



June 5, 2018

Ms. Christina Zacharuk
President & CEO
Public Sector Employers' Council Secretariat
P.O. Box 9400, Stn Prov Govt
Victoria, BC V8W 9V1

Via e-mail: christina.zacharuk@gov.bc.ca

Dear Ms. Zacharuk:

RE: 2017/2018 Compensation Disclosure Report
Statement of Executive Compensation, Provincial Health Services Authority

I have attached the following:

1. 2017/2018 Statement of Executive Compensation for the Provincial Health Services Authority
2. Completed Excel template
3. Attestation signed by Mr. Tim Manning, PHSA Board Chair, addressed to the CEO & President of PSEC Secretariat

I can confirm plans and contracts for disclosed executives are entered into the Senior Employee Compensation Database.

Please contact me at 604-675-7456 if you have any questions.

Sincerely,

Donna Wilson
Vice President, People, Performance & Lower Mainland Laboratories
Provincial Health Services Authority

Att.

cc: Shera Clement, Executive Director, Financial Reporting and Controls, PHSA
Janice Kam, Corporate Manager, Financial Policies & Special Projects, PHSA
Susan Danard, Chief Communications Officer, PHSA
Angela Chirinian, Executive Director, Compensation, Analytics and Partnerships



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Victoria, BC V8W 9V1

Via e-mail: christina.zacharuk@gov.bc.ca

Dear Ms. Zacharuk:

RE: 2017/2018 Statement of Executive Compensation
Provincial Health Services Authority

The 2017/2018 Statement of Executive Compensation of the Provincial Health Services Authority (PHSA) has been reviewed and approved by myself as Board Chair of PHSA. I confirm the following:

- The board is aware of the executive compensation paid in the prior fiscal year.
- The compensation information being disclosed is accurate and includes all compensation paid by PHSA, foundations, subsidiaries or any other organization related to or associated with PHSA. It also includes the value of any pre or post-employment payments made during the 12 month period before or after the term of employment.
- Compensation was within approved compensation plans and complies with government guidelines including the Taxpayer Accountability Principles.

Sincerely,

A handwritten signature in black ink, appearing to read 'Tim Manning', is positioned below the 'Sincerely,' text.

Tim Manning, ICD.D
Board Chair
Provincial Health Services Authority

Att.

**Public Sector Executive Compensation Reporting
Provincial Health Services Authority (PHSA)
Statement of Executive Compensation
2017/18**

COMPENSATION DISCUSSION AND ANALYSIS

Provincial Health Services Authority (PHSA) plans, manages and evaluates specialty and province-wide health care services across BC, working with the five geographic health authorities and the First Nations Health Authority to meet local and provincial needs. The goal is to ensure that everyone in the province has access to the kind of specialized health services they need, when they need them, wherever they happen to live.

PHSA achieves this goal by fulfilling two main roles:

1. It is responsible for managing and governing well-known specialized agencies and services:
 - BC Cancer
 - BC Centre for Disease Control
 - BC Children's Hospital and Sunny Hill Health Centre for Children
 - BC Mental Health Substance Use Services (including Forensic Psychiatric Services, Child and Youth Mental Health, and Corrections Services)
 - BC Emergency Health Services (including BC Ambulance Service, BC Bedline, and BC Trauma).
 - BC Renal Agency
 - BC Transplant
 - BC Women's Hospital & Health Centre
 - Cardiac Services BC
 - Perinatal Services BC
2. It plans, coordinates, evaluates and, in some cases funds specialized services delivered by the regional health authorities. PHSA's role supports the accessibility, quality, efficiency and effectiveness of province-wide programs and services.

PHSA is a member employer of the Health Employers Association of BC and is governed by the HEABC Compensation Reference Plan. The Plan has been developed pursuant to the statutory requirements of the Public Sector Employers Act and is applied across the member employers of HEABC for non-union, management and executive roles within healthcare. The Plan was refreshed in November 2015 to align with Governments recommendation of a common compensation philosophy for the broader public sector using shared principles aligned with the Province's Taxpayer Accountability Principles. As with other public employers, we are also subject to policies determined by the Public Sector Employers Council Secretariat (PSEC).

Compensation Principles

PHSA's compensation principles have been updated to reflect governments core principles and are consistent with the compensation principles contained in the Compensation Reference Plan Guidelines. The core principles are:

- **Performance:** Compensation programs support and promote a performance-based (merit) organizational culture.
- **Differentiation:** Differentiation of salary is supported where there are differences in the scope of the position within an organization, and/or due to superior individual team contributions.

- **Accountability:** Compensation decisions are objective and based upon a clear and well documented business rationale that demonstrates the appropriate expenditure of public funds.
- **Transparency:** Compensation programs are designed, managed, and communicated in a manner that ensures the program is clearly understood by employees and the public while protecting individual personal information.

Compensation Policy Objectives

PHSA's Compensation Policy Objectives are consistent with the updated compensation policy objectives contained in the Compensation Reference Plan Guidelines. Like other Health Authorities, PHSA has been subject to a management wage freeze since September 2012. The objectives are as follows:

1. A defensible compensation system recognizes the responsibility of the health sector to establish compensation levels that acknowledge fairness and the public's ability to pay. Compensation levels in the health sector will reflect the market average and will not lead the market. This ensures that taxpayers receive the maximum benefits from qualified individuals occupying jobs in the health sector.
2. External equity requires competitive levels of compensation be established, that address issues of attraction and retention, by analyzing compensation practices in relevant labour markets including British Columbia health sector bargaining associations.
3. Internal equity requires the relative worth of jobs be established by measuring the composite value of skill, effort, responsibility and working conditions.
4. Compensation will reinforce and reward performance through measurable performance standards that support and promote a performance based culture.
5. Compensation policies will comply with the intent and requirements of legislation and be non-discriminatory in nature.

Compensation Survey

HEABC is responsible for conducting an annual cash compensation survey to ensure appropriate internal and external equity are maintained.

Job market matches shall be appropriate to the type of position: local for administrative support positions; and provincial or national for managerial positions and provincial, national and international for executive positions. The comparison of compensation shall be relevant to the PSEC approved external labour markets.

Reference Salary Ranges

A defensible compensation system responds to broad equity issues. The Plan recognizes the responsibility of the health sector to establish compensation levels that acknowledge fairness and the public's ability to pay, re-enforcing the notion of accountability. Fundamental to this

statement is the fact that compensation practices in the health sector cannot lead the market, while providing appropriate levels of compensation that support recruitment and retention needs. This ensures that taxpayers receive the maximum benefits from qualified individuals occupying jobs within the health care sector, further re-enforcing the notion of accountability.

HEABC is responsible for providing healthcare employers with reference salary ranges. The reference salary ranges will be based on the 50th percentile of the blended market survey. The salary reference ranges will include provisions for an adequate range and spread of salary rates to differentiate developmental, job standard, and above standard rates.

Employers will administer salaries within the reference salary ranges and compensation guidelines.

Circumstances may require employers to address compression or inversion issues between non-contract staff and directly supervised bargaining unit employees. A differential of up to 15% may be established where there is a functional supervisory role, with responsibility and accountability for outcomes. This differential does not form part of the comparison ratio calculation.

Organization Information Plan

The Organization Information Plan provides a means of grouping organizations with similar characteristics for the purpose of comparing pay practices of the employer groups to their relevant labour markets and establishing discrete salary ranges for each of the employer groups.

Role Assessment Plan

The Role Assessment Plan (a point factor job evaluation plan) provides a means of establishing an equitable hierarchy of jobs within an organization, as well as a comparison of jobs across the healthcare sector. The hierarchy of jobs is determined by assessing the skill, effort, responsibility, and working conditions inherent in all jobs in HEABC member organizations.

Application of the Compensation Reference Plan

Newly hired employees are placed on the appropriate salary range based on the new hire's work experience, skills, and competencies for placement within the salary range established for the job, in most circumstances, not to exceed the Competitive Market Rate for the job. PHSA has established job rates (Competitive Market Rates) for individual jobs or job classifications consistent with the mandated 50th percentile.

Performance reviews are conducted annually (April each year) using a comprehensive employee performance and development plan tool. The amount of adjustments varies based on the employee's performance evaluation score and the competitive market rate established for the job.

Executive Compensation

The CEO and each named executive officer (NEO) is reported in the Summary Compensation Table of this disclosure pursuant to the Public Sector Executive Compensation Reporting Guidelines. We are unique from the other five geographic health authorities, in that PHSA has

a specialized and province-wide mandate. As such, we provide high quality, specialized services in areas such as oncology, paediatrics, psychiatry and perinatal care. As a result, we employ a higher number of specialists than other health authorities. In addition, due to our structure, we are responsible for and report out on the Agencies and Services that comprise PHSA, the senior leaders of which are employees of those Agencies/Services or may be paid by a partner organization in some instances (eg. an academic centre).

Benefits

PHSA executive benefit package (Standard Executive Benefit Plan – refreshed in January 2015) is comparable to other health sector employers in British Columbia and includes the following key elements:

Medical Services Plan

The PHSA covers the premium costs for participation of the employee and their eligible dependent(s) in the British Columbia Medical Services Plan.

Extended Health Benefits Plan

The Plan provides employees and their dependent(s) with prescription drug reimbursement and other approved paramedical services subject to yearly maximum levels and a deductible of \$100/year effective January 2015. Premium costs are fully paid by the PHSA.

Dental Plan

PHSA pays the cost of a Dental Plan that provides to the employee and their dependent(s) 100% reimbursement for Basic Services, Prostheses, Crowns, Bridges, and Orthodontics.

Group Life Insurance

This plan provides a non-evidenced benefit of five (5) times annual salary to a maximum of \$1,000,000 to the beneficiary or estate of a deceased employee. PHSA pays the cost of premiums.

Dependent Group Life Insurance

This plan provides for \$10,000 spousal insurance and \$5,000 insurance for each dependent child. PHSA pays the cost of premiums.

Accidental Death and Dismemberment

This plan provides up to five (5) times annual salary to a maximum non-evidenced coverage of \$1,000,000 in the event of accidental death or dismemberment. PHSA pays the cost of premiums.

Long Term Disability Insurance

This plan provides continuing income in the event of total disability after a qualifying period. The taxable benefit is 77% of pre-disability gross salary to a maximum non-evidenced monthly benefit of \$10,000. PHSA pays the cost of premiums.

Pension Plan

Eligible executives participate in the Municipal Pension Plan or the Public Service Pension Plan.

Perquisites

The CEO and the Executive Vice President are provided a vehicle allowance. Parking is paid for by PHSA for the CEO and executive staff located at PHSA's corporate office.

Annual Leave

Subject to portability rules, executives are eligible for annual vacation entitlements as follows:

- Up to a maximum of twenty (20) days after one (1) year of service and up to four (4) years of service.
- After four (4) years of continuous service, one (1) additional day for each additional year of employment, up to a maximum of thirty-five (35) days.

Name and Position (a)	Annualized Base Salary	Actual Base Salary (b)	Holdback / Bonus / Incentive Plan Compensation (c)	Statutory and Health Benefits (d)	Pension (e)	All Other Compensation (expanded below)	2017/18 Total	Previous Two Years Totals	
								2016/17	2015/16
Carl Roy, President and Chief Executive Officer	\$ 312,300	\$ 312,300	\$ 34,700	\$ 14,876	\$ 30,812	\$ 10,316	\$ 403,004	\$ 426,193	\$ 401,767
Arden Krystal, Executive Vice President, Patient & Employee Experience	\$ 281,552	\$ 155,082	\$ -	\$ 7,914	\$ 15,014	\$ 41,690	\$ 219,700	\$ 335,932	\$ 324,254
Leslie Arnold, Vice President, Provincial Child Health	\$ 268,320	\$ 207,432	\$ -	\$ 10,920	\$ -	\$ -	\$ 218,352	\$ 378,083	\$ 309,325
Linda Lupini, Executive Vice President, PHSA & BCEHS	\$ 281,552	\$ 284,322	\$ -	\$ 15,080	\$ 28,051	\$ 2,893	\$ 330,346	\$ 331,865	\$ 322,266
Malcolm Moore, President, BC Cancer Agency and Vice President, PHSA	\$ 350,000	\$ 327,743	\$ -	\$ 14,766	\$ 32,329	\$ 2,723	\$ 377,561	\$ 412,881	\$ 212,619
Susan Wannamaker, President, BC Children's and Women's Health and Vice President, PHSA	\$ 276,438	\$ 180,252	\$ -	\$ 16,168	\$ -	\$ -	\$ 196,419	N/A	N/A
Donna Wilson, VP, People, Performance & Lower Mainland Consolidated Lab Medicine	\$ 275,000	\$ 83,558	\$ -	\$ 9,182	\$ 2,096	\$ 610	\$ 95,446	N/A	N/A

Name and Position (a)	Severance (f)	Vacation payout (g)	Paid Leave (h)	Vehicle / Transportation Allowance (i)	Perquisites / other Allowances (j)	Other (k)	Total Other Compensation	Earned but not paid (l)
Carl Roy, President and Chief Executive Officer	\$ -	\$ -	\$ -	\$ 7,800	\$ -	\$ 2,516	\$ 10,316	\$ -
Arden Krystal, Executive Vice President, Patient & Employee Experience	\$ -	\$ 36,698	\$ -	\$ 4,230	\$ -	\$ 762	\$ 41,690	\$ -
Leslie Arnold, Vice President, Provincial Child Health	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Linda Lupini, Executive Vice President, PHSA & BCEHS	\$ -	\$ 1,063	\$ -	\$ -	\$ -	\$ 1,830	\$ 2,893	\$ -
Malcolm Moore, President, BC Cancer Agency and Vice President, PHSA	\$ -	\$ 2,723	\$ -	\$ -	\$ -	\$ -	\$ 2,723	\$ -
Susan Wannamaker, President, BC Children's and Women's Health and Vice President, PHSA	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Donna Wilson, VP, People, Performance & Lower Mainland Consolidated Lab Medicine	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 610	\$ 610	\$ -

Notes:

Certain employees with ten or twenty years of service and having reached a certain age are entitled to receive special payments upon retirement or as specified by collective agreements. These payments are based upon accumulated sick leave credits and entitlements for each year of service. Credits are paid out at the time of leaving the workforce if the person leaves on or after age 55 upon retirement, termination, death or disability. No payout is made in the event that the employee is dismissed with just cause.

Carl Roy, President and Chief Executive Officer

1. Under PSEC rules for health sector CEOs, a 10% holdback of annual salary was applied and is to be paid based upon achievement of Board approved performance outcomes. The FY1617 holdback was disclosed in Carl Roy's FY1617 compensation and the Board-approved payment was issued on May 18, 2017. The FY1718 holdback is under Board review and if approved, will be paid out in FY1819.
2. Other compensation (k) includes employer paid parking.

Arden Krystal, Executive Vice President, Patient & Employee Experience

1. Effective Jul 1, 2016, Arden Krystal's annualized base salary was increased to \$276,438. A retroactive payment of \$2,512 for Jul 1, 2016 to Mar 31, 2017 was paid on Apr 14, 2017 and is included in FY1718 total compensation.
2. Effective Apr 1, 2017, Arden Krystal's annualized base salary is \$ 281,522
3. Other compensation (k) includes employer paid parking.
4. Arden Krystal resigned Oct 7, 2017 - vacation time earned but not taken was paid out upon resignation.

Leslie Arnold, Vice President, Provincial Child Health

1. Leslie Arnold retired Dec 31, 2016. Salary continuance of \$207,432 (Apr 1 to Dec 31, 2017) is included in FY1718 compensation.

Linda Lupini, Executive Vice President, PHSA & BCEHS

1. Deferred vacation payout for vacation time not taken in calendar year 2016. \$1,063 was paid in Apr 2017.
2. Other compensation (k) includes employer paid parking.
3. Effective Jul 1, 2016, Linda Lupini's annualized base salary was increased to \$276,438. A retroactive payment of \$2,888 for Jul 1, 2016 to Mar 31, 2017 was paid on Apr 14, 2017 and is included in FY1718 total compensation.
4. Effective Apr 1, 2017, Linda Lupini's annualized base salary is \$281,552

Malcolm Moore, President, BC Cancer Agency and Vice President, PHSA

1. PHSA has agreed to provide honoraria funding to the Faculty of Medicine at UBC and the Faculty of Health Sciences at SFU, conditional upon Malcolm Moore's continued employment with PHSA. For FY1718 PHSA provided \$63,877 to UBC and \$40,000 to SFU. The honorariums with SFU and UBC support Dr.Moore's connection to the important research and teaching mandate of BCCA and the universities. It supports his ongoing activities in leadership at both institutions in the areas of cancer research and cancer prevention.
2. In FY1718, Malcolm Moore took unpaid leave which resulted in a decrease to his actual base salary (b)
3. Deferred vacation payout for vacation time not taken in calendar year 2016. \$2,723 was paid in Apr 2017.

Susan Wannamaker, President, BC Children's and Women's Health and Vice President, PHSA

1. Effective Jul 31, 2017, Susan Wannamaker was appointed as the President, BC Children's and Women's Health and Vice President, PHSA
2. Actual base salary (b) includes 17 pay periods.

Donna Wilson, VP, People, Performance & Lower Mainland Consolidated Lab Medicine

1. Effective Dec 4, 2017 Donna Wilson was appointed to Arden Krystal's former portfolio as the VP, People, Performance & Lower Mainland Consolidated Lab Medicine.
2. Actual base salary (b) includes 8 pay periods.