



BOARD OF DIRECTORS MANUAL

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(WHISTLEBLOWER POLICY) FREEDOM TO SPEAK UP-RAISING CONCERNS

Purpose:

To ensure that processes are in place to disclose, in good faith, information concerning wrongdoing within the Hospital that may involve ethical, clinical and administrative concerns.

This Policy also identifies measures to protect the person reporting wrongdoing.

1.01 Commitment to Values & Shared Purpose

Northumberland Hills Hospital (the “Hospital”) is committed to dealing fairly and ethically with all with whom we associate and to conduct ourselves in accordance with our values, and our shared purpose of ‘people first’. In so doing, the Hospital adheres to a high standard of corporate conduct and ethics. The Hospital complies with all applicable laws, regulations, the Hospital’s By-law and policies, and will avoid any activities that could involve or lead to involvement in any unlawful or unethical practice.

Policy:

1.02 Introduction

Purpose of Policy

The purpose of this Policy is to establish procedures for:

- (a) the receipt, retention, and treatment of a disclosure received by the Hospital regarding any concern in respect of the following (hereinafter collectively referred to as “wrongdoing”):

- (i) quality of care, services, and conditions (including working conditions and incidents that are contrary to the Hospital's commitment to an inclusive and diverse environment of mutual respect) at the Hospital;
 - (ii) accounting, internal accounting controls, or auditing matters;
 - (iii) violation of the By-law, Rules or Policies/standards of the Hospital, including without limitation, the policies relating to code of conduct;
 - (iv) the commission of a criminal or regulatory offence;
 - (v) violations of Governing Legislation;
- (b) the submission by an employee, student, member of Professional Staff, officer, director, agent, volunteer, contractor or subcontractor of the Hospital ("person"), on a confidential basis and in good faith, of a concern regarding a wrongdoing; and
- (c) the protection of any person who in good faith:
- (i) presented a disclosure or report to the Hospital, to a governing College, or to any governmental authority, or to an agency responsible for accrediting or evaluating the Hospital in respect of a wrongdoing; or
 - (ii) initiated, participated or cooperated in a (internal or external) review or investigation or administrative proceeding related to a wrongdoing.

NON-RETALIATION AND PROTECTION POLICY

1.03 Prohibition Against Discrimination

- (a) The Hospital prohibits discrimination, harassment and/or retaliation against any person who makes a good faith disclosure of wrongdoing.

1.04 Protection

- (a) The Hospital is committed to protecting any person from interference with making a disclosure of wrongdoing; or retaliation for having made a disclosure of wrongdoing.
- (b) Subject to paragraph 1.16 (e), the Hospital will not discharge, demote, discipline, suspend, threaten, harass, prejudicially modify the privileges of, or otherwise discriminate or retaliate against any person in the terms or conditions of their employment or privileges (hereinafter collectively called a "Reprisal") because said person made a disclosure of wrongdoing.

1.05 Collective Responsibilities

All persons are responsible for ensuring that the workplace is free from any Reprisal.

NOTE: PROCEDURES FOR THE SUBMISSION AND INVESTIGATION OF DISCLOSURES OF WRONGDOING ARE ATTACHED FOR INFORMATION.

Procedure:**PROCEDURES FOR THE SUBMISSION AND INVESTIGATIONS OF DISCLOSURES OF WRONGDOING****1.06 Existing Policies and Procedures**

- (a) This Policy is not intended to replace the procedures that already exist for the reporting or investigation of disclosures.
- (b) In the ordinary course, it is expected that concerns will be reported through existing reporting practices, policies and procedures. For example, separate procedures exist for persons to raise individual issues relating to:
 - (i) grievances in respect of their employment and the terms of their employment;
 - (ii) the quality of clinical care provided to the Hospital's patients by those members of the Hospital's Professional Staff;
 - (iii) respectful workplace free from harassment and discrimination; or
 - (iv) occupational health and safety concerns.
- (c) Any person who disclose wrongdoing or suspected wrongdoing, whether falling within the scope of clause 1.02 of this Policy or under any existing Hospital Policy, is protected by the safeguards set out in 1.03 against any Reprisal.

PROCEDURES FOR THE SUBMISSION AND INVESTIGATION OF A DISCLOSURE OF WRONGDOING**1.07 Reporting Wrongdoings**

If any person reasonably believe that they have information that could show that wrongdoing has been, or is about to be committed, they may disclose in accordance with the process set out below.

1.08 Submission of disclosures regarding Wrongdoing

- (a) (i) In the ordinary course, a disclosure of wrongdoing should be reported to the leader of the person making the disclosure;
- (ii) A disclosure of wrongdoing made must be in writing and include the following information, if known:
 - a) a description of the wrongdoing;
 - b) the name of the person who has allegedly committed (or names if more than one person), or are about to commit wrongdoing;

- c) the date of the alleged wrongdoing;
 - d) whether the wrongdoing has already been disclosed and a response received.
 - (iii) If the disclosure of wrongdoing involves personal information or confidential information, the person must take reasonable precautions to ensure that only information necessary to make the disclosure is shared.
 - (iv) In such an event, the disclosure of wrongdoing shall be investigated within the ordinary course of business and the outcome shall, subject to clause 1.11, be reported to the Vice President People, Culture and Organizational Effectiveness.
- (b) Where the person is reluctant to make the disclosure of wrongdoing in accordance with 1.08(a)i above, the disclosure may be set forth in writing and forwarded in a sealed envelope to the Chair, Board Finance and Audit Committee who will in turn take the appropriate action.
- (c) Disclosures of wrongdoing pertaining to matters of hospital management, including any concerns received regarding financial statement disclosures, accounting, internal accounting controls or auditing matters. shall be promptly forwarded to the Chair, Board Finance and Audit Committee.

1.09 Investigation of a Disclosure of Wrongdoing

- (a) Following the receipt of a disclosure of wrongdoing, the Investigator (defined in 1.10a below) shall acknowledge receipt and commence the investigation in a timely manner.
- (b) The purpose of an investigation is to undertake an unbiased fact find into the concerns raised, including bringing the allegation of wrongdoing to the attention of the appropriate party, and to recommend the remedial measures that should be taken.
- (c) The outcome of the investigation shall be appropriately communicated to the person who initiated the disclosure of wrongdoing.
- (d) Where there are existing more specific policies which govern such investigations, for example, by-laws or conduct policies, the approach laid out in the more specific by-law or policy shall prevail.

1.10 Investigation Procedures, Reporting and Records

- (a) The Vice President People, Culture and Organizational Effectiveness, and/or Chair, Board Finance and Audit Committee ("Investigator") may undertake, or enlist Hospital employees and/or outside legal, accounting or other advisers, as appropriate, to conduct any investigation into a disclosure of wrongdoing. The investigation is to be conducted as expeditiously as possible. In conducting any

investigation, the Investigator shall use reasonable efforts to ensure that all parties (for example the person making the disclosure, witnesses, the person

against whom allegations have been made) are treated fairly and in a manner that aligns with our shared purpose.

- (b) The Investigator shall update the Hospital Board (or appropriate party, for instance the President & CEO) of disclosures of wrongdoing concerns received, investigations undertaken, findings and any further action (e.g remedial, disciplinary) taken as a result of such investigations.
- (c) The Investigator shall confidentially retain a record at the Hospital of any information and documentation pertaining to such complaints or concerns for a period of no less than seven (7) years.

1.11 When Investigation Not Required

In consultation with the appropriate party/parties (e.g. members of the Senior Leadership Team); the Investigator may not be required to investigate a disclosure of wrongdoing if they are of the perspective that the disclosure of wrongdoing:

- (a) could be more appropriately addressed under Governing Legislation, Hospital By-Laws, collective agreements or any other policy or procedure;
- (b) is frivolous or vexatious, flippant or has not been made in good faith;
- (c) pertains to a matter that relates to the outcome of a balanced and informed decision-making process;
- (d) is of a nature that does not provide adequate information about the allegation of wrongdoing as required by clause 1.08;
- (e) is of a nature that does not warrant investigation, for any other reason.

The decision of the Investigator may be appealed. The appeal must be made in writing and addressed to the President & CEO and the Chair of the Board, who would aim to respond in a timely manner. Their decision shall be final.

1.12 Referral to Chair of the Board or Chief Executive Officer

The Investigator may refer a disclosure of wrongdoing to the President & CEO, or the Chair, Board Finance and Audit Committee, if they believe it is more appropriate.

1.13 The Investigator Report

Upon completing an investigation, the Investigator, must prepare a report containing their findings and any recommendations about the allegation or concern pertaining to the disclosure of wrongdoing. The report would be submitted to the relevant party for instance the President & CEO or the Chair of the Board.

1.14 When a matter being investigated involves the Vice President People, Culture & Organizational Effectiveness

When the matter being investigated involves the Vice President People, Culture and Organizational Effectiveness the matter must be referred to the President & CEO to make the appropriate determination of next steps.

1.15 Accountability around investigation recommendations

To ensure accountability around completion of recommendations from an investigation, the Investigator may request the person's leader to notify them, within a specified time, of the progress/status of investigations.

PROCEDURES FOR BREACHES OF NON-RETALIATION AND PROTECTION POLICY 1.16**Procedures Applicable to Breaches of Non-Retaliation and Protection Policy**

- (a) Any person who legitimately and in good faith believes that they have been the subject of prohibited discrimination, harassment and/or retaliation or is aware of any conduct which may be prohibited by this policy is strongly encouraged to immediately report the facts forming the basis of their belief or knowledge to their leader, or to the Vice President People, Culture and Organizational Effectiveness, or to the President & CEO, or to the Chair, Board Finance and Audit Committee. Any person who receives a concern of this nature, or witnesses any conduct which they legitimately and in good faith believe may be prohibited by this Policy must immediately notify their leader and the Vice President People, Culture and Organizational Effectiveness.
- (b) Upon receiving or witnessing a concern, the leader and the Vice President People, Culture and Organizational Effectiveness will promptly conduct or mandate an appropriate officer of the Hospital to conduct a thorough investigation. It is the obligation of persons to cooperate in such investigation.
- (c) The investigation generally will include, but will not be limited to, discussion with the person who has raised the concerns (unless anonymously submitted), the party against whom allegations have been made, and witnesses, if appropriate.
- (d) In the event that an investigation establishes that a person has engaged in conduct or actions of retaliation in violation of this Policy, the Hospital will take immediate and appropriate corrective action up to and including termination of that person's employment, contractual obligation or relationship with the Hospital.
- (e) In the event that the investigation reveals that the concern was frivolously made or undertaken for improper motives, or made in bad faith, or without reasonable basis, appropriate disciplinary or remedial actions may also be taken.

1.17 If the Vice President People, Culture and Organizational Effectiveness, or the Chair, Board Finance and Audit Committee, as the case may be, determines that a Reprisal has occurred contrary to this Policy, they may in accordance with Hospital Policy:

- (a) take action to ensure return or reinstatement to duties as applicable;
- (b) take other actions necessary to rectify a situation resulting from the Reprisal; or
- (c) take actions to remedy any consequence of the Reprisal.

GENERAL OFFENCES

1.18 False or misleading statement

At any stage in the process of making or investigating wrongdoing, it is not permissible for a person to knowingly make a false or misleading statement, verbally or in writing. **1.19**

Fraudulent Vexation

No person shall make a fraudulent or vexatious disclosure of wrongdoing.

1.20 Obstruction in performance of duties

No person shall wilfully obstruct or interfere with anyone performing duties under this policy.

1.21 Destruction, falsification or concealment of documents or evidence

Knowing that any document or evidence is relevant, or likely to be relevant to an investigation under this policy, no one shall:

- (a) destroy, mutilate or alter the document or evidence;
- (b) falsify the document or make a false document;
- (c) conceal the document or evidence

1.22 Consequences of General Offence

The Vice President People, Culture and Organizational Effectiveness shall exercise discretion in terms of disciplining a person who commits an offence under 1.16 (e) including, for example a person who makes repeated fraudulent and vexatious disclosure, up to and including termination of employment, office or privileges.

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