

# ADMINISTRATIVE MANUAL

## Policy

<b>TITLE:</b>	Disclosure of Wrongdoing	<b>NUMBER:</b>	150
<b>Sponsor:</b>	Ryan Embrett-Baboushkin, Director, People & Organization Development	<b>Page:</b>	1 of 10
<b>Approved by:</b>	Steve Ashton, VP, People & Organization Development	<b>Approval Date:</b>	Mar. 31 <sup>st</sup> , 2018
		<b>Effective Date:</b>	May 1 <sup>st</sup> , 2018
<b>Applies To:</b>	IWK Team Members, IWK Board of Directors, All IWK Staff, Volunteers, Learners, IWK Medical, Dental and Affiliated Staff		

### PREAMBLE

The purpose of this policy is to provide the IWK Board of Directors, Staff, Volunteers, Learners, IWK Medical, Dental and Affiliated Staff (hereafter referred to as IWK Team Members) with a process to facilitate the disclosure and investigation of potential wrongdoing, as defined in this policy, and to provide protection for those who disclose the acts of wrongdoing.

### POLICY STATEMENTS

1. IWK Team Members are required to follow a systematic approach for the disclosure of wrongdoing as per the process identified below.
2. IWK Team Members who receive a report of disclosure as per this policy are obligated to take action in accordance with this process.
3. IWK Team Members who disclose wrongdoing in accordance with the process outlined in this policy will be ensured the protection afforded by this policy.
4. All disclosures, to the extent possible, must be treated in a confidential and sensitive manner.

### GUIDING PRINCIPLES AND VALUES

All IWK Team Members have the responsibility to promote a positive and ethical work environment, to respect and operate within the bounds of internal controls, and exercise diligence in preventing losses resulting from fraudulent or reckless unsafe acts.

IWK is committed to providing IWK Team Members with a reporting process for the disclosure of wrongdoing and with protection against reprisal action which may have

resulted from disclosure. This policy balances the IWK Team Member's protection against reprisal for disclosing wrongdoing with the rights of the alleged wrongdoer.

The policy does not replace any existing reporting requirements contained within other policies and procedures such as those related to professional practice, Medical, Dental and Affiliated Bylaws, occupational health and safety, harassment, grievances, disclosure of adverse events, occurrence reporting and/or the Safety Improvement and Management System (SIMS).

## PROTOCOL

**Note: These are guidelines only and are not intended to provide a step-by-step process. Each situation is unique and may require different approaches and timelines.**

### 1. Disclosure Process

- 1.1. All disclosures, to the extent possible, will be treated in a confidential and sensitive manner however, anonymity is not guaranteed.
- 1.2. IWK Team Members are required to follow a systematic approach for the disclosure of wrongdoing as per the process identified below.
  - 1.2.1. An IWK Team Member who reasonably believes they are being asked to commit a wrongdoing or who reasonably believes that a wrongdoing has been committed or is about to be committed, should disclose the matter to their immediate Manager, Director or Vice President. Whenever possible disclosures shall be made in writing and should include the allegations, dates, locations, witnesses and other pertinent information.
  - 1.2.2. The Manager, Director or Vice President shall immediately provide a written copy of the disclosure to the Vice President of People & Organization Development.
  - 1.2.3. The Vice President of People & Organization Development shall immediately notify General Counsel and the CEO of this disclosure.
  - 1.2.4. Where the disclosure is involving an Executive Team Member or when the nature/scope of the misconduct has potential to impact the organization significantly, including but not limited to financial loss and corporate reputation, the CEO shall immediately report the disclosure to the Chair of the IWK Board of Directors.
    - 1.2.4.1. If it is not reasonably appropriate to disclose the matter to the immediate Manager, Director or Vice President, the IWK Team Member may disclose the matter directly to the Vice President, People & Organization Development, General Counsel or the CEO. Depending on the recipient of the complaint that party will be

responsible for immediately notifying the other two parties who are named in the ordinary course.

1.2.4.2. In the event the CEO, General Counsel or VP of People & Organization Development are named in the complaint the individual shall not be informed in the ordinary course.

1.2.4.3. If the disclosure involves the CEO, General Counsel shall report the matter immediately to the Chair of the Board of Directors and the Chair of the Finance, Audit and Risk Management Committee of the Board of Directors.

1.2.4.4. Notwithstanding the steps set out in this policy, an IWK Team Member may make a report directly to the Chair of the IWK Board of Directors by the email: [chairoftheboard@iwk.nshealth.ca](mailto:chairoftheboard@iwk.nshealth.ca). The Board of Directors shall notify the CEO of the disclosure, unless it directly involves the CEO, in which case General Counsel shall be notified of the disclosure.

1.2.5. The Vice President of People & Organization Development, General Counsel, CEO and, where appropriate the Chair of the Board of Directors, shall assess the disclosure to determine whether the alleged wrongdoing falls under the policy. The Vice President of People & Organization Development will, within 5 business days of receiving the disclosure, notify in writing the individual making the disclosure of the outcome of the assessment.

1.2.5.1. In the event the disclosure involves a member of Executive team the Chair of the Board of Directors shall direct the Chair of the Finance, Audit and Risk Committee, to convene an investigation committee made up of Finance, Audit and Risk Committee members and where appropriate external experts.

## **2. Disclosure by a Contracted Service Provider or Member of the Public**

2.1. An individual who is contracted to work for the IWK or any member of the public may make a disclosure under this policy by contacting the reporting hotline at 902-470-7340.

2.1.1. The dedicated phone system is managed by an external party. The external party service will notify the Vice President of People & Organization Development and General Counsel. The Vice President of People & Organization Development or General Counsel will immediately report the disclosure to the CEO as per the process set out in this policy.

## **3. Disclosure to External Party**

3.1. An IWK Team Member may make a disclosure of wrongdoing to the police department or police agency if they believe on reasonable grounds, that it is necessary to do so to prevent imminent and serious danger to the life, health or

safety of a person and there is not sufficient time to make the disclosure using the processes identified above.

#### **4. Anonymous Disclosure**

- 4.1. Should an IWK Team member not wish to provide their name, anonymously reported incidents will be accepted and to the extent possible, be investigated.
- 4.2. An IWK Team Member who wishes to remain anonymous while reporting a disclosure may access a confidential hotline to an external party at 902-470-7340 dedicated to the reporting of wrongdoing as defined in this policy.
- 4.3. To maintain anonymity individuals should not include their working relationship to persons identified in their report nor provide other identifying information. The dedicated phone system is managed by an external party.
- 4.4. The external party service will notify the Vice President of People & Organization Development and General Counsel.
- 4.5. The Vice President of People & Organization Development or General Counsel will immediately report the disclosure to the CEO as per the process set out in this policy.

#### **5. Confidentiality**

- 5.1. The IWK has legal and ethical responsibilities, to keep information confidential, including the need to conduct an effective and fair investigation.
- 5.2. An IWK Team Member involved in a complaint process shall keep records confidential in so far as the law allows however, confidentiality does not guarantee anonymity to the person making the disclosure or others involved in the investigation.
- 5.3. The IWK will not tolerate any attempt by another individual or group to identify an individual who reports in good faith on a confidential or anonymous basis.

#### **6. Resolution Process**

- 6.1. For all disclosures, including those received anonymously, the Vice President of People & Organization Development and General Counsel, and, as appropriate, in conjunction with the CEO, will determine whether an investigation is required. Many instances of wrongdoing will be appropriately handled internally, however, where an Executive Team Member is to be involved or when the nature/scope of the misconduct has potential to impact the organization significantly, including but, not limited to financial loss and corporate reputation, the Chair of the Board of Directors and the Chair of the Finance, Audit and Risk Committee will be actively engaged.

- 6.2. The role of the Board Chair in the investigation and resolution of any allegation will depend on the specific incident. Where an incident is not significantly material to the organization from a financial or reputational perspective and/or the conduct of executive is not an issue, management will typically lead the investigation with the support of Human Resources. In some instances it may be appropriate for management to retain specialized expertise in conducting its investigation.
  - 6.2.1. Should the investigation be conducted internally the assigned investigators will follow the IWK Administrative Investigation Procedural Manual. In order to conduct a fair and comprehensive investigation, individual(s) being investigated may be temporarily removed from the work area through means of reassignment, administrative leave or other such arrangements.
- 6.3. Once an investigation into the disclosure commences, the Vice President of People & Organization Development is responsible for continuing to inform General Counsel and, as appropriate, the CEO at all stages of the process following a disclosure.
- 6.4. Upon conclusion of the investigation, the disclosing IWK Team Member, unless anonymous, will receive notice of the outcome of the investigation. This notice will not include any disciplinary measures taken against the implicated individual.

## 7. Reprisal Complaint Procedures

- 7.1. An IWK Team Member who alleges that a person has taken a reprisal against the IWK Team Member in contravention of this policy may make a written complaint to the Vice President of People & Organization Development. The complaint must be made within 30 days after the date on which the complainant knew, or reasonably ought to have known, that reprisal was taken.
  - 7.1. The Vice President of People & Organization Development will provide a response to the complainant within 10 business days of receiving the complaint.
  - 7.2. Despite the limitations set out in this policy a complaint of reprisal may still be made to the Vice President of People & Organization Development, CEO or Chair of the IWK Board of Directors, as appropriate, if considering the circumstances of the complaint, the IWK Team Member feels it is appropriate to do so.

## 8. Reporting

- 8.1. The Vice President of People & Organization Development will report quarterly to the CEO, respecting disclosures of wrongdoing made during that fiscal quarter.
- 8.2. The reports will provide an overview of the number of disclosures received, the nature of the disclosures, the number of disclosures substantiated or resolved and general description of the resolution. The report will also identify any

trends or risk issues to be addressed by the IWK and/or The Board of Directors. The reports will not contain information that could identify the individuals involved.

- 8.3. The CEO will present quarterly the report received from the Vice President to the Board of Directors.

## **9. Protection of Evidence**

- 9.1. No person, knowing that a document or item is likely to be relevant to an investigation under this policy, is to:
  - Destroy, mutilate or alter the document or item;
  - Falsify the document or make a false document;
  - Conceal or withhold the document or item; or
  - Direct, counsel or cause any person to take any of the above actions.

## **10. Conflict of Interest**

- 10.1. Any person who is involved in the investigation and assessment of the complaint must not have, or appear to a reasonable person to have, a conflict of interest in the allegations being considered.

## **11. False or Misleading Disclosures**

- 11.1. No person shall, in a disclosure or investigation of a potential wrongdoing, knowingly make false or misleading statements, either orally or in writing, to any person acting on behalf of, or under the direction of, the Employer.
- 11.2. If staff makes a disclosure of potential wrongdoing which is determined to be frivolous, vexatious or to be made in bad faith, the immediate supervisor/manager implements disciplinary action as appropriate.

## **REFERENCES**

### **Legislative Acts & References**

Nova Scotia Public Interest Disclosure of Wrongdoing Act Bill No 118

### **Other**

Worker Compensation Board of Nova Scotia Disclosure of Wrongdoing Policy

Capital Health Whistleblower Protection-Disclosing of Wrongdoing

Trillium Health Partners Policy Disclosure of Wrongdoing

The Public Servants Disclosure Protection Act Bill C-11

Internal Disclosure of Information Concerning Wrongdoing in the Workplace (Treasury Board of Canada)

Nova Scotia Health Authority Draft Disclosure of Potential Wrongdoing

Vancouver Coastal Health Whistleblower Policy

## **RELATED DOCUMENTS**

### **Policies**

Conflict of Interest Policy IWK 135.0

Discipline Policy IWK 116.0

IWK Code of Conduct

Respectful Workplace Policy IWK 822: Harassment & Bullying

Respectful Workplace Policy IWK 1071: Violence

### **Guidelines and Protocols**

Administrative Investigation Guidelines

### **Appendices**

Appendix A – Definitions

## Appendix A – Definitions

**IWK Team Member:** IWK Board of Directors, All IWK Staff, Volunteers, Learners, IWK Medical, Dental and Affiliated Staff.

**Disciplinary Action:** Any action taken against an IWK Team Member for wrongdoing. The possible actions are outlined in the Discipline Policy or other IWK policies where applicable (i.e. volunteers, students, etc.). Where reporting to professional licensing and governing authority for regulated/licensed professionals occurs, additional action by those governing bodies may result. For individuals covered under the Medical, Dental and Affiliated Staff Bylaws matters of discipline are to be referred to the Department Chief.

**Disclosure of Wrongdoing:** Disclosing information based within IWK, based on reasonable belief, by one or more affected person(s) that someone has committed or intends to commit wrongdoing as defined under this policy. Disclosure must be made in good faith.

**Good Faith:** The report is made without malice or consideration of personal benefit. The IWK Team Member making the report has a reasonable basis to believe that the report is true. A report does not have to be proven to be true to be made in good faith. Good faith is lacking when the disclosure is known to be malicious or false.

**Gross Mismanagement:** Defined as a deliberate act or omission showing reckless or wilful disregard for the efficient management of IWK and/or policies of the IWK.

**Reprisal:** A reprisal occurs if any measures noted below are taken against an IWK Team Member by reason solely that the individual has, in good faith, made a disclosure of a potential wrongdoing under this policy or expressed an intention to make a disclosure of a wrongdoing under this policy or has, in good faith, co-operated in an investigation carried out under this policy. This may include:

- I) A disciplinary measure
- II) A demotion
- III) Termination of employment, or appointment
- IV) Any measure that adversely affects IWK Team Member's employment, appointment or working conditions or
- V) A threat to take any of the measure in (i) to (iv).

**Wrongdoing:** A wrongdoing occurs if there is:

- A misuse of IWK funds or assets.
- Gross mismanagement which means the deliberate act or an omission showing a reckless or wilful disregard for the management of IWK and/or policies of the IWK.
- Knowingly committing an act or omission that creates a substantial and specific risk of danger to life, wellbeing, health or safety of any person or patient.

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- Reprisal against an IWK Team Member, or threat of reprisal, for reporting wrongdoing, or participating in a wrongdoing investigation, pursuant to this policy.
- A violation of any Parliament of Canada Act or Nova Scotia Legislature Act or of any regulations made under any act, if the violation relates to the official activities of employees.

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## District Health Authority/IWK Policies Being Replaced

(Please List)

### Version History

(To Be Completed by the Policy Office)

Major Revisions (e.g. Standard 4 year review)	Minor Revisions (e.g. spelling correction, wording changes, etc.)