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# Responsibility charting

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## What is it?

Responsibility charting is a simple tool you can use to ensure everyone involved in your project is clear about roles and responsibilities.

## When to use it?

You can use responsibility charting to help you:

- clarify any confusion, assumptions and misunderstandings about who does what
- make sure someone is responsible for each task
- identify who needs to be given communication about each task
- prevent duplication of effort
- unearth a range of issues, including gaps in responsibility, misunderstanding, miscommunication and areas where too many people are given responsibility for the same thing.

## How to use it

List the activities in the matrix – these are the row headings. For example:

- developing budgets, allocating resources, eg discharge planning
- deciding when a patient is ready for discharge
- getting take-home medications ready
- telling the patient what is happening
- giving information to patients about who to contact if there is a problem
- arranging transport, etc.

List all the people involved in the process – these are the table headings. They can include:

- people directly involved in the process
- managers and committees who apply controls on the process
- other people who may impact the performance of the process.

Identify each person's responsibility with respect to the activity.

Working across each row, taking each activity in turn, discuss and identify each person's role and responsibility.

**Figure 1: Example responsibility chart**

Individual	Name 1	Name 2	Name 3	Name 4
Decision/role	Role/title	Role/title	Role/title	Role/title
Activity 1				
Activity 2				
Activity 3				
Etc				

Richard Beckhard and Rueben Harris (1977) described four roles.

**1. Responsibility (R)** – the responsibility to initiate action to ensure that activities/decisions are carried out. For example, it would be a department head's responsibility to initiate preparation of the departmental budget or a significant change in academic direction.

**2. Approval required or the right to veto (A–V)** – the particular item must be reviewed by the particular role occupant; this person has the option of either vetoing or approving it.

**3. Support (S)** – providing personal or logistical support and resources for the particular item.

**4. Inform (I)** – must be informed and, by inference, cannot influence.

It is also useful to indicate if someone is not involved with a dash (-).

Beckhard and Harris have also produced guidelines for making the technique more effective.

- Assign responsibility to only one person. That person initiates and then is responsible and accountable for that activity or task.
- Avoid having too many people with an approval-veto function on any single item. This will slow down task completion or will negate it altogether.
- If one person has approval-veto involvement on most decisions, that person could create a bottleneck which inhibits progress.
- The support function is critical. A person with this role has to provide resources or produce something that is then used by the person responsible for the task. This support role and its specific demands must be clarified and clearly assigned.
- At times the assignment of functions (letters) to individuals becomes difficult this will require discussion. For example:
  - a person may want to exercise a veto on an item, but not really need it
  - a person may not want to support responsibility on an item, but should have it
  - two people each want responsibility on a particular item, but only one can have it.

The example below provides an illustration of a completed grid.

**Figure 2: Initial responsibility chart.** If a patient doesn't turn up for their appointment, who is responsible for what?

Individual	Mani	Jo	Lou	Matt
Decision/role	Information manager	Reception	Matron	Dr
Tell clinical staff that the patient hasn't turned up	-	Responsible	Informed	Informed
Find out why the patient didn't turn up	-	-	-	-
Decision to make another appointment (according to protocol)	-	-	-	Responsible
Send appointment letter	-	Responsible	-	-
Monitor the number of patients who don't turn up and why they don't turn up	Responsible	-	-	-

In this example, no one is responsible for finding out why a patient didn't turn up. This is inefficient and may result in booking new appointments, which the patient will not attend yet again.

The doctor is responsible for deciding about making a new appointment, but is this always necessary? The information manager monitors the fact that the patient does not turn up, but is not responsible for feeding back patterns to the clinic.

Discussion may highlight these sorts of issues, identifying gaps in roles as well as opportunities for more efficient decision-making.

The final chart could look like this:

**Figure 3: Final responsibility chart**

Individual	Mani	Jo	Lou	Matt
Decision/role	Information manager	Reception	Matron	Dr
Tell clinical staff that the patient hasn't turned up	-	Responsible	Informed	Informed
Find out why the patient didn't turn up	Informed	Responsible	Informed	Informed
Decision to make another appointment (according to protocol)	-	Support	Responsible	Approval-veto
Send appointment letter	-	Responsible	-	-
Monitor the number of patients who don't turn up and why they don't turn up	Responsible	Support	Informed	Informed