PRINCIPLES OF ALLIED HEALTH GOVERNANCE

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Northern Adelaide Local Health Network
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NORTHERN ADELAIDE LOCAL HEALTH NETWORK

Background:

Allied Health has grown as a professional group within the health services sector, creating greater awareness of the breadth of clinical expertise and opportunity to improve patient care, outcomes, and cost management. While the growth is welcomed, the current structures both within and across Local Health Networks (LHNs) differ significantly.

The development of Principles for Allied Health Governance in NALHN will support and strengthen the role of Allied Health services, recognising the changing landscape that is occurring across health and the need to maintain and build strong and cohesive multidisciplinary governance. Allied Health Professions considered in scope are those identified on the Allied and scientific health | SA Health webpage, noting that not all of those identified are represented in NALHN.

Purpose:

The principles of Allied health Governance Document outlines principles across four pillars, strategic, operational, clinical and professional, for Allied Health governance within the Northern Adelaide Local Health Network (NALHN).

Through the development and operationalising of the principles it is anticipated that they will add value to NALHN in the following ways:

- Supporting a strong and cohesive governance structure
- Clarification of local operational structures
- Strengthen consistent and standardised practice
- Influence workforce planning
- Scaffold innovation in practice
- Build greater cohesion and understanding across the health workforce.

Overview of principles:

Strategic	Operational	Clinical	Profession
Describes the leadership and overarching context in which NALHN operates. It incorporates the structure of governance that shapes and guides the LHN.	Describes the functional structures and systems that are used to support the clinical care models across all settings. Operational governance needs to align with the strategic, clinical and professional	The NSQHS standards Clinical governance framework has 5 components that form the framework for the clinical governance principles for Allied Health.	Includes the legislation, standards, best practice, and policies/procedures that are specific to a particular discipline and supports the professional workforce to provide the quality and safe,

Principles:

Strategic Governance Principles Strategic Governance describes the leadership and overarching context in which NALHN operates. It incorporates the structure of governance that shapes and guides the LHN.	
1	**The LHNs and SA Health have Allied Health leaders represented at the system level.**
1.1	Executive Directors of Allied Health and delegates collaborate to inform SA Health system level governance, planning and policy initiatives.
1.2	NALHN Allied Health is represented on the various state-wide Allied Health profession specific advisory groups and relevant statewide clinical communities of practice.
1.3	Allied Health leadership is embedded at Executive, Division, and clinical stream level to lead and advocate for professional parity.
1.4	Profession representatives are involved in the development of relevant plans, policies and profession specific clinical and professional governance tools and the creation of a common set of safety metrics that report meaningful safety and quality outcomes.
2	**NALHN has effective Allied Health leadership represented at all levels of the organisation, including at the executive level.**
2.1	The Executive Director Allied Health is an Allied Health professional.
2.2	The Executive Director Allied Health is provided with resourcing to meet, the breadth of their portfolio, their responsibilities and achieve optimal performance in Allied Health governance.

2.3	Structures and staffing establishments exist to enable the Executive Director of Allied Health to ensure they receive input and expertise from all Allied Health professions.
2.4	Structures and mechanisms exist to support the escalation of issues for all Allied Health professions (noting the very small numbers of some professions)
3	**Allied Health leadership, at every Organisational level, engages in collaborative strategic, and operational planning and decision making.**
3.1	Consistent and transparent business rules exist to support: • Allied Health is included in codesigning and leading strategic and operational planning and decision-making across all stages of the process, to ensure appropriate Allied Health professional input to the design of health care services. • Coordinated agreement on shared priorities and investment aligned with value-based care to support change and reform.
3.2	Allied Health Directors / leaders / managers (professional, clinical, and operational) are involved in leading and codesigning the development of: • Strategic plans, business and redevelopment plans, policies, and procedures • Clinical service plans and new Models of care to ensure an integrated and holistic approach to care.
3.3	Allied Health resourcing in conjunction with medical and nursing, will use agreed standards or benchmarking in the base build of clinical service plans or models of care.
3.4	Allied Health leaders contribute expert advice across the different Allied Health professions to influence decision making at multiple levels and on committees and panels.
4	**Allied Health leadership supports collaborative partnerships with medical, nursing, other clinical professions, and corporate services.**
4.1	Allied Health leaders in executive and leadership roles build positive relationships and collaborative partnerships with medical and nursing leadership to increase clarity of roles

	and expectations.
4.2	There is representative membership of Allied Health professionals on key LHN and DHW strategic and planning peak committees (e.g., workforce, service development and models of care). Communication of information and feedback processes exist to support the dissemination through the committees and structures.

Operational Governance Principles

Operational governance describes the functional structures and systems that are used to support the clinical care models across all settings. Operational governance needs to align with the strategic, clinical and professional principles.

1	**The relationship of Allied Health staff across the LHN to the Executive Director Allied Health is clearly described and embedded in Allied Health governance structures.**
1.1	Allied Health Governance structures will support the opportunity for career progression in management, clinical care, clinical education/training, and research roles.
2	**All Allied Health professionals have clear lines of professional reporting and clinical supervision specific to their profession and the services they deliver.**
2.1	Allied Health staff in clinical roles have established professional reporting lines to a profession-specific manager or senior member of the profession. This is considered essential for all Allied Health staff in clinical roles across all settings and clinical streams (e.g., acute, sub-acute, community, mental health, aboriginal health etc).
3	**All Allied Health professionals have clear lines of operational reporting and accountability specific to their profession and the services they deliver.**
3.1	Operational structures and processes, supported by their profession, are in place for effectively managing Allied Health professionals in service delivery.

3.2	Individual roles and responsibilities are understood and there are clear communication channels and accountability.
3.3	All Allied Health service or clinical stream managers have reporting lines or linkages through to the Executive Director of Allied Health.
4	**Allied Health professionals are supported by systematic mechanisms for communication within their profession, clinical service areas and other disciplines (e.g., nursing, medicine, other Allied Health professions)**
4.1	Systems and business rules exist to support timely and effective communication through identified operational and professional reporting lines.
4.2	Effective communication and collaboration occur to support clinical governance between Allied Health professions and clinical service areas.
4.3	Effective communication and collaboration exist to reduce the potential for the development of silos within Allied Health professions, clinical service areas or other disciplines.

Clinical Governance Principles:

The NSQHS standards Clinical governance framework has 5 components that form the framework for the clinical governance principles for Allied Health**.**

1	**Governance, leadership, and culture: integrated corporate and clinical governance systems are established, and used to improve the safety and quality of health care for consumers**
1.1	The LHN Executive Director Allied Health is responsible for providing leadership for the participation of all Allied Health professions in profession specific clinical governance.
1.2	The LHN provides a systematic approach to ensure individual Allied Health professions determine what

	constitutes safe, quality, and effective care for their profession and clinical workforce.
1.3	The LHN ensures a systematic approach to the governance of education and training for Allied Health professionals.
2	**Patient safety and quality improvement systems are integrated with governance processes to actively manage and improve the safety and quality of health care for consumers.** **Note: Allied Health staff will be supported to respond to these principles commensurate with their level of career experience.**
2.1	All Allied Health professionals in clinical roles, participate in clinical audit and review to ensure that the documented safety and quality requirements in policies, procedures and protocols are reliably embedded.
2.2	All Allied Health professionals in clinical roles, participate in quality improvement, incident management, open disclosure, consumer feedback, and complaints management (this includes both profession specific and clinical team participation).
2.3	All Allied Health professionals in clinical roles collect and regularly report data on patient safety and quality outcomes.
2.4	Planning for Allied Health and profession-specific education and training is driven by the health care needs of the population and local workforce and service requirements.
2.5	All Allied Health professions will ensure adherence to AHPRA, Board or other requirements to meet credentialing and continued registration.
2.6	Organisational structures and processes are in place to support education, training and continuing professional development for Allied Health professionals.

3	**Clinical performance and effectiveness: the workforce has the right qualifications, skills, and supervision to provide safe, high-quality health care for consumers.**
3.1	All Allied Health professionals working in clinical roles participate in profession specific clinical supervision and structured processes are in place to ensure that clinical supervision occurs.
3.2	Clinical supervision responsibilities of Allied Health professionals are outlined in position descriptions and included in orientation procedures.
3.3	A system is established to record clinical supervision activity within the team/Division/ service and there are structures in place to escalate concerns.
3.4	Systems are in place to support orientation, supervision, teaching and co-ordination of educational activities for Allied Health students on clinical placements.
4	**Safe environment for the delivery of care: the environment promotes safe and high-quality health care for consumers.**
4.1	Allied Health professional leaders and managers and clinicians participate in clinical service planning and environment design to meet consumer and workforce needs.
4.2	The environment, ways of working and support mechanisms are structured to support psychological safety for Allied Health clinicians.
4.3	Allied Health Professionals have a responsibility to maintain and improve the safety of their work environments for consumers, staff and visitors and there are structures in place to escalate concerns.
4.4	Allied Health professionals are committed to ensuring culturally supportive and safe environments for all Aboriginal and Torres Strait Islander people accessing services whilst also working alongside Aboriginal and Torres Strait Islander staff to ensure the workplace provides a culturally supportive working environment for all.

4.5	Allied Health professionals are committed to ensuring culturally supportive and inclusive safe environments for vulnerable groups including but not only, CALD, LGBTQI+, disability and those who are or have been in state care.
5	**Partnering with consumers and the community:** **Systems are designed and used to support consumers, carers, families and consumers to be partners in healthcare planning, design, measurement and evaluation.**
5.1	Elements of this component include: • Clinical governance and quality improvement systems to support partnering with consumers. • Partnering with consumers in their own care. • Health literacy. • Partnering with consumers in organisational design and governance. • Partnering with consumers in culturally responsive and inclusive practice. • Partnering with consumers in quality improvement/research initiatives.
5.2	Each profession is responsible for defining: Profession specific approaches for designing and delivering care in partnership with consumers as part of scope of practice and contemporary practice.
5.3	Allied Health professionals use consumer feedback, experience and reported measures, to improve healthcare experience and outcomes.

Professional Governance Principles

Professional governance includes the legislation, standards, best practice, and policies/procedures that are specific to a particular discipline and supports the professional workforce to provide the quality and safe, treatment and care.

1	**The Allied Health workforce has a collective and systematic approach to governance of core**

	professional responsibilities including:
1.1	**Credentialing** – each profession is responsible for compliance with relevant professional regulatory bodies professional standards, registration, accreditation and relevant legislation (including specialised areas of practice such as advanced and extended scope practitioners).
1.2	**Workforce planning** – each profession will participate in profession specific planning at the LHN, division and clinical service levels.
1.3	**Staff recruitment** – each profession is involved in profession specific staff recruitment (position descriptions, interviewing, recruitment decisions), onboarding, orientation, and support. When recruiting to generic Allied Health positions, the position descriptions should specify which Allied Health professions are eligible, and the relevant registration/qualifications. At least one profession-specific manager /clinician should be included on the selection panel.
1.4	**Career development** – each profession is involved in profession specific career progression, education and training, ongoing professional development, and succession planning (including continuing professional development (CPD), competencies and capabilities, clinical upskilling, maintenance and training and graduate programs).
1.5	**Contemporary practice** – each profession is involved in: • Promoting profession specific contemporary and evidence-based practice models of care; • Promoting the development, adoption and implementation of tools, equipment and resources to deliver effective care; • Quality improvement and research initiatives; and • Connection to and/or involvement in Allied Health profession specific advisory groups or similar peer groups and forums.
2	**The Allied Health workforce has a consistent collective and systematic approach to governance of clinical practice professional responsibilities including:**
2.1	**Scope of practice** – each profession is responsible for defining (including development and review of policies,

	procedures, and protocols) and providing oversight of clinical scope of practice for clinicians within their profession.
2.2	**Staff allocation** – each profession is involved in the allocation of appropriate staff to facilities and services with the required competencies and skill mix to provide safe, effective and high-quality clinical care.
2.3	**Clinical supervision** – each profession is responsible for profession specific clinical supervision (requirements, frequency, recording, escalation of concerns), (AHPRA Board requirements where relevant)
2.4	**Performance** – each profession should be involved in profession specific: performance review (each clinician should have an appropriate member of their profession involved in their performance review); performance management; and in managing complaints and concerns about clinicians. This needs to be in-line with local and state-wide policies.

RELATED FRAMEWORKS AND KEY DOCUMENTS

SA Health Clinical Governance framework for Allied Health Professionals produced by the Allied Health and scientific office in May 2024.

SA Health Allied Health professional supervision Framework released the updated framework in August 2024.

Principles of Allied Health Governance produced by NSW Health in February 2023.

Clinical governance for Allied Health practitioners NSQHS Standards.