Rural Maternity Recommendations – Implementation Plan

Rural Maternity Implementation Oversight Committee

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Queensland Government

Rural Maternity Recommendations – Implementation Plan

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Abbreviations

ATSICCHOs	Aboriginal and Torres Strait Islander Community Controlled Health Organisations
ACRRM	Australian College of Rural and Remote Medicine
AMA	Australian Medical Association
AMS	Aboriginal Medical Service
ARBI	Australian Rural Birthing Index
ATSIHD	Aboriginal and Torres Strait Islander Health Division
BBA	Born Before Arrival
CEQ	Clinical Excellence Queensland
CSCF	Clinical Service Capability Framework
CSD	Corporate Services Division
FTE	Full-time equivalent
GP	General Practitioner
HCQ	Health Consumers Queensland
HHS	Hospital and Health Service
HSCE	Health Service Chief Executive
HWQ	Health and Wellbeing Queensland
NATSIHP	National Aboriginal and Torres Strait Islander Health Plan
NGO	Non-government organisation
NSAMS	National Strategic Approach to Maternity Services
OCNMO	Office of the Chief Nursing and Midwifery Officer
ORRH	Office of Rural and Remote Health
PD	Prevention Division
PHN	Primary Healthcare Network
PSQIS	Patient Safety and Quality Improvement Service
PTSS	Patient Travel Subsidy Scheme
QAIHC	Queensland Aboriginal and Islander Health Council
Qld/QLD	Queensland
QRRMSPF/ Planning Framework	Queensland Rural and Remote Maternity Services Planning Framework
RACGP	Royal Australian College of General Practitioners
RANZCOG	Royal Australian and New Zealand College of Obstetricians and Gynaecologists
RDAA	Rural Doctors Association Australia
RDAQ	Rural Doctors Association Queensland
Rec	Recommendation
RMIOC / Oversight Committee	Rural Maternity Implementation Oversight Committee
RMPWG	Rural Maternity Planning Working Group
RMT	Rural Maternity Taskforce
RRHAC	Rural and Remote Health Advisory Committee
RRCSU	Rural and Remote Clinical Support Unit
SCB	Strategic Communications Branch
SMC	System Management Committee
SMNCN	Statewide Maternal and Neonatal Clinical Network
SPB	System Planning Branch
SRRCN	Statewide Rural and Remote Clinical Network
TBC	To be confirmed
TEMSU	Telehealth Emergency Management Support Unit
WPB	Workforce Planning Branch

1. Introduction

The purpose of this document is to outline the overarching implementation plan[1] for the six Rural Maternity Taskforce recommendations (appendix 1) and associated Ministerial commitments (appendix 2), identify the lead areas to progress the actions, and determine the resources required. The implementation plan has been developed by the Rural Maternity Implementation Oversight Committee (RMIOC) based on the premise of leveraging off and utilising existing activities and programs within Queensland Health to avoid duplication and ensure efficient use of resources and funding.

This plan was initially developed prior to the emergence of the COVID-19 pandemic. It has been reviewed and amended to accommodate the impact of the pandemic on the health service, including the capacity and funding available to support delivery of the implementation plan.

1.1. Background

The Rural Maternity Taskforce (the Taskforce) was convened from August 2018 to August 2019 to investigate steps to minimise risk for mothers and babies in rural and remote communities, while providing services as close as possible to where they live. The Taskforce delivered two key resources:

- The Rural Maternity Taskforce Report[2] (the Report), which includes an overview of current maternity services and an analysis of the factors that affect access to and safety of services, and outcomes for mothers and babies.
- The Rural and Remote Maternity Services Planning Framework (the Planning Framework) to assist Hospital and Health Services (HHSs) with planning, developing and delivering rural and remote maternity services.

The Report contains six recommendations to maintain and improve access to rural birthing services in Queensland (appendix 1). Their goal is to ensure health services and clinicians can provide, and women in rural and remote areas have access to, sustainable maternity services that are clinically, socially, culturally, spiritually, and financially safe; and support good health outcomes for the woman, her baby, and the wider community.

In response to the Report, the Minister for Health and Minister for Ambulance Services announced that the Government accepted all six recommendations and supported their implementation across Queensland HHSs.

HHSs were requested to review each of their rural maternity services using the new evidence-informed Rural and Remote Maternity Services Framework by 30 June 2021. This is to be done in consultation with local clinicians and consumers. Due to the impact COVID-19 has had on resourcing within HHSs, the review deadline was extended to 31 December 2021.

In addition to reviewing rural maternity services, HHSs were advised any future planned permanent or long-term reduction or changes to the scope of rural maternity services would require Ministerial approval.

Funding of $500,000 was also announced by the Minister to trial programs to improve the training, retention and clinical experience of rural maternity clinicians including funding the rotation of rural clinicians through busier hospitals.

[1] This document does not provide detailed action plans for recommendations 2, 5, and 6 due to the complexities of implementing those recommendations. Individual detailed plans will be developed and monitored by the designated lead area.
[2] https://clinicalexcellence.qld.gov.au/priority-areas/patient-experience/rural-maternity-taskforce

1.2. Objectives, outcomes, and benefits

The objective of the implementation plan is to articulate the actions required to achieve the Rural Maternity Taskforce recommendations (See appendix 1 for details of the recommendations).

The overarching objective of the six Taskforce recommendations is to support, and enable the provision of, suitable woman-centred maternity care as close as possible to where women live, whilst enabling good outcomes for mothers and babies in rural and remote communities.

A healthy mother and baby, who are physically, psychologically, spiritually, and emotionally well is a fundamental healthcare goal, and continuous improvement in maternity services to provide best practice care is required to achieve this goal.

The objective, outcomes and benefits for each recommendation are noted in Table 1.

Table 1 Recommendations Objectives, Benefits, and Outcomes

Recommendation	Benefit
1. Queensland Health establish clear whole-of-system governance and strategy for rural and remote health services.	**Objective:** Whole-of-system governance and strategy for rural and remote health service delivery in Queensland is required to address the challenges of, and provide support for rural services that consist mainly of small hospitals, with a generalist health workforce, limited access to support services, and need for 24/7 operations with a small multi-skilled workforce. **Outcome:** A clear whole-of-system governance and strategy for rural and remote health service delivery in Queensland is developed that brings together: education and training; workforce; planning, funding and performance management; sustainability; and safety and quality. **Benefit**: Specific system governance is required to ensure that the needs of rural communities and providers are carefully considered and addressed.
2. Queensland Health undertake comprehensive system-wide planning of rural maternity service provision.	**Objective:** Strengthen, improve and ensure sustainability, clinically and financially of existing Clinical Service Capability framework (CSCF) level 2 and 3 maternity services[3], and carefully plan for re-establishment of key level 2 and 3 maternity services in collaboration with local communities. Strengthen the case for bringing rural maternity services closer to home. **Outcome:** HHS service review reports (which include proposals or plans detailing proposed service changes), and a system strategy document for configuring rural and remote maternity services. **Benefit:** Providing maternity services close to where women live improves outcomes for both the mother and baby; and clinical, social, cultural, spiritual, and financial risks for women, their babies, and their families are reduced.

[3] See Appendix 5 for CSCF maternity service levels descriptions

Recommendation	Benefit
3. HHSs invest in and promote improved rural maternity service collaborative culture and teamwork as a core to ensure best outcomes for women and babies.	**Objective:** Maternity clinicians are well-trained and well-supported to provide woman-centred continuity of care in a collaborative and safe environment. **Outcome:** Investment in relationships, joint training and education, and shared quality and case reviews, across the network of services including the specialist service; and additional support for inexperienced clinicians. **Benefits:** The development of a culture of collaboration, trust and teamwork between doctors, midwives, Aboriginal and Torres Strait Islander health workers and nurses is especially critical in rural settings where emergency specialist support is often hours away. Careful selection, development, and support of medical and midwifery leaders to create this culture is critical to safe outcomes for women, their babies, and the staff providing care. Collaboration with consumers and the community when developing and reviewing services is critical for ensuring the service is sustainable and meets the needs of the community.
4. Each HHS (localised for each maternity service) develop an easy-to-understand guide for women, which summarises their local maternity model options. Queensland Health to co-design a template with consumers and service providers.	**Objective:** Consumers have access to high-quality information about maternity services across Queensland to inform decisions regarding their choice of maternity model of care and where they can access their preferred model of care. **Outcome:** Consumers are provided with information on models of care choices available locally or at a referral service, including differences in risk with maternal and neonatal factors or service factors, and what the protocol is if an unforeseen emergency occurs during labour or if service provision changes. **Benefits:** Consumers can make informed choices regarding their preferred maternity model of care and are better informed on the alternatives available to them.
5. Queensland Health mandate HHSs to follow evidence-based framework for decision-makers in assessing and configuring rural maternity services.	**Objective:** Provide formal guidance for HHS decision makers on how to assess, review and configure rural and remote maternity services, in collaboration with key stakeholders. **Outcome:** The Rural and Remote Maternity Services Planning Framework is used by HHSs to review and redesign their rural maternity services. **Benefit:** The Planning Framework will assist HHSs in planning, evaluating, improving and re-configuring rural and remote maternity services that meets the needs of consumers and the community, and that are women-centred, safe, and sustainable.
6. Queensland Health identify and coordinate local and state-wide actions to improve maternal health in rural and remote communities. Remote Aboriginal and Torres Strait Islander communities should be a priority.	**Objective:** Provision of strategies that reduce the prevalence of modifiable risk factors and improve services in rural and remote communities. Maternity services, and wider health services, address the psychosocial determinants of health working with a health promotion and primary prevention approach in collaboration with primary care providers that includes overarching Aboriginal and Torres Strait Islander governance to ensure that women feel culturally safe. **Outcome:** Improved access to appropriate services and resources that support and enable women in rural and remote communities to be healthy and feel culturally safe. **Benefit:** The health and well-being of women in rural and remote communities is improved, which in turn can improve the health and well-being of their babies and the wider community.

1.3. Links with Strategic Objectives

The recommendations in the Report and their implementation by RMIOC are in line with the objectives of the Department of Health Strategic Plan 2019–2023 (https://www.health.qld.gov.au/system-governance/strategic-direction/plans/doh-plan):

1. promote and protect the health of Queenslanders where they live, work and play
2. drive the safest and highest quality services possible
3. improve access to health services for disadvantaged Queenslanders
4. pursue partnerships with consumers, communities, health and other organisations to help achieve our goals
5. empower consumers and health professionals through the availability and use of data and digital innovations
6. set the agenda through integrated policy, planning, funding and implementation efforts
7. lead a workforce which is excellent and has a vibrant culture and workplace environment

2. Scope

The scope as described below, applies to the high-level implementation plan. The scope for specific recommendations may be further refined based on the actions required to implement the recommendation.

2.1. In scope

All HHSs providing maternity services are within the general scope of the recommendations and this implementation plan.

The scope with regards to stakeholders, should be defined individually for each recommendation as there is likely to be variation in who the stakeholders are for each recommendation.

The scope for each recommendation with regards to the provision of maternity services may vary depending on the specifics of the recommendation. It can include antenatal through to postnatal care, with postnatal care noted to include qualified and unqualified neonates' care[4], extend past six-weeks post-birth, and transitions to, or is integrated with child health services. Other areas for consideration within the scope include pre-conception, neonatal care, and perinatal mental health.

2.2. Out of scope

Private maternity services are out of scope of the implementation plan as they are outside the influence and jurisdiction of Queensland Health. Publicly funded home births are also out of scope as they require a statewide approach across all services, including metropolitan areas. Private service providers and non-government organisations (NGOs) may need to be considered or consulted when implementing the recommendations e.g. recommendation four may include information on private services and NGOs[5].

Mater Mothers Public Hospital (MMPH) is out of scope as it is a stand-alone facility, does not have a geographical catchment and is not located within a rural area of Queensland. MMPH should however, be considered by HHSs in review and planning of rural maternity services, where the MMPH is the tertiary referral facility.

2.3. Related projects

There are interdependencies and related activities between the six recommendations and with other bodies of work both within Queensland Health and nationally. These are explored and documented in section 3 of this implementation plan.

2.4. Assumptions

The key assumptions that underpin the implementation plan include:

- The implementation plan is dependent on key stakeholders working together collaboratively in a timely manner to achieve clear actionable recommendations in the timeframe proposed.
- The identified key stakeholders will remain engaged with implementation planning.
- The implementation plan will be governed through RMIOC, supported by the Office of Rural and Remote Health (ORRH).
- The RMIOC will report to the Rural and Remote Health Advisory Committee (RRHAC).
- The implementation plan is reliant on clinical information provided by CEQ, HHSs and other relevant bodies where required.
- The implementation plan will apply an objective, unbiased approach in the delivery of outcomes.

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[4] 'Unqualified neonates' are well babies accompanying their mother who require midwifery workforce time and care but are not counted as admitted patients. Newborn qualification status definition is available at: https://meteor.aihw.gov.au/content/index.phtml/itemId/327254.

[5] Note: Public services cannot promote or recommend one private service provider over another. (Reference: *Code of Conduct for the Queensland public service,* Queensland Government, 2017 https://www.forgov.qld.gov.au/code-conduct-queensland-public-service)

- The implementation plan will link all recommendations to the *Growing Deadly Families Aboriginal and Torres Strait Islander Maternity Services Strategy 2019-2025* outcomes of governance and activity where needed.

2.5. Risks and issues management

The Department of Health risk management framework will be used to determine the levels of risk associated with this implementation plan and the strategies to address them.

All implementation plan risks and issues will be coordinated by ORRH and managed according to the Department of Health Risk Management Framework. Risks, where identified, will be recorded on the Risks and Issues Register.

The risks identified in Table 2 are for the overarching implementation plan. Risks associated with the actions for implementing each recommendation will be identified and managed by the relevant working group, Department, or Branch responsible for the actions as stated in Table 4.

Table 2 Risk assessment for overarching implementation plan

Possible risk	Likelihood	Consequence	Risk mitigation strategy
Resources (e.g. funding and staffing) not available or sufficient to deliver the implementation plan.	Possible	Major	Implementation plan to leverage off existing initiatives and strategies where possible. Request for funding to be submitted to Finance Branch and/or HPSP. If insufficient resources are provided, review and revise timeframes for delivery of action items to reduce resource requirements.
Implementation plan not delivered within expected timeframes or budget	Possible	Major	Review and monitoring of implementation plan by RMIOC to ensure timeframes and budget are achievable. RRHAC to be advised of any significant issues or delays.
Lack of engagement or participation from key stakeholders in progressing the implementation plan.	Unlikely	Moderate	Communication and negotiation with stakeholders regarding their roles and responsibilities
Risks associated with activities to implement each recommendation are not identified in the overarching implementation plan, which could impact on its ability to achieve its objectives.	Possible	Major	Departments/units implementing the actions for each recommendation (Table 6) will develop specific action plans with risks and mitigation strategies defined within them and report any major concerns to RMIOC.
Variation in the quality and content of work products (e.g. reviews, reports, online information) undertaken by HHSs.	Possible	Moderate	Departments/units implementing the actions for each recommendation will develop templates and/or set minimum requirements around work products where required.
Priorities of other initiatives within Queensland Health may not align with the intent of Taskforce recommendations and implementation plan objectives and outcomes. This could make co-ordination and decision making by the system complex with regards to the deliverables of this plan.	Possible	Major	Key pieces of work that have statewide and/or system wide impacts are managed in close collaboration with key Departmental units such as the Office of Rural and Remote Health and Office of the Director General.

2.6. Constraints

The following constraints impact the implementation plan:

- A source of funding for the implementation plan has not yet been identified. It is highly likely that Queensland Government response to the COVID-19 pandemic may have a significant impact on the funding available within Queensland Health.
- The implementation plan is reliant on the engagement, participation, and collaboration of multiple work units with the Department of Health and the HHSs.
- The Queensland Government restrictions on travel and limits on gatherings in response to the COVID-19 pandemic may impact on the timeframes and ability to accomplish the action plan activities.

2.7. Key principles

The implementation plan and actions developed to achieve it, should include the following principles where possible:

- collaboration
- co-design
- consumer-led, with an emphasis on women and Aboriginal and Torres Strait Islander consumers
- evidence based - contemporary and updated in light of new research/evidence
- woman-centred
- care closer to home
- safety and quality
- networked services: within the local area, wider HHS, and with tertiary/quaternary[6] services across Queensland
- consider models that are working elsewhere, e.g. Canada, UK/NHS
- align with state and national work/strategies e.g.
    - National Aboriginal and Torres Strait Islander Health Plan (NATSIHP) https://www.aihw.gov.au/reports/indigenous-health-welfare/tracking-progress-against-ipg-2013-2023/contents/summary
    - *Making Tracks Policy and Accountability Framework*
    - *Growing Deadly Families Aboriginal and Torres Strait Islander Maternity Services Strategy 2019–2025* https://www.health.qld.gov.au/atsihealth/maternity-services
    - *Woman-centred care: Strategic directions for Australian maternity services (2019*). https://www.health.gov.au/resources/publications/woman-centred-care-strategic-directions-for-australian-maternity-services
- monitoring and reporting of identified outcomes
- share examples of successful approaches, innovation and experiences in rural and remote maternity services.

[6] Quaternary refers to super specialised maternity and obstetric services

3. Considerations in developing the implementation plan actions

It has been identified that the Taskforce recommendations have areas of linkage with each other and with other bodies of work within Queensland Health. These linkages are:

- between the Taskforce recommendations
- to the Planning Framework
- endorsed State and National frameworks
- general considerations generated from the Maternity Summit in Cairns 19 June 2019

The linkages have been taken into consideration in the development of the implementation plan. See Appendix 4 – Stakeholders for more detail.

3.1. Links between recommendations

The actions and/or outcomes of implementing the recommendations are linked to each other and with the Ministerial commitment of $500,000 for upskilling and training of rural and remote maternity clinicians. These linkages are noted in Figure 1.

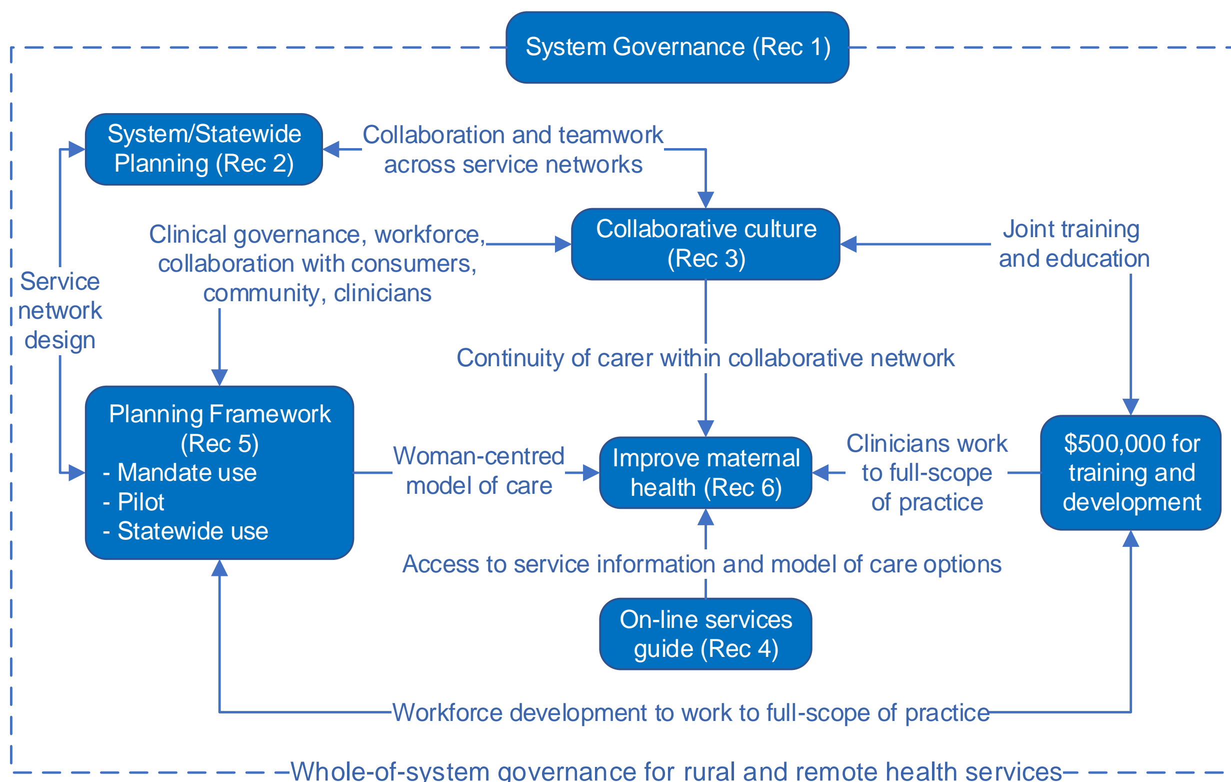

Figure 1 Links between recommendations

3.2. Links to the Planning Framework, strategies and general considerations

While the implementation plan provides direction and governance required to enhance women's maternity experience across Queensland, it builds on, and complements existing strategies and associated plans already in place for women and their families in identified priority areas including:

- *Growing Deadly Families Aboriginal and Torres Strait Islander Maternity Services Strategy* 2019–2025
- *Health and Wellbeing Strategic Framework 2017 to 2026* – Queensland Health
- *My health, Queensland's future: Advancing health 2026*

- *The Rural and Remote Maternity Services Planning Framework*
- *Woman-centred care: Strategic directions for Australian maternity services (2019)*

Appendix 3 details related National and State strategies, linkages with the Planning Framework and general considerations with implementing the Taskforce's six recommendations.

4. Governance

The implementation process is to be overseen by RMIOC, which will report to the Tier 2 System Advisory Committee, the RRHAC. Ongoing governance over individual recommendations and areas of overlap or inter-connection need to be clearly defined. For example: the whole-of-system governance and strategy for rural and remote health services as described in Recommendation 1 will be led by the Healthcare Purchasing and System Performance Division. Figure 2 shows relationships between relevant committees[7] of Queensland Health and the proposed governance of RMIOC.

4.1. Governance structure

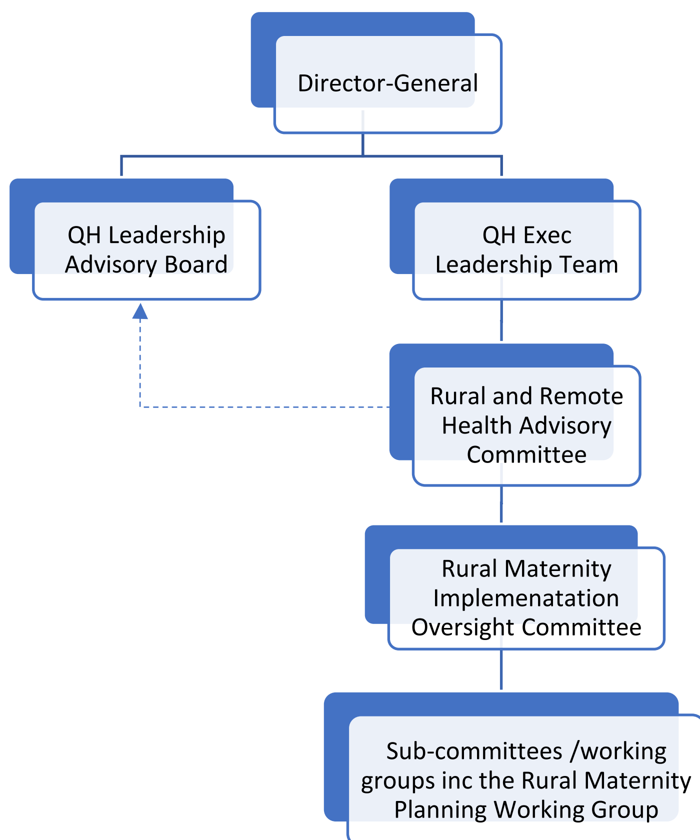

Figure 2 Queensland Health committees and proposed governance relevant to RMIOC

4.2. Roles and responsibilities

Table 3 refers to roles and responsibilities for actioning the overarching implementation plan by RMIOC. Each recommendation may have other defined roles and responsibilities that are to be determined by the Department leads responsible for progressing the actions developed to implement them.

Accountabilities for actions will be determined by consultation with key Queensland Health agencies, and appropriate resources allocated against activities.

[7] For more information on the Department of Health Peak Body governance and executive committee structures: https://qheps.health.qld.gov.au/csd/business/governance-and-compliance/corporate-governance/doh-peak-body-governance-and-executive-committee-structures

Table 3 Roles and responsibilities

Role	Responsibility	Position
Executive Sponsor	Accountable for development and delivery of the implementation plan as funded. Provides strategic direction, content advice and approval to ensure alignment to Queensland Health's objectives and operational plan. Acts as conduit to the Queensland Health Executive Leadership Team	Deputy Director-General, Clinical Excellence Queensland (CEQ)
RMIOC Co-Chairs	Appointed to oversee the development of an implementation plan, including costs and timeframes, for the Taskforce recommendations and associated Ministerial commitments, and have oversight of the delivery of the implementation plan and the piloting, refining, and implementation of the Rural and Remote Maternity Services Planning Framework	Medical Lead, CEQ Chief Executive, Mackay HHS
RMIOC Working Group Lead	Responsible for providing updates to RMIOC on the progress of actions for implementing the Recommendation assigned to them	*See Action Plan for details*
Department Lead	Department/Branch responsible for leading the implementation of actions. They will usually be the same department as the RMIOC working group lead and will work in collaboration with other areas of Health and external organisations when required.	*See Action Plan for details*
Key Collaborators	Organisations that will collaborate with the Department lead in the development and implementation of the action items	*See Action Plan for details*
RMIOC Secretariat	Facilitate the development of the RMIOC plan and co-ordinate the collation of status updates from working groups to monitor the ongoing progress of the Implementation Plan.	Principal Project Officer, Office of Rural and Remote Health, HPSP
Executive Director, Office of Rural and Remote Health, HPSP	Accountable for the deliverables of the RMIOC Secretariat, providing strategic direction, content advice and guidance to RMIOC Secretariat.	Executive Director, Office of Rural and Remote Health, HPSP

4.3. Reporting

The reporting of activities and achievements of the implementation plan are described in the Oversight Committee terms of reference:

- The Co-Chairs, RMIOC shall report, at a minimum, quarterly thorough the RRHAC
- RMIOC working groups shall report monthly on their activities to the RMIOC.

4.4. Stakeholders

The level of interest/role and suggested consultation and engagement strategies noted in Appendix 4 are in relation to the overarching implementation of the recommendations. The level of interest and involvement of stakeholders may be different for each individual recommendation. For example, local communities will have a high level of interest and a role in the implementation of Recommendation 5, when their local maternity service is reviewed using the Planning Framework.

5. Action plan

The Action Plan (Table 4) identifies the key actions required to implement the six rural maternity recommendations. More detailed actions are to be developed by the relevant working groups that are to be established for each recommendation. The RMIOC lead identified below will report to the RMIOC monthly meeting on the progress of the working party and delivery of the actions identified.

Caveats:

- Timeframes are dependent on the provision of funding prior to the start date to ensure it can be utilised within the relevant financial year.
- Start and end dates are contingent on HHS facilities and the Department of Health not being significantly impacted further by COVID-19, and the availability of sufficient resources to undertake the activities within the proposed timeframes.

Table 4 Action Plan

Recommendation	Activity	Start date *(estimate)*	End date *(estimate)*	RMIOC lead[8]	Department Lead[9]	Key Collaborators[10]
1. Queensland Health establish clear whole-of-system governance and strategy for rural and remote health services.	1.1. Establish a rural health governance framework with shared governance between Department and HHSs	Sep 2020	Jun 2021	Executive Director ORRH	HPSP	RRHAC ATSIHD SRRCN
	1.2. Develop a rural and remote health strategy	Oct 2020	Jun 2021			
5+2. Queensland Health: 5. mandate HHSs to follow evidence-based framework for decision-makers in assessing and configuring rural maternity services.	5a.1 Pilot Queensland Rural and Remote Maternity Services Planning Framework (Planning Framework)	Nov 2019	Oct 2020	Executive Director PSQIS	CEQ	HHSs HPSP ATSIHD
	5a.2 Workshop with HHS representatives to share learnings from pilots, update the planning framework where required	Jul 2020	Nov 2020			
	5a.3 Develop a mechanism to mandate use of the Planning Framework (To commence after Planning Framework is finalised)	Dec 2020	Jun 2021			
	5b.1 Develop criteria to identify priority sites for review by 31 December 2021 (as per Ministerial commitment[11])	Nov 2020	Jan 2021	Senior Director SPB	HPSP	CEQ SRRCN SMNCN HHSs ATSIHD
	5b.2 Undertaking desktop review to identify sites for assessment based on agreed criteria	Feb 2021	Feb 2021			
	5b.3 HHSs review prioritised rural maternity services using the final Planning Framework[12] . NB Timescales subject to COVID-19 response requirements.	Mar 2021	Dec 2021			

[8] **RMIOC Lead:** Responsible for providing updates to RMIOC on the progress of the actions for implementing the Recommendation or action item assigned to them
[9] **Department Lead:** Department/Branch responsible for leading the implementation of the actions. Usually the same department as the RMIOC lead, they will work in collaboration with other areas of QLD Health.
[10] **Key Collaborators:** Organisations that will collaborate with the Department lead in the development and implementation of the action items
[11] In June 2019 the Minister for Health and Ambulance Services made a commitment that "Health services to review each of their rural maternity services using the new evidence-based Rural and Remote Maternity Services Planning Framework within two years in consultation with local clinicians and consumers.
[12] Noting that any HHS can use the Planning Framework at any time to review their maternity services

Recommendation	Activity	Start date *(estimate)*	End date *(estimate)*	RMIOC lead[8]	Department Lead[9]	Key Collaborators[10]
	5b.4 HHSs provide report on outcome of review and assessment to Department of Health to inform development of statewide maternity services plan and local implementation activities (*Recommendation 2)	Dec 2021	TBC			
2. undertake comprehensive system-wide planning of rural maternity service provision.	2.1. Establish the Rural Maternity Planning Advisory Group (RMPAG) to review, on a rolling basis when available, HHS assessments and provide advice and recommendations to the RRHAC on: 2.1.1 A consolidated system view of maternity services across the State. 2.1.2 Any proposed changes to maternity services. 2.1.3 Develop a clinician-led statewide rural and remote maternity strategy document based on information considered above	Jul 2020	TBC (contingent on 5a and 5b)	Senior Director SPB	HPSP (with CEQ)	SRRCN SMNCN PSQIS ATSIHD HHSs
3. HHSs invest in and promote improved rural maternity service collaborative culture and teamwork as a core to ensure best outcomes for women and babies	3.1. HHSs undertake review and training across rural and remote services, using collaborative culture and teamwork resource ALICE and report completion rates and outcome.	Feb 2021	Jun 2022	Director CLE	CEQ	CEQ HHSs
4. Each HHS (localised for each maternity service) develop an easy-to-understand guide for women, which summarises their local maternity model options. Queensland Health to co-design a template with consumers and service providers.	4.1. Collate existing statewide and local information on maternity models of care.	Dec 2020	Feb 2021	Executive Director PSQIS	CEQ	HHSs HCQ SCB ATSIHD
	4.2. In collaboration with key stakeholders review existing resources, identify gaps and issues, and determine the appropriate communication mechanisms to provide women with easy-to-understand local and statewide information on maternity models of care.	Feb 2021	Apr 2021			
	4.3. Develop the proposed statewide and local information and communication mechanisms in consultation with the key stakeholders. *To complement activity 6.3 below and the health transparency/public reporting web site due to be launched April 2021, which includes information on maternity services and models of care available at each facility.* Note: the proposed local information may result in a template identifying content for HHSs to adopt and populate locally.	Apr 2021	Jul 2021			
	4.4. Work with HHSs to develop and publish local information	Jul 2021	Jun 2022			
	4.5. To complement activity 4.1-4.4 and 6.3 below, publish models of care available at each public and private facility via the Inform My Care website	Jun 2020	Apr 2021	Executive Director PSQIS	CEQ	HHSs

Recommendation	Activity	Start date *(estimate)*	End date *(estimate)*	RMIOC lead[8]	Department Lead[9]	Key Collaborators[10]
6. Queensland Health identify and coordinate local and state-wide actions to improve maternal health in rural and remote communities. Remote Aboriginal and Torres Strait Islander communities should be a priority.	6.1. Progress statewide and local initiatives to address the following known risk factors that are amenable to change by HHS staff for pregnant women: • Safer Baby Bundle (SBB) - Reducing smoking • improving access to, and attendance at antenatal visits ○ Quality Improvement payments (QIP) 2019-2020 Antenatal Care for Indigenous Women[13] ○ *Supported by Recommendation 5 as HHS review of maternity services using the planning framework includes antenatal services*.	Jan 2020	Jun 2022	Executive Director PSQIS (SBB) Deputy Director-General ATSIHD (QIP)	CEQ ATSIHD	PD CEQ HPSPD SMNCN SRRCN HWQ
	6.2. Support the implementation of the Growing Deadly Families: Aboriginal and Torres Strait Islander Maternity Services Strategy 2019–2025 (GDF)[14] through collaboration with ATSIHD and key stakeholders	2019	2025	Medical lead, CEQ	CEQ	ATSIHD
	6.3. Optimise the use of KPI measures to enable strategies to improve maternal health	Jun 2019	Jun 2022	Executive Director PSQIS	CEQ	HPSPD
	6.4. Develop online antenatal information and education resources with a focus on improving access for women in rural and remote locations, and for Aboriginal and Torres Strait Islander women	Mar 2020	Dec 2021			ATSIHD QAIHC
7. Ministerial Commitment: $500,000 for rural and remote maternity clinician training and upskilling	7.1. Consultation and collaboration between SMNCN and SRRCN, including survey of network members and other stakeholders to identify issues and possible strategies to address them.	Nov 2019	Dec 2019[15]	SMNCN / SRRCN	CEQ	HPSP
	7.2. Develop pilot for process for use of $500,000 to support rural and remote clinician upskilling and training	Dec 2019	Jan 2020[15]			
	7.3. Implement process	Aug 2020	Oct 2021	Executive Director ORRH	HPSP	CEQ
	7.4. Review process	Oct 2021	Nov 2021			
8. HHSs required to have Ministerial approval for any future planned service changes to rural maternity services.	8.1. Develop a process for HHSs to obtain Ministerial approval for changes to rural maternity services *(Process to be compatible with CSCF assessment and notification process*	Jun 2020	Mar 2021	Executive Director PSQIS	CEQ	HHSs

[13] Administered through the Healthcare Purchasing and System Performance Division https://qheps.health.qld.gov.au/purchasing-performance/healthcare-purchasing/purchasing-funding-specs
[14] Implemented by the Aboriginal and Torres Strait islander Health Division
[15] Completed

5.1. Key partner projects

Table 5 outlines the projects and initiatives that have key roles in the delivery of the recommendations or can be utilised as resources to achieve the implementation of the recommendations.

Table 5 Department of Health activity related to recommendations

Activity	Owner	Involvement with RMIOC	Related Recommendations
Growing Deadly Families Aboriginal and Torres Strait Islander Maternity Services Strategy 2019–2025	ATSIHD	Collaboration. Standing agenda item for updates	1, 2, 3, 4, 5, 6
Rural Health Workforce Framework	SRRCN, CEQ	Standing agenda item for updates	1, 5, 6
Imminent birth	SRRCN, CEQ	Standing agenda item for updates	2, 3, 5
Decision-Making Framework	OCNMO, CEQ	Resource for HHSs - recommendation 5	2, 3, 5, 6
ALICE program https://qheps.health.qld.gov.au/leadership/leadership-development-resources/workshops	CLE, CEQ	Resource for recommendation 3	3, 5
Public Reporting website to include information on maternity models of care available and other Hospital specific information e.g. parking	PSQIS, CEQ	Resource for recommendation 4	4
Models of care and career pathways across the first 1,000 days (Phase 2 commenced 14 Oct 2019)	OCNMO, CEQ	Resource for HHSs	2, 5
Services Capability Matrix to 2026 https://qheps.health.qld.gov.au/spb/the-system-outlook/services-capability-matrix-2026	HPSP	Resource for HHSs	1, 2, 5
Statewide neonatal care plan for QLD https://qheps.health.qld.gov.au/spb/html/ppb_sw_clinic_htlhserv_plan	HPSP	Resource for HHSs	1, 2, 5
Quality Improvement payments 2019–2020 Antenatal Care for Indigenous Women https://qheps.health.qld.gov.au/purchasing-performance/healthcare-purchasing/purchasing-funding-specs	HPSP	Resource for HHSs	5, 6
My Maternity Decisions website / antenatal information and education website to include information on maternity models of care available	PSQIS, CEQ	Resource for consumers and HHSs	4, 6
National Aboriginal and Torres Strait Islander Health Plan 2013–2023 https://www1.health.gov.au/internet/main/publishing.nsf/Content/natsih-plan	Commonwealth	Resource for Department of Health and HHSs	6
Tracking progress against the implementation plan goals for the Aboriginal and Torres Strait Islander Health Plan 2013–2023 https://www.aihw.gov.au/reports/indigenous-health-welfare/tracking-progress-against-ipg-2013-2023/contents/summary	Commonwealth	Resource for Department of Health and HHSs	6

6. Resource management

Suggested resource requirements for implementation of each recommendation and the ministerial commitments is outlined in Table 6.

Table 6 Resource requirements per recommendation and ministerial commitments

Recommendation	Resource	Role
1. System Governance	TBC through business case for Office of Rural and Remote Health	• Support development and implementation of rural and remote health governance framework
2. System/ Statewide Planning	HPSP existing FTE and network reps (CEQ)	• Develop system-wide plan for rural and remote maternity service provision
3. Collaborative culture and teamwork	CEQ existing FTE	• Provide ALICE training to HHSs
4. On-line services guide	CEQ existing FTE	• Develop template and work with HHSs to implement it
5. Planning Framework	CEQ existing FTE	• Develop mechanism to mandate use of Planning framework • Oversee pilot of framework
6. Improve maternal health	TBC by RMIOC leads	• Implement initiatives and activities outlined in Action plan (section 6)
7. $500,000 for training and development	Existing FTE, ORRH	• Develop strategy and coordinate administration of $500,00 ministerial commitment
8. Ministerial approval for service changes	PSQIS existing FTE	• Develop procedure and template for HHSs to obtain Ministerial approval for downgrades or closures of rural maternity services

7. Communication

It is noted that there is strong community and media interest in rural maternity in general and the implementation of the Taskforce recommendations in particular.

Communication of the progress and achievements of the overarching implementation plan will be the responsibility of RMIOC.

Key stakeholders are represented on RMIOC and are asked to seek feedback from their respective areas regarding the implementation plan.

Additional key stakeholders will be represented on relevant working groups for specific recommendations.

Communication plans will be developed for each recommendation. The objectives of the communication plans will be to:

- Ensure stakeholders are aware of the implementation and understand the key impacts, benefits and outcomes.
- Gain and maintain the support of key stakeholders, decision makers and influencers during the implementation.
- Encourage effective communication and feedback from stakeholders.

8. Change management

Change management plans for actions associated with specific recommendations will be developed as required by the Department leads implementing those recommendations.

9. Monitoring, review and evaluation

The progress of the action plan (section 6) will be monitored by RMIOC and reported quarterly to RRHAC. RMIOC leads will provide an update at each quarterly meeting.

Due to the diverse nature of each recommendation and the actions required to implement them, evaluation plans including measures of success will be developed as required for each specific recommendation by the respective Department leads.

Appendix 1 – Rural Maternity Taskforce Recommendations

Recommendation 1

Queensland Health establish clear whole-of-system governance and strategy for rural and remote health services.

Rationale – The current health system funding and performance management model is geared to urban based specialist hospital services, operating efficiently at scale, with a focus on performance measures of emergency department, specialist outpatient and elective surgery waiting lists. Given the very different circumstances of small hospitals, with a generalist medical workforce, limited access to support services, and need for 24/7 operations with a small multi-skilled workforce, specific system governance is required to ensure that the needs of rural communities and providers are carefully considered. A clear whole-of-system governance and strategy for rural health service delivery in Queensland is required that brings together: education and training; workforce; planning, funding and performance management; sustainability; and safety and quality. Ring-fenced funding allocation specifically for rural and remote maternity services should be considered in the health budget.

Recommendation 2

Queensland Health undertake comprehensive system-wide planning of rural maternity service provision. The broad aim should be to strengthen the case for bringing rural maternity services closer to home; strengthen and improve existing CSCF level 2 and 3 services[16], and carefully plan for re-establishment of key level 2 and 3 maternity services in collaboration with local communities.

Rationale – The increasing rates of babies born before arrival (BBA) at hospital, and the relatively high rate of BBA amongst women who live between one and two hours' drive from a maternity service that has caesarean section capability, prompts the need to carefully plan the re-establishment or strengthening of existing level 2 and 3 services. Providing maternity services close to where women live improves outcomes for both the mother and baby; and clinical, social, cultural, spiritual, and financial risks for women, their babies, and their families are reduced. Planning should include consideration of the risks for woman and their families that arise when women travel long distances for maternity services and spend extended periods of time away from their community, usually at a substantial cost to the woman and her family. Clinical risks may be reduced from the health system perspective, but other risks are increased for the woman and her baby.

Recommendation 3

HHSs invest in and promote improved rural maternity service collaborative culture and teamwork as a core to ensure best outcomes for women and babies.

Rationale – Acknowledging the evidence demonstrating the widespread benefits associated with continuity of care, the development of a culture of collaboration, trust and teamwork between doctors, midwives, Aboriginal and Torres Strait Islander health workers and nurses is especially critical in rural settings where emergency specialist support is often hours away. This does not happen by accident. It requires investment in relationships, joint training and education, and shared quality and case reviews, across the network of services including the specialist service; and additional support for inexperienced clinicians. Careful selection, development, and support of medical and midwifery leaders to create this culture is critical to safe outcomes for women, their babies, and the staff providing care. Collaboration with consumers and the community when developing and reviewing services is just as critical for ensuring the service is sustainable and meets the needs of the community.

[16] See Appendix 5 for CSCF maternity service levels descriptions

Recommendation 4

Each HHS (localised for each maternity service) develop an easy-to-understand guide for women, which summarises their local maternity model options. Queensland Health to co-design a template with consumers and service providers.

Rationale – Women universally indicated that they are not provided with information on models of care choices available to them locally or at a referral service; differences in risk with maternal and neonatal factors or service factors; and importantly, what the protocol is if an unforeseen emergency occurs during labour or if service provision changes. Rural maternity services should consider all aspects of maternity care in service delivery, including post-natal care which receives much less attention than it should.

Recommendation 5

Queensland Health mandate HHSs to follow evidence-based framework for decision-makers in assessing and configuring rural maternity services.

Rationale – There is currently little formal guidance for HHS decision makers on how to assess, review and configure rural and remote maternity services. Assessments of safety and risk seem to be narrow, lack transparency and whilst well intentioned, may overstate the risk for women and babies, especially if they are risk screened only for clinical factors. A Rural and Remote Maternity Services Planning Framework is being developed by the Taskforce to support a more evidence based and transparent approach to rural maternity service delivery, taking into account the key issues, criteria, and processes. This framework has been developed by the Taskforce to assist HHSs in planning, evaluating, improving and re-configuring rural and remote maternity services. The framework includes essential steps in engaging with consumers and the local community using a co-design approach. The System Manager should mandate the use of this guide as part of its assurance system.

Recommendation 6

Queensland Health identify and coordinate local and state-wide actions to improve maternal health in rural and remote communities. Remote Aboriginal and Torres Strait Islander communities should be a priority.

Rationale – The data analysis identified poorer outcomes, i.e. stillbirth, neonatal death, or pre-term birth for Aboriginal and Torres Strait Islander families and women living in remote communities.

The taskforce recognises the added challenges of providing services in these communities and that strategies are needed to reduce the prevalence of modifiable risk factors and to improve services. Maternity services must address the psychosocial determinants of health working with a primary healthcare approach that includes overarching Aboriginal and Torres Strait Islander governance to ensure that women feel culturally safe. Strategies will need to be developed to ensure appropriate representation of Aboriginal, Torres Strait Islander, and culturally and linguistically diverse people in the maternity service workforce.

Appendix 2 – Ministerial Commitments

- Funding of $500,000 to trial programs to improve the training, retention and clinical experience of rural maternity clinicians including funding the rotation of rural clinicians through busier hospitals.
- Health services to review each of their rural maternity services using the new evidence-based Rural and Remote Maternity Services Planning Framework within two years in consultation with local clinicians and consumers.
- HHSs required to have Ministerial approval for any future planned service changes to rural maternity services.
- Torres and Cape HHS will re-open birthing services at Weipa Hospital

Appendix 3 – Links with strategies, the Planning Framework and general considerations

Strategies

The following are strategies at the state and national level that relate to one or more of the Taskforce recommendations.

General

Growing Deadly Families Aboriginal and Torres Strait Islander Maternity Services Strategy 2019–2025
https://www.health.qld.gov.au/atsihealth/maternity-services

Health and Wellbeing Strategic Framework 2017 to 2026 – Queensland Health
https://www.health.qld.gov.au/system-governance/strategic-direction/plans/health-wellbeing

Making Tracks towards closing the gap in Queensland
https://www.health.qld.gov.au/atsihealth/close_gap, https://qheps.health.qld.gov.au/atsihb/html/making_tracks

My health, Queensland's future: Advancing health 2026 – Queensland Health
https://www.health.qld.gov.au/system-governance/strategic-direction/plans/vision-strategy

Our Future State – Advancing Queensland's Priorities – Queensland Government
https://www.ourfuture.qld.gov.au/

Workforce

Aboriginal and Torres Strait Islander Health Workforce Strategic Framework – Queensland Health
https://www.health.qld.gov.au/system-governance/strategic-direction/plans/aboriginal-torres-strait-islander-health-workforce

Advancing health service delivery through workforce: A Strategy for Queensland 2017 to 2026
https://www.health.qld.gov.au/system-governance/strategic-direction/plans/health-workforce-strategy

Advancing rural and remote health service delivery through workforce: A strategy for Queensland 2017 to 2020 https://www.health.qld.gov.au/system-governance/strategic-direction/plans/rural-remote-workforce-strategy

Medical Practitioner Workforce Plan for Queensland
https://www.health.qld.gov.au/system-governance/strategic-direction/plans/medical-practitioner-workforce-plan-for-queensland

Queensland Health Workforce Diversity and Inclusion Strategy 2017 to 2022
https://www.health.qld.gov.au/system-governance/strategic-direction/plans/workforce-diversity-inclusion-strategy

Neonatal

Statewide neonatal care plan for Queensland
https://qheps.health.qld.gov.au/spb/html/ppb_sw_clinic_htlhserv_plan
https://qheps.health.qld.gov.au/__data/assets/pdf_file/0023/2380118/neonatal_plan_summary.pdf

National strategies

National Aboriginal and Torres Strait Islander Health Plan (NATSIHP)
https://www.aihw.gov.au/reports/indigenous-health-welfare/tracking-progress-against-ipg-2013-2023/contents/summary

Woman-centred care: Strategic directions for Australian maternity services (2019)
https://www.health.gov.au/resources/publications/woman-centred-care-strategic-directions-for-australian-maternity-services

The Rural and Remote Maternity Services Planning Framework

Table 7 Planning Framework actions and related recommendation actions

Summary of Planning Framework action	Action that relate to Recommendations
Planning Framework Phase 1: Reviewing current rural maternity services	
1. Data collection, collation and analysis, assessing maternity service system risks 1.1. Review the available safety and quality information for each service within the maternity services network. Review health outcomes for women and babies (including breastfeeding, physical health and maternal mental health outcomes). Compare the service outcomes against the National Core Maternity Indicators. 1.2. Determine the rates and trends of babies being born before arrival and imminent births at non-birthing services within the network. 1.3. Review summary results of root cause analyses, Coroner's reports and any other service reviews. 1.4. Review referrals and transfers of women and / or babies with time critical care needs between different facilities within the HHS maternity services network and to services outside the network. Review outcomes in cases where women needed transfer for care. 2. Understand clinical risks of closing or reducing services	**Rec 2: System / statewide planning** *HHSs provide input to statewide planning based on review of their services.* *HHSs engage with stakeholders in the planning and development of services.*
3. Stakeholder engagement with: 3.1. consumers 3.2. community 3.3. Aboriginal and Torres Strait Islander peoples 3.4. Clinicians	**Rec 2: System / statewide planning** *HHSs engage with stakeholders in the planning and development of services.* **Rec 4: on-line service guide** *HHSs develop online guide in collaboration with stakeholders.*
4. Describe clinical governance 4.1. Identify the protocols, procedures and guidelines that document the processes for the referral of women and babies between different facilities within the maternity services network. 4.2. Identify any gaps in protocols and procedures that link services within the HHS maternity network. 4.3. Ensure reciprocity in all communication including feedback of advice or transfer processes as it applies to the woman and or her baby from both the primary and specialised maternity sites' experiences. 4.4. Each facility will have its own clinical governance. This should be described. 4.5. The maternity network as a whole will also have a system of clinical governance with clear lines of accountability and responsibility for the delivery of safe, high-quality care. This should also be described.	**Rec 2: System / statewide planning** *HHSs provide input to statewide planning based on review of their services.* • **Rec 3: Collaborative Culture** • *HHSs develop relationships across services for education and training and improved collaboration between services within a referral network.*

Summary of Planning Framework action	Action that relate to Recommendations
5. Understand the workforce 5.1. How are providers supported to deliver maternity care locally? What could be improved? 5.2. How are workforce training and professional development needs met? What else is required? 5.3. What are the arrangements to ensure the psychological safety of staff working in rural maternity roles? How can arrangements be strengthened?	**Rec 2: System / statewide planning** *HHS identify workforce gaps and challenges that may need to be addressed at a whole of system or statewide level.* **Rec 6: Improved maternal health** *HHSs and Department of Health develop strategies to ensure appropriate representation of Aboriginal and Torres Strait Islander people, and culturally and linguistically diverse people in the maternity service workforce*
6. Share summary of results with stakeholders	
Planning Framework Phase 2: Design or redesign of rural maternity services	
1. Create stakeholder engagement plan 1.1. A steering committee to oversee the review process, with membership consisting of consumers, community representatives, management, clinicians, union representations, Primary Healthcare Network (PHN) reps, GPs, Aboriginal and Torres Strait Islander Community Controlled Health Organisations etc	**Rec 2: System / statewide planning** *HHSs engage with stakeholders in the planning and development of services.*
2. Service design considerations 2.1. Planned births and neonatal care 2.1.1. Work with stakeholders to agree on CSCF levels[17] for maternity and neonatal services of facilities within the HHS. 2.1.2. Linkages between services are important. Service networks rely on effective communication and information sharing, protocols and clinical pathways, and inter-professional relationships to be effective. Work with stakeholders to identify and address service linkage requirements in obstetric and neonatal care. 2.1.3. Work with stakeholders to plan for transitioning the facilities where CSCF role is changing – plan community engagement, clinician engagement, referral and transfer arrangements and workforce support needs.	**Rec 2: System / statewide planning** *HHSs provide input to statewide planning based on review of their services.* **Rec 3: Collaborative Culture** *HHSs develop relationships across services within a referral network to support clinicians to work to their full scope of practice.* **Rec 6: Improved maternal health** *Improved access to maternity, neonatal, and associated health services closer to where women live.*
3. Service network design considerations 3.1. Clinical governance 3.2. Equipment and resources 3.3. Maternity workforce	**Rec 2: System / statewide planning** *HHSs provide input to statewide planning based on review of their services.*
4. Develop woman-centred, safe, sustainable, maternity service	**Rec 6: Improved maternal health** *Improved access to maternity, neonatal, and associated health services closer to where women live.*

[17] See Appendix 5 for CSCF maternity service levels descriptions

General considerations

The following points were provided by attendees at the Maternity Summit in Cairns on 19 June 2019 for consideration in developing the implementation plan:

- Maternity needs to look at care in a holistic way and address long-term health and wellbeing outcomes beyond birth for all children and women.
- Postnatal care needs to extend beyond six weeks post-partum.
- Need continuity of postnatal care in all areas not just rural and remote.
- Postnatal care to include breastfeeding support, pelvic floor support, sexual health support, psychological services, support for trauma and support for partners pre and post-partum.
- Consider the role of linkages between tertiary/quaternary services in providing support/networks for rural and remote facilities.
- Awareness of resource limitations for rural services. Each rural and remote community is different. One system for maternity services will only suit rural and remote services if they use a local implementation plan.
- Clinical Excellence Queensland continue to enhance its role as a corporate leader for the rural maternity network, collaborating with health services to support their implementation of the recommendations.
- Accountability of Queensland Health and each HHS needs to be determined and clearly articulated.
- A statewide supported program of encouraging expertise to travel to rural areas and in turn local clinicians spending time in regional and metro areas to build skills is an important component of the overall approach to building capacity and capability.
- Upskilling should aim to be at a facility within the hub and spoke/referral network e.g. Midwives in Darling Downs HHS prefer to undertake upskilling at Toowoomba, rather than in metropolitan centres such as Melbourne or Brisbane. Toowoomba is preferred as it is closer to home for the midwives and allows the development of a support network for the midwives based in Chinchilla. i.e. they develop a relationship with the midwives in Toowoomba who can provide ongoing support when they relocate to the rural centre.

Appendix 4 – Stakeholders

Stakeholder	Interest /role	Consultation and Engagement strategy
Consumers, with women as the focus.	High Women are the key stakeholders that will be affected by the implementation plan.	Collaborate Representation on Oversight committee and working groups.
Clinicians e.g. midwives, obstetricians, rural generalists, neonatologists, neonatal nurses, nurse practitioners, anaesthesiologists, nurses, senior medical officers, child health nurses, Aboriginal and Torres Strait Islander health workers, allied health	High Providers of maternity services and associated health services.	Collaborate Key clinical areas represented on Oversight Committee: midwifery, obstetrics, neonatology. Representation on relevant working groups.
HHS /representation of all rural HHS.	High Providers of public health services. Key players in implementing the actions of the recommendations	Collaborate Representation on Oversight committee and working groups. Consultation and updates thought the Health Service Chief Executive forums and System Leadership Team meetings
GPs, including GP obstetricians/anaesthetists in rural and remote areas	High Provider of maternity services in collaboration with midwives and obstetricians	Collaborate Representation on Oversight Committee and working groups.
Office of Rural and Remote Health	High Will lead the delivery of actions related to specific recommendations and Ministerial commitments	Collaborate Representation on Oversight Committee and working groups.
Statewide Maternity and Neonatal Clinical Network	High Collaborating with Statewide Rural and Remote Clinical Network to support implementation of aspects of the recommendations	Collaborate Representation on Oversight Committee and working groups.
Statewide Rural and Remote Clinical Network	High Collaborating with Statewide Maternity and Neonatal Clinical Network to support implementation of aspects of the recommendations	Collaborate Representation on Oversight Committee and working groups.
Clinical Excellence Queensland	High to medium Participation in delivering actions related to specific recommendations	Collaborate Representation on Oversight Committee and working groups.
Office of the Chief Nurse and Midwifery Officer	High Participation in delivering actions related to specific recommendations	Collaborate Representation on Oversight Committee and working groups.
Aboriginal and Torres Strait Islander Health Division	High Participation in delivering actions related to specific recommendations	Collaborate Representation on Oversight committee and working groups.
Strategy Policy and Planning Division	High Participation in delivering actions related to specific recommendations	Collaborate Representation on Oversight Committee and working groups.

Stakeholder	Interest /role	Consultation and Engagement strategy
Prevention Division	High Participation in delivering actions related to specific recommendations	Collaborate Representation on Oversight Committee and working groups.
Neonatal retrieval services[18]	High Potential impact on assistance required from rural and remote communities	Collaborate Representation on working groups.
Retrieval Services Queensland (RSQ)[19]	High Potential impact on assistance required from rural and remote communities	Collaborate Representation on working groups.
Queensland Aboriginal and Islander Health Council (QAIHC)	High Participation in delivering actions related to specific recommendations for Aboriginal and Torres Strait Islander health services and people	Collaborate Representation on Growing Deadly Families Oversight Committee and scoping work between QAIHC member services and HHS.
Health Consumers Queensland	High Maternity consumers partnership	Involve Involve in supporting consumer engagement in implementation plan. Observer of the Oversight Committee
Rural and Remote Clinical Support Unit	High May be required to participate in delivering actions related to specific recommendations	Involve Representation on working groups.
Health and Wellbeing Queensland	High May be required to participate in delivering actions related to specific recommendations	Involve Representation on working groups.
Telehealth Emergency Management Support Unit (TEMSU)	Medium May be impacted by the implementation of the recommendations	Consult Consider representation on relevant working groups.
Cunningham Centre	Medium May be impacted by the implementation of the recommendations	Consult. Consider representation on relevant working groups.
QLD Country Practice	Medium Clinicians may be impacted by the implementation of the recommendations	Consult Consider representation on relevant working groups.
Queensland Centre for Perinatal and Infant Mental Health	Medium May be impacted by the implementation of the recommendations	Keep informed Consult/consider representation on relevant working groups.
Strategic Communications	Medium Maternity consumer information being developed by Strategic Communications	Keep informed Consult/consider representation on working party for Recommendation 4.
Colleges (e.g. RACGP, RANZCOG, ACRRM, ACM, CRANA) where appropriate	Medium Clinicians may be impacted by the implementation of the recommendations	Keep informed Consult/consider representation on relevant working groups.
Professional bodies (e.g. RDAQ, RDAA, AMA, QNMU) where appropriate	Medium Clinicians may be impacted by the implementation of the recommendations	Keep informed Consult/consider representation on relevant working groups.

[18] There are two neonatal retrieval services- one based in Brisbane, the other in Townsville
[19] RSQ has an obstetric advisor for South East Queensland

Stakeholder	Interest /role	Consultation and Engagement strategy
Local communities	Medium May be impacted by the implementation of the recommendations	Keep informed. Representation on local working groups.
Local community Elders	Medium May be impacted by the implementation of the recommendations	Keep informed. Representation on local working groups.
Primary Healthcare Networks	Medium May be impacted by the implementation of the recommendations	Keep informed Representation on local working groups.
Aboriginal and Torres Strait Islander Community Controlled Health Organisations	Medium May be impacted by the implementation of the recommendations	Keep informed Representation on local working groups.
Independent/private practice midwives	Medium May be impacted by the implementation of the recommendations	Keep informed Representation on local working groups.
Private obstetricians	Medium May be impacted by the implementation of the recommendations	Keep informed Representation on local working groups.
Researchers	Medium to low May be impacted by the implementation of the recommendations	Keep informed Consider representation on relevant working groups.
Clinical educators	Medium to low May be impacted by the implementation of the recommendations	Keep informed Consider representation on relevant working groups.

Appendix 5 – Clinical Service Capability Framework maternity service levels descriptions

Table 8 CSCF maternity service levels

Level	Service description (abbreviated
1	• Provides community antenatal and postnatal care only. • There are no planned births or maternity inpatient services.
2	• Provides access to antenatal care and inpatient postnatal stay as well as planned births for women of 37 weeks or greater gestation and with no identified risk factors, however, epidurals are not available to labouring women. • Access to functional operating theatre (not necessarily on-site) where birthing services are provided. • If operating theatre on site, may perform elective caesarean section for women at or beyond 39 weeks gestation who have experienced uncomplicated pregnancy.
3	• Provides community and inpatient care for antenatal and postnatal women without identified risk factors, and planned birth care for healthy women with pregnancy of 37 weeks gestation or greater and not expected to have labour or birth complications. • May offer women with relatively low-risk pregnancy and favourable Bishop (cervical assessment) score at term, an induction of labour locally. • May manage women who present in preterm labour at 35 weeks gestation or greater, with otherwise uncomplicated pregnancy, after consulting with higher level maternity and neonatal service. • Can perform elective caesarean section on women at or beyond 39 weeks who have experienced uncomplicated pregnancy.
4	• Provides maternity care for low- and moderate-risk women, but cannot care for women with complex, high-risk conditions. • May provide high risk antenatal clinics as satellite or outreach from higher level service. • Can care for pregnant women at 32 weeks gestation or greater if a continuous positive airway pressure (CPAP) device is accessible on-site for the baby, and the baby is expected to have a birth weight of 1,500 grams or more with no additional risk factors. • If a CPAP device not accessible on-site, the service can plan and deliver care for pregnant women at 34 weeks gestation or greater.
5	• Can provide planned care for women at 29 weeks gestation or greater with babies expected to have a birth weight of 1,000 grams or more, as well as providing a multidisciplinary service with capacity to manage all unexpected pregnancy and neonatal emergency presentations.
6	• Provides all levels of care, including the highest level of complex care for women with serious obstetric and fetal conditions requiring high-level multidisciplinary care.

Detailed information on the CSCF is available on the Queensland Health internet site: www.health.qld.gov.au/clinical-practice/guidelines-procedures/service-delivery/cscf.