

Category: <b>BOARD POLICY – ADMINISTRATIVE PARAMETERS</b>	
Title: <b>Whistleblower Policy</b>	Reference Number: <b>AB 620</b>
Approved by: PHSA Board of Directors	Last Approved: <b>April 23, 2009</b> Last Reviewed: <b>December 7, 2011</b>

## 1. PURPOSE

The PHSA and its respective Agencies are funded by the provincial government and governed under statute. The government and taxpayers of British Columbia, as well as the external organizations who contribute to the PHSA expect that we will be accountable for the prudent stewardship and use of funds including operational, capital and research and other resources that enable us to deliver public health care services in a cost-efficient, effective and economical manner. To maintain and enhance the public’s trust and confidence in our integrity, we are committed to our [Code of Ethics](#), [Standards of Business Conduct](#), and **Research Conflict of Interest policies** and sound business practices which support legal and regulatory compliance.

Patient, client, employee, and public satisfaction and trust are central to our continued success. Laws, regulations, and internal controls, including our policies and procedures, strengthen and promote our ethical practices and ensure fair treatment of our employees, physicians, patients, researchers, and business partners.

While the PHSA’s internal controls are intended to prevent or detect improper activities, even the best systems and internal controls cannot provide absolute safeguards. We have a responsibility to facilitate and encourage processes that enable a person to independently report legal, regulatory, financial, or ethical violations. We have an obligation to expediently and thoroughly investigate and take corrective action against any serious violations of the trust invested in us.

The purpose of this Whistleblower Policy (the “Policy”) is to state that the PHSA expects, supports, and will protect all individuals and organizations, hereinafter called the “Person,” to report on applicable matters covered in this Policy. The PHSA believes that all Persons understand that as good corporate citizens, it is their public and professional duty to always report wrongdoings of which they are aware.

The PHSA has made a commitment to an internal process by which Persons may raise concerns to an independent and objective PHSA official without fear of discrimination, retaliation or reprisal.

## **2. SCOPE**

This Policy applies equally to all individuals associated with the PHSA including executives and management employees. More specifically, our policy applies to:

- all employees of the PHSA or any of its affiliated Programs and Agencies;
- executives, and all management and supervisory employees;
- volunteers of the PHSA;
- physicians with privileges at any of the PHSA's facilities;
- medical staff including physicians on contract, residents, and clinical trainees;
- university faculty and support staff who work at PHSA facilities;
- all researchers and members of staff who conduct research at or under the auspices of any of the PHSA's hospitals, health centres, agencies or their affiliated research institutes ("researchers");
- suppliers, contractors; and,
- students working for or associated with the PHSA or any of its affiliated Programs and Agencies.

## **3. APPLICABILITY**

This Policy applies to improper conduct or wrongdoing, which includes, but is not limited to, serious actions that may:

- be unlawful or not in compliance with any laws or regulations to which the PHSA is subject;
- not adhere to PHSA or Agency policies or contractual obligations;
- amount to fraud or corrupt activity;
- reflect a real or perceived conflict of interest;
- represent the unauthorized use, misuse, or waste of public funds or resources, which may be of a tangible or intangible nature;
- be of substantial and specific danger to the patient, public health, safety, or the environment;
- not adhere to appropriate PHSA accounting policies or procedures, internal accounting controls, or auditing procedures; or,
- constitute any other unethical or improper conduct or abuse.

### **Exclusions:**

Certain matters have established legal processes for the reporting and investigation of improper conduct or violations. The following matters are excluded from this Policy:

- Labour agreement violations covered by the applicable Collective Agreements;
- Reports on safety hazards and unsafe conditions made in accordance with the provisions of the Worksafe BC's Occupational Health and Safety Regulations; and,
- Misconduct related to behaviours identified in the PHSA's **Resolution of Respectful Workplace and Human Rights Issues Policy**, which would be dealt with through the mechanisms identified in said Policy.

## **4. REPORTING/DISCLOSURE**

This policy does not preclude a Person from reporting a concern through the normal organizational reporting structure and policies. Many concerns may be sufficiently addressed through common problem solving and escalation processes. This Policy supplements normal processes and supports individuals if they do not believe the existing processes are appropriate.

If a Person has a reasonable belief that improper conduct or wrongdoing is, may have or could occur, and the alleged violation involves activity for which there is a PHSA policy and a specific investigation process is in place, we recommend the Person should follow the process outlined in the appropriate organizational policy. Examples of such possible violations include those involving Confidentiality, Research Conflict of Interest, and Standards of Business Conduct, etc.

## **5. DISCLOSURE PROCEDURE AND ESCALATION TO AN INDEPENDENT PARTY**

If there is no established process or the Person feels the relevant internal policies are inadequate, the concern should initially be disclosed directly to the Office of Internal Audit (the "Office"). The Office will first determine whether the concern is addressed by any other policy or process.

The Office is independent of operations and reports functionally to the Chair of the Board of Directors and the Board Audit and Finance Chairs. It is the most independent Office within the PHSA and has the responsibility to report autonomously to the Board of Directors. It can investigate concerns outside of the normal lines of management authority.

## 6. ASSESSMENT AND INVESTIGATION PRINCIPLES

To strengthen confidence in this Policy, investigations will be conducted by the Director, Internal Audit, or his / her delegate, and for human resources related matters, the delegate may be the Chief Human Resources Officer (CHRO), except where the CHRO is deemed to be in conflict or where the Person requests that Human Resources not be involved, an alternate investigator will be appointed by Internal Audit.

Investigators will conduct a merit assessment of the disclosure within forty-five (45) days of the Person's initial contact. Upon conclusion of the merit assessment, the investigator will report back to the Person and advise them whether a formal investigation will proceed on the basis of evidence that supports the initial complaint.

As part of the investigation, the investigator(s) may privately and independently interview the Person making the disclosure, the respondent(s) to the disclosure and any persons who may have information relevant to the investigation.

All disclosures under this Policy will be promptly and thoroughly investigated as outlined in the Whistleblower Investigative Procedures. Irregularities reported under this Policy but defined in the [Theft, Fraud, Corruption, Non-Compliant Activities Policy](#) will be investigated under that Policy.

A disclosure of improper conduct or wrongdoing may not proceed to a formal investigation or an investigation may be terminated under this Policy if the:

- Matter is determined to be frivolous, vexatious, inconsequential, or an abuse of process;
- Matter was not reported in good faith with a genuine belief of its existence; or,
- Reporting Individual fails to provide requisite particulars of the matter.

Matters relating to professional conduct will be referred to the appropriate professional body for review.

## **7. PROTECTION FROM REPRISAL**

The PHSA will not take, tolerate or allow any reprisal, harassment or even informal pressure, against a Person for, in good faith, reporting suspected improper conduct or wrongdoing. Reprisal includes any action or inaction that prevents, restricts, impedes or detrimentally affects a complainant or witness providing information and / or evidence or an investigator and / or an investigation carried out under this Policy.

Any such reprisal will in itself be considered a serious breach of this Policy. Individual(s) who attempt to or execute an act of reprisal toward the Person may be faced with disciplinary action. Action may result in the termination of employment or termination of the reprising individual's relationship with the PHSA.

The PHSA will take the necessary action to protect a Person who has reasonable grounds for believing a violation has or may occur and has reported it.

An individual may protest an alleged reprisal by filing a separate Whistleblower complaint to the Director, Internal Audit.

A full review of a reprisal complaint will be conducted by Internal Audit or an appropriate designate. The review shall determine whether the conduct in question constitutes reprisal and if required, recommend an appropriate resolution.

## **8. CONFIDENTIALITY**

All information collected during the course of the investigation will remain confidential, except as necessary to conduct a fair investigation and to take any required corrective or remedial action, or in accordance with applicable law (see Section 12).

Individuals who fail to protect the highly confidential nature of the investigative process, including those who make the report, respondents to the allegation(s) or witnesses will be subject to disciplinary or administrative measures, up to and including termination of employment or contractual relationships with the PHSA.

## **9. FALSE AND MALICIOUS ALLEGATIONS**

Where an investigation determines that the Person's report was made in bad faith or with malicious intent, action will be taken including, if appropriate, disciplinary proceedings.

## **10. RECORDS**

(i) A confidential copy of all Investigation Reports undertaken through this Policy will be retained in the Office of Internal Audit.

(ii) An aggregate report of confidential complaints will be kept by the Office and forwarded annually to the Board of Directors. These records will include the following information only:

- number of complaints;
- nature of complaints; and,
- the nature of process or resolution (i.e. informal resolution, mutual resolution, investigation).

The intention is that the anonymity of the individuals involved will be assured as the data will be in aggregate form only, and will be used only for statistical purposes.

## **11. ACCOUNTABILITIES**

### Internal Audit

The Office of Internal Audit, on behalf of the Board of Directors, is responsible for the maintenance and operation of this Policy. A confidential record of concerns and investigation outcomes will be maintained and reported to an appropriate Committee(s) thereof.

Internal Audit will report on a timely basis directly to the Chair of the Board of Directors or appropriate Committee(s) on reportable matters (as defined by the Charter of the Office of Internal Audit) and/or significant internal control deficiencies reported under this Policy. Reportable matters include any illegal or fraudulent acts or acts of which the legality or legitimacy is questioned.

Internal Audit will notify the Person of the results of the investigation as soon as practicable subject to legal constraints and the private nature of the investigation.

### Human Resources and/or Management

Where an investigation determines that misconduct or wrongdoing has occurred, action will be taken by management and Human Resources. The specific action taken in any particular case will depend on the nature and gravity of the conduct or activity. Where the alleged misconduct or wrongdoing is found to be substantiated, that matter will be corrected and, if appropriate, the

person(s) responsible will be disciplined, up to and including the termination of employment or the termination of the individual's relationship with the PHSA, as may be appropriate in the circumstances.

#### Medical Affairs

Where an investigation determines that misconduct or wrongdoing relates to a physician or researcher, the investigation report, if any, will be forwarded to the appropriate person, pursuant to the medical by-laws or policies of the applicable institution. If the complaint is substantiated, these individuals will then make an assessment as to the appropriate corrective action to be taken.

#### Chair of the Board of Directors and/or Chair of the Audit Committee

If a Person is not satisfied with the action taken regarding their concern, and feels it is necessary to contact a party external to the Management of the PHSA, the Person should contact either the Chair of the Audit Committee or the Chair of the Board of Directors.

#### Office of the Auditor General

If a person is not satisfied with the action taken regarding their concern, or has a complaint against a member of the Board of Directors, the Person should contact the Office of the Auditor General directly.

## **12. FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT**

All matters covered by this Policy are subject to the *Freedom of Information and Protection of Privacy Act (FOIPPA)*.

Policy Created on: August 25, 2005

Revision Dates:

• April 23, 2009

• June 10, 2010