



Clinical Governance Framework

Gidget Foundation Australia's Clinical Governance Framework has been developed to facilitate the delivery of safe, high-quality, person-centred care, while ensuring equity, accountability and transparency in service delivery. This framework provides a structured outline of the oversight, resources, systems and processes the organisation has in place to support best practice, amid a culture of accountability and continuous quality improvement.



Gidget Foundation Australia (GFA) is a not-for-profit organisation that exists to support the mental health of expectant, new and potential parents, to ensure they receive timely, appropriate and specialist care. GFA provides evidence-based clinical services and resources to prevent, support and treat perinatal mental health challenges throughout the perinatal period, from conception, up until the baby is 12 months old. Support is also provided to those people and their partners who have experienced birth trauma, or pregnancy-related loss.

Vision

A future where all expectant, new and potential parents achieve their best possible mental health.

Mission

Support the mental health of expectant, new and potential parents to ensure they receive accessible, timely and specialist care.

Purpose

Raise awareness, advocate, educate and deliver specialist clinical services for the prevention and treatment of perinatal mental health challenges.



Values

Authenticity **Compassion** **Innovation** **Teamwork**

We are real, genuine and act with integrity in all that we do.

We help and support each other, our clients, and our community with kindness and a generous spirit.

We operate with a growth mindset to continuously evolve and adapt.

We are stronger together with a focus on collaboration and inclusion.

About this Framework

Gidget Foundation Australia's Clinical Governance Framework has been developed to guide the delivery of safe, high-quality, evidence-based care, while ensuring equity, accountability and transparency in service delivery.

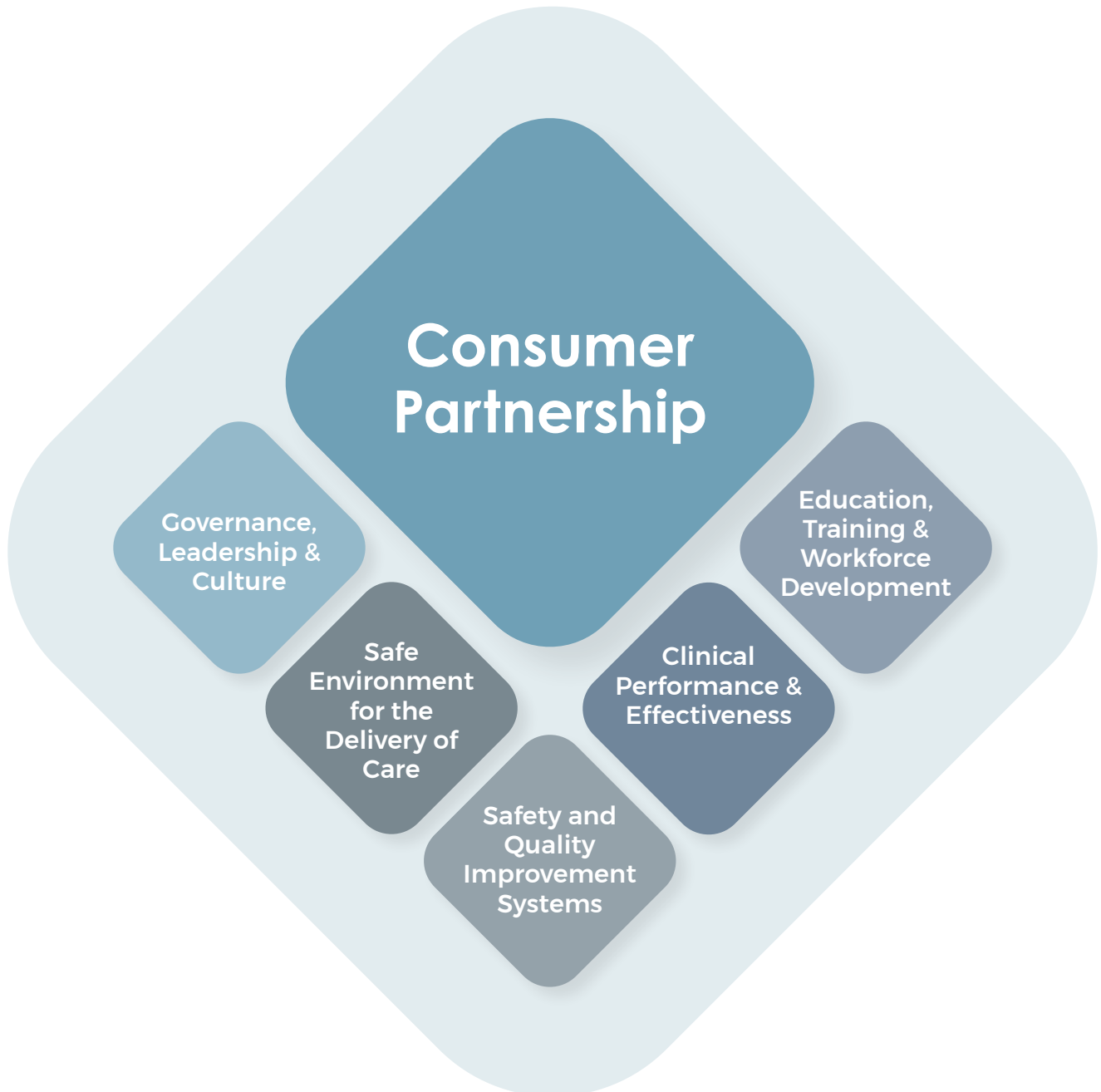
This framework outlines the systems, processes, audits and controls operating within GFA to:

- Ensure all services are delivered by appropriately qualified health care professionals operating within their scope of practice
- Support health care professionals in delivering accessible, timely and effective care
- Empower consumers to actively partner in decision-making around their care
- Define roles, responsibilities and reporting pathways
- Monitor and evaluate clinical outcomes and client satisfaction rates
- Manage risks, incidents, complaints and clinical concerns
- Promote a culture of consultation, innovation, evaluation and quality improvement
- Communicate the Board's commitment to organisation-wide adherence to good governance

GFA's Clinical Governance Framework sits within the corporate governance structure and recognises the individual and collective responsibilities of members of the Board, the Executive, Employees and Contractors in executing good governance. The Clinical Governance Framework is built on the overarching principles of:

- Strong leadership with clear communication pathways
- A culture of continuous improvement
- Excellence in service delivery, including both clinical care and the client experience
- Robust compliance and sound risk management
- Integrated systems and processes which are fit for purpose
- Openness and transparency in dealings with all stakeholders
- Evidence-led measurement, evaluation, planning and resourcing
- Clear accountability, delegation and scope of practice
- An empowered and engaged workforce
- Partnership with consumers and key stakeholders

The GFA Clinical Governance Framework identifies key systems across six interdependent domains, which collectively support quality governance and effective service provision.





gidget

1. Governance, Leadership and Culture

GFA acknowledges that strong leadership and a positive organisational culture are fundamental to the delivery of effective, person-centred perinatal mental health care. As a health service, GFA provides a leadership culture that sets clear expectations, accountabilities and responsibilities across all roles to support the delivery of safe, high-quality care to expectant, new and potential parents. GFA acknowledges that effective clinical governance is a collective responsibility, requiring meaningful engagement across the whole organisation.

GFA is governed by a passionate and committed volunteer Board of Directors, who donate their time, energy and diverse expertise to support the organisation's mission. GFA's Board has overall responsibility for establishing and monitoring the governance of the organisation to ensure equity, accountability, and transparency in service delivery, while also providing leadership and stewardship across the organisation.

The Board is supported by a number of key committees and special interest groups which operate in an advisory capacity, informing policy and process, and providing operational oversight of both compliance and performance. An emphasis on membership diversity and lived experience participation ensures a culture of consultation and inclusivity underpins delivery of current and emerging models of care. The GFA Founders also contribute to the overall culture and ongoing evolution of the organisation through their continued engagement with the Board, and the wider GFA team.

Safety, quality and clinical care standards are overseen by the Clinical Governance Committee (CGC) to support the maintenance of clinical standards, and ensure that feedback, incidents and risks are appropriately monitored and managed. The Committee's membership and experience is diverse and represents a range of stakeholders including lived experience members, psychologists, mental health nurses, general practitioners, obstetricians and pharmacists. The CGC provides independent advice and expertise to support both Executive Leadership and Board decision-making.

GFA's Remuneration Committee assists the Board in developing remuneration policies, and approving employee benefits and financial packages to support the attraction, retention, and motivation of key personnel. In doing so, the Committee ensures remuneration practices are fair, transparent, and consistent with GFA's values, strategy, and risk management approach.

Membership of GFA's First Nations, LGBTQI+, Multicultural Families, Parenting with Disability, Dads and GP Advisory Groups also includes volunteers with lived experience in each area of focus, who work alongside staff champions. These groups inform inclusive practice across both the clinical and corporate functions of the organisation, fostering a culture of safety and belonging for all.

Engagement and collaboration with key stakeholders across the sector ensures GFA is able to leverage shared learnings and sector-wide advocacy to affect meaningful change for consumers and the wider community. Through the development of a workplace environment that prioritises collaboration, inclusivity and integrity, GFA continues to cultivate a culture where every individual is respected and supported, every individual is encouraged to lead, and excellence thrives.

At GFA, good governance is a shared responsibility.

The Board is responsible for:

- Setting the strategic direction of the organisation
- Providing leadership and stewardship
- Proactively shaping a values-aligned organisational culture
- Monitoring and managing strategic and financial performance, conformance and alignment
- Fostering openness and transparency
- Evaluating the effectiveness of governance processes
- Ensuring compliance with relevant legislation, regulation and policy
- Monitoring and evaluating risk
- Promoting a culture of safety, quality and continuous improvement

Management is responsible for:

- Operationalising GFA's strategic plan
- Implementing and monitoring the Clinical Governance Framework
- Establishing systems and processes to support legislative compliance and good governance
- Resourcing governance activities, including capacity building and workforce training
- Developing a clear code of conduct that underpins the organisation's governance framework
- Reporting to the Board on key activities, outcomes, incidents and risks
- Providing robust and transparent evaluation and review of service delivery
- Promoting a culture of safety, quality and continuous improvement
- Ensuring consumer consultation and feedback informs service planning and delivery

All Employees, Contractors and Volunteers are responsible for:

- Understanding their roles, responsibilities and scope of practice

- Incorporating safety and quality into their work
- Complying with relevant legislation and following local policies and procedures
- Complying with professional standards and registration requirements
- Reporting any concerns regarding safety, quality, conduct or standards
- Complying with the GFA Code of Conduct

Clients and Families are responsible for:

- Participating in shared decision making to the extent they choose, to the best of their ability
- Actively engaging in their clinical journey to optimise treatment outcomes
- Asking for assistance or support in managing or escalating their own care
- Providing feedback and identifying opportunities to improve health service delivery
- Following local procedures that promote safety and quality within the healthcare setting
- Communicating concerns about safety and quality in service delivery

Key documents and processes supporting governance, leadership and culture include:



2. Safe Environment for the Delivery of Care

Across all sites and services, GFA is committed to providing a safe environment for clinical care, which minimises risks and supports the wellbeing of clients, visitors and workers.

All sites are well-maintained with established maintenance audits, clear signage, appropriate fittings and fixtures, compliant fire systems and scheduled cleaning services. All equipment is maintained in good working order and removed from service if faulty or in need of repair.

GFA regularly conducts environmental audits to identify hazards, risks, and maintenance requirements and ensure compliance with WHS legislation and fire safety regulations. A designated manager provides a consistent point of contact for raising concerns about site safety, equipment faults, maintenance requirements and environmental hazards. Consumer feedback is also monitored to identify environmental factors impacting safety, or care standards.

Clinical care is delivered in dedicated counselling rooms which are free from intrusion and interruption. Fittings and fixtures establish a relaxed and welcoming space for both parents and infants, with First Nations and LGBTQI+ artworks messaging cultural safety. Comfort, cleanliness and amenity contribute to a physically and emotionally safe environment for the delivery of care.

Digital services are delivered via a secure telehealth platform, with end-to-end encryption and multi-factor authentication. Service delivery is provided in designated spaces, with consistent background branding to support service identification, cultural safety and professionalism.

All staff, contractors and clients have free access to a digital app with 24/7 safety support, including journey tracking and safety check-ins to facilitate improved safety for those providing or accessing care, including care provided out of hours, or in isolated or remote locations.

Key documents and processes supporting a safe environment for the delivery of care include:



3. Safety and Quality Improvement Systems

GFA is committed to ongoing improvement in health service delivery and clinical care. A culture of safe care is promoted at all levels within the organisation and shapes service delivery, monitoring and oversight.

Safety and quality are integrated throughout the clinical governance model, with a focus on consumer satisfaction at the centre of this. The systems in place define processes for monitoring compliance and performance against expected standards, identifying areas of improvement, responding to incidents and risks, and managing complaints.

Requirements for client safety and quality are considered in all business decisions, models of care, policies and procedures, the allocation of resources and the development of the workforce. GFA aims to improve all aspects of performance through robust review of safety and quality indicators across clinical care, staff performance, environmental monitoring and risk and incident management.

Complaints handling and incident and risk management processes are embedded into governance utilising clear reporting and escalation pathways, amid a policy of openness and transparency aligned to the Australian Open Disclosure Framework.

Complaints and incidents are reported, monitored and managed through notification to the Executive Leadership Team. All Severity Assessment Code (SAC) 3 and SAC4 incidents are reviewed by the Clinical Governance Committee and reported quarterly to Board. All SAC 1 and SAC 2 incidents are immediately escalated to the Board via the CEO and Board Chair. All incidents are themed, and trends are tracked over time to assist in understanding any systemic issues which might be driving seemingly isolated events. Incident, feedback and complaint trends are valuable drivers of quality improvement and are regularly reviewed by Management, the Clinical Governance Committee, and the Board.

Risk appetite is set by the Board, and all risks are proactively identified, assessed, and managed by the Executive Leadership Team through a centralised register. Risks identified as high or medium are reviewed quarterly, and risks identified as low are reviewed six monthly. The risk register is reviewed by the Board at least annually, or as needed in response to a changing risk profile. Clinical risks and mitigations are monitored through the Clinical Governance Committee.

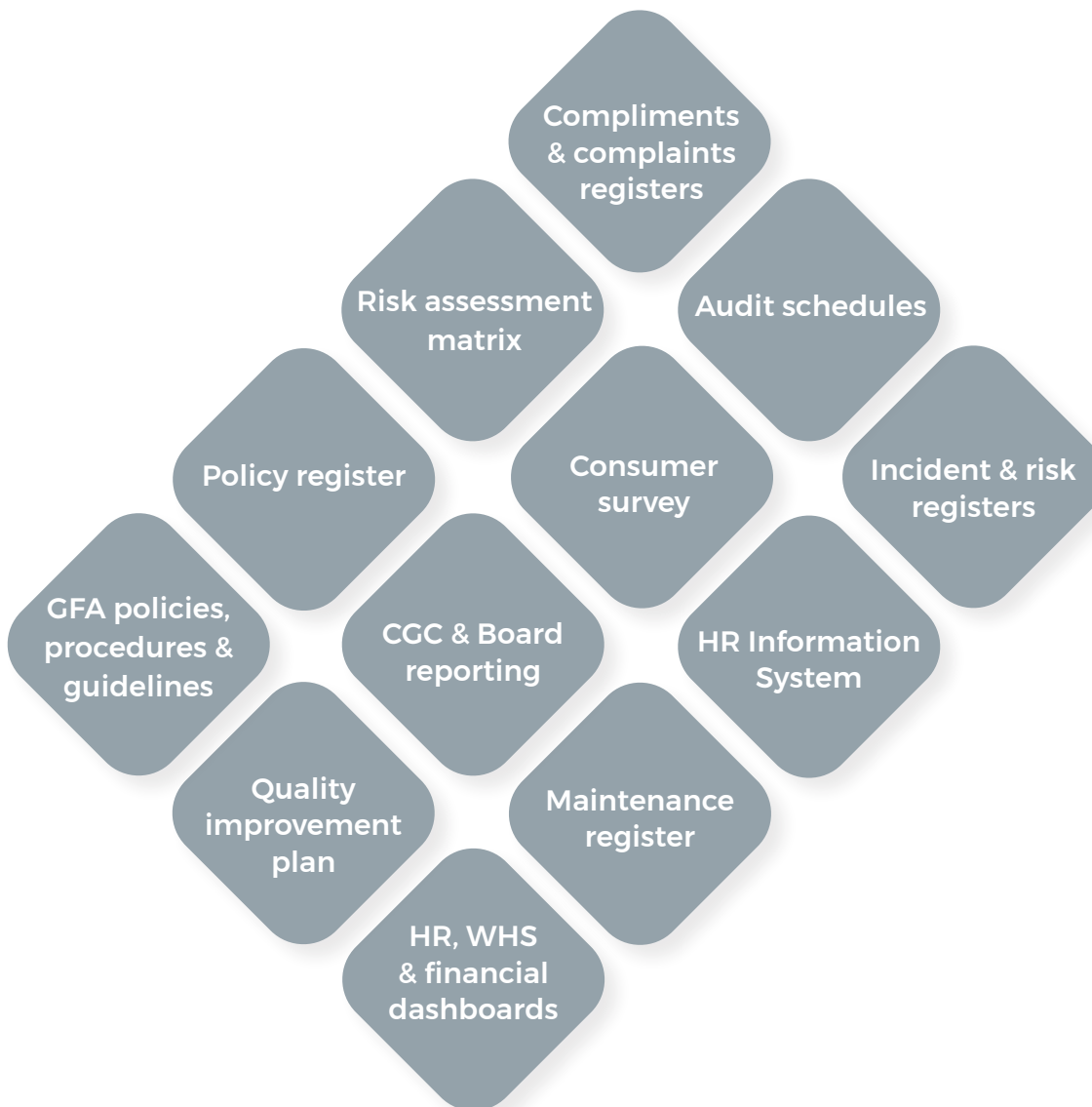
Both the risk and incident management processes identify the responsibilities of Employees, Contractors, Executive and Board in responding to both clinical and corporate risk and actioning mitigation strategies to eliminate, reduce or control risk. GFA is committed to proactive and timely identification and reporting of risk and

ongoing evaluation, monitoring and management of known risks.

GFA welcomes feedback from consumers and key stakeholders, and the GFA website provides guidance on how to provide feedback in a way that is accessible to all members of the Australian public.

Policies, procedures, and protocols relating to service quality are developed in consultation with key stakeholders to ensure they are fit for purpose. There is a central database for policies and procedures, and these are reviewed periodically to ensure currency and effectiveness. New and revised policies are distributed to all staff and clinicians via GFA’s Human Resource Information System (HRIS) to ensure organisation-wide reach.

Key documents and processes supporting safety and quality improvement include:



4. Clinical Performance and Effectiveness

Through ongoing performance monitoring the Board ensures that the organisation is functioning at an optimal level and meeting its policy, planning and operational objectives. Performance monitoring facilitates appropriate resource allocation to ensure overall effectiveness. It also ensures governance processes meet compliance requirements, while supporting continued improvement in clinical care.

Establishing explicit standards of performance for service delivery informs expectations for consumers and clinicians, driving excellence and improving consistency in treatment approaches and health outcomes.

Key performance indicators for clinical care are monitored through the Clinical Governance Committee, with models of care evaluated using clinical indicators, consumer satisfaction, best practice benchmarking and internal auditing to monitor effectiveness. Social impact is reported to the Board, key stakeholders, and consumers, and is used to drive service innovation and enhancement.

Clinical incidents and near miss events are subject to a root cause analysis using a no-blame approach to disclosure and discovery of causal and contributing factors. Clinical Governance Committee oversight ensures remedial actions are identified collaboratively, documented centrally, and resourced appropriately. Clinical incidents are reported to Board for ongoing stewardship of client safety and care quality.

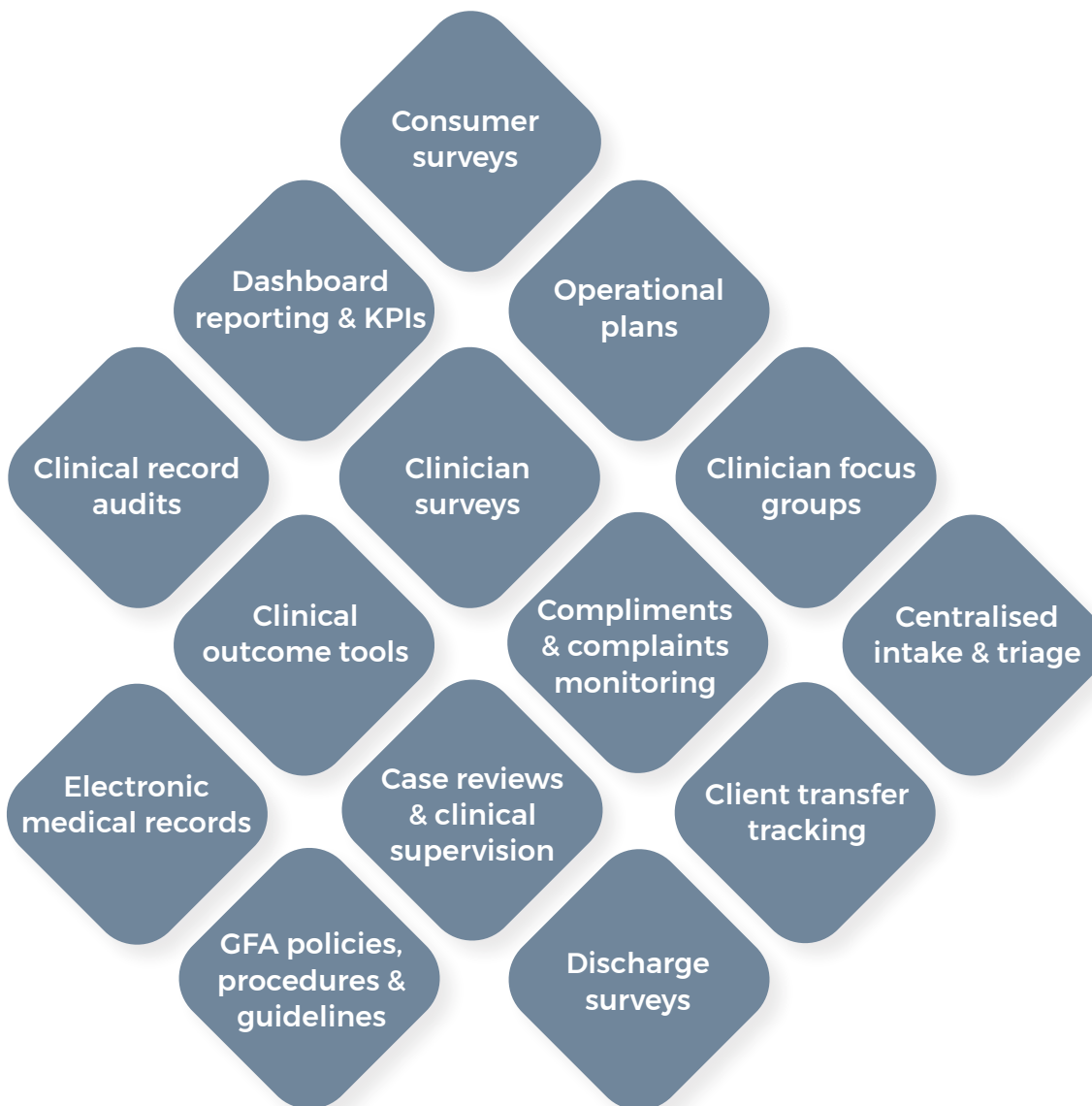
Clinical services are subject to ongoing performance evaluation using qualitative and quantitative data from consumer surveys and experience measures, clinical outcome measures and data audits. Consumer feedback surveys also assess overall satisfaction rates, in terms of both clinical support and impact on health concerns. Monitoring of transfers, cancellations, missed appointments, discharge rates and engagement times also informs evaluation of performance and effectiveness.

A stepped model of care facilitates flexible access to a range of resources, from low intensity self-help supports, through to high intensity clinician led interventions. Care is person-centred, needs-driven and evidence-informed, with ongoing evaluation designed to support responsive development of new programs and services. Centralised intake, triage and medical records management supports monitoring and management of waiting times and care journeys, while facilitating improved mechanisms for continuity of care across transfer, escalation and onward referral.

Clinical performance in line with the GFA model of care is supported through access to ongoing training in the delivery of evidence-based therapies, and the delivery of culturally safe, trauma-informed care. Individual and group clinical supervision is available to all clinicians, and participation quarterly is a mandatory minimum. Clinician feedback through quarterly focus groups and annual surveys also supports prompt identification of challenges and facilitates collaborative problem solving.

All data collected by GFA is stored, used, disclosed, transmitted, retained and disposed of in accordance with applicable legislation.

Key documents and processes supporting clinical performance and effectiveness include:



5. Education, Training and Workforce Development

Through advocacy, education and research, the organisation supports the development of a skilled workforce and a health-informed community. Workforce planning establishes the systems and processes required to drive recruitment, engagement and retention of appropriately qualified, high performing employees across all levels of the organisation.

Each work role at GFA is clearly defined in a Position Description (PD) which outlines the essential skills, knowledge and qualifications required to undertake the role, and the scope of practice associated with the role. PDs are assessed and validated during recruitment and probation. Recruitment and selection criteria are derived directly from the position description with competitive interview process used to distil high-calibre applicants who possess the appropriate experience and expertise to match the responsibilities of the position. Credentialing occurs prior to employment to ensure minimum requirements have been met and to verify the authenticity of evidence provided. Once employed, all staff undertake orientation to support transition to the workplace and facilitate an understanding of the organisation, its operations and the responsibilities of the individual within their role, and the organisational framework.

Roles that require the Australian Health Practitioner Regulation Agency (AHPRA) registration are routinely checked for registration currency and any conditions. Clinicians who are not required to hold AHPRA registration are routinely checked for currency of their qualifications with their applicable professional body.

A comprehensive performance review process has been implemented to identify the training and support required to ensure a skilled and competent workforce capable of delivering on the goals and objectives of the strategic plan. Access to professional development, clinical skills training, supervision, mentoring and leadership training is designed to develop and promote existing talent and support individuals to strive for and achieve their professional goals, while simultaneously delivering an informed and capable workforce.

All GFA clinicians are provided with access to regular individual and group supervision, and clear clinical escalation pathways to support excellence in clinical services delivery. Professional development is also supported through ongoing access to monthly education, training and seminar presentations and bi-annual perinatal focused conference for continuing education.

Clinicians who have less experience in providing perinatal mental health care are supported through structured education and training programs, which include access to additional clinical supervision, perinatal mental health education and training modules, and case management support. Clinical leads and supervisors are also supported through access to regular supervision and communities of practice.

Physical and psychological safety for all is supported and promoted through workplace conversations, team meetings, mandatory training and workforce engagement programs. Wellbeing days, culture surveys and formal and informal feedback mechanisms support reflective practice and provide opportunities for advocacy.

Key documents and processes supporting education, training and workforce development include:



6. Partnering with Consumers

Partnering with consumers is essential for improving healthcare outcomes and driving continuous improvement in care quality. Consumer participation is embedded in all levels of governance within GFA, with systems designed to support clients and consumers to be partners in healthcare planning, design, measurement and evaluation. GFA aims to deliver person-centred care to a diverse community by partnering with individuals and representative groups in developing and implementing inclusive and accessible clinical programs and health resources.

At the service level, consumer feedback is collected and used to inform policy and practice. Key consumer feedback is obtained through complaints and compliments management, incident management, focus groups and consumer surveys. Feedback is tracked and trended to facilitate both individual and systemic responses to consumer comment. Consumer reviews of key changes in service delivery are also invited through both formal and informal consumer engagement processes.

Gidget Angels and Ambassadors provide lived experience insights to both internal and external stakeholders, shaping service delivery at GFA, and in the sector more broadly. Their published journeys provide benchmarks for consumers to evaluate their own health care journey, supporting informed decision-making and calibrating expectations around care. GFA's Consumer Advisory groups have also been established to help guide and direct consumer consultation across the organisation.

At committee level, consumer representatives provide input into service planning, clinical governance and stakeholder engagement, shaping organisational leadership and culture. Representatives on GFA's Clinical Governance Committee, First Nations, LGBTQI+, Multicultural families, Dads and Parenting with Disability advisory groups bring diverse, lived experience to organisational planning and decision making.

At Board level, consumer participation in governance, leadership and culture provides input across strategic planning, corporate identity, models of care and clinical governance. The Board comprises a diverse group of Directors, many with lived experience, who bring this consumer lens to overall governance at GFA.

Partnerships and collaborations incorporate lived experience which influences the design, development and delivery of GFA services. GFA also recognises that active consumer engagement and participation improves individual and population health outcomes, while also making health services more responsive to the diverse needs of consumers.

Key documents and processes supporting effective partnerships with consumers include:



Implementation of the Framework

The GFA Clinical Governance Framework is endorsed by the Board, and operationalised internally through a structured approach which:

- Establishes leadership and accountability
- Engages consumers, workers and other stakeholders
- Develops policies and procedures to support operational activity
- Monitors and evaluates performance
- Ensures compliance and continuous quality improvement

Success is measured through ongoing performance and conformance review across all six domains, with Clinical Governance Committee reporting and oversight.



We all belong.

“This artwork represents the story, mission and values of Gidget Foundation Australia. The middle of the artwork represents the core of the Foundation, with the surrounding circles representing all our values – we are connected and our lines never break.

All the dots outside of the values represent all the people the Gidget Foundation has supported, is currently supporting and everyone we hope to support in the future. Dots of all different colours and sizes; this acknowledges how diverse and unique we are. We all belong.”

Rheanna Lotter
Artist



Gidget Foundation Australia
ABN 52 160 202 960

34a McLaren Street, North Sydney NSW 2060
PH: 1300 851 758

gidgetfoundation.org.au • contact@gidgetfoundation.org.au

- @GidgetFoundation
- @gidgetfoundation
- @gidgetfoundationaus
- Gidget Foundation Australia