

BOARD MEETING

Minutes of the meeting of the Board (the “**Board**”) of Alberta Health Services (“**AHS**”) held at the Queen Elizabeth II Hospital – Auditorium – Lower Level, 10409 – 98 Street, Grande Prairie, on September 13, 2012.

Present:

Board Members: Mr. Stephen Lockwood (Chair)
Ms. Catherine Roozen (Vice Chair)
Dr. Ray Block
Ms. Teri Lynn Bougie
Dr. Ruth Collins-Nakai
Dr. Kamallesh Gangopadhyay
Mr. John Lehnert
Mr. Don Sieben
Dr. Eldon Smith
Mr. Gord Winkel

Management: Dr. Chris Eagle, President & Chief Executive Officer
Ms. Patti Grier, Chief of Staff & Corporate Secretary

Regrets: Mr. Don Johnson

Mr. Lockwood acted as Chair of the meeting and Ms. Grier acted as Corporate Secretary.

Mr. Lockwood called the meeting to order at approximately 1:15 p.m. Notice of the meeting had been properly given and quorum was met.

Mr. Lockwood welcomed a very special guest, Mr. Harry Lehnert, the father of Mr. John Lehnert, Board member, to the meeting.

1. Review of Agenda

UPON MOTION duly moved, seconded and unanimously carried, the Board approved the agenda for the meeting of the Board held on September 13, 2012, which was provided to the Board in advance of the meeting.

2. Conflict of Interest

Mr. Lockwood requested that any conflicts of interest, other than those previously declared, relevant to the meeting or items noted on the agenda be declared. None were declared.

3. Approval of Minutes

UPON MOTION duly moved, seconded and unanimously carried, the Board approved the minutes of the meeting of the Board dated June 7, 2012, in substantially the form before them, and the Chair of the Board and the Corporate Secretary were authorized and directed to sign the minutes in the form so approved and the Corporate Secretary was directed to file them in the corporate records of AHS and deliver a copy to the Minister of Health.

4. Comments to the Board

a) Comments from the Chair

The following is an abstract of Mr. Stephen Lockwood's, Board Chair, remarks at the meeting. It is not an official transcript:

Good afternoon.

I would like to welcome everyone here in person at the Queen Elizabeth II Hospital in Grande Prairie, and those joining through Telehealth, to the AHS public Board meeting.

Today, I would like to talk about where AHS is heading.

In the week or so since I have been appointed to this position, I have started talking about a goal that I have set for our organization. It is ambitious: "Total Albertan Satisfaction".

It goes without saying that patient and family satisfaction in our healthcare delivery system is a high priority. But to get there, we also need the total satisfaction of our physicians, staff and our healthcare leaders across the province. We need total satisfaction in our five Zones and in all of our communities, including Grande Prairie.

AHS is already well down the road with the acceleration in the past year of Zone-based leadership and decision making. We have well-educated and hard working leaders and front line healthcare providers who live and work throughout the North Zone. And they do great work.

But here is my perspective. We can go much further by unleashing what I see as a lot of pent-up enthusiasm and creativity. It starts with a basic question: Who is in the best place to make a decision? It is usually not the head office, and this is not a criticism of AHS.

We need to ensure that day-to-day healthcare delivery decisions are made by the right person at the right level of our organization.

Every Zone, or hospital or care centre, for that matter, has to be responsible for making the decisions that make sense for their area, their community and their patients. That is part of what Total Albertan Satisfaction is about, because in that environment, innovation, process improvement and increased productivity will happen.

Why are people drawn to healthcare, or any job for that matter? They want to make a difference. They want to feel respected, trusted and to be excited to come to work. They want to do what they do best and we intend to let them do just that.

It is up to our Board and senior management to create that culture and environment, to decide who is in the best position to deliver healthcare and then get out of the way so they can do their work. Above all, we have to trust and challenge our people and create an atmosphere where making decisions is second-nature.

Make decisions and focus on patients. Make it easier for patients and families to understand and navigate the health system when they need it. It needs to be that simple. It has to be that simple: "Total Albertan Satisfaction".

AHS is, and will continue to be, a lightning rod for public discourse and debate. Our staff, our physicians, and our volunteers take that criticism personally. I have asked them not to and I have also committed to support our staff, our doctors, and our leaders and to help us all focus on what we do best: provide care for the 3.7 million Albertans in our great province.

We plan to move forward. We will learn from the past and we will listen mindfully to critics and supporters alike. They may well have great ideas. And then, we will act, and we will do what we believe is right for Albertans.

Let me also say that over the past few days, the Board has discussed the issue of compensation and disclosure of expenses. I will be speaking to this topic later today at a media conference.

We remain focused on delivering quality healthcare to Albertans now, and in the future. That is the work that we are here to do.

And with that, let us shift gears and focus on today's agenda. Today, the Board will review and approve the First Quarter Performance, Financial and Investment Reports, and will hear updates from the Health Advisory, Human Resources, and Governance Committees.

I would now like to turn things over to Dr. Chris Eagle, President and Chief Executive Officer of AHS, for his remarks.

Thank you.

b) Comments from the President & Chief Executive Officer

The following is an abstract of Dr. Chris Eagle's, President and Chief Executive Officer, remarks at the meeting. It is not an official transcript:

Thank you and good afternoon everyone. First let me say it is good to be back here in Grande Prairie, connecting with this community and with our local staff and physicians.

We passed a major milestone this month with the opening of the first phase of South Health Campus in Calgary, with much more capacity coming on-stream across the province in the weeks and months ahead.

Later this fall we will formally open the Edmonton Clinic and here in Grande Prairie, work on the new regional hospital is also moving forward. Installation of pilings to support the foundation began last May, and design work is continuing. When design concepts are complete, we will create more opportunities for community engagement and consultation as we drive toward a construction completion date in 2016.

We are already working with physicians, clinicians, and user groups on the scope of services. That engagement will expand to draw in more community stakeholders as the project proceeds. Let me return to that in a moment.

There is too much on the go to provide a complete list, but here are some other recent capital projects and works-in-progress.

Here in the North Zone, we also have the Edson Health Care Centre, the Northern Lights Regional Health Centre Emergency & ICU and the High Prairie Health Complex.

In High Level, the North Zone's seventh primary stroke centre is connecting physicians and staff with the comprehensive stroke centre in Edmonton, providing faster diagnosis and treatment.

Two new seniors facilities opened this year in Grande Prairie, adding 91 new continuing care spaces.

Renovations to the emergency here at the Queen Elizabeth II Hospital have doubled the number of treatment spaces and added two additional trauma rooms.

As I mentioned, we will open the Edmonton Clinic later this year. The list of new and upcoming projects in the Edmonton Zone also includes the Edmonton Urgent Care Centre, the Fort Saskatchewan Community Hospital and the Strathcona Community Hospital.

In the Central Zone there is the Central Alberta Cancer Centre and in the South Zone, the Chinook Regional Hospital Redevelopment and the Medicine Hat Regional Hospital Redevelopment.

Let me stress that these are just major projects in the works or ramping up. Across the province there are hundreds of renovations and more new capacity on a smaller scale. Big or small, all projects are important.

We have also opened more than 2,000 new Continuing Care beds across the province in the past two years alone.

Adding new capacity is a cornerstone of the work before us. It ties directly to priorities and sustainability, and that in turn depends on our people.

I invite everyone at AHS, and our partners, no matter where you live and work in Alberta, to be part of the work of setting and meeting our priorities and where at all possible to lead it.

Greater capacity and the power of our people and teams are also the major drivers of our performance measures and targets and the 5-Year Health Action Plan, which we will discuss at today's Board meeting. And all within a balanced budget.

As our Board Chair has said, it starts with some basic questions, and our teams have taken up the challenge: Is what we are doing working? If not, can it be improved to work better? Or can something else take its place that would improve patient care?

There are many worthy projects that could be added to our priority lists, but to be truly best-in-class, we need to be focused on the priorities that ensure the greatest impact on patient care.

None of this can be accomplished by looking back. Nothing in the past allows us to add capacity. Hindsight offers no solutions to today's challenges and tomorrow's solutions. Adding new capacity and improving performance is the work we are doing now and in the future.

It starts with an understanding of what healthcare looks like locally: at the Zone level, at the hospital and site level and perhaps in some way, in each and every ward and room and with each and every patient and family. Delivering healthcare with an understanding of how the people and communities we serve see the health system.

Every patient and every community is different and every community matters. There is a lot of work ahead. As we move forward, we will continue to be open and transparent, and accountable not only for the care we deliver, but how we deliver it here in Grand Prairie, across the North Zone, and across Alberta.

Thank you.

Mr. Lockwood, Board Chair, recognized Ms. Catherine Roozen, Board Vice Chair, for the wisdom and guidance that she provided as interim Board Chair and spoke to her re-appointment and acceptance as Board Vice Chair.

c) Presentation from the Quality and Safety Chair

The following is an abstract of Mr. Gord Winkel's, Chair of the Quality and Safety Committee, remarks at the meeting. It is not an official transcript:

We have started to provide a Quality and Safety Moment presentation at AHS Board meetings to model that quality and safety is truly a value in the entire organization right up to the Board level.

It is a privilege and a pleasure to present today on the subject of Innovation. Innovation happens on many fronts.

Today, the Board was treated to a first class tour of the Queen Elizabeth II Hospital. We were taken through the pharmacy area, the emergency room and the cancer clinic, and in each of these areas, we talked to people that have a passion for delivering health services at the highest level and making continuous improvements to that delivery model. They care for the folks that come to this hospital and offer that quality in everything that they do.

They were excited to show how they can continue improving and how that journey will continue for them into the future. With innovation happening on many fronts in every department, let us now focus on one particular area: Information Technology. In Information Technology, they have introduced a new framework that uses a Smart Card to provide emergency doctors with more time to attend to patients.

With our complicated and sophisticated technologies which offer so many advantages to our clinical care efforts, also comes a degree of complexity. These technologies (x-rays, CTs, MRIs, lab results, and medical records) all have different systems that are accessed by AHS staff. AHS found that it was a challenge for physicians to have to go into one system after another, each time having to use a new password and a new user ID. This turned out to be a somewhat ineffective system.

The innovation that was brought forward was in fact to allow access to all of these very good and sophisticated systems with the use of one Smart Card. No longer do physicians have to take time to re-enter different systems with different qualifications for the same entry. Smart Cards allow access with great utility and efficiency, therefore allowing our physicians to secure information quickly and efficiently.

Efficiency has to be put to the test and a pilot was performed at AHS' Rocky View General Hospital in April 2012. It found that this new innovation saved physicians up to one hour per shift. That would translate to seven extra hours for this facility alone in terms of seeing patients per shift and as Dr. Tom Rich said: it really does allow physicians to be freed up to do what they really want to do on a daily basis, which is to look after patients and to decrease wait times in facilities. The benefits are certainly clear.

Mr. Robert Martin, AHS' Chief Information Security Officer, spoke to how this translates into enabling our physicians to realize the benefits of more patient contact and provides them with the ability to concentrate on delivering healthcare.

When we think about organizational charts, we often think about the CEO and the attendant management structures. I prefer to turn organizational charts upside down. I like to think of leadership, including us in this room, as supporting the organization right to the front line where service delivery happens. And to have that kind of innovation happen at the front line is a real enabler for quality and safety. So when you hear Mr. Stephen Lockwood, Board Chair, speak about empowerment and about driving decision-making to the people who know the work best, that of course really sets the stage for a culture of innovation.

In an innovation-based culture, we have engagement and we have commitment, and if we have good quality and safety, we have good healthcare. We are going to excel in cost, scheduling and productivity and all of the things that go with that. And so, that is a little overview of a piece of innovation.

It is one action, one person, and one group at a time. When I think of all the people in AHS that are working towards innovation with these types of improvements, I can say with confidence that this is going to be a good story.

5. Quality and Safety Committee

Mr. Gord Winkel, Chair of the Quality and Safety Committee, advised that the Quality and Safety Committee met on June 20 and August 29, 2012.

Mr. Winkel advised that the Quality and Safety Committee reviewed several important facets of healthcare quality and delivery, which included: workplace health and safety, infection, prevention and control, and patient safety, quality assurance, and Enterprise Risk Management.

a. [QSC12-46] AHS Performance Report: Q1, 2012/2013

Mr. Gord Winkel, Chair of the Quality and Safety Committee, advised that the First Quarter Performance Report for 2012/2013 highlights that many performance measures are demonstrating improvement year after year, with some measures showing significant improvement. He stated that highlights of the report this quarter included a reduction in the wait times for continuing care, emergency departments, hip and knee replacements, radiation therapy, and cataract surgeries. Mr. Winkel advised that the report indicates that in the first quarter, AHS hired 943 Registered Nurses, a 10 per cent increase in recruitment over the first quarter of last year.

Mr. Winkel advised that there are areas where AHS has not yet reached target, such as the need for new and improved referral programs, and the need for additional surgeries. He stated actions for

improvement are underway and more than 50 performance measures are tracked and more are added as needed.

Mr. Winkel stated that overall the Board was satisfied with the performance and progress as described in the report. He commented that the report is a scorecard that concentrates on opportunity areas and is not a balanced card. He advised that AHS is focusing on the areas where it needs to improve; however, he commented that AHS has met targets on many other performance measures. Mr. Winkel stated that AHS is very much the best in many respects and will continue that legacy moving forward.

On behalf of the Board, Mr. Winkel thanked the staff of AHS for their continued commitment and performance.

UPON MOTION duly moved, seconded and unanimously carried, the Board of Alberta Health Services ("AHS"):

- (a) approved the "Alberta Health Services First Quarter Performance Report 2012/2013" in the form reviewed by the Committee of the Whole, with such non-substantive changes that management of AHS considers necessary or advisable; and
- (b) authorized and directed management to deliver this report to the Minister of Health, and thereafter to make this report available to the public through the AHS website.

b. [QSC12-38] AHS Quality and Assurance Committee Structure and Terms of Reference

Mr. Gord Winkel, Chair of the Quality and Safety Committee, provided an update on the Quality Assurance Committee Structure, advising that two new Quality Assurance Committees have been submitted for approval to better align with the Zone-based organizational structure. These include a Calgary Zone Surgical Services Quality Assurance Committee and Corrections Health Services Quality Assurance Committee. Mr. Winkel further advised of the name and membership changes that are being put forth for some of the existing committees to better reflect scope and structure.

UPON MOTION duly moved, seconded and unanimously carried, the Board of Alberta Health Services ("AHS"):

- (a) approved the proposed Quality Assurance Committee ("QAC") structure, in the form reviewed by the Committee of the Whole, with such non-substantive changes that management of AHS considers necessary or advisable;
- (b) appointed the following new QACs, with the intent that all committees' activities are protected by Section 9 of the *Alberta Evidence Act*:
 - a. Calgary Zone, Surgical Services QAC
 - b. Corrections Health Services QAC;
- (c) approved the name and membership changes to the following QACs, as reviewed by the Committee of the Whole:
 - a. Continuing Care QAC (formerly Seniors Health)
 - b. North Zone Rural QAC (formerly North Zone)

- c. **Primary Care, Chronic Disease Management, Public Health QAC (formerly Public Health, CDM & Public Health);**
- (d) **approved the membership changes, as reviewed by the Committee of the Whole, to the following QACs:**
 - a. **Alberta Health Services QAC**
 - b. **Edmonton Zone Complex Review QAC**
 - c. **Royal Alexander Hospital QAC**
 - d. **Cross Cancer Institute QAC**
 - e. **South Zone Complex Review QAC**
 - f. **Emergency Medical Services QAC; and**
- (e) **approved the standing down of the following QACs:**
 - a. **Pharmacy Services QAC**
 - b. **South Zone QAC**
 - c. **Medicine Hat Regional Hospital QAC**
 - d. **Chinook Regional Hospital QAC.**

6. Audit and Finance Committee

a. Report to the Board

Mr. Don Sieben, Chair of the Audit and Finance Committee, advised that the Audit and Finance Committee met on June 6, June 21 and August 30, 2012 and provided a summary of the four items before the Board for approval.

b. [AFC12-134] First Quarter Financial Report 2012/13

Mr. Don Sieben, Chair of the Audit and Finance Committee, spoke to the First Quarter Financial Report 2012/13 (the “**Report**”) and advised that AHS’ first quarter financial statements were the first statements published under the new Public Sector Accounting Standards, which took effect April 1, 2012.

Mr. Sieben stated that first quarter total revenues were at \$3.045 billion and total expenses were \$3.039 billion, resulting in an operating surplus of \$6 million. He further advised that the first quarter results indicate an accumulated surplus of \$5 million. Mr. Sieben informed that funding continues to be directed towards high priority areas that align with the 5-Year Health Action Plan, including growth in continuing care, strategies to address wait times for priority surgical procedures, Strategic Clinical Networks and initiatives to address recommendations from the Health Quality Council of Alberta.

UPON MOTION duly moved, seconded and unanimously carried, the Board of Alberta Health Services (“AHS”):

- (a) **ratified and approved the Quarterly Financial Report to Alberta Health for the quarter ended June 30, 2012 (the “Q1 Financial Report”) in the form reviewed by the Committee of the**

- Whole, with such non-substantive changes that management of AHS considers necessary or advisable;
- (b) authorized and directed management of AHS to deliver the Q1 Financial Report to Alberta Health;
 - (c) approved the Quarterly Financial Statements for the quarter ended June 30, 2012 (the “Q1 Financial Statements”) in the form reviewed by the Committee of the Whole, with such non-substantive changes that management of AHS considers necessary or advisable; and
 - (d) authorized and directed management of AHS to make the Q1 Financial Statements available to the public through the AHS website.

c. [AFC12-141] First Quarter Investment Report 2012/13

Mr. Don Sieben, Chair of the Audit and Finance Committee, advised that the First Quarter Investment Report 2012/13 was prepared by Phillips, Hager & North Investment Management Ltd. (“PH&N”) and Standard Life Canada and that they are reviewed by the Audit and Finance Committee on a quarterly basis. Mr. Sieben further advised that the First Quarter Investment Report 2012/13 detailed all investment transactions for AHS for the period of April 1 to June 30, 2012. He advised that a compliance certificate was provided by both PH&N and the Treasury Department of AHS stating that the funds were invested in accordance with the AHS Investment Bylaw and Investment Policy.

UPON MOTION duly moved, seconded and unanimously carried, the Board of Alberta Health Services (“AHS”) ratified the investment transactions described below, as reviewed by the Committee of the Whole, made on behalf of AHS by PH&N Investment Management Ltd. (“PH&N”) and Standard Life Canada (“Standard Life”) as follows:

- (a) as at June 30, 2012, AHS held restricted and unrestricted funds managed by PH&N and Standard Life totaling \$1.262 billion (the “Funds”);
- (b) the Funds were invested in short term treasury bills, federal, provincial and corporate fixed income bonds, pooled mortgage funds, bond funds and equity funds;
- (c) all of the Funds invested during the quarter ended June 30, 2012, were invested in accordance with the Investment Bylaw and Investment Policy.

d. [AFC12-145] Sale of Surplus of Lands – Banff, AB

Mr. Sieben advised that AHS proposes to sell three vacant lots on Banff Avenue, Banff, Alberta, due to the small size of the lots and the development constraints within the town centre.

UPON MOTION duly moved, seconded and unanimously carried, the Board of Alberta Health Services (“AHS”):

- (a) approved, in the form reviewed by the Committee of the Whole, the sale by AHS of its leasehold interest in three residential lots located at 344, 346 & 348 Banff Avenue, Banff, Alberta, and legally described as “Plan 6719BC, Block 14, Lots 10-12”, for not less than \$1,746,000, (the “Banff Land Sale”), subject to approval from the Minister of Health; and

- (b) authorized and directed management of AHS to request that the Minister of Health approve the Banff Land Sale.**

e. AFC12-146] Sale of Grandview Nursing Home to Westwind School Division

Mr. Don Sieben, Chair of the Audit and Finance Committee, spoke to the sale of the Grandview Nursing Home in Cardston, Alberta. He advised that the Grandview Nursing Home served for many years as a long-term care facility, and, after being decommissioned, has remained vacant. Mr. Sieben further advised that the Westwind School Division is interested in repurposing the property, and therefore AHS is proposing a sale based on a current value of \$90,000.

UPON MOTION duly moved, seconded and unanimously carried, the Board of Alberta Health Services (“AHS”):

- (a) approved, in the form reviewed by the Committee of the Whole, the sale of Grandview Nursing Home, 980 Main Street, Cardston, Alberta, and legally described as “Plan 8159JK, Block 16, Lot 2-3”, from AHS to the Westwind School Division for consideration of \$90,000 (the “Land Sale”), subject to approval from the Minister of Health; and**
- (b) authorized and directed management of AHS to request that the Minister of Health approve the Land Sale.**

7. Health Advisory Committee

a. Report to the Board

Mr. John Lehnert, Chair of the Health Advisory Committee, provided a brief update on some of the activities taking place with the Health Advisory Councils (“HACs”) throughout the province.

Mr. Lehnert spoke to the HAC’s work plans and advised that they are available on the AHS website for public review. He advised that the Board appreciates all of the excellent work the HACs are doing throughout Alberta.

Mr. Lehnert advised that the HAC Annual meeting is being held on October 12 and 13, 2012 in Edmonton and he encouraged Board members to attend. He stated that there is a great deal of networking that occurs at this meeting, as well as discussions regarding future direction for the HACs.

Mr. Lehnert advised that the Board received a presentation by Dr. Tony Fields, Chair of the Provincial Advisory Council on Cancer, with respect to the accomplishments of this Council. He commented that it was exciting to hear of the Provincial Advisory Council on Cancer’s successes. Mr. Lehnert advised that AHS conducted a member evaluation survey report and found that the results were more positive and that people are feeling more engaged.

Mr. Lehnert advised that the Health Advisory Committee met on June 27, 2012 and provided a summary of the three items before the Board for approval.

b. [HAC12-14] Philanthropic and Honorific Naming and Recognition Policy (Amended)

Mr. John Lehnert, Chair of the Health Advisory Committee, spoke to the amendment to the Philanthropic and Honorific Naming and Recognition Policy and advised that AHS has developed this policy in order to set a consistent process for governing the recognition of contributions to AHS entities by its 64 partner Foundations and Health Trusts. He stated that these partners provide critical financial support and advocacy that helps transform health service delivery in Alberta, and further that the policy provides a consistent and equitable process while ensuring all partner Foundations and Health Trusts have the opportunity to solicit funding with naming and recognition benefits attached. Mr. Lehnert commented this is an AHS policy and does not replace the donor recognition policies or grids that Foundations may have in place, as it specifically applies to the naming of AHS buildings, structures, spaces, departments, divisions, programs, research chairs, institutes, and centres.

UPON MOTION duly moved, seconded and unanimously carried, the Board of Alberta Health Services ("AHS"):

- (a) approved the revisions to the Philanthropic and Honorific Naming and Recognition Policy (the "Policy") in the form reviewed by the Committee of the Whole, with such non-substantive changes that management of AHS considers necessary or advisable; and**
- (b) authorized and directed management of AHS to develop appropriate procedures to support the Policy, and to take all such other action as management considers necessary or advisable in order to give full effect to the foregoing.**

c. [HAC12-24-01] Edmonton Clinic South Naming Approval

Mr. John Lehnert, Chair of the Health Advisory Committee, spoke to the naming of the Edmonton Clinic South and stated that AHS was pleased that a donor had come forward with a significant financial contribution for the Edmonton Clinic South. He advised that as a result of this donation, approval to rename this facility in accordance with the wishes of the donor is being put forward to the Board. Mr. Lehnert advised that appropriate and public recognition of this gift, including details of the donation, donor and naming, will be shared publicly at a later time.

Mr. Lehnert stated that AHS relies on the generous contributions of community partners and philanthropists to support the advancement of healthcare in the province. He stated that AHS appreciates not only this donation, but the financial contributions made through all of AHS' Foundation partners over the last year.

UPON MOTION duly moved, seconded and unanimously carried, the Board of Alberta Health Services ("AHS"):

- (a) approved changing the name of the Edmonton Clinic South in recognition of a philanthropic gift provided to AHS, for AHS Edmonton Zone, through the University Hospital Foundation, on the terms and conditions reviewed by the Committee of the Whole;**
- (b) authorized and directed management to request that the Minister of Health approve such name change; and**

- (c) subject to the Minister of Health approving such name change, authorized and directed management to take all necessary actions to give effect to this resolution, including any necessary public announcements.

Mr. Lockwood, Board Chair, on behalf of the Board, thanked this donor and all other donors that have made and will continue to make philanthropic gifts in the future.

d. [HAC12-33] Appointment of Trustees to Health Foundations

Mr. John Lehnert, Chair of the Health Advisory Committee, advised that appointments are made to Foundations and Health Trusts that fall under the *Regional Health Authorities Act* based on recommendations made to the AHS Board.

UPON MOTION duly moved, seconded and unanimously carried, the Board of Alberta Health Services (“AHS”) appointed or re-appointed, as applicable, the following individuals as trustees to the foundation indicated for the term as set forth in the table below, effective September 13, 2012:

Foundation	Name	Term (Years)
Alberta Cancer Foundation	Leslie Beard	2
Alberta Cancer Foundation	Angela Boehm	1
Alberta Cancer Foundation	Steven Dyck	1
Alberta Cancer Foundation	Brent Saick	1
Alberta Cancer Foundation	Heather Watt	1
Alberta Cancer Foundation	Vern Yu	2
Brooks & District Health Foundation	Steve Muggridge	3
Calgary Health Trust	Barry Davy	3
Calgary Health Trust	Phillip Hughes	3
Calgary Health Trust	Sarah Kennedy	3
Calgary Health Trust	Lyle Michaluk	3
Calgary Health Trust	William Osler	3
Crowsnest Pass Health Foundation	Fran Amundsen	2
Crowsnest Pass Health Foundation	Dustin Bedward	2
Crowsnest Pass Health Foundation	Elizabeth Cook	3 (non-voting)
Crowsnest Pass Health Foundation	Joanne Liddell	3
Crowsnest Pass Health Foundation	Larry Ruzek	3
Crowsnest Pass Health Foundation	Oliver Strickland	3

Fort Mcleod & District Health Foundation	Corrine Conner	3
Fort Mcleod & District Health Foundation	Merline Heal	3
Fort Mcleod & District Health Foundation	Brian Vandervalk	3
Fort Saskatchewan Community Hospital Foundation	David Dubauskas	3
Fort Saskatchewan Community Hospital Foundation	Steven H. Hull	3
Fort Saskatchewan Community Hospital Foundation	Kenneth Jackson	3
Jasper Healthcare Foundation	Annette Brown	3
Jasper Healthcare Foundation	Sean FitzGerald	3
Jasper Healthcare Foundation	Mary Fullerton	3
Jasper Healthcare Foundation	Connie Tiesenhausen	3
Mental Health Foundation	Charlene Butler	3
Mental Health Foundation	Louise Charach	2
Mental Health Foundation	Dennis Cleaver	3
Mental Health Foundation	Kerry Day	3
Mental Health Foundation	Krishna Gupta	3
Mental Health Foundation	Ben Horccica	3
Mental Health Foundation	Norm Johnson	2
Mental Health Foundation	Lindsay Kelly	3
Mental Health Foundation	Brigitte McDonough	3
Mental Health Foundation	Dianne Young	3
Peace River & District Health Foundation	North Darling	3

8. Human Resources Committee

Dr. Ruth Collins-Nakai, Chair of the Human Resources Committee, advised that the Human Resources Committee (the “**HR Committee**”) met on July 4 and August 20, 2012 and provided a summary of the items discussed at the meeting.

Dr. Collins-Nakai advised that at the July 4, 2012 meeting, the HR Committee was provided with an update on the Leadership Development Plan. She stated that AHS’ future successes depend on AHS’ ability to support and mentor both employees and physicians so that they can begin to fill future leadership positions within the organization. Dr. Collins-Nakai advised that the AHS Executive Education

Program, in partnership with the University of Alberta School of Business, is commencing this month and there will be 35 participants starting in this program.

Dr. Collins-Nakai advised that the HR Committee also reviewed both the Workforce Indicators Report and the Health and Safety Update. She noted that there was a decrease in severity of injuries and decrease in days lost to injury, however, there is an ongoing concern regarding the continuing high disabling injury rate.

She advised that the HR Committee has discussed numerous aspects of employee compensation, including management and out of scope salary structures, performance pay programs, and a review of pension plans and retirement programs. Dr. Collins-Nakai further advised that the HR Committee approved the senior executive Leadership Performance Agreements.

Dr. Collins-Nakai advised that the HR Committee reviewed the Clinical Workforce Strategic Plan and noted the following successes:

- An overall net increase in the clinical workforce of 6% and 7% for FTEs.
- 84% of net new growth was hired into non-casual positions.
- The number of clinical workers employed per full-time equivalent decreased from 1.62 to 1.6.

Dr. Collins-Nakai commented that although the mentioned successes appear to be small measures, they are indicating a movement towards achieving AHS' performance targets.

She advised that the HR Committee discussed the process for succession planning for the leadership of AHS, and further advised that the results of this process will be reported back to the HR Committee later this year.

a. [HRC12-40] Alberta Union of Provincial Employees (Auxiliary Nursing) Collective Agreement

Dr. Ruth Collins-Nakai, Chair of the HR Committee, advised that the HR Committee was putting forward one item for approval: the AHS and Alberta Union of Provincial Employees Auxiliary Nursing Agreement. She noted that AHS believes that all staff make important contributions to the health and wellness of Albertans.

Dr. Collins-Nakai advised that AHS has ratified the collective agreement with AUPE Auxiliary Nursing and believes it has reached an agreement that works for union members, the organization and, most importantly, for patient care.

Dr. Collins-Nakai commented that AHS' goal is excellent care for Alberta's patients, and ratification of this collective agreement represents AHS' ongoing effort to work collaboratively to achieve exceptional patient care.

UPON MOTION duly moved, seconded and unanimously carried, the Board of Alberta Health Services (“AHS”):

- (a) approved the renewal of the Collective Agreement between the Alberta Union of Provincial Employees (Auxiliary Nursing) and AHS (the “Collective Agreement”), for the three year term commencing April 1, 2012 and ending on March 31, 2015, on substantially the terms and conditions reviewed by the Committee the Whole; and
- (b) authorized the President and Chief Executive Officer of AHS, or his delegate, to execute the Collective Agreement on behalf of AHS.

9. Governance Committee

Mr. Stephen Lockwood, Board Chair and Governance Committee Chair, advised that the Governance Committee met on August 28, 2012 and provided an update of the items discussed at the meeting.

Mr. Lockwood advised that this would be the last update that he provides as Chair of the Governance Committee as Ms. Teri Lynn Bougie will be the new Chair of this Committee.

Mr. Lockwood spoke to the Governance Committee having reviewed revised drafts of the AHS General Bylaw and Conflict of Interest Bylaw (the “Bylaws”). He further advised that the Governance Committee had some questions regarding the Bylaws and that the Bylaws were referred back to management for further clarification. Mr. Lockwood advised that the Bylaws would be provided to the Board for approval, at the November 1, 2012 public Board meeting.

Mr. Lockwood advised that the Governance Committee discussed the relationships that AHS has with STARS and Covenant Health. He stated that the Governance Committee was very pleased with the reports they received and that they resolved many questions that Board members had. Mr. Lockwood, on behalf of the Board, thanked Dr. Eagle and management for their hard work on these issues.

10. Adjournment of Meeting

There being no further business, the meeting was adjourned at 2:00 p.m.

Stephen Lockwood
Chair

Patti Grier
Corporate Secretary