## Board Profile & Selection Criteria

<table>
<thead>
<tr>
<th>Agency, Board or Commission</th>
<th>Capital District Health Authority Board of Directors</th>
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</table>
| **1 Statute**               | Chapter 6 of the Acts of 2000, the *Health Authorities Act*;  
Special note:  
Sections 67, 111 and 112 of Chapter 6 of the Acts of 2000, the *Health Authorities Act*  
http://nslegislature.ca/legc/statutes/healthau.htm  
Chapter 15 of the Acts of 1995-96, the *Queen Elizabeth II Health Sciences Centre Act*  
Chapter 313 of the Revised Statutes, 1989 the *Nova Scotia Hospital Act*  
Chapter 26 of the Acts of 1996, the *Izaak Walton Killam Health Centre Act*  
http://nslegislature.ca/legc/index.htm  
_District Health Authority General Regulations, N.S. Reg 190/2000, made by Order in Council 2000-565;_  
http://www.gov.ns.ca/just/regulations/regs/hadistgn.htm  
_District Health Authorities Nominee Selection Regulations, N.S. Reg 121/2000;_  
http://www.gov.ns.ca/just/regulations/regs/hadistns.htm  
_District Health Authorities Medical Staff (Disciplinary) Bylaws for the DHAs pursuant to Section 23, N.S. Reg 289/2007 made by Order in Council 2000-245 (See also: “12 Other Notes”)_  
http://www.gov.ns.ca/just/regulations/regs/HA-DHAbylaws.htm  
_District Health Authority Voting Members Regulation, N.S. Reg 131/2003;_  
http://www.gov.ns.ca/just/regulations/regs/hadisvot.htm  
_Corporate By-laws of the Capital District Health Authority (last amended 27 Nov 2003)_  
http://novascotia.ca/dhw/DHAbords/docs/DHA9CDHA_Corporate%20Bylaws_November%20232003.pdf |
| **2 Purpose**               | The Board of Directors of the Health Authority provides strategic direction and effective oversight, guiding the affairs of health authority.  
The Board of Directors administers, manages, and provides general direction and control of the affairs of the Health Authority whose objects are to:  
(a) govern, plan, manage, monitor, evaluate, and deliver health services in the health district in accordance with the *Health Authorities Act* and any other enactment in order to:  
(i) maintain the most beneficial allocation of health-care resources,  
(ii) avoid duplication of health services, and  
(iii) meet the needs of the health district,  
    having regard to policies, directives and standards established pursuant to the *Health Authorities Act* and  
(b) endeavour to maintain and improve the health of residents of the health district.  
The Board ensures that the district health authority is in compliance with the Act in:  
(a) determining priorities in the provision of health services in the health district and allocate resources accordingly;  
(b) implementing the health-services business plan for the health district approved pursuant to Section 59;  
(c) recommending to the Minister which health services should be available in all health districts; |
(d) identifying to the Minister those organizations or persons that should be responsible for the delivery of the health services referred to in clause (c);
(e) participating in the development of and implementation of:
   - provincial health policies and standards,
   - provincial health-information systems,
   - provincial human-resource plans for the health system, and
   - other provincial health-care system initiatives.

Members appointed to the CDHA Board of Director may also be appointed at the same time as members of the Board of Management of the Nova Scotia Hospital and the Board of Directors of the Queen Elizabeth II Health Sciences Centre.

The Board of Management of the Nova Scotia Hospital is responsible for the general maintenance, management and operation of the Hospital. The Board makes by-laws, rules and regulations respecting the general management, operation and good government of the Hospital and training school for nurses, including the duties of officers, employees and medical staff, the admission of patients to the Hospital and their discharge and respecting all matters and things incidental to any of the objects mentioned in this subsection. The Board prepares and transmits annually to the Minister of Health and Wellness detailed estimates of funds required for the proper maintenance and operation of the Hospital during the ensuing financial year.

The objects of the QEII Health Sciences Centre Corporation are to operate a hospital and any educational, research or residential facility, medical facility, diagnostic centre or other facility of that hospital, including those hospitals or treatment facilities known as the Camp Hill Medical Centre, the Cancer Treatment and Research Foundation of Nova Scotia, the Nova Scotia Rehabilitation Centre and the Victoria General Hospital at Halifax.

Members of the Boards of Directors of the Capital District Health Authority (CDHA), Queen Elizabeth II Health Sciences Centre and the Nova Scotia Hospital are appointed by the Minister of Health and Wellness with the approval of the Nova Scotia Executive Council and the Human Resources Standing Committee of the Nova Scotia House of Assembly.

(Sources: Health Authorities Act, Queen Elizabeth II Health Sciences Centre Act, Nova Scotia Hospital Act, and the Izaak Walton Killam Health Centre Act, Regulations of the Health Authorities Act and the Corporate Bylaws of the Capital District Health Authority)

3 Functions

The Capital District Health Authority (CDHA) Board of Directors conducts itself in accordance with the Health Authorities Act, Regulations, Corporate By-Laws, and other relevant legislation, regulations and policies.

Without limiting the generality of the foregoing, and understanding that the functions may be adjusted according to the Minister of Health and Wellness’ responsibility for the general supervision and management of the Act, the Board fulfills the following key roles and responsibilities:

The Board of Directors of the Capital District Health Authority (CDHA) is responsible for the overall governance of the organization. It will be accountable to provide effective stewardship and strategic leadership for the organization by fulfilling the key roles and responsibilities outlined in the CDHA Charter. The Board shall meet national Academic Health Science Network standards for sustainable governance.
set by Accreditation Canada, as well as follow the established laws and by-laws set by the Province of Nova Scotia and CDHA respectively. The Board is accountable, through the Health Authorities Act, to the Province of Nova Scotia and other stakeholders for oversight of CDHA’s administration, management, general direction and control of affairs. The Board acts to balance a long-range view with monitoring the strategic performance of the organization against plans and benchmarks, and approved policies with an immediate and medium term impact in an academic health science setting.

Each director is responsible to act honestly, in good faith and in the best interests of CDHA. Such responsibilities include respecting diverse viewpoints, a collective view of risk tolerance and a respectful appreciation for the role of management versus governance. These responsibilities will enable CDHA to fulfill its mission and to discharge its accountabilities. Key governance responsibilities of the Board include:

**Values, Mission, and Vision**
- Ensure the development and periodic review of CDHA’s Mission, Vision, and Values, with input from internal and external stakeholders, emphasizing the improvement of health outcomes, transformation in the Province, and academic excellence.

**Quality of Care and Service**
- Ensure that programs and services are in place to improve the health status of, and to show leadership in the service delivery for, residents of the district and referred patients.
- Ensure that quality and safety standards and resource monitoring systems are in place and functioning effectively, meeting national standards while promoting system sustainability.

**Relationship with the CEO**
- Select and recommend the appointment of the Chief Executive Officer (CEO).
- Set and monitor performance objectives for the CEO in partnership with the CEO annually, as well as approve the CEO’s compensation annually, ensuring compliance with the government approved framework for such compensation.
- Provide advice and counsel to the CEO in the execution of the CEO’s duties.
- Maintain a succession plan for the CEO.
- Support the ongoing professional development of the CEO.

**Strategic Plans & Corporate Performance**
- Provide long term, strategic direction in the development and final approval of the strategic plan for CDHA.
  - Ensure that a defined process is followed with consideration of the needs of the community and the priorities of government and other stakeholders, as well as an assessment of areas of risks to and opportunities for the organization.
  - Ensure the strategic plan includes measurable strategic goals and objectives, with timeframes and accountabilities.
- Consider community health plans as developed by the Community Health Boards as part of CDHA’s business planning process.
- Approve the annual and multi-year business plans, ensuring that identified priorities and investments are consistent with long range strategic planning, inclusive of innovation.
- Use strategic information to regularly monitor and evaluate CDHA’s overall
performance in relation to the strategic and business plan objectives.

- Understand the principal risks facing CDHA and the systems in place to mitigate/manage those risks.

**Stakeholder Relations and Communications**

- Ensure that CDHA has plans, policies and systems in place to appropriately allocate and prioritize limited resources by:
  - Fostering positive community relations and ensuring that the organization demonstrates openness in its relationship with the community and enhances its brand and reputation as a proponent of improved health outcomes.
  - Working with CDHA Foundations in supporting their mandates and advising them of priority capital and operational needs not being met by usual funding sources.
  - Maintaining strong and effective relations with physician leaders at CDHA to cooperatively improve health outcomes.
  - Maintaining strong and effective relations with academic partners.
  - Advocating strategically with key stakeholders and funders.

- At least bi-annually, report to stakeholders on CDHA’s progress towards all plans (Strategic, Financial, Advocacy, etc.).

**Functioning as an Effective Governing Body**

- Determine the preferred range of skills and experience to be represented on the Board and encourage potential candidates to put their names forward for nomination by community health boards or selection by the Minister.
- Ensure that each new Board member receives an orientation as well as ongoing opportunities to develop their capabilities as directors.
- Ensure Board effectiveness and efficiency through goal-setting and annual evaluations.
- Review by-laws, board roles and responsibilities, governance policies, committee structures and board practices regularly.

<Note: Request of Minister approval for amendments to CDHA Bylaws, as required.>

- Establish and maintain a relationship with the district community health boards pursuant to the provisions of the Act;

- Makes by-laws, rules and regulations respecting the general management, operation and good government of the Nova Scotia Hospital and training school for nurses, including the duties of officers, employees and medical staff, the admission of patients to the Hospital and their discharge and respecting all matters and things incidental to any of the objects mentioned in this subsection.

- Prepares and transmits annually to the Minister of Health and Wellness detailed estimates of funds required for the proper maintenance and operation of the Nova Scotia Hospital during the ensuing financial year.

From each DHA one member (who is not a physician or dentist) may be appointed to sit for a term of three years on the Provincial Appeals Board (an adjudicative board), which shall make final decisions respecting granting of credentials, privileges and membership in the medical staff of the board.
generally, including, without limiting the generality of the foregoing, the granting, variation, suspension of such privileges or membership and the discipline of members of the medical staff.

Further details of the Responsibilities of the Board are outlined in Section 6 of the Corporate Bylaws.

Appointments
The CDHA Board of Directors:

- appoints the CEO who is responsible, in accordance with the directions of the Board, for the general day-to-day management and conduct of the affairs of the organization; and may
- appoint a person to act in the place of the CEO;

and through the CEO:

- appoints and re-appoints all Medical Staff and imposes conditions on appointments, subject to decisions made by the Provincial Appeals; and
- delegates and/or revokes authority to Medical Staff officials or committees; and

ensures the appointment of competent and motivated personnel including administrative, nursing, technical, and support staff.

The work of the CDHA Board is conducted and supported through standing and adhoc committees including but not limited to the following:

- Audit / Finance Committee
- Sustainability and Risk Oversight Committee
- Privileges Review Committee
- Quality and Patient Safety Committee
- Population Health Committee
- Health Human Resources Committee
- Executive Committee
- Community Health Board Leadership Council
- Council of CHB Chairs
- District Medical Advisory Committee
- Governance Committee
- Joint Conference Committee

Adhoc Committees:
- Academic Mandate
- Nominating Committee

The Board Chair sits ex-officio on each committee.

The CEO of CDHA is not appointed by the Minister of Health and Wellness as a member of the Boards but does serve ex-officio on board committees. (As per Sections 22, 25 and 37 of the Health Authorities Act and the Corporate By-laws approved by the Minister, 27 Nov 2003 and materials on the CDHA website at Oct 2012).

Each member of the Board of Directors is required to participate on at least one established committee.

Evaluation and Monitoring
Functions include but are not limited to:

- maintaining procedures for the evaluation of professional practice and medical staff functions,
- achieving compliance with predetermined standards and criteria when processes of evaluation indicate they are not being met,
- ensuring the ongoing evaluation of programs and services of the CDHA in terms of their effectiveness and efficiency, and
- ensuring efficient and effective use of resources.

Public Forums
The Board must conduct at least two public forums in the health district each year to seek input from the public and provide information on the operations and activities.
Accountability and Reporting
The Board is accountable for activities through the preparation and submission to the Minister of Health and Wellness of a number of reports including, but not limited to:

- Business Plans
- Annual Reports
- Audited financial statements

Further details of the Roles of the Board are outlined in the pamphlet of the Executive Council office:

Sources:
Health Authorities Act, Regulations and Corporate Bylaws and ECO ABC Guidelines and CDHA Board communications)

4 Composition

The CDHA Board of Directors consists of 19 members appointed by the Minister of Health and Wellness pursuant to Section 11 of the Health Authorities Act and Section 5 of the District Health Authorities General Regulations:

- 1/3 of members (5) are appointed by the Minister from qualified individuals who submit their intentions via the Executive Council Office.
- 2/3 of members (10) are appointed by the Minister from the list of recommended names submitted by the Community Health Board Nominating Committee in the district following a process established in the Ministerial Regulations pursuant to clause 84(2)(d) of the Health Authorities Act.
- Such number of non-voting members as the Minister may appoint. There are currently 4 non-voting members of the CDHA Board.

The Chair of the Board of Directors is appointed by the Minister of Health and Wellness pursuant to Section 12 of the Health Authorities Act.

Roles and responsibilities of the members of the CDHA Board of Directors are further outlined in the CDHA Corporate By-laws.
Available at:
http://novascotia.ca/dhw/DHAboards/docs/DHA9CDHA_Corporate%20Bylaws_November%2023%2003.pdf

- Vice Chair is elected from among voting members of the Board and has all powers and performs all duties in the absence of disability of the Chair.
- Treasurer is elected from among voting members of the Board and Chairs the Audit/ Finance Committee.
- Secretary is appointed by the Board and may or may not be an appointed Director.

Citizens who are not members of the Board may be appointed by the Board as Members of Board Standing and Adhoc Advisory Subcommittees. (As per Section 25 of the Health Authorities Act and various sections of the Corporate Bylaws)

Note: Please see below Section 12 (Other Notes) for further information about the Roles and Responsibilities of Board Chairs and Directors appointed by the Minister of Health and Wellness.
Formal Qualifications

The following is a list of the minimum requirements and areas of ineligibility and disqualification for members appointed to the CDHA Board.

**CHB nominated appointees:**
Skills and attributes required to perform competently as a member of the CDHA Board include:
- demonstrated community leadership or leadership potential;
- knowledge and/or a willingness to learn about health issues;
- an understanding and willingness to accept the responsibility and accountability of being a member of the Board of Directors;
- willingness and ability to commit the time necessary for the work of the Board;
- ability to work effectively as a team member; and the
- capacity to bring useful perspective to the deliberations and work of the Board.

(As per Section 8 of the District Health Authorities Nominee Selection Regulations).

Collectively, the members of a board of directors should possess a range of skills and attributes conducive to effectiveness in the conduct of the Board’s business. These skills and attributes reflect the diverse makeup of a health district and therefore, the following are to be considered assets in the consideration of candidates for nomination:
- Population characteristics such as age, gender, ethnicity, geography or membership in a disadvantaged group;
- Prior experience on board of governance; and/or
- Expertise, skills, or experience in areas such as financial management, quality, safety, business, law, health care, health or other public policy, community development, education or communications.

(As per Section 9 of the District Health Authorities Nominee Selection Regulations).

The Minister may establish further requirements or assets selection criteria.

**Appointees not nominated by the Community Health Boards (CHB) Nominating Committee:**
No minimum qualifications (required or assets) are set in legislation and regulations. The Minister may establish requirements or assets selection criteria.

**Non-Voting member appointees:**
No minimum qualifications (required or assets) are set in legislation and regulations. The Minister may establish requirements or assets selection criteria.

**Eligibility Restrictions and Disqualifications:**
Citizens who are members of the following are ineligible and disqualified from appointment as a Board member:
- School boards;
- Councils of a regional municipality, municipality of a county or district, or an incorporated town;
- House of Assembly;
- House of Commons or Senate of Canada.

(As per Section 13 of the Health Authorities Act and Section 7 of the District Health Authorities Nominee Selection Regulations).
A member of the Board of Management of the Nova Scotia shall not on his own behalf be directly or indirectly interested in any way in any contract with the Hospital. (as per Section 11 of the Nova Scotia Hospital Act)

No more than four of the maximum permitted number of voting members of a board of directors may be individuals who hold office or employment in the service of the district health authority or any hospital or service operated by the authority or who have privileges at any hospital in the health district. (As per Subsection 13(3) of the Health Authorities Act and Section 2 of the District Health Authority Voting Members Regulation, N.S. Reg 131/2003).

The formal qualifications required for the following 4 nonvoting members appointed are those of the terms of reference for the positions of the association/employers they represent:

Chair, CDHA District Medical Advisory Committee
President, CDHA District Medical Staff Association
Dean, Faculty of Medicine, Dalhousie University
Dean, Faculty of Health Professions, Dalhousie University

Members of the Board may be employees of the Board or members of the Medical Staff appointed by the Board but must exercise special care and have restricted voting rights (as per Section 4.5 of the Corporate By-laws).

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<th>6</th>
<th>Work &amp; Experience Requirements</th>
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<td>Each board member may have one or more of the following experience, skills and attributes as desirable assets:</td>
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<td>• Law;</td>
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<td>• Capital funds development;</td>
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<td>• Strategic human resources;</td>
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<td>• Quality, safety and risk management;</td>
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<td>• Budgeting &amp; financial management and oversight;</td>
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<td>• Infrastructure development and renewal oversight;</td>
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<td>• Monitoring and evaluation of activities and outcomes;</td>
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<td>• Business acumen for large scale corporate operations;</td>
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<td>• Previous board directorship and governance experience;</td>
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<td>• Leadership (including through community and volunteerism);</td>
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<td>• Broad knowledge of the community, people, &amp; issues;</td>
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<td>• Understanding of the Health District issues, priorities;</td>
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<td>• Understanding of Capital District Health Authority’s Vision; Mission &amp; Values, Strategic Plan, the health care system and the role of the Board;</td>
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<td>• Knowledge of relevant legislation including but not limited to the Health Authorities Act (see #12 Other Notes below).</td>
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Sources: Health Authorities Act, Regulations and Corporate Bylaws and communications with CDHA

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<th>7</th>
<th>Skills Required</th>
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<td>Please see Sections 5 and 6 (above) for skills required for the:</td>
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<td>• CHB nominated appointees and CHB nominated board members as they are part of the collective board;</td>
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<td>• Non-CHB nominated appointees;</td>
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<tr>
<td>• Non-Voting member appointees.</td>
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<tr>
<td>Statutory / Traditional Nomination Requirements</td>
<td>Nominees Selected by the Community Health Boards of the DHA</td>
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<td>• The opportunity to apply for the 8 CHB-nominated positions shall be equally open to all residents of the district except those members of the House of Assembly; House of Commons or Senate; Councils of a regional municipality, municipality of a county or district, or an incorporated town; and School Boards (as per Section 13 of the Health Authorities Act and Section 7 of the District Health Authorities Nominee Selection Regulations).</td>
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<td>• CHB nominated appointments are open to all residents of the health district (with the exceptions noted above);</td>
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<td>Note: “Non-CHB nominated” appointees do not have restrictions as to residency.</td>
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<td>Term of Appointment</td>
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<td>• As provided for in the regulations, the voting members of a Health Authority Board of Directors hold office for the term of 3 years (Subsection 6(1) of the DHA General Regulations);</td>
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<td>• Members of a Board of Directors hold office until such time as their successors are appointed, even if such appointments do not occur until after their terms of office have expired (Subsection 14(2) Health Authorities Act).</td>
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<td>• Terms for nonvoting members appointed by the Minister may be set for terms outlined in the Ministerial appointment.</td>
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<td>Remuneration</td>
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<td>• Members of the Board of Directors do not receive any honoraria or other remuneration for their activities as members (As per Section 15 of the Health Authorities Act);</td>
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<td>• Members shall be reimbursed by the district health authority for reasonable expenses that a member incurs in carrying out the duties as a board member, related to dependent care, travel, meals, accommodations, long distance telephone calls, faxes, and photocopies. (Section 7 of the District Health Authorities General Regulations)</td>
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<td>• Category III agencies (such as DHAs) are asked to embrace the intent of the policies/procedures of the government of Nova Scotia where to do so is determined reasonable for the efficient and effective operation of their agency. The DHA travel policy does so.</td>
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<td>For further details consult:</td>
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<td>Travel Policy of Government of Nova Scotia – Public Service Commission at:</td>
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<td>11</td>
<td>Anticipated Time Commitments</td>
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<td>Regular meetings of the Board shall be held at least 10 times a year at a time and place as determined by the Board and may or may not be open to the public at the discretion of the Board. At the discretion of the Board, attendance may occur by means of teleconferencing or video-conferencing. Notice shall be given in writing not less than 48 hours prior to the meeting and may be given by electronic means.</td>
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<td>The CDHA board usually meets at the Halifax Infirmary at 4:00 pm the first Thursday of each month (excluding August and notwithstanding any changes to the usual meeting schedule as agreed by the members).</td>
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<td>Directors of the Board are expected to:</td>
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<td>• Attend and participate in regular, special and annual meetings;</td>
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<td>The Annual General Meeting is held within six months of fiscal year end and is usually held midJune each year.</td>
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Source: Corporate By-laws and communications from CDHA.
Capital Health is Nova Scotia's largest integrated academic health district in the Maritimes. It provides core adult health services to 40 percent of Nova Scotians and specialist services to the province and region. Services include medical and surgical care, mental health care, community health programs, addiction prevention and treatment and environmental health services. It operates 39 facilities in 10 sites throughout the Halifax Regional Municipality and the western part of Hants County.

Members of the Board of Directors of Capital District Health Authority are also appointed to the Board of Directors of the Queen Elizabeth II Health Sciences Centre and the Board of Management Nova Scotia Hospital.

Community Health Boards Within the Capital DHA
Within the Capital District Health Authority, there are 7 Community Health Boards which nominate applicants to the CDHA Board of Directors:
- Southeastern area; Eastern Shore Musquodoboit area;
- Halifax area; Cobequid area;
- Dartmouth; Chebucto West;
- West Hants / Uniacke area

Further Information is available at:
http://www.communityhealthboards.ns.ca/Generic.aspx?portalName=Community+Health+Boards&PAGE=CDHA

Corporate Bylaws of the Capital District Health Authority
Directors are responsible for the effective governance of Capital Health through the provision of strategic leadership, adherence to the highest ethics and legal standards in the conduct of board business, and decision-making based on the best evidence available. Directors act in the best interests of the Board and maintain an approach to governance which is open, collaborative and supports the best interests of the Capital District Health Authority as a whole.

The bylaws outline the:
- standard of conduct of directors and details the procedures and roles of all officers of the board;
- powers of the Board which, in accordance with the Health Authorities Act.

Source:
http://novascotia.ca/dhw/DHAbords/docs/DHA9CDHA_Corporate%20Bylaws_November%202003.pdf
CDHA Board Member Roles, Duties, Codes of Conduct and Policies

Board Chair roles and responsibilities:
- Leader and main spokesperson for the board;
- Main point of contact between the board and the Minister of Health and Wellness;
- Sets the agenda and presides at board meetings, facilitating open and challenging discussion on all matters before the board;
- Manages board affairs;
- Ensures effective board performance;
- Facilitates board evaluations;
- Manages conflicts of interest should they arise; and
- Works with DHA management.

Duties of Board members
- Fiduciary duty to CDHA which requires each director to act honestly and in good faith with a view to the best interests of the CDHA;
- Avoiding conflicts of interest and the perception of conflict of interest;
- Maintaining appropriate confidentiality;
- Speaking with one voice outside the boardroom and support the collective decision.

Source and for further details consult:

Board officer roles and responsibilities are further outlined in Section 6 of the CDHA Corporate By-laws.
http://novascotia.ca/dhw/DHAborads/docs/DHA9CDHA_Corporate%20Bylaws_November%20232003.pdf

The standard of Conduct for CDHA Board Directors is outlined in Section 4 of the CDHA Corporate By-laws.
http://novascotia.ca/dhw/DHAborads/docs/DHA9CDHA_Corporate%20Bylaws_November%20232003.pdf

Values, Ethics and Conduct Code of Nova Scotia’s Public Service
http://novascotia.ca/psc/about/overview/publicationsPolicies/codeofconduct/

The CDHA Board determines the policies and procedures of the DHA (As per Section 2.1 of the Corporate By-laws).

Government agencies are asked to embrace the intent of the policies/ procedures of the government of Nova Scotia where to do so is determined reasonable for the efficient and effective operation of their agency. For further details consult:
Corporate Administrative Policy Manuals of the Government of Nova Scotia
http://www.gov.ns.ca/treasuryboard/manuals

Resources for Agencies, Boards and Commissions of Nova Scotia
http://www.gov.ns.ca/exec_council/abc/resources-abcs.asp

Indemnification of DHA board members.
Persons appointed to the Board of Directors are members of the CDHA corporation.
- No member of a board of directors is personally liable for anything done or omitted to be done or for any neglect or default in the bona fide exercise or purported exercise in good faith of a power conferred upon the member by this Act. 2000, c. 6, s. 26. (Health Authorities Act)
- Members are indemnified by Order in Council 2001-199.
- Indemnification is also addressed in Section 7 of the CDHA Corporate By-laws.
Diversity of DHA Board Directors and Cultural Competence.
Diversity is essential to the vision, mission, and strategic direction of the Department of Health and Wellness and the health system at large. The Government of Nova Scotia has an Employment Equity Policy which applies to the appointment of members of Boards governing the health system of Nova Scotia. Our goal is to have District Health Authority Boards that are representative of our communities. We welcome applications from Aboriginal People, African Nova Scotians, other Racially Visible Persons, Persons with Disabilities, and Women in positions or occupations where they are under-represented. We value the representation of citizens of all ages. All applicants who are members of an employment equity group are encouraged to self-identify, on either your application, covering letter or your resume

The Nova Scotia Department of Health & Wellness, DHAs, CHBs the IWK and primary health care organizations should ensure that their vision, mission, strategic plans, job performance expectations and accreditation processes incorporate accountability for cultural competence and culturally appropriate services at the highest level of the organization.

Cultural Competence refers to the attitudes, knowledge, skills, behaviours and policies required to better meet the needs of all the people we serve. Culture (in these Guidelines) refers to a group or community that share common experiences that shape the way its members understand the world. It is multi-layered, evolving and includes groups that we are born into or become such as; national origin, levels of ability, gender, sexual orientation and identity, race/ethnicity, socio-economic class or religion. People have multiple cultures.


Equity Policy of Government of Nova Scotia

Applications for Appointment:
To apply to be considered a member of a District Health Authority Board of Directors, please forward a letter of intent accompanied with a current CV or resume to either the Executive Council Office for Ministerial consideration or to the District’s Nomination Committee for Community Health Board nomination to the Minister for consideration. More information can be found at:
http://www.gov.ns.ca/dhw/DHAboards/

and by contacting the
Coordinator, DHW ABCs
1-800-387-6665
ABCHealthWellness@gov.ns.ca

Please direct applications to either one or both of the following:

MINISTERIAL APPOINTMENTS
Executive Council Office
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CHB NOMINATED APPOINTMENTS
DHA Nominating Selection Committee
c/o Carole Hindle
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