# Governance and leadership in allied health

Learning Workbook for allied health leaders.

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#### Introduction:

Understanding the role of organisational structures in the distribution of both formal and informal organisational authority and power, is a key part of developing the capacity to influence. Likewise, understanding the implications of different organisational governance structures for allied health service provision and professional development, is essential knowledge for all allied health leaders. Organisational restructures are a feature of Victoria's devolved governance model, with health services frequently asking leaders for input at short notice. Being able to advocate for organisational governance models that enable allied health to provide best care for patients, in times of change, is a responsibility our allied health leaders are charged with. Being able to make the most effective use of allied health skills to improve patient outcomes in existing organisational governance structures is also an important leadership assignment.

This animation condenses three decades of research into health service organisational structures and governance models, by Professor Rosalie Boyce, into a short, simple and clear communication, that explains the significance of different governance models on allied health's ways of working, and ability to provide best patient care.

Professor Rosalie Boyce is a leading allied health academic who has conducted substantial research into health service delivery organisational structures and governance models, and the resultant changes for allied health, over three decades. Her research provides a wealth of evidence and understanding of how allied health is impacted by different organisational governance models, and which models facilitate allied health's ability to provide best patient care, and contribute to positive organisational outcomes.

## Using the animation.

The most likely place to use the animation is with your allied health staff. It can be used at a range of levels; for instance, as part of an induction session for new or early graduates who are transitioning into practice; for junior staff who are beginning to think (or should be) about the organisation they are working in; or for emerging allied health leaders who are beginning to think strategically, and need to understand the importance of influencing, and who and how they influence.

The animation may also be used to influence and/or increase understanding of allied health with external audiences. For instance, as a Board induction tool, as a communication/ learning tool with HR departments, or with consultants conducting reviews. Remember, always the communication focus is on the three outcomes we want to achieve:

- 1) A voice at the decision making table
- 2) Right people, right place
- 3) Better solutions for patients.

We want better solutions and best care for patients; therefore we need a voice at the decision making table to make sure that the right people are in the right place.



### **Developing a teaching tool**

#### Consider:

- Aim of workshop
- Purpose of tool
- Intended audience(s)

Depending on the audience's level of organisational understanding and maturity, it may be advisable to begin with a discussion of 'governance' –what it is: ie: where you work and who you report to.

- 1. The system or manner of government
- 2. The act or state of governing a place;
- 3. Control or authority, power<sup>1</sup>

#### **Questions for Discussion**

Pause: 2:50 seconds (After description of Collective and Dispersed models.) Question:

- What is the difference between the collective and the dispersed models?
- Which of the two models are used to organize AH in our Health Service?

#### Pause 3:11 seconds (After 3 key questions)

These 3 questions are important. Often during times of change there is a lot of discussion about how things will be organised but not so much around why. If we focus our conversations around these 3 questions then we are likely to get better outcomes for our patients and the entire health workforce.

- Notes It's about gaining influence over the organisation to be able to have the best place to work and the best reporting structure (who you report to) to be able to get these three outcomes:
  - 4) A voice at the decision making table
  - 5) Right people, right place
  - 6) Better solutions for patients

<sup>&</sup>lt;sup>1</sup> Encarta Dictionary 2017

#### Pause 4:34 seconds (Q1 - A voice at the decision making table)

- Notes: Why is having a voice at the decision making table important? This is about having influence over the organization to be able to ensure you have the best place to work and the best reporting structure, to achieve the best care and outcomes for patients.
- > Proudly own calling for a voice at the decision –making table; because you need this to get best care for patients.
- " If you're not at the table, you'll end up on the menu! "
- Does the Allied Health workforce have the same voice at the decision making table in both the collective and dispersed models? Why/why not? (See notes under Question x)
- How would AH leadership ensure that AH has a voice in both of the models? What would they have to do differently in each model to make sure this happens?

• How do the collective and dispersed models impact upon communication (on all levels, patient, between staff, with leadership and between leadership) in an organisation?

- Which model does our organisation use? How could we increase the voice we have at the decision making table?
- Why would AH having a voice at the decision making table be beneficial for patient care and the efficient operation of our health service.

Pause :	5:30 seconds (Q2 – Right people, right place.) Which model do you think allows AH workforce to most flexibly meet patient needs across our organisation?
•	When it comes to putting the right people in the right place what are the risks and opportunities of each model?
•	Which model does our organisation use? How could we work with this model to ensure we have the right people in the right place?

Pause 6:25 seconds (Q3 – Better solutions.)  • Which model do you think allows AH workforce to build better solutions for our organisation?
<ul> <li>When it comes to finding better solutions for patient care what are the risks and opportunities of each model?</li> </ul>
<ul> <li>Which model does our organisation use? How could we work with this model to ensure we continue to find and spread better solutions for patient care?</li> </ul>
Pause 6:47 seconds (Put forward suggestions to your senior management)  • What suggestions do you have for how we (AH leadership and staff) might take advantage of our current governance model?
<ul> <li>End Animation</li> <li>Name one action that you can take now that you will do as a result of today's discussions.</li> </ul>

#### For consideration-

#### Getting the audience to think about what it means in the bigger picture

 Which governance model do you think would best support all AH practitioners to deliver the best patient care in the next 10-20 years?

#### Conversation starters if using animation to influence upwards

- Use as a way to answer a particular question/ problem ie "You asked me this question it's at about minute 3 of this animation."
- Use language of 'dispersed' and 'collective' use animation to illustrate governance concepts
- Could use as a thing of interest when having regular catch –up with CEO or Executive leadership
- Could use as a Board Induction tool- increase understanding of how allied health works.
- Proudly own calling for a voice at the decision –making table; because you need this to get best care for patients.
- In response to "what does allied health do?" Allied health are the organisation's (or system's) connectors. The pathway; the people; the knowledge. Let me show you how" Then play the animation

#### If you need more:

- > "We connect the pathway: we're there before (the health service), during and after;
- > the people: who are caring for the patient; and
- the knowledge: between different parties."