

Woodstock Hospital

Financial statements

March 31, 2023



Independent auditor's report

To the Members of
Woodstock Hospital

Opinion

We have audited the financial statements of **Woodstock Hospital** [the "Hospital"], which comprise the statement of financial position as at March 31, 2023, and the statement of changes in net assets, statement of operations, statement of remeasurement losses, and statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Hospital as at March 31, 2023, and its financial performance and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Basis for opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the *Auditor's responsibilities for the audit of the financial statements* section of our report. We are independent of the Hospital in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Responsibilities of management and those charged with governance for the financial statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with Canadian public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the Hospital's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Hospital or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Hospital's financial reporting process.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.



As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Hospital's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Hospital's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Hospital to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Ernst & Young LLP

Chartered Professional Accountants
Licensed Public Accountants

London, Canada
May 30, 2023



Woodstock Hospital

Statement of financial position

As at March 31

	2023	2022
	\$	\$
Current		
Cash <i>[note 4]</i>	2,008,511	16,181,015
Restricted cash and cash equivalents <i>[note 4]</i>	21,960,397	20,319,774
Ministry of Health/Ontario Health accounts receivable	6,696,825	3,926,090
Other accounts receivable <i>[note 12]</i>	5,112,650	5,160,881
Inventories	939,701	792,662
Prepaid expenses	1,437,025	1,513,049
Current portion of long-term receivable <i>[note 14]</i>	3,388,583	3,724,364
Total current assets	41,543,692	51,617,835
Portfolio investments <i>[notes 5 and 17]</i>	20,552,675	20,355,256
Long-term investments <i>[note 6]</i>	100,941	100,941
Long-term receivable <i>[note 14]</i>	130,791,112	133,593,112
Capital assets, net <i>[note 7]</i>	207,883,938	196,100,201
	400,872,358	401,767,345
Liabilities and net assets		
Current		
Ministry of Health/Ontario Health accounts payable	5,659,814	5,678,290
Other accounts payable and accrued liabilities <i>[notes 11[a], 12 and 18]</i>	16,740,069	15,901,510
Current portion of long-term obligation <i>[note 14]</i>	3,388,583	3,724,364
Total current liabilities	25,788,466	25,304,164
Post-employment benefits liability <i>[note 11[b]]</i>	2,488,800	2,475,900
Deferred contributions <i>[note 8]</i>	179,964,300	184,664,371
Ministry of Health payable <i>[note 14]</i>	10,777,468	10,456,522
Long-term obligation <i>[note 14]</i>	130,791,112	133,593,112
Total liabilities	349,810,146	356,494,069
Commitments and contingencies <i>[notes 14, 15 and 16]</i>		
Net assets		
Endowments <i>[note 9]</i>	542,398	542,398
Unrestricted net assets	50,976,957	45,010,784
Total net assets	51,519,355	45,553,182
Accumulated remeasurement losses	(457,143)	(279,906)
	51,062,212	45,273,276
	400,872,358	401,767,345

See accompanying notes

On behalf of the Board:



Board Chair



Board Treasurer

Woodstock Hospital

Statement of changes in net assets

Year ended March 31

	2023		2022	
	Endowments	Unrestricted	Total	
	\$	\$	\$	
	<i>[notes 4 and 9]</i>			
Balance, beginning of year	542,398	45,010,784	45,553,182	35,371,478
Excess of revenue over expenses for the year	—	5,966,173	5,966,173	10,181,704
Balance, end of year	542,398	50,976,957	51,519,355	45,553,182

See accompanying notes

Woodstock Hospital

Statement of operations

Year ended March 31

	2023	2022
	\$	\$
Revenue		
Ministry of Health/Ontario Health funding	113,629,533	108,066,758
Funding for Juliana facility <i>[note 14]</i>	11,421,707	10,743,310
Fee for services	8,427,446	8,135,108
Other patient	2,246,401	1,099,800
Preferred accommodation	462,668	595,853
Investment income	736,899	1,011,164
Other revenue	10,783,516	10,722,217
Other votes funding	11,858,841	11,979,142
Amortization of deferred contributions <i>[note 8]</i>	5,438,317	5,943,776
Loss on disposal of capital assets	(13,154)	(35,131)
	164,992,174	158,261,997
Expenses		
Salaries, wages and other remuneration	76,528,603	72,247,882
Employee benefits <i>[note 11]</i>	13,274,702	11,962,228
Supplies and other	24,188,541	21,018,235
Other votes	11,933,122	11,989,876
Medical and surgical supplies	6,742,837	5,575,909
Drugs	8,239,328	7,063,599
Interest on long-term obligation	10,169,035	9,735,816
Amortization of equipment, furnishings and software	3,297,148	3,897,171
Amortization of buildings and building service equipment	4,652,685	4,589,577
	159,026,001	148,080,293
Excess of revenue over expenses for the year	5,966,173	10,181,704

See accompanying notes

Woodstock Hospital

Statement of remeasurement losses

Year ended March 31

	2023	2022
	\$	\$
Accumulated remeasurement gains (losses), beginning of year	(279,906)	420,323
Unrealized losses attributable to portfolio investments	(487,031)	(119,587)
Realized gains (losses) attributable to portfolio investments, reclassified to the statement of operations	309,794	(580,642)
Accumulated remeasurement losses, end of year	(457,143)	(279,906)

See accompanying notes

Woodstock Hospital

Statement of cash flows

Year ended March 31

	2023	2022
	\$	\$
Operating activities		
Excess of revenue over expenses for the year	5,966,173	10,181,704
Add (deduct) items not involving cash		
Amortization of equipment, furnishings and software	3,297,148	3,897,171
Amortization of buildings and building service equipment	4,652,685	4,589,577
Amortization of deferred contributions	(5,438,317)	(5,943,776)
Loss on disposal of capital assets	13,154	35,131
Increase in post-employment benefits liability	12,900	24,200
	<u>8,503,743</u>	<u>12,784,007</u>
Net change in non-cash working capital balances related to operations <i>[note 13]</i>	(1,973,436)	1,783,676
Decrease in deferred contributions related to expenses of future periods	(329)	(291)
Cash provided by operating activities	<u>6,529,978</u>	<u>14,567,392</u>
Capital activities		
Purchase of capital assets	(19,789,423)	(5,528,347)
Proceeds on sale of capital assets	42,699	141,210
Cash used in capital activities	<u>(19,746,724)</u>	<u>(5,387,137)</u>
Financing activities		
Increase in deferred contributions related to capital assets	742,187	2,956,210
Decrease in long-term obligation	(3,137,781)	(3,503,424)
Decrease in long-term receivable	3,137,781	3,503,424
Investment income on unspent capital contributions	(3,612)	(14,220)
Increase in Ministry of Health payable	320,946	66,986
Cash provided by financing activities	<u>1,059,521</u>	<u>3,008,976</u>
Investing activities		
Net change in portfolio investments	(374,656)	(3,505,929)
Cash used in investing activities	<u>(374,656)</u>	<u>(3,505,929)</u>
Net increase (decrease) in cash during the year	<u>(12,531,881)</u>	<u>8,683,302</u>
Cash position, beginning of year	36,500,789	27,817,487
Cash position, end of year	<u>23,968,908</u>	<u>36,500,789</u>
Cash position consists of		
Cash	2,008,511	16,181,015
Restricted cash and cash equivalents	21,960,397	20,319,774
	<u>23,968,908</u>	<u>36,500,789</u>

See accompanying notes

Woodstock Hospital

Notes to financial statements

March 31, 2023

1. Purpose of the organization

Woodstock Hospital [the “Hospital”] is a Canadian public hospital dedicated to patient care. The Hospital is incorporated without share capital under the *Corporations Act* of Ontario. The 178-bed community hospital is located in the heart of southwestern Ontario. It serves a local catchment of 55,000 and over 100,000 within Oxford County. Services include Maternal/Child Women’s Health, Critical Care, Surgical Services, Medicine, Complex Continuing Care, Rehabilitation and Mental Health. In addition to the emergency department, there are also a number of outpatient services including dialysis, chemotherapy, diagnostic imaging, laboratory, diabetes, cardio-respiratory, physical and speech therapy, and a variety of mental health programs. The Hospital works closely with its community partners to provide patients with healthcare services close to home. The Hospital is a registered charity under the *Income Tax Act* (Canada) and, as such, is not subject to income taxes.

The Hospital operates under a Hospital Service Accountability Agreement [“H-SAA”] and a Multi-Sector Service Accountability Agreement [“M-SAA”] with Ontario Health [“OH”]. These agreements set out the rights and obligations of the two parties in respect of funding provided to the Hospital. The H-SAA and M-SAA set out the funding provided to the Hospital together with performance standards and obligations that establish acceptable results for the Hospital’s performance. The Hospital retains any excess or deficiency of revenue over expenses during the year in accordance with the H-SAA. The Hospital is primarily funded by the Ministry of Health [“MOH”] and OH.

2. Summary of significant accounting policies

These financial statements are prepared in accordance with the *CPA Canada Public Sector Accounting Handbook* [“PS”], which sets out generally accepted accounting principles for government not-for-profit organizations in Canada. The Hospital has chosen to use the standards specific to government not-for-profit organizations as set out in PS 4200 to PS 4270. The significant accounting policies are summarized as follows:

Basis of presentation

These financial statements represent the operations of the Hospital including funds held for special or endowment purposes. The financial statements do not include the assets, liabilities and activities of any other organizations, such as the Woodstock Hospital Foundation [the “Foundation”] that, although related to the Hospital, are not controlled by it.

Remeasurement gains and losses

Remeasurement gains and losses are reported according to their nature, including changes in market value for derivatives, portfolio investments in equity instruments and financial instruments designated at fair value. Also included are gains or losses in foreign exchange for items denominated in a foreign currency.

Revenue recognition

The Hospital follows the deferral method of accounting for contributions. Unrestricted contributions are recorded as revenue when received or receivable if the amount to be received can be estimated and collection is reasonably assured. Externally restricted contributions are deferred when initially recorded in the accounts and recorded as revenue in the period in which the related expenses are recorded. Endowment contributions are recorded as direct increases in endowment net assets.

Woodstock Hospital

Notes to financial statements

March 31, 2023

Contributions externally restricted for capital assets are recorded as deferred capital contributions and are amortized to operations on the same basis as the related asset is depreciated.

Revenue from ancillary services and other patient services is recognized when the goods have been sold or when the services have been rendered.

Investment income recorded in the statement of operations consists of interest, dividends, and realized gains and losses, net of related fees. Unrealized gains and losses are recorded in the statement of remeasurement losses, except to the extent they relate to deferred contributions, in which case they are added to the deferred contributions.

Cash and restricted cash and cash equivalents

Cash and restricted cash and cash equivalents consist of cash on deposit, and short-term investments readily convertible to cash.

Inventories

Inventories are valued at the lower of cost and replacement cost, with cost being determined on a first-in, first-out basis. Reviews for obsolete, damaged and expired items are performed on a regular basis, and any items that are found to be obsolete, damaged or expired are written off when such determination is made.

Long-term investments

The Hospital has interests in economic activities where there is shared ownership of these activities by the venturers. The accounts of these joint venture activities are included in the accompanying financial statements following the modified equity method. The modified equity method is a basis of accounting for the Hospital's business partnerships, whereby the equity method of accounting is only modified to the extent the venturer's accounting policies are not adjusted to conform with those of the Hospital.

Capital assets

Capital assets are valued at the cost incurred by the Hospital at the date of acquisition. All direct costs and interest related to building and equipment projects are capitalized during the period of construction until the project is complete.

Amortization is provided on a straight-line basis over the estimated useful lives of the assets. Amortization commences in the year an asset is put into use and is discontinued in the year of disposal. The rates of amortization are as follows:

Buildings	50 years
Equipment and furnishings	5–20 years
Software	5 years

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Notes to financial statements

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When capital assets are disposed of, the related cost and accumulated amortization are removed from the respective accounts and any gain or loss is reflected in the statement of operations.

No amortization is recorded on construction-in-progress until construction is substantially complete and the assets are ready for productive use.

Capital assets are reviewed for impairment whenever events or changes in circumstances indicate that the asset no longer has any long-term service potential to the Hospital. When a capital asset no longer contributes to the Hospital's ability to provide services, its carrying amount is written down to its residual value.

Asset retirement obligations

Asset retirement obligations are recorded in the period during which a legal obligation associated with the retirement of a capital asset is incurred and when a reasonable estimate of this amount can be made. The asset retirement obligation is initially measured at the best estimate of the amount required to retire a capital asset at the financial statement date. A corresponding amount is added to the carrying amount of the related capital asset and is then amortized over its remaining useful life. Changes in the liability due to the passage of time are recognized as an accretion expense in the statement of operations, with a corresponding increase in the liability.

The estimated amounts of future costs to retire the assets are reviewed annually and adjusted to reflect the then current best estimate of the liability. Adjustments may result from changes in the assumptions used to estimate the undiscounted cash flows required to settle the obligation, including changes in estimated probabilities, amounts and timing of settlement as well as changes in the legal requirements of the obligation, and in the discount rate. These changes are recognized as an increase or decrease in the carrying amount of the asset retirement obligation, with a corresponding adjustment to the carrying amount of the related asset. If the related capital asset is no longer in productive use, all subsequent changes in the estimate of the liability for asset retirement obligations are recognized as an expense in the period incurred. A liability continues to be recognized until it is settled or otherwise extinguished.

The Hospital has no significant liabilities with respect to asset retirement obligations.

Contributed services and materials

A substantial number of volunteers contribute a significant amount of their time each year. Because the fair value of these contributed services is not readily determinable, they are not recognized in these financial statements.

Use of estimates

The preparation of the Hospital's financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities as at the date of the statement of financial position and the reported amounts of revenue and expenses during the reporting period. The inherent uncertainty involved in making such estimates may impact the actual results reported in future periods.

The amount of revenue recognized from the MOH and the Ontario Health requires estimation.

Woodstock Hospital

Notes to financial statements

March 31, 2023

The H-SAA sets out certain performance standards and obligations that establish acceptable results for the Hospital's performance in a number of areas. If the Hospital does not meet its performance standards or obligations, Ontario Health and/or the MOH have the right to adjust funding received by the Hospital. Ontario Health and the MOH are not required to communicate certain funding adjustments until after the submission of the year-end data. Since this data is not submitted until after the completion of the financial statements, the amount of the funding received during the year from Ontario Health and the MOH may be increased or decreased subsequent to the year-end.

Other significant items subject to such estimates and assumptions include the valuation of accounts receivable, the carrying amount of capital assets and the employee future benefits liability.

Financial instruments

Financial instruments are classified in one of the following categories: [i] fair value; or [ii] cost or amortized cost. The Hospital determines the classification of its financial instruments at initial recognition. The financial instruments are measured as follows:

- Current and long-term receivables and accounts payable and accrued liabilities are measured at cost, net of any provisions for impairment;
- Long-term obligations are measured at amortized cost using the effective interest rate method, net of any provisions for impairment; and
- Portfolio investments are at fair value as they are managed and evaluated on a fair value basis.

Transaction costs related to financial assets and financial liabilities measured at fair value are expensed as incurred.

The fair value of a financial instrument is the amount of consideration that would be agreed upon in an arm's length transaction between knowledgeable, willing parties who are under no compulsion to act. The fair value of a financial instrument on initial recognition is the transaction price at the trade date, which is the fair value of the consideration given or received. Subsequent to initial recognition, the fair values of financial instruments that are quoted in active markets are based on bid prices for financial assets held and offer prices for financial liabilities. When independent prices are not available, fair values are determined by using valuation techniques that refer to observable market data. These include comparisons with similar instruments where market observable prices exist, discounted cash flow analysis, option pricing models and other valuation techniques commonly used by market participants.

A change in the fair value of a financial instrument in the fair value category is recognized in the statement of remeasurement losses as a remeasurement gain or loss until the financial instrument is derecognized. In the reporting period that a financial instrument in the fair value category is derecognized, the accumulated remeasurement gain or loss associated with the derecognized item is reversed and reclassified to the statement of operations. There were changes in fair value of financial instruments during the year; therefore, the statement of remeasurement losses was required.

Woodstock Hospital

Notes to financial statements

March 31, 2023

As at each financial statement date, the Hospital assesses financial assets or groups of financial assets to determine whether there is any objective evidence of impairment. When there has been a loss in value of an investment that is other than a temporary decline, the investment is written down to recognize the loss. A loss in value of an investment that is other than a temporary decline occurs when the actual value of the investment to the Hospital becomes lower than its cost or amortized cost, adjusted for any write-downs recorded in previous reporting periods, and the impairment is expected to remain for a prolonged period. The write-down is included in the statement of operations. A write-down of an investment to reflect a loss in value is not to be reversed if there is a subsequent increase in value.

Post-employment benefits

The Hospital accrues its obligations and the related costs under employee benefit plans. The cost of employee future benefits earned by employees is actuarially determined using the projected accrued benefit cost method prorated on service using best estimates of salary escalation, retirement ages of employees and expected health care costs. The discount rate used to determine the accrued benefit obligation represents the Hospital's cost of borrowing. Differences arising from past service costs are expensed in the period of plan amendment. Differences arising from changes in assumptions and actuarial gains and losses are amortized in the statement of operations on a straight-line basis over the expected average remaining active service life of employees.

Multi-employer benefit plan

Defined contribution plan accounting is applied to the multi-employer defined benefit plan, whereby contributions are expensed on an accrual basis, as the Hospital has insufficient information to apply defined benefit plan accounting.

Adoption of new accounting standard

Effective April 1, 2022, the Hospital adopted the new accounting standard *PS 3280, Asset Retirement Obligations*, issued by the Canadian Public Sector Accounting Board. This standard provides guidance over the reporting of legal obligations associated with the retirement of capital assets that are either currently in productive use or no longer in productive use and controlled by the entity, and the costs associated with the retirement of these assets.

The Hospital performed a review of their capital assets and calculated a related asset retirement obligation which was deemed to be immaterial. Therefore, the Hospital has not recognized any future costs in relation to the adoption of this standard in their financial statements.

3. Woodstock Hospital Foundation

The Foundation is an organization without share capital under the laws of Ontario that engages in fundraising activities on behalf of the Hospital. The Foundation relies on the Hospital to provide payroll, facilities and other administrative support, and reimburses the Hospital for costs incurred on its behalf. In addition, the Foundation transferred funds of \$470,738 [2022 – \$781,315] for capital purposes to the Hospital during the year [notes 7, 8 and 12].

Woodstock Hospital

Notes to financial statements

March 31, 2023

4. Cash and restricted cash and cash equivalents

Cash consists of the following:

	2023 \$	2022 \$
Cash	108,159	10,130,634
Treasury account for operations	1,900,352	6,050,381
	2,008,511	16,181,015

Restricted cash and cash equivalents consists of the following:

	2023 \$	2022 \$
Internally restricted cash [a]	7,407,255	7,139,419
Endowments [b]	542,398	542,398
Externally restricted cash [c]	14,010,744	12,637,957
	21,960,397	20,319,774

[a] Internally restricted cash is restricted by the Hospital's Board of Directors and management for non-operating purposes.

[b] The equity portion of the endowments must remain intact and the earned revenue on this fund can be used for other purposes. Refer to *Note 9* for further details.

[c] Externally restricted cash is restricted by the MOH for the construction, maintenance and financing of the new hospital. Refer to *Note 14* for further details.

As at March 31, 2023, the credit facility established with the Hospital's bankers consisted of a credit line of \$5,000,000 [2022 – \$5,000,000] bearing interest at the bank's prime rate [6.70%] to be used for general operating purposes. No amount was drawn on this facility as at March 31, 2023 and 2022.

Included in cash and restricted cash and cash equivalents are short-term investments readily convertible to cash of \$530,632 [2022 – \$549,354].

5. Portfolio investments

	2023		2022	
	Fair value hierarchy	Market value \$	Fair value hierarchy	Market value \$
Fixed income	Level 2	14,040,917	Level 2	14,088,749
Equities	Level 1	6,511,758	Level 1	6,266,507
		20,552,675		20,355,256

Woodstock Hospital

Notes to financial statements

March 31, 2023

6. Long-term investments

Oxford ProResp Inc.

Effective January 1, 1995, Oxford ProResp Inc. was incorporated as a joint venture between the Hospital and a third party for the purposes of providing home care services to clients in Oxford County. In fiscal 2004, the common shares were then exchanged for Class A common shares at an amount equal to the original value. The Hospital also received 100 special Class A shares in exchange for a promissory note in the amount of \$100,000, which was fully repaid in fiscal 2001. The investment is being accounted for according to the modified equity method and, as such, is stated at cost plus income less dividends since inception.

	2023	2022
	\$	\$
Special Class A shares	100,000	100,000
Class A common shares	50	50
Share of income since inception	617,891	617,891
Dividends received since inception	(617,000)	(617,000)
	100,941	100,941

Management fees in the amount of \$115,000 [2022 – \$135,000] from Oxford ProResp Inc. have been recorded as other revenue. Transactions are in the normal course of business and are recorded at their exchange amount, which is the amount agreed upon by both parties.

7. Capital assets

Capital assets consist of the following:

	2023		2022	
	Cost	Accumulated amortization	Cost	Accumulated amortization
	\$	\$	\$	\$
Land and land improvements – Juliana	3,122,361	334,254	3,122,361	167,127
Building – Juliana	221,690,780	51,823,236	220,679,199	47,389,421
Building – Athlone	9,071,948	1,693,974	8,799,648	1,512,535
Building – Finkle	14,972,068	37,430	—	—
Equipment and furnishings	44,324,346	32,172,821	43,203,251	31,615,551
Software	4,334,077	3,569,927	4,248,588	3,268,212
	297,515,580	89,631,642	280,053,047	83,952,846
Less accumulated amortization	89,631,642		83,952,846	
Net book value	207,883,938		196,100,201	

Once construction and projects-in-progress are complete, the assets are transferred to their respective category of capital assets and amortization is recorded.

Woodstock Hospital

Notes to financial statements

March 31, 2023

8. Deferred contributions

Deferred contributions consist of the following:

	2023 \$	2022 \$
Expenses of future periods [a]	593,302	593,631
Capital assets [b]	179,370,998	184,070,740
	179,964,300	184,664,371

[a] Deferred contributions related to expenses of future periods

Deferred contributions related to expenses of future periods represent unspent grants and investment income earned on unspent externally restricted donations for nursing education and palliative care.

	2023 \$	2022 \$
Balance, beginning of year	593,631	1,217,463
Investment loss on unspent deferred contributions	(329)	(291)
Less funds utilized during the year [note 8[b]]	—	623,541
Balance, end of year	593,302	593,631

[b] Deferred contributions related to capital assets

Deferred contributions related to capital assets are as follows:

	2023 \$	2022 \$
Balance, beginning of year	184,070,740	186,448,985
Additional contributions received [note 3]	742,187	2,956,210
Expenses from future periods utilized [note 8[a]]	—	623,541
Investment loss on unspent capital contributions	(3,612)	(14,220)
Less amounts amortized to revenue	(5,438,317)	(5,943,776)
Balance, end of year	179,370,998	184,070,740

The balance of deferred contributions related to capital assets consists of the following:

	2023 \$	2022 \$
Unamortized capital contributions used to purchase capital assets	171,963,743	176,931,321
Unspent contributions	7,407,255	7,139,419
	179,370,998	184,070,740

Woodstock Hospital

Notes to financial statements

March 31, 2023

9. Restrictions on net assets

All of the net assets restricted for endowment purposes are subject to externally imposed restrictions stipulating that the principal be maintained intact in perpetuity [note 4], and that investment income on endowment funds be restricted for capital purposes and added to deferred capital contributions.

10. Contract with the Ministry of Children, Community and Social Services [“MCCSS”]

The Hospital has a service contract with the MCCSS. One requirement of the contract is the production by management of a Transfer Payment Annual Reconciliation, which shows a summary by service of all revenue and expenditures and any resulting surplus or deficit that relates to the contract. During the year, the Hospital received revenue and incurred expenses as follows:

	Program				
	9132	9135	8886	9137	9135
	\$	\$	\$	\$	\$
Revenue					
Ministry funding	4,755,017	1,063,349	2,935,800	923,670	239,897
Other	38,751	—	—	—	—
	4,793,768	1,063,349	2,935,800	923,670	239,897
Expenses					
Salaries and benefits	3,022,121	908,672	973,311	—	—
Allocated central administration	475,341	106,335	284,507	—	—
Transportation and communication	57,180	7,059	2,959	—	—
Services	586,110	40,565	1,673,429	923,670	239,897
Supplies and equipment	133,464	700	1,392	—	—
Other transactions	519,552	18	202	—	—
	4,793,768	1,063,349	2,935,800	923,670	239,897
Surplus	—	—	—	—	—

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	Program				
	Haldimand 9132	A348	A349	A352	A354
	\$	\$	\$	\$	\$
Revenue					
Ministry funding	211,209	84,143	196,335	16,156	12,413
Expenses					
Salaries and benefits	175,919	78,714	183,666	14,553	15,886
Allocated central administration	21,121	—	—	—	—
Transportation and communication	1,200	—	—	—	—
Services	11,769	—	—	—	—
Supplies and equipment	1,200	—	—	1,575	1,575
Other transactions	—	3,923	9,155	—	—
	211,209	82,637	192,821	16,128	17,461
Surplus (deficit)	—	1,506	3,514	28	(5,048)

11. Employee future benefits

[a] Pension plan

Pension benefit costs are expensed, as related contributions are made to the Healthcare of Ontario Pension Plan ["HOOPP"]. All of the employees of the Hospital are members of HOOPP, which is a multi-employer, defined benefit, final average earnings and contributory pension plan. Plan members will receive benefits based on the length of service and on the average of annualized earnings during the five consecutive years prior to retirement, termination or death that provides the highest earnings. The Hospital's contributions to HOOPP during the year amounted to \$5,852,222 [2022 – \$5,679,786], of which \$632,295 [2022 – \$587,723] was owing as at March 31, 2023 and is recorded in other accounts payable and accrued liabilities on the statement of financial position.

The financial statements for the year ended December 31, 2022 for HOOPP disclosed net assets available for benefits of \$103,674 million [2021 – \$114,414 million] with pension obligations of \$92,721 million [2021 – \$85,902 million] resulting in a surplus of \$10,953 million [2021 – \$28,512 million].

[b] Other post-employment benefits

Retirees are eligible for life insurance, medical and dental benefits covered under the non-pension post-retirement benefit plan after they turn 55. The plan is funded on a pay-as-you-go basis and the Hospital funds on a cash basis as benefits are paid. During the year, benefits paid totalled \$253,486 [2022 – \$229,086].

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The most recent actuarial valuation was completed as at March 31, 2021 and significant actuarial assumptions adopted in measuring the Hospital's accrued benefit obligation for post-employment benefits are as follows:

	2023 \$	2022 \$
Accrued benefit obligation		
Discount rate	4.6%	3.7%
Healthcare trend rate inflation increase	4.6%	4.4%
Accrued benefit expense		
Discount rate	3.7%	2.9%

The healthcare inflation increase is expected to decrease to an ultimate rate of 4.05% in 2041 and thereafter. The expected average remaining service life of employees is 13.2 years.

The following table presents information related to the Hospital's post-retirement benefits as at March 31, including the amounts recorded on the statement of financial position, and components of net periodic benefit cost:

	2023 \$	2022 \$
Accrued benefit obligation		
Balance, beginning of year	2,195,300	2,401,200
Current service cost	127,300	140,400
Interest cost	82,100	71,000
Benefits paid	(181,200)	(189,200)
Actuarial gain	(217,100)	(228,100)
Balance, end of year	2,006,400	2,195,300
Unamortized net actuarial gain	482,400	280,600
Post-employment benefits liability	2,488,800	2,475,900

During the year, employees contributed \$132,373 [2022 – \$129,493]. Unamortized actuarial losses are amortized over the average remaining service period. The Hospital's benefit plan expense was as follows:

	2023 \$	2022 \$
Current service cost	127,300	140,400
Interest cost	82,100	71,000
Amortization of net actuarial loss (gain)	(15,300)	2,000
Net benefit plan expense	194,100	213,400

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12. Related party transactions

Amounts due from related entities included in other accounts receivable are as follows:

	2023	2022
	\$	\$
Oxford ProResp Inc. <i>[note 6]</i>	115,000	135,000
Woodstock Hospital Foundation <i>[note 3]</i>	54,086	163,301
	169,086	298,301

On April 25, 2023, the Board of Directors passed a resolution to transfer funds in the amount of \$218,103 [2022 – \$260,817] in new proceeds from the operations of the medical building to the Foundation. This transfer has occurred as a result of the donation agreement in place with Foundation and is recorded in other accounts payable and accrued liabilities, and supplies and other expenses.

Transactions are in the normal course of business and are recorded at their exchange amount, which is the amount agreed upon by both parties.

13. Statement of cash flows

The net change in non-cash working capital balances related to operations consists of the following:

	2023	2022
	\$	\$
Decrease (increase) in current assets		
Ministry of Health/Ontario Health accounts receivable	(2,770,735)	(1,473,654)
Other accounts receivable	48,231	(818,029)
Inventories	(147,039)	18,134
Prepaid expenses	76,024	(323,992)
Asset held for sale	—	231,600
	(2,793,519)	(2,365,941)
Increase in current liabilities		
Ministry of Health/Ontario Health accounts payable	(18,476)	3,611,830
Other accounts payable and accrued liabilities	838,559	537,787
	820,083	4,149,617
	(1,973,436)	1,783,676

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14. Long-term obligation

The Hospital entered into an alternative financing and procurement ["AFP"] project agreement under Infrastructure Ontario for the construction, financing and maintenance of a new hospital in Woodstock. The project was built and financed during the construction period by an unrelated joint venture created to carry out the construction within the AFP agreement. Construction commenced in October 2008 and was substantially complete in June 2011. Under the terms of the project agreement, payments that total approximately \$584 million will be made by the Hospital over a 30-year period with payments having commenced after the substantial completion date. Of this total amount, payments for principal and interest are expected to be \$397 million. As at March 31, 2023, an obligation of \$131 million [2022 – \$134 million] has been recorded related to outstanding principal amounts. Based on the agreement signed with the MOH, the Hospital has recognized the share of MOH funding for the new hospital as a long-term receivable in the amount of \$131 million [2022 – \$134 million] and a corresponding deferred contribution. The current portion of the receivable is \$3 million [2022 – \$4 million] with a corresponding current liability of \$3 million [2022 – \$4 million]. The Hospital, through its Local Share Plan, will continue to receive funding to satisfy its obligations from the City of Woodstock, with the balance of funding [if any] coming from the Hospital.

Over the 30-year period, payments related to facilities and lifecycle maintenance are expected to be \$133 million and \$42 million, respectively. Payments related to facilities and lifecycle maintenance costs will be indexed over the term of the agreement to provide for changes in certain operating costs. The Hospital has entered into an agreement with the MOH to share in these project costs based on MOH funding policy. The MOH share of costs associated with constructing the new hospital is 90%.

In addition, a Sinking Fund Trust Account was opened by the Hospital according to requirements under the Development Accountability Agreement with the MOH. The primary purpose of this fund was to hold amounts equal to the Hospital's share of the costs associated with constructing the new hospital in trust for future disbursement to other parties. It currently holds \$2,837,692 in restricted cash and cash equivalents [2022 – \$1,721,652] [note 4].

Unspent capital funds received of \$10.8 million [2022 – \$10.5 million] from the MOH for new hospital development costs are restricted by the MOH for that purpose and have been shown in the financial statements as part of the MOH payable and included in the Hospital's restricted cash [note 4].

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15. Commitments

Future annual principal, interest, service, and facilities and lifecycle maintenance payments to pay for operating facility obligations are as follows:

	MOH share \$	Hospital share \$	Total \$
2024	14,727,091	3,627,217	18,354,308
2025	14,490,705	3,668,190	18,158,895
2026	14,772,641	3,773,705	18,546,346
2027	14,433,473	3,804,974	18,238,447
2028	14,312,971	3,864,336	18,177,307
Thereafter	221,454,569	62,769,903	284,224,472

A portion of these future obligations are to be funded by the MOH over the term of the contract [note 14].

16. Contingencies

- [a] The Hospital is subject to certain actual and potential legal claims that have arisen in the normal course of operations. Where the potential liability is likely and able to be estimated, management records its best estimate of the potential liability. In other cases, the ultimate outcome of the claims cannot be determined at this time. Any additional losses related to claims will be recorded in the year during which the liability is able to be estimated or adjustments are determined to be required. With respect to claims as at March 31, 2023, it is management's position that the Hospital has valid defences and appropriate insurance coverage to reimburse the cost of unfavourable settlements, if any, which may result from such claims.
- [b] The Hospital routinely engages in collective bargaining and is subject to various human rights matters under provincial legislation when employees or groups within the bargaining units file grievances against the Hospital or when the collective bargaining agreements are negotiated, which may result in retroactive pay.

On November 8, 2019, the Ontario legislature passed Bill 124. The legislation imposed a series of 3 year "moderation periods". During moderation periods, increases to salaries and total compensation were capped at 1% per year subject to certain exceptions. On November 29, 2022, Bill 124 was repealed by the Superior Court of Justice of Ontario. As a result, the Hospital has accrued retroactive wages and benefits related to unionized and non-unionized employees in the amount of \$2.7 million within other accounts payable and accrued liabilities.

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- [c] The Hospital is a member of the Healthcare Insurance Reciprocal of Canada ["HIROC"] and therefore has an economic interest in HIROC. HIROC is a pooling of the public liability insurance risks of its hospital members. All members of the HIROC pool pay annual premiums that are actuarially determined. All members are subject to assessment for losses, if any, experienced by the pool for the years in which they were members. No assessments have been made for the year ended March 31, 2023.

Since its inception in 1987, HIROC has accumulated an unappropriated surplus, which is the total of premiums paid by all subscribers plus investment income, less the obligation for claims reserves and expenses and operating expenses.

In 2012, the Hospital entered into an agreement with HIROC whereby HIROC continues to provide indemnity insurance to hospitals; however, the cost of investigating and defending any litigation claims, previously included in the insurance premium, will be borne by the Hospital. Under the agreement, the Hospital provides deposits to HIROC Management Limited, which acts as an agent to pay legal expenses on behalf of the Hospital. During the year, nil deposits were paid to HIROC [2022 – nil].

17. Financial instruments

The Hospital's operations and investment activities expose it to a range of financial risks. To manage the risks identified for its investments, the Hospital has an investment policy setting out a target mix of investments designed to provide optimal rate of return within reasonable risk tolerances. The investment policy is reviewed annually.

Market risk

Market risk is the risk that changes in market prices and market conditions, such as foreign exchange rates or interest rates, will affect the Hospital's excess of revenue over expenses or the value of its holdings of financial instruments. The objective of market risk management is to control market risk exposures within acceptable parameters while optimizing return on investment.

Foreign exchange risk

The Hospital is exposed to financial risks as a result of exchange rate fluctuations and the volatility of these rates.

The Hospital is exposed to foreign exchange risk with respect to investments denominated in U.S. dollars and other international currencies. As at March 31, 2023, the Hospital held CAD \$3,337,564 [2022 – CAD \$3,076,062] of investments denominated in U.S. dollars.

Interest rate risk

Interest rate risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market interest rates.

Financial assets with fixed interest rates expose the Hospital to fair value interest rate risk. The Hospital is not exposed to interest rate risk on financial liabilities.

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The Hospital's investments including bonds are disclosed in note 5. To manage the risks identified for its investments, the Hospital has an investment policy setting out a target mix of investments designed to provide optimal rate of return within reasonable risk tolerances. The investment policy is renewed annually.

Credit risk

Credit risk is the risk of financial loss occurring as a result of default or insolvency of a borrower on its obligations to the Hospital. The Hospital monitors the credit risk on a regular basis. The Hospital is exposed to credit risk with respect to cash, restricted cash and cash equivalents, portfolio investments and accounts receivable. The majority of the Hospital's receivables are from government entities, which minimizes the risk of non-collection for accounts receivable. The maximum credit risk is the carrying value of these assets. During fiscal 2023, the Hospital invested in bonds thereby increasing credit exposure. The maximum exposure to credit risk relating to investments is outlined in note 5. The Hospital does not invest in bonds below investment grade.

Liquidity risk

Liquidity risk is the risk of the Hospital being unable to meet its cash requirements in a timely and cost-effective manner. The Hospital has a planning and budgeting process in place to help determine the funds required to support the Hospital's normal operating requirements on an ongoing basis. The Hospital also manages its liquidity risk by forecasting cash flows from operations and anticipated investing, capital and financing activities, and maintaining credit facilities to ensure it has sufficient available funds to meet current and foreseeable financial requirements.

Financial instrument classification

Financial instruments measured at fair value are classified according to a fair value hierarchy that reflects the reliability of the data used to determine fair value. The fair value hierarchy is made up of the following levels:

- Level 1 – valuation based on quoted prices [unadjusted] in active markets for identical assets or liabilities;
- Level 2 – valuation techniques based on inputs other than quoted prices included in Level 1 that are observable for the asset or liability, either directly or indirectly; and
- Level 3 – valuation techniques using inputs for the asset or liability that are not based on observable market data [unobservable inputs].

The fair value hierarchy requires the use of observable data from the market each time such data exists. A financial instrument is classified at the lowest level of the hierarchy for which significant input has been considered in measuring fair value.

Cash and portfolio investments held by the Hospital are classified as Level 1 and Level 2, respectively, according to the fair value hierarchy described above. There have been no material transfers between Levels 1 and 2 for the year ended March 31, 2023.

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18. Oxford and Area Ontario Health Team

Introduced by the provincial government in February 2019, Ontario Health Teams ["OHTs"] are a new model of healthcare delivery that puts patients, families and caregivers at the centre of the healthcare system. The OHT model of care was introduced as a signature initiative for healthcare transformation, enshrined in legislation through the *Connecting Care Act, 2019* [CCA]. OHTs are intended to improve the coordination of care and services for patients and their families/caregivers across multiple care settings. The Oxford and Area OHT brings together over 30 healthcare organizations across all sectors of care to collaborate as one team. The Oxford and Area OHT has identified the Hospital as a member organization to serve on the OHT's behalf as the implementation funding recipient; the Hospital has entered into a transfer payment agreement with the province to receive funds on behalf of the Oxford and Area OHT.

	2023	2022
	\$	\$
Revenue		
Ontario Health – implementation funding	1,218,830	487,731
Ontario Health – patient and healthcare navigation	—	60,000
Other	14,006	3,465
	<u>1,232,836</u>	<u>551,196</u>
Expenses		
Salaries and benefits	432,059	250,869
Supplies and other	800,777	237,526
Patient and healthcare navigation costs	—	62,801
	<u>1,232,836</u>	<u>551,196</u>
	<u>—</u>	<u>—</u>

The amount due from Oxford and Area OHT as at March 31, 2023 is \$395,583 [2022 – \$10,013] and is contained within restricted cash and cash equivalents [note 4]. As a result of the COVID-19 pandemic, the OHT was approved to carryover unspent implementation funding of \$nil into fiscal 2023-24 [2022 – \$459,782], which is recorded with other accounts payable and accrued liabilities on the statement of financial position.