

Executive Compensation Plan

January 2018

Almonte General Hospital and Carleton Place & District Memorial Hospital

“The Hospitals”

INTRODUCTION:

The Broader Public Sector Accountability, 2010 [BPSAA] was established by the government to improve accountability and transparency across the broader public sector [BPS]. It enabled government controls on compensation, expenses, perquisites, business documents and procurement.

Government amendments to the BPSAA in 2012, intended to further restrain executive compensation effectively established an executive compensation freeze as of March 31, 2012.

In March 2015, the government proclaimed the Broader Public Sector Executive Compensation Act, (BPSECA) 2014. The purpose of this legislation was to manage executive compensation in the broader public sector by authorizing the government to establish compensation frameworks and regulations applicable to the designated executives of BPS designated employers.

On September 5, 2016, the Government of Ontario issued Regulation 304/16 (the Executive Compensation Framework) under the authority of the BPSECA 2014. In June 2017, the Government issued Regulation 187/17, the Broader Public Sector Executive Compensation Program Directive and Guide to amended Regulation 304/16 so as to introduce additional requirements for designated employers. The BPSECA 2014 and these 2 Regulations serve to set out for designated employers the requirements for determining the maximum amount of salary, and performance pay, (the Pay Cap), the associated Executive Pay Envelope, as well as parameters regarding other elements of executive compensation that may be made available for Designated Executives, and the process for obtaining the overseeing minister's approval on all aspects of the designated employers Executive Compensation Plan.

Consistent with our approach to sharing of Executive talent, The Almonte General Hospital and the Carleton Place & District Memorial Hospital Boards of Directors have developed and approved a single Executive Compensation Plan in compliance with the BPSECA, Regulation 304/16, 187/17; and the Government's associated directive and guide documents.

The Joint Hospitals Executive Compensation Plan has received ministerial approval and is posted as of “DATE”, for the purpose of providing the public an opportunity to provide comment on the manner in which The Hospitals have determined the compensation they will provide to its Designated Executives in accordance with the Regulations.

Executive Compensation Plan

January 2018

Organization Overview

Almonte General Hospital

Almonte General Hospital (AGH), situated on a 10-acre site in the town of Almonte, has been providing medical care to the residents of Mississippi Mills, Arnprior, Carleton Place, the City of Ottawa and surrounding townships for many years. The organization has three operating divisions – Almonte General Hospital, Fairview Manor and Lanark County Ambulance Service.

The 52-bed Hospital provides an extensive range of services, including an inpatient medical/surgical unit, Level 1B obstetrical care for a catchment area that includes Carleton Place, Arnprior and Renfrew, surgical services, a 24-hour emergency department and the Complex Continuing Care and Day Hospital programs which serve both Almonte and Carleton Place.

Fairview Manor is a 112-bed long-term care facility that is connected to the Hospital building by a fully enclosed walkway. The current building was officially opened in 2008 and replaced an older building, also located adjacent to the Hospital.

AGH also operates the Lanark County Paramedic Service under contract with the County of Lanark. There are five bases in Lanark, located in Almonte, Carleton Place, Lanark Highlands, Perth and Smiths Falls. The Service's approximately 90 paramedics and managers are employees of Almonte General Hospital.

Carleton Place & District Memorial Hospital

Carleton Place & District Memorial Hospital (CPDMH) is a 22-bed acute care hospital, situated on the recently expanded highway 7 in the county of North Lanark. Based on recent demographics, approximately 27,000 people are served by CPMDH today. The hospital serves the growing Town and Townships of Carleton Place, Beckwith and Mississippi Mills. Due to its proximity to Ottawa, every year the hospital experiences increased service volumes from west Ottawa residents. The hospital operates a 24/7 emergency, surgical, inpatient unit, radiology, physiotherapy programs and an ever-expanding outpatient department with over 60 specialized clinics. As a host site, CPDMH has over 1600 Ontario Telemedicine Network visits per year.

In October 2016, the Minister of Health and Long-Term Care announced approval for th Hospital to proceed with design and construction of a new 9,000 square foot Emergency Department.

Mississippi River Health Alliance

CPDMH and Almonte General Hospital (AGH) are 12km apart and have a history of collaboration. On April 19, 2016, the Boards of Directors of the two hospitals signed an agreement to form the Mississippi River Health Alliance (MRHA) – their commitment to stronger ties with the goal of providing the best care for their local communities.

Executive Compensation Plan January 2018

The Champlain LHIN Board of Directors issued a facilitated integration order in support of the MRHA on April 27, 2016.

Each hospital remains a separate corporation with its own Board providing strategic direction and oversight for its local hospital. The MRHA created a joint committee that provides a means for both Boards to work together to identify opportunities for better care. It makes recommendations to the two hospital boards.

Consistent with their mutual commitment to align strategic planning processes, AGH and CPDMH are in the process of concurrently developing a new Strategic Plan for each hospital that was approved in Fall 2017.

As part of this partnership, the two hospitals share a President & Chief Executive Officer, Chief Nursing Executive and Vice President, Corporate Support Services.

Executive Compensation Plan

January 2018

The Hospitals Compensation Philosophy

- a. It is important for the benefit of our Health Care communities that Almonte General Hospital and Carleton Place & District Memorial Hospital (The Hospitals) are able to attract and retain executives that are competent, qualified individuals, who share the values of the Hospitals.
- b. The Hospitals will compensate its executive team employing base salaries and “Pay-at-Risk” that is competitive within the marketplace and structured to incent high levels of executive performance and cooperation in achieving Quality Improvement Plan initiatives.
- c. As public institutions, Almonte General Hospital (AGH-FVM) and Carleton Place & District Memorial Hospital (CDMPH) need to be fiscally responsible in a very constrained environment.
- d. A common set of comparators will be employed to establish new max compensation rates for all joint Designated Executives. Individual Comparators will be developed for the remaining DE’s.
- e. Joint Vice President (VP) positions will have a common max compensation rate. This will promote structural flexibility and reinforce Team Work. The placement of an individual VP within the range between their current rate of pay and the new max compensation rate will be determined by the CEO and Board Executive Committee consistent with Regulations.
- f. Based upon The Hospital’s executive recruitment practice, the labour market for The Hospitals executive recruitment is from Ontario hospitals, located in communities of equal or larger size and from hospitals that are similar in terms of number of beds, budget size, and physical sites. Larger centres nearby, specifically Ottawa, create a particular risk to retention given similar skill sets of Executives and a very commutable location to both Almonte and Carleton Place from or to Ottawa. This is particularly true for the CEO and Joint VP roles.
- g. Pay-at Risk compensation will remunerate designated executives based upon their achievement of annual QIP goals.
- h. A Designated Executive’s annual progression towards their new maximum compensation rate shall be approved by the Board of Directors [annually]. Annual progression will be compliant with Regulations in effect at the time.

Executive Compensation Plan January 2018

<p>In the Section that follows, BPSECA 2014, Regulation 304/16 (Executive Compensation Framework) Regulation 187/17 (Regulation directive and guide) requirements are summarized in the Legislated Requirement column, compliance status in the Compliance column, and the action taken by the Hospitals to achieve compliance is stated in the Hospitals' Executive Compensation Plan column.</p>		
<p>Legislated Requirement as per Regulation 304/16 and 187/17</p>	<p>In Compliance</p>	<p>Hospitals Executive Compensation Plan</p>
<p>Designated Executives</p> <p>The Regulation applies to employees and office holders of designated employers who are entitled to receive cash compensation of \$100,000 or more in a calendar year and who are:</p> <ul style="list-style-type: none"> • the head of a designated employer, regardless of whether their title is chief executive officer, president or something else; • the vice president, chief administrative officer, chief operating officer, chief financial officer or chief information officer of a designated employer; <p>a person holding any other executive position or office with a designated employer, regardless of title;</p>	<p>Yes</p>	<p>The following positions have been identified as Designated Executive for purposes of this legislation;</p> <ul style="list-style-type: none"> • Chief Executive Officer <p>Joint Vice President will be treated as a Class of Designated Executive positions and will include:</p> <ul style="list-style-type: none"> • Vice President and Chief Nursing Executive (CNE) • Vice President Corporate Support Services <p>Other identified Designated Executives</p> <ul style="list-style-type: none"> • Vice President & CFO-Almonte • Vice President CFO- CPDMH
<p>Comparator Organization Selection</p> <p>For each Designated Executive position or Class of Designated Executive positions, comparable positions must be selected for analysis from at</p>	<p>Yes</p>	<p>Hospitals List of Comparator Organizations</p> <p>(These Comparator Organizations were employed to calculate new salary and performance-related maximum pay caps for its Designated Executives)</p> <p>For Chief Executive Officer and Class of DE's.</p>

Executive Compensation Plan January 2018

<p>least eight different organizations. Comparable organizations are those that are similar to the employer with respect to three or more of the following factors contained in Table One:</p> <p>TABLE ONE;</p> <ul style="list-style-type: none"> • Scope of responsibilities of the organization’s executives. • Type of operations the organization engages in. • Industries within which the organization competes for executives. • Size of the organization • Location of the organization <hr/> <p>Comparable positions generally include those that are similar with respect to essential competencies (knowledge, skills, and abilities), relative complexity and the level of accountability associated with the position.</p> <p>The following information from the comparative analysis of executive compensation must be presented in the executive compensation program:</p> <ul style="list-style-type: none"> • A list of comparable organizations used to calculate salary and performance-related pay. 	<p>The complexity, responsibility, accountability and workload associated with leading two organizations located in different communities that have, between them, two hospitals, a long-term care home and a county-wide paramedic service, with two separate boards of directors, two medical staffs and two fundraising foundations is difficult to find in comparator organizations.</p> <p>As such, comparator organizations for the Chief Executive Officer and Joint Vice Presidents were selected based on one or more of the following:</p> <ul style="list-style-type: none"> • Ontario community hospital(s) providing services similar to The Hospitals. • Shared executive(s)/accountability to multiple boards • Scope of executive responsibilities and competencies are similar • Multi-site hospital within a single corporate entity • Similar program mix, including obstetrics and complex continuing care • Long-term care home ownership • Service to multiple communities • Similar size of catchment area • Size as a proxy for complexity, responsibility and workload • Competes within the same market for executives <p>The following 11 organizations have been identified as comparators for the Hospitals CEO and the Class of Designated Executives and are compliant with the criteria identified in Regulations 304/16, 187/17 [Directive and Guide];</p> <ul style="list-style-type: none"> • Cambridge Memorial Hospital • Cornwall Community Hospital • Hotel Dieu Shaver Rehab Centre • Muskoka Algonquin Healthcare • Norfolk General and West Haldimand General • Northumberland Hills Hospital • Pembroke Regional Hospital • Queensway Carleton Hospital • Ross Memorial Hospital • Timmins & District Hospital • Woodstock Hospital
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Executive Compensation Plan January 2018

<ul style="list-style-type: none"> • A description of how the comparable positions chosen are comparable to the designated executive positions or class of positions. • A description of how the comparator organizations are comparable to the designated employer with respect to the selection criteria listed in Table One. 		<p>Queensway Carleton is considered particularly important given that the Joint Executives have a size and scope of responsibility similar to that of the single-site Executives at Queensway Carleton and the fact that it is at such a close commutable distance.</p> <p>For the VP CFO at Almonte</p> <p>The VP CFO at Almonte General Hospital is responsible for all financial functions including payroll, Information Technology, Health Records and Registration. Although supporting a single legal entity, the VP CFO is responsible for a hospital, a long-term care home and a county-wide paramedic service. As such, the incumbent must work within three different legislative, accountability and reporting systems with variable requirements and deadlines. Each division also has its own unique clinical information system.</p> <p>In setting the level of compensation for this position, the Board is mindful of the need to ensure appropriate differentiation from the VP CFO Carleton Place, which is a less complex role, and from the Joint VP positions, which are more complex roles. The current relative compensation levels between the two CFO positions are insufficiently differentiated.</p> <p>As such, comparator organizations for the VP CFO at Almonte were selected based on one or more of the following:</p> <ul style="list-style-type: none"> • An Ontario community hospital providing services similar to Almonte General Hospital. • Shared executive(s)/accountability to multiple boards • Scope of executive responsibilities and competencies are similar • Similar scope of responsibility in a single corporate entity • Similar program mix, including obstetrics and complex continuing care • Similar volume of activity • Long-term care home ownership • Service to multiple communities • Multi-site hospital within a single corporate entity, as a proxy for complexity and responsibility
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Executive Compensation Plan January 2018

		<ul style="list-style-type: none"> • Competes within the same market for executives <p>The following 9 organizations have been identified as comparators for the VP CFO at Almonte and are compliant with the criteria identified in Regulations 304/16, 187/17 [Directive and Guide];</p> <ol style="list-style-type: none"> 1. Alexandra General and Marine Hospital 2. Arnprior Regional Health 3. Brockville General Hospital 4. Englehart & District Hospital 5. Glengarry Memorial Hospital 6. Kemptville District Hospital 7. Perth and Smiths Falls District Hospital 8. Renfrew Victoria Hospital 9. Temiskaming Hospital <p>For the VP CFO at Carleton Place</p> <p>The VP CFO at Carleton Place & District Memorial Hospital is responsible for all financial functions including payroll, Information Technology, Health Records and Registration. CPDMH is a single legal entity which operates a hospital. The VP CFO is a part-time position at 0.6FTE which is the equivalent of three days per week.</p> <p>Comparator organizations for the VP CFO at CPDMH were selected based on one or more of the following:</p> <ul style="list-style-type: none"> • An Ontario community hospital providing services similar to CPDMH. • Shared executive(s)/accountability to multiple boards • Scope of executive responsibilities and competencies are similar • Similar scope of responsibility in a single corporate entity • Similar program mix, including significant outpatient programs • Similar volume of activity • Similar relative size • Similar size of catchment area • Competes within the same market for executives
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Executive Compensation Plan January 2018

		<p>The following 9 organizations have been identified as comparators for the VP CFO at Carleton Place and are compliant with the criteria identified in Regulations 304/16, 187/17 [Directive and Guide];</p> <ol style="list-style-type: none"> 1. Deep River and District Hospital 2. Englehart and District Hospital 3. Glengarry Memorial Hospital 4. Hanover and District Hospital 5. Kemptville District Hospital 6. Perth and Smiths Falls District Hospital 7. Renfrew Victoria Hospital 8. South Bruce Grey Health Centre 9. Stevenson Memorial Hospital
<p>Executive Salary & Performance-Related Pay Envelope</p> <p>The pay envelope is determined based on the sum of all salary and performance-related pay provided to all incumbents of designated executive positions for the most recently completed compensation year.</p> <p>Once determined the pay envelope may be increased by a Government defined percentage referred to in the regulation as the “R” factor. The previous year’s pay envelope is multiplied by the “R” factor to establish the pay envelope for the next pay year.</p> <p>As part of its Executive Compensation plan implementation. A designated employer must determine the maximum rate of increase to the executive salary and performance-related pay</p>	<p style="text-align: center;">Yes</p>	<p>Executive Salary & Performance-Related Pay Envelope</p> <p>The Hospitals combined pay envelope for the most recently completed pay year is:</p> <p style="text-align: center;">\$724,473.00 P</p> <p>The “R” factor employed to adjust its pay envelope for the coming year was</p> <p style="text-align: center;">5% R</p> <p>The new pay envelope for The Hospitals to distribute among its Designated Executives in the implementation of its Executive Compensation Plan is:</p> <p style="text-align: center;">\$760,697.09 P+ (P x R)=P</p> <p>In setting the adjustment to the pay envelope for the coming year, the following factors were considered:</p> <ol style="list-style-type: none"> 1. <i>Financial and compensation priorities of the Government of Ontario</i> – The government has approved a balance budget for 17/18.

Executive Compensation Plan January 2018

<p>envelope that applies to all designated executives.</p> <p>At plan implementation the dollar increase provided to each designated executive may not exceed their new Maximum Compensation Cap and the sum of the salary and performance-related pay received by each designated executive may not exceed the pay envelope.</p> <p>Conducting the Comparative Analysis</p> <p>Designated employers are required to determine caps on salary and performance-related pay.</p> <p>Determining caps involves conducting a comparative analysis for each designated executive position or class of designated executive positions. The analysis may be undertaken by the employer or a third party.</p> <p>The comparative analysis should typically follow these steps:</p> <ol style="list-style-type: none"> 1. Determine the maximum amount of annual base salary and performance-related pay available to comparable executives from at least eight appropriate comparator organizations. 		<ol style="list-style-type: none"> 2. <i>Compensation trends</i> – Executive compensation has been restrained by BPSAA legislation introduced 2010 and continued following amendments to the Act in 2012. 3. <i>Proportion of Operating budget used for executive compensation</i> – Executive compensation (including benefits) represents 1.9% of the combined operating budgets of AGH and CPDMH. 4. <i>Impact on attracting and retaining talent to executive positions</i> – Within the past 5 years both AGH and CPDMH have had to recruit Chief Nursing Executives. In addition, CPDMH has had to recruit a Chief Financial Officer. In addition to challenges with ongoing recruitment and retention, salary compression between executives and staff (union and non-union) over this same period has been a challenge in addition to competition for talent given AGH and CPDMH’s proximity to other healthcare facilities. 5. <i>Establishment of the Mississippi River Health Alliance</i> – Along with adding significant responsibility to the portfolios of the CEO and Joint Vice Presidents, the establishment of the MRHA has impacted the CFOs of both organizations with the expectation of greater shared initiatives and collaboration. In addition, the CFOs more often have greater informal site responsibility as the Joint Executives move between sites. 6. <i>Expansion in AGH operations</i> – In addition to operating an acute care hospital, long term care home and county-wide paramedic service, AGH has over the past five years taken on a significant role as landlord to tenants including the Ottawa Valley Family Health Team and several local community partner agencies. In addition, the recent introduction of the Hospital’s first Electronic Medical Record as partners in the Georgian Bay Information Network has added significant responsibility to the portfolios of the CEO, CNE and AGH CFO.
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Executive Compensation Plan January 2018

<p>2. Determine an amount in the range of comparator compensation values that is no greater than the 50th percentile – that is, no greater than the point in the range where half the values fall below. This value becomes the cap for the position or class of positions being evaluated.</p> <p>Comparative Analysis Details</p> <p>The following information from the analysis of executive compensation must be presented in the compensation program: a list of the comparable positions and organizations used when calculating each cap on salary and performance-related pay:</p> <ul style="list-style-type: none"> • description of how the comparable positions are comparable to the designated executive position • description of how the comparator organizations are comparable to the designated employer with respect to the selection criteria. 	<p>As per the Regulation, the envelope is determined based on the sum of salaries provided to all incumbents of executive positions for the most recently completed pay year which totaled an envelope of \$724,473. A maximum rate of increase of 5% to the envelope has been identified and will allow for reasonable and affordable progression on proposed executive wage grids.</p> <p>Comparative Analysis & Details</p> <p>The Hospitals engaged third party expertise to conduct an independent comparative analysis of each Designated Executive and Class of Designated Executives. Ontario Hospital Association Salary survey and hospital demographic data served as the basis for a comparative analysis that has established the Designated Executive’s new Salary caps. This analysis resulted in the creation of Compensation Caps at the 50th percentile of the identified Comparator Organizations.</p> <p>The listed Comparator organizations were employed to complete the comparative analysis for all Designated Executives and Designated Executive Class.</p> <p>Beyond the CEO, the Hospitals have decided to utilize a Class of Designated Executive, for Joint Vice Presidents and an individual DE for each of the VP-CFO’s at Almonte General Hospital and Carleton Place. This decision supports pay equity legislation compliance and provides flexibility in the reassignment of executive responsibilities without the need for pay adjustments. The OHA survey Top Clinical Executive (non-MD) position was utilized for the Joint Vice Presidents as each has clinical and nonclinical service accountability.</p> <p>For the CFO roles at the two Hospitals, separate Comparator organizations were utilized in recognition of the two different organizations size and complexity. The CFO role was utilized from the Comparator organizations for both DE’s.</p>
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Executive Compensation Plan January 2018

		<p>Comparative Analysis Results</p> <p>As a result of the 50th percentile comparative analysis the New Maximum Compensation Cap (salary + performance-related pay) and new Base Salary for each Designated Executive and Designated Executive class is as follows;</p> <p>Chief Executive Officer,</p> <table style="width: 100%; border: none;"> <tr> <td style="padding-left: 20px;">Maximum Compensation Cap</td> <td style="text-align: right;">\$275,000</td> </tr> <tr> <td style="padding-left: 20px;">New Base Salary</td> <td style="text-align: right;">\$252,022.</td> </tr> </table> <p>Joint Vice Presidents,</p> <table style="width: 100%; border: none;"> <tr> <td style="padding-left: 20px;">Maximum Compensation Cap</td> <td style="text-align: right;">\$160,000</td> </tr> <tr> <td style="padding-left: 20px;">VP CNE New Base Salary</td> <td style="text-align: right;">\$148,400</td> </tr> <tr> <td style="padding-left: 20px;">VP Support New Base Salary</td> <td style="text-align: right;">\$144,165</td> </tr> </table> <p>Vice President CFO-Almonte,</p> <table style="width: 100%; border: none;"> <tr> <td style="padding-left: 20px;">Maximum Compensation Cap</td> <td style="text-align: right;">\$137,500</td> </tr> <tr> <td style="padding-left: 20px;">New Base Salary</td> <td style="text-align: right;">\$116,461</td> </tr> </table> <p>Vice President CFO CPDMH (.6 FTE)</p> <p>Maximum Compensation Cap (1FTE) \$130,962 (Base Salary only)</p> <table style="width: 100%; border: none;"> <tr> <td style="padding-left: 20px;">New Base Salary (.6 FTE)</td> <td style="text-align: right;">\$ 66,438</td> </tr> <tr> <td style="padding-left: 20px;">Percentage in Lieu required due to part-time status not paid if a full-time employee</td> <td style="text-align: right;"> <u>12,623</u> \$ 79,061 </td> </tr> </table> <p>Quality Improvement Plan (QIP) Performance-Related Pay</p> <p>The Hospitals maintain their commitment to the Excellent Care for All legislation; as such a portion of executive compensation is linked to the attainment of the annual Quality Improvement Plan (QIP). This additional compensation, tied to the achievement of QIP Goals, will be as follows for each of the executive groups: CEO up to 3% (\$7,597.20); Joint Vice Presidents up to 3% (\$4452.00) and VP-CFO's up to 2% (\$2329.00).</p> <p>The annualized aggregate of base salary and QIP Performance-Related Pay does not exceed the pay</p>	Maximum Compensation Cap	\$275,000	New Base Salary	\$252,022.	Maximum Compensation Cap	\$160,000	VP CNE New Base Salary	\$148,400	VP Support New Base Salary	\$144,165	Maximum Compensation Cap	\$137,500	New Base Salary	\$116,461	New Base Salary (.6 FTE)	\$ 66,438	Percentage in Lieu required due to part-time status not paid if a full-time employee	<u>12,623</u> \$ 79,061
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Executive Compensation Plan January 2018

		envelope or the Designated Executive s maximum Compensation Cap.
<p>Other elements of compensation</p> <p>With the exception of salary and performance-related pay, an employer cannot provide an element of compensation to Designated Executives that is not also generally provided to non-executive managers, unless the element is required for the performance of the executive’s job or to satisfy a critical business need. Non-executive managers refers to employees and office holders who exercise managerial functions, and who directly report to one or more designated executives. The executive compensation program must identify any element of compensation provided exclusively to a designated executive, or class of Designated Executives, and include a written rationale explaining why the element is required for the performance of the executive’s job or the critical business need that is satisfied by its provision.</p> <p>Guide to providing other elements of compensation</p> <ul style="list-style-type: none"> • If the element is generally provided to non-executive managers: <p>Then the element may be provided in the same manner,</p>	Yes	<p>Other elements of compensation</p> <p>The following additional compensation elements are currently made available to the following executives;</p> <p>All Designated Executives benefit programs will, as of the effective date of this Plan, be consistent with the benefits plans provided to non-executive managers.</p>

Executive Compensation Plan January 2018

<p>and relative amount, as what is generally provided to non-executive managers.</p> <ul style="list-style-type: none"> If the element is required for the performance of the executive's job or for critical business reasons: <p>Then the element may be provided and must be supported by a business rationale. Otherwise, the element is prohibited.</p>		
<p>Future Adjustments to the Salary and Performance-related Pay Cap and Pay Envelope</p> <p>Pay Cap All salary increases provided to Designated Executives must be approved by the Board of Directors, or the equivalent governing body or officer.</p> <p>Once per pay year, a designated employer may increase the salary and performance-related pay cap for a designated executive position or class of designated executive positions by a rate that does not exceed the lesser of the following:</p> <p>The average rate of increase in salary and performance-related pay of the designated employers non-executive managers for the most recent</p>	<p>Yes</p>	<p>Future Adjustments to the Salary and Performance-related Pay Cap</p> <p>The Boards, through the joint work of its committees have overseen development of this Executive Compensation Plan, and the Boards have approved the Compensation Caps. Pay Envelopes and new salaries contained within it.</p> <p>On an annual basis, the Board will oversee all changes to Executive Compensation, including increases to salary and performance-related pay caps, the pay envelope and individual Designated Executive compensation changes or other changes to this Plan that are compliant with the Regulations.</p>

Executive Compensation Plan January 2018

<p>one year. In respect of which the employer determined the salary and performance-related pay to be paid to the non-executive managers.</p> <p>The public sector wage settlement trend in Ontario, as set out in the budget, the Economic Outlook and Fiscal Review or the public documents of the crown in right of Ontario, the cabinet, the Treasury Board or the Management Board of Cabinet</p> <p>Pay Envelope Each year, a designated employer may increase the pay envelope. The designated employer may increase its envelope by an amount that must not exceed the Government approved maximum rate of increase (referred to in the regulation as the "R" factor. The total actual salary and performance-related pay that it designated employer provides to its designated executive incumbents cannot exceed the envelope for a pay year, regardless of how any increases are distributed across the team of designated executives.</p>		

Executive Compensation Plan January 2018

<p>Executive Compensation Plan submission and public consultation process.</p> <p>The hospital will comply with the Government’s five step approval process defined in regulation 187/17 prior to its posting and implementation of its Executive Compensation Plan</p> <ol style="list-style-type: none"> 1. Designated employer submits proposed executive compensation plan for Government review [September 29, 2017]. 2. Designated employer addresses Government feedback 3. Public consultation by posting its proposed executive compensation program on its publicly facing website for A minimum of 30 days 4. Designated employer applies for ministerial approval of specific components of its Executive Compensation Plan. 5. Designated employer’s Board approves decision to adopt and employer posts final plan. 	<p>Yes</p>	<p>Executive Compensation Plan submission and public consultation process.</p> <ol style="list-style-type: none"> 1. The Executive Compensation Plan was submitted to the Minister of Health on September 29, 2017. 2. Government feedback was received on November 29, 2017. Feedback was addressed, and the plan was resubmitted on December 18, 2017. 3. Further feedback was received on January 12, 2018. Feedback was addressed, and the plan was resubmitted on January 14, 2018. 4. Government provided approval to proceed to public consultation phase on January 19, 2018. Posting to both Hospitals website occurred on January 25, 2018. The public consultation phase concluded on February 25, 2018. 5. The plan with summaries of the public feedback will be submitted to the ministry for approval on <to be confirmed>. 6. The plan with ministry approval will be submitted to the Hospital Boards for approval on <to be confirmed>. The approved Executive Compensation plan will be posted on the Hospitals’ websites on <to be confirmed>.

Executive Compensation Plan January 2018

<p>Initial and Annual Executive Compensation Compliance Attestation</p> <p>The Executive Compensation Framework Compliance Report Directive requires the Board Chair or equivalent highest ranking officer At each designated employer to attest to the employer’s compliance with the regulations. The compliance directive sets of two distinct reporting requirements that each designated employer must satisfy.</p> <ol style="list-style-type: none"> 1. The initial compliance attestation will be made utilizing the “Executive Compensation Program Compliance Report Form” 2. The “Annual Executive Compensation Compliance Report Form”, will be completed and submitted on or before May 1 of each year to report on compliance for the period April 1 to March 31 of the preceding year. 	<p>Yes</p>	<p>Compliance Attestation</p> <ol style="list-style-type: none"> 1. The initial “Executive Compensation Program Compliance Report Form” was submitted to the Government on “date” 2. The “Annual Executive Compensation Compliance Report Form”, will be submitted to the Government on May 1, 2018
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