

2.0 PROVINCIAL HEALTH PLANNING & CAPITAL MANAGEMENT

Chapter 2.0 provides an overview of the provincial context for the Capital Program. It identifies: key legislation that govern the roles of the Parties; the health services planning documents that guide the planning and development of the Capital Program; the processes that facilitate management oversight of the Capital Program as well as the roles and responsibilities of the three Parties; and the communications framework for dealing with requests for information about the Capital Program.

2.1 Legislative Authority

2.1.1 Alberta Health and Alberta Infrastructure

The legislated responsibilities of HEALTH and INFRA for the planning and management of the Capital Program and Projects are outlined in the Acts and Regulations noted below. Under these statutes and regulations, HEALTH is responsible for setting the strategic direction for the Provincial Health System, and for implementing policy, legislation, standards and funding for provincial health services. Health legislation, as related to health infrastructure, provides for the approval and operation of health facilities, the purchase and disposition of assets and properties, the design and construction of health infrastructure, and the provision of health capital grants.

INFRA is responsible for provincial infrastructure design, construction and delivery. The Ministry has responsibility for the provision of services relating to the project planning, design, construction or renovation of a health facility. In many cases, specific regulations or sections contained within regulations are jointly administered by both HEALTH and INFRA.

[Hospitals Act](#) – Part 2 – Operation of Approved Hospitals – This act relates to the construction, renovation or alteration of real property (buildings, land) and requires that AHS obtain government approval for acquiring or changing physical plants. Under this Act, the Hospitalization Benefits Regulation 244/1990 governs the management of the Consolidated Cash Investment Trust Funds (CCITF) by AHS.

[Nursing Homes Act](#) – Parts 1, 2, and 3 relate to how nursing homes are owned, operated and contracted to the private section.

[Mental Health Act](#) - Part 7 relates to the development of treatment centers and other facilities to provide mental health services.

[Public Works Act](#) – This act is administered by Infrastructure and governs the acquisition, disposition and management of facilities, the sale of lands and the provision of services relating to the design, construction, alteration, extension, upgrade, repair or demolition of public facilities, including health care facilities.

[Government Organization Act](#) – This act delineates the roles and responsibilities of all government departments, boards and agencies. The Infrastructure Grants Regulation #AR56/2003 provides the Minister of Infrastructure authorities to issue grants. The Health Grants Regulation #AR146/2002 and the Seniors Grants Regulation #AR192/2005 provide the Minister of Health authorities to issue grants.

[Regional Health Authorities Act](#) – This act enables the Minister of Health to make regulations respecting the provision of health services, the undertaking of capital construction projects and the operation of facilities.

[Financial Administration Act](#) – This act outlines the financial management requirements for government departments, agencies and boards in relation to capital and operating funds. As well, funds such as the Consolidated Cash Investment Trust Fund (CCITF) are governed under this act.

[Builders Lien Act](#) – This act applies primarily to work undertaken by AHS; however, it does apply to Infrastructure’s work where the ministry is managing projects on AHS properties. It defines key contracting issues such as liens, claims and substantial performance.

2.1.2 Alberta Health Services

Under the [Alberta Public Agencies Governance Act \(APAGA\)](#), the AHS Board is the governing body and regional health authority responsible for the delivery and operation of health services to Albertans and ownership and operation of health facilities that support the delivery of health services. As well, the [Alberta Health Services Roles and Mandate Document](#) provides enhanced clarity on roles, responsibilities and service delivery goals.

Another key act is the [Regional Health Authorities Act](#) which provides AHS the authority to plan, operate and manage health facilities. Under this act, the [Regional Health Authorities Regulation](#), AR 15/95, requires AHS to obtain the written consent of the Minister of Health to enter into a capital development project that has a value in excess of an amount specified by

the Minister in a directive. It also requires AHS to comply with written policies and rules issued by the Minister.

Relevant statutes and regulations can be found on the [HEALTH web site](#) for health-related legislation and the [INFRA website](#) for the *Public Works Act*. The *Builders Lien Act* can be found on the Service Alberta website.

2.2 Health Services Policy and Planning Context

The Capital Program operates within a larger provincial health services planning context. Key health services planning documents that inform and guide the Capital Program are listed in the following chart. The Parties review and reference these documents as necessary during planning and delivery of the Capital Program.

Table 2 – Key Planning Documents by Organization

Organization	Key Planning Documents*
HEALTH	<ul style="list-style-type: none">• HEALTH Business Plan **• Becoming the Best: Alberta's Five Year Health Action Plan• Creating Connections: Alberta Mental Health and Addictions Strategy• Continuing Care Strategy: Aging in the Right Place
INFRA	<ul style="list-style-type: none">• INFRA Business Plan **
AHS	<ul style="list-style-type: none">• AHS Health Plan & Business Plan **

* Additional GoA or ministry specific documents may need to be referenced to fully inform the planning process. Additional documents will be listed as they are approved by the Parties.

** These documents are updated annually.

2.3 Memorandum of Understanding (MOU): Roles and Responsibilities

The MOU ([Appendix 2.1](#)) is an agreement signed by the Ministers of HEALTH and INFRA, and the Board Chair of AHS. Building on the RASCI ([Appendix 3](#)), it outlines the roles and responsibilities of the Parties regarding planning and delivery of the Capital Program. The MOU agreement governs the processes and responsibilities described throughout this Manual and provides for resolution of disputes. The MOU will be reviewed every three years by the Parties (HEALTH, AHS and INFRA).

2.4 Health Facilities Capital Program Governance and Management

Governance and management oversight of the Capital Program, including authorities and responsibilities are described in [Table 3](#) below. A Health Capital Joint Steering Committee and a Health Capital Joint Operations Committee have been established according to the MOU. The membership of each committee comprises representatives from each of the Parties. These Joint Committees are integral to the over-arching governance structure for the Capital Program.

Through these committees, the Parties collaborate to facilitate management oversight and inter-organizational decision-making. While respecting organizational authorities and responsibilities, the committees undertake the collective review, consultation and determination of courses-of-action that enable program level oversight and effective project management.

Sub-committees have been established to manage specific tri-party activities and/or programs, such as the Capital Manual, Capital Planning, IMP, Standards and Guidelines and Furniture, Equipment and Information Technology Sub-Committees. See [Appendix 2.2](#) and [Appendix 2.3](#) for the TOR for the Joint Committees. Sub-Committee Terms of References are held in [Appendix 2.4](#), [Appendix 2.5](#), [Appendix 2.6](#) and [Appendix 2.7](#)

Table 3 Health Facilities Capital Program Governance Authority and Responsibility Levels

Authority	Responsibilities	Reference Documents
Ministers Chair AHS Board	<ul style="list-style-type: none"> Establish overarching roles and responsibilities of the Parties. 	<i>Alberta Public Agencies Governance Act (APAGA)</i> mandate and roles (see section 2.1.2) RASCI (Appendix 3)
Deputy Ministers AHS CEO	<ul style="list-style-type: none"> Provides organization level oversight 	MOU (Appendix 2.1)
HEALTH and INFRA Assistant Deputy Ministers and AHS Senior VPs	<ul style="list-style-type: none"> Provides a forum for executive level oversight including inter-organizational decision-making and issue resolution. 	Joint Steering Committee TOR (see Appendix 2.2)
Executive Directors Health Facilities Planning (HEALTH) Health Facilities Branch (INFRA) VP Capital Management and Government Integration (AHS)	<ul style="list-style-type: none"> Provides a forum for process and management oversight, and the resolution of issues concerning the Capital Program. 	Joint Operations Committee TOR (see Appendix 2.3)

2.5 Health Facilities Capital Program Communications Framework

The roles and responsibilities of the Parties for communications with stakeholders are as follows:

- INFRA takes the lead for sharing *project-specific* information;
- AHS takes the lead for sharing *program-specific* information;
- Key communications staff from all three organizations has been identified to interface with the media and lead messaging to the public and special interest groups. These staff work together to share project and program updates as well as manage media requests and responses; and
 - All communication requests or needs should be directed to key communications staff within the organization where the request was received.

In addition to communications with media and stakeholders, ongoing communications between HEALTH, INFRA and AHS are essential during all phases of a project’s lifecycle. Project Managers, at the early stages of a project will develop a communications plan that

addresses the details of formal and organized communications between all parties involved in the planning and delivery of the facility.