



# Board of Directors Meeting

*In-Camera Package*

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**Thursday, September 4, 2025**

Huron Perth Healthcare Alliance  
Seaforth Community Hospital



# Huron Perth Healthcare Alliance

## Board of Directors Meeting

### IN-CAMERA

Thursday, September 4, 2025  
Conference Room - HPHA Seaforth Community Hospital

A G E N D A				
Item	Agenda Item	Lead	Outcome	Time
1.	<b>Approval of Agenda</b>	John Wilkinson, Chair	Decision	7:40 pm
2.	<b>Approval of Minutes</b> 2.1 HPHA Board of Directors In-Camera Meeting (June 5, 2025)★	John Wilkinson, Chair	Decision	7:45
3.	<b>Business Arising from the Minutes</b>	John Wilkinson, Chair	Discussion	7:50
4.	<b>Governance</b> 4.1 Board Committee Reports 4.1.1 Medical Advisory Committee★ 4.1.2 Resources, Audit & Digital Innovation Committee★	Dr Kevin Lefebvre Franklin Famme	Decision Decision	7:55
5.	<b>Adjournment</b>	John Wilkinson, Chair	Decision	8:30 pm

★Attachment



# Huron Perth Healthcare Alliance Board of Directors Meeting **IN-CAMERA**

Thursday, June 5, 2024  
Room E1-609 – HPHA Stratford General Hospital

## **MINUTES**

**Present:** John Wilkinson, Chair (virtual)  
Jim Battle, Franklin Famme, Steve Hearn, Barry Hutton, Ron Lavoie (virtual), Dr. Kevin Lefebvre, Kathy Lewis, Lynanne Mason, Kerri Ann O'Rourke, Kim Ross Jones, Greg Stewart (virtual), Bill Whetstone, Tricia Wilkerson, Andrew Williams Mary Cardinal, Iris Michaels, Sue Davey

**Regrets:** Dr. Chuck Gatfield, Dr. Ali Kara, Dr. Heather Percival

**1. Approval of Agenda**

It was moved by Ron Lavoie, seconded by Greg Stewart:

**THAT the Huron Perth Healthcare Alliance Board of Directors approves the In-Camera meeting agenda.**

**CARRIED**

**2. Minutes of Previous In-Camera Meeting**

**2.1 April 3, 2025**

A minor edit was made to the second page of the minutes for the record.

It was moved by Tricia Wilkerson, seconded by Franklin Famme:

**THAT the Huron Perth Healthcare Alliance Board of Directors approves the In-Camera minutes from the meeting April 3, 2025 as amended.**

**CARRIED**

**3. Business Arising from the Minutes**

Following the last meeting a letter was sent to MPP Matthew Rae and the Hon. Lisa Thompson, MPP to raise awareness regarding the deteriorating financial position in the hospital sector and the Huron Perth Healthcare Alliance's fiscal position. MPP Rae subsequently shared our letter with the Premier of Ontario Doug Ford, Deputy Premier and Minister of Health Sylvia Jones and Minister of Finance Peter Bethlenfalvy. The letter was also shared with the Huron Health System and Listowel Wingham Hospitals Alliance who sent similar letter reinforcing the situation for them.

**4. Governance**

**4.1 Governance, Community Relations & System Transformation Committee**

Steve Hearn presented highlights from the meeting held May 27, 2025. He noted that the Huron Perth Healthcare Alliance (HPHA) Board of Directors does not have any

vacancies and Directors whose terms expire in June 2025 are willing to let their names stand for another term.

It was moved by Steve Hearn, seconded by Kathy Lewis:

**THAT the Huron Perth Healthcare Alliance Board of Directors approves the following slate of candidates**

**Board of Director Term Renewals:**

- *Ron Lavoie, Director from the catchment area served by the corporation for a three-year term.*
- *Kerri Ann O'Rourke, Director from the catchment area served by the corporation for a two-year term.*
- *Tricia Wilkerson, Director from the catchment area served by the corporation for a three-year term.*

**Patient & Caregiver Partner Appointments**

- **Board of Directors**
  - *Jim Battle, Patient & Caregiver Partner ex-officio member for a one-year term.*
- **Board Committees**
  - *Governance, Community Relations & System Transformation Committee*
    - *Leslie Showers for a one-year term.*
  - *Quality & Social Accountability Committee*
    - *Eddie Matthews for a one-year term.*
  - *Resources, Audit & Digital Innovation Committee*
    - *Barb Fewster for a one-year term.*
  - *Medical Advisory Committee*
    - *Cathy Bachner for a one-year term.*

This slate will be presented at the Huron Perth Healthcare Alliance Annual & Special Members Meeting on June 25, 2025. Elections for the Board Officers and approval of the 2025/2026 Board Committee membership will take place at the HPHA's Organizational Meeting to be held immediately following the Annual & Special Members Meeting on June 25, 2025.

The executive compensation close-out report for 2024/2025 was included in the agenda package along with details of the proposed plan for selecting indicators for 2026/2027.

It was moved by Steve Hearn, seconded by Franklin Famme:

**THAT the Huron Perth Healthcare Alliance Board of Directors waive the pay-at-risk portion of executive compensation due to the Ministry of Health Directive with Bill 124 for fiscal year 2024/2025.**

**CARRIED**

The Huron Perth hospital Board Chairs and Vice Chairs have been meeting and agreed to work together more closely through a new collaboration initiative. The collaboration comes in response to shared challenges including financial deficits, competition for health human resources, and the need to modernize aging facilities.

It was moved by Steve Hearn, seconded by Barry Hutton:

**THAT the Huron Perth Healthcare Alliance Board of Directors adopt the following Resolution:**

***BE IT JOINTLY RESOLVED that the Chief Executive Officers (CEO) of Huron Health System, Huron Perth Healthcare Alliance and Listowel Wingham Hospitals Alliance are directed to work together to develop a plan to collectively improve patient care through a series of joint actions that unlock the benefits of greater collaboration. The CEO's will report back shared recommendations to their respective Board Chair by August 31, 2025 and then jointly present the agreed upon recommendations to a joint Board Retreat to be held no later than the end of October.***

**CARRIED**

There was discussion and it was noted that shared services and resources are already in place among the hospitals, and while the Huron Perth Healthcare Alliance (HPHA) is committed to partnerships, systems thinking and integration, working to expand these is a priority, including non-hospital partnerships. The Huron Perth hospitals and Huron Perth & Area Ontario Health Team have issued an RFP to hire a consultant for joint clinical services planning to support master planning. The HPHA's Commitments to our Communities for 2025/2026 includes exploring partnerships.

#### **4.2 Medical Advisory Committee – Credentialing Report**

Dr. Kevin Lefebvre presented the Medical Advisory Committee (MAC) report from the meetings held on April 24 and May 22, 2025. The reports were pre-circulated in the agenda package. The recommendations include change in status and appointments to the Alliance's Professional Staff, as well as the reappointments for the Huron Perth Healthcare Alliance Professional Staff for 2025/2026. Dr. Lefebvre confirmed that a thorough reviews have been completed and there are no issues of concern for the individuals being brought forward for consideration.

It was moved by Ron Lavoie, seconded by Kathy Lewis:

**THAT Huron Perth Healthcare Alliance Board of Directors approves the Professional Staff appointments, requests for change in status, and reappointments for 2025/2026 as presented.**

**CARRIED**

#### **4.3 Resources & Audit Committee**

The Committee met with the Auditors on May 28, 2024 to review the audit results and draft audited 2024/2025 financial statements and Franklin Famme presented highlights from the report. He noted that since this was the first year for an audit post-amalgamation with one set of statements, staff developed a comparative report that was included in the package. There is further information in the Notes to the financial statements to explain the transfers to the Huron Perth Healthcare Alliance from the hospitals on amalgamation to include details of the net assets transferred based on their audited carrying values at March 31, 2024. No significant areas of concern and the Huron Perth Healthcare Alliance will receive unqualified opinions on their respective financial statements.

It was moved by Franklin Famme, seconded by Kathy Lewis:

**THAT the Huron Perth Healthcare Alliance Board of Directors approve the Auditor's Report and Draft audited financial statements for the year ended March 31, 2025.**

**CARRIED**

Iris Michaels and her Team were recognized for their efforts during the audit.

Franklin reported that 2025/2026 will be the fourth year of a five-year contract with Ernst & Young LLP for audit services.

It was moved by Franklin Famme, seconded by Kim Ross Jones:

**THAT the Huron Perth Healthcare Alliance Board of Directors approves the appointment of Ernst & Young LLP for audit services for 2025/2026 at the annual base fee of \$70,040.**

**CARRIED**

A detailed Labour Relations report was presented to the Committee for information and included in the agenda package for information.

## **5. Other Business**

### **5.1 Clinton Public Hospital Emergency Department Update**

The Clinton Public Hospital Emergency Department (ED) ED closed due to nursing staffing challenges and is now fully staffed to reopen 24/7 however physician health human resources are now a challenge.

Risks were discussed and include committed ED RNs who may leave the organization if the ED does not reopen. These individuals are very well supported by leadership and the culture is very good at the hospital. The Department is currently staffed overnight with an RN and the extra staff will support summer vacation. Current physician staffing resources are insufficient to sustain reopening and reopening will result in ED closures at hospitals in the region who draw from the same pool of physician resources. The Huron Perth Healthcare Alliance can reopen the department unless it is able to take advantage of provincial programs for physicians that include recent funding adjustments as a result of the OMA negotiations.

There was discussion and transparency with the community was highlighted as a priority. It was noted that the community is used to the reduced hours and receiving care in other communities. Reopening with frequent closures may pose a risk and be confusing for residents. Future clinical planning with the Huron Perth hospitals will involve thoughtful planning for Emergency Services in the region.

A meeting with Ontario Health is planned later this month before any planning moves forward and will include engagement with physicians. Leadership will develop and share a sustainable solution plan with the Board before any public announcements are made.

### **5.2 HPHA Board Advance**

The Huron Perth Healthcare Alliance Board Advance is being held on Friday, June 20, 2025 at the Arden Park Hotel. Plans for the day include:

- Reviewing governance best practices;
- Navigating the current environment;

- Exploring and confirming planning principles for decision-making and a priority framework; and
- Understanding the core services framework.

The goal is to assess the Board's comfort level and ensure a plan is in place should leadership action be required to respond to financial realities. The agenda package will be circulated by June 12, 2025.

### **5.3 Ontario Health Annual Reporting – 2024/2025**

#### **5.3.1 Hospital Service Accountability Agreement -Declaration of Compliance**

The Huron Perth Healthcare Alliance (HPHA) had a deficit of \$3,913,740 at March 31, 2025 and this is included as an exception on the Attestation. It was noted that the HPHA signed a Balanced Budget Waiver with Ontario Health on March 27, 2023; Ontario Health rolled over agreements and therefore allows the HPHA to carrying a deficit.

It was moved by Franklin Famme, seconded by Kerri Ann O'Rourke:

**THAT the Huron Perth Healthcare Alliance Board of Directors approves the signing and submission of the Hospital Service Accountability Agreement Declaration of Compliance for April 1, 2024-March 31, 2025 recognizing that there is a Balanced Budget Waiver carried forward from 2023/2024.**

**CARRIED**

#### **5.3.2 Multi-Sector Service Accountability Agreement -Declaration of Compliance**

The Huron Perth Healthcare Alliance will be declaring a deficit of \$705k for the program due to the directive from Ministry of Health for reporting for Bill 124, included as an exception on the Attestation.

It was moved by Steve Hearn, seconded by Tricia Wilkerson:

**THAT the Huron Perth Healthcare Alliance Board of Directors approves the signing and submission of the Multi-Sector Service Accountability Agreement Declaration of Compliance for April 1, 2024-March 31, 2025 with the exception declared.**

**CARRIED**

#### **5.3.3 Broader Public Sector Accountability Act – Attestation - Declaration of Compliance**

Two exceptions are included with the Declaration of Compliance for:

- Use of a consultant through a vendor of record arrangement; and
- Non-competitive procurement by way of a contraction extension supporting standardization, compatibility/connectivity to existing systems and instrumentation that was required.

It was moved by Steve Hearn, seconded by Franklin Famme

**THAT the Huron Perth Healthcare Alliance Board of Directors approves the signing and submission of the Broader Public Sector Accountability Act Attestation for April 1, 2024-March 31, 2025 with the exceptions declared.**

**CARRIED**

## **6. Adjournment**

The meeting was adjourned on a MOTION by Tricia Wilkerson 9:16 p.m.

Confidential





**MEDICAL ADVISORY COMMITTEE**  
**for Huron Perth Healthcare Alliance Board Meeting**  
**In-Camera**

September 4, 2025

Recommendations for Appointment to the Professional Staff of the Huron Perth Healthcare Alliance were received from the following meeting:

**HPHA Credentials and Physician Resource Committee**

➤ June 2, 2025

**HPHA Medical Advisory Committee**

➤ June 26, 2025

**NEW PROFESSIONAL STAFF:**

NAME	CATEGORY	DEPT	START DATE	END DATE	SITE	COMMENTS
Kramer, Fernanda	Associate	Midwfe	23-May-25		SGH	
Ross, Jillian	Associate	ER	1-Jun-25		SGH	
Sabaa-Ayoun, Ziad	Associate	ER	1-Jul-25		SGH	
Ho, Dr. Jenny	Courtesy	Chemo	4-Sep-25		SGH	
Jang, Dr. Ji-Hyun	Courtesy	Chemo	4-Sep-25		SGH	
Kovacs, Dr. Michael	Courtesy	Chemo	4-Sep-25		SGH	
Kulkarni, Dr. Anjali	Courtesy	Chemo	4-Sep-25		SGH	
Lam, Dr. Selay	Courtesy	Chemo	4-Sep-25		SGH	
Lazo-Langner, Dr. Alejandro	Courtesy	Chemo	4-Sep-25		SGH	
Sugimoto, Dr. Akira	Courtesy	Chemo	4-Sep-25		SGH	
To, Dr. Eric	Courtesy	Chemo	4-Sep-25		SGH	
Dunlop, Bill	Locum	ER	7-Apr-25	31-Mar-26	CPH	
Lansdell, Nathan	Locum	ER	12-Apr-25	31-May-26	SEA	HFO
Samour, Fathe	Locum	ER	6-Mar-25	28-Feb-26	SEA	HFO

**REQUEST FOR CHANGE IN STATUS**

NAME	DEPT	SITE	Requested Change	Effective Date
Osika, Joshua	Psych	SGH	Transition from Locum to Associate	1-Jul-25
Fernando, Michael	ER	StM	Transition from Locum to Courtesy (with admitting)	1-Jun-25
Pegg, Anne Marie	ER	SGH	Transition from Locum to Courtesy (with admitting)	1-Jul-25
Wickett, Robert	ER	SGH	Transition from Locum to Courtesy (with admitting)	1-Jul-25

**Motion**

***THAT the Huron Perth Healthcare Alliance Board of Directors approves the Professional Staff appointments and requests for change in status as presented.***



**RESOURCES, AUDIT &  
DIGITAL INNOVATION COMMITTEE**  
**for Huron Perth Healthcare Alliance Board Meeting**  
**In-Camera**

September 4, 2025

The Huron Perth Healthcare Alliance (HPHA) Resources & Audit Committee met In-Camera on August 28, 2025.

**Meeting Highlights:**

**Fiscal Health**

**Hospital Sector Stabilization Plan (HSSP)**

**Background & Purpose**

- The Ministry of Health (MOH) and Ontario Health (OH) have introduced the Hospital Sector Stabilization Plan (HSSP) in July 2025.
- A central pillar is the new Planning and Performance Process, requiring hospitals to:
  - Submit financial forecasts and three-year balanced budget planning samples
  - The HSSP prioritization framework categorizes potential initiatives by risk level:
    - Low-Risk initiatives – e.g., administrative efficiency, supply chain optimization, utilization management. Low-risk strategies must be both:
      - No service reduction
      - No or minimal clinical front-line reductions, achieved primarily via attrition or vacancy management
    - High-Risk initiatives – e.g., program consolidation or integrated planning with service impacts. These carry significant risk to patient access, community expectations, and labour relations. High-risk strategies will be vetted through Regional Working Groups and cannot be implemented at this time.

**Nature of Submissions**

- Submissions are not final hospital plans. They are:
  - Draft samples intended to inform dialogue with MOH/OH and regional partners.
  - Explicitly described as “to be iterated over time”, not ready for implementation.
  - Due by September 12, 2025, under an accelerated timeline.
- MOH/OH clarified that “Board-approved” means:
  - Boards acknowledge management’s work and the submission.
  - Boards are not approving high-risk actions for implementation at this stage.
  - Any future implementation will require full Board approval and mandatory consultations.
  - MOH/OH have directed hospitals not to engage with Fiscal Advisory Committees/Unions or public/community stakeholders

**Motion**

***THAT the Huron Perth Healthcare Alliance (HPHA) Board of Directors approve the following:***

*WHEREAS the Ministry of Health (“MOH”) and Ontario Health (“OH”) have introduced a Hospital Sector Planning and Performance Process as part of the Hospital Sector Stabilization Plan (“HSSP”), which requires hospitals to submit “Board-approved” balanced plans to be iterated over time;*

AND WHEREAS MOH and OH have confirmed that these balanced plan submissions are **not final hospital plans to be implemented at this time**, but rather preliminary, draft samples intended to inform feedback and discussion through an iterative process;

AND WHEREAS MOH and OH have expressly directed that hospitals are **not to engage at this stage** with Fiscal Advisory Committees, mandatory union consultation processes, or the public, recognizing that such engagement is both legally necessary and desirable at a later point in informing future hospital Board decisions, if any;

AND WHEREAS the submission timelines do not allow for comprehensive analysis, mitigation planning, or consultation, and hospital management has therefore prepared a draft Balanced Plan submission using MOH/OH templates and guidance, based on the best information currently available, subject to the limitations outlined above;

**BE IT RESOLVED THAT:**

1. The Draft Plan may be submitted to MOH and OH, provided that:
  - This acknowledgement by the Board does **not** constitute approval for implementation of any measures or initiatives contained within the Draft Plan.
  - No implementation of the Draft Plan is authorized at this time.
2. Hospital management is authorized and directed to:
  - Engage with MOH and OH in the iterative review of the Draft Plan;
  - Defer engagement with Fiscal Advisory Committees, and the public until directed by MOH/OH and following further Board approvals;
  - Report back to the Board on feedback received and subsequent iterations of the Draft Plan; and
  - Return to the Board for further approvals before any hospital decisions are made or actions implemented.
3. The Chief Executive Officer is authorized to provide a certified copy of this resolution, including the conditions and limits contained herein, to MOH and OH together with the hospital's Draft Plan submission.

**2025/2026 Quarter 1 Fiscal Update ★**

- Clinical Activity
  - Acute weighted cases 15.7% below budget.
  - Rehab activity above budget (stroke volumes).
  - Complex Continuing Care patient days 10.8% below budget; weighted patient days 13.3% above.
  - Emergency and Mental Health volumes close to budget.
- Financial Results
  - Hospital Services Accountability Agreement (HSAA) deficit \$2.0M vs budget \$2.6M (favourable \$0.6M).
  - Multi-Sector Service Accountability Agreement (MSAA) deficit \$846K vs budget \$901K (unfavourable \$55K).
  - Overall Service Accountability Agreement deficit \$2.9M.
  - Total margin -5.82%.
  - Adjusted current ratio 0.53 vs. budget 0.09.

- **Revenue & Expenses**
  - Patient revenue \$1.1M higher (OHIP billing rate increase).
  - Medical staff remuneration \$723K higher (physician rate increase).
  - Salaries and benefits \$258K lower (mat leave top-up, in-lieu benefits).
  - Supplies and other expenses \$751K (10.3%) lower (natural gas, travel, maintenance).
  - Medical and surgical supplies \$118K (6.0%) lower, aligned with activity.
- **MSAA Deficit Drivers**
  - Prior year carry-over deficit.
  - Salary increases and Bill 124 compounding impact.
  - Higher maternity leave costs.
- **Capital & Debt**
  - Quarter 1 capital spend \$2.6M: \$1.3M buildings (\$0.9M St. Marys Patient Room Refresh), \$47K chemo, \$341K facilities, \$1.3M equipment.
  - Opening loan \$22.7M; \$915K added (St. Marys Patient Room Refresh); \$48K paid.
  - Ending loan \$23.5M (\$19.7M buildings, \$3.8M equipment).
  - Cash \$0 at Q1 close.
  - Working capital -\$13.1M.
  - Heavy reliance on debt as operating line of credit was used 82 of 91 days.
- **Forecast 1 (2025/26)**
  - HSAA deficit \$5.1M vs budget \$7.7M.
  - MSAA deficit \$1.2M vs budget \$1.3M.
  - Based on Q1 actuals, Q2–Q4 plan, updated funding.
  - Includes low-risk savings from Hospital Sector Stabilization Plan.
- **Capital Forecast**
  - \$12M unchanged from budget (\$4M buildings, \$8M equipment).
  - Non-committed equipment deferred unless essential.
- **Liquidity Forecast (March 31, 2026)**
  - Cash balance -\$9.2M.
  - Adjusted current ratio 0.26.
  - Working capital -\$17.3M.
  - If \$4.3M capital deferred: current ratio 0.44; working capital -\$13.3M.

### **Motion**

***THAT the Huron Perth Healthcare Alliance Board of Directors approves the Quarter 1, June 30, 2025 financial statements and associated reports.***

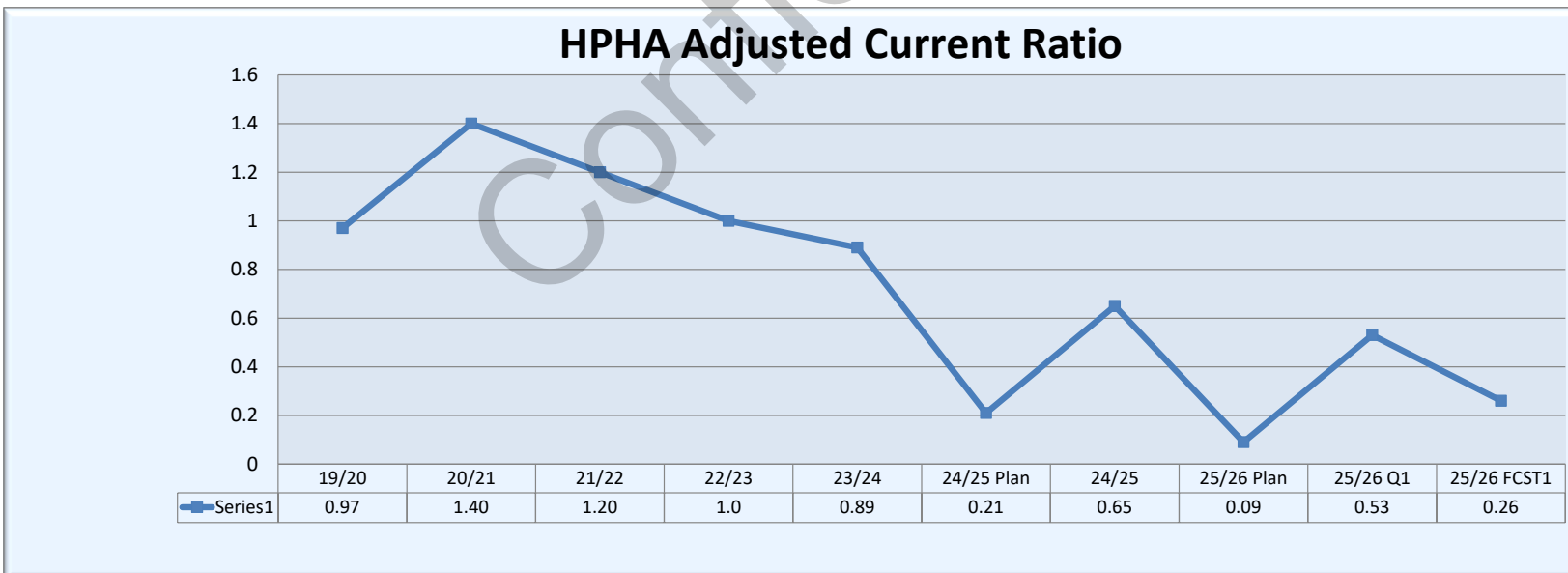
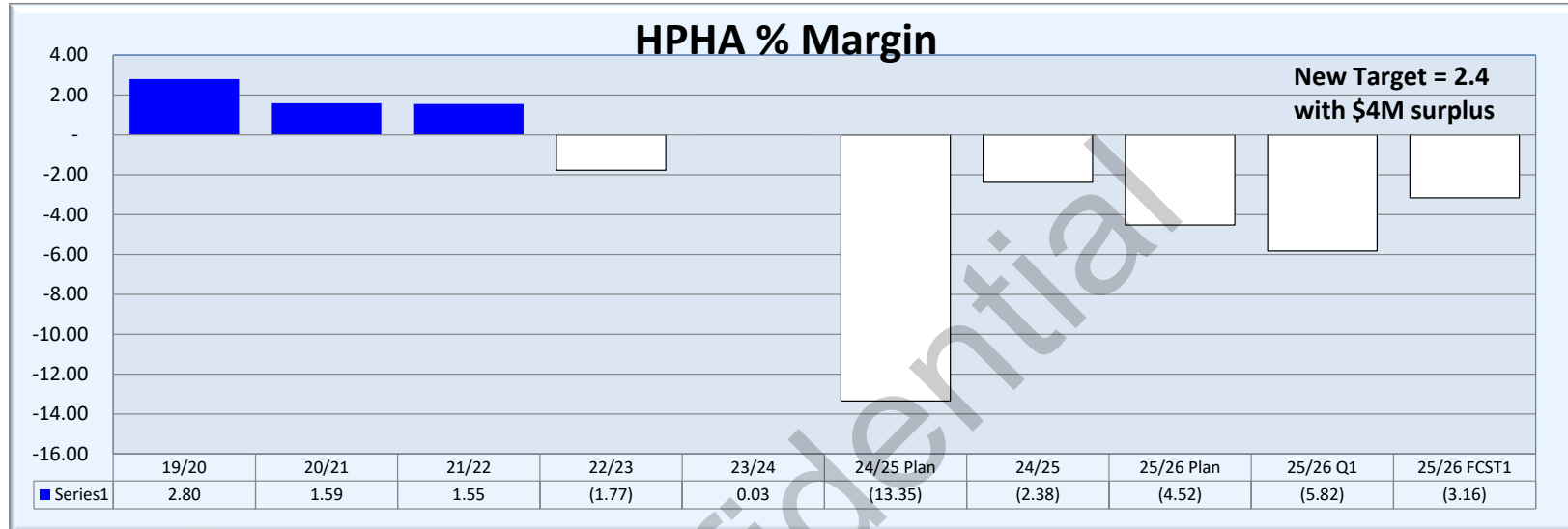
### **Fiscal Health**

#### **Labour Relations Update**

- Union updates were provided.

★Attachment

# HPHA Operating Dashboard



**Huron Perth Healthcare Alliance**  
**Statement of Operations**  
**For The Period Ending June 30, 2025**



	YEAR TO DATE				ANNUAL		
	YTD JUN 30, 2025 ACTUAL	YTD JUN 30, 2025 OPERATING PLAN	VARIANCE (2025/26 OPERATING PLAN VS. ACTUAL)	2024/25 ACTUAL	2025/26 OPERATING PLAN	2025/26 OPERATING YE FORECAST 1	VARIANCE (OPERATING PLAN VS. FORECAST1)
1 LHIN Global Allocation	\$ 21,595,616	\$ 24,545,000	\$ 2,949,384	\$ 94,879,354	\$ 98,813,000	\$ 86,501,077	\$ 12,311,923
2 LHIN HBAM Funding	\$ 7,899,685	\$ 5,939,000	\$ (1,960,685)	\$ 23,820,158	\$ 23,820,000	\$ 35,343,051	\$ (11,523,051)
3 LHIN QBP Funding	\$ 3,094,655	\$ 3,418,000	\$ 323,345	\$ 13,706,366	\$ 13,708,000	\$ 13,713,463	\$ (5,463)
4 MOH/LHIN One Time Funding	\$ 1,220,100	\$ 1,258,000	\$ 37,900	\$ 11,403,375	\$ 7,141,000	\$ 6,988,334	\$ 152,666
5 MOH/LHIN Recoveries	\$ (8,101)	\$ -	\$ 8,101	\$ (1,623,753)	\$ -	\$ (8,102)	\$ 8,102
6 MOH/LHIN Paymaster	\$ 241,640	\$ 243,000	\$ 1,360	\$ 770,851	\$ 971,000	\$ 1,070,498	\$ (99,498)
7 Subtotal MOH/LHIN Revenue	\$ 34,043,596	\$ 35,403,000	\$ 1,359,404	\$ 142,956,351	\$ 144,453,000	\$ 143,608,321	\$ 844,679
8 Cancer Care Ontario	\$ 2,195,094	\$ 2,080,000	\$ (115,094)	\$ 8,075,091	\$ 7,670,000	\$ 8,023,409	\$ (353,409)
9 Patient Revenue	\$ 5,706,872	\$ 4,603,000	\$ (1,103,872)	\$ 19,941,775	\$ 19,700,000	\$ 20,471,641	\$ (771,641)
10 Preferred Accommodation	\$ 104,645	\$ 196,000	\$ 91,355	\$ 846,897	\$ 880,000	\$ 897,846	\$ (17,846)
11 Miscellaneous Revenue	\$ 3,867,665	\$ 3,604,000	\$ (263,665)	\$ 12,590,135	\$ 12,677,000	\$ 13,044,131	\$ (367,131)
12 Amortized Donations/Grants	\$ 687,505	\$ 575,000	\$ (112,505)	\$ 2,732,469	\$ 2,209,000	\$ 2,321,804	\$ (112,804)
<b>13 HPHA Operating Revenues</b>	<b>\$ 46,605,377</b>	<b>\$ 46,461,000</b>	<b>\$ (144,377)</b>	<b>\$ 187,142,718</b>	<b>\$ 187,589,000</b>	<b>\$ 188,367,152</b>	<b>\$ (778,152)</b>
14 Salaries and Wages	\$ 22,851,757	\$ 22,917,000	\$ 65,243	\$ 88,145,029	\$ 91,319,000	\$ 89,984,795	\$ 1,334,205
15 Medical Staff Remuneration	\$ 6,271,131	\$ 5,548,000	\$ (723,131)	\$ 24,655,028	\$ 23,883,000	\$ 24,790,101	\$ (907,101)
16 Employee Benefits	\$ 7,359,989	\$ 7,553,000	\$ 193,011	\$ 27,569,926	\$ 28,684,000	\$ 28,973,186	\$ (289,186)
17 Employee Future Benefits	\$ 133,679	\$ 134,000	\$ 321	\$ 450,706	\$ 442,000	\$ 442,068	\$ (68)
18 Supplies and Other Expenses	\$ 6,547,003	\$ 7,298,000	\$ 750,997	\$ 28,679,248	\$ 29,454,000	\$ 27,973,150	\$ 1,480,850
19 Medical & Surgical Supplies	\$ 1,848,240	\$ 1,967,000	\$ 118,760	\$ 7,390,005	\$ 7,706,000	\$ 7,588,119	\$ 117,881
20 Drugs & Medical Gases	\$ 2,311,508	\$ 2,389,000	\$ 77,492	\$ 8,414,154	\$ 8,711,000	\$ 8,593,545	\$ 117,455
21 Interest Expense	\$ 70,001	\$ 90,000	\$ 19,999	\$ 397,365	\$ 362,000	\$ 341,480	\$ 20,520
22 Depreciation Unfunded	\$ 550,063	\$ 559,000	\$ 8,937	\$ 2,348,900	\$ 2,359,000	\$ 2,350,032	\$ 8,968
23 Depreciation Funded	\$ 642,390	\$ 575,000	\$ (67,390)	\$ 2,500,032	\$ 2,209,000	\$ 2,276,864	\$ (67,864)
24 Rental/Lease Equipment	\$ 10,533	\$ 17,000	\$ 6,467	\$ 88,504	\$ 87,000	\$ 80,812	\$ 6,188
25 Bad Debt Expense	\$ 18,200	\$ 18,000	\$ (200)	\$ 417,561	\$ 73,000	\$ 73,000	\$ -
<b>26 HPHA Operating Expenses</b>	<b>\$ 48,614,493</b>	<b>\$ 49,065,000</b>	<b>\$ 450,507</b>	<b>\$ 191,056,458</b>	<b>\$ 195,289,000</b>	<b>\$ 193,467,152</b>	<b>\$ 1,821,848</b>
<b>27 HSAA Surplus / (Deficit)</b>	<b>\$ (2,009,117)</b>	<b>\$ (2,604,000)</b>	<b>\$ (594,883)</b>	<b>\$ (3,913,740)</b>	<b>\$ (7,700,000)</b>	<b>\$ (5,100,000)</b>	<b>\$ (2,600,000)</b>
<b>28 Working Capital Funds</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>Other Votes (Funds 2, 3, 4)</b>							
29 Other Votes Revenues	\$ 2,472,337	\$ 2,648,000	\$ 175,663	\$ 10,691,056	\$ 10,393,000	\$ 10,230,152	\$ 162,848
30 Other Votes Expenses	\$ 3,317,921	\$ 3,549,000	\$ 231,079	\$ 11,395,758	\$ 11,650,000	\$ 11,400,441	\$ 249,559
<b>31 Other Votes Surplus / (Deficit)</b>	<b>\$ (845,584)</b>	<b>\$ (901,000)</b>	<b>\$ (55,416)</b>	<b>\$ (704,702)</b>	<b>\$ (1,257,000)</b>	<b>\$ (1,170,289)</b>	<b>\$ (86,711)</b>
32 Depreciation Land and Building	\$ (1,906,763)	\$ (1,786,000)	\$ 120,763	\$ (6,788,578)	\$ (7,105,000)	\$ (7,226,631)	\$ 121,631
33 Net Gain/Loss on Disposal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
34 Amortized Donation/Grants	\$ 930,610	\$ 931,000	\$ 390	\$ 4,595,074	\$ 3,742,000	\$ 3,742,318	\$ (318)
35 Interest Expense	\$ (158,590)	\$ (250,000)	\$ (91,410)	\$ (131,261)	\$ (1,003,000)	\$ (911,446)	\$ (91,554)
36 Accretion Expense	\$ -	\$ -	\$ -	\$ (80,678)	\$ -	\$ -	\$ -
<b>37 Total Land &amp; Building</b>	<b>\$ (1,134,743)</b>	<b>\$ (1,105,000)</b>	<b>\$ 29,743</b>	<b>\$ (2,405,442)</b>	<b>\$ (4,366,000)</b>	<b>\$ (4,395,759)</b>	<b>\$ 29,759</b>
<b>38 Total HPHA Surplus / (Deficit)</b>	<b>\$ (3,989,444)</b>	<b>\$ (4,610,000)</b>	<b>\$ (620,556)</b>	<b>\$ (7,023,884)</b>	<b>\$ (13,323,000)</b>	<b>\$ (10,666,048)</b>	<b>\$ (2,656,952)</b>

**Huron Perth Healthcare Alliance**  
**Statement of Financial Position**  
**For The Period Ending June 30, 2025**



	2024/25 ACTUAL	YTD JUN 30, 2025 ACTUAL	DIFFERENCE (2025/26 Q1 ACT VS. 2024/25 ACT)	2025/2026 PLAN	2025/26 YE FORECAST 1
<b>Assets:</b>					
1 Cash	\$ 2,719,075	\$ -	\$ (2,719,075)	\$ (11,642,733)	\$ (9,165,665)
2 Investments	\$ -	\$ -	\$ -	\$ -	\$ -
3 Accounts Receivable LHIN & MOH	\$ 5,344,803	\$ 4,371,640	\$ (973,163)	\$ 5,300,000	\$ 5,300,000
4 Accounts Receivable Other GRE's	\$ 814,820	\$ 188,342	\$ (626,478)	\$ 800,000	\$ 800,000
5 Accounts Receivable Other (Net)	\$ 4,482,886	\$ 5,047,078	\$ 564,192	\$ 4,000,000	\$ 4,500,000
6 Inventory	\$ 2,119,915	\$ 2,153,141	\$ 33,226	\$ 1,900,000	\$ 2,100,000
7 Prepaids	\$ 2,714,856	\$ 2,754,966	\$ 40,110	\$ 2,000,000	\$ 2,700,000
8 Other Current Assets	\$ 985	\$ 568	\$ (417)	\$ 1,000	\$ 1,000
<b>9 Total Current Assets</b>	<b>\$ 18,197,340</b>	<b>\$ 14,515,733</b>	<b>\$ (3,681,605)</b>	<b>\$ 2,358,267</b>	<b>\$ 6,235,335</b>
10 Other Non Current Assets	\$ 456,633	\$ 456,633	\$ -	\$ 456,633	\$ 456,633
11 Capital Assets (Net)	\$ 126,768,590	\$ 126,251,974	\$ (516,616)	\$ 132,719,658	\$ 131,358,705
<b>12 Total Long Term Assets</b>	<b>\$ 127,225,223</b>	<b>\$ 126,708,607</b>	<b>\$ (516,616)</b>	<b>\$ 133,176,291</b>	<b>\$ 131,815,338</b>
<b>13 Total Assets</b>	<b>\$ 145,422,563</b>	<b>\$ 141,224,340</b>	<b>\$ (4,198,223)</b>	<b>\$ 135,534,558</b>	<b>\$ 138,050,673</b>
<b>Liabilities:</b>					
14 Bank Indebtedness	\$ -	\$ 1,491,472	\$ 1,491,472	\$ -	\$ -
15 Accounts Payable LHIN & MOH	\$ 7,731,858	\$ 7,691,508	\$ (40,350)	\$ 6,000,000	\$ 6,000,000
16 Accounts Payable Other GRE's	\$ 1,371,973	\$ 1,494,081	\$ 122,108	\$ 1,000,000	\$ 1,000,000
17 Accounts Payable Other	\$ 13,056,750	\$ 9,290,593	\$ (3,766,157)	\$ 13,046,417	\$ 11,108,284
18 Employee / Employer Remittances	\$ 2,284,826	\$ 3,841,576	\$ 1,556,750	\$ 2,284,826	\$ 2,284,826
19 Accrued & Deferred Salaries / Wages	\$ 1,412,244	\$ 1,370,836	\$ (41,408)	\$ 1,400,000	\$ 1,400,000
20 Accrued Salaries / Wages Negotiated	\$ 715,078	\$ 1,370,849	\$ 655,771	\$ 715,000	\$ 715,000
21 Vacation Benefits	\$ 3,866,783	\$ 4,204,750	\$ 337,967	\$ 3,900,000	\$ 3,900,000
22 Stat Holiday Benefits Payable	\$ 508,181	\$ 524,691	\$ 16,510	\$ 508,000	\$ 508,000
23 Sick Leave (Vested)	\$ -	\$ -	\$ -	\$ -	\$ -
24 Employee Future Benefits S/T	\$ 646,400	\$ 572,064	\$ (74,336)	\$ 646,400	\$ 646,400
25 Other Accrued Benefits	\$ 10,312	\$ 22,227	\$ 11,915	\$ 10,312	\$ 10,312
26 Other Accrued Benefits & Other Liabilities	\$ 291,220	\$ 261,014	\$ (30,206)	\$ 295,000	\$ 295,000
27 Current Portion Long-term Debt	\$ 21,660,500	\$ 22,575,500	\$ 915,000	\$ 24,807,544	\$ 22,173,500
28 Unearned Revenues	\$ 1,048,107	\$ 1,061,042	\$ 12,935	\$ 1,050,000	\$ 1,050,000
29 Patient Trust Accounts	\$ -	\$ -	\$ -	\$ -	\$ -
30 Deferred Contributions - Current	\$ -	\$ -	\$ -	\$ -	\$ -
<b>31 Total Current Liabilities</b>	<b>\$ 54,604,232</b>	<b>\$ 55,772,202</b>	<b>\$ 1,167,971</b>	<b>\$ 55,663,499</b>	<b>\$ 51,091,322</b>
32 Long-term Debt	\$ 1,018,823	\$ 970,948	\$ (47,875)	\$ 683,324	\$ 683,323
33 Long-term Employee Future Benefits	\$ 9,148,300	\$ 9,281,979	\$ 133,679	\$ 9,300,000	\$ 9,300,000
34 Deferred Donations	\$ 30,146,451	\$ 29,424,462	\$ (721,989)	\$ 31,122,497	\$ 29,616,797
35 Deferred Grants	\$ 47,815,434	\$ 47,074,871	\$ (740,563)	\$ 49,728,329	\$ 48,987,766
36 Asset Retirement Obligation	\$ 2,100,142	\$ 2,100,142	\$ -	\$ 1,771,729	\$ 1,771,729
<b>37 Net Assets (Equity)</b>	<b>\$ 589,181</b>	<b>\$ (3,400,264)</b>	<b>\$ (3,989,446)</b>	<b>\$ (12,734,819)</b>	<b>\$ (3,400,263)</b>
<b>38 Total Liabilities &amp; Net Assets</b>	<b>\$ 145,422,563</b>	<b>\$ 141,224,340</b>	<b>\$ (4,198,223)</b>	<b>\$ 135,534,558</b>	<b>\$ 138,050,673</b>

HPHA Outstanding Debt Continuity Schedule

As at June 30, 2025



Project funded	Loan Balance April 1/25	Additions Year to Date	Payments Year to Date	Loan Balance June 30/25	Forecasted Additions Planned	Forecasted Payments Planned	Forecasted Loan Balance March 31/26	Credit Facility used	2025/26 Interest Expense
Stratford Redevelopment/Lobby	\$ 856,419			\$ 856,419	\$ -	\$ (144,000)	\$ 712,419	RBC-Redevelopment	\$ 9,367
Energy Conservation initiatives	\$ 497,905		\$ (47,875)	\$ 450,030	\$ -	\$ (143,625)	\$ 306,405	CIBC - Energy Conservation	\$ 4,273
Vision 2013 renovations	\$ 840,000			\$ 840,000	\$ -	\$ (50,000)	\$ 790,000	RBC - \$25 m credit line	\$ 6,879
St. Marys Patient Wing Rebuild	\$ 1,701,960	\$ 915,000		\$ 2,616,960	\$ 383,040	\$ -	\$ 3,000,000	RBC - \$25 m credit line	\$ 15,440
Pharmacy/Chemotherapy Relocation	\$ 14,700,000			\$ 14,700,000	\$ -	\$ -	\$ 14,700,000	RBC - \$25 m credit line	\$ 120,379
Secondary Energy Conservation (CPH air handler & SCH lighting)	\$ 275,040			\$ 275,040	\$ -	\$ (50,040)	\$ 225,000	RBC - \$25 m credit line	\$ 2,252
<b>Subtotal facilities related</b>	<b>\$ 18,871,324</b>	<b>\$ 915,000</b>	<b>\$ (47,875)</b>	<b>\$ 19,738,449</b>	<b>\$ 383,040</b>	<b>\$ (387,665)</b>	<b>\$ 19,733,824</b>		<b>\$ 158,589</b>
Laboratory Equipment	\$ 655,000			\$ 655,000	\$ -	\$ -	\$ 655,000	RBC - \$25 m credit line	\$ 5,364
Operating Theatre Equipment	\$ 1,265,000			\$ 1,265,000	\$ -	\$ (410,000)	\$ 855,000	RBC - \$25 m credit line	\$ 10,359
Imaging equipment	\$ 243,000			\$ 243,000	\$ -	\$ -	\$ 243,000	RBC - \$25 m credit line	\$ 1,990
Pharmacy equipment	\$ 1,165,000			\$ 1,165,000	\$ -	\$ (175,000)	\$ 990,000	RBC - \$25 m credit line	\$ 9,540
Multi Site - Beds	\$ 160,000			\$ 160,000	\$ -	\$ (20,000)	\$ 140,000	RBC - \$25 m credit line	\$ 1,310
General Medical and Surgical	\$ -			\$ -	\$ -	\$ -	\$ -	RBC - \$25 m credit line	\$ -
Multi Site - Monitors	\$ 320,000			\$ 320,000	\$ -	\$ (80,000)	\$ 240,000	RBC - \$25 m credit line	\$ 2,621
<b>Subtotal equipment related</b>	<b>\$ 3,808,000</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 3,808,000</b>	<b>\$ -</b>	<b>\$ (685,000)</b>	<b>\$ 3,123,000</b>		<b>\$ 31,184</b>
<b>Total Outstanding Debt</b>	<b>\$ 22,679,324</b>	<b>\$ 915,000</b>	<b>\$ (47,875)</b>	<b>\$ 23,546,449</b>	<b>\$ 383,040</b>	<b>\$ (1,072,665)</b>	<b>\$ 22,856,824</b>		<b>\$ 189,773</b>

Summary of Debt by Credit Facility	Loan Balance April 1/25	Additions Year to Date	Payments Year to Date	Loan Balance June 30/25	Additions Planned	Payments Planned	Loan Balance March 31/26	Net Increase/(Decrease) Annual
RBC-Redevelopment	\$ 856,419	\$ -	\$ -	\$ 856,419	\$ -	\$ (144,000)	\$ 712,419	\$ (144,000)
CIBC - Energy Conservation	\$ 497,905	\$ -	\$ (47,875)	\$ 450,030	\$ -	\$ (143,625)	\$ 306,405	\$ (191,500)
RBC - \$25 m credit line	\$ 21,325,000	\$ 915,000	\$ -	\$ 22,240,000	\$ 383,040	\$ (785,040)	\$ 21,838,000	\$ 513,000
<b>Totals</b>	<b>\$ 22,679,324</b>	<b>\$ 915,000</b>	<b>\$ (47,875)</b>	<b>\$ 23,546,449</b>	<b>\$ 383,040</b>	<b>\$ (1,072,665)</b>	<b>\$ 22,856,824</b>	<b>\$ 177,500</b>

By Payment Source	Total Payment Summary (Planned & YTD)
Foundations	
Grants	
Own Use Funds	\$ 1,120,540
<b>Total Payments</b>	<b>\$ 1,120,540</b>





**Huron Perth Healthcare Alliance**

**STATUTORY REMITTANCE CERTIFICATE**

**TO:** Treasurer, Board of Directors  
Chair, Resources, Audit & Digital Innovation  
Committee  
Huron Perth Healthcare Alliance

**AND TO:** Board of Directors  
Huron Perth Healthcare Alliance

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Pursuant to Section 6.04 (a) (iv) of the Huron Perth Healthcare Alliance's (HPHA) by-laws, I certify that:

1. I have made appropriate inquiries and investigations with respect to the matters referenced in this certificate.
2. I confirm that, for the financial quarter ending June 30, 2025, the HPHA has:
  - a. deducted and remitted all amounts required under law relating to its employees, including under the Income Tax Act, the Canada Pension Plan, the Employment Insurance Act, and the Employer Health Tax Act; and
  - b. collected and remitted to the proper federal and provincial authorities, respectively, all taxes collected pursuant to the Excise Tax Act, and the Retail Sales Tax Act.



Vice President, Performance, Finance, and Digital Innovation

July 31, 2025

Date