

Appendix 2.3 – Joint Operations Committee Terms of Reference

HEALTH CAPITAL JOINT OPERATIONS COMMITTEE

TERMS OF REFERENCE (TOR)

Purpose/Mandate

The purpose of the Health Capital Joint Operations Committee (the Committee) is to facilitate oversight and resolution of issues and other matters associated with the planning and delivery of the health capital program and projects. Primary responsibilities include, but are not limited to:

New Project Proposals

- Reviewing capital plan priorities and needs assessments submitted by Alberta Health Services (AHS) and determining which proposed projects require business cases to be developed by Alberta Infrastructure (INFRA); and,
- Reviewing completed business cases and recommending sign-off by the Health Capital Joint Steering Committee members.

Approved Projects

- Confirming project scope and recommending sign-off by the Health Capital Joint Steering Committee Members as required;
- Reviewing Project Charters and Functional Programs and recommending sign-off by Health Capital Joint Steering Committee Members as appropriate;
- Identifying all project-specific cost, scope or schedule issues and providing recommendations to the Health Capital Joint Steering Committee for resolution;
- Determining the best approach to resolving overarching project-related issues and risks outside of the purview of project teams and providing direction to project teams in relation to mitigation strategies; and,
- Confirming facility handover and project close-out on completed projects.

Program Management

- Establishing special working groups or sub-committees to address specific areas of project life-cycle process development (i.e., Joint Planning Committee, Infrastructure Maintenance Program (IMP) Review Committee);
- Reviewing health policy initiatives, standards and guidelines that may impact approved and/or proposed health facilities; determining potential impacts, and making recommendations to the Health Capital Joint Steering Committee;
- Leading the annual review of the IMP guidelines and processes and recommending updates to the Health Capital Joint Steering Committee as appropriate;
- Reviewing and providing input into the implementation of new programs and related projects, such as the Capital Transition Initiative;
- Reviewing and approving proposals for the amendment of current processes or the introduction of new processes, including but not limited to the Health Facilities Capital Program Manual;
- Reviewing and discussing research into best practices in health program and capital project delivery and facility standards and overseeing the development of viable, leading edge solutions for health facilities and making recommendations to the Health Capital Joint Steering Committee as appropriate; and,
- Managing other initiatives and/or issues as they arise.

Duration

Originally established in January 2011, the roles and responsibilities of this committee were revised in October 2011. The Committee will continue to meet until the Committee members or the Health Capital Joint Steering Committee determines it is no longer required. The TOR and committee membership will be reviewed annually or as needed and/or identified by the Chair or committee members.

Authority to Act

Each member of the committee represents their individual organizations and the legislative, regulatory, and policy obligations of those organizations. Members must ensure their decisions are in the best interests of AHS, Alberta Health (HEALTH), INFRA, the Government of Alberta and facility stakeholders (patients, physicians, staff, and families). This committee also acts in response to direction and feedback from the Health Capital Joint Steering Committee.

This committee has authority to make decisions within its overall mandate, such as:

- Decisions that provide direction to project teams, consisting of representatives from all three organizations, in relation to project-specific issues including but not limited to issues surrounding the planning and management of furniture and equipment, scope changes, risk mitigation, etc., that require senior management input and resolution;
- Decisions related to the delivery of approved projects such as combining projects, and the management of foundation and projects debt-financed by AHS;
- Process-related decisions that impact all project teams, such as the processes contained in the Health Facilities Capital Manual; and,
- Decisions as delegated by the Health Capital Joint Steering Committee.

The committee is also guided by the Health Facilities Capital Program Manual (to be issued in March 2013). Decisions of a policy or budgetary nature will be referred to the Health Capital Joint Steering Committee, for furtherance to the Executive Sponsors of the three organizations or the Ministers of HEALTH and INFRA, as appropriate.

This committee replaces any committees previously in existence to support the management and operations of the Health Capital Program.

Membership

The committee consists of the following core members:

- Vice President, Capital Operations and Government Integration, AHS;
- Director, Government Integration, AHS;
- Executive Director, Health Facilities Planning Branch, HEALTH;
- Senior Manager, Health Facilities Planning Branch, HEALTH;
- Executive Director, Health Facilities Branch, INFRA; and
- Director, Program Management and Integration, Health Facilities Branch, INFRA (Chair).

A quorum of at least one member from each organization at each meeting is required. If unable to attend a specific meeting, a core member is required to appoint a designate to attend the meeting. In such cases, a designate must be in a related management or technical position within that organization, with the authority to fully represent their respective organization, including the ability to make decisions.

Committee discussions will be collegial and consensus will be reached to the extent possible. As needed, recommendations will be raised to the Health Capital Joint Steering Committee.

Guests may be invited by members of the committee to make presentations on particular issues and/or items. Members will be expected to identify to the Chair, such presentations and guest participation prior to a meeting to allow for inclusion in the agenda.

Resources

The Chair of the committee will provide the required secretariat support to arrange meetings and venues, prepare agendas and minutes, distribute documents, and undertake any other administrative needs required to support the ongoing work of the committee and its members. The administration of the committee work, such as the submission of project documents, will be articulated in the tri-party Health Facilities Capital Program Manual, including timelines, format, and other such information that may be required.

Budget

No separate budget is allocated to the ongoing business of the committee. Each organization is responsible for their committee members' and designates' expenses associated with the work of the committee.

Meeting Schedule

Meetings will occur on a monthly basis, or at the call of the Chair.

Dispute Resolution

In the event that resolution of issues, new policy items, or other health capital program related business managed by the committee, cannot be obtained through committee consensus, the matter will be elevated to the Health Capital Joint Steering Committee for resolution.

Approvals

This TOR was reviewed by the Committee core representatives from each member organization and agreed to and signed on the date noted below.

On Behalf of Alberta Health Services

Penny Rae, Senior Vice President
Capital Management

Date

On Behalf of Alberta Health

David Breakwell, Assistant Deputy Minister
Financial Accountability Division

Date

On Behalf of Alberta Infrastructure

Diane Dalglish, Assistant Deputy Minister
Capital Projects Division

Date