

June 8, 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, BC Clinical and Support Services Society

I have attached the following:

1. 2017/2018 Statement of Executive Compensation for the BC Clinical and Support Services Society
2. Completed Excel template
3. Attestation signed by Mr. Tim Manning, BCCSS 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: Elana Mignosa, Chief Financial Officer, BCCSS  
Bogdan Oprea, Director, Financial Reporting and Controls, BCCSS  
Susan Danard, Chief Communications Officer, PHSA  
Angela Chirinian, Executive Director, Compensation, Analytics and Partnerships  
John Arsenault, Director, Human Resources, BCCSS

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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 Statement of Executive Compensation  
BC Clinical and Support Services Society

The 2017/2018 Statement of Executive Compensation of the BC Clinical and Support Services Society (BCCSS) has been reviewed and approved by myself as Board Chair of BCCSS. 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 BCCSS. 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,



Tim Manning, ICD.D  
Board Chair  
BC Clinical and Support Services Society

Att.

**Public Sector Executive Compensation Reporting  
BC Clinical and Support Services (BCCSS)  
Compensation Philosophy**

### **Organizational Information and Compensation Plan**

BC Clinical and Support Services (BCCSS) is a not-for-profit society created by the Ministry of Health to promote health in the province by coordinating, managing and/or providing clinical, diagnostic and support services to British Columbia's health care system.

BCCSS' Clinical Services Division includes BC's Agency for Pathology and Laboratory Medicine and the BC Provincial Blood Coordinating Office. The Support Services Division includes Financial & Employee Services (Employee Records & Benefits, Payroll and Revenue Services), Supply Chain (including Accounts Payable) and Technology Services.

BCCSS' 2016/2017-2017/2018 Service Plan was guided by Government's strategic priorities and included initiatives critical to the delivery of BCCSS' mandate and the organization's performance, including:

- Designing a strategic service delivery plan for the provision of laboratory services in the province to drive optimization and innovation within clinical and diagnostic laboratory services to improve access, capacity, and reflect the best cost quality within available resources.
- Improving efficiency and effectiveness of priority clinical laboratory and pathology service delivery areas that are critical to both quality and sustainability.
- Delivering BCCSS' support services in a cost-effective and efficient manner to achieve value-for-money by creating capacity, reducing redundancy, increasing transparency, and improving quality and safety.
- Working with the Ministry of Health and health authorities to develop a strategic service delivery plan that defines the overall provincial model for the provision of support services by focusing on long-term sustainability and value for the health system.

BCCSS is a member employer of the Health Employers Association of BC and is governed by the HEABC Compensation Reference Plan (Attached). 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 Government's 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**

BCCSS's compensation principles have been updated to reflect government's 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**

BCCSS's Compensation Policy Objectives are consistent with the updated compensation policy objectives contained in the Compensation Reference Plan Guidelines. Like the Health Authorities, BCCSS 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 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 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.

# EXECUTIVE COMPENSATION DISCLOSURE

BC Clinical and Support Services Society

## Summary Compensation Table at 2018

Name and Position	Salary	Holdback/Bonus/ Incentive Plan Compensation	Benefits	Pension	All Other Compensation (expanded below)	2017/2018 Total Compensation	Total Compensation	
							2016/2017	2015/2016
John Andruschak, Executive Lead, Clinical Services	\$ 237,645	-	\$ 15,867	-	-	\$ 253,512	\$ 252,964	
Jim Cochran, Vice President, Supply Chain	\$ 199,355	-	\$ 16,278	\$ 24,435	\$ 47,591	\$ 287,659	\$ 181,271	
Douglas Kent, Executive Lead, Support Services	\$ 277,857	-	\$ 15,931	\$ 27,520	-	\$ 321,308	\$ 315,580	
Elana Mignosa, Chief Financial Officer	\$ 198,810	-	\$ 15,407	\$ 19,694	-	\$ 233,911	\$ 212,376	
Sharon Torgerson, Vice President, Corporate Performance	\$ 177,491	-	\$ 14,343	\$ 17,582	-	\$ 209,416	\$ 204,853	



## EXECUTIVE COMPENSATION DISCLOSURE

### Notes

John Andruschak, Executive Lead, Clinical Services	<b>General Note:</b> 1. John Andruschak resigned effective April 15, 2018. 2. Vacation earned but not taken in the amount of \$37,860 was paid in May 2018 upon resignation.
Jim Cochran, Vice President, Supply Chain	<b>Other Note:</b> 1. Effective April 1, 2016, Jim Cochran was appointed to Vice President, Supply Chain. Retroactive pay in the amount of \$47,591 was paid in July 2017 for the period April 1, 2016 to March 31, 2017.
Douglas Kent, Executive Lead, Support Services	<b>General Note:</b> 1. Salary continuance of \$12,828 has been included in base salary. Salary continuance will be paid until September 7, 2019. 2. Vacation earned but not taken in the amount of \$33,059 was paid in April 2018.
Elana Mignosa, Chief Financial Officer	
Sharon Torgerson, Vice President, Corporate Performance	<b>General Note:</b> 1. Sharon Torgerson is on working notice of seven (7) months ending October 27, 2018. 2. Vacation earned but not taken in FY1718 in the amount of \$1,377 was paid in April 2018.