

Policy and Procedure

Title:	Disclosure of Staff Concerns (Whistleblowing) <i>(Formerly: Internal Disclosure of Employee Concerns)</i>		
Policy Number:	05.546 <i>(formerly 02.002)</i>	Section:	Human Resources
Effective Date:	March 20, 2006		
Revised Date:	October 30, 2019		
Approving Body:	President and CEO		
Authority:	CancerCare Manitoba Act		
Responsible Officer:	President and CEO		
Delegate:			
Contact:	Human Resources		
Applicable to:	CCMB Community		

1.0 **BACKGROUND:**

- 1.1 The Province of Manitoba enacted “The Public Interest Disclosure (Whistleblower Protection) Act C.C.S.M. c. P217” (“The Act”) in 2006, requiring all public bodies to establish procedures for persons to safely disclose concerns regarding Wrongdoing without fear of reprisal.
- 1.2 CancerCare Manitoba (CCMB) is committed to having procedures that permit persons to raise concerns about potential Wrongdoing while ensuring the safety and well-being of such persons.

2.0 **PURPOSE:**

- 2.1 To facilitate the disclosure and investigation of significant and serious matters relating to perceived Wrongdoing within any CCMB facility; and
- 2.2 To protect Staff who make those disclosures.

3.0 **DEFINITIONS:**

- 3.1 **Designated Officer:** The senior official within CCMB who receives and addresses Disclosures as defined by this policy. For the purposes of this policy, the Designated Officer is the President and CEO.
- 3.2 **Disclosure:** Information disclosed in good faith, based on reasonable belief by one or more Staff concerning a Wrongdoing that someone has committed or intends to commit.
- 3.3 **Ombudsman:** A person appointed under “The Ombudsman Act” of Manitoba to investigate complaints relating to access to information, privacy matters, government actions and Disclosure of Wrongdoing within a public agency.
- 3.4 **Staff:** All person employed by CCMB, including medical staff, as well as volunteers, board members, students and trainees.

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3.5 **Wrongdoing:** As defined by The Act:

- a) An act or omission constituting an offence under a Statute or Regulation;
- b) An act or omission that creates a substantial and specific danger to the life, health or safety of persons, or to the environment, other than a danger that is inherent in the performance of the duties or functions of the Staff member's work function;
- c) Gross mismanagement, including of public funds or a public asset; or
- d) Knowingly directing or counseling a person to commit a Wrongdoing described above in a), b) or c).

4.0 **POLICY:**

- 4.1 Where a Staff member has reasonable grounds to believe that another person (or persons) has committed a Wrongdoing, that Staff has a responsibility to disclose that information, in writing, appropriately and confidentially.
- 4.2 Staff are expected to follow normal lines of reporting within CCMB to disclose legitimate concerns, but where necessary, may disclose information directly to CCMB's Designated Officer or the Ombudsman.
- 4.3 If the Disclosure involves the President and CEO or other person appointed as the Designated Officer, staff may disclosure information directly to the Board Chair of CCMB or to the Ombudsman.
- 4.4 All Disclosures and any related investigations shall be dealt with in a confidential manner to protect the identity of the persons involved, including the disclosing Staff and alleged offender, to the fullest extent possible.
- 4.5 Staff shall be protected from any form of reprisal when a Disclosure is made in good faith.
- 4.6 Outcomes of any investigation / review shall be reported back to Staff making the Disclosure, as appropriate, taking into account issues of confidentiality.
- 4.7 The Office of the CCMB President and CEO is responsible for maintaining all files related to Disclosures and resulting investigations, as well as creating an annual report of all Disclosures made during the preceding year. The latter must either be published in the Annual Report, if an Annual Report is made publicly available or made available upon request to any member of the public.

5.0 **PROCEDURE:**

- 5.1 Staff encountering a situation they determine in good faith to be a Wrongdoing shall first assess whether there is imminent danger to life, health or safety of any individual. If so, Staff may make contact with an external authority such as a law enforcement agency prior to Disclosure to their supervisor or the Designated

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Officer.

5.2 Staff shall submit a written Disclosure to their supervisor, the Designated Officer or externally to the Ombudsman as soon as is feasible after identifying the perceived Wrongdoing or potential Wrongdoing.

5.2.1 Disclosure to the Designated Officer or to the Ombudsman directly should only be undertaken if normal reporting processes as not possible or Staff has been unsuccessful or dissatisfied with the handling or outcome of the matter using normal reporting processes.

5.3 A supervisor receiving a Disclosure shall:

5.3.1 Review the Disclosure and meet with the disclosing Staff;

5.3.2 Ensure any information pertaining to the Disclosure is maintained securely and confidentially;

5.3.3 Advise Staff that further review and handling will be undertaken by or under the direction of the Designated Officer; and

5.3.4 Notify the Designated Officer and take any actions directed by same.

5.4 The Designated Officer shall:

5.4.1 Receive all Disclosures, either directly from Staff or through the disclosing Staff member's supervisor;

5.4.2 Review the validity and relevance of the Disclosure, determining whether it is more appropriately dealt with by other processes, e.g. Human Resources, Occupational Health and Safety, etc.;

5.4.3 Notify the President and CEO of the Disclosure (if the Designated Officer is not the President and CEO) and the nature of the Wrongdoing;

5.4.4 Determine if an investigation is warranted; and

5.4.5 Identify, document and communicate outcomes of the investigation to the disclosing Staff, alleged wrongdoer and if the Designated Officer is not the President and CEO, to the President and CEO.

5.5 The Designated Officer may refer the Disclosure to the Office of the Ombudsman or an external authority as necessary.

5.6 A Disclosure made directly to the Ombudsman will be reviewed by that authority, which may require subsequent cooperation by CCMB in handling the Disclosure.

5.7 The CCMB President and CEO shall:

5.7.1 Ensure procedures are established to manage Disclosures;

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- 5.7.2 Either be the Designated Officer or designate a senior official from within CCMB to be the Designated Officer to receive and deal with Disclosures;
 - 5.7.3 Ensure that information and The Act and Disclosure procedures are communicated to Staff;
 - 5.7.4 Advise the CCMB Board Chair of Disclosures as appropriate; and
 - 5.7.5 Prepare a report annually on any Disclosures of Wrongdoing that have been made within CCMB.
- 5.8 Staff committing a Wrongdoing are subject to appropriate discipline action, up to and including termination of employment, in addition to any penalty provided for by law.
- 5.9 All actions during the above process will be taken as quickly as reasonably achievable. Time frames for each step shall be determined by the Designated Officer, in consultation with others involved, and communicated to the disclosing Staff member.

6.0 REFERENCES:

- 6.1 The Public Interest Disclosure (Whistleblower Protection) Act, C.C.S.M. c. P217.
- 6.2 WRHA Policy No.20.80.020 – Disclosure of Staff Concerns
- 6.3 The Ombudsman Act, C.C.S.M. c. 045

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DOCUMENTATION

Document Location:

This document is located (hard and e-copy formats):

1. The original signed and approved document is on file in the Executive Office, CCMB.
2. An e-copy is on file in the CCMB Governing Documents Library on SharePoint.
3. An e-copy is on file on the CCMB Board SharePoint site.

Revision History:

Date	Version	Status	Author	Summary of Changes
dd/mm/yyyy	#	Initial, Draft Final Minor/Major revision		
20/03/2006	1	Initial		
01/10/2011	2	Revision		Change in name and policy number
03/09/2015	3	Revision	Policy Team Sr Leaders HR	Revisions made to incorporate 2011 changes and to reflect WRHA current policy
28/03/2018	3	Minor Revision	S. Friedenberger	Reformatted to new template
14/03/2019	3	Minor Revision	CCMB Board	Wording changes and addition of item 4.3
30/10/2019				Approved by the Executive Committee of the Board

Approvals Record:

This Policy requires approval by:

Approval Date	Name / Title	Signature
	Not required.	

FINAL APPROVAL:

Date	Name / Title	Signature
Oct 30 2019	Dr. S. Navaratnam, President and CEO, CCMB, and Mr. J. Chipman Chair of the Board, CCMB	<i>Approved by Dr. S. Navaratnam and Mr. J. Chipman</i>