

CHLNet Courses of Action to Champion Strategic Leadership Excellence

Work Plan 2025/26: Priorities Progress: Board Update

EVIDENCE GENERATION PRIORITIES

1. Leadership Practices for the 21st Century to Transform Health Systems
2. Anti-Racism and Social Justice to Achieve Effective, Diverse and Inclusive Leadership
3. Leadership Styles and Practices that Promote Supportive Workplaces and Workforce Wellness
4. Climate Conscious Leadership Practices for a Sustainable Health System

Courses of Action	Priorities	Deliverables	Progress
I. Enhance our Leadership Commons	<ol style="list-style-type: none"> 1. Tailor and enhance our value proposition by various leader types to better share practices and tools. 2. Convene health leadership dialogues and roundtables. 3. Build deeper strategic partnerships for broader impact across leadership and membership based national organizations. 	<ul style="list-style-type: none"> • Semi annual executive roundtables, leadership dialogues and network partner roundtables • Membership & Partnership Subcommittee of the Board report and strategy • Board succession plan • CEO succession plan • Building deeper partnerships with leadership national organizations meetings 	<p><i>Two Semi-Annual Network Partner Roundtables, Executive Roundtables and Leadership Dialogues Delivered.</i> May 16th leadership dialogue <i>Leadership Development: A Crisis in the Time of Crisis</i> featured four global leaders from Dr. Marica Anderson (Canada), Dr. Debashis Basu (South Africa), Dr. Neil Grunberg (United States) and Dr. Peter Lachman (United Kingdom) who spoke to the current socio-political challenges as a health leader and the 21st century leadership practices being employed/developed. Oct dialogue cohosted with KPMG discussed <i>Innovative and Impactful Co-Leadership Models and Partnerships</i> with a presentation from Murray Ross (Kaiser Permanente), and response panel of Dr. Richard Lewanczuk (Alberta Health Services), Dr. Anurag Saxena (University of Saskatchewan), Dr. Devin Harris (Interior Health), and Dr. Katherine Chubbs (Good Samaritan Society). KPMG’s November Executive Briefing resulted.</p> <p><i>Membership & Partnership.</i> Subcommittee of Board chaired by Stephen Samis and last met in May 2025. In their final report, 3 themes generated to move forward to strengthen membership with 10 strategies identified:</p> <ol style="list-style-type: none"> A. Continue to Evolve Our Value Proposition to Existing Network Partners B. Identify and Attract the Next Generation of Network Partners C. Tailor our Value Proposition by Various Leader Types <p>Oct 2025, Board agreed not to increase member partner fees (same since inception) until value proposition enhanced. M&P is now on hold until some of that work is done. In 2025, Canadian Centre on Substance Use and Abuse, Canadian Partnership Against Cancer, McMaster University (hopes to rejoin 2025) and Provincial Health Services Authority withdrew. Canadian Nurses Association and Horizon Health joined. 37 partners total.</p>

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			<p><i>Board Succession.</i> CHLNet incorporated in Jan 2024. Succession planning began in the Fall 2024 with Carolyn Pullen and Jean-Louis Denis joining and increasing the board size to 8. At the May 16th AGM, Kathy MacNeil and Andrea Johnson’s terms as directors expired and network partners welcomed Tiffany Boyd and Valerie Grdisa to the Board. Katherine Chubb and Yvonne Mburu terms expire in May 2026.</p> <p><i>CEO Succession.</i> After 12 years as CEO and ED on June 30th, 2026, Kelly Grimes will step down. On Jan 7th, an embargoed announcement was shared with the Board and Secretariat to provide time to ponder both CEO succession planning but also how the network could best enhance and scale its value proposition going forward. Board’s February meeting will develop a plan for succession.</p> <p><i>Building Deeper Partnerships.</i> Series of meetings began in the Spring 2025 with CSPL, CCHL, HCC, HEC and CMA. No formal agenda. Each organization now highlighted their unique value proposition in a hub and spoke model with CHLNet acting as the hub to build deeper strategic relationships. Turnover at VP level at CCHL and HCC has slowed this down. Presentation Oct 2025 from Health Workforce Canada on their digital front door using AI powered search tools. Opportunities to collaborate identified: CIHR BBE grant, Bench3, AI learning passport, common advocacy communication strategy to expand LD funding, link to new hub to ensure LD and learning programs based on evidence.</p>
<p>II. Link Evidence to Practice</p>	<p>4. Create and convene a Canadian Learning Collaborative for Health Leadership with co-leads comprised of academics and health system leaders.</p> <p>5. Cultivate, gather and share leadership practices that make a difference.</p>	<ul style="list-style-type: none"> • Create and convene a Canadian Learning Collaborative for Health Leadership with co-leads comprised of academic and health system leaders • Indigenous health leadership project on recruitment and retention 	<p><i>Canadian Learning Collaborative for Health Leadership Convened.</i> Hub enhances our efforts to cultivate, gather and share leadership practices that make a difference and better link evidence to practice with co-leads comprised of academic and health system leaders. 8 universities involved. Business plan, MOA now crafted for a collaborative that would be the first of its kind in Canada. USask Dean of Medicine has been slow to sign the MOA with next meeting at the end of Feb 2026. Plan B may need to be undertaken. Alice Aiken at CIMVR (Canadian Institute for Military and Veteran Health Research at Queens) as a model to learn from. May merge the Hub with the R&E Working Group in the Spring 2026.</p> <p><i>Indigenous Health Leadership Healthcare Excellence Canada’s EXTRA Fellowship Project Wrap Up.</i> By March 2026, the team (CHLNet, Good Samaritan Society, Island Health, and the</p>

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		<ul style="list-style-type: none"> • LEADS Refresh for capabilities for 21st century leadership practices • Other collaborative research projects related to leadership and networks 	<p>Otipemisiwak Metis Government of the Metis Nation within Alberta) will have identified leading practices that foster a workplace environment where Indigenous health leaders can thrive and begin implementation at a pilot site within a non-Indigenous health organization. Literature review and key informant interviews have uncovered 10 themes that will form the foundation of a toolkit.</p> <p><i>LEADS Refresh Research Continues.</i> Joint effort between CCHL, LEADS Global and CHLNet aims to refresh the LEADS in a Caring Environment leadership capabilities framework. Phil Cady is Mitacs Post-Doctoral Research Fellow at Royal Roads University. CHLNet oversees the working group, guided by the project Steering Group. Engagement of 15 literature review volunteers (with almost 10,000 articles reviewed for the scoping review), use of 8 data analysts with expert support from the Canadian Hub for Applied and Social Research at USask and conducted 65 key informant interviews and 17 focus groups. A new framework will be released in June 2026.</p> <p><i>Canadian Institute for Health Research Best Brains Grant on Building 21st Century Leadership Practices Held.</i> In partnership with the Nova Scotia Health Leadership Academy, the NS government, HealthCareCAN and CHLNet, successful in a CIHR grant that brought together a diverse group of 45 participants reflecting policymakers, researchers, and health system leaders. On Oct 20th, participants explored how evidence-based leadership practices could be integrated into development programs and leveraged to support system-wide transformation. Click here to read the full report on tips and tools shared especially around successful implementation.</p> <p><i>Health Leadership Career Pathways Project Phase 1 Completed.</i> CHLNet, LEADS Global and McMaster University received funding for a <i>Mitacs Accelerate Grant</i> to develop a wireframe on health leadership career pathways. Steering Group now wrapped up, and scoping review completed plus an analysis of interviews and focus groups conducted. A publication is underway with Teresa Chan at TMU. Mitacs Grant is being explored to further develop the App in Phase 2 in partnership with LEADS Global and JP Centre for Innovation and Learning Health Systems.</p>

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III. Develop and Enable Network Tools and Services	6. Enhance current network products and services to better build the next generation of health leaders. 7. Through partnership, develop new tools and techniques for learning around the four evidence priorities.	<ul style="list-style-type: none"> • Eblasts – quarterly eblasts continue featuring partner works, tips and tools, top leadership articles, blogs and project updates • Toolkits and Inventories refreshed annually • Oversee the 2026 M&T Award delivery and prominence with Healthcare Excellence Canada 	<p>Eblasts in March (toolkit overview), April, June, Oct and Dec 2025.</p> <p>CHLNet’s Health Leadership Exchange and Acceleration Working Group meets three times a year to share tools and practices with HR/OD/LD experts at a systems level. Oversee the refresh of all of our free toolkits Leadership Development Inventory, Wise Practices of Leadership Development, Leadership Development Impact Assessment Toolkit, and Self Assessment. With LEADS Refresh occurring, all toolkits will need to be reviewed in Fall 2026.</p> <p>Early in 2026, the network will launch the call for nominations for the MacNaught–Taillon Award, a triennial recognition in partnership with Healthcare Excellence Canada, Canada Health Infoway, and CIHI. The award honours contributions to health policy, health information, and health informatics.</p>
IV. Demonstrate Leadership Matters	8. Gather and share data on why leadership matters through mechanisms such as our benchmarking study. 9. Undertake leadership case studies and scenario-based learning that demonstrate impact.	<ul style="list-style-type: none"> • Replicate the 2020 and 2015 Benchmarking Studies of the Health Leadership Gap in Canada specifically the supply/demand gap for health leaders and the capabilities for 21st century care • Partner with LEADS Global on World Health Leadership Network (WHLN) to share practices and tools at an international level 	<p>2025 Benchmarking Study Underway. The network’s third benchmarking study of the health leadership gap in Canada has begun to track key leadership metrics and gaps over time including the 21st century care leadership practices required in the future. A steering group oversaw surveys and data aggregation through the help of a PhD candidate funded by the Mitacs Accelerate program. A final report will be shared in March 2026. Thanks to the generosity of CCHL, CMA, CNA, CSPL, EHL, HEC, HCC, GSS, LEADS Global, RRU, Saint Mary’s University, University of Ottawa, and University of Manitoba/Shared Health Manitoba.</p> <p>World Health Leadership Network. CHLNet has been providing the secretariat support for last year for these along with LEADS Global. ISQua will take this on in 2026. WHLNet has been operationalizing the network concept on an international scale. Over 20 countries participate in quarterly broadcasts with the last one on AI and leadership. Past resources and events can be found on CHLNet’s website and WHLNet’s YouTube channel.</p>