

BOARD MEETING

Minutes of the meeting of the Board (the “**Board**”) of Alberta Health Services (“**AHS**”) held at the Royal Alexandra Hospital, 10240 Kingsway Avenue, Edmonton, Alberta, on June 6, 2013.

Present:

Board Members: Mr. Stephen Lockwood (Chair)
Ms. Catherine Roozen (Vice Chair)
Mr. Don Cormack
Mr. Don Johnson
Mr. John Lehnert
Mr. Fred Ring
Mr. Gary Sciur
Mr. Don Sieben
Dr. Eldon Smith

Management: Dr. Chris Eagle, President & Chief Executive Officer
Ms. Patti Grier, Chief of Staff & Corporate Secretary
Dr. Verna Yiu, Executive Vice President & Chief Medical Officer, Quality & Medical Affairs

Regrets: Dr. Ruth Collins-Nakai

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

Mr. Lockwood called the meeting to order at approximately 12:05 p.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 afternoon. I would like to welcome everyone in person at the Royal Alexandra Hospital Robbins Learning Centre, and those joining us through Telehealth, to today’s AHS public board meeting.

I would like to thank the staff at the Robbins Learning Centre and Royal Alexandra Hospital for hosting us and for the care they provide to patients each and every day.

I would also like to recognize the Edmonton Zone Leadership and in particular Dr. David Mador, Zone Medical Director, and Mike Conroy, Senior Vice President, Edmonton Zone, for their leadership in this zone.

I have previously talked about the steps necessary to achieve a sustainable, best-in-class healthcare delivery system. They include driving more decision-making to the local level by giving leaders the

freedom to lead, simplifying the health system by seeing it through the eyes of patients and families, and reducing duplication and bureaucracy.

Last week's launch of our 2013-2016 Health Plan and Business Plan delivered detailed strategies and specific actions to accelerate the pace of healthcare transformation, with a greater focus on community-based care, more spending on our highest growth priorities and less on administrative costs.

Results are what matter.

Today's Board meeting will highlight another milestone in delivering on our commitments.

The Fourth Quarter Performance Report will be the last in its current format as we move to a more outcome-driven framework for evaluating and publicly reporting performance.

Starting with the September Board meeting, we are adopting a series of 24 performance measures outlined in the Health Plan we released last week.

It is time for a tighter focus on our highest priorities. And because more than half of the performance measures will be benchmarked against national standards set by the Canadian Institute for Health Information, Albertans will be able to see how their health system is performing compared to the rest of Canada.

Local decision-makers need clear, concise direction on where they must meet both provincial standards and local priorities. They also need information that helps them help patients and families into and through the health system, identifying the hurdles and highlighting where we need to improve.

We will have more in the weeks ahead, including new information on our website that will help patients learn about expected wait times and how they can get information that will help them better understand and navigate the health system.

As discussed last week we will find more than \$200 Million in cost-savings this year to make it possible to invest in the priorities detailed in the Health Plan and Business Plan. I'm not suggesting that this will be easy or that in some areas it will not have an impact on patient care. We will closely monitor and make changes as needed.

As I said last week, they are a necessary part of putting more resources into continuing care and other community care including home care, more dollars into new capacity while eliminating unnecessary costs.

As previously announced, we will reduce overhead administration costs by at least \$35 Million over the next three years.

In one way or another, it all comes back to performance and reaching milestones on the road to a sustainable, best-in-class healthcare delivery organization.

Also today we will approve the 2012-13 Annual Report and Financial Statements, which will then be referred to the Auditor General for final review and sign-off, at which time we will be able to release them.

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 Mr. Chair.

Success and performance are marked and measured in many ways. Today, I would like to focus on the Fourth Quarter Performance Report, in which the majority of our performance measures continue to show year-over-year improvement.

They are part of a larger positive trend, demonstrating that we are on the right track and moving in the right direction in terms of both performance and healthcare transformation.

For example:

- The wait time for 90 percent of the people who require a hip replacement is 36.3 weeks this year, compared to 39.8 weeks one year ago, a 8.8 percent improvement;
- Knee replacement wait times are at their best in the past two years at 40.9 weeks compared to 48 weeks a year ago, a 14.8 percent improvement;
- The volume of scheduled and emergency hip surgeries increased by 6.2 percent over last year;
- The volume of scheduled and emergency knee surgeries increased by 4.8 percent over last year;
- Cataract surgery wait times improved to 29 weeks from 37.3 weeks last year, a 22 percent improvement and closing in on the 25-week target;
- The percentage of children who receive scheduled community mental health treatment within 30 days improved to 80 percent this year from 76 percent last year, a 5.3 percent increase;
- Access to cancer care continues to improve. Wait times for 90 percent of patients to receive radiation therapy (ready-to-treat to first therapy) have improved to 3.0 weeks, exceeding the four week target; and
- Wait times for 90 percent of patients to receive access to radiation therapy (referral to first consultation) have improved to 4.8 weeks, from 5.3 weeks a year ago.

Although it is not in the performance report, it is important to underscore that as part of our overall workforce management initiatives – including hiring more full-time nurses – there have been several staffing changes in recent weeks.

This starts with the requirement under our collective agreements to formally and officially lay-off staff as the first steps in rehiring them into other positions.

Let us look at the big picture for a moment. From March of 2010 to March of 2013 we increased the number of direct nursing full-time equivalent staff – Registered Nurses and Registered Psychiatric Nurses – by 15.1 percent. That means 2,363 more nurses in both full and part-time positions.

We also increased hiring in two other groups – Licensed Practical Nurses and professional and technical employees including Allied Health professions - by 10 percent and 17.3 percent respectively. The combined total is up 14.8 percent.

Those are just the full-time equivalents – in real terms we hired more than 5,200 more nurses overall and proportionately more of those nurses are in full-time positions.

As of today, we have 400 open nursing positions in the province we need to fill. We have the nurses and support staff we need, but not always where we need them.

That is fundamentally what these staffing changes are all about and they relate directly to priorities and new investments in the Health Plan and Business Plan released last week.

We have and will continue to ramp up community-based care and this is also reflected in the following quarter four performance results:

- Since April 2012, we've opened 877 new continuing care and palliative beds, a continuation of the ongoing goal to open 1,000 new continuing care beds each year;
- In the last three years, AHS has opened 3,034 continuing care beds. Largely because of that new capacity, more than 7,700 people were placed into continuing care, a four percent increase over last year;
- Compared to last year we have seen three per cent fewer people waiting in acute care for continuing care and 30 percent fewer people waiting in the community for continuing care;
- More people are being placed into continuing care within 30 days of being assessed - 67 percent compared to 64 percent last year; and
- The target for the number of people waiting for continuing care placement was 850 and in this quarter the number was 701.

This is all part of the long-term strategy, long-term investment and long-term commitment to create a sustainable, accessible health system, with a greater emphasis on community-based care and care closer to home.

This is essentially the Health Plan and Business Plan unfolding now and in the years ahead.

I will be asked why we do not meet every target. As we have said since these measures were created, every target is intentionally ambitious and aggressive, and in some cases, we know they will take several years to achieve. We did not set, and Albertans would not accept, easy targets.

Our goal is continuous improvement and a decline in any measure prompts action. Again, the emphasis is on the long-term solutions.

For example, although we did not meet our length-of-stay target, when compared to other regions in Canada, Alberta continues to perform well for Emergency Department length of stay performance measures.

There are many reasons for continuing pressure on our Emergency Departments in Alberta. The number of people being admitted into Emergency Departments has increased by 6.4 percent for the top 15 sites, and by 5.4 percent for all sites, yet wait times have remained relatively stable.

More importantly, the long-term solutions to easing pressures on Emergency Departments are directly linked to system-wide transformation: we have opened 102 hospital beds, 877 Continuing Care beds and 85 Addiction and Mental Health beds.

Home care spending is increasing as is primary care support. Twenty-four more Family Care Clinics are being opened in the next year or so as you have heard.

We are easing pressure on our Emergency Departments by adding capacity in the community. We are increasing access where it makes the most sense – from a patient perspective – to provide that care.

I can also report that we achieved our budget target last year.

I appreciate that these are a lot of numbers to digest, so thank-you for bearing with me. In short:

- 16 percent of fourth quarter measures reached or exceeded their target;
- 45 percent showed improvement year over year;
- 11 percent remained stable; and
- Of 16 measures where there was a decline, only 13 showed a decline of five percent or less.

Understanding the way all of this fits together – the long-term, big picture – is critical. It is the essence of healthcare transformation.

Let me close by saying that performance reports are necessarily based on numbers and data. People are the reason for this improved performance.

I would be remiss not to point out that these successes are the result of hard work by both teams and individuals across Alberta Health Services, the men and women who deserve recognition, and as always, my appreciation.

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

Ms. Catherine Roozen, Chair of the Quality and Safety Committee, introduced Dr. Verna Yiu, Executive Vice President and Chief Medical Officer, Quality and Medical Affairs.

Dr. Yiu provided the Board with a presentation on the importance of teaming in the workforce, and specifically, at AHS. She advised the Board that quality and patient safety requires a structure that allows clinical teams to quickly assess and analyze where they have strengths and areas where gaps and improvements can be made. She noted that the key to this is the ability to have a just culture where teaming is accepted as the model of operation.

Dr. Yiu apprised the Board on the meaning of teaming within a healthcare system and provided examples of excellent teamwork at AHS and how this has led to improvements in processes, and therefore, patient outcomes.

Mr. Lockwood thanked Dr. Yiu for the comprehensive presentation on the importance of teaming.

❖ **Review of Agenda**

UPON MOTION duly moved, seconded and unanimously carried, the Board approved the agenda for the meeting of the Board held on June 6, 2013, which was provided to the Board in advance of the meeting.

❖ **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.

2. Approval of Minutes

UPON MOTION duly moved, seconded and unanimously carried, the Board approved the minutes of the meeting of the Board dated March 14 and April 8, 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.

3. Quality and Safety Committee

a. Report to the Board

Ms. Catherine Roozen, Chair of the Quality and Safety Committee, advised that the Quality and Safety Committee met on March 20 and May 22, 2013 and provided a summary of the items discussed.

Ms. Roozen advised that there was one item recommended by the Quality and Safety Committee for Board approval.

b. [QS13-23] AHS Performance Report: Q4, 2012/2013

Ms. Catherine Roozen, Chair of the Quality and Safety Committee, advised the Board that the AHS Fourth Quarter Performance Report for 2012-13 demonstrates that AHS' performance measures have improved compared to last year. She noted that 16 percent of the indicators have met target, 45 percent show improvement over the prior year, and 11 percent have remained stable.

Ms. Roozen advised the Board that AHS is building on the success of the past year and has many initiatives underway to continue the work to improve the quality of care AHS delivers and access to healthcare services. She commented that this includes efforts to further reduce wait times, decrease the number of patients awaiting placement for continuing care beds and improving access to cancer care. Ms. Roozen assured the Board that in the areas where AHS is not meeting targets, AHS is taking actions to implement strategies for improvement.

Ms. Roozen 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:

- (a) approved the “Alberta Health Services Performance Report, Q4 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.**

4. 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 March 25, April 11 and May 23, 2013, and offered a brief summary of each of the eight items recommended by the Audit and Finance Committee for Board approval. Mr. Sieben further advised that Mr. Don Cormack, Vice Chair of the Audit and Finance Committee, would be making several of the motions.

b. [AFC13-41] AHS Investment Policy Amendments

Mr. Don Cormack, Vice Chair of the Audit and Finance Committee, advised the Board that the first item for approval was the amended AHS Investment Policy. He noted that, along with the Investment Policy, the Audit and Finance Committee and the Committee of the Whole reviewed AHS' Investment Bylaw and Borrowing Bylaw, but did not recommend any amendments to these documents.

Mr. Don Sieben, Chair of the Audit and Finance Committee, apprised the Board on the proposed amendment to the Investment Policy. He noted that such amendment revises the current benchmarks used to assess investment manager performance.

UPON MOTION duly moved, seconded and unanimously carried, the Board of Alberta Health Services approved the amended AHS Investment Policy in the form reviewed by the Committee of the Whole, with such non-substantive changes that management of AHS considers necessary or advisable.

c. [AFC13-70] Fourth Quarter Investment Report 2012/2013

Mr. Don Cormack, 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. He noted that under the *Regional Health Authorities Regulations* (Alberta), the AHS Board is required to approve or ratify investment decisions. Mr. Cormack advised that the Fourth Quarter Investment Report for 2012-13 details all investment transactions for AHS for the period of January 1 to March 31, 2013.

UPON MOTION duly moved, seconded and unanimously carried, the Board of Alberta Health Services 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 March 31, 2013, AHS held restricted and unrestricted funds managed by PH&N and Standard Life totaling \$1.632 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 March 31, 2013, were invested in accordance with the Investment Bylaw and Investment Policy.

d. [AFC13-71] RFP for Home Care Services (Edmonton & Calgary)

Mr. Don Cormack, Vice Chair of the Audit and Finance Committee, apprised the Board of the third item for approval, a request to authorize the President and Chief Executive Officer of AHS to implement two Home Care Services contracts for the Edmonton and Calgary Zones, each for a five-year term. He assured the Board that the vendors were selected through a competitive bid process.

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

- (a) approved the Home Care Services agreement effective June 1, 2013 between AHS and CBI Home Health (AB) Limited Partnership (the "CBI Agreement") for the provision of home care services in both the Calgary and Edmonton Zones, for a five year term ending May 31, 2018, and in the maximum amount of \$235,707,695, on substantially the terms and conditions reviewed by the Committee of the Whole;
- (b) approved the Home Care Services agreement effective June 1, 2013 between AHS and Bayshore Healthcare Ltd. (the "Bayshore Agreement") for the provision of home care services in both the Calgary and Edmonton Zones, for a five year term ending May 31, 2018, and in the maximum amount of \$136,105,945, on substantially the terms and conditions reviewed by the Committee of the Whole; and
- (c) authorized the President and Chief Executive Officer of AHS to execute the CBI Agreement and the Bayshore Agreement on behalf of AHS.

e. [AFC13-74] Delegation of Authority for Cancer Care Physician Agreement

Mr. Don Cormack, Vice Chair of the Audit and Finance Committee, apprised the Board of the fourth item for approval, the approval of, and delegation of authority for the President and Chief Executive Officer to execute, the new Cancer Care Physician Agreement for the provision of clinical services with Cancer Care Physicians. He commented that this agreement pertains to physicians who are employed by or under contract with AHS.

Mr. Lockwood provided the Board with the background of this agreement.

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

- (a) approved the agreement for the provision of clinical services between AHS and the Cancer Care Physicians, represented by the Alberta Medical Association, effective April 1, 2011 (the

“Agreement”), on substantially the terms and conditions reviewed by the Committee of the Whole; and

- (b) authorized the President and Chief Executive Officer of AHS to execute the Agreement on behalf of AHS.**

f. [AFC13-75] Internal Audit and Enterprise Risk Management Plan

Mr. Don Cormack, Vice Chair of the Audit and Finance Committee, apprised the Board of the fifth item for approval, the Internal Audit and Enterprise Risk Management Plan, which includes an overview of the planned projects for the next 3 years.

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

- (a) approved the Internal Audit and Enterprise Risk Management Plan and Budget 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 take all such other action as management considers necessary or advisable in order to give full effect to the foregoing.**

g. [AFC13-76] Internal Audit Charter

Mr. Don Cormack, Vice Chair of the Audit and Finance Committee, apprised the Board of the sixth item for approval, the Internal Audit Charter. He spoke to the proposed amendments to the Internal Audit Charter, such as those necessary to ensure compliance with the *International Professional Practices Framework Standards* and those reflecting the additional roles and responsibilities of the Internal Audit department.

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

- (a) approved the amended Internal Audit Charter 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 take all such other action as management considers necessary or advisable in order to give full effect to the foregoing.**

h. [AFC13-91] 2012/2013 Year End Financial Statements and Financial Statement Discussion and Analysis

Mr. Don Sieben, Chair of the Audit and Finance Committee, apprised the Board of the seventh item for approval, the 2012/2013 Year End Financial Statements (the **“Financial Statements”**) and the Financial Statement Discussion and Analysis for the year ended March 31, 2013 (the **“FSDA”**). He advised that the Financial Statements and FSDA indicate an operating surplus of \$106 Million, compared to a budgeted deficit of \$(8) Million. Mr. Sieben commented that the \$114 Million variance is primarily due to timing differences in implementing new health care initiatives and recruiting physicians and staff positions.

Mr. Sieben advised that the total revenue for the 2012-13 fiscal year was \$12.674 Billion.

Mr. Sieben advised that expenses for the 2012-13 fiscal year increased by seven percent from the 2011-12 fiscal. He spoke to the reasons for this increase and advised that it was mainly due to labour and contract inflation, increased volume and expansion of services. He further advised that AHS' distribution of expenses remained consistent with the previous year, with inpatient nursing services and diagnostic and therapeutic services making up over 40 percent of total expenses. Mr. Sieben noted that the largest increase in expenses was seen in home care services.

Mr. Sieben advised that present in the Financial Statements is the compensation of AHS senior executives, which includes pay-at-risk for these individuals. He noted that the pay-at-risk program has been eliminated for the 2013-14 fiscal year and going forward.

Mr. Sieben commented that overall, the board is satisfied with the Financial Statements and FSDA as presented.

UPON MOTION duly moved, seconded and unanimously carried, the Board of Alberta Health Services approved the following:

1. The internal restrictions as at March 31, 2013 of:

- (a) \$916.563 million to represent the amount of net assets invested in tangible capital assets and not available for any other purpose;**
- (b) \$16.144 million for start up costs of South Health Campus in Calgary;**
- (c) \$27.289 million to fund cancer research;**
- (d) \$32.475 million for the parking infrastructure reserve for future major maintenance, upgrades and construction;**
- (e) \$11.919 million for specific local initiatives as a result of local fundraising; and**
- (f) \$0.330 million to establish a reserve to assist with future upgrades, maintenance, equipment, and construction costs for retail food services operations.**

2. The AHS:

- (a) Consolidated Financial Statements for the year ended March 31, 2013; and**
- (b) Financial Statement Discussion and Analysis for the year ended March 31, 2013 for inclusion in the AHS Annual Report;**
both in substantially the form attached, with such non-substantive changes that management of AHS considers necessary or advisable;

3. And furthermore, management of AHS was authorized and directed to take all such other action as management of AHS considers necessary or advisable in order to give full effect to the foregoing.

i. [AFC13-92] Alberta Health Services Annual Report 2012/2013

Mr. Don Sieben, Chair of the Audit and Finance Committee, apprised the Board of the final item for approval, the AHS 2012-13 Annual Report (the “**Annual Report**”). He commented that the Annual Report has been prepared in accordance with instructions outlined by Alberta Health.

Mr. Sieben provided a summary of the key highlights in the Annual Report, including a 19 percent increase in the number of hip and knee replacement surgeries, with reduced wait times for both procedures, a dramatic improvement of 22 percent in wait times for cataract surgeries, and an 62.5 percent increase in the number of Positron Emission Tomography and Computed Tomography scans in the Calgary Zone. Mr. Sieben advised that, as demonstrated in the Annual Report, in the 2012-13 fiscal year, AHS opened 862 continuing care beds and celebrated the official opening of the Kaye Edmonton Clinic and Calgary’s South Health Campus.

Mr. Sieben commented that overall, the Board was satisfied with the content of the Annual Report.

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

- (a) approved the “Alberta Health Services Annual 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 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.**

5. Health Advisory Committee

a. Report to the Board

Mr. John Lehnert, Chair of the Health Advisory Committee, advised that the Health Advisory Committee met on April 24, 2013 and provided a summary of the items discussed. He further advised that there were two items recommended by the Health Advisory Committee for Board approval.

b. [HAC13-10] Health Advisory Council Member Appointment

Mr. John Lehnert, Chair of the Health Advisory Committee, advised that there are 12 Health Advisory Councils in Alberta, each established in 2009 under the *Regional Health Authorities Act* (Alberta). He commented that Health Advisory 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 re-appointed Ms. Wilma Mulder as a member to the Oldman River Health Advisory Council for a term of three years, effective June 6, 2013.

c. [HAC13-12] 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 (Alberta)* based on recommendations made to the AHS Board.

UPON MOTION duly moved, seconded and unanimously carried, the Board of Alberta Health Services 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 June 6, 2013:

Foundation	Name	Term (Years)
Alberta Cancer Foundation	Mr. Don Lowry	3
	Ms. Angela Boehm	3
Brooks & District Health Foundation	Ms. Wendy Metcalf	3
	Ms. Loretta Darago	3
	Ms. Cindy Simpson	3
Crowsnest Pass Health Foundation	Ms. Wilma Chorney	3
David Thompson Health Trust	Ms. Laurie Melnyk	3
Medicine Hat & District Health Foundation	Mr. Donovan Dempster	3
Mental Health Foundation	Mr. Cody Lakevold	3
	Ms. Margo Schulte Long	3
Oyen & District Health Care Foundation	Mr. Vince Grudecki	3
	Mr. Gordon Butler	2

6. Human Resources Committee

a. Report to the Board

Mr. Fred Ring, Vice Chair of the Human Resources Committee, advised that the Human Resources Committee met on May 27, 2013 and provided a summary of the items discussed. He further advised that there are no items put forth today from the Human Resources Committee for Board approval.

Mr. Ring advised that the Human Resources Committee has begun reviewing its mandate and terms of reference in conjunction with AHS' vision review.

Mr. Ring apprised the Board of the areas of ongoing focus for the Human Resources Committee, including succession planning and workforce engagement.

7. Governance Committee

a. Report to the Board

Mr. Gary Sciur, Chair of the Governance Committee, advised that the Governance Committee met on May 16, 2013 and provided a summary of the items discussed. He further advised that there are two items recommended by the Governance Committee for Board approval.

b. [GOV13-09] Delegation of Legislative Authority under the *Mental Health Act* and the *Protection of Children Abusing Drugs Act*

Mr. Gary Sciur, Chair of the Governance Committee, apprised the Board of the first item for approval, the Delegation of Legislative Authority under the *Mental Health Act* and the *Protection of Children Abusing Drugs Act*. He noted that both of the aforementioned acts were enacted prior to AHS' formation in 2008 and that the Minister of Health has directed AHS to coordinate and carry out the duties of each act.

UPON MOTION duly moved, seconded and unanimously carried, the Board of Alberta Health Services approved the following delegations of legislative responsibilities to the President and Chief Executive Officer (the "CEO"):

- 1. pursuant to section 48(3) of the *Mental Health Act* (Alberta) (the "MHA"), the CEO be granted the powers and duties set out in the MHA and applicable regulations, where reference to the "board" or "regional health authority" are utilized;**
- 2. pursuant to section 10(1) of the *Protection of Children Abusing Drugs Act* (Alberta) (the "PChAD"), the CEO be granted the powers and duties set out in the PChAD and applicable regulations, where reference to the "Co-ordinator" is utilized;**
- 3. any prior delegations respecting the powers and duties set out in the MHA or the PChAD and applicable regulations are revoked without prejudice to the effectiveness of any lawful exercise, prior to the date of this revocation, of the powers and duties assigned under the prior delegation; and**

direct the CEO to take whatever steps necessary or advisable to give effect to this approval, including determining if further delegation is necessary and to approve such further delegation, or changes to further delegation as the case may be.

c. [GOV13-10] Governance Document Framework

Mr. Gary Sciur, Chair of the Governance Committee, provided background with respect to the Governance Document Framework, and advised that the material in this document is largely administrative.

UPON MOTION duly moved, seconded and unanimously carried, the Board of Alberta Health Services authorized and directed management of AHS to assume responsibility for the Governance Document Framework as a reference document.

8. Adjournment of Meeting

There being no further business, the meeting was adjourned at 12:50 p.m.

Stephen Lockwood
Chair

Patti Grier
Corporate Secretary