1.0 Purpose

1.1 The purpose of this policy is to establish principles and guidance for reporting, assessing, routing, and investigating allegations of Misconduct at First Nations Health Authority (FNHA).

1.2 This policy supports all 7 Directives and the Shared Values.

2.0 Scope

2.1 This policy applies to Workers and the Board of Directors (Board).

2.2 This policy applies to all Workplaces.

2.3 This policy applies to all internal and external Safe Reporting reports received by FNHA.

2.4 This policy does not apply to allegations regarding Funding Arrangements.

2.5 Provisions for Workers who occupy positions subject to a collective agreement will be administered in accordance with the applicable collective agreement. In the event that the relevant collective agreement is not applicable, then the provisions of this policy will apply.

3.0 Policy Statements

3.1 In order to promote accountability at all levels, FNHA will maintain a Safe reporting process that enables the escalation of concerns about alleged Misconduct.

3.2 Senior leaders will role model transparency and openness, and will encourage Workers to come forward with concerns around decisions or developments within the organization. Senior leaders should take active steps to surface and positively resolve disputes, escalating as necessary to other leaders and/or the CEO.
3.3 The Safe reporting process should only be used if
   (a) reports to other channels have been made but were not adequately addressed, and/or
   (b) the Reporter wants to remain anonymous.
3.4 The Safe reporting process is not intended to replace legal processes or to be the primary mechanism
to address matters for which there are other established reporting processes outlined in Policy Documents.
3.5 Workers acting in good faith and on the basis of reasonable belief have a duty to report actual,
suspected or potential incidents of Misconduct and to cooperate with any investigation into such allegations.

Support and Protection

3.6 FNHA will foster an environment where individuals feel safe and encouraged to report allegations of Misconduct and come forward with questions or concerns regarding the Safe Reporting process.
3.7 FNHA will not tolerate or allow Retaliation against any individual associated with FNHA for doing or potentially doing any of the following:
   (a) reporting Misconduct in good faith and based on reasonable belief;
   (b) cooperating with, providing information to, or testifying in any report or investigation;
   (c) conducting an investigation; or
   (d) refusing to carry out an order or direction which is illegal, unethical or contravenes Policy Documents.
3.8 While individuals are protected from Retaliation, Workers who make intentionally false, misleading or malicious reports, or who engage in the deception or cover-up of Misconduct will be subject to Disciplinary Action in accordance with the Progressive Corrective and Disciplinary Action Policy Documents.
3.9 Allegations of Retaliation will be reported and investigated through the same channels as other allegations reported under the Safe Reporting Policy Documents.
3.10 FNHA will strive to provide personal and cultural supports to everyone involved throughout the reporting and investigation process.
3.11 FNHA will establish a fair, prompt, and transparent process for investigating Safe reporting reports in a manner that incorporates First Nations cultures and methodologies when appropriate.
3.12 FNHA will conduct all investigations following the principle that the burden of proving Misconduct is on the party alleging it, and not the party against whom it is alleged.

Confidentiality

3.13 FNHA will provide a mechanism for anonymous reporting. Anonymous reports that warrant investigation will be investigated to the greatest extent possible.
3.14 FNHA will make every reasonable effort to safeguard the identities and confidentiality of those involved in the reporting and investigation of alleged Misconduct. Information collected during the course of the investigation will only be shared on a Need to Know basis or as required by law.

**Reporting and Escalation**

3.15 The Chief Executive Officer (CEO) will provide a quarterly aggregate Safe Reporting report to the Board with the following information:

(a) the number and nature of allegations received through the Safe Reporting process, and

(b) the status of the process to address the allegations.

3.16 Safe Reporting reports involving allegations of Misconduct regarding the CEO or a Board Director will be routed to the Board Chair who will receive the reports and will arrange for external legal counsel to assess the report and to conduct any investigations.

3.17 Safe Reporting reports involving allegations of Misconduct regarding the Board Chair will be routed to the Vice-Chair who will receive the reports and will arrange for external legal counsel to assess the report and to conduct any investigations.

**Closing the File**

3.18 To ensure transparency and accountability, FNHA will communicate to Reporters that the investigation is complete.

**Compliance**

3.19 Any violations of this policy may result in Disciplinary Action, up to and including termination, in accordance with the *Progressive Corrective and Disciplinary Action* Policy Documents.

**Exceptions**

3.20 Exceptions to this policy require approval by the Board.

**Delegation**

3.21 This policy will be further defined and elaborated upon through an executive directive of the CEO.

**4.0 Responsibilities**

4.1 **Board of Directors (Board):** approve the *Safe Reporting Policy,* approve exceptions as appropriate.

(a) **Board Chair:** receive reports for allegations involving the CEO or Board Directors.

(b) **Vice-Chair:** receive reports for allegations involving the Board Chair.

4.2 **Chief Executive Officer (CEO):** provide overall leadership and support to Senior Executives in the oversight and management of Safe Reporting activities; provide quarterly Safe Reporting reports to the Board.
5.0 Definitions

Disciplinary Action(s): a process for dealing with job-related behaviour that does not meet expected and communicated performance standards, including non-compliance with Policy Documents.

Funding Arrangement(s): an agreement governing the provision of Direct Community Funding to a Funding Recipient or funding to a Public Partner Organization for the delivery of health services.

Misconduct: real, suspected or potential wrongdoing that results or could result in a serious breach of Policy Documents, misuse of FNHA resources, financial mismanagement, misuse of authority or violations of federal or provincial law. This includes but is not limited to:

(a) mistreatment of Workers, Clients, partners or members of the public;
(b) actions that pose a danger to the life, health, or safety of Workers, Clients, or the environment;
(c) theft, fraud, bribery or corruption;
(d) unethical or unprofessional conduct;
(e) acting while in a Conflict of Interest.

Need to Know: a principle where Workers may only access Data required for the performance of their respective duties.

Policy Document(s): all existing documents within a policy set, including the Board-approved policy that provides principles and guidance and delegates authority to the CEO; consistent with approved policy, CEO-approved executive directives that provide direction for the approach, outline required and prohibited actions, and delegate accountabilities to Senior Executives; and, consistent with approved executive directives, any procedures approved by Senior Executives that outline specific steps to be followed.

Reporter(s): a person who reports an allegation of Misconduct.

Retaliation: a real, suspected or potential action, which may be formal/informal or direct/indirect, taken against an individual for participating in the Safe Reporting program. This may include but is not limited to:

(a) discrimination, harassment, intimidation, pressure, threats, force or duress;
(b) discipline, demotion, suspension, termination, or adverse employment consequences of any kind; or
(c) financial penalty or denial of a treatment or benefit.

Worker(s): includes individuals employed or contracted with FNHA while engaged in a FNHA work activity; specifically, employees (union, non-union; permanent, term, casual; full-time, part-time); people working at FNHA through an Interchange Agreement; people paid via third party agencies (temporary workers); contractors; consultants; trainees; students; volunteers.

Workplace(s): in or on the property of FNHA, or away from FNHA property if the Worker is engaged in work-related activities.
6.0 Mandatory Compliance Documents

- Employment Standards Act (British Columbia)
- Workers Compensation Act (British Columbia)

7.0 Rescind and Interpretation Statements

7.1 With the approval of this policy, older versions are considered to be replaced and/or rescinded and are no longer in effect.

7.2 Where interpretation is required regarding the relationship between Policy Documents, the CEO has sole discretion to provide the interpretation.

8.0 Summary of Changes

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<th>Replaces</th>
<th>Dated</th>
<th>Key Changes to Previous Version</th>
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| PAC-18-003-006 Whistleblower Policy | August 3, 2018 | • Updated Scope to clarify that this policy applies to all Whistleblower reports received by FNHA, except for allegations regarding Funding Arrangements.  
• Added direction for reports involving the CEO, Board Directors, and the Board Chair.  
• Added a statement to demonstrate FNHA's commitment to creating a safe reporting environment and to helping individuals throughout the Whistleblower process.  
• Added statements clarifying FNHA's position on Retaliation and the limits of protection from Retaliation.  
• Added a statement providing direction for individuals who allege they have suffered Retaliation.  
• Revised to clarify that both cultural and personal supports may be provided to everyone, not just workers and witnesses.  
• Added a statement on the burden of proving Misconduct.  
• Added a statement committing to investigate anonymous reports to the greatest extent possible.  
• Revised to strengthen FNHA's commitment to safeguarding confidentiality.  
• Amended reporting requirements.  
• Amended the exceptions process. |
9.0 Attachments

None