

2.2 Delegation to the Chief of Staff

Board-CEO and Board-Chief of Staff Linkage

Version Number	Description of Changes	Effective Date
1	Initial release	1997-09-24
2	Revision	1999-01-30
3	Revision	2012-07-19
4	Revision	2016-10-26
5	Revision	2019-05-22
6	Comprehensive revision	2026-09-30

Purpose

To establish a clear framework for the delegation of authority between the Board of Directors and the Chief of Staff, confirming that the Chief of Staff has the necessary latitude to carry out the organization of the professional staff and accountability for the quality of medical care, within the parameters established by the Board through Ends policies and Executive Limitations policies.

This policy sets out the principles governing the delegation relationship, the Chief of Staff's accountability to the Board, and the limits of the delegated authority having regard to the *Public Hospitals Act*, Regulation 965, the Professional Staff By-law, and the mandate of the Medical Advisory Committee.

Scope

This policy applies to all powers and responsibilities delegated by the Board of Directors to the Chief of Staff, including decision-making authority, the organization of the professional staff, accountability for the quality of medical care, and the sub-delegation of responsibilities within the medical structure.

This policy is part of the series of policies on the linkage between the Board and its delegated officers and should be read in conjunction with Policy 2.4 – Monitoring Chief of Staff Performance, Policy 2.6 – Chief of Staff Evaluation, and the Executive Limitations policies applicable to the Chief of Staff (Policies 3.9, 3.10, 3.11, and 3.12).

Guiding Principles

2.2.0 The Board delegates to the Chief of Staff responsibility for the organization of the professional staff and accountability for the quality of medical care provided at HGH. This delegation is founded on trust, transparency, and respect for the distinct roles of the Board and the Chief of Staff.

2.2.0.1 Legislative Foundation: The delegation set out in this policy operates within the framework established by the *Public Hospitals Act* and Regulation 965, the HGH Professional Staff By-law, and the HGH Corporate By-laws. Nothing in this policy shall be interpreted as delegating any responsibility that legislation assigns to the Board, to the Medical Advisory Committee, or to any other body.

2.2.0.2 Reasonable Interpretation: The Chief of Staff is authorized to use any reasonable interpretation of the Board's Ends and Executive Limitations policies in carrying out their responsibilities. The Board will assess compliance based on the reasonableness of the interpretation used.

2.2.0.3 Board Restraint: The Board will not direct or instruct the Chief of Staff on clinical or professional matters falling within the delegation. The Board governs by establishing Ends and Executive Limitations and monitors performance through the monitoring reports provided for in Policy 2.4.

2.2.0.4 Strategic Alignment: The Chief of Staff shall exercise all delegated authority in alignment with the HGH Strategic Plan, the priorities of the Board, and the values of the organization, including its commitments to equity, diversity, inclusion, cultural safety, and the provision of services in both official languages.

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Policy

Delegation of Authority

- 2.2.1** The Board will direct the Chief of Staff to achieve specified results, for specified recipients, at a specified worth, through the establishment of Ends policies. The Board will likewise limit the latitude the Chief of Staff may exercise in practices, methods, conduct, and other means, through the establishment of Executive Limitations policies.
- 2.2.2** As long as the Chief of Staff uses any reasonable interpretation of the Board's Ends and Executive Limitations policies, the Chief of Staff is authorized to make all decisions, establish all practices, and develop all activities deemed appropriate.
- 2.2.3** The authority set out in section 2.2.2 does not extend to:
- a) the functions assigned by the *Public Hospitals Act* and Regulation 965 to the Medical Advisory Committee, including recommendations to the Board respecting professional staff appointments, reappointments, and privileges;
 - b) the adoption or amendment of the Professional Staff By-law, which rests with the Board in accordance with the procedure set out therein;
 - c) matters reserved to the Board by the HGH Corporate By-laws or by Board policy.
- 2.2.4** The Board may change its Ends and Executive Limitations policies, thereby shifting the boundary between Board and Chief of Staff domains. So long as any particular delegation is in place, the Board will respect and support the Chief of Staff's choices. This does not prevent the Board from obtaining information in the delegated areas if it wishes to.

Chief of Staff Accountability

- 2.2.5** The Chief of Staff reports regularly to the Board on the exercise of delegated authority and the achievement of the Ends, in accordance with the monitoring report schedule established by the Board and set out in Appendix A of Policy 2.4.
- 2.2.6** The Board ensures it receives the information necessary to carry out its oversight of the quality of medical care, without interfering with the clinical and professional responsibilities of the Chief of Staff.
- 2.2.7** The Chief of Staff exercises delegated authority in compliance with applicable laws, regulations, by-laws, internal policies, and the values of HGH, including its commitment to equity, diversity, inclusion, and the provision of culturally safe care.

Individual Board Member Authority

- 2.2.8** Only decisions of the Board acting as a body are binding upon the Chief of Staff:
- A.** Decisions or instructions of individual Board members, officers, or committees are not binding on the Chief of Staff, except in rare instances where the Board has specifically authorized such exercise of authority.
 - B.** The Chief of Staff must decline requests for information or assistance from Board members or committees when these are made without Board authorization and when the Chief of Staff judges them to be disruptive, to require a material amount of staff time, or to be costly to produce.

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Sub-Delegation

2.2.9 The Chief of Staff may delegate specific responsibilities to department chiefs, service chiefs, or other members of the medical structure. All such delegations shall be documented in writing. The Chief of Staff remains accountable to the Board for the actions and decisions of any person acting under authority so delegated.

Definitions

Accountability: The process by which the Chief of Staff regularly reports to the Board on decisions, actions, and results, in accordance with expectations, indicators, and timelines established by the Board.

Board Ends: Statements that define what HGH must accomplish, for whom, and for what purpose. They represent the long-term priorities established by the Board and guide all strategic decisions.

Chief of Staff: The medical staff member appointed by the Board to serve as such in accordance with the *Public Hospitals Act* and the Professional Staff By-law.

Delegation of Authority: Formal authorization granted by the Board to the Chief of Staff to make decisions and carry out responsibilities within the framework of the Ends and Executive Limitations policies.

Executive Limitations: Board policies that define the limits and parameters within which the Chief of Staff must exercise their role. They ensure that the means used respect expectations regarding safety, quality, management, and compliance.

Medical Advisory Committee: The committee established by the Board as required by the *Public Hospitals Act*, responsible for making recommendations to the Board on matters relating to the professional staff and the quality of medical care.

Professional Staff: The Board-appointed professional/credentialed staff of the Hospital, as defined in the Professional Staff By-law.

Reasonable Interpretation: An interpretation of Board policy that a reasonably prudent person could consider consistent with the intent of the policy. The Board assesses compliance based on the reasonableness of the Chief of Staff's interpretation, not on the Board's preferred interpretation.

Références

- ❖ *Public Hospitals Act, R.S.O. 1990, c. P.40, and Regulation 965*
- ❖ *Excellent Care for All Act, 2010, S.O. 2010, c. 14*
- ❖ *French Language Services Act, R.S.O. 1990, c. F.32*
- ❖ *HGH Corporate By-laws (June 26, 2024), sections 1.1(g), 8.7, and 11.1*
- ❖ *HGH Professional Staff By-law (2023)*
- ❖ *Guide to Good Governance (OHA), 4th Ed. — Chapter 2 (Models of Governance), Chapter 5 (Professional Staff and Quality)*
- ❖ *Accreditation Canada – Governance Standards (HSO A1001:2022) — Standards 3.1.1, 3.4.1, 4.1.1*
- ❖ *Policy 1.2 – Board of Directors' Code of Conduct*
- ❖ *Policy 2.4 – Monitoring Chief of Staff Performance*
- ❖ *Policy 2.6 – Chief of Staff Evaluation*
- ❖ *Policy 3.9 – Emergency Replacement of the Chief of Staff and Long-Term Succession Planning*
- ❖ *Policy 3.10 – Treatment of Patients (Chief of Staff)*
- ❖ *Policy 3.11 – Communication and Support to the Board (Chief of Staff)*
- ❖ *Policy 3.12 – Quality of Medical Care*
- ❖ *Policy 4.0 – Strategic Directions of the Board of Directors*
- ❖ *2025–2029 Strategic Plan*