

BOARD MEETING

Minutes of the meeting of the Board (the “**Board**”) of Alberta Health Services (“**AHS**”) held at the Chinook Regional Hospital, 960 – 19 Street South, Lethbridge, Alberta, on March 14, 2013.

Present:

Board Members: Mr. Stephen Lockwood (Chair)
Ms. Catherine Roozen (Vice Chair)
Ms. Teri Lynn Bougie
Mr. Don Cormack
Dr. Ruth Collins-Nakai
Mr. Don Johnson
Mr. John Lehnert
Mr. Fred Ring
Dr. Eldon Smith
Mr. Gord Winkel

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

Regrets: Dr. Kamallesh Gangopadhyay
Mr. Gary Sciur
Mr. Don Sieben

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

Mr. Lockwood called the meeting to order at approximately 10:40 a.m. Notice of the meeting had been properly given and quorum was met.

1. 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 morning. I would like to welcome everyone in person at the Chinook Regional Hospital here in Lethbridge, and those joining us through Telehealth, to today’s AHS public Board meeting.

I would like to thank the staff at the Chinook Regional Hospital for hosting us and for the care they provide to patients here each and every day.

I would also like to recognize the South Zone Leadership Team of Senior Vice President, Sean Chilton, and South Zone Medical Director, Dr. Vanessa Maclean, for their leadership in this Zone.

Before I continue, I would like to announce and introduce two of our new Board members and a third who is unable to join us here today. I would like to introduce Fred Ring, a retired educator and former airline executive, who has joined our Board, and also Don Cormack, a retired chartered accountant. It is great to have you both on Board.

The third new member of our Board is a former police commissioner from Edmonton, Gary Sciur. Gary is unable to join us today.

I would also like to take this opportunity to thank three Board members that will be retiring from the Board on March 31, 2013: Gord Winkel and Teri Lynn Bougie, whom are with us today, and, Dr. Kamalesh Gangopadhyay who is unable to join us. On behalf of the Board, I would like to thank each of them for the wisdom, experience and enthusiasm they have brought to their positions and their committee work each and every day. The long hard hours they have put in and tough work they have done has added immensely to the health system and to the Board's deliberations. It deserves a round of applause from all of us.

We have had a great couple of days here in Lethbridge. Last night, the Board, in partnership with the Oldman River Health Advisory Council ("**HAC**"), had the chance to celebrate some of the great work achieved by our 12 Foundation partners in the South Zone, and meet with a number of local businesses and community leaders to discuss local health care and Emergency Medical Services.

Leadership starts at the top, and today, as a first step in the approval of AHS' 2013/2014 Budget, we are announcing a series of measures directed at reducing administrative expenses that will yield millions of dollars in cost-savings and move AHS forward in its goal of providing Albertans with full value for Alberta's health dollars.

As you know, AHS received a three percent funding increase in last week's provincial budget, less than had earlier been projected but an increase never-the-less. It means we can invest more in higher-priority areas, even as we reduce spending elsewhere. I do not believe that working within that envelope will have any material impact on quality of care or patient and employee safety.

AHS' 2013/2014 Health Plan and Budget mark a turning point. Everything the Board is addressing at its meeting today is directly, or indirectly, related to that turning point.

In a moment, Dr. Eagle will speak to the specific actions his leadership team will be taking to set new standards for efficiency and effectiveness.

At a special meeting of the Board to be held on April 2, 2013 building on the provincial budget announcement, the Board will finalize the 2013/2014 Health Plan and Budget. I can tell you now that in 2013/2014:

- We will invest more in primary and community care;
- We will provide more care to the patients who need it most, including the frail elderly, the vulnerable, complex high-needs children and youth, and those at the end of life;
- We will put greater emphasis on reducing urgent wait times; and
- We will hire nurses and physicians in high-priority areas.

In other words, we will grow where we need to grow, and reduce where we need to reduce. We will move dollars from where they are less effective to where they will be more effective.

To achieve this we are already:

- Driving more decision-making to the local level;
- Reducing bureaucracy, duplication and waste; and
- Imposing greater discipline on compensation and expenses.

Leaders lead, and Dr. Eagle has demonstrated that he and his team understand the magnitude of the challenge and has responded accordingly, starting at the Executive level.

The Board today will approve the Third Quarter Performance Report. We continue to make progress, but by focusing on our highest priorities going forward, it is our expectation that we will make more progress, more quickly, on the highest-priority health needs of Albertans.

What we are driving towards is quite simple: “Better quality and better value”.

Finally, I will say this today and I expect to say it hundreds, if not thousands, of times in the next few months. We are not simply working to a budget target. We will do nothing less than transform Alberta’s health system towards a system that is simpler and easier for patients to understand, in which local leaders have more decision-making authority and where care is more community-focused and where our processes are designed from a patient perspective.

Every new dollar we spend will be spent on those priorities. More on that next month when we approve our Budget.

Dr. Eagle, over to 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 Stephen and good afternoon.

According to the Canadian Institute for Health Information, AHS’ health care administrative costs are currently the lowest in Canada at 3.3 percent of total expenses. However, AHS will reduce its administrative expenditures by at least 10 percent (approximately \$35 million) over the next three years.

Effective today, we are eliminating Pay-at-Risk for all Executives effective April 1, 2013, and commencing a review of Executive salaries.

We are also reviewing the size, roles, functions, and titles of our senior leadership team and when the review is complete in 2013, we expect to have the leanest and most effective management team possible.

We have implemented a three-year compensation freeze for all management and out-of-scope employees and physician leaders. That is approximately 10,000 of our 100,000 staff.

We have implemented a hiring freeze on all administrative positions that are not mission-critical. Any hiring will be tightly focused on clinical care.

We expect further measures resulting from the Action Plan in response to the recent Auditor General's report on AHS expense policies.

As previously discussed, we will achieve these savings in part by freezing all travel except in the most exceptional, care-related and business circumstances, and by cutting expenses incurred by the use of consultants and external facilitators.

Over the past two or three years, AHS has put in place new, streamlined systems in finance, payroll and procurement, for example, that will yield further savings and help to ensure that we meet the 10 percent target of total administrative costs.

Alberta is growing and our services and facilities must expand. As Stephen said, we will grow where we need to grow, but we will hold the line on workforce and salary growth, and cut administrative costs.

More details will be available when we take budget recommendations to the Board next month. At this point I will reiterate, as our Board Chair said, that it is our expectation that neither quality of care nor patient and employee safety will be compromised.

The measures I have outlined today mark only the initial steps in transforming Alberta's health care system. Ultimately transformation will involve workforce changes that will touch on every part of AHS, working from the principle that the system must be designed to make sense from the patient perspective, including community-based care and care for vulnerable populations.

Roles and responsibilities will change in order to accomplish this. We will ask many of our nurses, support workers, physicians and administrators to put their skills to work where they can have the greatest impact. That will mean changes in our overall work distribution.

Will it have an impact on the quality of care? As you have heard, our direction to health care leaders is no, it will not.

You will hear speculation about lay-offs. Let us be clear on this: A lay-off is often the first step in a process under our collective agreements to redeploy staff and to move them from one part of our organization to another where their skills are needed. In fact, we will continue to hire in high priority areas.

Many of the staff changes ahead can be addressed through vacancy management, redeployment and scheduling changes.

In an organization of our size, natural turnover works to our advantage, as long as we are diligent and disciplined in freezing the overall growth of our organization and salary and expense costs.

The announcements today are simply setting the stage. We will have more details when the Budget is approved in early April.

Thank you.

2. Review of Agenda

UPON MOTION duly moved, seconded and unanimously carried, the Board approved the agenda for the meeting of the Board held on March 14, 2013, which was provided to the Board in advance of the meeting.

3. Declaration of Conflicts 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.

4. Approval of Minutes

UPON MOTION duly moved, seconded and unanimously carried, the Board approved the minutes of the meeting of the Board dated January 31, 2013, 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.

5. Comments from the Quality and Safety Committee Chair (Q & S Moment)

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:

Good morning.

Today I am going to talk about quality and safety in relation to risk management and how we apply it to this important area.

We are also going to talk about how we manage the complexity of these kinds of processes and how we can balance our effort and gains moving forward as we pursue quality and safety optimization.

I was able to work recently with a group within AHS on medication management. This is one of the key risk areas that we manage as part of quality and safety. Can you imagine how many steps there are in a process and what a flowchart might look like when we start off with procurement of a medication, move it through all the systems and get it to the right person at the right time with the right dosage? Do you think that it is a complex process? It is overwhelming. In fact, the flowchart is complex and complicated.

With that kind of complexity, where do you start? How do you figure out how to attack this? Let me introduce you to the first step in managing complexity and the new medication train. We can actually divide medication management into six discreet steps, each one of which has a lot of focus and required organizational practices associated with them. I will give you an example of one of our medication train steps.

Do you realize that a single medication in only the administration element requires thirty to forty steps to analyze and understand in terms of risk exposure? Do you feel like it got any simpler? Is this still a bit of a challenge? Well it is. Do we have available to us methods by which we can analyze these

things? Does it feel good now knowing that we have all this analysis capability and this entire wonderful horsepower that we can use to decide what risk exposures we have. This analysis of course when it is done should provide key risk mitigations.

By the way, do you realize that this particular slide is not about medication management? This is one analysis slide for understanding the variation and production of potato chips. So you can imagine when we move to medication management, how much more complicated this is going to get. Well, in that regard, let me introduce to you that medication train again. Now we see the six elements along the top of the slide. What we are going to do is take those major steps and rather than dive into the detail, we have people who can actually define that detail because they are content experts and determine what the potential variances and risks are. Furthermore, once we have potential variances and risk, we can actually develop a succinct measurable and focused set of actions that address each one of the medication train steps effectively.

Now, as we move forward in risk management we have to tell you that we do not have infinite capability in AHS. Sorry, we just do not. You may think we do but we have a finite pool of resources. So the decision is, how do we apply that finite pool? Well, if we have an issue and we try to address it, we have a lot of actions that can result and typical investigation reports often give a multitude of actions on which people can then focus and move forward. Not all actions to mitigate are truly equal.

In that regard, let us talk about balancing effort and gain. The best way we can do that is in fact to do something like risk management. With a finite resource, we can have lots of actions and we might decide that we can have something that has very low probability and very little consequence but in fact it may not be practical to obtain. We might then have, at great cost, a way to be one step away from that supposed ideal state but really it is a drain on resources that need to be used in other risk areas for other needs.

So in risk management we define against policy and against norms an area where we balance that effort and gain towards getting the maximum effect, reducing risk and then achieving quality healthcare delivery with finite resources. In terms of actions, it is also good to reflect on the fact that doing five key actions right is often a lot better than trying to do twenty things at once and only partially achieving some of them. So in that regard, the good folks that are working on medication management have also looked at the different types of actions that we can take. Yes, it is really important that we have rules and policies, education and information, but those do not necessarily deal with something that is sustainably a process that can deliver the quality that we would like.

So what we are pursuing also is high leverage type actions and forcing functions and constraints. Really what that means is that if you have two fittings that should not ever go together because you do not want things to mix; they will not fit together now. You cannot make that mistake. You cannot pick the wrong medication. The computer will not allow that kind of thing to happen and so on. And so if we can leverage our organizational practices towards getting these high impacts, low effort but high gain things to influence medication management, we will achieve the right balance of risk and delivery and quality and safety are again achieved.

Let me end with the way I started. This is a good story and this will make a big difference to how we manage this risk and to the people of Alberta so that they can be assured of quality and sound medication management. Thank you very much.

6. Quality and Safety Committee

a. Report to the Board

Mr. Gord Winkel, Chair of the Quality and Safety Committee, advised that the Quality and Safety Committee met on February 27, 2013 and provided a summary of the items discussed.

Mr. Winkel advised that AHS continues to do work in the Infection Prevention and Control area, an important area which is enjoying a lot of scrutiny and good effort by the people in AHS.

Mr. Winkel also advised that positive work is being done in the area of quality assurance. AHS can go into the processes that it uses, check their reliability and then make corrections where AHS sees variance. AHS will continue to widen the envelope of quality assurance as it moves forward into the future.

Mr. Winkel acknowledged the good work of AHS' Strategic Clinical Networks and Operational Clinical Networks and advised that it is a direct result in having one health care system which allows the Board to meet provincially and to look for standardization and consistent application of best practices across the province. AHS is excited about what these committees will deliver in terms of future improvements to make a better system.

Mr. Winkel advised that there was one item for approval.

b. [QS13-13] AHS Performance Report: Q3, 2012/2013

Mr. Gord Winkel, Chair of the Quality and Safety Committee, advised that the AHS Third Quarter Performance Report for 2012/2013 highlights that the majority of performance measures continue to show improvement, with some measures showing significant improvement. He stated that looking at indicators year over year, 62 percent of measures show improvement and, of those, 40 percent have shown improvement of more than five percent. Highlights of the report include an increased volume of hip and knee surgeries with wait times decreasing, and a 21 percent improvement in wait times for cataract surgeries.

Mr. Winkel further advised that the report also indicates that Alberta continues to be among the top performers in the country in several areas, including breast and colon cancer screening rates, senior's influenza immunization, radiation therapy wait times, community mental health treatment for children, and admissions to ambulatory care for health conditions like diabetes and epilepsy.

Mr. Winkel advised that since April 2012, AHS has opened 512 new continuing care beds, as part of an overall goal to open 5,300 new beds by 2015. Wait times for continuing care placement show steady improvement. In areas where AHS is not yet reaching target, action is being taking to ensure

improvement, such as adding additional surgeries and offering new referral programs. Mr. Winkel informed that more than 50 performance measures are tracked and more are added as needed.

Mr. Winkel commented that overall, the Board is satisfied with the performance and progress as described in the report.

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

- (a) approved the “Alberta Health Services Performance Report, Q3 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 of AHS to deliver this report to the Minister of Health, and thereafter to make this report available to the public through the AHS website.**

7. Audit and Finance Committee

a. Report to the Board

Mr. Don Johnson, Vice Chair of the Audit and Finance Committee, spoke briefly to the Community Engagement event held on March 13, 2013 in partnership with the Oldman River HAC.

Mr. Johnson then advised that the Audit and Finance Committee met on February 28, 2013 and expressed his appreciation to AHS staff for their hard work in the financial area as it is a complex one.

Mr. Johnson offered a brief summary of each of the two items for approval before making the motions.

b. [AFC13-18] Third Quarter Financial Report 2012/2013

Mr. Don Johnson, Vice Chair of the Audit and Finance Committee, advised that the Third Quarter Financial Statements for AHS are published under *Canadian Public Sector Accounting Standards* that were effective April 1, 2012. Third quarter total revenues were at \$9.250 billion and total expenses were \$9.206 billion, resulting in an operating surplus of \$44 million.

Mr. Johnson further advised that the third quarter results indicate an accumulated surplus of \$75 million and funding continues to be directed towards health priorities that matter to Albertans, and that are consistent with Alberta’s strategic Health Plan. This includes community-based care, senior’s health and continuing care options, reducing wait times for hip and knee replacements, cardiac care, and other highly specialized provincial services, and quality health initiatives including action taken in response to recommendations from the Health Quality Council of Alberta.

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

- (a) approved the Quarterly Financial Report to Alberta Health for the quarter ended December 31, 2012 (the “Q3 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; and**

- (b) approved the Quarterly Financial Statements for the quarter ended December 31, 2012 (the “Q3 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
- (c) authorized and directed management of AHS to make the Q3 Financial Statements available to the public through the AHS website.

c. [AFC13-20] Third Quarter Investment Report 2012/2013

Mr. Don Johnson, Vice Chair of the Audit and Finance Committee, advised that the Audit and Finance Committee reviews reports prepared by AHS investment managers on a quarterly basis. The Third Quarter Investment Report for 2012/2013 details all investment transactions for AHS for the period of October 1 to December 31, 2012.

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

- (a) as at December 31, 2012, AHS held restricted and unrestricted funds managed by PH&N and Standard Life totaling \$1.370 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; and
- (c) all of the Funds invested during the quarter ended December 31, 2012, were invested in accordance with the Investment Bylaw and Investment Policy.

8. Health Advisory Committee

a. Report to the Board

Mr. John Lehnert, Chair of the Health Advisory Committee, advised that at the Community Engagement event held on March 13, 2013, the Board heard in detail some of the issues that the Oldman River HAC is involved with. He advised that it is exciting to see that HACs are making a big difference and are getting involved and that people are starting to recognize that HACs are a good source for advocacy and for implementing ideas and changes in the health care system.

Mr. Lehnert advised that AHS had their provincial Health Advisory Chair’s meeting a couple weeks ago and that it was great to hear what is going on throughout the province.

Mr. Lehnert advised that the Health Advisory Committee met on February 28, 2013 and there were three items for approval and provided a summary of each of the items.

b. [HAC13-01] Health Advisory Council Member Appointments

Mr. John Lehnert, Chair of the Health Advisory Committee, advised that there are 12 HACs in Alberta, established in 2009 under the *Regional Health Authorities Act*. Councils work to engage Albertans living

in communities throughout the province in dialogue about local health services, and provide feedback gathered about what is working well and suggest areas for improvement to AHS.

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 members to the Health Advisory Councils indicated in the table below for a term of three years, effective March 14, 2013:

Health Advisory Council	Location	Candidate
Peace	Sexsmith	Lucille Partington
Yellowhead East	Camrose	Patricia Johnson

c. [HAC13-02] Appointment of Trustees to Health Foundations

Mr. John Lehnert, Chair of the Health Advisory Committee, advised that appointments of trustees are made to Foundations and Health Trusts and fall under the *Regional Health Authorities Act* based on recommendations made to the 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 foundations indicated in the table below, for the term specified below, effective March 14, 2013:

Foundation	Name	Term (Years)
Cardston & District Health Foundation	Mr. Darren Tanner	3
Fort Macleod & District Health Foundation	Ms. Susan Koots	3
North County Health Foundation	Ms. Cheryl Leclair	3
	Mr. Mike Smesman	3
	Ms. Loretta Sorensen	2
Vulcan County Health & Wellness Foundation	Mr. Glen Hutton	2
	Ms. Susan Kuhn	2
	Ms. Linda Cloutier	2
Windy Slopes Health Foundation	Mr. Jeffrey Boese	2
	Mr. Dennis Robin	3

d. [HAC13-03] Calgary Health Trust Amended Foundation Bylaws

Mr. John Lehnert, Chair of the Health Advisory Committee, advised that the Calgary Health Trust is one of AHS’ valued Foundation partners and is an established Foundation under the *Regional Health Authorities Act*, under which AHS is required to review and approve amendments to the Foundation’s bylaws, following approval by the Calgary Health Trust Board.

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

- (a) approved the amended bylaws for the Calgary Health Trust (the “Amended Bylaws”) in the form reviewed by the Committee of the Whole, with such non-substantive changes that management of AHS considers necessary or advisable, and subject to approval by the Minister of Health; and**
- (b) authorized and directed management of AHS to request that the Minister of Health approve such Amended Bylaws.**

9. Human Resources Committee

a. Report to the Board

Dr. Ruth Collins-Nakai, Chair of the Human Resources Committee, advised that the Human Resources Committee had no recommendations for approval at this time although she did want to provide an update on some of the discussions that occurred at the February 25, 2013 meeting.

Dr. Collins-Nakai advised that AHS is looking at the process for succession planning at the executive level. She further advised that AHS has a challenge in terms of workforce engagement and that engagement will be an extraordinary challenge in this coming year because of the relative restraints under which AHS is placed. Dr. Collins-Nakai informed that every two years AHS creates and sends out a workforce engagement survey and has decided to move that survey from a March time period to a September time period.

Dr. Collins-Nakai advised that AHS has reviewed the work on Zone health professional plans and how they are integrated into the different aspects of the clinical workforce. She further advised that the Human Resources Committee looked at the red status workforce indicators and that red status means that those indicators require improvement. Dr. Collins-Nakai advised that the areas that are most worrisome to AHS are lost time injury rates, disabling injury rates and overtime hours to paid hours.

Dr. Collins-Nakai advised that the Human Resources Committee has again reviewed the mitigation strategies and was delighted to learn that AHS executive has taken a leadership role in terms of injury reduction and safety for both patients and their workforce.

Dr. Collins-Nakai informed that the Human Resources Committee has also looked at the overall vision for AHS and advised that a visioning review process will involve stakeholders in both Alberta communities and in AHS work sites.

Dr. Collins-Nakai advised that the Human Resources Committee has reviewed the immunization rates for the flu vaccine within AHS facilities and whether the rates were related to workplace absenteeism. She advised that British Columbia has a proposal for a mandatory flu immunization and that AHS has looked at what the best strategy is going forward for managing absences due to influenza here in Alberta. The Human Resources Committee is cognizant of the fact that people are AHS’ greatest resource and are working to ensure that AHS’ people are both valued and that their work is optimized.

10. Governance Committee

a. Report to the Board

Ms. Teri Lynn Bougie, Chair of the Governance Committee, advised that the Governance Committee met on February 22, 2013 and advised there was one item for approval.

Ms. Bougie advised that the Committee had heard their quarterly report from the Ethics and Compliance Officer and an important part of that discussion was focused on looking at the number of people in the organization that now complete a conflict of interest declaration.

Ms. Bougie also advised that there was an interesting discussion about Board members and the role of conflicts of interest in the political sphere, which is something that is going to rest with the Committee of the Whole at a later date to have a greater discussion around because of its importance to the organization.

b. [GOV13-03] Terms of Reference – Strategy, Innovation, Research and Knowledge Committee

Ms. Teri Lynn Bougie, Chair of the Governance Committee, advised that AHS is focused on simplifying the health system by driving down decision making and improving access for patients and families across Alberta. She further advised that the Strategy, Innovation, Research & Knowledge Committee has been established to foster development, research and greater knowledge to support the transformation of the health system.

Ms. Bougie stated that this new committee will focus on the continuum of wellness and care for our patients and seek innovation and improvements.

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

- (a) approved the Strategy, Innovation, Research & Knowledge Committee Terms of Reference, in the form reviewed and recommended 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 make such Terms of Reference available to the public through the AHS website.**

Ms. Bougie thanked the Board for the opportunity to serve as a member of the Board. She advised that it has been a tremendous learning experience and a pleasure and an honour to serve Albertans.

11. Adjournment of Meeting

There being no further business, the meeting was adjourned at 11:20 a.m.

Stephen Lockwood
Chair

Patti Grier
Corporate Secretary