

Health Organisation Board Director Position Description

A health service board, and its individual directors, has formal duties and responsibilities to the Secretary, the Minister and the public.

Role of the board

The role of a health service board is to oversee the performance of its health service and ensure that it is meeting the policy and performance objectives of the Minister.

The board is held to be ultimately responsible for all aspects of the health service's activities.

This includes, among other things:

- setting the vision, strategy and direction of the organisation, in line with Victorian Government policy
- having ultimate accountability for the delivery of safe and quality care
- removal, succession planning and performance management of the CEO
- overall oversight of the performance and delivery of key policy priorities
- ensuring the ongoing financial viability of the organisation.

The functions of the board are varied and cover accountability to stakeholders and leadership both internally and externally, now and into the longer term.

Role of the directors

Health service board directors are an integral part of Victoria's health system.

They are leaders of the system and much is expected of them, from their expertise and time commitment, to their dedication in driving continual improvement and innovation. Health service directors are also expected to be highly skilled in running a complex, high risk organisation and to understand and learn the nuances and specifics of running a public entity in the Victorian governance system, all while delivering safe, high quality services.

Health services cannot operate without health service directors, and they cannot operate safely without robust, good governance. In order for directors to deliver all that is asked of them, a strong understanding of best practice governance and governance standards is required. Board directors are expected to:

- Commit to the delivery of safe, high quality, person-centred care – a genuine interest in the fundamental purpose of the organisation and its role in the health care service system
- Use and interpret complex information – understanding the need for information on which to base decisions
- Have integrity and be accountable – dedication to fulfilling a director's duties and responsibilities, putting the organisation's interests before personal interests and acting ethically
- Provide constructive challenge and oversight - the curiosity to ask questions and the courage to persist in asking, and to challenge management and fellow board directors where necessary.

Legislative framework

Each health service has its own board of directors that is responsible for the effective and efficient governance of the health service. The board must ensure the health service is compliant with the requirements of the *Health Services Act 1988 (Vic) (HSA)*. The board ensures the Minister (and where applicable, the Secretary) are advised about significant board decisions and are informed in a timely manner of any issues of public concern or risks that affect or may affect the health service.

Potential director candidates are expected to be aware of the HSA and other applicable legislative instruments as to their obligations and who they are accountable to.

Expectations of public health board directors

- Attend and actively participate in a minimum of 75 per cent of board meetings as well as any subcommittee meetings the board chairperson requests you serve on.
- The time commitments required to serve on a board can be extensive considering the size and complexity of the health service. In general, chairpersons may be required to give a day and directors half a day a week in focus on governing their respective health service. The time commitments are set out as follows:
 - attend approximately 12 board meetings per year (these meetings may be part or full days and may be conducted during business hours);
 - participate on sub-committees of the board, and serve on one or more ad-hoc committees as necessary. The chairperson of the relevant health service will ask that their directors serve on a number of sub-committees (including, but not limited to, audit and risk, finance, quality and safety, executive remuneration, primary care and population health advisory, and community advisory). Sub-committees, depending on the category of sub-committee, may meet every month, every two months or quarterly;
 - review agenda items and board papers in anticipation of an upcoming board/sub-committee meeting;
 - review the most recent board/sub-committee meeting minutes to confirm what was discussed and agreed;
 - attend events where the health service requires representation, which includes fundraising and other community events. Board directors should also be prepared to attend board strategy days, open access board meetings, AGMs and other nominated events which may be part of the board's calendar. This expectation applies to all board directors regardless of their residential location.
- Develop a full understanding of the organisation's finances, scope of service, strategic context and legal framework.
- Adhere to the relevant obligations and duties set out in the Victorian Public Sector Commission's (VPSC) Directors' Code of Conduct¹ and the DHHS' Director's Toolkit² (namely the 'conduct, ethics and fiduciary duties' and 'statutory duties' chapters). As well as bring any actual, potential or perceived conflicts of interest or conflicts of duty to the attention of the board chairperson.
- Undertake any training and development required in order to fully discharge their responsibilities.

¹ Available from: <https://vpvc.vic.gov.au/resources/code-of-conduct-for-directors/>

² Available from: <https://www2.health.vic.gov.au/about/publications/policiesandguidelines/dhhs-directors-toolkit>

Key Selection Criteria

1. Minimum competencies required of all board directors (candidates must have these)

All board directors are required to have sufficient:

1. governance skills to understand the role of the board vis a vis the organisation's executive and the accountability mechanisms for the agency, including the board's ultimate accountability to the Minister for Health
2. clinical governance awareness to ensure the delivery of safe, high quality services is always front of mind (and to undertake training on this regularly)
3. financial literacy to understand and interpret financial reports, in particular the audited financial statement in the organisation's Annual Report
4. legal literacy to understand the board's primary obligations under its constituting legislation.

2. Specialist competencies (candidates to pick three of the below as their 'self-assessed skills')

In addition to the required minimum competencies outlined above, possession of demonstrable expertise or qualifications in relation to three of the following disciplines would be advantageous (see below for definitions and requirements for each discipline). Your application should address three of these disciplines:

Tier 1 – necessary specialist skills for a board

1. Audit and risk management
2. Clinical governance
3. Corporate governance
4. Financial management and accounting
5. Law
6. Patient (user) experience and consumer engagement
7. Registered clinician
8. Strategic leadership / Executive management

Tier 2 – important specialist skills for a board

1. Asset management
2. Communications and stakeholder engagement
3. Community Services
4. Human resources management
5. ICT strategy and governance

Other favourable skills (in conjunction with the minimum and specialist competencies):

- Continuing or recent (if you have retired from an area or industry - for example a recently retired clinician) high levels of performance in your field of endeavor (which includes as a director or in governance) as well as previous and/or current board experience.
- Appreciation or understanding of the broader policy context and issues surrounding the delivery and planning of public health and/or community services, including to those marginalised or disadvantaged in the community such as Aboriginal and Torres Strait Islander peoples, culturally and linguistically diverse families, and people with a disability.

Definitions relating to the specialist competencies

The definitions below provide guidance on the sort of skills, qualifications and/or experience required in order to meet the criteria. The definitions include a basic minimum standard as well as providing guidance on what a more highly skilled candidate would possess. Further, the definitions indicate the types of responsibilities the candidate might be required to undertake should they be selected as a director of a board.³

Be prepared in your application and at interview to articulate your expertise in the areas you identify as your key skills / expertise and how it was obtained, for example: professional qualification, vocational experience and/or prior board experience.

Tier 1 specialist competencies – Necessary (8 total)

1. Audit and risk management

Audit:

- Has professional expertise and or qualifications in examining financial reports
- Knowledge of legal and regulatory requirements, especially those pertaining to the health sector, and experience of monitoring compliance.
- Can apply this to broader risk frameworks and risk mitigation, in addition to codes of practice to comply with the range of internal controls required of a major entity.

Risk management:

- Has professional expertise and or qualifications in identifying, assessing and responding to strategic, financial, operational and reputational risks so as to mitigate their impact or maximize the realisation of opportunities.
- It would be advantageous if the candidate can demonstrate experience in performing / evaluating financial and/or non-financial (performance) audits or similar program/policy evaluations.

A member of an audit committee has to meet minimum qualification requirements as defined by the 'Standing Directions of the Minister for Finance under the *Financial Management Act 1994*'. This includes financial literacy; reasonable understanding of the organisation's risks and controls; independence of judgement; and additional time commitments.

2. Clinical governance

- Understands and has experience in the application, design and evaluation of clinical governance systems to ensure the provision of safe clinical care and drive continuous improvement of patient outcomes.
- Knowledge and understanding of current clinical governance frameworks,⁴ and accreditation frameworks and processes is desirable.
- Ability to critically analyse and interpret data to facilitate continuous evidence based quality improvement.

It is anticipated most candidates with clinical governance skills may be from a hospital-based clinical field, however, this is not a requirement to demonstrate clinical governance competence (examples of professions with clinical governance expertise include: an incident investigator at a hospital and medico-legal counsel. Further, other similar sectors may also be able to demonstrate clinical governance capability).

All successful candidates with only minimal or no clinical governance skills will be required to undergo clinical governance training within their first year to ensure they meet minimum standards. This will require all directors to understand and be able to apply current clinical governance frameworks.²

³ **Note:** the board has the power to set its own procedures and does not have to appoint a person to one of these committees simply because they have that skill nor does not possessing the skill preclude the board from appointing a director to a particular committee.

⁴ Relevant clinical governance framework (as at June 2018) is Safer Care Victoria's 'Delivering high-quality healthcare: Victorian clinical governance framework'. Available from: <https://bettersafecare.vic.gov.au/reports-and-publications/clinical-governance-framework>.

3. Corporate governance

In addition to the sufficient governance knowledge expected as a minimum competency, candidates should possess:

- demonstrated experience and working knowledge and understanding of accountability relationships and corporate governance, including the separation of governance and management, and the roles, duties and obligations of non-executive directors
- a strong understanding of the framework of rules, relationships, systems and processes within and by which authority is exercised and controlled in organisations
- knowledge and understanding of relevant fiduciary and other statutory and legal duties of a director in a public health context, including the Victorian Public Sector Commission's Director's Code of Conduct and the duties contained within as well as a director's direct accountability to the Minister for Health.

4. Financial management and accounting

- Has professional expertise adequate to meet the requirements of the *Financial Management Act 1994* and the accompanying Standing Directions of the Minister for Finance
- Demonstrated, via qualifications and/or experience, advanced financial literacy to read and understand financial statements (including income statement; balance sheet; statement of recognised income and expense; and, cash flow statement) and understand generally accepted accounting principles
- Experience in financial oversight; preparation and delivery of budgets; and, interpreting a chart of accounts of a large entity
- Expertise and experience in the efficient and effective governance of finances to accomplish the objectives of an organisation, including analysing statements, assessing financial viability, overseeing financial planning and funding arrangements.

Professional qualifications in accounting and professional recognition is desirable (particularly CA, CPA or equivalent) and in some cases will be required as a minimum due to the size and complexity of certain public health services and hospitals.

5. Law

- As a minimum, the candidate **must** have a relevant legal qualification (for example, LLB, Juris Doctor or equivalent).
- Demonstrated capacity and/or experience of interpreting and applying legislation, in particular, statutes and other legal policies relevant and applicable to the health system (e.g. *Health Services Act 1988*).

It would be advantageous if the candidate has been admitted to the Supreme Court of Victoria and a further advantage if the candidate practices law within the fields of health law; mental health law; industrial relations; corporations/governance law; and/or administrative law. An understanding of accreditation frameworks and processes would also be favourable.

6. Patient (user) experience and consumer engagement

- Has extensive experience as a user of health services (or as carer/guardian of a person who is a frequent user) and is able to facilitate engagement with consumers, and use consumer feedback to drive hospital-wide improvements in patient centered care.
 - This is someone who has developed a unique understanding from their experience and can draw on this knowledge to improve patient experiences and outcomes, and facilitate consumer partnerships. This person will offer insight into how to promote shared decision making in patient care and consumer input into the particular entity's organisational design and operating model
- May also have experience in spaces that tap into the views of patients more generally to provide a broad and authentic perspective on behalf of patients (for example consumer advisory or complaints management and response committees)
- May also have specific skills and experience in engaging with consumers, particularly in the health sphere or other public service delivery organization would be advantageous to enable directors to represent the views of health consumers (generally) at the board level.

7. Registered Clinician

- As a minimum, the candidate **must** possess appropriate qualifications in a relevant clinical field AND have current registration with the Australian Health Practitioner Regulation Agency (AHPRA) or other recognised State or National Registry.
- Experience working as a clinician in a hospital environment is a significant advantage, particularly if this experience provides clinical governance capability also.
- The candidate should be able to demonstrate an understanding of contemporary clinical practice, have a broad understanding of public/population health and the social determinants of health, and the importance of and mechanisms for patient centered care.

8. Strategic leadership

- Ability to identify and critically assess strategic opportunities and threats to an organisation, and develop objectives and strategies in the context of organisational policies. Demonstrates strategic thinking, planning and leadership skills, and experience of high-level decision-making.
- Strong board level experience as an executive or non-executive director, and/or strong experience in an executive role reporting to a board, and/or experience as a manager, facilitator/consultant in the development of strategic plans and aligning these with delivery of outcomes by an entity.
- Experience in the above strategic leadership facets with a focus on ensuring quality and safety of clinical care will be highly regarded.

Tier 2 specialist competencies – Important (5 total)

1. Asset management

- Has experience of overseeing the planning, management and renewal of major assets, including buildings and other infrastructure.
- Qualifications in engineering, planning, land management, architecture, surveying or similar would be advantageous.
- Demonstrated experience in using best practice systems to monitor and maintain things of value to an entity or group. This would include tangible (for example, buildings, equipment and vehicles) and intangible (for example, good will and intellectual property) assets. Experience in conducting fabric surveys and/or structural due diligence-type assessments and/or asset depreciation management would also be highly regarded.

2. Communications and stakeholder engagement

- Has a good understanding of the key elements of communications and effective stakeholder engagement in the context of providing a public service, and the importance of transparency and public reporting. This would include experience of ensuring effective insight into and response to the views and expectations of key stakeholders within and outside the organisation.
- Qualifications and/or experience in corporate communications, marketing, facilitation, stakeholder engagement, event management, media/public relations, and/or journalism would be advantageous.
- Experience in fund raising and/or business development with a focus on health service/industry funding would be advantageous.

3. Community Services

- Has professional expertise and/or experience in the delivery of social services to members of the community particularly for users who may come from disadvantaged backgrounds or are vulnerable at the time of seeking that service. This might include experience working in senior management, the executive or on the board of a not-for-profit community service agency and/or working directly with clients of such services.
- Experience advocating for people with a lived experience of disability or mental illness is an advantage and/or experience providing assistance to disadvantaged and/or vulnerable members of the community (such as people impacted by family violence).
- A qualification or strong experience in social work, youth work, disability care, advocacy, counselling or similar social service roles is an advantage.

4. Human resources management

- Has professional expertise in key aspects of managing an organisation's workforce, such as investing in leadership development and culture, ensuring compliance with employment and labour laws, managing industrial relations, and overseeing organisational change.
- It would be advantageous to have qualifications and/or experience in organisational change management, cultural awareness and/or occupational health and safety.

5. ICT strategy and governance

- Has expertise in managing information and communications technology, particularly oversight of substantial IT programmes, and knowledge of IT governance, including privacy, data management and security.
- Desirable experience would include having overseen or been involved in the oversight, development, rollout and/or maintenance of enterprise systems (for example relating to records management), digital strategies, and security infrastructure.

Attachment 1 - About the relevant public health entities

Public health services

Public health services deliver health, mental health and aged care services in metropolitan and rural and regional Victoria. They are integral parts of the Victorian health system which promotes and protects Victorians' health.

Public health service boards are accountable for the safety and quality of care delivered in their services. They must create an organisational culture and governance environment that places patients at the center of everything the organisation does and promote continuous improvement.

Public Hospitals

Public hospitals deliver health, mental health and aged care services in rural and regional Victoria and are integral parts of the Victorian health system which promotes and protects Victorians' health.

Public hospital boards have a responsibility to create a governance environment that drives performance in a way that places patients at the center of everything the organisation does and to drive improvements to performance within a culture of safety and quality.

Multi Purpose Services

Multi purpose services provide range of health and community services that best meet local community need. This may include public hospital services, health care services, aged care services, community care services.

As with public hospitals, multi purpose service boards have a responsibility to create a governance environment that drives performance in a way that places patients at the center of everything the organisation does and to drive improvements to performance within a culture of safety and quality.

Early Parenting Centres

Early Parenting Centres are state wide early intervention and prevention health services. Their purpose is to provide parenting support to families during pregnancy and with children from birth to school age. They are part of a broader range of early intervention services which include Child FIRST and Integrated Family Services and Cradle to Kinder and are accredited health services specialising in parenting, infant health and early childhood development.