Appendix 2.2 – Joint Steering Committee Terms of Reference

HEALTH CAPITAL JOINT STEERING COMMITTEE

TERMS OF REFERENCE (TOR)

Purpose/Mandate
The purpose of the Health Capital Joint Steering Committee (the Committee) is to provide an executive level forum for open discussion and decision making. The Committee will focus on strategic initiatives and discussions aimed at continuous improvement of the capital project delivery model.

The Committee’s responsibilities encompass a wide range of responsibilities and activities, including but not limited to:

New Project Approvals
- Receiving updates from the Health Capital Joint Operations Committee on the status of business cases for priority proposed projects; and,
- Reviewing and providing final approval of recommended capital plan priorities for submission to the Ministers of Alberta Health (HEALTH) and Alberta Infrastructure (INFRA);

Approved Projects
- Approving project scope as recommended by the Health Capital Joint Operations Committee;
- Approving project charters and functional programs as recommended by the Health Capital Joint Operations Committee;
- Reviewing all project cost, scope or schedule issues identified by the Health Capital Joint Operations Committee and providing direction on required actions or next steps for resolving issues; and,
- Receiving updates from the Health Capital Joint Operations Committee on capital project issues and risk mitigation strategies.
Program Management

- Providing strategic direction and leadership to the Health Capital Joint Operations Committee;
- Identifying emerging trends, gaps, resource management and issues with respect to health program delivery and the health capital program and overseeing the development of appropriate management solutions and mitigation strategies to address program issues and risks;
- Monitoring the implementation of the delivery model for health capital projects and developing a long-term vision and strategic direction that will guide the ongoing relationship between Alberta Health Services (AHS), HEALTH and INFRA;
- Reviewing and providing input into new policy and/or program initiatives submitted by the Health Capital Joint Operations Committee and/or resulting from government direction (e.g., Alberta’s Five-Year Health Action Plan); and,
- As recommended by the Health Capital Joint Operations Committee, reviewing and determining next steps for new or updated facility standards, as noted below:
  - where there is no impact to costs for approved and/or proposed project costs, and the committee unanimously agrees the new or updated facility standards are appropriate and beneficial to the development and implementation of health facilities, the Chair will advise project teams to proceed with implementation of the new standards; or
  - where there is an impact on costs for approved and/or proposed project costs, and the committee agrees that the benefits of the new or updated standards outweigh the impact on project costs, the Chair will request the proponent of the new standards to provide a discussion paper outlining the rationale and impacts of the standards for review by the committee and furtherance to Treasury Board and Finance by the respective Minister(s).

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 Executive Sponsors of AHS, HEALTH, and INFRA determine 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 committee or its members cannot impose any obligations on any party that are outside of the legislative, regulatory, and policy obligations of those organizations. Members must ensure their decisions are in the best interests of AHS, 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 Executive Sponsors of the three organizations being:

- for AHS: President and Chief Executive Officer;
- for HEALTH: Deputy Minister; and,
- for INFRA: Deputy Minister.

This committee has authority to make decisions within its overall mandate and as outlined in the attached “Roles and Accountabilities Matrix for Major Health Capital Projects >$5 Million” appended to this TOR (see Appendix 3), and the Health Facilities Capital Program Manual (to be issued in March 2013). Decisions of a policy or budgetary nature will be referred to the Executive Sponsors 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:

- Senior Vice President, Capital Management, AHS;
- Assistant Deputy Minister, Financial Accountability Division, HEALTH; and
- Assistant Deputy Minister, Capital Projects Division, INFRA.

and the following standing members:

- Vice President, Capital Operations and Government Integration, AHS;
- Director, Government Integration, AHS;
- Senior Vice President, Finance, AHS;
- Executive Director, Health Facilities Planning Branch, HEALTH;
- Executive Director, Health Facilities Branch, INFRA;
- Executive Director, Finance Branch, INFRA; and
- Director, Program Management and Integration, Health Facilities Branch, INFRA (Chair).
To ensure the committee’s ability to enact its decision-making responsibilities on an ongoing basis, the attendance of all members, or their designate(s), is required at all meetings. A designate must be in a senior position within an organization with the authority to represent their respective organization, and must be empowered to make decisions on behalf of the member(s).

Committee discussions will be collegial and consensus will be reached to the extent possible. As needed, recommendations will be raised to the Executive Sponsors.

Guests may be invited by core or standing 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 Manual, including timelines, format, and other such information that may be required.

This steering committee will also be directly supported by the Health Capital Joint Operations Committee.

**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 Executive Sponsors noted above.

Approvals

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

On Behalf of Alberta Health Services

__________________________________________
Dr. Chris Eagle, President and Chief Executive Officer Date

On Behalf of Alberta Health

__________________________________________
Marcia Nelson, Deputy Minister Date

On Behalf of Alberta Infrastructure

__________________________________________
Ray Gilmour, Deputy Minister Date