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2.6 Chief of Staff Performance Evaluation Board-CEO and Board-Chief of Staff Linkage			

Version Number	Description of Changes	Effective Date
1	Initial release	2017-02-22
2	Comprehensive revision	2025-06-18
3	Revision	2026-09-30

Purpose

To establish a rigorous and transparent process, aligned with the responsibilities of the Executive Performance and Development Committee (EPDC), for conducting an annual evaluation of the Chief of Staff's performance based on the Strategic Alignment and Performance Framework.

Scope

This policy applies to the Board's annual evaluation of the Chief of Staff's performance, including the establishment of priority organizational objectives, the self-evaluation process, and the role of the EPDC.

This policy is part of the series of policies on the linkage between the Board and its delegated officers and is to be read together with Policy 2.2 – Delegation to the Chief of Staff and Policy 2.4 – Monitoring Chief of Staff Performance.

Guiding Principles

2.6.0 The Chief of Staff's annual performance appraisal is based on:

- priority organizational objectives, aligned with the organization's strategic planning and operational plan, aimed at improving clinical programs and the quality of medical care, including service delivery;
- the criteria defined in the Chief of Staff performance evaluation grid;
- compliance with the Board's Ends policies and within the limits established in the Board's Executive Limitations policies applicable to the Chief of Staff.

Policy

2.6.1 The Board of Directors will ensure that an effective process is in place for the annual performance evaluation of the Chief of Staff, based on the following elements:

- review strategic priorities and operational plan for current year;
- discuss opportunities for improvement with senior management;
- discuss future plans and priorities.

2.6.2 The Board of Directors delegates oversight of the Chief of Staff performance evaluation process to the EPDC. This committee is responsible for:

- developing the Chief of Staff's performance objectives and recommending them to the Board for approval;
- conducting the Chief of Staff's annual performance appraisal, including discussions with the Chief of Staff;
- making recommendations to the Board on the results of the evaluation;
- supporting succession planning for the Chief of Staff, in accordance with Policy 3.9.

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Evaluation Process

2.6.3 The evaluation process will include the following steps:

- In the fall, as part of the Board of Directors' annual retreat, the Chief of Staff presents the status of current priorities and proposes organizational priorities for the coming year. The Board will provide its suggestions and comments.
- In January or February, the Chief of Staff will present the final version of the organizational objectives to the Board of Directors for approval.
- In March, the EPDC reviews the priorities proposed by the Chief of Staff, in relation to strategic and operational plans, including the Quality Improvement Plan (QIP) through the Quality Committee. The EPDC makes recommendations to the Board.
- Approval of the complete plan will take place at the March board meeting, so that the plan is ready for April 1, marking the start of the new fiscal year.

2.6.4 Annual priorities and action plans proposed by the Chief of Staff will be aligned, where appropriate, with the Corporate Operational Plan and the Quality Improvement Plan. They are also linked to the five strategic directions and the twelve priorities of the Strategic Plan.

2.6.5 At the end of the fiscal year, the Chief of Staff will submit a self-evaluation document to the EPDC, describing achievements in relation to the plan approved by the Board, as well as any other accomplishments the Chief of Staff wishes to present. This document also covers the items on the evaluation grid.

2.6.6 The EPDC may collect additional information on each of the evaluation components including the monitoring reports presented under Policy 2.4 and the annual QIP report, as agreed with the Chief of Staff. The EPDC will solicit comments from Board members regarding the evaluation points in the grid.

2.6.7 The EPDC will review the information received and confirm the results of the performance self-assessment. The EPDC will prepare an evaluation report for approval by the Board of Directors.

2.6.8 In the event of disagreement, the Chair of the EPDC, or the committee as a whole, will discuss the results of the assessment with the Chief of Staff.

2.6.9 The EPDC will then present a report and recommendations on the Chief of Staff's performance to the Board of Directors at its April or May meeting.

Definitions

Board Ends: Strategic directions defined by the Board of Directors, outlining expected outcomes for patients, families and the community.

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.

Chief of Staff Performance Evaluation Grid: Structured tool used to evaluate the Chief of Staff's performance according to qualitative criteria, with provision for written comments.

Corporate Operational Plan: Plan detailing the annual activities required to implement strategic planning.

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EPDC (Executive Performance and Development Committee): Committee of the Board of Directors responsible for overseeing the performance evaluation of the Chief Executive Officer and the Chief of Staff, recommending performance objectives and making recommendations related to compensation.

Executive Limitations: Board policies governing the limits within which the Chief of Staff must operate to achieve the Ends.

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: Document defining the vision, mission, values and strategic directions for a given period.

Priority organizational objectives: Key objectives identified for the current year, aligned with overall HGH strategy.

Quality Improvement Plan (QIP): Annual document identifying priorities in terms of quality of care and patient safety, submitted to the Board for approval.

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, 11.1, and 12.2*
- ❖ *HGH Professional Staff By-law (2023)*
- ❖ *Terms of Reference for Board Committees*
- ❖ *Guide to Good Governance (OHA), 4th Ed. — Chapter 3 (Supervision of Senior Leadership), Chapter 5 (Professional Staff and Quality)*
- ❖ *Accreditation Canada – Governance Standards (HSO A1001:2022) — Standards 3.4.2, 3.4.3, 4.1.1*
- ❖ *Chief of Staff Performance Evaluation Grid (Appendix B)*
- ❖ *Policy 2.2 – Delegation to the Chief of Staff*
- ❖ *Policy 2.4 – Monitoring Chief of Staff Performance*
- ❖ *Policy 3.9 – Emergency Replacement of the Chief of Staff and Long-Term Succession Plan*
- ❖ *Policy 3.12 – Quality of Medical Care*
- ❖ *Policy 4.0 – Strategic Directions of the Board of Directors*
- ❖ *2025–2029 Strategic Plan*
- ❖ *Quality Improvement Plan*

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Appendix A - Timetable for the Chief of Staff's annual appraisal process

Period	Step	Responsible
September / October	Presentation by the Chief of Staff of progress on current priorities and proposed priorities for the following year, as part of the Board of Directors' retreat.	Chief of Staff Board of Directors
January or February	Final version of priority organizational objectives presented for approval.	Chief of Staff Board of Directors
March	Review of priorities by EPDC (in relation to strategic plan and QIP). Recommendations to the Board.	EPDC Quality committee
March (Board meeting)	Final approval of the plan for the fiscal year beginning April 1.	Board of Directors
April / May	Presentation by EPDC to the Board: evaluation report, recommendations on performance.	EPDC Board of Directors
March to May	Gather feedback from board members, analyze Chief of Staff self-evaluation, obtain supporting documents (monitoring reports under Policy 2.4, QIP, etc.).	EPDC
End of fiscal year	Submission of the Chief of Staff's self-assessment, including achievements in relation to the approved plan and the evaluation grid.	Chief of Staff EPDC
In the event of disagreement	Discussion between the EPDC (or its Chair) and the Chief of Staff on the results of the assessment.	EPDC Chief of Staff

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Appendix B - Chief of Staff performance evaluation grid

The following grid is used by the Board of Directors to assess the Chief of Staff's performance on an annual basis. Each criterion is accompanied by a space for comments to enable qualitative feedback.

Criteria	Comments
1. Quality and Safety of Medical Care	
1.1. Provides oversight of the quality and safety of medical care delivered at HGH	
1.2. Ensures the application of professional standards of practice and recognized clinical guidelines	
1.3. Monitors medical quality indicators and adverse events, and ensures corrective measures are implemented	
1.4. Contributes to the development and achievement of Quality Improvement Plan (QIP) targets	
1.5. Fosters a culture of safety, disclosure and continuous improvement within the medical staff	
1.6. Ensures the delivery of culturally safe care that is responsive to patients' language needs	
2. Medical Governance and Compliance	
2.1. Ensures the effective functioning of the Medical Advisory Committee and the quality of its recommendations to the Board	
2.2. Ensures rigour in the appointment, reappointment and privileging process	
2.3. Ensures compliance with the Professional Staff By-law, the <i>Public Hospitals Act</i> and Regulation 965	
2.4. Manages professional performance issues and disciplinary processes effectively, where applicable	
2.5. Presents complete and timely monitoring reports to the Board in accordance with Policy 2.4	

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3. Medical Resources and Staffing	
3.1. Develops and implements the medical human resources plan	
3.2. Ensures adequate medical coverage, including on-call services and continuity of service	
3.3. Optimizes the use of medical resources within organizational parameters	
3.4. Contributes to succession planning within the medical leadership structure	
4. Medical Program Development and Partnerships	
4.1. Contributes to the development of clinical programs and specialized medical services	
4.2. Maintains effective relationships with regional partners, affiliated institutions and universities	
4.3. Supports access to services and the flow of care pathways	
4.4. Represents HGH with regional and provincial medical bodies	
5. Medical Staff Recruitment, Retention and Development	
5.1. Ensures the recruitment and retention of a qualified and bilingual medical workforce	
5.2. Fosters the engagement and well-being of medical staff members	
5.3. Ensures the implementation of the continuing medical education program	
5.4. Supports medical leadership development and the coaching of department chiefs	
6. Working Relationships	
6.1. Maintains an effective working relationship with the Board of Directors and its Chair	
6.2. Maintains a collaborative relationship with the CEO and the senior leadership team	
6.3. Ensures open and constructive communication with medical staff members	

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6.4. Fosters interprofessional collaboration between medical staff and other clinical teams	
6.5. Maintains a visible medical leadership presence with clinical teams (medical leadership rounding)	
7. Leadership and Behaviours	
7.1. Communicates a clear vision of the medical staff's role in delivering the strategic plan	
7.2. Demonstrates creativity and determination in resolving complex medical issues	
7.3. Acts with integrity and tenacity in difficult situations	
7.4. Ensures alignment of medical objectives with the organization's strategic directions	
7.5. Embodies HGH's values and its commitment to equity, diversity and inclusion	