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CORRECTED COPY

NATIONAL LEADERSHIP BOARD

1. PURPOSE: This Veterans Health Administration (VHA) Directive defines the purpose, function, procedures, and membership of the VHA National Leadership Board (NLB).

2. BACKGROUND: The NLB plays an active and extensive role in determining VHA policy, strategy, and oversight of organizational performance. It serves as a forum to advise the Under Secretary for Health regarding the Department's mission, goals, and priorities. The NLB also develops and disseminates information both internal and external to the organization, and facilitates the inclusion of diverse views and opinions of various organizational constituencies within VHA.

3. POLICY: It is VHA policy that the NLB serve in an advisory capacity to the Under Secretary for Health on matters pertaining to VHA policy, planning, and performance.

4. ACTION

a. **Functions.** The NLB is responsible for:

(1) Recommending policy to guide VHA operations.

(2) Establishing a clear direction, strategic goals, and objectives for VHA, as well as formulating strategies to accomplish those goals, including deployment plans for implementing NLB actions.

(3) Determining standards and measures for organizational performance, including financial performance, and ensuring that those standards and measures are met.

(4) Coordinating emerging issues with other parts of the Department of Veterans Affairs (VA) to ensure proper alignment of VHA goals and strategies with those of the Department and other Administrations.

(5) Identifying legislative proposals and initiatives essential to meet NLB's strategic goals.

(6) Ensuring key information and best practices are effectively disseminated.

(7) Participating in the on-going development of key leaders in the organization, and in particular, NLB members.

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(8) Carrying out the responsibilities of the Executive Resources Board (ERB) and Performance Review Board (PRB).

(9) Carrying out the responsibilities of the Screening and Evaluation Committee.

b. **NLB Membership.** NLB members are not permitted to appoint alternates. All members are expected to be present for meetings, unless excused by the Chair. *NOTE: Full and active attendance is essential to the proper and effective functioning of the NLB. NLB members and Committee members are to be actively engaged, participate in, and contribute to NLB activities to fulfill their governance responsibilities and are held fully-accountable for those responsibilities.* The NLB membership includes:

(1) The Under Secretary for Health who serves as the NLB Chair.

(2) Voting members, to include: All Veterans Integrated Service Network (VISN) Directors, all Chief Officers, and other senior leaders designated by the Under Secretary for Health.

c. **Structure.** The NLB is comprised of seven committees which address key aspects of the VHA enterprise. These committees each carry out similar functions and responsibilities and engage in a variety of activities and responsibilities specific to the committee's purview and area of responsibility.

(1) **Key Aspects.** The key aspects of the VHA enterprise are:

(a) Strategic Planning.

(b) Health Systems.

(c) Finance.

(d) Informatics and Data Management.

(e) Communications.

(f) Human Resources.

(g) Business Performance Improvement.

(2) **Committee Responsibilities**

(a) Each committee has specific responsibilities for key aspects of VHA corresponding to the seven categories of the Malcolm Baldrige National Quality Award Program for health care organizations. Accordingly, each NLB Committee, on an ongoing basis, assesses VHA structure, processes, and decisions using the applicable Baldrige criteria.

(b) Each committee must have two appointed Co-Chairs. Customarily, one is a VISN Director and the other a Chief Officer, to facilitate improved integration of field and program interests, objectives, and plans.

(c) Membership of NLB Committees must include adequate representation from among field and VHA Central Office leaders, such as: clinical services managers, quality managers, VA medical center directors, program office directors and others to address the responsibilities of the Committee. *NOTE: Departmental representatives may also serve as members of NLB Committees at the discretion of the NLB Chair. Stakeholders may be invited to provide input to NLB Committees on an ad hoc basis.*

(3) **Functions.** Functions pertinent to each committee's area of responsibility include:

- (a) Recommending and formulating policy.
- (b) Recommending strategic direction and plans.
- (c) Identifying legislative proposals and initiatives.
- (d) Providing organizational performance oversight.
- (e) Ensuring effective deployment of policies, plans, and strategies.
- (f) Ensuring effective communication of policies, plans, and strategies.
- (g) Identifying the educational and developmental needs of committee and NLB members.
- (h) Developing performance and quality measures for functional areas of responsibility.
- (i) Ensuring that all four VA goals are appropriately considered.
- (j) Ensuring alignment with other parts of VHA and VA.

(4) **NLB Executive Committee (EC).** The NLB EC is chaired by the Under Secretary for Health, and is responsible for:

- (a) Overseeing corporate performance management.
- (b) Ensuring adherence to applicable compliance and ethical standards.
- (c) Providing a forum for rapid decision-making between regular NLB meetings.
- (d) Determining the NLB agenda.
- (e) Developing and applying criteria for NLB business.

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- (f) Approving performance measures.
- (g) Assessing NLB and overall organizational performance.
- (h) Instituting improvements to enhance the focus and efficiency of the NLB.
- (i) Identifying, developing and educating NLB and committee members, as well as evaluates, rotates, and approves committee assignments. *NOTE: One of the Co-Chairs of the EC serves as Chair of the NLB in the absence of the Under Secretary for Health.*

d. **Reports.** Reports from the NLB Committees must be regular standing agenda items for NLB meetings. Concise, one-page summaries of committee meetings will be available in the format included in Attachment I.

e. **Executive Decision Memorandum (EDM).**

(1) As NLB Committees have topics ready for policy deliberation by the entire NLB EC, the committee must complete the EDM using the format in Attachment J.

(2) Completed EDMs from Program Offices should be sent to the NLB Staff Office's WebCIMS Inbox 10NLB, once all concurrences have been obtained from the subject matter expert.

(3) EDMs should not be sent to 10, 10A, 10B, or 10N for concurrence as leadership from these offices are members of the NLB EC.

(4) EDMs should not be submitted to 101B for processing.

(5) The NLB Staff Office will disseminate EDMs to the NLB EC or appropriate designee for review and to provide recommendations to the USH.

(6) The NLB Staff Office will submit all EDMs to the USH for signature and upload in WebCIMS and the NLB web site at <http://nlb.vssc.med.va.gov/Pages/default.aspx?sdupgwelredir=1> once signature has been obtained.

f. **Agenda**

(1) The agenda is the responsibility of the NLB EC and is based on the work of the seven NLB Committees.

(2) Each committee has a standing reporting time of 10 minutes and may request additional time as necessary to present.

(3) The agenda, with supporting documentation, must be distributed at least 5 workdays prior to the meeting.

g. **Meetings**

(a) The NLB meets quarterly in Washington, DC.

(b) Meetings are limited to 1-day, commencing on the afternoon of the third Tuesday on a quarterly basis and concluding at noon on the following day. The EC meets either face-to-face or uses videoconference the 2nd and 4th week of each month to review and prepare NLB work.

(c) The NLB Committees meet at the call of the Co-Chairs, and provide monthly committee tracking reports to the EC.

(d) Annual NLB retreats are held at a field location and involve stakeholders, as appropriate, and are conducted with a focus on education and development of NLB members and strategic planning.

(e) Minutes must be taken at each meeting and attendance must be kept and recorded in the minutes. Meeting minutes are distributed to the NLB members prior to the next meeting for review.

5. REFERENCES: None.

6. FOLLOW-UP RESPONSIBILITY: The Office of the Under Secretary for Health (10) is responsible for the contents of this Directive. Questions may be directed to 202-461-7032.

7. RESCISSION: VHA Directive 2002-078 is rescinded. This VHA Directive expires on April 30, 2013.

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ATTACHMENT A

**EXECUTIVE COMMITTEE
VHA NATIONAL LEADERSHIP BOARD**

1. Purpose. The National Leadership Board (NLB) Executive Committee (EC) provides leadership to the Veterans Health Administration (VHA) governance process and operation of the NLB by ensuring effective process management, determining the NLB agenda, developing member capability, assessing NLB performance, instituting improvements, and enhancing the focus and efficiency of the NLB.

2. Responsibilities. The NLB EC is responsible for:

a. Administering and overseeing the operations of the NLB including, but not limited to, developing NLB meeting agendas, developing criteria for NLB jurisdiction and other related functions.

b. Developing format and processes for decision documents to be addressed by the NLB.

c. Designing Executive Decision Memorandum (EDM) documents to ensure that stakeholder input is included.

d. Evaluating annually, NLB processes and recommending changes or improvements, as necessary.

e. Developing process and selection criteria for NLB and committee membership and rotations.

f. Coordinating and overseeing VHA's organizational performance measurement system.

g. Developing processes for the EC to address issues that arise and need a rapid response prior to the next NLB meeting.

h. Designing a system of communication to ensure that all NLB members are kept apprised of any decisions made between NLB meetings.

i. Ensuring appropriate and effective communication of NLB actions and activities including consistent deployment of NLB decisions throughout the system and working with the Communications Committee (CC) to ensure NLB decisions are effectively communicated to stakeholders.

j. Ensuring coordination among NLB committees and making determinations on the appropriate Committee to address issues, reconcile, or arbitrate situations where committees have disparate perspectives.

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k. Ensuring that all four VA goals are appropriately considered.

l. Ensuring alignment with other elements of the Department of Veterans Affairs (VA). Designing NLB processes to include adequate communication to and input from Veterans Benefits Administration (VBA) and National Cemetery Administration (NCA); this includes ensuring that NLB decisions and processes are aligned with VA goals.

m. Providing oversight for the Compliance and Business Integrity program and ensuring that NLB members are informed and updated regularly on their responsibilities in this area.

n. Ensuring that NLB members are informed and updated regularly on their ethical responsibilities and that NLB policy and program discussions are based on sound ethical principles.

o. Overseeing the education of NLB members on both organizational issues and NLB responsibilities.

p. Coordinating with Employee Education Service (EES) for annual retreats for education and strategic planning.

q. Ensuring that the EC meets the second and fourth weeks of the month either face-to-face or using video conference equipment.

3. Committee Leadership and Reporting Relationship

(1) The EC is chaired by the Under Secretary for Health.

(2) The committee reports directly to the NLB.

4. Authority and Limitations

a. The EC is authorized to:

(1) Establish and implement plans for addressing the NLB's purpose and responsibilities.

(2) Approve standing subcommittees.

(3) Address ad hoc issues requiring a rapid response and forward recommendations to the Under Secretary for Health for approval.

b. The Chair of the EC has the authority to convene time-limited ad hoc committees and task forces to assist the committee in accomplishing its work.

5. Membership. Membership of the EC is comprised of: The Under Secretary for Health, Chief of Staff, Principal Deputy Under Secretary for Health, Deputy Under Secretary for Health for Operations and Management, Assistant Deputy Under Secretary for Health for Operations

and Management, designated regional Veterans Integrated Service Network (VISN) Director representatives from each of the three field support regions, Co-Chairs of the NLB standing committees, and others deemed appropriate by the Under Secretary for Health.

6. Membership Terms. The assignment of a regional VISN Director representative rotates every year.

7. Standing Subcommittees. The standing subcommittees are the:

- a. National Ethics Committee.
- b. Performance Measurement Group.
- c. Compliance and Business Integrity Committee.
- d. Office of Research Oversight.

8. Evaluation. In addition to an annual assessment of the NLB, an annual evaluation of the overall effectiveness of the EC must be conducted.

- a. This evaluation includes a review of the membership, charter, and subcommittees.
- b. A report of the annual evaluation must be submitted to the Chair of the NLB.

ATTACHMENT B

**BUSINESS PERFORMANCE IMPROVEMENT COMMITTEE
VHA NATIONAL LEADERSHIP BOARD**

1. Purpose. The Business Performance Improvement Committee (BPIC), serves as an advisory committee to the Veterans Health Administration (VHA) National Leadership Board (NLB).

- a. Has organizational oversight for business performance improvement initiatives.
- b. Fosters organizational efficiencies, transparent standards, reliable outcome measurement,
- c. Promotes business integrity and ethics.
- d. Partners with VHA's executive leadership, NLB Committees, Veterans Integrated Service Networks (VISNs), facilities, and relevant National program offices and associated committees.

2. Responsibilities. BPIC is responsible for:

a. Strategic Oversight and Guidance

(1) Providing organizational oversight for business performance improvement and integrity (including developmental business pilot programs and partnership activities with Department of Defense (DOD), other Agencies, and academic affiliates).

(2) Recommending and establishing strategic priorities, goals and objectives for VHA business excellence and accountability in alignment with Department of Veterans Affairs (VA) and VHA strategic goals, Federal Agency partner (e.g., DOD) priorities, President's Management Agenda (PMA), Office of Management and Budget (OMB) guidance, and other Federal Government management guidelines.

(3) Identifying legislative proposals and initiatives regarding business performance improvement and integrity needed to accomplish VHA strategic goals and objectives.

b. Standards and Policies

(1) Overseeing the development of national-level standards and policies to enhance consistency of business performance, integrity, and administrative processes.

(2) Ensuring that current standards and policies for national audits, operational monitors, and internal controls are consistent and appropriately documented.

(3) Changing standards and policies in response to the results of internal and external reviews and audits.

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(4) Ensuring all BPIC agendas, reports, and recommendations are a product of the workgroup and are finalized by the BPIC Co-Chairs.

(5) Ensuring minutes of each meeting are completed and made available to VHA's leadership at VA Central Office and the field after each meeting.

(6) Ensuring reports to the NLB and NLB Executive Committee (EC) are submitted after review by the Co-Chairs. *NOTE: Oral reports by the Co-Chair or the NLB EC may be necessary in situations deemed urgent by the BPIC.*

c. Deployment Oversight

(1) Overseeing deployment strategies and plans for implementation by Networks, facilities, program offices and/or relevant committees.

(2) Facilitating effective dissemination of benchmark practices and lessons learned related to operational deployment activities.

(3) Overseeing educational interventions and staff development at all organizational levels for quality business performance.

(4) Recommending operational improvements in information technology systems, organizational staffing, and reporting in support of business excellence and staff morale.

d. Performance Measurement, Review, and Reporting

(1) Coordinating national business performance and quality measures (quantitative and qualitative) to assess progress towards strategic goals for business improvement and compliance.

(2) Overseeing mechanisms for coordinating consistent, real-time reporting of performance data from all organizational levels.

(3) Supporting the implementation of consistent operational monitors, internal and external audits, and other elements of an effective internal control environment for all business areas.

(4) Engaging industry and health sector leaders to identify business performance benchmarks, and promote organizational innovation and entrepreneurship.

3. Authority and Limitations. The BPIC is established pursuant to the authority of the VHA NLB, with the support and approval of the Under Secretary for Health. The BPIC is authorized to implement and establish strategies, standards, policies and plans for addressing the purpose and responsibilities identified above. The Co-Chairs of the BPIC have the authority to convene time-limited ad hoc committees and task forces to assist the Committee in accomplishing its work. Recommendations for standing committees are forwarded to the NLB EC for approval.

4. Committee Leadership and Reporting Relationship. The BPIC Co-Chairs are senior officials designated by the Under Secretary for Health. The BPIC Co-Chairs provide routine reports on committee activities to the NLB, coordinated by the EC. The BPIC will report directly to the NLB and meets at the call of the Co-Chairs.

5. Membership. Members of the BPIC are appointed by the Under Secretary for Health on the recommendation of the EC and are comprised of NLB members and field and Central Office leaders. Members of the BPIC, including Co-Chairs, are appointed to the BPIC for a term up to 3 years. Reappointment for additional years is determined by the Under Secretary for Health upon the recommendation of the EC.

6. Standing Subcommittees. Four groups convened under BPIC auspices are the:

a. Steering Committee. The Steering Committee (parent group) consists of senior voting members and other representatives to support BPIC's responsibilities. Membership of other BPIC Groups and Standing Committees is determined by the Steering Committee for approval by the Under Secretary for Health on the recommendation of the NLB EC. Membership is based on applicable organizational roles, expertise, and geographical representation.

b. Strategic Initiatives Standing Committee.

c. Operational Issues Standing Committee.

d. Advisory Group.

7. Evaluation. An annual evaluation of the overall effectiveness of the BPIC must be conducted. This evaluation includes a review of the membership, charters, groups, and Standing Committees. A report of the annual evaluation must be submitted to the NLB EC.

8. Implementation Support. The activities of the BPIC Steering Committee, and associated Groups and Standing Committees, is supported by a designated function. This support is provided for logistical activities, integrated project oversight, monitoring, and reporting.

ATTACHMENT C

**COMMUNICATIONS COMMITTEE
VHA NATIONAL LEADERSHIP BOARD**

1. Purpose. The Communications Committee (CC) develops and recommends and implements policies and strategies to maximize the effectiveness of communication within the Veterans Health Administration (VHA).

2. Responsibilities. The CC is responsible for:

a. Formulating and recommending strategic direction that is consistent with Department of Veterans Affairs (VA) and VHA goals to ensure effective internal and external communication.

b. Developing an aggressive plan containing specific strategies for transitioning VHA internal and external communications to a proactive positive approach highlighting the attributes of VHA.

c. Developing and implementing strategies to communicate the newly developed VHA mission, vision, values, goals, and strategies.

d. Developing science-based measurement tools to communicate and feedback mechanisms to assist other VHA councils, committees, and programs at Central Office and the field as they develop and implement their individual communications plans.

e. Evaluating end-user satisfaction with the overall quality VHA communication at all organizational levels.

f. Developing and conducting educational opportunities for the National Leadership Board (NLB) and appropriate national stakeholder groups as:

(1) Quality and innovation forums, and

(2) Veterans Service Organization executive briefings.

g. Identifying and documenting the current science and pertinent research in the general areas of communication and knowledge transfer.

h. Developing strategies for enhancing stakeholder relations.

i. Ensuring all CC agendas, reports, and recommendations are a product of the workgroup and are finalized by the CC Co-Chairs.

j. Ensuring that the minutes of each meeting are completed and made available to VHA's leadership at VA Central Office and the field.

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k. Ensuring reports to the NLB and NLB EC are submitted after review by the Co-Chairs.

NOTE: Oral reports by the Co-Chairs to the NLB EC may be necessary in situations deemed urgent by the CC.

3. Committee Leadership and Reporting Responsibilities. The CC Co-Chairs are customarily a Veterans Integrated Service Network (VISN) Director and Chief Officer appointed by the Under Secretary for Health. The CC Co-Chairs provides routine reports on committee activities to the NLB EC and the full NLB. The CC reports directly to the NLB and meets monthly or at the call of the Co-Chairs.

4. Authority and Limitations. The CC is authorized to establish and implement plans for addressing the purpose and responsibilities of the CC. The CC Co-Chairs have the authority to convene time-limited ad hoc committees and task forces to assist the committee in accomplishing its work. Recommendations for standing subcommittees are forwarded to the NLB EC for approval.

5. Membership. CC members are appointed by the Under Secretary for Health on the recommendation of the NLB EC and are comprised of NLB members and field and VA Central Office leaders. Members of the CC, including Co-Chairs, are appointed for a term up to 3 years. Reappointment for additional years is determined by the Under Secretary for Health upon the recommendation of the NLB EC.

6. Standing Subcommittees. None.

7. Evaluation. An annual evaluation of the overall effectiveness of the CC must be conducted. This evaluation includes a review of the membership, charter, and subcommittees. A report of the annual evaluation will be submitted to the NLB EC.

ATTACHMENT D

**FINANCE COMMITTEE
VHA NATIONAL LEADERSHIP BOARD**

- 1. Purpose.** The Finance Committee (FC) recommends policies and plans and provides oversight of Veterans Health Administration (VHA) financial strategies and management.
- 2. Responsibilities.** The responsibilities of the FC are to:
 - a. Formulate and recommend policies for financial management.
 - b. Recommend tactical and strategic financial plans and direction, including methodologies to ensure sound financial management.
 - c. Identify financial legislative proposals and initiatives needed to accomplish VHA goals and objectives.
 - d. Provide fiscal oversight of VHA organizational performance.
 - e. Ensure effective communication and uniform deployment of fiscal policies, plans, strategies, and assessment of end-user satisfaction.
 - f. Identify the educational and developmental needs of the FC and VHA National Leadership Board (NLB) members; and to coordinate with the NLB Executive Committee (EC) and Employee Education System (EES) to develop training interventions to address identified needs.
 - g. Oversee VHA budget formation and execution process.
 - h. Develop sound financial models and effective resources allocation methodologies.
 - i. Develop and recommend, to the NLB EC, financial performance and quality measures including an auditing function that will ensure accountability and accuracy consistent with accepted government accounting conventions.
 - j. Oversee revenue generation programs (e.g., Medical Care Collection Fund (MCCF) collections, sharing agreements, enhanced use leases).
 - k. Ensure that all four Department of Veterans Affairs (VA) missions are appropriately considered in financial decisions.
 - l. Ensure that procurement policies are aligned with effective use of VHA financial resources.
 - m. Ensure that the capital and financial planning processes are aligned with the strategic planning process.

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- n. Ensure that financial decisions are aligned with VHA and VA goals.
 - o. Ensure all FC agenda reports and recommendations are a product of the workgroup and finalized by the FC Co-Chairs.
 - p. Ensure that the minutes of each meeting are completed and made available to VHA's leadership at VA Central Office and the field.
 - q. Ensure reports to the NLB and NLB EC are submitted after review by the Co-Chairs.
- NOTE: Oral reports by the CO-Chairs to the NLB EC may be necessary in situations deemed urgent by the FC.*

3. Committee Leadership and Reporting Responsibilities. The FC Co-Chairs are customarily a Network Director and a Chief Officer appointed by the Under Secretary for Health. The FC Co-Chairs provide routine reports on FC activities to the NLB EC and the full NLB. The FC reports directly to the NLB and meets monthly or at the call of the Co-Chairs.

4. Authority and Limitations. The FC is authorized to establish and implement plans for addressing the purpose and responsibilities identified above. The FC Co-Chairs have the authority to convene time-limited ad hoc committees and task forces to assist the Committee in accomplishing its work. Recommendations for standing subcommittees will be forwarded to the EC for approval.

5. Membership. FC members are appointed by the Under Secretary for Health on the recommendation of the NLB EC and are comprised of NLB members and field and VA Central Office leaders. Members of the FC, including Co-Chairs, are appointed for a term up to 3 years. Reappointment for additional years is determined by the Under Secretary for Health upon the recommendation of the NLB EC.

6. Standing Subcommittees. If the FC Co-Chairs identify the need for standing subcommittee, it is requested through the NLB EC.

7. Evaluation. An annual evaluation of the overall effectiveness of the FC must be conducted. This evaluation includes a review of the membership, charter, and subcommittees. A report of the annual evaluation must be submitted to the NLB EC.

ATTACHMENT E

**HEALTH SYSTEMS COMMITTEE
VHA NATIONAL LEADERSHIP BOARD**

1. Purpose. The Health Systems Committee (HSC) makes data-based recommendations to the National Leadership Board (NLB) regarding the establishment and implementation of policies, plans, and programs in the Veterans Health Administration (VHA) patient care, research, education, and emergency preparedness missions. The scope of the HSC includes issues directly or indirectly impacting quality of care (including access to care), patient safety, and public health.

2. Responsibilities. Responsibilities of the HSC are to:

- a. Review new major program initiatives and innovative practices.
- b. Develop implementation plans of major initiatives and practices with the appropriate Department of Veterans Affairs (VA) Program Office, Veterans Integrated Services Network (VISN), and field level input.
- c. Develop a systematic communications system to enhance VA program office and field communications.
- d. Input into performance indicator and monitor development to the Performance Management Workgroup.
- e. Develop, maintain, and monitor procurement recommendations for national purchases of high-tech and high-cost clinical equipment.
- f. Evaluate the health care impact of the proposed program implementation in other areas, including research, education and administrative areas.
- g. Work closely with the NLB Executive Committee (EC) and other NLB committees, such as the Informatics and Data Management Committee (IDMC), Strategic Planning Committee (SPC) and Finance Committee (FC) to ensure the alignment with VHA goals and strategies.
- h. Ensure that systems are in place to require:
 - (1) Data-based decisions and recommendations,
 - (2) Field and VA Central Office communications and input, and
 - (3) Definition of outcome measures.
- i. Utilize VHA's vast data sources for data based decision making.

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j. Ensure reviews are accomplished by formation of ad hoc, standing, or committee membership work groups, at the discretion of the Co-Chairs.

k. Ensure all HSC agendas, reports, and recommendations are a product of the workgroup and are finalized by the HSC Co-Chairs.

l. Ensure that the minutes of each meeting are completed and made available to VHA's leadership at VA Central Office and the field.

m. Ensure reports to the NLB and NLB EC are submitted after review by the Co-Chairs.

NOTE: Oral reports by the Co-Chairs to the NLB EC may be necessary in situations deemed urgent by the HSC.

n. Develop a dashboard of lagging indicators for key functions under its purview. These indicators may change as circumstances warrant and when possible are pulled from existing data bases and reports.

o. Identify potential and existing barriers to successful program implementation.

3. Committee Leadership and Reporting Relationship. The HSC Co-Chairs are customarily a Network Director and a Chief Officer appointed by the Under Secretary for Health. The HSC Co-Chairs provide routine reports on committee activities to the NLB, coordinated by the NLB EC. The HSC reports directly to the NLB and meets at the call of the Co-Chairs.

4. Authority and Limitations. The HSC is authorized to establish and implement plans for addressing the purpose and responsibilities of the HSC. The HSC Co-Chairs have the authority to convene time-limited ad hoc committees and task forces to assist the HSC in accomplishing its work. Recommendations for standing subcommittees are forwarded to the NLB EC for approval.

5. Membership. HSC members are appointed by the Under Secretary for Health on the recommendation of the NLB EC and are comprised of NLB members and field and VA Central Office leaders. Members, including Co-Chairs, are appointed for a term up to 3 years. Reappointment for additional years is determined by the Under Secretary for Health upon the recommendation of the NLB EC.

6. Standing Subcommittees. None.

7. Evaluation. An annual evaluation of the HSC's overall effectiveness must be conducted. This evaluation includes a review of the membership, charter, and subcommittees. A report of the annual evaluation will be submitted to the NLB EC.

ATTACHMENT F

**HUMAN RESOURCES COMMITTEE
VHA NATIONAL LEADERSHIP BOARD**

1. Purpose. The Human Resources Committee (HRC) recommends policies and plans and provides oversight of Veterans Health Administration (VHA) human resources and workforce strategies, development, and management.

2. Responsibilities. The responsibilities of the HRC are to:

a. Formulate and recommend policies related to human resources development and the management and maintenance of a safe, productive workplace environment.

b. Recommend human resources strategic direction and plans in alignment with VHA strategic goals.

c. Identify legislative proposals and initiatives that are needed to ensure a competent and highly-motivated workforce.

d. Provide organizational performance oversight in the area of human resources management.

e. Ensure effective communication and deployment of human resources policies, plans, and strategies.

f. Identify the educational and developmental needs of the HRC and the National Leadership Board (NLB) members; and to coordinate with the NLB Executive Committee (EC) and the Employee Education System (EES) to develop training interventions to address identified needs.

g. Develop and recommend to the NLB EC human resources performance and quality measures to ensure VHA is accomplishing strategic goals.

h. Ensure that all four Department of Veterans Affairs (VA) goals are appropriately considered in human resources management.

i. Ensure that VHA recruitment and retention efforts, succession planning, workforce development, and human resources management strategies are aligned with VHA goals and with other VA elements.

j. Provide appropriate oversight of the following programs, the:

(1) High Performance Development Model.

(2) Equal Employment Opportunity and Office of Resolution Management.

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- (3) Diversity Management.
- (4) Succession Planning and Workforce Development.
- (5) Employee Satisfaction.
- (6) Labor Relations.
- (7) Workforce Education.

k. Ensure all HRC agendas, reports, and recommendations are a product of the workgroup and are finalized by the HRS Co-Chairs.

l. Ensure that the minutes of each meeting are completed and made available to VHA's leadership at VA Central Office and the field.

m. Ensure reports to the NLB and NLB EC are submitted after review by the Co-Chairs.
NOTE: Oral reports by the Co-Chairs to the NLB EC may be necessary in situations deemed urgent by the HRC.

n. Serve as the designated VHA Executive Resources Board (ERB) and the Performance Review Board (PRB). The HRC must ensure that all functions assigned to these Boards are accomplished in a timely manner.

3. Committee Leadership and Reporting Relationships. The HRC Co-Chairs are customarily a Veterans Integrated Service Network (VISN) Director and a Chief Officer appointed by the Under Secretary for Health. The HRC Co-Chairs provide routine reports on committee activities to the NLB, coordinated by the NLB EC. The HRC reports directly to the NLB and meets at the call of the Co-Chairs.

4. Authority and Limitations: The HRC is authorized to establish and implement plans for addressing the purpose and responsibilities identified above. The HRC Co-Chairs have the authority to convene time-limited ad hoc committees and task forces to assist the HRC in accomplishing its work. Recommendations for standing subcommittees are forwarded to the NLB EC for approval.

5. Membership. HRC members are appointed by the Under Secretary for Health on the recommendation of the NLB EC and are comprised of NLB members and field and VA Central Office leaders. Members, including Co-Chairs, are appointed for a term up to 3 years. Reappointment for additional years is determined by the Under Secretary for Health upon the recommendation of the NLB EC.

6. Standing Subcommittees. The HRC standing subcommittees are the:

- a. ERB,

- b. PRB, and
- c. VHA Succession Plan Deployment Committee.

7. Evaluation. An annual evaluation of the HRC's overall effectiveness must be conducted. This evaluation includes a review of the membership, charter, and subcommittees. A report of the annual evaluation must be submitted to the NLB EC.

ATTACHMENT G

**INFORMATICS AND DATA MANAGEMENT COMMITTEE
VHA NATIONAL LEADERSHIP BOARD**

1. Purpose: The Informatics and Data Management Committee (IDMC) recommends policies and plans and provides oversight of Veterans Health Administration (VHA) informatics and data management strategies.

2. Responsibilities. The responsibilities of the IDMC are to:

a. Collaborate with the Office of Information (OI), other National Leadership Board (NLB) sub-committees, and VHA Program Offices to formulate and recommend policies on informatics and data management that are aligned with VHA and Department of Veterans Affairs (VA) strategic goals.

b. Set priorities for VHA Information Technology (IT) applications, infrastructure, and common services.

c. Promote e-government, interoperability initiatives, and VHA's e-Health strategies.

d. Provide organizational performance oversight in the areas of informatics and data management.

e. Provide organizational performance measures and updates to the NLB Executive Committee (EC) in the areas of informatics and data management.

f. Facilitate effective communication and deployment of informatics and VHA IT development policies, plans, and strategies.

g. Monitor progress of major project timelines and deliverables, and approve major variances.

h. Receive recommendations and policy issues raised by the Health Information Systems Executive Boards (HISEBs)

i. Collaborate with appropriate VA Office of Information and Technology (OI&T) and VHA offices to promote information security, confidentiality, and privacy regarding electronic and physical data.

j. Ensure that informatics strategies, plans, and goals stay abreast of emerging technologies.

k. Collaborate with VA OI&T to ensure alignment of VA Enterprise Architecture with VHA's clinical goals.

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l. Promote health information technology acquisition strategies that support clinical and business needs, and ensure effective use of VHA financial resources.

m. Define requirements for VHA acquisition of technical services from VA OI&T, and monitor the quality and execution of those services.

n. Ensure all IDMC agendas, reports, and recommendations are a product of the workgroup and are finalized by the IDMC Co-Chairs.

o. Ensure that the minutes of each meeting are completed and made available to VHA's leadership at VA Central Office and the field.

p. Ensure reports to the NLB and NLB EC are submitted after review by the Co-Chairs.

NOTE: Oral reports by the Co-Chairs to the NLB EC may be necessary in situations deemed urgent by the IDMC.

3. Process. The IDMC must ensure that all by-products of the committee including agendas, minutes, and recommendations are communicated in a timely manner to stakeholders after review by the Co-Chairs. All reports to the NLB EC and NLB must be submitted after approval by the Co-Chairs. The IDMC must produce a newsletter to keep stakeholders informed of IDMC actions and successes.

4. Committee Leadership and Reporting Relationships. The IDMC Co-Chairs are customarily a Network Director and a Chief Officer appointed by the Under Secretary for Health. The IDMC Co-Chairs provide routine reports on IDMC activities to the NLB, coordinated by the EC. The IDMC reports directly to the NLB and meets at the call of the Co-Chairs.

5. Authority and Limitations. The IDMC is authorized to establish and implement plans for addressing the purpose and responsibilities of the IDMC. Two-thirds of total membership must be present for procedural voting. The IDMC Co-Chairs have the authority to convene time-limited ad hoc committees and task forces to assist the IDMC in accomplishing its work. Recommendations for standing subcommittees are forwarded to the NLB EC for approval.

6. Membership. IDMC members are appointed by the Under Secretary for Health on the recommendation of the NLB EC and are comprised of NLB members and field and VA Central Office leaders. Members may choose delegates to serve in their absence. This delegate should typically be the member's deputy or a director, and needs to have decisional authority for the executive they represent. IDMC members, including Co-Chairs, are appointed for a term up to 3 years. Reappointment for additional years is determined by the Under Secretary for Health upon the recommendation of the NLB EC.

7. Standing Subcommittees. Any standing committee to the IDMC that regularly produces minutes must provide them to the IDMC, which also reviews any policy decisions made by the standing committees. The standing committees are the:

- a. VHA Data Consortium,
- b. VHA and OI&T Joint Security Committee, and
- c. VHA Social Security Number (SSN) Working Group.

8. Evaluation. An annual evaluation of the overall effectiveness of the IDMC must be conducted. This evaluation includes a review of the membership, charter, and subcommittees. A report of the annual evaluation is submitted to the NLB EC.

ATTACHMENT H

**STRATEGIC PLANNING COMMITTEE
VHA NATIONAL LEADERSHIP BOARD**

1. Purpose. The Strategic Planning Committee (SPC) recommends policies and plans and provides oversight for the Veterans Health Administration (VHA) strategic planning process and initiatives.

2. Responsibilities. The responsibilities of the SPC are to:

- a. Formulate and recommend policies on strategic planning for VHA.
- b. Develop strategic planning models and processes that are systematic, informed, participatory, analytic, and accountable.
- c. Ensure that goals and strategies are consistent with Department of Veterans Affairs (VA) and VHA vision, mission, and core values.
- d. Oversee the strategic planning processes including strategic assessments and annual strategic guidance and plans.
- e. Ensure that financial, capital asset, human resources, and information resources planning processes are integrated with strategic planning processes and outcomes.
- f. Monitor strategies to enhance VA-Department of Defense (DOD) sharing agreements and joint ventures.
- g. Identify legislative proposals and initiatives needed to accomplish VHA goals and objectives.
- h. Ensure effective communication to facilitate management of strategic relationships and ensure stakeholders are kept informed of strategic plans.
- i. Identify the educational and developmental needs of the SPC and National Leadership Board (NLB) members, and coordinate with the NLB Executive Committee (EC) and the Employment Education System (EES) to develop training interventions to address identified needs.
- j. Ensure coordination of strategic planning and performance and quality measures to ensure VHA accomplishes its strategic goals.
- k. Ensure that all four VA goals are appropriately considered in VHA strategic plan.
- l. Ensure that VHA strategic goals are aligned with VA strategic goals.
- m. Provide oversight of the VHA capital asset management program.

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n. Ensure all SPC agendas, reports, and recommendations are a product of the workgroup and are finalized by the SPC Co-Chairs.

o. Ensure that the minutes of each meeting are completed and made available to VHA's leadership at VA Central Office and the field.

p. Ensure reports to the NLB and NLB EC are submitted after review by the Co-Chairs. **NOTE:** *Oral reports by the Co-Chairs to the NLB EC may be necessary in situations deemed urgent by the SPC.*

3. Committee Leadership and Reporting Relationship. The SPC Co-Chairs are customarily a Veterans Integrated Service Network (VISN) Director and a Chief Officer appointed by the Under Secretary for Health. The SPC Co-Chairs provide routine reports on SPC activities to the NLB, coordinated by the NLB EC. The SPC reports directly to the NLB and meets monthly or at the call of the Co-Chairs.

4. Authority and Limitations. The SPC is authorized to establish and implement plans for addressing the SPC purpose and responsibilities. The SPC Co-Chairs have the authority to convene time-limited ad hoc committees and task forces to assist SPC in accomplishing its work. Recommendations for standing subcommittees are forwarded to the NLB EC for approval.

5. Membership. SPC members are appointed by the Under Secretary for Health on the recommendation of the NLB EC and are comprised of NLB members and field and VA Central Office leaders. SPC members, including Co-Chairs, are appointed for a term up to 3 years. Reappointment for additional years is determined by the Under Secretary for Health upon the recommendation of the NLB EC.

6. Standing Subcommittees. None.

7. Evaluation. An annual evaluation of the overall effectiveness of the SPC must be conducted. This evaluation includes a review of the membership, charter, and subcommittees. A report of the annual evaluation is submitted to the NLB EC.

ATTACHMENT I

SAMPLE FORMAT FOR BOARD COMMITTEE MONTHLY TRACKING REPORT

TOPIC	ACTION	RESPONSIBLE	STATUS	KEY MILESTONES

ATTACHMENT J

**SAMPLE FORMAT FOR A
VETERANS HEALTH ADMINISTRATION
EXECUTIVE DECISION MEMO**

TO: Under Secretary for Health (10)

THROUGH: National Leadership Board

THROUGH: _____ Board Committee

FROM:

SUBJECT:

For Further Information Contact:

Action Requested: _____ Request for approval
_____ Request for discussion or further review
_____ For your information
_____ Other (specify)

STATEMENT OF ISSUE: A concise statement of the issue, circumstance or situation that needs to be addressed or resolved.

RECOMMENDATION (of the requestor): A succinct statement of what action is being recommended to address or resolve the issue.

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1. **STATEMENT OF ISSUE:** A concise statement of the issue, circumstance or situation that needs to be addressed or resolved.
2. **SUMMARY OF FACTS AND/OR BACKGROUND:** A succinct discussion or review of the relevant facts or circumstances bearing on the issue (one to a few paragraphs).
3. **SYNOPSIS OF SIGNIFICANT RELATED ISSUES:** A statement of any related or peripheral issues not covered in II that also should be considered (one to a few paragraphs).
4. **CRITERIA FOR DECISION MAKING:** A listing of all significant criteria upon which the options for addressing the issue will be judged pro or con. *NOTE: This section should precisely specify the basis for making the decision.*
5. **CROSSCUTTING ISSUES:** A brief description of how the recommended options would influence or impact other elements of the VA organization or other agencies.
6. **STAKEHOLDER INVOLVEMENT:** A brief description of VA and VHA stakeholders that would be effected by the options, the process for obtaining input from those stakeholders and the nature of that input.
7. **OPTIONS AND ARGUMENTS:** A listing of the various options for actions that could be taken to address or resolve the issue or situation and the arguments for and against each. *NOTE: Remember that no action is always one option.*

Option 1:

Arguments Pro:

Arguments Con:

Option 2:

Arguments Pro:

Arguments Con:

8. **RECOMMENDED OPTION:** A succinct statement of what action is being recommended to address or resolve the issue.
9. **DISSENTING OPINIONS REGARDING RECOMMENDED OPTION:** When the recommended option is the result of a committee or group process, then major dissenting views or minority opinion should be noted, as well.
10. **EFFECT OF RECOMMENDED OPTION ON EXISTING PROGRAMS AND/OR FACILITIES:** An assessment of the effect of the recommended action on existing programs or

facilities.

11. LEGAL OR LEGISLATIVE CONSIDERATIONS OF THE RECOMMENDED OPTION: A brief discussion of any legal or legislative issues, concerns, or considerations stemming from the recommended action.

12. ETHICAL CONSIDERATIONS OF THE RECOMMENDED OPTION: A brief discussion of the values underlying the issue, as well as any ethical issues, concerns, or considerations stemming from the recommended action.

13. BUDGET OR FINANCIAL CONSIDERATIONS OF THE RECOMMENDED OPTION: A discussion of any costs and/or any financial or budgetary effects of the recommended action, including the present availability of any needed resources. *NOTE: This section must have concurrence of the Chief Financial Officer that costs and/or budget effects are reasonable prior to submission to the Policy Board and Under Secretary for Health.*

14. PUBLIC RELATIONS OR MEDIA CONSIDERATIONS OF THE RECOMMENDED OPTION: A discussion of any potential public relations or media problems, opportunities, etc., raised by the recommended action.

15. CONGRESSIONAL OR OTHER PUBLIC OFFICIAL OR AGENCY CONSIDERATIONS OF THE RECOMMENDED OPTION: A discussion of any Congressional and/or other public official or agency notification or involvement considerations raised by the recommended action.

16. IMPLEMENTATION: A brief discussion of the timing, sequence and implementation of the recommended action, including major implementation milestones. The proposed lead office or lead person and support offices should be clearly identified. Any anticipated obstacles should be noted.

APPROVE/DISAPPROVE

COMMENT: _____

Under Secretary for Health (10)

Date