

**VHA CENTRAL OFFICE GOVERNANCE BOARD**

**1. REASON FOR ISSUE:** This Veterans Health Administration (VHA) directive sets forth the roles, responsibilities, and decision rights for the VHA Central Office (VHACO) Governance Board.

**2. SUMMARY OF CONTENT:** This directive provides policy on the VHACO Governance Board responsibilities.

**3. RELATED ISSUES:** VHA Directive 1217, VHA Central Office Operating Units, dated September 10, 2021.

**4. RESPONSIBLE OFFICE:** VHA Governance Board Office (10BGOV) is responsible for the content of this directive. Questions may be referred to [VHA10BGOVGovernanceAction@va.gov](mailto:VHA10BGOVGovernanceAction@va.gov).

**5. RESCISSIONS:** None.

**6. RECERTIFICATION:** This VHA directive is scheduled for recertification on or before the last working day of September 2026. This VHA directive will continue to serve as the national VHA policy until it is recertified or rescinded.

**BY DIRECTION OF THE OFFICE OF  
THE UNDER SECRETARY FOR HEALTH:**

/s/ Steven L. Lieberman, M.D.  
Assistant Under Secretary for Health

**NOTE:** All references herein to VA and VHA documents incorporate by reference subsequent VA and VHA documents on the same or similar subject matter.

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## VHA CENTRAL OFFICE GOVERNANCE BOARD

### 1. PURPOSE

This Veterans Health Administration (VHA) directive sets forth the roles, responsibilities, and decision rights for the VHACO Governance Board (“Governance Board”). **AUTHORITY:** Title 38 U.S.C. § 7301(b).

**NOTE:** This policy ***must not*** be used to grade positions, establish staffing requirements, or differentiate pay bands. VHA positions must be graded in accordance with Title 5 U.S.C., Title 5 C.F.R., and guidance provided by the Office of Personnel Management (OPM).

### 2. BACKGROUND

a. Section 201 of the Veterans Access, Choice, and Accountability Act of 2014 required an independent assessment of the hospital care, medical services, and other health care furnished in medical facilities of the Department of Veterans Affairs (VA). The Act specifically directed that assessments be conducted in 12 areas, covering a broad spectrum of VHA including leadership, operations and services. The leadership assessment found that leaders are not fully empowered due to lack of clear authority, priorities and roles. In response to this finding, the assessment made several recommendations including a redesign of VHA’s operating model to create clarity for decision-making authority, prioritization, and long-term support. Specifically, the assessment recommended that VHA should immediately to lead an effort to clearly define roles and decision rights at each level and increase coordination within VHA Central Office (VHACO), refocusing the role of VHACO to managing outcomes and providing “corporate center”-like support to the field.

b. The Government Accountability Office (GAO) High-Risk Report of 2015, Managing Risks and Improving VA Health Care, cited VHA’s inadequate oversight and accountability in the High-Risk area. A formally accepted, clear articulation of Governance Board’s role will clarify their decisional, oversight and accountability responsibilities.

c. Office of Management and Budget (OMB) Memorandum M-17-22, Comprehensive Plan for Reforming the Federal Government and Reducing the Federal Civilian Workforce, directs Federal agencies to optimize spans of control and delegations of authority to accomplish the work with the fewest amount of management layers needed to provide for appropriate risk management, oversight, and accountability. In addition, the memorandum directs agencies to assess options that improve organizational decision making.

d. OMB Circular A-123, Management's Responsibility for Enterprise Risk Management and Internal Control, advises that effective enterprise risk management (ERM) should include an understanding of the combined impact of risks as an interrelated portfolio, rather than addressing risks only within silos. ERM should provide an enterprise-wide, strategically-aligned portfolio view of organizational challenges to

provide better insight about how to most effectively prioritize resource allocations to ensure successful mission delivery.

e. Levels of Authority designate decisional authority and accountability for the Governance Board by defining its span of control and areas of responsibility. VHA established the Governance Board after disbanding the National Leadership Council to form a stronger body responsible for decisions and recommendations on matters affecting the development and implementation of national strategies. Informally, the Governance Board's role is to foster shared governance and the opportunity to shape policy between VHA Central Office (VHACO) upper level leadership, who are responsible for VHACO program offices, and VISN leaders, who are responsible for implementing VHA policies and strategies.

f. By defining and explicitly setting forth decision authorities within VHA's operating units, this directive will enable the articulation of a clear, sustainable, and repeatable governance process that, in turn, empowers action at all levels of authority, is less leadership dependent, and supports robust oversight and management of VHA activities.

### 3. DEFINITIONS

a. **Governance**. Governance is defined in VA Directive 0214, Department of Veterans Affairs Enterprise Governance Structure and Process, dated May 14, 2019 as the process by which VA Senior Leadership makes decisions, provides strategic direction, and maintains accountability in a transparent and collaborative manner. It enables informed decision-making based on current strategic objectives, VA's risk appetite, and responsible resources allocation.

b. **Governance Board**. VHA's Governance Board is organized at Level of Authority (LOA) 3. It is delegated authority from the Under Secretary for Health and is directly accountable to VHA's Deputy Under Secretary for Health. The Governance Board has broad span of control to ensure outcomes are organized and aligned within a comprehensive strategy. The Governance Board is organized in accordance with this directive.

c. **Operating Unit**. Operating Units are organizational structures (i.e., offices) with clearly defined spans of control. **NOTE:** See VHA Directive 1217, for information about VHACO Operating Units, including the Principal and National Program Offices referred to in this directive, and for common definitions of governance terms referred to in this directive, such as National Program and span of control.

### 4. POLICY

It is VHA policy that the Governance Board drive decisions over matters within its span of control and make recommendations to the Under Secretary for Health on matters of national strategy, operations, and implementation. See VA Directive 0000, Delegations of Authority, dated November 14, 2018. **NOTE:** In accordance with OPM

*Policy HRCD-5, Governance decisions made at this level must provide guidelines for management and not cross over into performing operational and management duties.*

**5. MEMBERSHIP**

a. **Chair.** The Governance Board is chaired by the Assistant Under Secretary for Health for Operations.

b. **Voting members.**

- (1) Assistant Under Secretary for Health for Operations.
- (2) Assistant Under Secretary for Health for Clinical Services.
- (3) Assistant Under Secretary for Health for Patient Care Services.
- (4) Assistant Under Secretary for Health for Community Care.
- (5) Assistant Under Secretary for Health for Discovery, Education and Affiliate Networks.
- (6) Assistant Under Secretary for Health for Quality and Patient Safety.
- (7) Assistant Under Secretary for Health for Support.
- (8) Chief Informatics Officer.
- (9) Chief Financial Officer.
- (10) Chief Human Capital Management.
- (11) Chief Strategy Officer.
- (12) Network Director, VISN 1.
- (13) Network Director, VISN 2.
- (14) Network Director, VISN 4.
- (15) Network Director, VISN 5.
- (16) Network Director, VISN 6.
- (17) Network Director, VISN 7.
- (18) Network Director, VISN 8.
- (19) Network Director, VISN 9.

- (20) Network Director, VISN 10.
- (21) Network Director, VISN 12.
- (22) Network Director, VISN 15.
- (23) Network Director, VISN 16.
- (24) Network Director, VISN 17.
- (25) Network Director, VISN 19.
- (26) Network Director, VISN 20.
- (27) Network Director, VISN 21.
- (28) Network Director, VISN 22.
- (29) Network Director, VISN 23.

c. **Non-Voting members.**

- (1) Under Secretary for Health.
- (2) Deputy Under Secretary for Health.
- (3) VHA Chief of Staff.
- (4) Deputy VHA Chief of Staff.
- (5) Special Advisor to the Acting Under Secretary for Health.
- (6) Senior Advisor, Office of the Deputy Under Secretary for Health
- (7) Deputy to the Assistant Under Secretary for Health for Operations.
- (8) Deputy to the Assistant Under Secretary for Health for Clinical Services.
- (9) Deputy to the Assistant Under Secretary for Health for Patient Care Services.
- (10) Deputy to the Assistant Under Secretary for Health for Community Care.
- (11) Deputy to the Assistant Under Secretary for Health for Discovery, Education and Affiliate Networks.
- (12) Associate Deputy Under Secretary for Health for Risk Management.
- (13) Deputy to the Assistant Under Secretary for Health for Support.
- (14) Executive Director, Analytics and Performance Integration.

- (15) Director, Diversity Equity & Inclusion Office
- (16) Senior Advisor, Office Regulations, Appeals and Policy
- (17) Chief Readjustment Counseling Officer.
- (18) Executive Director, Access.
- (19) Executive Director, VHA Office of Health Care Transformation.
- (20) Executive Director, National Center for Organization Development.

## 6. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for:

(1) Ensuring overall compliance with this directive. **NOTE:** *All authority, responsibility, and accountability across VHA ultimately derives from the Under Secretary for Health as VHA's only Presidentially-appointed, Senate-confirmed government official.*

(2) Delegating (but not relinquishing) authority to the Governance Board, which is so delegated by this directive. The Under Secretary for Health retains all rights and authority to include the authority to approve or override recommendations from the Governance Board.

(3) Informing the Governance Board of any decisions that would impact or involve the Governance Board.

b. **Chair, VHA Governance Board.** The Chair, VHA Governance Board is responsible for:

(1) Ensuring accountability for, and overseeing, Governance Board actions in accordance with its roles and responsibilities set forth in this directive.

(2) Ensuring that the Governance Board develops processes and standards for Governance Board operations that include:

(a) Minimum requirements for quorum and voting rights.

(b) Deliberative processes to enable VHA Operating Units to submit decisional or information documents to the Governance Board.

(c) Establishing systems of accountability for Governance Board decisions.

(d) A system to record and publish Governance Board deliberations and decisions, and to appropriately communicate same.

(e) Approving Governance Board policy and membership.

c. **VHA Governance Board.** In accordance with VA Directive 0000, collectively, as an operating unit, the Governance Board is delegated authority for:

(1) Developing enterprise-wide goals and objectives to prioritize the direction set forth by the Under Secretary for Health (informed by the VHA national Strategy Office through the Health Delivery System Strategic Directions Council, and other national strategic decisions).

(2) Developing enterprise-level strategies to achieve VHA's mission, vision, and priorities set by the Under Secretary for Health (informed by the VHA national Strategy Office through the Health Delivery System Strategic Directions Council, and other national strategic decisions).

(3) Identifying and addressing key issues that affect VHA's national strategic goals or health care delivery. This may be accomplished by approving recommendations submitted through the Governance Board's deliberative process or by direct action on its own initiative.

(4) Assigning a single accountable executive, who is responsible for oversight and monitoring outcomes of Governance Board decisions. Where decisions are based on submissions by another VHA Operating Unit, the Governance Board has authority to assign responsibility to the executive over that Operating Unit. Otherwise, Governance Board must assign responsibility to a voting member. The purpose of this responsibility is to ensure that Governance Board decisions are implemented in the desired manner and, if not, that the Governance Board provides strategic instruction or redirection as needed.

(5) Allocate/reallocate system-wide resources (personnel, facilities, capital) within overall financial and capital plans approved by the Under Secretary for Health.

(6) Where resources are necessary for oversight or implementation of Governance Board decisions, making recommendations to the Under Secretary for Health to obtain such resources and ensuring resources are obtained before requiring oversight or implementation.

(7) Promptly providing decisional or information briefings to the Under Secretary for matters outside Governance Board authority or where the Governance Board identifies significant matters requiring Under Secretary for Health or Secretary review. Examples might include the need to revise national objectives or standards; recommending reallocation of resources or identifying the need for resources; and recommending sustainable, interdisciplinary solutions to root causes.

(8) Reviewing and approving recommendations for changes to VHA's strategic and operational plans.

(9) When deemed necessary, particularly to support uniform national results, mandating implementation of best practices by VISNs or VA medical facilities.



(10) Reviewing external recommendations and findings and, when necessary, requiring periodic progress updates.

(11) Mandating uniform resource utilization, and setting priorities, post Veterans Equitable Resource Allocation (VERA).

(12) Recommending establishing or sunseting VHA national programs.

(13) Recommendations to establish, sunset, or revise enterprise programs or initiatives consistent with an approved prioritization strategy for VHA.

(14) When the Governance Board believes it is necessary, recommending to the Under Secretary for Health changes to VHA talent management strategies, national stakeholder relations, legislative authority, or any other matter affecting the national delivery of health care or health care operations.

(15) As needed, chartering and delegating appropriate authority to subordinate councils or other action groups, consistent within the Governance Board's authority.

(16) Directing any Governance Board member to provide reports on a matter within that individual's responsibility.

d. **Governance Board Voting Members.** In accordance with VA Directive 0000, Governance Board members are individually responsible for:

(1) Active engagement and deliberation on Governance Board matters within their areas of expertise.

(2) Reporting identified risks related to matters within the Governance Board's responsibilities, particularly those that could impact VA's mission and goals.

(3) Responding to all Governance Board requests for information

(4) Promptly implementing or supporting all decisions and removing bureaucratic processes that impede progress within their scope of control.

(5) Highlighting best practices for broader adoption.

## 7. TRAINING

There are no training requirements associated with this directive.

## 8. RECORDS MANAGEMENT

All records regardless of format (e.g., paper, electronic, electronic systems) created by this directive must be managed as required by the National Archives and Records Administration (NARA) approved records schedules found in VHA records Control Schedule 10-1. Questions regarding any aspect of records management should be addressed to the appropriate Records Officer.

## 9. REFERENCES

- a. 38 U.S.C. § 7301(b).
- b. VA Directive 0000, Delegations of Authority, dated November 14, 2018.
- c. VA Directive 0214, Department of Veterans Affairs Enterprise Governance Structure and Process, dated May 14, 2019.
- d. VHA Directive 0000, Delegations of Authority, dated January 3, 2019.
- e. VHA Directive 1030(1), VHA Integrity and Compliance Program, dated May 13, 2020.
- f. VHA Directive 1217, VHA Central Office Operating Units, dated DATE.
- g. VHA Governance Board SharePoint:  
<http://vhagovboard.vssc.med.va.gov/Pages/default.aspx>. **NOTE:** *This is an internal VA website and is not available to the public*
- h. VHA Integrated Clinical Communities SharePoint:  
<https://dvagov.sharepoint.com/sites/VACOVACOMPM/CSL/SitePages/CSLHome.aspx>.  
**NOTE:** *This is an internal VA website and is not available to the public.*
- i. VHA Strategic Plan:  
[http://www.va.gov/health/docs/VHA\\_STRATEGIC\\_PLAN\\_FY2013-2018.pdf](http://www.va.gov/health/docs/VHA_STRATEGIC_PLAN_FY2013-2018.pdf). **NOTE:**  
*This is an internal VA website and is not available to the public.*
- j. U.S. Government Accountability Office. Report to Congressional Committees. High-Risk Series: An Update. GAO-15-290. Managing Risks and Improving Veterans Affairs (VA) Health Care. February 2015: <https://www.gao.gov/assets/gao-15-290.pdf>.
- k. U.S. Office of Management and Budget (OMB) Circular No. A-123, Management's Responsibility for Enterprise Risk Management and Internal Control, dated July 5, 2016: <https://www.whitehouse.gov/sites/whitehouse.gov/files/omb/memoranda/2016/m-16-17.pdf>.
- l. U.S. OMB Memorandum M-17-22, Comprehensive Plan for Reforming the Federal Government and Reducing the Federal Civilian Workforce, dated April 12, 2017: <https://www.whitehouse.gov/sites/whitehouse.gov/files/omb/memoranda/2017/M-17-22.pdf>.
- m. U.S. Office of Personnel Management (OPM). General Schedule Supervisory Guide. HRCD-5 (1998): <https://www.opm.gov/policy-data-oversight/classification-qualifications/classifying-general-schedule-positions/functional-guides/gssg.pdf> Super.