

NEW

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Directions

Deputy Minister tour focuses on values and culture of stewardship



Deputy Minister Ron Sapsford addresses ministry staff in Toronto on Jan. 19, 2009 during his winter speaking tour. Watch a video of this session, including questions and answers, in the A New Direction [Deputy Minister Tour Archive](#) section.

Deputy Minister Ron Sapsford began his 2009 winter tour by acknowledging employees' continued dedication and hard work throughout the transition. "We've come a long way, making fundamental changes in the past few years," said Sapsford. "You've put your professional foot forward, and entered the discussion and the change process with a great deal of respect and enthusiasm. For that I'm very thankful."

The tour began on Jan. 19 in Toronto and proceeded through the week, with the deputy minister reaching staff across the province via video conferencing.

Stewardship Values

At the outset of each meeting, he talked about the values and culture of stewardship. "It's about partnerships; it's about looking at the long term and about managing our resources in a more effective way for the future," he said.

He then outlined some of the values of stewardship:

- **Establishment of a Common Purpose:** With all of our initiatives, it's important to have a common understanding of the vision and challenges, not only within the ministry, but also with our partners in the health care delivery system.
- **Absolute Honesty:** Effective partnerships require honesty; in our communications, in our problem solving and in our decision making.
- **No Abdication:** Once decisions are made, each team member must take responsibility for the decision and work to achieve the common goal.
- **The Right to say No:** Saying 'no' gives you the opportunity to enter into dialogue when work is going in a direction that you don't agree with. And it provides an opportunity for employees to listen to divergent views and reach innovative solutions together.

- **Joint Accountability:** Each staff member must take responsibility for their own work, while letting others do the same.

Partnerships: The key to success

Working with partners is a cornerstone to successful stewardship, said Sapsford as he went on to talk about the ministry's relationship with the LHINs, as well as partnerships within the ministry.

In speaking about the LHINs, he clarified that the ministry's choice to transition to a role of stewardship was part of a larger plan. In order to ensure sustainable health care, the government decided that LHINs were to be implemented to plan and oversee the delivery of health care programs at the local level. The ministry could then shift its focus to guide the health care system on a strategic level.

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A review of the implementation of the LHINs was conducted over the fall of 2008 ([read full report here](#)). Among other recommendations, the report advised that the ministry, in partnership with the LHINs, needs to:

- Clarify the roles and responsibilities of the ministry and the LHINs. While the LHINs are subject to government policy, they have an independent role, set out in legislation, to oversee the local planning, funding and integration of the health care system. The ministry retains responsibility for system-wide strategic planning and legislation.
- Clarify some areas of accountability such as performance measures, benchmarks and reporting requirements.
- Encourage LHINs to formalize structures and processes to improve collaboration with each other, on matters such as project management, knowledge transfer, and training, in order to increase consistency across the LHINs.
- Review LHIN governance including expectations, the competencies of LHIN board members, evaluation of LHIN boards' performances, etc.

“As LHINs take on more responsibility, the ministry can spend more time focusing on improvements to the health care system as a whole,” Sapsford said.

Building the stewardship culture

The deputy discussed the future of the ministry as it builds a culture of stewardship. Stewardship demands that people work together cohesively across the organization.

There are many collaborative teams working across the ministry, and while acknowledging that some teams are struggling to make it work, Sapsford gave two examples of where the practice is working.

- **Patient Safety Initiative:** Recently, the ministry began to publicly report on eight patient safety indicators. The Patient Safety team was comprised of staff from different levels, including members from the Deputy Minister's Office, Public Health, Communications, Health System Information Management and Investment, Health System Strategy, as well as external experts.

Beginning in June 2008, the team met weekly, with everyone bringing their expertise to the table and taking responsibility for completing their work. “Now imagine,” said Sapsford, “from definition to development to the final product. It was a great feat to accomplish this project in a relatively short period of time.”



Sylvie Valcourt photo



Frank Wendling photo

Deputy Minister Sapsford's winter tour began in Toronto (see photo below) and proceeded through the week, reaching staff across the province via video conferencing (Kingston staff pictured left and Hamilton staff pictured above). The deputy minister took time to answer questions, both during and after the sessions. He also encouraged staff to email him with further questions or comments at ron.sapsford@ontario.ca.



Sue Janzen photo

- **Directory of Networks (DoN):** Last year MOHLTC staff identified a need to know which cross-functional teams were working on different ministry projects. A staff member participating on a ministry-wide committee looking at business processes heard about this gap. In true stewardship style, and without anyone directing him, he took on a leadership role and collaborated with ministry IT staff to form a working group to create DoN. A link to this valuable tool can be found on [INFOweb's home page](#).

Achievements and a look ahead

Sapsford reminded staff of the many achievements that have taken place since the transition began (see overview of achievements on page 3). According to Sapsford, the ministry has done an excellent job at keeping pace with the government's agenda and priorities, and has been in top form in all reviews, whether by central agencies or by the secretary of cabinet.

“Our focus ahead will be on business practices such as how we work together and function as a ministry,” said Sapsford. More time and effort will be spent developing skills such as project management, he said. For example, how do we allocate resources

across the ministry and how do we set up cross-functional teams. It is important to make sure that staff working on teams aren't overwhelmed by the added work, and that they receive performance recognition for what they accomplish in their teams.

Reminder of upcoming OPS Employee Survey

The deputy minister encouraged staff to participate in the OPS Employee Survey which will be rolled out across the OPS in late February. “As always, your input is extremely important. It highlights where we're doing well and where there is room for improvement, and is used by the senior management team to address employee issues as they design the work environment of the ministry.”

Before opening up for questions from the floor, Sapsford concluded by thanking staff again for their commitment to change and for their contributions to the health care system. “The senior management team and I have appreciated the comments you've made and the advice you've given,” he said. “We're always open to hearing from staff. During a difficult transitional time, you delivered — and the health system has improved, thanks to all your hard work.” ■



A Reminder of What it Means to be a Steward of Ontario’s Health Care System

Being a steward means:

- Developing new ways of approaching colleagues, partners, and the public
- Modeling high levels of competency, empathy and accountability
- Listening to and talking with — not to — our partners and each other
- Looking at the system as a whole, not just the individual pieces that comprise it
- Developing best practices, policies and legislation that will set the strategic directions to guide the health care system of Ontario.

Stewardship is a very different type of leadership:

- Stewards focus on what has to happen far into the future — not just for the next two to three years
- Stewards focus on outcomes, not program delivery
- Stewards are partners and influencers — they work collaboratively rather than from the top down
- Stewards set clear expectations, take actions based on evidence-based information and measure outcomes.

Missed the Deputy Minister’s tour?

Watch it online today! Access Deputy Minister Sapsford’s winter tour speech, including the question and answer session, at [Deputy Minister Tour Archive](#) in the A New Direction section.



2008 TRANSITION ACHIEVEMENTS

A tremendous amount of transition work was completed in 2008. Some of the successes were:

1. OHIP Registration and Claims Services, as well as INFOline, moved to ServiceOntario.

What does this mean?

- Health card registrations and related services, new applications and renewals can all be done through ServiceOntario.
- With ServiceOntario’s customer-focused mandate providing a gateway to government information and services, it’s easier for Ontarians to deal with a wide range of matters.
- The transfer supports the government’s commitment to modernize the delivery of public services to citizens.

2. Divestment of Mental Health Centre Penetanguishene.

What does this mean?

By divesting Mental Health Centre Penetanguishene to a public hospital, direct health service delivery is put into the hands of the local community.

3. Public Health Laboratories Branch transferred to the newly created Ontario Agency for Health Protection and Promotion.

What does this mean?

This transfer is consistent with the ministry’s move toward a stewardship role, with less emphasis on direct service delivery.

In terms of the ministry’s internal restructuring, the following accomplishments align with the new functional organizational model:

- The detailed design to the staff level was completed for Health System Accountability and Performance.
- Health System Information Management and Investment underwent major changes: Two divisions merged and the Health Capital Investment Branch consolidated the capital functions. The division is now in the implementation process.
- The transition has begun for the Corporate and Direct Services and Public Health Divisions.
- A new administrative support model was recently implemented.