

2.4 Monitoring Chief of Staff Performance

Board-CEO and Board-Chief of Staff Linkage

Version Number	Description of Changes	Effective Date
1	Initial release	1999-01-30
2	Revision	1999-05-26
3	Revision	2012-07-19
4	Revision	2015-12-16
5	Revision	2017-06-20
6	Revision	2021-02-24
7	Comprehensive revision	2025-03-26
8	Formatting updates	2025-07-22
9	Comprehensive revision	2025-09-24
10	Revision	2026-09-30

Purpose

Ensure that the Board of Directors regularly and fairly evaluates the performance of the Chief of Staff by verifying compliance with Board policies, the achievement of the Ends, and adherence to executive limitations.

Scope

This policy applies to the Board's monitoring of the Chief of Staff's performance against the Ends policies and the Executive Limitations policies applicable to the Chief of Staff. It is to be read together with Policy 2.2 – Delegation to the Chief of Staff and Policy 2.6 – Chief of Staff Evaluation.

Guiding Principles

- 2.4.0** The board will monitor the Chief of Staff's performance regularly according to the established schedule, taking into account only the expected results from the Chief of Staff, specifically regarding the organization of the medical staff council and accountability for the quality of medical care. This will be done in accordance with the Board's Ends policies and within the limits outlined in the Executive Limitations policies. The performance evaluation will take place in May of each year.
- Accordingly:
- 2.4.1** Monitoring is simply to determine the degree to which Board policies are being met. Data which do not do this will not be considered to be monitoring data.
- 2.4.2** The Board will acquire monitoring data by one or more of three methods:
- by internal report, in which the Chief of Staff discloses compliance information to the Board,
 - by external report, in which an external, disinterested third party selected by the Board assesses compliance with Board policies, and
 - by direct Board inspection, in which a designated member or members of the Board assess compliance with the appropriate policy criteria.
- 2.4.3** In every case, the standard for compliance shall be any reasonable Chief of Staff interpretation of the Board policy being monitored.
- 2.4.4** All policies which instruct the Chief of Staff will be monitored at a frequency and by a method chosen by the Board. The Board can monitor any policy at any time by any method but will ordinarily depend on a routine schedule.

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Definitions

Board Ends: Statements that define what HGH must accomplish, for whom, and for what purpose. They represent the Board's long-term priorities 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.

Executive Limitations: Board policies that define the boundaries and parameters within which the Chief of Staff must operate. They ensure that the means used to achieve the Ends respect expectations regarding safety, finances, management, and governance.

HGH By-laws: The official document governing the operation, powers, responsibilities, and structure of the Board of Directors and the governance of HGH.

HGH Strategic Plan: A document that defines the organization's vision, mission, values, and strategic directions for a given period.

Monitoring: The process by which the Board evaluates the performance of the Chief of Staff to ensure compliance with Board policies, using internal reports, independent evaluations, or direct examinations.

Monitoring Report Submission Schedule: A document presented to the Board at its first meeting following the Annual General Meeting of Members. It establishes the dates for presenting the various monitoring reports, aligned with the Board's meeting schedule.

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.

References

- ❖ *Public Hospitals Act, R.S.O. 1990, c. P.40, and Regulation 965*
- ❖ *Excellent Care for All Act, 2010, S.O. 2010, c. 14*
- ❖ *HGH Corporate By-laws (June 26, 2024), sections 8.7 and 11.1*
- ❖ *HGH Professional Staff By-law (2023)*
- ❖ *Guide to Good Governance (OHA), 4th Ed. — Chapter 5 (The Board's Role in the Credentialing Process)*
- ❖ *Accreditation Canada – Governance Standards (HSO A1001:2022) — Standards 3.4.1, 3.4.2, 4.1.1*
- ❖ *Policy 2.2 – Delegation to the Chief of Staff*
- ❖ *Policy 2.6 – Chief of Staff Performance Evaluation*
- ❖ *Policy 3.9 – Emergency Replacement of the Chief of Staff and Long-Term Succession Plan*
- ❖ *Policy 3.10 – Treatment of Patients*
- ❖ *Policy 3.11 – Communication and Support to the Board*
- ❖ *Policy 3.12 – Quality of Medical Care*
- ❖ *Policy 4.0 – Strategic Directions of the Board of Directors*
- ❖ *2025–2029 Strategic Plan*
- ❖ *Monitoring Report Submission Schedule*

Appendix A – Executive Limitations

Executive Limitations	Method	Frequency	Month ¹
3.9 Emergency Replacement of the Chief of Staff and Long-Term Succession Planning	Internal	Annually	December
3.10 Treatment of Patients	Internal	Annually	April
3.11 Communication and Support to the Board	Internal	Annually	May
3.12 Quality of Medical Care			
3.12.1 Medical Human Resources Plan	Internal	Annually	March
3.12.2 Appointment and Reappointment Mechanism	Internal	Annually	April
3.12.3 Standards of Practice	Internal	Annually	February
3.12.4 Continuing Medical Education	Internal	Annually	September

¹**Note:** The months indicated for the presentation of monitoring reports are provided for reference only. They may be adjusted based on the official submission schedule, which is presented annually to the Board of Directors at the first meeting following the Annual General Meeting of the members.

Appendix B – Strategic Directions of the Board of Directors

Ends	Method	Frequency	Month
4.1 Provide personalized, inclusive, and patient-centered care	Internal	Annually	Fall
4.2 Empower our people and foster a thriving workforce	Internal	Annually	Fall
4.3 Foster sustainability and responsible business/financial practices	Internal	Annually	Fall
4.4 Strengthen collaborative partnerships across sectors	Internal	Annually	Fall
4.5 Leverage technology and continuous improvement	Internal	Annually	Fall