



## **5.0 Human Resources**

### **5.5 Workplace Conduct**

#### **5.5.12 Whistle-Blowing**

##### **1.0 Purpose**

The objective of this policy is to establish a process that allows individuals to bring forward information, in good faith, concerning allegations of wrongdoing without fear of reprisal or retaliation.

This policy is not intended to supplant or circumvent other established processes or usual reporting structures, nor does it replace or supersede reporting obligations mandated in legislation.

##### **2.0 Scope**

This policy applies to all individuals associated with the VIHA (collectively defined as "Individuals") including:

- Employees of the VIHA, and those involved with its affiliated programs and agencies, including students;
- CEO, executives, management, and supervisory employees;
- Members of the VIHA Board of Directors
- Staff on contract;
- Physicians with privileges at any VIHA site;
- Medical staff including physicians on contract, residents, and clinical trainees; and

- Any other individuals who have a relationship or association with the VIHA which could be adversely affected, through potential retaliation, should they bring forward concerns of perceived improper conduct or wrongdoing.

This policy governs perceived improper conduct or wrongdoing (collectively defined as “Perceived Wrongdoing”), which includes, but is not limited to, serious actions that:

- May not be in compliance with any federal or provincial laws or regulations to which the VIHA is subject, including criminal wrongdoing;
- May amount to fraud or other unethical conduct and/or corrupt activity;
- May represent the unauthorized use, misuse, or waste of public funds or resources, of either a tangible or intangible nature;
- May constitute a substantial and specific danger to patients, public health, safety, or the environment;
- May not adhere to appropriate VIHA policies or procedures, internal financial controls, or auditing procedures.

#### **Exceptions to the Scope:**

This policy does not cover matters for which there are other established processes for the reporting and investigation of alleged improper conduct or violations, including:

- Labor agreement violations covered by collective agreements.
- Reports on safety hazards and unsafe conditions made in accordance with the provisions of the WCB Occupational Health and Safety Regulations.
- Discrimination or harassment based on prohibited grounds set out in statute.

### **3.0 Policy**

The VIHA expects all Individuals to report Perceived Wrongdoing to a supervisor, manager, director, or, if appropriate, directly to a member of the Executive, or a designated central point of contact (“DCPC”) as defined below.

Reports under this policy must be made in good faith and based on reasonable grounds.

Subject to Section 7.0, an individual who reports Perceived Wrongdoing in good faith under this policy will not be subject to adverse employment/contractual consequences as a result of making a report.

In all instances, the VIHA has exclusive authority and discretion to determine if and when reports of Perceived Wrongdoing warrant a formal investigation pursuant to this policy.

In accordance with this policy, if the VIHA determines that an investigation is warranted, it retains exclusive authority and discretion to determine the nature and extent of the investigative process to be employed.

## **4.0 Procedures**

### **4.1 Reporting Perceived Wrongdoing**

- Reports by persons who are not VIHA employees should be made to the DCPC.
- In the usual course of events, reports by employees should be made to their immediate supervisor. If an employee is not comfortable reporting the matter to his/her immediate supervisor, or is not satisfied with the supervisor's response, then the employee should report the matter to the DCPC.
- Reports involving the President & CEO or Board Members should be made to the Board Chair.
- Reports involving the Board Chair should be made to the Minister of Health.
- Reports under this policy must be made in writing and signed by the Individual. The disclosure should include the nature of the Perceived Wrongdoing, the name of the person(s) alleged to have committed or been involved in the Perceived Wrongdoing; the date and description of the Perceived Wrongdoing and other relevant objective information and particulars.
- Reports should be made in a timely manner.

### **4.2 Investigating Allegations**

- Reports under this policy will be reviewed promptly. Through this review, the DCPC will determine if there are sufficient grounds for further action.
- Depending on the nature and significance of the allegations raised by the report, and in a manner consistent with this policy, the DCPC may, and only to the extent he or she deems necessary, consult with internal or external advisors in determining the most effective approach to investigating or responding to the issues raised by the report.

- All concerns relating to corporate accounting practices, internal controls or auditing shall be reported to the Chair of the Finance & Audit Committee of the Board.
- The report may not proceed to a formal investigation under this policy if: (1) the matter may be effectively resolved through an alternative, informal process, with agreement of the parties involved; (2) the matter is more appropriately dealt with through another established process, such as the grievance procedure under a collective agreement or a complaint under the 5.5.2 Human Rights Policy and Procedure and/or the 5.5.10 Dispute Resolution Policy; (3) the matter is determined to be frivolous or vexatious (for a matter to be considered frivolous, vexatious, or an abuse of process, the allegation must be such that no reasonable person could treat it as bona fide); (4) the report fails to provide particulars of Perceived Wrongdoing, or (5) the matter was not brought in good faith or on the basis of reasonable belief.
- If the DCPC determines that resolution of a complaint under this policy requires an investigation, he or she shall appoint an Investigator to conduct the investigation.
- If the DCPC determines that an investigation is not warranted, he or she shall communicate this decision, and the basis for this decision, to the Individual making the report. Within 30 days of being advised of the DCPC's decision, the Individual may ask the Board, in writing, to review the DCPC's decision. The Individual should set out the basis for seeking a review of this nature.
- Within 60 days of receiving a written request for review from an Individual, the Board shall review the DCPC's decision and provide a response to the Individual making the report, either confirming or revising the DCPC's decision.
- Any investigation conducted will be done in a manner that, to the greatest extent possible, respects the individual privacy and confidentiality of everyone involved. Information will only be disclosed to the extent necessary to ensure a fair and principled investigation.
- Individuals who fail to respect the highly confidential nature of the investigative process, including Individuals who make the report, Respondents to the report or witnesses involved in the investigation, will be subject to disciplinary or administrative measures, up to and including termination of employment or contractual relationships.
- As part of the investigation, the Investigator may interview the Individual making the report, the respondents to the report and any persons who may have information relevant to the investigation.
- Individuals accused of wrongdoing shall be entitled to disclosure of the particular allegations against them and shall be given a full and fair opportunity to respond.

- Subject to legal constraints and the confidential nature of the investigation generally, the Investigator will inform the Individual making the report of the general outcome of the investigation as soon as practicable.
- VIHA will retain records relating to the report and any investigation for a minimum of two years.
- On a semi-annual basis, the DCPC will provide a report to the Board of Directors in an anonymous and summary form that includes:
  - The number of reported Perceived Wrongdoings
  - The nature of reported Perceived Wrongdoings
  - Action taken in response to Perceived Wrongdoings

## **5.0 Responsibility**

- It is the responsibility of the Individual, acting in good faith, to ensure that all concerns of Perceived Wrongdoing are reported through the procedures set out in this policy.
- It is the responsibility of the DCPC, or his or her designate, to fully consider and address matters reported under this policy and, where deemed appropriate, to initiate a formal investigation of reports of Perceived Wrongdoing.

## **6.0 Complaints of Retaliatory Action**

The VIHA will not take, tolerate or allow any indirect or direct reprisal or harassment, against a person who, in good faith, either reports Perceived Wrongdoing under this policy or acts as a witness in an investigation under this policy (“Retaliatory Action”).

Any Retaliatory Action by individuals will, in itself, be considered a serious breach of this policy and shall be subject to disciplinary and administrative measures, up to and including termination of employment or contractual relationships or association with the VIHA.

An individual may protest alleged Retaliatory Action by filing a separate written whistleblower complaint to the DCPC.

A full review of a complaint of Retaliatory Action will be conducted by the DCPC or an appropriate designate in accordance with Article 4.2 of this policy.

The review shall: (1) determine whether the conduct in question constitutes Retaliatory Action; and (2) recommend appropriate responses to and remedies for any findings of Retaliatory Action.

## 7.0 Exceptions to the Policy

- An Individual who intentionally makes a false, bad faith or malicious report shall be subject to disciplinary or administrative measures up to and including termination of employment or contractual relationships.
- The right to protection from retaliation, as set out in Section 6.0, does not extend to or in any way include immunity to an Individual for any complicity in matters that are raised as Perceived Wrongdoing or form part of a related investigation under this Policy.

## 8.0 Definitions

**Designated Central Point of Contact (DCPC):** Corporate Director, Risk Management.

**Employee:** For the purposes of this policy, “Employee” includes:

- all direct employees of the Vancouver Island Health Authority;
- volunteers;
- medical and nurse practitioners, including midwives, dental and allied staff;
- trainees;
- residents; and
- students