

3.9 Emergency Replacement of the Chief of Staff and Long-Term Succession Planning Executive Limitations

Version Number	Description of Changes	Effective Date
1	Initial release	1997-10-22
2	Revision	1999-01-30
3	Revision	2003-05-28
4	Revision	2012-07-19
5	Revision	2018-10-24
6	Multiple policy updates	2024-04-24
7	Formatting updates	2025-07-22
8	Multiple policy updates	2025-09-24
9	Minor changes	2026-06-17

Policy Objectives

- The Chief of Staff, with the support of the Board of Directors, develops an emergency succession plan for their own role as well as a long-term succession plan for themselves and the members of the medical leadership team.
- The Board of Directors oversees the evaluation of the Chief of Staff and entrusts them with responsibility for succession planning within the medical leadership team.

Monitoring: Annually

Purpose

To ensure continuity of medical leadership and organizational stability in the event of the Chief of Staff's sudden absence or departure, and to maintain long-term succession planning aligned with the hospital's strategic priorities, risk management, and commitment to quality of care.

Scope

This policy applies to the Chief of Staff role and succession processes overseen by the Board of Directors. It also outlines expectations for succession planning within the medical leadership team to ensure a sustainable pipeline of future medical leaders.

Guiding Principles

- 3.9 (a)** In order to protect the Board of Directors from the sudden loss of the services of the Chief of Staff, the Chief of Staff:
- 3.9.1** Shall not allow that the Medical Advisory Committee not be familiar with the files and processes concerning the Board and the Chief of Staff and the ones concerning only the Chief of Staff.
 - 3.9.2** Shall not fail to maintain current and accessible documentation of key Chief of Staff responsibilities, delegations of authority, and critical organizational processes.
- 3.9 (b)** In order to ensure immediate succession of an interim Chief of Staff, the Chief of Staff:
- 3.9.3** Shall not fail to develop a procedure for the interim maintenance of the Chief of Staff's functions.
 - 3.9.4** Shall not fail to recommend to the Board a clear designation of interim decisional accountability to ensure organizational continuity.

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- 3.9** (c) To ensure the long-term succession of the interim Chief of Staff, as well as any members of the medical leadership team, the Chief of Staff:
- 3.9.5** Shall not neglect to develop and maintain a best-practice talent management and leadership development strategy aligned with the hospital's strategic priorities, risk management framework, and commitment to quality of care.
 - 3.9.6** Shall not neglect to ensure a thorough understanding of the competencies, skills, and experiences required for medical leadership positions within the organization, including bilingual competency, cultural safety and humility, and an understanding of the health needs of Francophone and equity-deserving communities.
 - 3.9.7** Shall not neglect to establish and implement a regular process for identifying, assessing, and preparing high-potential individuals for medical leadership roles.
 - 3.9.8** Shall not neglect to design and execute individual development plans to build the leadership capacity of potential successors.
 - 3.9.9** Shall not neglect to ensure that succession planning and talent development reflect the hospital's commitment to equity, diversity, and inclusion, including efforts to build a medical leadership pipeline that reflects the diversity of the communities served by HGH, with specific attention to Francophone representation and Indigenous cultural safety.
 - 3.9.10** Shall not fail to present to the Board of Directors, at least annually, a succession plan for the Chief of Staff and members of the medical leadership team, including strategies, identified successors, and associated development measures.

Board Oversight

The Board of Directors and the Chief of Staff shall hold formal discussions on succession planning of the Chief of Staff and the members of the medical leadership team at least annually, normally in June.

Definitions

Emergency Succession: A temporary, unplanned leadership transition to ensure continuity of operations in the event of the Chief of Staff's sudden incapacity, departure, or extended absence.

Interim Chief of Staff: The individual designated to assume the responsibilities of the Chief of Staff on a temporary basis until the Board appoints a permanent replacement.

Long-Term Succession Planning: A structured, proactive process to identify and develop potential leaders within the organization to ensure leadership continuity, aligned with the hospital's strategic priorities, risk management, and commitment to quality of care.

Talent Management Strategy: A coordinated approach to attracting, retaining, developing, and engaging physicians and other members of the medical leadership team with leadership potential, to build a sustainable pipeline of future executives.

Leadership Competencies: The combination of skills, knowledge, abilities, and behaviours required to successfully perform executive leadership roles within the hospital.

Succession Plan: A written plan that outlines the immediate and long-term strategies for replacing the Chief of Staff and medical leadership positions, including interim arrangements, identified successors, and leadership development measures.

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References

- ❖ ***Policy 1.2 – Board of Directors' Code of Conduct (Section 1.2.8 – Equity, Diversity, and Inclusion)***
- ❖ ***Policy 2.4 – Monitoring Chief of Staff Performance***
- ❖ ***Policy 2.6 – Chief of Staff Performance Evaluation***
- ❖ ***Policy 3.14 – Bilingualism at HGH***

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Appendix A – Chief of Staff & Medical Leadership Succession Plan Template

Purpose: To provide a standardized format for the Chief of Staff’s annual succession planning report to the Board of Directors, ensuring consistency, clarity, and alignment with the hospital’s strategic priorities and Accreditation requirements.

1. Executive Summary

- Brief overview of the succession planning process completed this year.
- Key risks and mitigation strategies identified.
- Highlights of leadership development initiatives.

2. Chief of Staff Emergency Succession Planning

- **Designated Interim Chief of Staff:** [Name / Position]
- **Delegation of Authority:** Outline scope of authority, decision-making boundaries, and reporting expectations during interim period.
- **Risk Mitigation:** Key actions to ensure smooth transition in case of emergency absence.

3. Long-Term Chief of Staff Succession Planning

- **Potential Successors Identified:** [List roles/names if appropriate, or internal/external pipeline indicators]
- **Readiness Level:** (Ready now, 1–2 years, 3–5 years)
- **Development Actions Required:** (Coaching, cross-training, executive education, exposure to board/committee work, etc.)

4. Medical Leadership Team Succession Planning

For each key executive role:

- **Role:** [Role]
- **Critical Competencies:** [List — should include bilingual proficiency, cultural safety and humility, and EDI competencies as applicable to the role]
- **Potential Successors:** [Internal candidates, external pipeline, or talent pool indicators]
- **Readiness Level:** [Ready now / 1–2 years / 3–5 years]
- **Development Plan:** [Leadership development, mentoring, stretch assignments]

5. Medical Leadership Development Strategy

- Summary of organizational initiatives to strengthen the leadership pipeline (e.g., talent management programs, succession bench strength initiatives, equity, diversity, and inclusion initiatives).

6. Board Oversight & Next Steps

- Timeline for the next review and planned updates.
- Decisions or approvals required from the Board.

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Appendix B – Interim Chief of Staff Delegation Procedure

Purpose: To provide clear and documented steps for appointing an Interim Chief of Staff in the event of the Chief of Staff's sudden absence, incapacity, or departure, ensuring continuity of leadership and accountability.

1. Triggering Events

This procedure is activated in the event of:

- Sudden incapacity or illness of the Chief of Staff.
- Resignation or unplanned departure.
- Extended leave of absence (medical or other).

2. Designation of Interim Chief of Staff

- The President of the Medical Staff Association will act as the Interim Chief of Staff
- The Board of Directors has ultimate authority to appoint an Interim Chief of Staff should the President of the Medical Staff Association not be able to fulfill their responsibilities as Interim Chief of Staff.
- The Chief of Staff shall annually recommend one or more designated Interim Chief of Staff candidates from within the medical leadership team as part of the succession plan.
- The Governance Committee (or Board Chair if urgent) confirms and communicates the appointment.

3. Delegation of Authority

- Interim Chief of Staff assumes all responsibilities, authorities, and accountabilities of the Chief of Staff role unless otherwise specified by the Board.
- Limitations or adjustments to decision-making authority (if any) must be explicitly defined by Board resolution.

4. Communication Protocol

- Immediate notification to: Board of Directors, medical leadership team, medical leadership, and staff.
- External communication (e.g., Ontario Health, Ministry of Health, media, partners) managed jointly by the Board Chair and Interim Chief of Staff.

5. Duration of Appointment

- The Interim Chief of Staff serves until the Board either reinstates the Chief of Staff or appoints a permanent replacement.
- The Governance Committee monitors performance and effectiveness during interim period.

6. Documentation & Recordkeeping

- The appointment of the Interim Chief of Staff shall be recorded in the Board minutes.
- Copies of delegation documentation are retained in the Chief of Staff's official personnel file.