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| **Policy No.**  **O.W.13.56** | |  | | |
| **Section**: Quality Improvement & Risk Management | | | | |
| **Policy Title**: Whistleblower | | | | |
| Original date policy issued: | | | | Approving Authority |
| Month | Day | | Year |
|  |  | |  |
| Last date policy revised: | | | | Approving Authority |
| Month | Day | | Year |
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1. **Statement of Purpose**

Shoreham Village’s [Code of Ethics](https://www.shorehamvillage.com/code-of-ethics/) requires all staff, independent practitioners/contractors, and volunteers to observe high standards of care/service/business, and personal ethics in the conduct of their duties and responsibilities, and to carry them out honestly, with integrity and in accordance with all applicable laws and regulations. However, it is still possible that intentional and unintentional violations of the Code, applicable laws and applicable audit practices and accounting standards and practices may occur. When these violations do occur, Shoreham Village has a responsibility to investigate and, where appropriate, to report these violations and the actions taken to address them.

1. **Policy Statement**

Shoreham Village is committed to providing a clear reporting process for the disclosure of organizational wrongdoing, and with protection against reprisal action that might result from such disclosure.

This policy sets out the procedures for an individual to report violations, or potential or suspected violations, of Shoreham Village’s Code of Conduct, applicable laws and applicable audit practices and accounting standards and practices. Whistleblowers are expected to talk to other members of the leadership team or the Corporate Leadership Team (CLT), managers, supervisors or other appropriate personnel about their concerns involving illegal or unethical behavior and the best course of action to take. If it is deemed that it is not appropriate and based on section 5.2.1 of this policy, whistleblowers have an opportunity to bring their concerns to the Board Chair, Shoreham Village’s Board of Directors. Prior to engaging this policy, refer to the O.W.13.55 Disclosure of Wrongdoing policy. If the individual does not feel comfortable disclosing to the Shoreham Village Board Chair, they can contact Seniors and Long-Term Care (SLTC) with their concern.

1. **Definitions** 
   1. **Confidentiality**: The maintenance of trust and the avoidance of invasion of privacy through accurate reporting and authorized communication.
   2. **Disclosure**: A formal complaint in writing of a wrongdoing or potential wrongdoing made in good faith by a staff, volunteer, client/resident, family member, public to a supervisor/manager, a member of the Corporate Leadership Team (CLT) or to the provincial Ombudsman.
   3. **Ethics**: is about reflecting on our values and making decisions that are values-based. At the core of health care ethics is our sense of right and wrong and our beliefs about rights we possess and duties we owe others (Vermont Ethics Network, 2011)
   4. **Reportable Conduct**: individuals may make reports under this Policy relating to good faith concerns about any actual, potential or suspected violation of the Code or applicable laws, including any accounting or auditing matter which is believed to be in violation of the Code or applicable law, including:
      1. fraud or deliberate error in the preparation, evaluation, review or audit of any financial statements;
      2. fraud or deliberate error in the recording or maintaining of financial records;
      3. deficiencies in, or non-compliance with internal controls;
      4. misrepresentations or false statements to or by a member of the CLT regarding a matter contained in the financial records, financial reports or audit reports;
      5. deviations from full and fair reporting of our financial condition;
      6. any matter that involves a significant threat to the health and safety of staff, clients/residents and/or the general public;
      7. any other actual, potential or suspected violations of the Code or applicable laws;
      8. any circumstance where staff believe they are being asked to commit a wrongdoing.
   5. **Reprisal**: any action taken against someone because they asked for advice about a disclosure, made a disclosure or cooperated in the investigation of a disclosure (discipline, demotion, termination of employment, a measure that adversely affects an employee's employment or working conditions, or a threat to do any of the above).
   6. **Wrongdoing**:
      1. a violation of any provincial or federal act or regulations made under any act, if the violation relates to the official activities of employees or public funds or assets
      2. misuse or gross mismanagement of public funds or assets
      3. an act or an omission that creates a substantial and specific danger to the life, health, or safety of a person, or the environment; or
      4. directing or counseling someone to commit one of the above.
   7. **Whistleblower/Whistleblowing**: is the raising of a concern about a danger, risk, malpractice, or wrongdoing which may affect others (NovaLeap Health Corp, 2019). A whistleblower can be staff, volunteers, clients/residents, family members, members of the public, etc.
2. **Policy Evaluation** 
   1. The Board Chair or designate will track disclosures of alleged wrongdoing that have been made directly to the Board of Directors.
   2. Allegations of wrongdoing will be further managed by the program manager/Director/Human Resources as per Shoreham Village’s Employee Discipline Policy, and through our risk management processes: Risk & Serious Events Report.
   3. As per Shoreham Village’s standards, this policy will be reviewed every three (3 years) or as needed.
3. **Key Points** 
   1. If the Board Chair does not feel comfortable discussing the alleged wrongdoing with the CEO, the Board Chair may reach out to other Board members and/ or SLTC for advice regarding the handling off the complaint.
   2. The Board Chair may delegate the responsibilities under this Policy to another member of the Board of Directors, the Chief Executive Officer (CEO), and Chief Financial Officer (CFO).
   3. Resources available to the Board to support an investigation include the organization’s independent auditors and legal counsel. The organization will cover the cost of any resources engaged for advice or the carrying out of an official investigation.
   4. **How to make a report:** 
      1. Prior to making any report, the individual should, wherever possible, discuss the reportable conduct with CLT, a manager, or supervisor who may be able to help resolve the matter. However, where the reportable conduct continues to be unresolved following such discussion, or where the WB has not been successful in attempts to discuss the issue with CLT, manager, or supervisor or where the individual is uncomfortable doing so, the individual should submit a report to the Shoreham Village Board of Directors Chair.
      2. Reports made under this Policy must be made truthfully and in good faith and they should describe the reportable conduct in as much detail as possible, including dates, individuals or witnesses involved and any supporting material or evidence that may be relevant to the reportable conduct.
      3. The whistleblower may make reports in writing to the Board Chair of the Shoreham Village Board of Directors. The report should be addressed to the Board Chair at 50 Shoreham Village Crescent Chester, Nova Scotia, B0J 1J0 and marked “Confidential”. Refer to O.W.13.55 Disclosure of Wrongdoing policy for Disclosure of Wrongdoing Letter Template.
   5. Reports may be made on an anonymous basis to the Board Chair. Although all reasonable steps will be taken to maintain anonymity of a person who makes a report on an anonymous basis. The source or nature of the report, or the steps required to be taken to investigate the reportable conduct, may make it difficult or impossible to maintain such anonymity. Any persons involved in or retained to assist in an investigation of Aa report must take all reasonable steps to not reveal the identity of the person who reports anonymously, unless required to do so by law.
   6. All reports received by the Board Chair will be reviewed promptly.
      1. If the report relates to a questionable accounting or audit matter or if the Board Chair determines that it is required by the nature of the report, the report will immediately be brought to the attention, and reviewed under the direction of the CEO, and the CFO, if appropriate. The Chair will ensure that the CEO & CFO are kept informed on all situations involving actual or suspected fraudulent activity unless the subject matter of the report requires otherwise.
      2. The Board Chair or designate will maintain a log of all complaints or reports that are received, tracking their receipt, investigation and resolution. They will also report complaints received and investigated under this Policy to the Board of Directors.
      3. Records pertaining to a report are the property of the organization and will be retained in accordance with our record retention policies.
   7. Investigation of reports.
      1. All reports will be treated as confidential, whether or not made anonymously, and reports will only be accessible to people that the Board Chair or designate determine have a “need to know”. Ordinarily, a need to know arises from an obligation to investigate or to take remedial or disciplinary action on the basis of the information contained in the report. For clarity, sharing information about a report in a manner required by this Policy will not be considered a breach of confidentiality.
      2. Unless the report has been made on an anonymous basis, the Board Chair will advise the person who made the report when the report has been received, and when the investigation (if any) has been completed.
      3. The Board Chair or designate is responsible for assessing and evaluating reports and for conducting or coordinating the conduct of investigations. In determining whether a report should be investigated and the extent of the investigation. The Board Chair, in consultation with the CEO, CFO, if appropriate, will consider whether the facts asserted allege a violation of applicable law or other organization policy together with the following factors: who the alleged wrongdoer is, the nature of the alleged wrongdoing, and how serious is the alleged wrongdoing.
      4. Reports relating to questionable accounting or audit matters, fraud or those of a criminal nature shall be brought by the Board Chair to the CEO and CFO, if appropriate, to determine the appropriate investigation process and participants in the investigation.
      5. In certain cases, the Board Chair, CEO and CFO, if appropriate, or designate, in consultation with legal counsel, may determine that a report should be made to the police or other law enforcement or regulatory agency where it appears that illegal activity or a regulatory breach has or may have occurred.
      6. At any time during the investigation of a report, the Board Chair, CEO and CFO, if appropriate, or designate in consultation with legal counsel may determine that it is appropriate to notify Shoreham Village outside auditors about the submission of the report or about the progress of the investigation, and may provide sufficient detail to allow for appropriate consideration by such parties without compromising the confidential or anonymous nature of the report.
      7. During the investigation of a report, the staff who are the subject of an investigation may be placed on leave, and such a leave is not to be interpreted as an accusation or a conclusion of guilt or innocence of any individual, including the person on leave. Staff who are informed that they are the subject of an investigation or inquiry relating to a report will be informed of the completion of the investigation or inquiry. Any staff who are investigated will be given an opportunity to be heard prior to any disciplinary action, if applicable.
      8. At the conclusion of any investigation or inquiry relating to a report, the Board Chair will promptly inform the CEO and CFO of any proposed remedial action, if appropriate. The Board Chair will make a recommendation to the Board of Directors, if appropriate in the circumstances.
      9. The individual who made the report will not be advised of the results of the investigation or inquiry (if any) unless the Board Chair, legal counsel, or CEO, CFO determines otherwise.
      10. All staff have an obligation to cooperate and comply with any investigation or inquiry initiated by the Board Chair or designate pursuant to this Policy.
   8. Retaliation against individuals who raise concerns will not be tolerated. If a person experiences retaliation for raising a concern, they are to inform the Board Chair immediately. Any retaliation against a staff person who has, truthfully and in good faith, made a report in accordance with this Policy or taken such an action is subject to disciplinary action, which may include dismissal. Individuals reporting wrongdoing should never have fears about raising concerns truthfully and in good faith based on their reasonable beliefs, even if they are later found to be mistaken. Speaking up is a behaviour to be encouraged. However, Shoreham Village believes it is also important to make sure that staff are protected from accusations that are frivolous or malicious, such as allegations made in bad faith or to pursue a personal grudge, making any such accusations is considered a violation of this Policy and will result in disciplinary action, which may include dismissal, if involving staff/volunteers Clients/residents, family members and members of the public may have their access privileges to our campuses impacted as a result.
4. **Contacts**

Chair, Board of Directors

President & Chief Executive Officer (CEO)

Chief Financial Officer/Chief Operating Officer (CFO/COO)

1. **Review History**

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1. **Corresponding Policies & Procedures**

O.W.1.45 Privacy of Information

O.W.1.75 Ethical Decision Making

O.W.2.9 Conflict of Interest

O.W.6.31 Person Centered Care & Service Delivery

O.W.13.55 Disclosure of Wrongdoing

1. **References**

KMPG (2022). Toolkit for Audit Committee Guide – Canadian Edition. Retrieved from: <https://assets.kpmg.com/content/dam/kpmg/ca/pdf/2022/03/toolkit-for-audit-committee-guide-en.pdf>

Nova Leap Health (2019). WhistleBlower Policy. Retrieved from: <https://novaleaphealth.com/corporate-governance/whistleblower-policy/>

Vermont Ethics Network (2011). Health Care Ethics: Overview of the Basics. Retrieved from: <http://www.vtethicsnetwork.org/ethics.html>