

**Attestation Form Prepared in accordance with section 15 of the  
Broader Public Sector Accountability Act, 2010 (BPSAA)**

**TO:** The Board of St. Joseph's Health Care London, (the "Board")

**FROM:** Dr. Gillian Kernaghan, CEO St. Joseph's Health Care London

**Date:** May 27, 2013

**RE:** April 1, 2012 to March 31, 2013 ("the Applicable Period")

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On behalf of the **St. Joseph's Health Care London** (the Hospital) I attest to:

- the completion and accuracy of reports required of the Hospital pursuant to section 6 of the BPSAA on the use of consultants;
- the Hospital's compliance with the prohibition in section 4 of the BPSAA on engaging lobbyist services using public funds;
- the Hospital's compliance with any applicable expense claims directives issued under section 10 of the BPSAA by the Management Board of Cabinet;
- the Hospital's compliance with any applicable perquisite directives issued under section 11.1 of the BPSAA by the Management Board of Cabinet; and
- the Hospital's compliance with any applicable procurement directives issued under section 12 of the BPSAA by the Management Board of Cabinet,

during the Applicable Period.

In making this attestation, I have exercised care and diligence that would reasonably be expected of a **CEO** in these circumstances, including making due inquiries of Hospital 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 London, Ontario this 27<sup>th</sup> day of May, 2013

*original signed*

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Dr. Gillian Kernaghan, President and CEO  
St. Joseph's Health Care London

I certify that this attestation has been approved by the board of St. Joseph's Health Care London on May 27, 2013.

*original signed*

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Ms. Marcella Grail, Chair of the Board  
St. Joseph's Health Care London

**SCHEDULE A  
TO ATTESTATION**

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1. Exceptions to the completion and accuracy of reports required in section 6 of the BPSAA on the use of consultants;

**No known exceptions.**

2. Exceptions to the Hospital's compliance with the prohibition in section 4 of the BPSAA on engaging lobbyist services using public funds;

**No known exceptions.**

3. Exceptions to the Hospital's compliance with the expense claims directive issued under section 10 of the BPSAA by the Management Board of Cabinet;

**No known exceptions.**

4. Exceptions to the Hospital's compliance with the perquisites directive issued under section 11.1 of the BPSAA by the Management Board of Cabinet; and

**No known exceptions.**

5. Exceptions to the Hospital's compliance with the procurement directive issued under section 12 of the BPSAA by the Management Board of Cabinet.

DIRECTIVE	RATIONALE	ACTION PLAN
<b>Directive #3</b> Organizations must conduct an open competitive procurement process where the estimated value of procurement of goods or services is \$100,000 or more.	The hospital initiated and concluded number of competitive bidding events and contracts during the year, however, due to capacity constraints, certain vendor relationships >\$100K have not yet been procured under the new legislative requirements.	The hospital will continue to execute a Sourcing Strategy maximizing the available resources required for each competitive procurement engagement. This strategy includes tendering legacy contracts that are set to expire, ongoing capital and service requirements as well as new opportunities that arise based on organizational strategic priorities.
<b>Directive #25</b> Competitive procurement documents must outline bid dispute resolution procedures.	Hospital RFP documents are compliant with this directive, however certain procurement initiatives [ie. Requests For Quotes (RFQ)] were used throughout the year for certain capital and invitational bidding events and did not contain the required language to outline the bid dispute resolution procedures.	The terms and conditions for all procurement-related documents were amended during the year to ensure compliance and completeness to address the procurement, risk and privacy needs of the hospital. As these changes were not effective at the beginning of the reporting period the hospital was not compliant for the entire year.