ATTESTATION

Prepared in accordance with section 14 of the
Broader Public Sector Accountability Act, 2010 ("BPSAA")

To: **The Board of Directors to the Toronto Central Local Health Integration Network, operating as Home and Community Care Support Services Toronto Central**

From: **Cynthia Martineau, CEO, Home and Community Care Support Services Toronto Central**

Re: **Quarterly Declaration of Compliance**
Reporting period of January 1 – March 31, 2022 ("the Applicable Period")

On behalf of Home and Community Care Support Services Toronto Central ("HCCSS"), I attest to:

- The completion and accuracy of reports required of the HCCSS, pursuant to section 5 of the BPSAA, on the use of consultants;
- The HCCSS' compliance with the prohibition, pursuant to section 4 of the BPSAA, on engaging lobbyist services using public funds;
- The HCCSS' compliance with all of their obligations under applicable directives issued by the Management Board of Cabinet
- The HCCSS' compliance with their obligations under their respective Memorandum of Understanding with the Ministry of Health (the "Ministry") in effect; and
- The HCCSS' compliance with their obligations under their respective Ministry-LHIN Accountability Agreement in effect

during the Applicable Period.

In making this attestation, I have exercised the care and due diligence that would reasonably be expected of a Chief Executive Officer ("CEO") in these circumstances, including making due inquiries of HCCSS staff that have knowledge of these matters.

I further certify that any material exceptions to this attestation are documented in the attached Schedule A.

Dated at Belleville, Ontario, this 17th day of May, 2022.

Ontario

Original signed by

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Cynthia Martineau
CEO
Home and Community Care Support Services Toronto Central

Schedule A

CEO Certificate of Compliance

For the Applicable Period: January 1 – March 31, 2022

1. MEMORANDUM OF UNDERSTANDING

See below

2. MINISTRY-LHIN ACCOUNTABILITY AGREEMENT

See below

3. COMPLETION AND ACCURACY OF REPORTS REQUIRED PURSUANT TO SECTION 5 OF THE BPSAA

No known exceptions

4. PROHBITION ON ENGAGING LOBBYIST SERVICES USING PUBLIC FUNDS PURSUANT TO SECTION 4 OF THE BPSAA

No known exceptions

5. COMPLIANCE WITH APPLICABLE DIRECTIVES ISSUED BY MANAGEMENT BOARD OF CABINET

a. OPS Procurement Directives
   - No known exceptions

b. OPS Travel, Meal and Hospitality Expenses Directive
   - No known exceptions

c. OPS Perquisites Directive
   - No known exceptions

Note 1 – Healthcare Insurance Reciprocal of Canada (HIROC)

HCCSS Toronto Central may be non-compliant with section 28 of the *Financial Administration Act* ("FAA"): The Community Care Access Centres ("CCACs") HIROC Subscribers' Agreements were transferred to the Local Health Integration Networks ("LHINs") pursuant to a transfer order of the Minister of Health and Long-Term Care ("Minister"), as it then was, under section 34.2 of the historical version of the *Local Health Systems Integration Act, 2006* ("LHSIA"). A reciprocal, by its nature and composition, poses a compliance question under the *Financial Administration Act* because risks are shared amongst all the members; as noted below, there is uncertainty about the compliance of this specific HIROC arrangement. It is not certain from the Minister's order or from applicable legislation whether or not this increase in the contingent liability of the Crown placed HCCSS in non-compliance with the FAA and with each Ministry-LHIN Memorandum of Understanding. Furthermore, the HCCSS has no direct knowledge as to whether or not this matter was addressed in Cabinet's approvals in respect of the legislative amendment that enabled the transfer.

The HCCSS had previously understood, from the Ministry, that the transfer of the agreement under the Minister's order does not give rise to non-compliance by HCCSS. However, in December 2020, Ontario Health submitted a business case to the Ministry requesting that the Ministry submit HCCSS' situation to Treasury Board for an exemption. The HCCSS awaits the outcome from this recent submission.

Note 2 – Ontario Digital and Data Directive, 2021

The Ontario's Digital and Data Directive, 2021 requires all data created, collected and/or managed by ministries and provincial agencies to be made public as open data, unless it is exempt for privacy, confidentiality, security, legal or commercially-sensitive reasons. There are no HCCSS processes in place to implement this Directive. HCCSS organizations have not analyzed their data and have not applied the principles in the International Open Data Charter in preparation to release data as a result of resourcing challenges and other provincial priorities.

There is no work underway to address this exception due to resourcing challenges and other provincial priorities. However, HCCSS ensures that they respond to data requests from the public in a timely manner.

Note 3 – *Archives and Recordkeeping Act, 2006*

Pursuant to a transfer order issued by the Ministry under the historical version of LHSIA, the records of the CCAC transferred to the HCCSS. The transfer of these records has resulted in non-compliance with the *Archives and Recordkeeping Act, 2006* (the "ARA") primarily related to record series alignment and adoption timelines.

HCCSS submitted and received approval for two Patient Care Record Series and one associated Source Document Series from the Archivist of Ontario. HCCSS are in the process of implementing these Series.

Note 4 – Single or Sole Source Procurement

HCCSS Toronto Central is non-compliant with single or sole source procurements. Single or sole source procurements require approved annual business cases with valid non-competitive exemptions.

The non-compliance relates to the Human Resources Performance, Learning and Development system. The system license renews annually unless terminated. Some of the termination date has passed. The work to move the Human Resources system to the Ontario Health solution was stopped as HCCSS staff did not transfer. The potential use of the Ontario Health solution by HCCSS requires further dialogue with Ontario Health and the Ministry. In addition, further administrative direction is required given the current system transformation underway to determine whether HCCSS should procure a new system or seek other options.

HCCSS Toronto Central has renewed software licenses through an annual renewals process which is non-compliant with competitive procurement requirements. It is a software that is used to store the electronic documents related to individual patients and is integrated with the Client Health Related Information System ("CHRIS"). It was competitively procured by Ontario Association of Community Care Access Centers, before 2007. The contract was renewed by its successor organization, Health Shared Services Ontario (Ontario Health Shared Services) on an exception basis given it is a proprietary system and integrated with CHRIS.

Note 5 – Legislative/Policy Requirements (Corporate Policy on Information Sensitivity Classification, Corporate Policy on Recordkeeping, Corporate Policy on the Protection of Personal Information)

On July 5, 2021 the Chief Privacy Officer and Archivist of Ontario, acting as the Chief Information Security Officer, issued a memo confirming that the 1.Corporate Policy on Information Sensitivity Classification; 2.Corporate Policy on Recordkeeping; and 3.Corporate Policy on the Protection of Personal Information (collectively referred to as "the Policies") apply to all provincial organizations. HCCSS organizations have not implemented the Policies consistently or to their full extent.

Due to long-standing hiring freezes and budget reductions, there are approximately 70 HCCSS staff cross-appointed to other HCCSS organizations to support the continuity of home care operations. This has left no capacity to consistently implement the Policies. In addition, each of the 14 HCCSS has the same CEO and a cross-appointed Board of Directors, and there are corporate records being created that belong to all 14 legal entities without a structured approach to the management of these records. Information may not be protected, classified, retained and disposed of in accordance with applicable policies.

A recordkeeping committee across the 14 HCCSS has been formed to advance records management. An agreement was created to formally cross-appoint staff employed by one

HCCSS to another HCCSS. Formal Human Resource documentation and confidentiality agreements will be implemented.

Note 6 – Purchasing Card Program

The Purchasing Card (PCard) is a mechanism for acquiring and paying for low dollar value goods and services. Use of the PCard reduces the administrative costs of payables associated with low dollar value purchases, improves cash flow and accounts receivable status for vendors, and simplifies the purchase process for employees. Section 7.12.1 of the Ontario Public Service (OPS) Procurement Directive states the PCard must be used for low dollar value purchases. Some HCCSS discontinued the use of the PCard after a period of transition involving Ontario Health and HCCSS. Meanwhile, other HCCSS historically did not use PCards and did not implement the program. The PCard must be used for low dollar value purchases, which are generally deemed to be purchases of $5,000 or less. Thirteen of fourteen HCCSS use a combination of PCards, purchase order and/or blanket purchase orders for low dollar value acquisitions. This combination of practices is not contemplated under s. 7.12 of the OPS Procurement Directive, “Corporate Card Program.”

HCCSS are working on a consistent policy and practice across the 14 HCCSS in alignment with the OPS Procurement Directive and PCard program guidelines. HCCSS are validating and authorizing which positions have PCards and dollar value limits to ensure appropriate delegation. The consistent policy will then be implemented with documentation of which positions are to be allocated PCards.

Note 7 – Agencies and Appointments Directive (AAD) Section 1.9.3 Business Plans for Board-Governed Agencies; Mandate Letter

According to the AAD, all HCCSS are required to submit an annual business plan to the Ministry of Health (MOH) no later than one month before the start of their fiscal year. The Mandate letter provided an extension to January 1, 2022. It was not possible to submit according to the timelines specified in the AAD or the extension in the Mandate letter.

The MOH directed HCCSS to continue to serve patients at maximum capacity through fiscal year 2021/2022 and committed to work with HCCSS to secure more funds for patient services. Given that HCCSS organizations were operating at deficits throughout the year without confirmed funding, it was not possible to submit a spending plan aligned with Ministry-LHIN Accountability Agreement funding allocations and thus the timelines could not be met.

Note 8 – Receipt of money outside of the Crown in right of Ontario

Under section 6(4) of LHSIA, HCCSS shall not receive money or assets from any person or entity except the Crown in right of Ontario without the approval of both the Ministers of Health and Finance. On October 3, 2017, HCCSS received an approval to receive money from designated non-Crown in right of Ontario sources. Subsequently, HCCSS identified multiple situations of receiving money from entities that may not be captured by the October 2017

approval. HCCSS intend to work with the Ministry to obtain or confirm approval to receive these monies.

Note 9 – MLAA - Annual Balanced Budget Requirements

HCCSS Toronto Central is forecasting deficits for fiscal year 2021/22. Annual Balanced Budget Requirements in the MLAA require HCCSS to plan for and achieve an Annual Balanced Budget for their operations. Working closely with the Ministry during the fiscal year, all HCCSS were directed to provide patient care for all eligible patients to the extent possible within current Health Human Resources capacity constraints, with a Ministry commitment to provide funding to each HCCSS as required to achieve a balanced budget. Three HCCSS provided patient care in excess of final funding allocations.