

ALBERTA HEALTH SERVICES MANDATE AND ROLES DOCUMENT

This Mandate and Roles Document ("MRD") has been developed jointly by Alberta Health Services ("AHS") and the Minister of Health ("Minister") pursuant to and in accordance with the requirements of section 3 of the *Alberta Public Agencies Governance Act* ("APAGA").

1. Nature of this Document

This MRD is not a contract, nor does it establish or create legal obligations. Rather, it describes and reflects the mandate of AHS, its relationship with the Minister and the Department of Health ("Department"), AHS's governance and operational structure, and roles and responsibilities.

APAGA requires that this MRD be reviewed and renewed, amended or replaced within three years after it was made or most recently amended.

2. GOVERNING LAW

2.1 Mandate of AHS

AHS is a regional health authority governed by the *Regional Health Authorities Act*, RSA 2000, c. R-10 ("RHAA") and is responsible for administering the Alberta health region established pursuant to Ministerial Order 93/2008.

The RHAA provides that AHS consists of its members ("Members"), who are commonly referred to as the "Board". For the purposes of this MRD, any reference to members of AHS or the Board includes an official administrator appointed under s. 11 of the *Regional Health Authorities Act*.

AHS is part of an integrated health system and is mandated to deliver a broad range of publicly funded health care on behalf of the government.

AHS's legislative mandate pursuant to section 5 of the RHAA, is as follows:

- planning for the provision of health services in Alberta;
- providing health services in Alberta;
- promoting and protecting the health of the population in the health region and working toward the prevention of disease and injury;
- assessing on an ongoing basis the health needs of Albertans as it relates to the AHS mandate;
- determining priorities in the provision of health services in the health region and allocating resources accordingly;
- ensuring that reasonable access to quality health services is provided in and through the health region; and
- promoting the provision of health services in a manner that is responsive to the needs of individuals and communities and supports the integration of services and facilities in the health region.

2.2 Agency Status

AHS is a "Provincial committee" and "Provincial agency" as those terms are defined in the *Financial Administration Act of Alberta* (FAA).

AHS is also a "public agency" as that term is defined in APAGA and the *Conflicts of Interest Act* ("COIA").

2.3 Other Governing Legislation

In addition to the RHAA, AHS is subject to, and has duties and obligations under various other Alberta statutes. See Appendix 8.

3. AHS'S OPERATIONS

3.1 Subsidiaries and Committees

3.1.1 Committees under AHS

See Appendix D.

3.1.2 Subsidiary Health Corporations under AHS

See Appendix D.

3.1.3 Community Health Councils

See Appendix D.

3.1.4 Foundations and Trusts

See Appendix D.

3.2 Budget, Planning and Financial Arrangements

3.2.1 Member Remuneration and Expenses

Under section 6 of the *Regional Health Authorities (Ministerial) Regulation*, board members are entitled to remuneration and traveling and living expenses at the rates determined by the Minister. Section 20 of the *Interpretation Act* allows the Minister to fix remuneration for the board members.

Reimbursement for reasonable expenses necessarily incurred by board members in the course of performing their duties as board members is in accordance with the Government of Alberta's Travel, Meal and Hospitality Expenses Policy, as may be amended from time to time.

3.2.2 AHS Funding

The majority of funding available to AHS is an unrestricted base operating grant from Alberta Health for general operating purposes. AHS also receives restricted operating grant funding and restricted capital grant funding from Alberta Health for various targeted initiatives. Restricted operating and capital funding can only be used for specific purposes and are recognized when the related grant expenses are incurred.

Additional sources of funding to AHS include other government transfers, ancillary operations, donations, investments and other income, and premiums, fees and charges.

4. GOVERNANCE

4.1 AHS

AHS is governed by its Members. Pursuant to sections 2 and 3 of the *Regional Health Authority Membership Regulation*, the Minister determines the number of Members by order, and appoints Members. The Minister also designates the Chair and may designate the Vice-Chair.

The Board governs AHS, overseeing the management of its business and affairs. The Board has a duty to carry out its responsibilities for the benefit, and in the interest of AHS, subject to, and in accordance with applicable legislation.

4.2 Code of Conduct

AHS has, in accordance with the COIA, implemented a code of conduct (including the process for administering the code of conduct) governing the conduct of the Members of AHS. AHS, with the assistance of the Department, will make its code of conduct readily available on the Public Agency Secretariat ("PAS") website.

4.3 Roles and Responsibilities

The respective roles and responsibilities in relation to AHS are summarized in the following sections.

4.3.1 AHS

The legislated responsibility of AHS is set out in section 5 of the RHAA. See section 2.1 above.

While AHS generally has authority in respect of its mandate under the RHAA, it is subject to the authority and directions of the Minister under applicable legislation.

AHS' responsibilities include:

- a) To Minister:
 - be accountable to the Minister and/or delegate to ensure accountabilities and reporting are effectively aligned with the Minister's direction;
 - as requested, provide advice to the Minister and/or delegate, and ensure that any advice provided to the Minister is evidence-based;
 - comply with relevant directives, orders, guidelines, standards and policies set by the Minister in accordance with applicable law; and
 - ensure activities of AHS appropriately align with the Minister's priorities and government policy.
- b) Governance of the Board:
 - ensure that appropriate orientation and ongoing education is provided to members;
 - record minutes of its meetings and forward to the Minister in accordance with applicable legislation;
 - evaluate the performance the Board annually;
 - evaluate the skill set of Members annually;
 - allow the Minister or representative to review the operations of the Board in accordance with, and subject to, APAGA and other applicable laws; and
 - hold organizational meetings in accordance with applicable law and as required.
- c) Code of Conduct and Conflict of Interest:
 - subject to Minister approval, make bylaws governing conflict of interest in respect of its members, its agents, its senior officers and its employees;
 - implement and comply with a Code of Conduct and Conflict of Interest Bylaw in accordance with applicable law; and
 - Board Members act honestly and in good faith in the best interests of AHS, leaving aside personal interests, and act in accordance with the Code of Conduct and Conflict of Interest Bylaw , to advance the mandate of AHS.
- d) Chief Executive Officer (CEO) of AHS:
 - annually evaluate the performance of the CEO;
 - recruit, direct, and, if required, dismiss the CEO; and
 - determine the compensation (including benefits) and the contract terms and conditions of the CEO, in accordance with applicable law.

- e) Committees of the Board:
- establish committees as appropriate; and
 - the purpose and scope of such committees shall be in accordance with good governance practices and consistent with APAGA and other applicable legislation, and the roles of which are set out in their respective terms of reference which have been approved by the Members.
- f) Business of the Board
- govern AHS and oversee the management of its business and affairs;
 - make and comply with approved bylaws under which AHS operates;
 - delegate responsibilities and duties to the CEO, to committees of AHS, to any of its employees, officers or agents, or to a community health council as deemed appropriate, unless prohibited by law; and
 - approve the creation and dissolution of all directly or indirectly wholly-owned subsidiary corporations and ensure that they have appropriate governance in place.
- g) Community Health Councils:
- pass bylaws establishing community health council(s), subject to Minister approval;
 - appoint members of the community health council in accordance with applicable legislation;
 - authorize reimbursement of expenses incurred by members of the community health council in accordance with applicable legislation; and
 - subject to Ministerial direction, disestablish one or more community health councils.
- h) Budget, Planning, Reporting and Performance
- Monitoring: Budget
- submit its annual budget to the Minister for approval.
- Planning
- participate with the Minister in setting long-term objectives and short-term targets, prepare and submit to the Minister a Health Plan that addresses, amongst other matters, how AHS intends to execute its responsibilities and measure its performance, in alignment with government priorities and policy direction, subject to the Minister's approval; and
 - approve and monitor AHS health plans, business plans, operational plans and financial results, subject to the Minister's approval where applicable.
- Reporting
- provide to the Minister an annual report on its activities for the previous fiscal year;
 - provide to the Minister within 30 days after the quarters ending on June 30, September 30 and December 31 a report in the form and manner required by the Minister containing:
 - o the financial performance information for that quarter as specified by the Minister; and
 - o the forecasted revenue and expenditures for the remainder of the fiscal year; and
 - comply with AHS planning and reporting requirements (including those listed in Appendix A).

4.3.2 Chair of the Board

The Chair has the following responsibilities:

- provide leadership and facilitate the work of the Board;
- report annually to the Minister on the Board's activities for the previous fiscal year, summary findings of the evaluations and any actions planned to improve Board governance and performance, and as may be requested by the Minister;

- on behalf of the Board, inform the Minister respecting significant activities and operations of AHS and any significant events that may affect those activities or operations; and
- plan and manage Board meetings in accordance with applicable law.

4.3.3 Chief Executive Officer (CEO)

The CEO of AHS has the following responsibilities:

- follow the reasonable direction of the Chair;
- be accountable to the Board and provide general supervision, leadership and management for AHS, for the administration of all its operations and programs, and ensure financial, human, capital and other resource management:
 - deliver applicable health care services across the province with high standards of quality on an on-going basis;
 - ensure the health and safety of the AHS workforce;
 - operational efficiency and effectiveness;
 - oversee the engagement with patients and families in acute care and community based services;
 - oversee the engagement in community which involves positive relationships with providers; and
 - ensure that AHS is in compliance with all relevant government directives, orders, guidelines, standards and policies, AHS bylaws, health plan, budget, and all legal and regulatory requirements;
- work in coordination with Alberta Health through the Deputy Minister; and
- be responsible for immediately advising the Board and the Minister (through the Deputy Minister) of any material adverse events or other matters materially affecting safety or wellbeing of Albertans.

4.3.4 Minister

The Minister is responsible for the provincial health system and has, among others, the following roles and responsibilities:

- a) General:
 - the Minister is the responsible Minister for AHS for purposes of APAGA;
 - participate in and approve long-term objectives and short-term targets;
 - advise AHS, as the Minister considers appropriate, of government policies applicable to AHS and its activities or operations; and
 - monitor whether AHS is acting within its mandate and achieving its long-term objectives and short-term targets.
- b) Governance:
 - establish one or more health regions in Alberta;
 - determine the number of members of the regional health authority (AHS); and
 - may establish an accountability framework and applicable reporting requirements in respect of AHS.
- c) Appointments and remuneration of Members:
 - recruit and appoint Members of AHS and prescribe their terms of office;
 - prescribe payment of remuneration and expenses to Members;
 - designate one of the Members as Chair and may designate one as Vice-chair; and
 - dismiss the members of a regional health authority or community health council and appoint an official administrator in their place, in accordance with applicable law.
- d) Recruitment of CEO
 - AHS will consult Alberta Health on the recruitment of a new CEO.

- e) Ministerial directives:
- provide AHS with annual planning and budgeting direction;
 - may give direction to AHS for the purpose of:
 - providing priorities and guidelines for it to follow in the exercise of its powers; and
 - coordinating the work of AHS with the programs, policies and work of the government and public and private institutions in the provision of health services in order to achieve the best outcome and to avoid duplication of efforts and expense;
 - establish a Health Charter to guide the actions of AHS, provincial health boards, health providers, etc.;
 - give directions relating to the Health Charter in accordance with applicable legislation; and
 - all directives as defined for the purposes of the Regional Health Authorities Regulation shall be provided to AHS in writing.
- f) Board and AHS operations:
- approve, amend or refer back with directions to AHS any Health Plan proposal that AHS submits to the Minister;
 - approve or refer back with directions to AHS bylaws establishing or disestablishing community health councils;
 - give directions to AHS to disestablish one or more community health councils;
 - approve or refer back with directions to AHS bylaws of Alberta Cancer Foundation and regional foundations;
 - conduct a review of the mandate and operations of AHS at least every seven years. The Minister shall report the result to the Executive Council;
 - monitor the performance of AHS, as appropriate, against the AHS Health Plan, the AHS Budget and other documents to ensure AHS is acting within its mandate;
 - approve or request changes to bylaws governing AHS and board members;
 - may appoint the Auditor General as the auditor for AHS; and
 - approve AHS entering into an agreement with other jurisdictions.
- g) Funding:
- approve AHS's annual budget and future year funding targets and ensure it complies with Treasury Board Committee approvals; and
 - provide grants or other payments to AHS to assist it in carrying out its functions.
- h) Planning:
- request any records, reports or returns from AHS, subsidiary health corporations and community health councils;
 - receive copies of audit reports of AHS, subsidiary health corporations and community health councils; and
 - make inquiries into the management and affairs of AHS for the purposes specified in the applicable legislation; enter and inspect any place under the jurisdiction of AHS for the purposes specified in the applicable legislation; examine, make copies and/or temporarily remove documents and records of AHS for the purposes specified in the applicable legislation.
- i) Reporting requirements:
- present copies of the AHS annual report before the Legislative Assembly in accordance with applicable law; and
 - issue orders, directives, policies and/or rules to AHS, all of which shall be in writing, for the purposes specified in the applicable legislation.
- j) Other Responsibilities:

- provide or arrange for the provision of health services in any area of Alberta whether or not health services are also being provided in that area by any other government, person or authority when the Minister considers that it is in the public interest to do so; and
- do any other thing that the Minister considers necessary to promote and ensure the provision of health services in Alberta when the Minister considers that it is in the public interest to do so.

4.3.5 Deputy Minister

The Minister may delegate duties and functions to the Deputy Minister. The Deputy Minister is accountable to the Minister to provide leadership for, and management of, the Department and to work with AHS on behalf of the Minister.

4.3.6 Department

The Department operates under the direction of the Deputy Minister and has the following responsibilities:

- assist the Minister in the overall design, establishment and monitoring of the health system;
- provide funding for the system;
- general system governance and oversight;
- advise the Minister and Government of Alberta on health policy and provide policy direction to AHS;
- monitor the implementation and compliance with policy;
- assist, as applicable, in the recruitment of members in collaboration with the Public Agency Secretariat; and
- assist the Board regarding the processing of requests for information under the FOIP or other legislation, as applicable.

4.3.7 Other Government of Alberta Departments, Agencies and Councils

See Appendix C.

4.3.8 Chief Medical Officer of Health (CMOH)

The CMOH is appointed by the Minister under the *Public Health Act*, which, if applicable, is paramount to all other provincial legislation it conflicts or is inconsistent with, with the exception of the *Alberta Bill of Rights*. The CMOH is responsible for:

- monitoring the health of Albertans and make recommendations to the Minister and the Board on measures to protect and promote the health of the public and prevent disease and injury;
- acting as a liaison between the government, the Board, medical officers of health (MOH) and executive officers (EO) in the administration of the *Public Health Act*;
- monitoring the activities of the Board, MOH and EO in the administration of the *Public Health Act*;
- giving directions to the Board, MOH and EO in the exercise of their powers and the carrying out of their responsibilities under the *Public Health Act*; and
- on notice to the MOH, EO, the Board and Minister, assuming the powers and duties of a MOH or EO and acting in that person's place in the event that the CMOH considers that a MOH or an EO is not properly exercising powers or carrying out duties under the *Public Health Act*.

4.3.9 Public Agency Secretariat

The PAS provides resources and supports agencies in the development of and amendment to MRDs. The PAS may also be utilized as a source of information, tools, advice, and training on sound governance practices.

4.4 Accountability

AHS Members are ultimately accountable to the Government of Alberta and to the Minister.

5. REPORTING AND COMMUNICATION

5.1 Reporting and Accounting

AHS is part of the Ministry for purposes of financial statements of the Government of Alberta. The Board is accountable to the Minister. Its accountability, planning and reporting requirements are outlined in Appendix A.

5.2 Communication

AHS and the Department jointly believe that regular and open communications between them are foundational to an effective working relationship. To that end, multiple avenues of communication may be employed, including between the Chair and the Minister, the Deputy Minister and the Department.

In addition, AHS, through the Chair, is required to provide timely notice to the Department of any significant activities and operations relating to AHS and any significant events that may affect those activities or operations.

Public communications pertaining to the functions of AHS will be done in a collaborative manner between the communication teams at AHS and the Department to allow for appropriate coordination and approval. AHS will provide prior notice of all significant communications and reasonable time for the Department to review and provide input.

5.3 Publication of this MRD

Copies of this MRD will be filed with the Minister, Department, AHS Board and the PAS. This MRD will also be available to the public on the AHS website and the PAS' website.

ALBERTA HEALTH SERVICES

date: October 21, 2022

per: _____
Gregory Turnbull, KC
Board Chair

MINISTER OF HEALTH

date: Oct 26 2022

per: _____


APPENDIX A

Planning, Reporting and Accountability Documents

Required documents are to be provided to the Minister as set out in legislation or, if not set out in legislation, as directed by the Minister.

1) Health Plan

The Health Plan is required by the RHAA. It is a public, multi-year strategic document that articulates priorities of AHS and how it intends to:

- a) meet its RHAA obligations, and
- b) provide health services and resources to carry out its mandate.

The Health Plan includes performance measures and targets used for evaluating results.

2) Business Plan

The Business Plan is required under the *Fiscal Planning and Transparency Act* and includes a multi-year financial plan and the budget for the next fiscal year.

3) Budget

The RHAA requires the Board to submit an annual budget to the Minister for approval; the Minister may give directions to AHS respecting the form, content and submission timelines for the budget, as well as any other information that must be submitted.

4) Annual Report

In compliance with the RHAA and the *Fiscal Planning and Transparency Act*, the Board prepares and submits to the Minister an Annual Report on its activities for the previous fiscal year in accordance with all legislated requirements.

The Annual Report provides audited financial statements, information on remuneration and benefits paid to members, officers and senior employees, and performance measurement information for the Health Plan and Business Plan, including an explanation for any significant variation between actual and planned results, including financial results compared to budget. The Annual Report also highlights completed initiatives as they relate to the Health Plan. The Annual Report must also include a report on activities under AHS's patient concerns resolution process for the previous fiscal year.

5) Accountability Letters

Accountability letters may be issued, as appropriate, to the Board Chair and the CEO, respectively by the Minister and Deputy Minister. The letter to the Board Chair sets out the mandate and expectations for AHS and the letter to the CEO provides additional detail on such matters as funding envelopes, performance measures and evaluation of performance.

6) Interim Health Plan Updates

Interim (semi-annual or as agreed to by the Minister) Health Plan Updates provide narrative updates, performance measures, targets and actual results as requested by the Minister on actions AHS has started, continued, or completed relative to the strategies presented in its Health Plan including explaining any variation between planned and actual performance.

7) Code of Conduct

AHS has a Code of Conduct that is reviewed and approved in accordance with applicable legislation, and that supports good governance by establishing fundamental principles and outlining organizational values, ideals and expectations for all who provide care and services on behalf of AHS.

AHS also has a Conflict of Interest bylaw (pursuant to the COIA) that requires AHS representatives (employees, senior executives, agents and members of the Board) to uphold and promote a standard of conduct, that preserves and enhances public confidence in the integrity, objectivity, and impartiality of its clinical and business activities, by ensuring outside activities or financial interests do not interfere with or influence their decision-making processes. Day-to-day administration and management of the bylaw has been delegated to AHS's Chief Ethics and Compliance Officer.

Other Reports and Documents to be submitted to the Minister

In accordance with applicable legislation, the Board will provide to the Minister any data or information and reports as may be requested by the Minister, including and without limitation:

- an annual report on corporate governance and Board effectiveness;
- all committee reports;
- results of all client satisfaction/experience surveys conducted or commissioned by, or on behalf of, the Board;
- results of all accreditation reviews;
- results of all surveys, studies or reports relating to the quality and safety, efficiency and effectiveness of health care service delivery conducted or commissioned by, or on behalf of, the Board;
- Conflict of Interest Bylaw and Safe Disclosure/Whistleblower Policy;
- prior to each public Board meeting, the meeting agenda, meeting materials and recommendations, as may be required by the Minister;
- approved minutes of all public Board meetings;
- regular period reporting (monthly and/or quarterly) and annual financial reporting, and ad-hoc financial reporting as requested; and
- a report on any accumulated deficit and a plan to eliminate such deficit, in accordance with the legislated requirements.

APPENDIX B

AHS, the Minister and the Department function within the legal framework established by Alberta legislation and have responsibilities under, and are subject to, a number of statutes and corresponding regulations and policies, including:

Alberta Evidence Act (section 9)	Freedom of Information and Protection of Privacy Act	Pharmacy and Drug Act
Alberta Health Act	Government Organization Act (Section 7 and 7.1)	Protection for Persons in Care Act
Alberta Health Care Insurance Act	Health Disciplines Act	Protection of Children Abusing Drugs Act
Alberta Public Agencies Governance Act	Health Facilities Act	Public Health Act
Animal Health Act	Health Information Act	Public Interest Disclosure (Whistleblower Protection) Act
Auditor General Act	Health Professions Act	Public Sector Compensation Transparency Act
Business Corporations Act	Health Quality Council of Alberta Act	Reform of Agencies, Boards and Commissions Act
Child and Youth Advocate Act	Hospitals Act	Securities Act
Conflicts of Interest Act	Human Tissue and Organ Donation Act	Supportive Living Accommodation Licensing Act
Crown's Right of Recovery Act	Labour Relations Code	The Lloydminster Charter
Election Finances and Disclosure Act	Loan and Trust Corporations Act	
Electronic Transactions Act	Lobbyists Act	Tobacco, Smoking, and Vaping Reduction Act
Emergency Health Services Act	Mandatory Testing and Disclosure Act	Water Act
Emergency Medical Aid Act	Mental Health Act	Workers' Compensation Act
Environmental Protection and Enhancement Act	Municipal Government Act	
Financial Administration Act	Nursing Homes Act	
Fiscal Planning and Transparency Act	Ombudsman Act	

APPENDIX C

Other Government of Alberta Departments, Agencies and Councils

Office of the Information and Privacy Commission (OIPC)

- The OIPC monitors and oversees AHS's compliance with the *Health Information Act* (HIA) and FOIP Act.
- The OIPC may review or investigate HIA and FOIP-based complaints against AHS.
- The OIPC has the power to hold inquiries as to alleged violations of the HIA and FOIP.
- The OIPC will review and accept privacy impact assessments prepared and submitted by AHS, which identify risks to privacy and describe safeguards to mitigate these risks.

Alberta Infrastructure (AI)

Note: the interaction and roles between AI and AHS may also be subject to agreements and MOU's between the Department, AI and AHS, in which case those documents will apply in the event of any conflict with this section.

- Delivers capital projects approved in the capital plan for which funding exists.
- Develops provincial delivery policies with respect to infrastructure that includes the design and construction of health facilities.
- Works with the Department and AHS in the implementing and upgrading of AHS supported capital infrastructure.
- Provides the Department with cost management, procurement and contracting expertise for capital development.
- Leads the preparation of project business cases.
- Works with the Department and AHS to monitor approved capital projects delivered by AHS, ensuring facility standards are met, contracting practices are appropriate and value for investment is achieved.

Office of the Auditor General (Auditor General)

- This is an independent office. The Auditor General has been appointed by the Board as an auditor for AHS.
- The Auditor General provides independent auditing services to AHS.
- The Board conforms to the audit requirements in the RHAA and to the financial directives and associated policy statements issued by the Minister.

Alberta Treasury Board and Finance (TBF)

- TBF reviews and addresses financial matters including remittances and other accounting matters, as may be part of its overall review of Ministry financial matters.
- TBF may provide AHS with other banking and cash items.

Health Quality Council of Alberta (HQCA)

- Under the *Health Quality Council of Alberta Act*, the HQCA promotes and improves patient safety, person-centred care and health service quality on a province-wide basis in accordance with applicable legislation.

APPENDIX D

AHS Subsidiaries, Health Advisory Councils, Foundations and Contractors

Three subsidiaries are wholly-owned by AHS: each of the three subsidiaries has different levels of interaction with AHS as each has a distinct governance structure, reporting obligations and decision-making authorities. They are:

- a) Alberta Precision Laboratories Ltd. that operates as a medical diagnostic laboratory throughout the Province of Alberta.
- b) Capital Care Group Inc. that operates continuing care centres in Edmonton and surrounding area. Capital Care Group Inc. provides services to adults of all ages and includes long-term care, rehabilitation and recovery services, and community programs and services.
- c) Carewest that operates continuing care centres in Calgary. Carewest provides services to adults of all ages and includes long-term care, rehabilitation and recovery services, and community programs and services.

AHS works with the Department to create subsidiary corporations (directly or indirectly owned) and ensures that they have appropriate governance in place.

Community health councils, known as "health advisory councils" and "provincial advisory councils" (collectively, "advisory councils") have been established under the RHAA for the purpose of advising the Board and AHS management on community health needs. In carrying out this advisory role, the advisory councils may engage with residents to gather local perspectives about health care delivery in communities across the province. Advisory councils are established and members are appointed, by the Board. Subject to Minister approval, the Board has the ability to disestablish advisory community health councils by submitting to the Minister a proposal to disestablish. Further, the Minister has the authority to give directions to the Board to disestablish a community health council. Subject to Ministerial approval and direction, AHS passes by-laws establishing community health councils and appoints members of the council in accordance with the by-law.

Foundations are generally established by submission of bylaws by AHS for approval by the Minister to raise funds, amongst others, to benefit the health region, a specific health facility, or a specific health program operated by AHS. These are called regional foundations. Each foundation is governed by a board of directors (whose members receive no remuneration) with responsibility to ensure all funds received are managed prudently and disbursed in accordance with applicable legislation and in alignment with AHS priorities. These priorities are reviewed by foundations and AHS on an annual basis.

Other than regional foundations established under the *Regional Health Authorities Foundations Regulation*, there are continued and exempt foundations - the former existing prior to regionalization and established under other legislation; the latter formed under other legislation such as the *Companies Act* and exempted under the *Hospitals Act*.

Subject to Ministerial approval and direction, AHS works with regional foundations to create their bylaws. AHS also appoints members to the boards of regional foundations. The Minister may order a foundation to be wound up in accordance with applicable law.

Government Partnerships

AHS proportionately consolidates its 50 per cent interest in Primary Care Network (PCN) partnerships with physician groups, its 50 per cent interest in the Northern Alberta Clinical Trials Centre (NACTRC) partnership with the University of Alberta, and its 33.33 per cent interest in the Institute for Reconstructive Sciences in Medicine (iRSM) partnership with the University of Alberta and Covenant Health. AHS has entered into local primary care initiative agreements to jointly manage and operate the delivery of primary care services to achieve the PCN plan objectives, and to contract and hold property interests required in the delivery of PCN services.

Committees of the Board

The Board has established following committees to aid in governing AHS and overseeing the management of AHS's business and affairs:

- Finance & Audit Committee;
- Community Engagement Committee;
- Governance & Risk Committee;
- Human Resources Committee; and
- Quality & Safety Committee.