

**PROCESS FOR DIRECTORS TO RAISE PUBLIC CONCERNS****BRD 530****Introduction**

The purpose of this policy is to ensure that a clear process exists by which Directors of the Board of Northern Health (the “Board”) may direct concerns or complaints received by them from members of the public, or concerns of their own, to the office of the President and Chief Executive Officer (the “CEO”) for investigation, and to be assured of a timely and appropriate response. There is a distinction between administrative complaints and complaints involving clinical or patient care issues.

**Process****A. Administrative Concerns & Complaints****a) From the Public**

The Director shall forward concerns or complaints of an administrative policy or process nature requiring investigation to the Executive Assistant to the Chief Executive Officer & Board of Directors with a copy of the correspondence, or by providing a brief description of the complaint if received verbally. The Director shall ensure that contact information for the complainant is provided in order to ensure a prompt response.

Where it is unlikely that the concern/complaint can be resolved within one week, the CEO or designate will forward a written acknowledgment to the individual making the complaint, indicating that the concern/complaint is under review and will be responded to as soon as possible. A copy of this acknowledgment will also be provided to the Board Chair and to the entire Board at the next Board meeting.

**b) From Directors**

A Director may have occasion to raise concerns, whether in their role as a member of the Board or as a member of the public.

If the Director has concerns about a fellow Director, they will follow the process set out in BRD 210 Code of Conduct and Conflict of Interest Guidelines for Directors.

If the concern is about a Northern Health staff member or service, a physician, or any other matter dealing with the operation or management of Northern Health, the Director shall first raise their concern directly with the CEO either verbally or

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in writing. The same timely process for response as delineated under 'From the Public' shall be followed.

Directors should not raise issues of this nature at Committee or Board meetings until there has been appropriate opportunity for proper advance investigation or preparation by the CEO and management that could lead to timely resolution.

Directors also have the right to report a serious wrongdoing to Northern Health Safe Reporting, in accordance with the *Public Interest Disclosure Act*, and as guided by the Northern Health Safe Reporting policy<sup>1</sup>. Wrongdoings that can be reported and investigated through this process include acts or omissions that constitute an offence; create a substantial and specific danger to the life, health or safety of persons or the environment; serious misuse of public funds or assets; or gross or systemic mismanagement.

## B. Clinical or Patient Care/Safety Concerns & Complaints

Some complaints or incidents may involve legal risks related to standards of care or injury/harm resulting from the activities of Northern Health. Communications on these issues will be managed by the CEO through staff responsible for risk management to ensure compliance with the adverse event reporting procedures and to meet the reporting requirements of the Health Care Protection Program (HCPP), Northern Health's insurer.<sup>2</sup>

Complaints from patients are governed by the *Patient Care Quality Review Board Act* (PCQRB Act) and follow provincial processes for response outlined in Ministerial Directives. These complaints are handled through the Northern Health Patient Care Quality Office (PCQO).

Directors receiving complaints from patients or patient representatives shall forward such complaints to the Executive Assistant to the CEO/Board with a copy of the correspondence, or by providing a brief description of the complaint if received verbally. The Director shall ensure that contact information for the complainant is provided in order to ensure a prompt response.

Communications on these issues will be managed by the CEO through staff responsible for the PCQO to ensure compliance with legislation and provincial process and to liaise with risk management if needed.

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<sup>1</sup> Policy [5-3-1-150 Safe Reporting](#)

<sup>2</sup> Policy [4-2-1-030-P Health Care Protection Program \(HCPP\): Reportable Incidents](#)

Reporting to the Board will depend on the nature of the complaint. Reports may be made through the CEO Report, as a separate Board or Board Committee agenda item, as a Section 51 quality review follow-up through the 3P Committee, or as determined by the CEO.

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