

POLICY
WHISTLEBLOWER PROTECTION
EXECUTIVE SPONSORSHIP

Fraser Health Authority – Board of Directors

INITIALLY RELEASED:

May 2006

VERSION:

June 2024

POLICY

Fraser Health is committed to maintaining high standards of ethics and business conduct in the administration of publicly funded resources in achieving its vision: *Better health. Best in health care.* To maintain and enhance the public’s trust and confidence in our integrity, we are committed to sound business practices that support legal and regulatory compliance.

The purpose 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 does not replace, supplant or circumvent other established processes or usual reporting structures nor does it replace or supersede reporting obligations mandated in legislation.

Fraser Health is committed to addressing reports pertaining to a breach of this Policy including conducting a timely, appropriate, objective and impartial investigation, where warranted. Fraser Health will not take, tolerate or allow any indirect or direct reprisal or harassment against a person who, in good faith, either reports a suspected violation, acts as a witness in an investigation or carries out an investigation under this Policy.

STANDARDS

This Policy applies equally to all individuals associated with Fraser Health (collectively defined as “individuals”):

- Employees of Fraser Health and those involved with its affiliated programs and agencies, including students
- Executive Team and all Management / Management Support employees
- Employees on contract
- Volunteers
- Physicians with privileges at any Fraser Health facility
- Medical staff, including physicians on contract and resident and clinical trainees
- Members of the Fraser Health Board of Directors
- Providers of goods and services to Fraser Health including vendors, contractors, sub- contractors and their employees
- Any other individuals who have a relationship or association with Fraser Health who could be adversely affected, through potential retaliation, should they bring forward concerns of perceived improper conduct or wrongdoing.

Under this Policy, anyone, including patients, residents and clients, who observe alleged wrongdoing by an individual, as defined below, may make use of the provisions of this Policy to report the alleged wrongdoing.

This Policy applies to observed, actual or potential misconduct or wrongdoing (collectively defined as “alleged wrongdoing”) which includes, but is not limited to, serious actions that:

- May be unlawful or not in compliance with the laws or regulations to which Fraser Health is subject
- 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
- May constitute a substantial or specific danger to employees, patients, residents, clients, public health, safety or the environment
- May not adhere to Fraser Health policies or procedures, internal financial controls or audit procedures
- May not adhere to Fraser Health policies or contractual obligations
- Reflect a real or perceived conflict of interest.

POLICY**WHISTLEBLOWER PROTECTION***Exceptions:*

- This Policy is **not** intended to be the primary mechanism to address matters for which there are other established internal or external processes for the reporting and investigation of improper conduct or violations.
- The Whistleblower Hotline will redirect complainants to these mechanisms when possible. If, for any reason, a complainant still wishes to pursue the Whistleblower process for internal investigation processes, the Whistleblower Committee can triage / review the issue and report as an investigation. For matters involving external processes such as but not limited to WorkSafe BC, union grievances etc. the Whistleblower Committee can review the complaint but may be limited in the ability to investigate.
- This Policy is intended to supplement the [Public Interest Disclosure Act - Policy](#) which is applicable to current or former employees and health professionals of Fraser Health. Also, reports or disclosures that do not qualify under the *Public Interest Disclosure Act* Policy may be investigated under this Whistleblower Policy.

POLICY STATEMENT**3.1. Reporting of Real or Suspected Wrongdoing**

- Fraser Health expects all individuals to report real or suspected wrongdoing to a supervisor, manager, director or, if appropriate, directly to a member of the Executive Team. In situations where an individual has sound reasons to believe that reporting the concerns to management is not appropriate or they have failed to resolve the stated concerns, the individual may report the concerns to the Whistleblower Hotline by following the procedures in Section 4.1 “Reporting an Alleged Wrongdoing.”
- In all instances, Fraser Health has the exclusive authority and discretion to determine if and when reports of alleged wrongdoing warrant a formal investigation pursuant to this Policy.
- In accordance with this Policy, if Fraser Health determines that an investigation is warranted, it retains exclusive authority and discretion to determine the nature and extent of the investigative process.
- In its sole judgment, Fraser Health may also make the facts established by its investigation(s) known to the appropriate enforcement agency, regulatory bodies and/or institute legal proceedings to seek resolution.

3.2. Good Faith

- All reports under this Policy must be made in good faith and based on reasonable grounds. Reports made under this Policy must not be intentionally false, misleading or malicious.
- Where an investigation determines that an individual’s report was made in bad faith or with malicious intent, actions will be taken including, if appropriate, disciplinary proceedings and termination of employment or contractual relationships with Fraser Health.

3.3. Whistleblower Protection

- Individuals making a report in good faith under this Policy will be protected from any detrimental consequences or retaliation arising from their report.
- Any retaliatory action by an individual will, in itself, be considered a serious breach of this Policy and actions will be taken including, if appropriate, disciplinary proceedings and termination of employment or contractual relationships with Fraser Health.

3.4. Protection of Confidentiality and Anonymous Reporting

- Fraser Health will maintain the confidentiality of the identities of those involved in the disclosure and investigation process, to the fullest extent possible. All information collected during the course of the

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investigation will remain confidential, except where it is necessary to conduct a fair investigation and/or to take corrective or remedial action or in accordance with applicable law.

- Action will be taken against any individual who fails to protect the confidential nature of the investigation process, including those who make the report, any respondents to the allegation(s) and/or witnesses. If appropriate, disciplinary proceedings and termination of employment or contractual relationships with Fraser Health may result.
- Individuals making a report are encouraged to provide their name to allow for follow-up and clarification. Reports may be made on an anonymous basis, however, full investigations may not be possible unless the source of information is available for further discussion.

3.5. Roles and Responsibilities

- **Employees**
 - Fraser Health employees are expected to report any real or suspected wrongdoing to the appropriate management channels as described in Section 4.1 “Reporting an Alleged Wrongdoing.”
- **Executive, Management and Management Support**
 - If an employee reports an alleged wrongdoing under this Policy, Management must document the report and forward a copy to the Executive Director, Internal Audit for assessment and further investigation, if warranted.
 - Where an investigation determines that improper conduct or wrongdoing has occurred, action will be taken by management in consultation with Human Resources Consulting Services when the issue involves employees and other resources, as appropriate. Where the alleged improper conduct or wrongdoing is found to be substantiated, the 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 person’s relationship with Fraser Health, as is appropriate under the circumstances.
- **Executive Director, Internal Audit**
 - Internal Audit has responsibility to manage the Whistleblower process as outlined in this Policy. The Executive Director, Internal Audit will be advised of reports of alleged wrongdoing from the Whistleblower Hotline (Section 4.1) and reports made directly to Management under this Policy. The Executive Director, Internal Audit (or designate) will consult with the Whistleblower Committee, which consists of the Executive Director of Internal Audit, General Counsel, Vice President of Employee Experience, and the Vice President of Patient Experience. The Executive Director, Internal Audit (or designate) may also consult with external resources, as appropriate, in reviewing these reports.
 - Investigation outcomes will be reported to senior management as appropriate. An aggregate report of confidential complaints will be maintained by the Internal Audit office. Summary reporting of investigations will be provided regularly in Internal Audit’s status update to the Finance and Audit Committee. The information reported to the Finance and Audit Committee will be general and in aggregate form to protect the confidentiality of those involved in the disclosures.
 - Records relating to the report and any investigation will be retained for a minimum of two (2) years after the matter has concluded.
 - Subject to legal constraints and the confidential nature of the investigation, generally, the Executive Director, Internal Audit (or designate) shall inform the individual making the report of the general outcome of the investigation as soon as is practical.
- **Employee Experience**
 - Employee Experience will provide internal support to any investigations into alleged wrongdoing and will support management and employees through the process.

POLICY**WHISTLEBLOWER PROTECTION****PROCEDURE****Reporting an Alleged Wrongdoing**

Employees are encouraged and expected to first discuss the alleged wrongdoing with their immediate supervisor or a member of Fraser Health management. Reports may be made verbally in person, via telephone or in writing.

Individuals who wish to report an alleged wrongdoing, including employees who are not comfortable reporting to Fraser Health management, may use the following confidential reporting options:

Whistleblower Hotline

Toll Free: 1-855-656-2132

Fax: 604-656-2139

E-mail: whistleblower@theneutralzone.ca

Executive Director, Internal Audit

Fraser Health Central City Tower

Suite 400, 13450 - 102nd Avenue Surrey, BC V3T 0H1

All correspondence should be marked "Private and Confidential".

Reports should provide as much detail as possible including the nature of the alleged wrongdoing, the name of the person(s) alleged to have committed the wrongdoing and other pertinent information. Reports should be made in a timely manner and should be as precise as possible.

Reports involving Fraser Health Board Members, the President and Chief Executive Officer or members of the Executive Team should be made to the Board Chair:

Chair, Board of Directors

Fraser Health Central City Tower

Suite 400, 13450 – 102nd Avenue Surrey, BC V3T 0H1

All correspondence should be marked "Private and Confidential".

Reports involving Fraser Health's Board Chair should be made to the BC Minister of Health:

Minister of Health

Room 337, Parliament Buildings Victoria, BC V8V 1X4

Phone: 250-953-3547

Fax: 250-356-9587

E-mail: hlth.minister@gov.bc.ca

Investigating Allegations of Wrongdoing

Reports under this Policy will be reviewed promptly. They will be assessed within forty-five (45) days of receipt of the allegation of wrongdoing. The Executive Director, Internal Audit (or designate), in consultation with the rest of the Whistleblower Committee as well as with internal and/or external resources, will conduct an assessment to determine if there are sufficient grounds for further action.

In conducting the assessment, the Executive Director, Internal Audit (or designate) may privately and independently interview the individual making the report, the respondents to the allegation and any person(s) who may have information relevant to the investigation.

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Where appropriate, upon conclusion of the assessment, the Executive Director, Internal Audit (or designate) may report back to the individual and advise them on what action Fraser Health will take on the basis of evidence supporting the initial complaint.

A report may not proceed to formal investigation under this Policy if:

- The matter may be effectively resolved through an alternative, informal process with agreement of the parties involved;
- The matter is more appropriately dealt with through another established internal or external process;
- The matter is determined to be frivolous or vexatious (for a matter to be considered frivolous or vexatious or an abuse of process, the allegation must be such that no reasonable person would treat it as an allegation made in good faith);
- The report failed to provide particulars of alleged wrongdoing; or particulars provided do not substantiate the existence of wrongdoing;
- If matter is outside the jurisdiction of Fraser Health (i.e., Union, WorkSafe BC and College Investigations)
- The matter was not brought forward in good faith or made on the basis of a reasonable belief.

If it is determined that resolution of a report under this Policy requires a formal investigation, the Executive Director, Internal Audit (or designate) shall, in consultation with the Whistleblower Committee, determine the appropriate investigation process and the departments/organizations required to be involved, while following the confidentiality principles as per Section 3.4 and reporting processes of Section 3.5.

If it is determined that an investigation is not warranted, the Executive Director, Internal Audit (or designate) will communicate the decision and the basis for the decision to the individual making the report. Within thirty (30) days of being advised of the decision, the individual may ask the Fraser Health Board, in writing, to review the decision. The individual must set out the basis for seeking a review of this nature.

Within sixty (60) days of receiving a written request for review from an individual, the Fraser Health Board, shall review the decision and provide a response to the individual making the report.

Prior to conclusion of an allegation that has proceeded to a formal investigation, and for which the allegation is determined to be substantiated, individuals accused of wrongdoing shall be entitled to full disclosure of the particular allegations against them and shall be given a full and fair opportunity to respond. This is notwithstanding the protection offered to the whistleblower in Section 3.4 of this Policy.

RELATED POLICIES

- [Conflict of Interest - Policy](#)
- [Digital Communications - Policy](#)
- [Fair and Competitive Procurement](#)
- [Patient Safety Event Management – Protocol](#)
- [Patient Safety Event Management - Policy](#)
- [Patient Safety Incident Management - Protocol](#)
- [Patient Safety Incident Management - Policy](#)
- [Privacy and Security Requirements for Mobile Devices - Policy](#)
- [Public Interest Disclosure Act - Policy](#)
- [Respectful Workplace - Policy](#)
- [Theft, Fraud and Corruption - Policy](#)

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EXTERNAL REFERENCES

- [B.C. Freedom of Information and Protection of Privacy Act](#)
- [Human Rights Code](#)

DATE(S) REVISED / REVIEWED SUMMARY

Version	Date	Comments / Changes
1.0	May 2006	Initial Policy Released (Formerly “Allegations of Wrongdoing”)
2.0	September 2012	
3.0	July 2018	Policy Refresh to include better defined processes, roles and responsibilities, and clarify reporting mechanisms
4.0	July 2021	Reviewed – No Changes
5.0	June 2024	Policy Refresh to clarify reporting processes and include references to the <i>Public Interest Disclosure Act</i> .