

June 4<sup>th</sup>, 2019

Ms. Christina Zacharuk  
CEO and President  
Public Sector Employers Council Secretariat  
2<sup>nd</sup> Floor, 880 Douglas Street  
VICTORIA, B.C.  
V8W 2B7

Dear Ms. Zacharuk:

**RE: 2018-2019 Executive Compensation Disclosure**

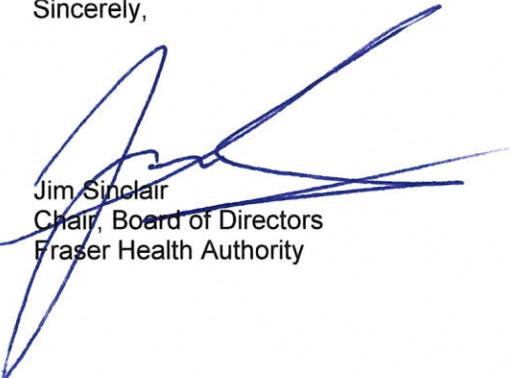
---

Please find attached the required compensation reports on the President and Chief Executive Officer and the five highest ranking corporate executives.

By submitting these reports, I attest 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 the employer, foundations, subsidiaries, or any other organization related to or associated with the employer. It also includes the value of any pre or post-employment payments made during the twelve month period before or after the term of employment.
- The compensation provided was within approved compensation plan.

Sincerely,



Jim Sinclair  
Chair, Board of Directors  
Fraser Health Authority

**Fraser Health Authority**  
**Board of Directors**

Suite 400, Central City Tower  
13450 102<sup>nd</sup> Avenue  
Surrey, BC  
V3T 0H1 Canada

Tel (604) 587-4639  
Fax (604) 587-4666  
[www.fraserhealth.ca](http://www.fraserhealth.ca)



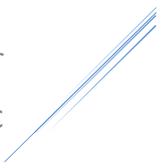
# Compensation Reference Plan

The Compensation Reference Plan promotes the accountability of health care employers to the public, and enhances the credibility of management in the health sector by providing a framework within which appropriate compensation practices are consistently managed.

All member organizations of the Health Employers Association of BC are required to use the Compensation Reference Plan in establishing compensation levels for the executive and non-contract positions in their organizations.

**Health Employers Association of BC**

**January 26, 2016**



## Table of Contents

Compensation Philosophy	2
Core Principles	2
Policy Objectives	2
The Compensation Reference Plan Modules	3
Organization Information Plan	3
Role Assessment Plan	4
Reference Salary Ranges	5
Benchmarking the Reference Salary Ranges	6
Performance Based Pay	6
Disclosure & Reporting Requirements	8

## Compensation Philosophy

To support the delivery of health services to the people of British Columbia the Compensation Reference Plan (Plan) establishes a fair, defensible and competitive total compensation package designed to attract and retain a qualified, diverse and engaged workforce that strives to achieve high levels of performance.

### CORE PRINCIPLES

**Performance:** The Plan supports and promotes a performance-based (merit) culture with in-range salary progression to recognize performance.

**Differentiation:** Differentiation of salary is supported where there are differences in the scope of a position and the assignment of the position to the appropriate salary range. Differentiation of salary is also supported based on superior individual or 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:** The Plan is designed, managed and communicated in a manner that ensures the program is clearly understood by government, trustees, employers, employees and the public while protecting individual personal information.

### POLICY OBJECTIVES

Consistent with the Core Principles, the Plan has the following policy objectives:

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.

## The Compensation Reference Plan Modules

The Plan promotes the accountability of employers in the health sector to the public, and enhances the credibility of management in the health sector by providing a framework within which appropriate compensation practices are consistently managed.

All member organizations of the HEABC are required to use the Compensation Reference Plan in establishing compensation levels for the executive and non-contract positions in their organizations. The Plan consists of three components that, working in concert, assign jobs to the appropriate salary range. The three components of the Plan are: the Organization Information Plan, the Role Assessment Plan and the Reference Salary Ranges.

### ORGANIZATION INFORMATION PLAN

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

The grouping of organizations is determined by assessing certain characteristics that are inherent in all member organizations of HEABC. The factors employed in assessing the organizational characteristics are:

- Diversity of Program Delivery
- Research Activities
- Education Activities
- Work Force Characteristics
- Sources & Stability of Funding

### Responsibilities and Accountabilities

1. HEABC will provide employers in the health sector with the Organizational Information Questionnaire (OIQ), instructions on how it's used, and consulting assistance in order to complete and accurately collect the required information.
2. Employers in the health sector will complete the OIQ.
3. The Board Chair of employers in the health sector will approve the completed OIQ and return the questionnaire to HEABC.
4. HEABC will review all completed questionnaires for consistency in application and inform the employers in the health sector of the final assessment.

## ROLE ASSESSMENT PLAN

The Role Assessment Plan (a point factor job evaluation plan) is the tool that allows employers to describe the jobs in their organizations. The Role Assessment Plan provides a means of establishing an equitable hierarchy of jobs within an organization, as well as a comparison of jobs across the health sector. The hierarchy of jobs is determined by assessing the skill, effort, responsibility and working conditions inherent in all jobs in HEABC member organizations. The factors employed in assessing the skill, effort, responsibility and working conditions are described in the table that follows.

### Role Assessment Plan Factors

Skill	<ul style="list-style-type: none"><li>• Knowledge Gained Through Education and Training</li><li>• Knowledge Gained Through Previous Experience</li><li>• Internal Communications and Contacts</li><li>• External Communication and Contacts</li></ul>
Effort	<ul style="list-style-type: none"><li>• Effort as a Result of Concentration</li><li>• Effort as a Result of Physical Exertion</li></ul>
Responsibility	<ul style="list-style-type: none"><li>• Complexity of Decision Making</li><li>• Impact of Decision Making</li><li>• Nature of Responsibility of Financial Resources</li><li>• Magnitude of Financial Resources</li><li>• Nature of Leadership</li><li>• Magnitude of Leadership</li></ul>
Working Conditions	<ul style="list-style-type: none"><li>• Conditions Under which the Work is Performed</li></ul>

### Responsibilities and Accountabilities

1. HEABC will provide employers in the health sector with consulting advice on the application of the Role Assessment Plan.
2. Employers in the health sector will ensure that all executive and non-contract jobs are assessed using the Role Assessment Plan.
3. HEABC will work with employers in the health sector to ensure the consistent application of the plan through periodic reviews.
4. HEABC will work with employers in the health sector to resolve any disputes on the application of the Plan.

## 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.

### **Responsibilities and Accountabilities**

1. HEABC will provide employers in the health sector with reference salary ranges.
  - 1.1. The reference salary ranges will be based on the 50th percentile of the blended market survey.
  - 1.2. The reference salary ranges will include provisions for an adequate range and spread of salary rates to differentiate developmental, job standard, and above standard rates.
2. Employers will administer salaries within the reference salary ranges.
  - 2.1. 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.
  - 2.2. Employers compensation practices will be deemed to conform to the reference salary ranges if the organization's overall comparison ratio is within 0.90 and 1.10 of the appropriate salary control points.
  - 2.3. The comparison ratio calculation is the total of the organization's actual salaries divided by the total of the appropriate salary control points.

## Benchmarking the Reference Salary Ranges

- 1 The Plan will be reflective of a representative market that shall be composed of an appropriate mix of employers from which the health sector must attract and retain qualified individuals.
- 2 The composite market is based on consideration of:
  - 2.1 Size of organization, as this drives the span of control and scope of accountability.
  - 2.2 The industry, as organizations operating in the broad public sector likely have jobs that require similar skills and capabilities.
  - 2.3 Geography, considers the locations where qualified talent could be sourced from when recruiting and where current employees could potentially leave to join other organizations.
  - 2.4 Ownership type, for example public sector, health sector where jobs that require similar skills and capabilities form part of the recruitment/retention matrix.
- 3 This mix is to include:
  - 3.1 B.C. Public Sector Organizations – Crown corporations, health sector, K-12 education, community social services, regional government, municipalities and the public service.
  - 3.2 Other provincial jurisdictions (including the health sector) where relevant, excluding territories.
  - 3.3 Private Sector – to be utilized only in cases of talent in high demand with significant recruitment pressure from the private sector.
- 4 HEABC will conduct total cash and total compensation surveys to ensure appropriate internal and external equity are maintained.

## Performance Based Pay

- 1 Employers in the health sector recognize that strengthening the linkage between individual performance and organizational objectives is a fundamental role for an organization's compensation strategy.
- 2 Performance based pay programs would include documented objectives with clearly defined and measurable performance outcomes.

- 3 The Compensation Reference Plan’s salary ranges are applicable to a system of performance based pay. The salary ranges are structured to recognize competence, performance and exceptional market conditions. *Employers cannot establish salaries above the range maximum.*

Salary Structure Ranges 13 through 18

Range Minimum		Midpoint		Range Maximum	
80%	90%	90%	110%	110%	120%
Developmental Zone		Standard Zone		Advanced/Market Zone	

Salary Range Structure Ranges 5 through 12

Range Minimum		Midpoint		Range Maximum	
80%	90%	90%	110%	110%	115%
Developmental Zone		Standard Zone		Advanced/Market Zone	

Salary Range Structure Ranges 1 through 4

Range Minimum		Midpoint		Range Maximum	
80%	90%	90%	105%	n/a	n/a
Developmental Zone		Standard Zone			

Developmental Zone: Target pay for individuals who are new or developing in the job and are not yet performing the full breadth of duties and responsibilities expected of the job at this level. Accelerated progression through this portion of the salary range is common.

Market Zone: Target pay for employees who are fully seasoned in the job with the combination of experience and competencies needed to perform all duties and responsibilities expected of the job.

Innovative Practice Zone: Target pay for employees who consistently exceed all expectations through a unique and exceptional application of knowledge, skills and/or effort over a consistent and sustained period that justifies the use of this Zone; or to address exceptional recruitment and retention market pressures.

- 4 Each job will have an assigned salary range. Employers in the health sector will place their employees on the applicable range for that job. Progression throughout the range is based on job proficiency or performance. Employers cannot establish salaries above the range maximum.
- 5 A Merit Matrix will be used to determine the amount of the approved salary increases to targeted groups of employees. The matrix addresses both the performance (performance based culture) and position in the range (internal equity) to differentiate salaries. The table that follows illustrates the grid. The position in range bands would be adjusted to reflect the actual width of the

salary range. The grid becomes an effective tool when the salary ranges match the levels recommended by market surveys and there is consistent performance management practices and the level of increase for the base calculation provides a meaningful change in salary.

Illustrative Merit Matrix Illustration: ex. 1% increase)			Position on Range		
			80% to 90%	90% to 110%	110% to 120%
Performance Rating	5	Highest	2.0%	1.7%	1.3%
	4	Next Highest	1.7%	1.3%	1.0%
	3	Middle	1.3%	1.0%	.7%
	2	Low	.7%	.7%	0.0%
	1	Lowest	0.0%	0.0%	0.0%
% increase cannot exceed the salary range maximum					

## Disclosure & Reporting Requirements

- 1 HEABC will coordinate the reporting of total compensation for executive and non-contract employees within the sector.
- 2 Employers in the health sector will provide HEABC with total compensation information and related compensation policy information to meet the reporting requirements of employers and employers' associations within the sectoral compensation guidelines. Full disclosure of public sector compensation is public policy in British Columbia. This policy serves two main purposes:
  - 2.1. Promotes the accountability of public sector employers to the public.
  - 2.2. Enhances the credibility of public sector management by providing a framework within which appropriate compensation practices can be explained to the public.



## Fraser Health Authority

# Compensation Discussion & Analysis

May 2019

## Part I – Framework for Total Compensation

### Compensation Plan

Fraser Health uses the health sector's *Compensation Reference Plan* as the framework for its compensation program covering individuals in the Management & Management Support (Excluded) employee group. The Plan is aligned with Government core principles on compensation. A copy of the approved *Compensation Reference Plan* is attached.

The goal of the *Compensation Reference Plan* is for salary ranges to be set at the 50<sup>th</sup> percentile of rates reported in an industry market survey. The 2018 salary ranges approved for the health sector fall short of this goal. Historically the salary ranges have been influenced by factors such as public sector bargaining and the financial mandate set by Government. Despite this shortfall, Fraser Health establishes all salaries within the approved salary ranges.

The salary ranges apply to executives, managers and excluded support staff with the exception of the President & Chief Executive Officer. Compensation for the Chief Executive Officer is set by the Minister of Finance.

### Benefits

Fraser Health and the other BC Health Authorities provide a common set of benefit plans. These include employer paid Medical Service Plan Premiums, Long Term Disability, Short Term Illness, Sick Leave, Life Insurance, Accidental Death & Dismemberment (AD&D), Extended Health, Dental Plan; and enrollment in the Municipal Pension Plan. Individuals have the option to purchase additional insurance benefits on an employee paid premium basis.

Fraser Health offers modular options for the benefit plans. The options provide employees the choice of three levels of benefits. This provides greater flexibility for the employees to select the benefit plan option that is best for their personal circumstances. The options are designed so that each level has the same employer cost.

### Perquisites

There are no perquisites paid to the Executives.





Better health.  
Best in health care.

## **Part II – Discussion on Total Compensation Reported**

### **Total Compensation – Chief Executive Officer**

The Board follows a Performance Evaluation Process reviewing the CEO performance in terms of the goals for the year and performance against the Strategic and annual operating and capital plans. Payment in recognition of performance was made against a holdback in salary. Effective September 1, 2018 employers were provided the option to discontinue the holdback practice. The Fraser Health Board discontinued the holdback . The payment of the holdback was supported by an assessment of performance by the Board. Mr. Marchbank earned a holdback payment of \$14,376 for the 2018/19 fiscal year.

### **Total Compensation – Other Executives**

Base Salary, Pension, and all other compensation are reported for the four highest ranking executives on the attached Summary Compensation Table. The Notes Section provides information on employment time periods.

All base salaries are established within the approved salary ranges set for each position. Consideration for approved salary increases are based on performance.

Philip Barker, Vice President, Planning, Informatics and Analytics retired March 21, 2019, He received a service/retirement allowance payment of \$26,190 and a payout of unused vacation. The services/retirement allowance payment was processed after March 31, 2019.

Dr. Martain Lavoie's earnings cover his role as Executive Medical Director, Medical Health Officer Population & Public Health and, Vice President Population & Public Health, Chief Medical Health Officer.



Fraser Health Authority

Summary Compensation Table at 2019

Name and Position	Salary	Holdback/Bonus/ Incentive Plan Compensation	Benefits	Pension	All Other Compensation (expanded below)	2018/2019 Total Compensation	Previous Two Years Totals Total Compensation	
							2017/2018	2016/2017
Dr Victoria (Eun Hyung) Lee, President & Chief Executive Officer	\$ 306,273	-	\$ 23,730	\$ 30,411	\$ 3,464	\$ 363,878	\$ 320,326	\$ 362,365
Philip Barker, Vice President, Planning, Informatics & Analytics	\$ 248,210	-	\$ 19,946	\$ 24,451	\$ 11,591	\$ 304,198	\$ 302,440	\$ 302,895
Dr Martin Lavoie, Vice President, Population Health & Chief Medical Health Officer	\$ 263,801	-	\$ 19,575	\$ 26,055	\$ 1,669	\$ 311,100		
Laurie Leith, Vice President, Community Hospitals and Programs	\$ 243,182	-	\$ 18,858	\$ 23,915	\$ 498	\$ 286,453	\$ 276,784	
Michael Marchbank, President & Chief Executive Officer	\$ 178,448	\$ 14,376	\$ 15,096	\$ 17,892	\$ 191,031	\$ 416,843	\$ 395,776	\$ 390,089
Dr Roy Morton, Vice President, Medicine	\$ 284,738	-	\$ 9,222	\$ 28,053	\$ 1,110	\$ 323,123	\$ 318,321	\$ 304,463

**Summary Other Compensation Table at 2019**

<b>Name And Position</b>	<b>All Other Compensation</b>	<b>Severance</b>	<b>Vacation payout</b>	<b>Leave payout</b>	<b>Vehicle / Transportation Allowance</b>	<b>Perquisites / other Allowances</b>	<b>Other</b>
Dr Victoria (Eun Hyung) Lee, President & Chief Executive Officer	\$ 3,464	-	-	-	-	-	\$ 3,464
Philip Barker, Vice President, Planning, Informatics & Analytics	\$ 11,591	-	\$ 10,583	-	-	-	\$ 1,008
Dr Martin Lavoie, Vice President, Population Health & Chief Medical Health Officer	\$ 1,669	-	-	-	-	-	\$ 1,669
Laurie Leith, Vice President, Community Hospitals and Programs	\$ 498	-	-	-	-	-	\$ 498
Michael Marchbank, President & Chief Executive Officer	\$ 191,031	-	\$ 16,046	-	-	-	\$ 174,985
Dr Roy Morton, Vice President, Medicine	\$ 1,110	-	-	-	-	-	\$ 1,110

**Notes**

Dr Victoria (Eun Hyung) Lee, President & Chief Executive Officer	<p><b>General Note:</b> Appointed President &amp; Chief Executive Office effective October 6, 2018. Actual base salary is based on fiscal year of 26 pay periods which does not equal 365 days.</p> <p><b>Other Note:</b> Dr. Lee received \$3,464 retro amount paid for approx. 2% approved increase to salary effective April 1, 2018 as the Vice President Population Health &amp; Chief Medical Health Officer.</p>
Philip Barker, Vice President, Planning, Informatics & Analytics	<p><b>General Note:</b> Actual base salary as per fiscal year of 26 pay periods which does not equal 365 days.</p> <p><b>Other Note:</b> Mr. Barker retired on Mar. 21, 2019 and received \$1,008 retro paid for approx. 2% approved increase to salary effective April 1, 2018. ***Eligible payment of Service/Retirement Allowance \$26,190 processed after March 31, 2019.</p>
Dr Martin Lavoie, Vice President, Population Health & Chief Medical Health Officer	<p><b>General Note:</b> October 6, 2018 accepted role of Interim Vice President, Population Health &amp; Chief Medical Health Officer. Appointed permanently to Vice President, Population Health &amp; Chief Medical Health Officer as of March 19, 2019. Actual Base salary is based on fiscal year of 26 pay periods which does not equal 365 days.</p> <p><b>Other Note:</b> Dr. Lavoie received \$1,669 Retro amount paid for approx. 2% approved increase to salary effective April 1, 2018.</p>
Laurie Leith, Vice President, Community Hospitals and Programs	<p><b>General Note:</b> Actual Base salary is based on fiscal year of 26 pay periods which does not equal 365 days.</p> <p><b>Other Note:</b> Ms. Leith received \$498 Retro amount paid for approx. 2% approved increase to salary effective July 4, 2018.</p>
Michael Marchbank, President & Chief Executive Officer	<p><b>General Note:</b> Mr. Marchbank Retired on October 31, 2018. Actual Base salary is based on fiscal year of 26 pay periods which does not equal 365 days.</p> <p><b>Other Note:</b> Mr. Marchbank was awarded a holdback payment based on performance in 2017/18. Effective September 1, 2018 the Board ceased the salary holdback from Mr. Marchbank with salary adjusted to compensate for the elimination of the future holdback payment ; resulted in retro of \$4,496. Upon retirement Mr. Marchbank qualified for three additional payments. The eligible payout of his sick leave bank (\$82,485), his service/retirement allowance (\$88,004) and a payout of unused vacation (\$16,046).</p>
Dr Roy Morton, Vice President, Medicine	<p><b>General Note:</b> Actual Base salary is based on fiscal year of 26 pay periods which does not equal 365 days.</p> <p><b>Other Note:</b> Dr. Morton received \$1,110 Retro amount paid for approx. 2% approved increase to salary effective April 1, 2018.</p>