documents that relate to this content**

#### **Policy**

Appendix A: Definitions

Appendix B: Replaced Documents

Appendix C: Code of Conduct

Appendix D: Attire and Hygiene

### **7. Roles that manage and approve this policy**

#### **Policy Sponsor: Chief Human Resources Officer**

- Approve the policy and related content.
- Share responsibility for revisions and renewal with the owner.

#### **Policy Owner: Executive Director, Human Resources Business Partnerships**

Manage this policy including policy communication, education, implementation, evaluation and audit.

- Share responsibility for revisions and renewal with the sponsor.

## **8. References**

Not applicable.



## Appendix A: Definitions

**Contracted Individuals:** Individuals providing services:

- in their personal capacity; or
  - through a sole proprietorship;
- pursuant to a contract with the Saskatchewan Health Authority (SHA).

**Contractor:** A business (incorporated entity or partnership) providing services pursuant to a contract with the SHA.

**Criminal Record Check:** The process performed by local police or RCMP which will determine whether an individual has been charged or convicted of a crime<sup>1</sup>.

**Knowledge Keepers (First Nation, Métis and Inuit Elders):** There is a spiritual understanding combined with sacred and ancient knowledge within the Knowledge Keepers. Knowledge Keepers have attained a high degree of wisdom, knowledge and understanding of First Nation, Métis, or Inuit history, traditional teachings, ceremonies, and healing practices. They are role models within their communities by leading a healthy lifestyle and are acknowledged by the community as Knowledge Keepers.

**Learners:** Clinical and non-clinical student placements.

**Patient Family Partners (PFP):** PFPs have healthcare experience(s) as a patient/resident/client, or a family member/support person. PFPs partner with the SHA to:

- develop policies, programs, and practices affecting patients;
- improve the quality and safety of the patient experience; and
- embed people/patient & family centered care across the SHA.

**Patient and Family Centred Care:** An approach to the planning, delivery, and evaluation of health care that is grounded in mutually beneficial partnerships among health care providers, patients, and families. It redefines the relationships in health care by placing an emphasis on collaborating with people of all ages, at all levels of care, and in all health care settings. In patient and family centered care, patients and families define their "family" and determine how they will participate in care and decision-making.

**Practitioner Staff:** Qualified members of a health profession who are legally entitled to practice in Saskatchewan and who have been appointed to the Practitioner Staff of the SHA and to whom privileges may be granted by the SHA.

**Remote Access:** The ability to access Saskatchewan Health Authority information or information systems from a remote location. This allows staff to work offsite, such as at home or in another location, while still having access to a distant computer or network, such as the office network.

**Social Media:** All forms of user-generated content created or shared online. Social media is a catch-all term for a variety of internet applications that allow users to create content and interact with each other. Social media channels/accounts/profiles etc. includes, but is not limited to:

- internet based platforms/social networking sites (Facebook, Instagram, Flickr, YouTube, Snapchat, file sharing (video/audio), LinkedIn and Twitter;
- blogging sites; and

- forums, discussion boards, news article comments, online encyclopedias/wikis (example Wikipedia).

**Staff:** SHA employees include in-scope, out-of-scope, full-time, part time and casual staff in all facilities owned, operated and leased by the SHA as well as SHA staff working in the community.

**Team/Team Member:** In the context of SHA policy, 'the team' represents all individuals working, volunteering, or learning within the SHA. This could include staff, practitioner staff, contracted individuals, Patient Family Partners, Knowledge Keepers, volunteers, learners and contractors. The specific team member groups required to follow a policy or procedure are listed in the header/title page of the document.

**Volunteer:** A person that provides services with no financial gain to the benefit of individuals or groups within the Saskatchewan Health Authority

**Vulnerable Person(s):** A person who, because of their age, a disability or other circumstances, whether temporary or permanent:

- is in a position of dependency on others; or
- is otherwise at a greater risk than the general population of being harmed by a person in a position of trust or authority towards them.<sup>2</sup>

Examples of vulnerable persons include, but are not limited to: children, youth, senior citizens, racialized person(s), people with physical/developmental/cognitive/emotional/social or other disabilities or impairments, victims of crime or accident, those addicted or dependent of addictive substances, or those who are otherwise left with little or no defence against a person who would harm them; those unable to provide free and informed consent to participate in research, institutionalized persons, those who have cognitive impairments, and those in a position of dependency.

**Vulnerable Sector Check:** The process by which a member of RCMP or local police verify whether an individual in a position of trust or authority toward a child or vulnerable person has a criminal record, as well as any record suspensions (formerly called “pardons”) for sexual offences.<sup>1,3</sup>

## References

1. Royal Canadian Mounted Police. Types of criminal background checks. [Internet]. [Ottawa, ON]: RCMP; 2018 Mar 29. [cited 2022 Sep 15]; [about 6 screens]. Available from: <https://www.rcmp-grc.gc.ca/en/types-criminal-background-checks>
2. *Criminal Records Act*, RSC 1985, c C-47, s 6.3(1).
3. *Criminal Records Act*, RSC 1985, c C-47, s 6.3(3).

## Appendix B: Replaced Documents

SHA policy and procedure replaces all related:

- departmental,
- unit, or
- former regional documents.

Teams may need to update local work standards to make sure they are not different from SHA policy and procedure before they continue to use them.

This policy replaces or partially replaces the following former regional health authority policies, procedures, forms or other related documents including but not limited to:

### Workplace Expectations Policy (SHA-06-007) Full Repeals

SHA	Criminal Record Check Policy Directive	SHA-06-002
SHA	Social Media Personal Use Policy Directive	SHA-04-001
Cypress	Code of Conduct	2-20
Cypress	Discrimination	2-50
Cypress	Leaving Premises	2-90
Cypress	Punctuality	2-100
Cypress	Hiring Process	3-30
Cypress	Employment Identification	4-80
Cypress	Dress Code	2-60
Five Hills	Retirement of Older Workers	P608
Five Hills	Employee Identification Badges	611
Five Hills	Code of Conduct	614
Five Hills	Dress Code	602
Five Hills	Dress Code	CE02-06
Five Hills	Dress Code Home Care	HC 3.1
Five Hills	Protective Footwear	HC 4.6
Five Hills	Footwear	OHS 3.4
Five Hills	Nursing Dress Code	X-30
Heartland	Conduct and Ethics	HR03-13
Heartland	Employee Identification	HR04-03
Heartland	Dress Code	HR03-01
Heartland	Personal Hygiene and Dress Code	S01-16.02
Keewatin Yatthé	Dress Code Requirements	Z-1
Kelsey Trail	Identification	3-040
Kelsey Trail	Visiting	3-190
Kelsey Trail	Staff Accountability Conduct	5-010
Kelsey Trail	Cultural Diversity	5-170
Kelsey Trail	Employee Identification	ERPC-POL-108
Kelsey Trail	Hours of Work	HR-POL-3-130
Kelsey Trail	Dress Code/Personal Hygiene	5-040
Kelsey Trail	Footwear	5-045
Mamawetan	Theft or Abuse of Property by an Employee	HR-027

Mamawetan	Verification of Licence to Practice	HR-031
Mamawetan	Employee Identification	CS-061
Mamawetan	Footwear	C-18B
Mamawetan	Regional Dress Code	HR 042
Mamawetan	Home Care – Dress Code	HC 038
Prince Albert	License Verification Policy	10-10-90
Prince Albert	License Verification Procedure	10-10-90(P)
Prince Albert	Membership in Professional Organizations – Therapies	80-20-07
Prince Albert	Proof of Completion of Professional Program – Therapies	80-20-13
Prince Albert	Identification Badges	10-10-17
Prince Albert	Identification Badges Procedure	10-10-17P
Prince Albert	Identification Badges	240-10-04
Prince Albert	Dress Code	70-120-01
Prince Albert	Dress Code	90-10-13
Prince Albert	Dress Code	90-40-13
Prince Albert	Dress Code for Therapies Staff	80-20-02
Prairie North	Code of Conduct and Ethics	6002
Prairie North	Code of Conduct and Ethics Procedure	6002(P)
Prairie North	Photo Identification	6319
Prairie North	Photo Identification Procedure	6319(P)
Prairie North	Dress Code	6306
Prairie North	Dress Code	15651
Prairie North	Dress Code – Public Health Nursing	16019
Prairie North	Casual Dress	6307
Regina Qu'Appelle	Professional Image	212
Saskatoon	Code of Conduct	7311-10-001
Saskatoon	Respectful Workplace	7311-30-001
Saskatoon	Professional Appearance and Dress Code	7311-30-013
Sun Country	Photo Identification Badge	HR-25-25
Sunrise	Employee Conduct	230.010
Sunrise	Identification Cards	202.006
Sunrise	Identification of Volunteers	1100.023
Sunrise	Casual Business Attire	230.009
Sunrise	Employee Dress Code/Personal Appearance	230.008
Sunrise	Integrated Health Services – Dress Code	800.033
Sunrise	Integrated Health Services – Dress Code	700.027
Sunrise	Integrated Health Services – Dress Code	600.013

#### **Workplace Expectations Policy (SHA-06-007) Partial Repeals**

Mamawetan	Respect and Dignity	HR-045
Regina	Professional Image	212
Regina	Guidelines for Professional Image Policy	212gui
Saskatoon	Dress Code – Nursing Personnel	1005
Sun Country	Dress and Grooming Standards	HR-20-15
Sunrise	Medical Residents and Students	860.010
Sunrise	Corporate Services Dress Code	500.009

## Appendix C: The SHA Code of Conduct

The SHA Code of Conduct:

- guides and provides expectations for behaviours and actions;
- supports a productive, healthy workplace;
- outlines specific behaviours that uphold the [SHA values](#); and
- helps us provide quality services and a welcoming environment.

The SHA Code of Conduct complements, but does not replace, other codes of conduct or ethics that team members follow as members of professional associations or societies.

All team members are expected to know and follow the SHA Code of Conduct. Doing the right thing begins with our values, and relies on good judgement and sensitivity to the way others see and interpret our actions.

### Accountability

We will:

- follow all SHA policies and procedures that are applicable to us;
- be responsible for our behaviours and actions;
- have the courage to speak up in support of patient-centered care;
- be responsible for protecting the privacy and confidentiality of confidential information in accordance with the SHA Privacy and Confidentiality policy;
- respect the privacy of SHA business information and the personal information and personal health information of team members, patients, clients and residents in accordance with the [Privacy and Confidentiality Policy](#) SHA-07-003;
- be dependable, punctual and reliable at work and conscientious in the use of work time;
- learn how to accept and provide constructive feedback;
- correct and learn from our mistakes;
- show initiative in our work;
- fulfill our employment obligations to the best of our abilities;
- be engaged when at work and perform our job duties as required;
- promote a positive work environment through our actions, words and behaviours;
- champion a culture of safety ([Culture of Safety Policy](#) SHA-02-001 and [SHA Safety Charter](#)); and
- strive to continuously learn and improve.

### Respect

The SHA is a place of respect for patients, clients, residents, employees, and visitors. A respectful environment is free from unlawful harassment and discrimination, however, it involves more than compliance with human rights and other laws. A respectful environment is a shared responsibility where everyone supports the productivity, safety, dignity and self-esteem of every member of the SHA community by fostering positive relationships through kindness, inclusivity, cooperation and empowerment.

We will:

- interact without discrimination or retaliation. This could include discrimination or retaliation based on protected characteristics such as:
  - disability,
  - age,
  - religion or religious creed,
  - family status,

- marital status,
  - sex,
  - sexual orientation,
  - gender identity,
  - race or perceived race,
  - nationality,
  - place of origin,
  - ancestry,
  - colour,
  - receipt of public assistance,
  - or any other characteristics consistent with *the Saskatchewan Employment Act*, *Saskatchewan Human Rights Code 2018*, collective bargaining agreements or SHA policies.
- take action to uphold the [SHA's commitment to Truth and Reconciliation](#);
  - be sensitive to diversity and the unique needs of individuals and groups;
  - treat people with honesty, courtesy, politeness and kindness;
  - be aware of how our behaviour affects others. Shouting, gossiping, coarse/obscene language can be offensive to others;
  - listen to and consider the ideas and concerns of others;
  - contribute to creating a work environment of trust and respect;
  - be polite and considerate to everyone; and
  - model compassion and empathy to all those around us by listening to understand each other's experiences.

### **Compassion**

We will:

- be respectful in written, verbal and non-verbal communication, such as tone of voice, attitude and body language;
- listen to others without judgement and remain open-minded to their thoughts and ideas;
- keep conversation topics workplace appropriate and be aware of appropriateness of physical space (private or open/common area) when discussions take place;
- practice active listening and be engaged in our service and communication; and
- offer to assist others when the need is identified.

### **Personal integrity**

We will:

- be responsible to act and behave in a manner, both on and off-duty, that does not discredit or damage the reputation of the SHA or the public's confidence in the SHA; and
- maintain integrity and ethical behaviour in personal conduct while in the workplace.

### **Collaboration**

We will:

- use teamwork to problem-solve and work together, providing opportunity for others' input, viewpoints and ideas;
- actively participate to help our team be efficient and productive;
- be responsible to resolve concerns or conflicts in the workplace; and
- acknowledge the contributions and accomplishments of individuals.

## **Stewardship**

We will:

- demonstrate accountability to the public by treating SHA property (material or intangible) with respect and care and use SHA resources for legitimate business purposes only; and
- use SHA systems, information and resources appropriately for their intended use and in the best interests of the entire organization.

## Appendix D: Attire and Hygiene

Attire and hygiene in the Saskatchewan Health Authority (SHA) comply with:

- *The Saskatchewan Human Rights Code*<sup>1</sup>;
- Infection Prevention and Control standards<sup>2</sup>;
- The *Occupational Health and Safety Regulations*<sup>3</sup>; and
- The *Food Safety Regulations*<sup>4</sup>

Attire and hygiene reflect the [Values](#) of the SHA, impacting the safety of team members and those we serve.

### Attire and Hygiene Principles:

- Help patients, clients, residents, families and visitors identify staff, practitioner staff, volunteers, students and contractors. This is a key component of patient and family centered care.
- Maintain a high standard of professional appearance.
- Maintain infection prevention and control standards.
- Comply with Occupational Health and Safety standards and other legislative requirements and standards.
- Demonstrate cultural sensitivity.
- Ensure attire is appropriate for the area of work or specific department.

### General:

- Managers/supervisors set specific attire and hygiene expectations for their work area based on legislative requirements and standards. SHA [Infection Prevention and Control Professionals](#), Occupational Health Committees, and Staff Safety Specialists are resources to establish safe attire and hygiene expectations.
- Team members' attire and hygiene promotes staff and/or patient safety.
- Team members who travel while on duty are advised to wear and take clothing with them that is suitable for changing weather conditions, i.e. severe heat or cold and the possibility of delays due to road conditions (see [Safe Driving Procedure SHA-02-001-P1](#)).
- Body art, piercings and/or jewelry worn by team members does not compromise staff and/or patient safety (for jewelry, see [Hand Hygiene Policy SHA-02-005](#)).
- Team members do not wear or use scented products in an SHA facility (perfume, cologne, scented lotions, body spray, scented hair products, scented clothing, etc.<sup>5</sup>). Scented products can cause adverse reactions and/or trigger reactions related to pre-existing health conditions in others.<sup>6</sup>
- Managers/supervisors ensure team members are aware of and dressed in accordance with attire and hygiene expectations for the work area. If a team member's attire or hygiene is inappropriate, their manager will advise the team member to change their attire and comply with attire and hygiene expectations.

### Hair:

- Hair is clean.
- Hair is tied back according to legislative requirements and standards for the occupation or task.



- Hair nets or beard nets shall be utilized when safety or product quality may be at risk.
- Facial hair is in compliance with the [Facial Hair Policy Directive \(SHA-02-008\)](#).

**Footwear:**

- Footwear is compliant with legislative requirements and standards for the occupation or task.
- Footwear is clean and suitable for the hazards present in the work environment.
- 

**Attire:**

- Attire protects individuals from hazards and is compliant with legislative requirements and standards.
- Attire is appropriate, clean, and safe (no offensive symbols or images, it is not a fall or infection control hazard; is in good condition, no rips or tears).
- SHA hospital issued scrubs and uniforms are worn only by authorized team members and shall not be worn for non-work related activities.
  - Hospital issued scrubs and uniforms remain in the SHA facility and are laundered by the SHA.

**Nails and Nail Polish, Hand and Wrist Jewelry:**

- See [Hand Hygiene Policy \(SHA-02-005\)](#)

## Attire and Hygiene Best Practice

A job safety analysis (JSA) process determines risk and appropriate mitigating action(s) for every task within an occupation. These are a few examples.

Practice	Safety Protection	Legislation, Standard or SHA Value
Medical grade scrubs	Provide protection from fluids	Public Health Agency of Canada <sup>2</sup> & <i>The Occupational Health and Safety Regulations, 2020</i> , s. 6-22(1) Exposure control plan <sup>3</sup>
Reducing exposed skin	Provide protection from fluids	Public Health Agency of Canada <sup>2</sup> , <i>The Occupational Health and Safety Regulations, 2020</i> , s. 6-22(1) Exposure control plan <sup>3</sup>
Clothes fit and do not have rips or tears	Cannot get caught in a machine or on any other object	<i>The Occupational Health and Safety Regulations, 2020</i> , s. 10-1(3)(a) <sup>3</sup>
Full length pants	Provides protection from cuts, punctures, irritation or abrasion.	<i>The Occupational Health and Safety Regulations, 2020</i> , s. 7-10(1)
Covering a tattoo of a swear word or offensive symbol	Psychological safety for patients and staff	SHA Values - Safety
No dangling neckwear or jewelry, rings, etc.	Cannot get caught in a machine, fall into sterile fields, or pose a risk of harm due to violence	<i>The Occupational Health and Safety Regulations, 2020</i> , s. 10-1(3)(c) <sup>3</sup> Public Health Agency of Canada <sup>2</sup> Hand Hygiene Policy-SHA-02-005
Hair is tied back or cut short	Hair does not contaminate food or specimens, does not get caught in a machine, fall into sterile fields or effect patient care.	<i>The Occupational Health and Safety Regulations, 2020</i> , 10-1(3)(b) <sup>3</sup> & Public Health Agency of Canada <sup>2</sup>
Closed toe shoes	Closed toes shoes offer protection from spills, sharps etc.	<i>The Occupational Health and Safety Regulations, 2020</i> , s. 7-11 <sup>3</sup>
Well-fitting, flat soled shoes with good traction that provide stable movement	Prevents slips, trips and falls	<i>The Occupational Health and Safety Regulations, 2020</i> , s. 7-11 <sup>3</sup>
Soft-soled shoes	Reduces noise for patients who may be resting	SHA Values – Respect

## References:

1. *The Saskatchewan Human Rights Code, SS 2018, CS-24.2*
2. Public Health Agency of Canada. (2016). Routine practices and additional precautions for preventing the transmission of infection in healthcare settings. Ottawa, ON: Her Majesty the Queen in Right of Canada. See [SHA IPAC Routine Practices](#) and [Point of Care Risk Assessment Guideline](#).
3. *The Occupational Health and Safety Regulations, 2020, S-15.1 Reg 10*
4. *The Food Safety Regulations, P-37.1 Reg 12*
5. Canadian Centre for Occupational Health and Safety (2019). *Scent Free Policy for the Workplace*. [https://www.ccohs.ca/oshanswers/hsprograms/scent\\_free.html](https://www.ccohs.ca/oshanswers/hsprograms/scent_free.html)
6. Canadian Human Right Commission. (2019). *Environmental sensitivity and scent-free policies: what you need to know*. [https://publications.gc.ca/collections/collection\\_2021/ccdp-chrc/HR4-46-2-2019-eng.pdf](https://publications.gc.ca/collections/collection_2021/ccdp-chrc/HR4-46-2-2019-eng.pdf)

**VOLUNTEER POLICY AND AGREEMENTS:  
MANAGING VOLUNTEER RELATIONSHIPS AND REDUCING RISK**

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5) Saskatoon Health Region (SHA) Volunteers conducting tasks/work for SCHF	6
6) SCHF Board of Directors Volunteer Policy <ul style="list-style-type: none"> <li>a) Introduction</li> <li>b) Board Structure</li> <li>c) Director Recruitment and Officer Succession</li> <li>d) Director Orientation, Education and Development</li> <li>e) Director Evaluation and Performance Review</li> <li>f) Compliance with Laws, Rules and Regulations</li> <li>g) Stakeholder Consultation and Communication</li> </ul>	7

## **1) OPPORTUNITIES AND GUIDING PRINCIPLES**

### **a) OPPORTUNITIES**

- i. Volunteering for Saskatoon City Hospital Foundation offers opportunities for:
  - SCHF and volunteers to collaborate in developing campaigns and special events
  - SCHF to benefit from the value of voluntary and community services
  - Volunteers to develop pride and satisfaction in the giving of their time and expertise.

### **b) GUIDING PRINCIPLES**

- i. Community Participation

SCHF encourages citizens to volunteer and contribute their expertise to improve their community specifically relating to enhancing health care at Saskatoon City Hospital (SCH).
- ii. Qualified and Dedicated People

SCHF invites as volunteers, citizens with skills and qualifications to share both their time and talent freely for the benefit of their community and SCH.
- iii. Recognized Contributions

SCHF and SCH appreciate the commitment and time given by their Volunteers and recognize their valuable contributions and the spirit in which they are given.
- iv. Balance

Volunteer Policies balance the interests of the Volunteers, SCHF and the communities it serves by ensuring that these interests are clearly defined and agreed on.

### **c) VOLUNTEERS ARE REQUIRED TO READ AND SIGN THE FOLLOWING**

- i. **6.1 Forms / Documents:** SCHF Volunteer Welcome Package, Guide and Waiver
- ii. **6.4 Policies / Procedures:** Confidentiality of Patient and Donor information Agreement
- iii. **6.4 Policies / Procedures:** Code of Conduct and Ethics Board of Directors, Employees and Volunteers

## **2) DEFINITION AND CATEGORIES**

### **a) VOLUNTEER DEFINITION**

A person who, of their own free will, provides service to Saskatoon City Hospital Foundation while under the general supervision of SCHF, as a member of a board or volunteer committee without compensation or other consideration.

### **b) CATEGORIES**

- i. Board Directors
- ii. Non-board members serving as non-voting volunteers or participants on a standing board committee
- iii. Special Events Volunteers
- iv. SHA Volunteers conducting tasks/work for SCHF
  - a. SCHF Gift Shop Volunteers
  - b. SCHF Communications volunteers

### **3) INSURANCE COVERAGE AND RISK MANAGEMENT**

During the volunteer term and in the performance of the volunteer activities for SCHF, volunteers will have access to insurance and immunity coverage contracted under the name Saskatoon Regional Health Authority O/S Saskatoon Health Region (SHA). However schools and youth organizations volunteering their members will be responsible for the liability and insurance of their participants.

#### **a) GENERAL LIABILITY INSURANCE**

SHR's liability insurance protects both SHA and SCHF volunteers against claims from third parties, while the volunteer is performing volunteer activities. Coverage for the volunteer is in excess of any liability coverage they may already carry. This does not cover loss or damage of the volunteer's property. There is no cost to the volunteer for this liability insurance coverage.

#### **b) ORIENTATION/TRAINING**

SCHF will provide orientation, training and materials necessary to fulfill the volunteer duties.

#### **c) RISK MANAGEMENT**

SCHF and SHA strive to mitigate risk by ensuring all volunteers are informed of any risks associated to the completion of their volunteer duties.

It is the responsibility of the volunteer to:

- i. Provide honest and factual information during the recruitment and interview process
- ii. Conduct his/her activities taking reasonable care not to injure themselves, other persons or their property
- iii. Be aware of his/her duty of confidentiality

#### **4) SCHF SPECIAL EVENT VOLUNTEERS**

##### **a) SELECTION SCREENING**

Each SCHF Special Event Chair will evaluate volunteer applicants based on their expertise and experience. Those suitable will be selected as task volunteers or members of the committee for which they have applied.

##### **b) APPOINTMENT**

After selection and satisfactory interview, the SCHF Special Event Chair will appoint the suitable applicant as a task volunteer or member of the appropriate committee for a specific period.

##### **c) PERFORMANCE**

The volunteer will be encouraged to complete their duties and/or attend meetings on a regular basis, for which the volunteer freely gives their time and expertise to SCHF without financial compensation. The volunteer will be encouraged to participate in additional duties or committee work where the volunteer may have special interests and qualifications.

##### **d) ETHICS, PRIVACY AND CONFIDENTIALITY**

- i. All volunteers are reminded that SCHF expects them to conduct themselves in an ethical, businesslike and lawful manner ensuring their actions as an SCHF volunteer reflect positively on the organization.

##### **e) PERSONAL PROPERTY**

Members are responsible for the safety and security of all their own personal property and possessions.



## **5) SHA VOLUNTEERS CONDUCTING TASKS / WORK FOR SCHF**

### **a) SELECTION SCREENING**

- i. The recruitment and selection of SHA volunteers is conducted by the volunteer coordinator for SHA's People and Partnerships Department as detailed in *SHA's Policy #VW1.1 - People and Partnerships Volunteer Workforce Protocol and Procedures*.
- ii. All prospective SHA volunteers must complete an application, provide letters of reference and have a criminal record check completed per SHA Policy 7311-30-006 on criminal record screening.
- iii. All SHA volunteers must read and sign the *SHA Code of Confidentiality and Code of Conduct*.

### **b) APPOINTMENT**

- i. Following the completion of application, the applicant will be interviewed by the manager of the department to determine suitability.
- ii. Where SCHF is concerned, volunteer applicants may conduct the following work:
  - (1) With SCH Gift Shop as a Clerk: Interview and orientation is conducted by the SCH Gift Shop Manager
  - (2) With SCHF distributing promotional materials throughout SCH:
    - (a) Interview conducted by SCHF CEO
    - (b) Orientation conducted by Accounting Administrator or Communications Director

### **c) PERFORMANCE**

Performance of SHA volunteers is evaluated against their assigned tasks by their supervising department manager and the coordinator for SHA's volunteer workforce.

### **d) PERSONAL PROPERTY**

Volunteers are responsible for the safety and security of all their own personal property and possessions.

### **e) RECOGNITION**

SHA volunteers who conduct tasks/work benefiting SCHF receive formal recognition with an annual thank you article and group photo in the SCHF Well Aware newsletter and an annual thank you luncheon hosted during volunteer week.

## **6) SCHF BOARD OF DIRECTORS VOLUNTEER POLICY**

### **a) INTRODUCTION**

Being a member of the Saskatoon City Hospital Foundation Board of Directors is an opportunity for representatives from the Saskatoon community to contribute their knowledge, energy, commitment, and leadership to the Foundation. It is imperative for the future of Saskatoon City Hospital Foundation that the Board of Directors be motivated to recognize the need for change, create the vehicle of change and implement the process for change.

Saskatoon City Hospital Foundation will benefit from volunteers' expertise, skills and sector knowledge. Volunteers will benefit from the professional development and additional skills, experience and knowledge gained as a result of sitting on the Board and immersing into the strategic direction and governance of the Foundation.

### **b) BOARD STRUCTURE**

There are a number of committees on which Directors can serve. Standing Board Committees are divided into two broad categories, Governance & Development and include the following:

#### **Governance:**

- i. Executive Committee
- ii. Governance Committee
- iii. Audit and Finance Committee
- iv. Human Resources Committee

#### **Development:**

- v. Special Events Committee
- vi. Development Committee

For details on the purpose, composition, accountability, duties and responsibilities of each of these committees, please reference:

**6.4 Policies / Procedures: SCHF Board Committees - Terms of Reference**

### **c) DIRECTOR RECRUITMENT AND OFFICER SUCCESSION**

Board member recruitment is conducted with consideration to fill skill gaps in the existing board composition. For details on recruitment and succession protocol and procedures, please reference:

**6.3 Plans: Board of Director Recruitment and Officer Succession Plan**

**6.1 Forms / Documents: Individual Board Expertise and Skill Sets - template**

**6.1 Forms / Documents: Masterlist – SCHF Board Members Skill Sets – template**

**d) DIRECTOR ORIENTATION, EDUCATION AND DEVELOPMENT**

The Director Orientation program ensures new board members have the baseline knowledge they need to actively contribute to the work of the board. SCHF will provide regular training opportunities to enhance the skill level of the board to ensure they have a rewarding board experience in their contributions to the Foundation's mission, vision and goals.

For details on how directors are oriented and how education and development opportunities are identified, please reference:

**6.3 Plans: SCHF Director Orientation, Education and Development Plan**

**e) DIRECTOR EVALUATION AND PERFORMANCE REVIEW**

SCHF has established a plan to ensure that the Board and its individual Directors are carrying out their roles/responsibilities. The Governance Committee will oversee a process of regular evaluation of the board, the board chair and board committees.

For details regarding the process and procedures for board performance review and evaluation, please reference:

**6.3 Plans: SCHF Board of Director Evaluation and Performance Review**

**f) COMPLIANCE WITH LAWS, RULES AND REGULATIONS**

The SCHF Board of Directors will ensure that the Board and CEO have an understanding of the laws, rules and regulations that apply to SCHF, as well as all governing policies approved from time to time by the Board, and that there is full compliance with the policies, rules and regulations.

For details regarding this process, please reference:

**6.4 Policies / Procedures: SCHF Compliance with Laws, Rules and Regulations Policy**

**g) STAKEHOLDER CONSULTATION AND COMMUNICATION**

Consultation is an important principle in sound planning and decision-making. The SCHF Board believes that where stakeholders are consulted on a regular basis, real benefits have been delivered for all parties. Consultation provides opportunities to develop shared understandings with stakeholders of visions and expectations for SCHF and our mission and commitment to our stakeholders.

**6.3 Plans: SCHF Stakeholder Consultation and Communication Plan**

**Policy Review**

This policy was reviewed and approved by the Special Events Committee May 2024.



### **THIRD PARTY FUNDRAISING**

Saskatoon City Hospital Foundation (SCHF) welcomes events that designate proceeds to Saskatoon City Hospital (SCH). You can host your event confidently knowing that your efforts will make a difference in medical technology, research, education and patient care at SCH. Continue reading to learn how you can host an event supporting Saskatoon City Hospital Foundation. To discuss further, please contact the Foundation office at 306-655-8489 or by email: [nicole.hustej@SCHFgo.com](mailto:nicole.hustej@SCHFgo.com)

### **HOST AN EVENT FOR SASKATOON CITY HOSPITAL FOUNDATION**

Thank you for considering Saskatoon City Hospital Foundation as a beneficiary of your fundraising event. We appreciate your efforts to help create excellence in health care by raising funds to support initiatives and equipment with the greatest impact. Thanks to you, the Foundation can respond to new opportunities as they arise, advance clinical care and therapies, and help patients recover so they return home sooner. Investments are made in careful consultation with the Saskatchewan Health Authority to ensure optimum impact on medical care in the hospital.

Saskatoon City Hospital is a primary centre for ambulatory care. Each year, there are more than 195,000 patient visits at SCH. Ninety five per cent go home the same day. This includes outpatient procedures, scoping procedures and eye care procedures as well as day surgeries, emergency department visits, medical imaging visits and inpatient stays.

Many specialized clinics and services housed within SCH serve not only Saskatoon and surrounding communities but also the entire province. Saskatoon City Hospital houses the Eye Care Centre, Women's Health Centre, Gynecology, Breast Health Centre, Endoscopy, Ambulatory Care, Rehabilitation Services, MS Clinic and the Sleep Disorder Centre. SCH is also home to the Cameco MS Neuroscience Research Centre and the office of the Saskatchewan Multiple Sclerosis Clinical Research Chair.

Hosting an event is a wonderful way to raise funds to make a positive difference for patients and their families at SCH. The Foundation recognizes that event planning and hosting can be time- consuming so continue reading our suggestions offered as a guide to ensure you and your team have fun organizing your event!

Remember, no donation is too small: every donation makes a difference.



### TIPS TO PLAN A SUCCESSFUL THIRD PARTY EVENT

1. Register Your Event: Please fill out the Event Hosting Application Form and submit it to Saskatoon City Hospital Foundation. Email: [nicole.hustej@SCHFgo.com](mailto:nicole.hustej@SCHFgo.com)
2. Event Hosting Guidelines: Thoroughly review the SCHF Event Hosting Guidelines and check the box on the application indicating you have done so.
3. Form a Planning Committee: Your committee members need to share the work and represent a variety of skills.
4. Establish Goals/Create a Budget: Identify expected income and what your net will be after expenses.
5. Schedule the Event: Check to make sure there isn't a similar event being held at the same time.
6. Develop a Task List: Divide tasks among your committee and prepare a checklist of what needs to be done leading up to the day of the event.
7. Enlist the Foundation's Help: After you've filled out the Event Hosting Application Form and Agreement and received SCHF approval, the Foundation will be happy to offer support to your successful event in the following ways: Guidance and input; website and social media promotion; volunteer assistance when feasible; guest speakers or staff to attend if required; use of Foundation logo (this helps show you're raising funds in support of the Foundation. NOTE: All printed and electronic materials using the logo must be approved by SCHF prior to publication and distribution).
8. Promotion and Publicity: SCH Foundation may advertise your event on our website, in social media, at the hospital and to Saskatchewan Health Authority employees (Providing a logo, photos, posters and other materials will help too.)
9. Other promotional ideas: Word of mouth; local media; community-based web sites; flyers; school and community groups; your event's social media; and public bulletin boards.
10. Wrap it up: Your successful event is over and it's time to collect funds, and thank your participants and volunteers. The Foundation asks that all funds be forwarded within 30 days following the event. Please allow 4-6 weeks from the date of funds received for tax receipts to be issued (refer to Event Hosting Guidelines - Receipting).

Remember to thank and acknowledge your supporters and they'll be back next year!

**Have fun!**



## FREQUENTLY ASKED QUESTIONS ABOUT EVENT HOSTING

**Q: Can you mail our event information to your donors?**

A: SCH Foundation can advertise your event internally at SCH on TV message boards and to SHA staff via e-news, as well as on our website or through e-blast to our donors, but cannot mail to donors.

**Q: Can you find sponsors for our event?**

A: SCH Foundation can work with you to help you brainstorm appropriate sponsors for your event, but does not approach corporations or other potential sponsors for you.

**Q: Can you promote our event for us?**

A: SCH Foundation may advertise your event internally at SCH on TV message boards and to SHA staff via e-news, as well as on our web site and social media pages.

**Q: Can you get media to come to our event? Can you put out a press release on our behalf?**

A: SCH Foundation can advertise your event inside the hospital to staff, volunteers, patients and their families only.

**Q: Can we use your logo on our event materials?**

A: Once your event is approved, the Foundation will provide you with its logo, and once you have a draft of your promotional materials with the logo on them, the Foundation will review for approval.

**Q: Is SCH Foundation able to pay for my event expenses?**

A: SCH Foundation does not provide upfront payments to cover event expenses.

**Q: What if I don't raise as much money as I stated on the Event Hosting Application Form. Am I expected to pay the difference?**

A: The Foundation is always grateful for people raising awareness of its efforts! Please remember, no donation is too small -- every donation makes a difference!

**Q: Can I issue tax receipts for my event?**

A: SCH Foundation is a registered charity in Canada and is committed to following all rules and regulations regarding tax receipting set out by the Canada Revenue Agency (CRA). Please review Charitable Tax Receipt information listed as point #8 under the Event Hosting Guidelines.



## EVENT HOSTING GUIDELINES

Event Hosting is a fundraising initiative directed and managed by individuals or groups in the community where some or all event proceeds are donated to Saskatoon City Hospital Foundation (SCHF).

The purpose of Event Hosting Guidelines is to ensure all events undertaken in support of SCHF are successful, positive experiences that reflect well on event organizers, SCHF and SCH.

In order to ensure that all Event Hosting events have a positive impact for our patients, their families and the medical team at SCH, SCHF requires organizers to follow the following guidelines:

### GUIDELINES:

1. SCHF reserves the right to deny any application for a special event/fundraising program that does not present, in the Foundation's view, a positive image for the Foundation.
2. SCHF logo must not be used without prior review and consent by a representative of the Foundation for mailers, publications, social media, etc. for which the logos will be used.
3. In view of its limited staff and volunteer resources relative to the number of fundraising events in a typical year, participation by Foundation staff and volunteers should be minimal and should not be a critical element in the success of any third party event.
4. While Foundation staff will be pleased to have information available regarding the event, including where and how to acquire tickets, it's unable to actively participate in the sale of tickets.
5. SCHF will not provide "seed money" or otherwise invest donor funds for Event Hosting events.
6. The Foundation is not liable for any injuries sustained by event volunteers or participants related to an event benefiting SCH Foundation and cannot assume any type of liability for the event.
7. Charitable gaming activity (raffles, 50-50s, etc.) must be licensed by Saskatchewan Liquor and Gaming (SLGA). As a third party entity you can apply for a Public Amusement License, please see <https://www.slga.com/permits-and-license>

8. Charitable Tax Receipts: Official tax receipts may be issued by SCHF for donations of \$10.00 or more and in accordance with Canada Revenue Agency guidelines, which addresses issues such as “advantage” received as part of the ticket price.

The event organizer is responsible for providing participant names, addresses, contact information and donation amount in a clear and legible manner. This will ensure the Foundation is able to maintain accurate records for receipting purposes. The event organizer is also responsible for providing the Foundation with a detailed accounting (including supporting documentation) of any advantage received by event supporters as charitable receipts will only be issued, net of advantage, in accordance with Canada Revenue Agency guidelines. A letter of thanks is also included with the charitable receipt.

We would be happy to provide you with further information on this. Event information must be received within 30 days of the event.

- SCHF cannot issue a charitable donation receipt for items purchased at an auction or for purchasing tickets for a draw prize. For more information on charitable receipting processes, please visit the Canadian Revenue Agency website at [www.cra-arc.gc.ca](http://www.cra-arc.gc.ca)
9. All cheques are to be made payable to Saskatoon City Hospital Foundation and include the event name in the cheque memo.

For more information, contact:

Saskatoon City Hospital Foundation  
701 Queen St. Saskatoon, SK S7K 0M7  
Phone: (306) 655-8489  
Email: [nicole.hustej@SCHFgo.com](mailto:nicole.hustej@SCHFgo.com)  
Website: [www.schfgo.com](http://www.schfgo.com)





## EVENT HOSTING APPLICATION FORM

To Benefit:

**Saskatoon City Hospital Foundation Inc. – (Charitable Business # 119140739 RR0001)**

If you or your organization wishes to host an event to benefit Saskatoon City Hospital Foundation, please submit the completed application form with any attachments to:

Saskatoon City Hospital Foundation, 701 Queen Street, Saskatoon, SK S7K 0M7.  
Phone 655-8489 Fax 655-8245 email [nicole.hustej@SCHFgo.com](mailto:nicole.hustej@SCHFgo.com)

### CONTACT INFORMATION:

Name / Organization

---

Contact Person(s)

---

Address

---

City & Province

Postal Code

---

Business Phone

Home Phone

Cell

---

Email Address

Fax

Name / Organization

---

Contact Person(s)

---

Address

---

City & Province

Postal Code

---

Business Phone

Home Phone

Cell

---

Email Address

Fax

Can the Foundation use the above contact information on our website so people can contact you?

☐Yes ☐No

Please select the category that best describes you or your organization:

☐Individual ☐Community ☐Corporate ☐School ☐Service Club ☐Registered not-for-profit

☐Employee Group ☐Other: (please specify)

**EVENT INFORMATION:**

Event Name

---

Event Date(s) & Time

---

Event Location

---

Is there an event website? ☐Yes ☐No (If yes, please specify)

---

Will you be using other social media to promote this event? ☐Yes ☐No (If yes, please specify)

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Is this a first time event? ☐Yes ☐No (If no, please specify other event dates and amounts raised)

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Please briefly describe your event (i.e. location, cost to participants, etc.)

This information will be used to promote your event on our website.

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**PUBLIC RELATIONS INFORMATION:**Will you be working with an advertising agent to promote your event? ☐Yes ☐No (If yes, please specify)

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Will materials, print or electronic, be developed to promote the event or campaign?

☐ Yes ☐ No If yes, please indicate the extent of distribution and dates of release.

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All print or electronic materials referencing SCHF and/or using SCHF logo must be reviewed and approved by Saskatoon City Hospital Foundation. Do you intend to use the name and/or logo of Saskatoon City Hospital Foundation in your promotional materials? ☐ Yes ☐ No If yes, please indicate when you will need a camera-ready logo.

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Do you want to designate event proceeds to a specific department, program or initiative? ☐ Yes ☐ No

If yes, please indicated the specific department/program/initiative you wish to support:

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**FINANCIAL INFORMATION:**

Estimated gross revenue	\$
Estimated expenses	\$
Estimated net proceeds to SCH Foundation	\$
Anticipated date that SCH Foundation will receive donation	(mm/dd/yy)

**Recovery of Fundraising Costs (RoFC):** A portion of donations raised by SCHF are directed by donors towards specific programs and initiatives. These designated donations support a specific program, unit or department and are *restricted to purpose* by the donor. Once the funds are received by SCHF we provide a letter of thank you and a charitable receipt to the donor, and have oversight on the donor's behalf that the funds are used for charitable purposes as defined by Canada Revenue Agency. All SCHF revenue, designated and undesignated is charged a flat rate of 15% RoFC.

**I have read and will comply with the SCHF Event Hosting Guidelines** ☐ Yes

Name

Signature

Date

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All fundraising activities to benefit Saskatoon City Hospital are coordinated by Saskatoon City Hospital Foundation. If you have any questions concerning this application, please contact SCH Foundation at

(306) 655-8489 or [Nicole.hustej@schfgo.com](mailto:Nicole.hustej@schfgo.com)

THANK YOU for supporting Saskatoon City Hospital Foundation!



## SASKATOON CITY HOSPITAL FOUNDATION EVENT HOSTING AGREEMENT

The SPONSORING ORGANIZATION or INDIVIDUAL agrees:

- A. To submit all copies for advertisements, point of purchase materials and other project-related promotional materials to Saskatoon City Hospital Foundation office and to obtain the Foundation's written permission before production or use. The Foundation expressly reserves the right to final approval on all Saskatoon City Hospital Foundation promotional materials.
- B. To use only the authorized name and logo of Saskatoon City Hospital Foundation in all media and printed materials relating to the special project/promotional campaign/event; and strictly according to the SCHF Logo Brand Standards Guide.
- C. To underwrite all costs of the special project/promotional campaign/event or to secure such underwriting. No costs shall be incurred by Saskatoon City Hospital Foundation unless otherwise agreed in writing prior to the special project/promotional campaign/event.
- D. To provide names of prospective sponsors to Saskatoon City Hospital Foundation for review prior to contacting them for support. Saskatoon City Hospital Foundation agrees to provide the sponsoring organization with recognition corresponding to the level of giving as set forth in the Donor Recognition Policy.
- E. To handle all monetary transactions for the special project/promotional campaign/event and to present the net proceeds to Saskatoon City Hospital Foundation within 30 days of the special project/promotional campaign/event.
- F. To provide all staffing and volunteers for the special project/promotional campaign/event unless otherwise agreed in writing.
- G. To use its own mailing list for the special project/promotional campaign/event unless otherwise agreed in writing.

I have read this authorization and waiver and fully understand it and all its provisions and obligations. By signing below, I indicate my agreement and understanding.

\_\_\_\_\_  
Signature of Contact

\_\_\_\_\_  
Print name of Contact

For Office Use Only:

Date Application Received \_\_\_\_\_

Approved:    ☐Yes ☐No    SCHF Staff Signature \_\_\_\_\_

## **6.5 Bylaws**

- **SCHF Bylaws**

## **BYLAW NO. 1**

A bylaw relating generally to the conduct of the affairs of the Foundation.

Be it enacted by the Board of Directors of the SASKATOON CITY HOSPITAL FOUNDATION (hereinafter called the “Foundation”) as a bylaw of the Foundation as follows:

### **HEAD OFFICE**

1. The Head Office of the Foundation shall be in the City of Saskatoon, in the Province of Saskatchewan, and at such place therein as the Directors may from time to time determine.

### **SEAL**

2. The seal, of which an impression appears in the margin, is hereby adopted as the corporate seal of the Foundation.

### **DIRECTORS**

#### **3. Number**

The affairs of the Foundation shall be managed by a board of not less than five (5) and not more than twenty (20).

#### **4. Term of Office**

To be determined at the discretion of Saskatoon City Hospital Foundation’s Board executive and Chief Executive Officer.

#### **5. Election and Term of Directors**

5.1 Representative Director - Intentionally Deleted

5.2 Appointment of Representative Director – Intentionally Deleted

5.3 Election – The election of directors shall take place at the annual meeting of the members, and directors then in office shall retire at the close of the meeting, but, if qualified, shall be eligible for re-election. The number of directors to be elected at any such meeting shall be the number of directors then in office unless the directors or members otherwise determine. The election shall be a show of hands or by resolution of the members unless a poll is demanded by any member. Notwithstanding the foregoing, if directors are not elected at the meeting of the members, the incumbent directors continue in office until their successors are elected.



## **6. Removal and Vacancy**

6.1 The members may, by ordinary resolution at a special meeting, remove any director or directors from office, and the vacancy created by such removal may be filled at the same meeting.

6.2 A director ceases to hold office upon death; is removed from office by the members; ceases to be qualified for election as a director; or when written resignation is sent or delivered to the Foundation or if a time is specified in such resignation, the time so specified, whichever is the later.

6.3 Subject to the Act, a quorum of the Board may fill a vacancy in the Board, a vacancy resulting from an increase in the minimum number of directors or from a failure of the members to elect the number or a minimum number of directors required by the Articles. In an absence of a quorum of the Board, or if the vacancy has arisen from a failure of the members to elect the minimum number of directors, the Board shall forthwith call a special meeting of members to fill the vacancy. If the Board fails to call such meeting, or if there are no such directors then in office, any member may call the meeting. Any director appointed or elected to fill a vacancy holds office for the unexpired term of the predecessor.

## **7. Place and Notice of Meetings**

Meetings of the Board may be held at any place within or outside of Saskatchewan. Meetings of the Board shall be held at such place and time and on such day as the Chairman of the Board or the Vice-Chairman of the Board or any two (2) directors may determine and the Secretary shall call meetings when directed or authorized by the Chairman of the Board or any two (2) directors. Notice of every meeting so called shall be given to each director not less than forty-eight (48) hours before the time when the meeting is to be held but notice of a meeting shall not be necessary if all the directors are present or if those absent waive notice of such meeting. The Board may designate certain places, times and days for regular meetings of the Board and such regular meetings may be held without notice. A meeting of the Board may also be held without notice immediately following the annual meeting of members to elect officers.

## **8. Quorum**

A majority of members or five (5) members, whichever is the lesser, shall constitute a quorum at the meeting of members.

## **9. Voting**

Questions arising at any meeting of the Board shall be decided by a majority of votes of those directors present. In case of an equality of votes, the motion being voted on will be considered defeated.

## **COMMITTEES**

### **10. Advisory Committees**

The Board may elect or appoint such other committees as it may deem advisable, but in matters involving the exercise of discretion, the functions of such other committees shall be advisory only. The members of such committees do not necessarily need to be members of the Foundation.

### **11. Executive Committee**

The Board may elect from among its number an executive committee consisting of not fewer than three (3) members and may delegate to the executive committee any powers of the Board, subject to the restriction, if any, imposed from time to time by the Board.

### **12. Procedure**

Unless otherwise specified herein or by the Board, each such committee shall have power to fix its quorum which in the case of the executive committee shall be not less than a majority of its members, to elect its chairman and to regulate its procedure.

## **OFFICERS**

### **13. Election and Appointment**

The Board may annually or oftener elect and appoint a Chairman, and a Vice-Chairman from among the directors. The Board may from time to time as may be required appoint a Secretary, Treasurer and such other officers as the Board deems advisable. One person may hold both the offices of Secretary and Treasurer.

The Board may also appoint Honourary officers who shall hold office for such time as is fixed by the directors.

### **14. Term of Office and Remuneration**

All Directors shall serve as such without remuneration and no Director shall directly or indirectly receive any profit from occupying the position of Director. Directors may be reimbursed for reasonable expenses they incur in the performance of their Directors' duties. Directors may be paid fees or expenses incurred in connection with services they provide to the Corporation in their capacity other than as Directors, provided that any such reimbursement is: (i) based on Board policy, (ii) considered reasonable by the Board; (iii) approved by the Board for payment by resolution passed before such payment is made; and (iv) in compliance with the conflict of interest provisions.



**15. Chairman of the Board**

The Chairman of the Board, when present, shall preside at all meetings of the Foundation Board of Directors.

**16. Vice-Chairman of the Board**

The Vice-Chairman of the Board, when present, shall preside at all meetings of the directors if there is no Chairman of the Board or during the absence or disability or refusal to act of the Chairman of the Board.

**17. Secretary**

The Secretary shall give or cause to be given notices of all meetings of the Board and of the members and shall have charge of the minute books, registers and other corporate documents except as otherwise determined by the Board.

**18. Other Powers and Duties**

In addition to any powers and duties prescribed by bylaw, all officers of the Foundation shall have such powers and duties as may from time to time be assigned to them by the Board or, in the case of officers other than the Chairman of the Board, by the Chairman of the Board.

**IDEMNIFICATION OF DIRECTORS AND OFFICERS**

19. Except in respect of an action brought by or on behalf of the Foundation to procure a judgement in its favour, the Foundation indemnifies each director and officer of the Foundation, each former director or officer of the Foundation, and any person who acts or acted at the Foundation's request as a director or officer of a body of which the Foundation is or was a shareholder, a member or a creditor, and his heirs and legal representatives against all costs, charges and expenses, including an amount paid to settle an action or satisfy a judgment reasonably incurred by him in respect of any civil, criminal or administrative action or proceeding to which he is made a party by reason of being or having been a director or officer of the Foundation or of a corporation of which the Foundation is or was a shareholder, member or creditor, where:

- (a) he acted honestly and in good faith with a view to the best interests of the Foundation; and
- (b) in the case of a criminal or administrative action or proceeding that is enforced by a monetary penalty, he had reasonable grounds for believing that his conduct was lawful.

## **MEMBERS**

### **20. Membership**

The members shall comprise of those individuals who from time to time are the directors of the Foundation.

### **21. Termination of Membership**

A membership interest is not transferable and is terminated:

- (a) when such member ceases to be a director of the Foundation, whether in respect of removal, resignation or otherwise; or
- (b) upon the Foundation being liquidated or dissolved.

### **22. Dues**

No dues or fees shall be payable by any member except such, if any, as may from time to time be fixed by bylaw passed by the Board and confirmed by at least two-thirds (2/3) of the votes cast at a general meeting of members duly called for that purpose or, in lieu of such confirmation, by the consent in writing of all of the members.

### **23. Annual Meeting**

The annual meeting of the members shall be held at the head office of the Foundation or elsewhere in Saskatchewan and at such time on such date in each year as the Board may determine.

### **24. General Meetings**

General meetings of the members may be convened by order of the Chairman of the Board of the Foundation, if any, the Vice-Chairman or any two (2) members of the Foundation to be held at any time and at any place at which an annual meeting may be held.

### **25. Notice**

Notice of the time and place of a meeting of any member and the general nature of the business to be transacted thereat shall be delivered or mailed by prepaid post to each member, as the case may be, and to the auditor of the Foundation at least twenty-one (21) days before the date on which the meeting is to be held, directed to such address as appears on the books of the Foundation or, if no address is given therein, then to the last address known to the Secretary. The accidental omission to give notice to any member or the non-receipt of any such notice by any member or any error in a notice not affecting the substance thereof

shall not invalidate such notice or any meeting called by such notice or any resolution passed or other proceeding taken at such meeting.

**26. Waiver**

A meeting of voting members may be held for any purpose without notice if all the members are present in person or represented by a nominee at the meeting or if those not so present or represented have waived notice. Notice of any meeting or any irregularity in any meeting of or in the notice thereof may be waived by any member or the nominee of any voting member.

**AUDITOR**

27. The auditor of the Foundation shall be an independent chartered accountant or firm of chartered accountants which may be the same as the auditor of Saskatoon City Hospital.

**CHEQUES AND DOCUMENTS**

**28. Cheques**

All cheques or other orders for the payment of money and notes or other evidence of indebtedness shall be signed by any two (2) officers or other persons as may be authorized by the Board of the Foundation.

**29. Instruments**

Contracts, documents or other instruments in writing requiring execution by the Foundation may be signed by the Chairman of the Board, if any, the Vice-Chairman and by the Secretary or the Treasurer. The Board may also from time to time appoint any one or more directors and/or officers to sign instruments generally or specific instruments on behalf of the Foundation. Instruments so signed shall be binding upon the Foundation. The corporate seal shall be affixed to such instrument when appropriate.

**FISCAL YEAR**

30. The fiscal year of the Foundation shall terminate on such day in each year as the Board may from time to time by resolution determine and, until otherwise determined, shall end March 31.

**CUSTODY OF SECURITIES**

31. All investments of the Foundation or documents of title thereto shall be lodged for safekeeping with such chartered bank, trust company or other depository as the

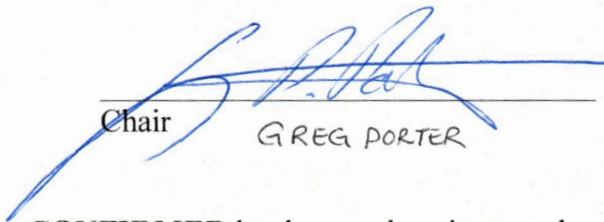



Board may from time to time determine. Such investments and documents of title may be registered in the name of a nominee or held in bearer form.

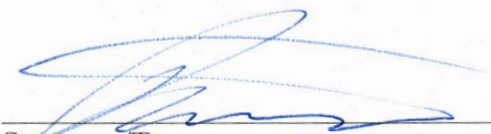
### **FINANCIAL DISCLOSURE**

32. An audited financial statement and report must be presented to Saskatoon City Hospital Foundation Board members at every annual general meeting. Audited financial statements are available for public review upon request.

**ENACTED** by the Board effective the 23<sup>rd</sup> day of November, A.D. 2015

 Chair GREG PORTER	 Secretary/Treasurer PHILLIP WYANT
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**CONFIRMED** by the members in accordance with the Act by electronic vote the 23<sup>rd</sup> day of November, A.D. 2015

 Secretary/Treasurer PHILLIP WYANT
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