AUTHORIZED BY:	Board of Directors	**NUMBER:**	**III-7**
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CATEGORY:	Part III – Ensure Program Quality and Effectiveness	**PAGE:**	1 of 6
SUBJECT:	**WHISTLE BLOWING**		

Purpose

As part of its responsibility for ensuring program quality and effectiveness, the Board of Directors (Board) of Health Sciences North (HSN) is committed to ensuring that the Hospital behaves in a culturally safe, professional manner that respects the rights of others and contributes to an environment that is free from verbal, psychological or physical abuse, unlawful or unethical activity, harassment or discrimination.

The purpose of this policy is to encourage and enable any person associated with the Hospital (i.e., Board members, officers, employees, Professional Staff, contractors, consultants, learners, students and volunteers) to report alleged or potential wrongdoing and violations of Hospital policies related to ethical behaviour or business conduct, without fear of reprisal.

Scope

This policy will apply to all activities at all times**,** on or off HSN and other off-site locations. This will include but will not be limited to work-related: functions, travel, training and social functions; and any act occurring outside the workplace but having adverse repercussions in the work environment.

The policy cannot directly address every situation in which individuals may find themselves, but it provides a set of principles, rules and ethical standards to be used as a guide for the day-to-day conduct of business.

While any complaint or concern may be received through the whistleblower process, should there be a more suitable pathway for resolution, a complaint or concern may be redirected if appropriate.

Initial complaint resolution with the direct supervisor is encouraged where the complaint or concern is not about and/or does not involve the direct supervisor, where there is no fear of reprisal and where resolution has not yet been pursued.

This policy is intended to be used when no other avenue for the complaint or concern exists or when an existing process or remedy has been frustrated or has failed.

Policy

The President and Chief Executive Officer (CEO) will ensure that the Hospital provides a process for any person associated with the Hospital to communicate any legitimate and genuine concerns in relation to:

- Any safety related issue (patient, staff, learner, visitor, equipment, facility, etc.)

- Unethical and/or fraudulent financial, accounting controls, audit or reporting practices;
- A gross waste or abuse of funds or other Hospital resources;
- Environmental issues, including failure to comply with legislation or policies concerning dangerous goods or hazardous substances;
- Conflicts of interest or violations of other human resources and/or any other policies and/or legislation;
- Breach of contract and/or negligence, or failure to comply with legal and regulatory requirements, including criminal offences;
- An abuse of authority and/or violation of individual rights;
- Concerns related to quality of clinical care, including but not limited to issues of malpractice, negligence or patient abuse;
- A deliberate covering up of/failing to report information to substantiate any of the above matters.

This policy does <u>not</u> apply to:

- Personnel complaints concerning an employee's terms and conditions of employment;
- Professional Staff agreements with the Hospital;
- Volunteer and student arrangements with the Hospital;
- Any aspects of the working relationship in the Hospital; or
- Disciplinary matters,

as such issues are dealt with under the provisions of duly negotiated agreements (including collective agreements), separate and distinct Hospital policies and procedures, and/or federal or provincial laws, as the case may be.

Guiding Principles

Implementation of this policy will be guided by the following principles and policy statements:

- The Hospital complies with all applicable laws, regulations, HSN's By-Laws and policies.
- All policies support and embody the Hospital's core values.
- The Hospital maintains high standards of business and ethical conduct and applies these

- standards to all matters of business. All complaints will be fully reviewed and/or investigated as appropriate, in a fair and equitable manner, ensuring that a respectful process is followed for those involved. Complaints will be acknowledged within 5 business days and addressed in a timely manner.

- In the interest of ensuring accountability, anonymous complaints will be investigated to the extent possible, recognizing that anonymity creates limitations to the investigation process.

- Whistleblowers reporting in good faith under this policy will be treated fairly, will be protected from harassment and/or retaliation, and will not suffer adverse employment consequences if they are an employee (e.g., demotion, denial of promotion or compensation). An individual who retaliates against a whistleblower for reporting in good faith will be subject to disciplinary action.

- In making a report, a whistleblower must be acting in good faith with reasonable grounds with respect to the alleged wrongdoing. A whistleblower who makes unsubstantiated reports that are knowingly false, or made with vexatious or malicious intent, may be subject to disciplinary action.

- Confidentiality will be protected to the maximum extent possible.

- The Hospital will not condone any attempt to conceal evidence and/or information relating to matters covered under this policy.

- And, where applicable and reasonable, the Hospital will endeavor to make changes to mitigate further similar complaints.

Independent Advice

If you are unsure of whether to use this policy or you want to obtain confidential advice at any time, you may contact any of the following:

- Union representative
- Professional organization
- Direct Manager or Supervisor
- Human Resources

Reporting Complaints

The Hospital recognizes the importance of providing individuals associated with the Hospital with multiple channels through which to report issues of alleged or potential wrongdoing. The more channels offered to such individuals, the more comfortable they will feel in the reporting process.

Individuals may file a complaint:

- by entering an event in the Event Reporting System (Quality, Risk Management (QRM) within Expanse) selecting "Nonpatient" and "Whistleblower" as the incident type, or

- via email at whistleblower@hsnsudbury.ca or

via telephone by contacting the Corporate Governance Liaison and/or Executive Assistant to the CEO and clearly identifying the reported event as a whistleblower complaint.

All methods of complaint submission will be monitored by the Corporate Governance Liaison and/or the Executive Assistant to the CEO who will forward the complaint as soon as practicable and no later than 1 business day after receipt as follows:

1. If an individual has a complaint pertaining to the President and CEO, the Chief of Staff, or a Board Director, the complaint will be sent to the Board Chair via email. The complaint will be investigated through the Executive Committee of the Board. If an individual has a complaint pertaining to the Board Chair, it will be addressed to the Vice Chair, who also serves as the Vice Chair of the Executive Committee, for review and investigation.

2. If the Vice Chair receives a complaint regarding the Board Chair, the investigation will be coordinated with the President and CEO.

3. Otherwise, complaints will be sent to the VP, People and Culture via email. The VP People and Culture, may take exceptional measures, including but not limited to engaging an external third party as required. If an individual has a complaint pertaining to the VP People and Culture, the complaint will be sent to the President and CEO via email.

Complaints Investigation Process

1. The VP People and Culture is accountable for ensuring that matters are investigated and appropriate action is taken, and has the authority to determine the appropriate mechanism dependent upon the complexity of the complaint. If an individual has a complaint pertaining to a member of the Professional Staff, the Chief of Staff will also be involved. If an individual has a complaint pertaining to the VP People and Culture, the matter will be sent to and addressed by the President and CEO.

2. The VP, People and Culture will lead the review/investigation of the complaint. They will ensure resolution, response and required reporting to the appropriate parties.

3. The subject(s) of the complaint will be advised of the complaint against them and will be given an opportunity to respond.

   The actions that may be taken to address a substantiated complaint will depend on the particular circumstances, and consequences may include, but are not limited to, discipline up to and including termination or the withdrawal of privileges.

4. The Hospital will conduct investigations based on the following principles:

    - The investigation will be carried out fairly and without bias.
    - The investigation will be documented.
    - Those involved in the investigation will be independent of both the whistleblower and the subject(s) of the complaint. This means they should not either be reporting to, or supervising, any such persons.
    - Disclosure of information will be limited to those who need to be involved in order to carry out the investigation.
    - The subject(s) of the complaint is/are entitled to know the substance of the allegation(s) and has/have an opportunity to respond.
    - Investigations will be conducted in a timely manner.
    - The Hospital expects individuals to cooperate during any investigation.

5. Complaints may be referred to the appropriate law enforcement or regulatory authorities as appropriate.

Confidentiality

All concerns will be treated in confidence and every effort will be made not to reveal the identity of the whistleblower. If disciplinary or other proceedings follow the investigation, it may not be possible to take action as a result of the disclosure without the help of the whistleblower, so the whistleblower may be asked to come forward as a witness. The Employee and Family Assistance Program and/or other means of support, as appropriate, will be offered to witnesses by the lead investigator.

Whistle Blowing Files

Complaint and investigation files must be kept separate from employee / Professional Staff / learner files and stored in a secure location with access limited to those responsible for conducting the investigation.

No record of a complaint will be kept in any employee / Professional Staff / learner file unless improper conduct is found that results in disciplinary action. In that case, the outcome of the investigation will be reflected in the file of the disciplined employee / Professional Staff / learner.

Reporting Whistle Blowing Complaints to the Board

The VP People and Culture, as the official resource person for the Executive Committee, will report to the Board, through the Executive Committee, specific Whistle Blowing incidents as required.

The following criteria are designed to provide guidance to the VP People and Culture as to

whether the Executive Committee should be advised of a specific Whistle Blowing incident:

- The complaint poses a risk to the organization (reputational, financial, legal, environmental, etc.);
- The complaint is likely to be made public;
- Outside authorities need to be advised;
- A lawsuit is likely;
- It is alleged that there has been a significant breach of organizational values;
- At the VP People and Culture's discretion based on the severity or nature of the complaint.

An annual report on reporting frequency, disclosure activity, resolutions and/or status will be provided to the Executive Committee.

References and Related Policies

Code of Conduct
Workplace Violence and Harassment Prevention

Policy Review Log

Date	Action
September 15, 2018	Issued
September 28, 2021	Revised
November 26, 2024	Revised
February 19, 2026	Revised