

SCHEDULE G – FORM OF COMPLIANCE DECLARATION

DECLARATION OF COMPLIANCE

Issued pursuant to the MSAA effective April 1, 2014

To: The Board of Directors of the South West Local Health Integration Network (the "LHIN"). Attn: Board Chair.

From: The Board of Directors (the "Board") of the London InterCommunity Health Centre (the "HSP")

Date: June 21, 2017

Re: April 1, 2016 – March 31, 2017 (the "Applicable Period")

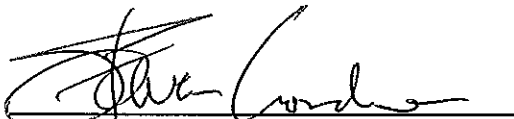
Unless otherwise defined in this declaration, capitalized terms have the same meaning as set out in the MSAA between the LHIN and the HSP effective April 1, 2014.

The Board has authorized me, by resolution dated June 21, 2017], to declare to you as follows:

After making inquiries of the Executive Director and other appropriate officers of the HSP and subject to any exceptions identified on Appendix 1 to this Declaration of Compliance, to the best of the Board's knowledge and belief, the HSP has fulfilled, its obligations under the service accountability agreement (the "MSAA") in effect during the Applicable Period.

Without limiting the generality of the foregoing, the HSP has complied with:

- (i) Article 4.8 of the MSAA concerning applicable procurement practices;
- (ii) The *Local Health System Integration Act, 2006*; and
- (iii) The *Public Sector Compensation Restraint to Protect Public Services Act, 2010*.



Steve Goodine, Chairperson

Schedule G – Form of Compliance Declaration Cont'd.

Appendix 1 - Exceptions

[Please identify each obligation under the MSAA that the HSP did not meet during the Applicable Period, together with an explanation as to why the obligation was not met and an estimated date by which the HSP expects to be in compliance.]

We achieved all of our core indicators, which represents an improvement versus last year.

The number of individuals served was lower than the performance standard in several of our functional centres.

Targets were not achieved for two reasons:

- Staff turnover, resulting in fewer service providers as we recruited replacement staff.
- FTE head count in our 2016/17 CAPS submission was incorrect, resulting in service provider interaction targets that were not attainable.

We took the following actions in response:

We improved our turnover trends by introducing enhanced recruitment, onboarding, and staff development programs. Additional government funding to enhance primary care wages will make us more competitive, which will also improve our recruitment and retention efforts.

We corrected our FTE head count in our 2017/18 CAPS submission, which will ensure more accurate and attainable service provider interaction targets. We will ensure our FTE head count remains accurate going forward.

We anticipate that the above actions will allow us to meet our performance standards in the 2017/18 fiscal year.