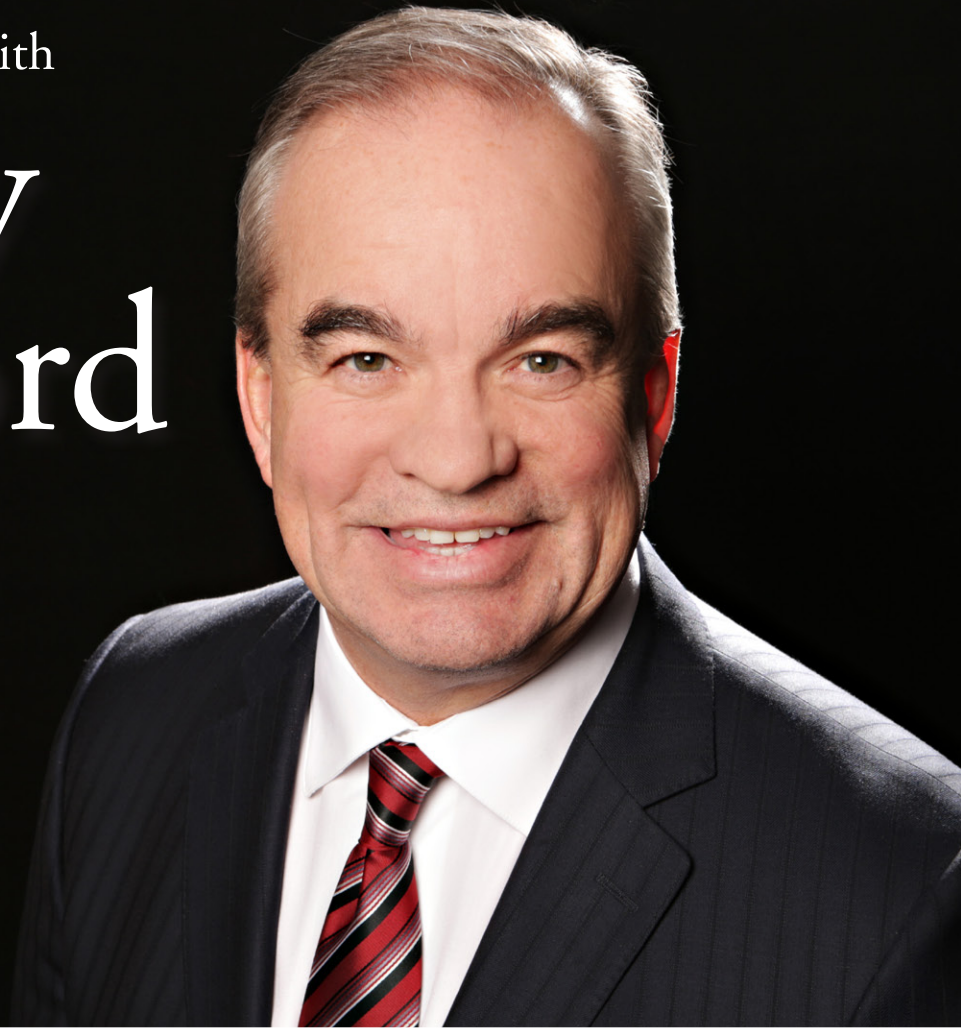


In Conversation with

Barry Telford

President and CEO, Sodexo Canada

Ken Tremblay



Sodexo is the eighteenth largest company in the world, with 419,000 employees across 32,700 sites in 80 countries. It has used its global reach to transform the workplace while providing integrated facilities management (FM), food-service operations and recognition programs to Canadian and international clients. With North American sales of \$9.8 billion, its 133,000 employees provide more than 100 unique services to some 9,000 client partners, touching some 15 million customers every day. Beyond these core services, Sodexo is globally recognized for being adept with human resources development amidst the changing workplace and the multigenerational workforce. Ranked as one of the world's most admired companies, a perennial sustainability leader and a Top 50 for Diversity company

in 2015, Sodexo is committed to the notion that the quality of its people transfers to the service quality and customer experiences and outcomes demanded by clients.

In 2014, Barry Telford became President and CEO of Sodexo Canada, after serving seven years as its Senior Vice President, Healthcare and Education Services. Prior to his ascendancy at Sodexo, he held several leadership positions in and received numerous awards from Canada's food services and restaurant sectors. Barry obtained his MBA from McMaster and undergraduate degree in economics from the University of Toronto. He sits on the Board of Directors of Second Harvest and the Canadian Council of Aboriginal Business. HQ's Ken Tremblay caught up with him at his Burlington office earlier this year.

HQ: You work in an organization with huge scale and diversity. Would this role make you a candidate for an episode of “Undercover Boss”?

BT: Our previous CEO for Canada did do an episode! It went extremely well. We still reference it and see segments throughout our organisation. It was engaging not only for him but for our people too – it was really well done. Sodexo employs just over 12,000 people in Canada; it’s important to know what you can do and can’t do. It’s important that we create a culture of closeness even though it’s very difficult to see all 12,000 employees in any given year. Whether it’s Town Hall meetings (where we bring people together), online video chats, site visits or my weekly blog, I try to do something inspiring for our really great hardworking people spread across the country.

HQ: As CEO, how do you measure your success with Sodexo’s mission and values?

BT: You can measure success in many different ways but through a corporate lens one might ask how well am I growing the business or what is the value I’m bringing to the marketplace? Our clients might measure success in terms of the next solution we offer. Personally, I think about success in terms of our people: am I creating a culture where they can actually be the best they can possibly be on a day-to-day basis? There are three values that we take a very hard and measured look at: service spirit, team spirit and spirit of progress.

HQ: Canadians are proud of their healthcare system despite its growing list of challenges. How does Canada measure up when you speak to your global colleagues about the health of Canadians and the performance of its healthcare system?

BT: Overall, our system is very good and we have very talented people within it. While there are some real tough issues for policy makers and clinical leaders to tackle, for the most part, Canada is still seen as a leader. We may not be the leader we once were, but we still are seen as leaders. It always gives you a good feeling when you go to a meeting, and there are questions [about Canada]. We had some international students visit us and receive training at a couple of our Canadian sites. They were very appreciative and a perhaps a bit awestruck in terms of what we do, how we do it and the health system in general. On the whole, from where I sit, we still are seen as leaders throughout the world.

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HQ: Canada’s model of healthcare includes jurisdictional divides between federal and provincial mandates and accountabilities, from funding and standards to compliance and outcomes. How does a company like Sodexo approach those challenges and the dynamics that result?

BT: Healthcare in Canada is somewhat complicated for a company or an industry like ours because we are often not on the front line of information exchange and [policy] decision-making. For us, success in this area is through relationships that get us in front of decisions or help determine where these issues might land and what possible changes, tweaks, or improvements might be required as decisions are made provincially or federally. From our standpoint, we [tend] to hear after decisions are made as our healthcare partners try to make sense of them or assess how they may impact their operations.

HQ: Many healthcare companies have expanded their marketing strategies from the clients and policy makers to include and engage consumers directly. How do you view this trend when it comes to the products and services you offer?

BT: That trend is critical to the way we do business and certainly something that we review and talk about on a regular basis. For us, it is all about people serving people: we feel very strongly about that. This is going to be a continued trend and we need to become patient and customer centric. It is really important that we think about our healthcare services in terms of customers and the individual patient experience where at all possible. That [perspective] drives a lot of our recent innovation.

HQ: While the Sodexo story started in Europe, the North American market (particularly the USA) accounts for almost 40% of revenues. What are the opportunities in marketing, given its ubiquitous triple aim of reducing costs, improving access and improving quality?

BT: I’m very excited about the opportunities that both Canada and North America offer, specifically around these three challenges. That trend of the personal imprint, that personal touch, that personal experience is driving how we view all three arenas.

It can be solutions around allowing patients to have more choices and therefore greater satisfaction or a better experience, solutions that allow clinical staff to free up time and capacity to focus on what they do best or helping teams focussed on bed turnover to improve by 10, 20 or 30% using innovative approaches with IT, better team approaches or better planning and execution of those strategies.

HQ: What is your take on how well Canada and the Provinces are doing with procurement and supply chain management in healthcare? Is it “easy” doing business in this country?

BT: Supply-chain management is certainly near and dear to us and it has tremendous impact on how we do business in Canada. It’s really clear, whether the changes are provincial or federal, the focus on procurement is with the right intent: what is the best way for them to do the job? Their rationale and context are what you have to align with.

There are times when it is confusing and a little frustrating; you really need to pay attention to be able to manoeuvre or align with policy changes as they take place. But if you really think about it in terms of doing the right thing, we have seen where that partnership can lead to better decision-making. If you dig in [for the long haul], align yourself with the direction and work hard with your partners, good solutions can result.

HQ: I couldn’t help but notice how your corporate materials focus on outcomes and satisfaction for individual patients and their experiences with your people, products and technology. How does that focus on the patient shape your approach, products and services offered in Canada?

BT: Our approach is around patients as individuals. One thing we’ve noticed about our healthcare system – not by intention, but by design – is that it takes choices away from patients. When our services [and methods] give choices back to a patient, we see tremendous gains in satisfaction for the individual patient and the clinical staff around them.

For us it is about the patient: what can we do and where can we add choices? Where can we inspire a better relationship on an individual basis? It’s not easy, often difficult and the opportunity is not always available. But when it is, am I creating the right culture for employees to consider: is this an opportunity to make someone’s day better and to improve the quality of that patient’s life; am I skilled and with the competencies to do so? It is a very big challenge but that’s the way we’re approaching our healthcare business.

HQ: The hallmark of all great organizations and systems is the quality of their people and workplace. Given Sodexo’s commitment to inclusion, diversity, development and recognition, what advice would you have for Canada’s healthcare leaders?

BT: Our business and our approach to that business start with a basic fundamental: Sodexo is about people serving people. The moment you align yourself and your thinking around people serving people, some tremendous pieces that come out of that.

Putting the right people in the right place with the right training and development will, nine times out of 10, get you the [right] successful outcome, in essence: this is the outcome, these are the behaviours and our culture says it’s up to me. We have created a culture that requires individuals to have the skills and to make sure that they’re the best at what they do, that is competencies and skills. We also provide the right environment where they understand the right behaviours for those outcomes. It is very exciting to see that [approach] in action and, as we build our people and organization, we are very excited about where this is taking us.

From a strategic standpoint, Canada is approaching a crossroads as our baby boomers become our new patients.

HQ: On the global stage, Canada is not a big market (e.g., Canada’s population is 10% of the US and 4% of Europe). What are the biggest challenges when you think of improving your presence in Canada?

BT: Our business is varied and there are some tremendous opportunities for us. For example, buildings in the US and Canada are very similar. So, FM strategies are things that we can lift and adapt cross the continent. Clinical technology management is another business line we share with other countries. We have some wonderful centres of excellence where we can actually lift and adapt solutions from around the world. It works the other way too. Sodexo also sees some great strength in how our Canadian team approaches its people, our commitment to diversity, inclusion and our commitment to employees. That is somewhat of a best practice throughout the Sodexo World as well.

HQ: Managing technology and building life cycles is a challenge in healthcare product lines you offer. How might Canadian providers acquire and deploy the infrastructure and technology they require yet operate within the funding and reimbursement structures that exist across the country?

BT: FM is going to be a tremendous topic of discussion, if not already, throughout healthcare in Canada. Much of our healthcare infrastructure in Canada is older, and it requires either dramatic investment to repair or replace or the other decision: should we even continue to maintain it at all? From a strategic standpoint, Canada is approaching a crossroads as our baby boomers become our new patients. The demands for access are going to be at a premium yet we may see more [healthcare services] work done outside of a given building than maybe in the past. For us, that lends us to think about the trend to community clinics and home services. What services can we provide to support those trends while we maintain, rebuild or repurpose hospitals of the future?

HQ: Your internal employee newsletter embraces the patient condition and experience as a means to ground your organization's commitment to quality and the customer experience. In what other ways have you embraced the patient experience as a means to develop your employees and leaders?

BT: We have taken a look at a couple of trends. We know that where we can give patients more choices, there are tremendous impacts on the patient and the clinical staff. One solution – "Expressly for You" – involves taking bedside orders from patients for their meal selections and each – the order and delivery, utensils and trays, pick up, etc. – are touch points with the patient that make a tremendous difference in the lives of our employees. In the past, they may have been working behind a counter – serving or creating trays for mass delivery per floor – they're now engaging in a [direct] relationship with a patient. It's a real win-win: the patient winning from that relationship in terms of looking forward to that contact, that conversation, interaction and "hello"; the employee looks forward to it as well. They know many of the patients by name and that's a tremendous inspiration for employees who feel a personal value and connection to patients. A typical four- to five-day hospital stay – where we do offer more than one service – might generate thousands of staff intersections with that patient in the course of their stay. Those experiences, and the opportunities they create are very inspiring for those who see it as a value.

Our job: can we train, can we develop and can we build a competency around that recognition? If a patient is working through diabetes, can we recognise something that needs to

be shared with the clinical staff or where a friendly "hello" can improve their day? Disney calls them magical moments; for us, they are very important moments where you really can impact the quality of life for those going through difficult times. If you can recognize it and do something about it through additional training, we certainly can help patients and those that serve them.

HQ: What else would you like readers of HQ to know about Barry Telford?

BT: As I mentioned, Sodexo is people serving people and that doesn't stop once you finish your workday. I have a strong personal orientation towards that outside of work by being part of Second Harvest in Toronto where I'm on the board of directors. It's an unbelievable group that is dedicated to making sure food does not go to waste, is collected, and then logistically delivered to and served within over 220 agencies in the city. I'm very proud to say that group's hard work is helping feed 20,000 people a day.

I'm also on the board of directors with the Canadian Council of Aboriginal Business. I see that as a great opportunity to continue the work to bridge the worlds of our First Nations people and business in Canada. It's a tremendous organisation that has done great work to build bridges and provide opportunities for businesses and First Nations people, as a supplier, resource provider or contractor. These are two wonderful organisations and I'm very fortunate to be part of both.

HQ: Thank you. HQ

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