

Introduction

The Mackay Hospital and Health Service (MHHS) is committed to making the necessary improvements to Obstetrics and Gynaecology services and maternity care. Much work has already been done to achieve this. The independent investigation's outcomes and actions are an opportunity to further improve our leadership, governance, workforce, communication and our relationship with consumers to ensure every woman's health journey feels safe and is the best it can be. Providing patient-centred care must be at the heart of what we do. The MHHS thanks the women and our staff who participated in the investigation. What they have told us has already contributed to improvements in obstetrics and gynaecology services as well as maternity services. The health service acknowledges this has not been easy and that the experiences shared have been deeply personal and challenging.

Outcomes

The investigation report contains 122 recommendations, accounting for a number of duplicates. Of these recommendations, 47 are already implemented, 37 are agreed to be implemented, 31 agreed in principle to be implemented, and 7 under further consideration following an initial review. The MHHS response is outlined below and further detail in Appendix 1.

Next steps

Over the past ten months we have achieved significant improvements in Obstetrics and Gynaecology services, our Women's Health Unit and maternity care. The health service recognises there is more work to do and has a plan for the future. To progress this, the health service has established an implementation working group which has responsibility to progress the recommendations and continue work already underway.



Appendix 1 - Mackay Hospital and Health Service (MHHS) response to the recommendations

Recommendations	MHHS response
The Investigation Team have been informed by the Mackay Hospital and Health Service that changes have been introduced into Obstetrics and Gynaecology services within the Mackay Hospital and Health Service since the commencement of the Investigation. Notwithstanding this, the Investigation Team make the following recommendations based on findings discovered during the Investigation.	Agreed MHHS has already delivered a number of improvements to both our obstetrics and gynaecological services as well as our maternity care. This work has been across these key areas: new and experienced leadership, revitalised workforce, improving communication for staff and consumers, partnering with consumers and strengthened governance.
The Investigation Team notes that where a timeframe is not stipulated, it is anticipated that these recommendations will be enacted, or be in progress, within 6 months of receipt of this report. Thereafter, the recommendations require regular monitoring for implementation and effectiveness.	Agreed An implementation working group to progress the recommendations and continue the work already underway has been established. MHHS is committed to deliver on the recommendations as priority.
Board Recommendations	
The implementation of the recommendations arising from this Report should be supervised by the Safety and Quality Committee of the Mackay Hospital and Health Service Board.	Agreed The Mackay Hospital and Health Board Safety and Quality Committee will oversight the implementation.
The progress in adoption of the Report's recommendations should be a standing agenda item for the Mackay Hospital and Health Service Board to consider until they are satisfied that all recommendations have been fully implemented. Thereafter, monitoring and measures should be in place and reported to the Board to ensure that the issues identified in this Report are not recurring.	Agreed The Mackay Hospital and Health Board supports this position.
Consumer Focused Recommendations	
Delegate an Obstetrics and Gynaecology Consultant and a Senior Midwife to each carry a portfolio of consumer engagement and to sit on the newly formed Women's Health Consumer, Women's Health Safe Care Committee and Safe Care Committees detailed below.	Agreed in principle Currently recruiting to Senior Medical Officer and Midwifery leadership positions which will carry these portfolios and be part of the existing committee structure (including MHHS Women's Health Clinical Governance and Service Management Committee; Clinical Governance Committee; and Maternity Community Reference Group which includes representation of consumers).



Recommendations	MHHS response
<p>Ensure that the designated Obstetrics and Gynaecology Consultant and Senior Midwife both report directly to the Health Service Chief Executive and the Mackay Hospital and Health Service Board (that latter through the Safety and Quality Committee of the Mackay Hospital and Health Service Board) to champion consumer concerns and engagement, and to ensure relevant consumer matters reach the highest level in the health service. Sufficient time allocation should be allowed to ensure that the Obstetrician and Gynaecology Consultant and Senior Midwife can devote sufficient time to the role.</p>	<p>Under further consideration</p> <p>The designated positions have access to the HSCE and MHHB to champion consumer concerns and the newly implemented High Values Conversation program implemented in April/May 2022 also supports this recommendation.</p>
<p>Establish an improved Women's Health Consumer committee, the Chair of which sits on the newly established Safe Care Committee, to improve consumer engagement strategies by listening to, and partnering with women.</p>	<p>Agreed in principle</p> <p>MHHS Maternity Community Reference Group is attended by the Health Service Chief Executive and a Board Member representative and continues to evolve to ensure consumer engagement strategies are listened to, and genuine partnering is created with women.</p>
<p>Review and modify current systems and approaches to better respond to consumers' complaints in a more meaningful way.</p>	<p>Agreed in principle</p> <p>Improvement in the approach for complaints have been implemented from March 2022 to a more contemporary practice including direct telephone contact with senior midwifery and medical staff with women and families and weekly complaints reviews with senior medical officer and midwifery leaders. The consumer complaints system is standardised across the Hospital and Health Service for consistency.</p> <p>There is a focus on enhancing frontline complaint management 'at the bedside' through education, clear escalation pathways and later review of feedback and complaints at the Women's Health Clinical Governance and Service Management Committee for service wide learnings and improvement actions.</p>
<p>Retire the proforma letter that is currently sent to consumers in response to their feedback and complaints and ensure responses to feedback and complaints are individualised, respecting the unique experience of each complainant.</p>	<p>Already implemented</p> <p>Since November 2021 education and awareness has been provided to ensure the content is more personalised to the women's experience and the responses have been reviewed by the Health Service Chief Executive. The proforma letter has been discontinued.</p>



Recommendations	MHHS response
Commit additional effort and resources to ensuring that consumers are aware of complaints processes and that speaking up by consumers is encouraged.	<p>Agreed</p> <p>Raising consumer awareness of mechanisms to provide feedback about their care has been identified as an action moving forward. This project has commenced, with first steps completed in seeking input from the consumers about the website for feedback and these changes were made in May 2022. These enhancements will continue to develop through the Maternity Co-Design project currently in progress.</p>
In order to better address concerns raised by consumers regarding their care, inform and involve the staff who are the subject of the complaint, to enable them to understand how the care they provided has impacted the women.	<p>Agreed in principle</p> <p>The health service will also ensure the psychological safety of staff members is considered in the process.</p>
Consumers should have the opportunity, if they wish, to discuss their care with the clinical staff who directly provided their care that resulted in an adverse outcome.	<p>Agreed in principle</p> <p>The Queensland Health Clinical and Open disclosure frameworks provide the principles and processes. Since May 2022, the MHHS has improved its approach by providing opportunity for the women to discuss their experience with senior medical and midwifery leaders with the aim of improving the service we provide for women.</p>
Assess the success of improvement in systems and approach to consumers by implementing specifically developed Patient Reported Experience Measures (PREMS), and Patient Reported Outcome Measures (PROMS) and reviewing and auditing the consumer complaints and feedback on a quarterly basis at the Safe Care Committee, Women's Health Consumer Committee and Women's Health Safe Care Committee.	<p>Already implemented</p> <p>The statewide PREMS as well as patient outcome measures are shared and from March 2022, more comprehensively discussed at the MHHS Women's Health Clinical Governance and Service Management Committee and Women's Health Unit Meetings to support opportunities for enhanced care.</p> <p>The new leadership team are also undertaking regular rounding of wards and connecting with patients about their current care experience.</p>
Review the consumer complaints and compliments at the Safe Care Committee's meeting and Women's Health Consumer committee, ensuring that there is a record of the action taken and resolution, before close out of each complaint as an agenda item for the Safe Care Committee and Women's Health Consumer Committee.	<p>Already implemented</p> <p>The approaches have been changed and implemented from May 2022 to ensure a record of the action taken before close out of the complaint and complaints are included as an agenda item and discussed at the MHHS Women's Health Clinical Governance and Service Management Committee and at the Women's Health Unit meetings.</p>



Recommendations	MHHS response
<p>Incorporate into the complaints management process a pathway that allows women who have made a complaint to understand the service improvement action that has been developed as a result of their feedback. This needs to be an open, transparent interprofessional approach with the consumer at the centre of their care and communicated effectively to consumers, staff and relevant community reference groups.</p>	<p>Already implemented</p> <p>The approaches have been changed and implemented from May 2022 to ensure feedback response includes service improvement actions.</p>
<p>Senior obstetric and nursing and midwifery staff are to undertake partnering with consumers training to ensure an appropriate culture is in place for consumers to raise issues or concerns in a supportive way.</p>	<p>Agreed</p> <p>Further training in partnering with consumers will be progressed.</p>
<p>Consider using the information collated by the women's interviews in this report as case studies to inform staff training on partnering with consumers and displaying empathy.</p>	<p>Agreed in principle</p> <p>De-identified case studies will be included in training.</p>
<p>Document reliable and accurate consumer discussions and the informed- consent process in clinical notes to an auditable standard including such details as risks and benefits of proposed surgical procedures, agreed birth plans and plans for when women decline recommended care.</p>	<p>Agreed</p> <p>MHHS is investigating the expansion of its pilot for implementation of audio-visual consent for surgical procedures to obstetrics and gynaecology services to ensure reliable and accurate consumer discussions and informed consent processes are to an auditable standard.</p>
<p>Implement changes to better support women's choices regarding preferences for birth and consider the Normal Birth Guideline to support this.</p>	<p>Already implemented</p> <p>The MHHS agrees with this recommendation and supports the use of a normal birth pathway for all women. This is being further enhanced through education including the <i>Better Births with Consent</i> training, delivered in partnership with the Maternity Consumer Network, scheduled for October 2022.</p>
<p>Utilise the Declining Recommended Care Guidelines when women are, or considering, declining recommended care.</p>	<p>Already implemented</p> <p>The health service has improved the awareness of Declining Care, led by new senior leadership roles.</p> <p>Declining Care pamphlets are available in the antenatal care area and an enhancement for promotion via QR code is well in progress.</p> <p>The <i>Better Births with Consent</i> training for staff is planned for October 2022. This training includes information about health rights.</p>



Recommendations	MHHS response
Open Disclosure should be compliant with the Open Disclosure Framework and Queensland Health policy, including ensuring it is performed as soon as reasonably possible after an adverse outcome or other triggering event. Compliance with this recommendation should be audited annually and the audit outcome reviewed at the Safe Care Committee.	<p>Already implemented</p> <p>MHHS is committed to providing annual training on two types of open disclosure - Consultant Open Disclosure and Staff Open Disclosure. Already 50 staff have undergone open disclosure training this year. Open disclosure supports an open and consistent approach to communicating with patients/consumers, their family, carer and/or support person following an incident. This includes informing about the recommendations and actions taken or planned to prevent recurrence and improve safety and quality of the service. Auditing processes have been established.</p>
Senior obstetric, nursing and midwifery staff should undertake Open Disclosure training to ensure the process is conducted appropriately.	<p>Agreed</p> <p>The training for staff on Consultant Open Disclosure and Staff Open Disclosure will continue in 2022 and 2023 with a focus on obstetric, nursing and midwifery staff participation.</p>
A consultant obstetrician and senior midwife with direct managerial responsibility or who were involved in the woman's care should, with the woman's consent, be present at the Open Disclosure meeting.	<p>Already implemented</p> <p>This process has been enhanced since the appointment of new senior leadership positions in April 2022.</p>
Involve women and their families in the clinical/system review and/or root cause analysis conducted after an adverse outcome, to ensure that all relevant information is obtained and any recommendations are reflective of their lived experience and care within the Mackay Hospital and Health Service.	<p>Agreed</p> <p>Women and families are asked to inform the issues and questions for the review process. They are also offered participation in formal Open Disclosure meeting, after the review, in line with Queensland Health Guidelines.</p>
All consumer and community members working with the Mackay Hospital and Health Service on a strategic level should be remunerated pursuant to the Health Consumers Queensland's rates.	<p>Agreed in principle</p> <p>MHHS has an existing policy, developed locally with consumer group/s for remuneration of consumers. This will be revised together with consumers.</p>
Improving clinical care - Promoting evidence-based practice	
Obstetrics and Gynaecology care for each woman should be overseen by both consultant obstetric and senior midwifery staff, respecting each other's scope of practice and the wishes of the woman.	<p>Agreed</p> <p>MHHS recognises that operating as one team is essential for patient experiences and outcomes.</p>



Recommendations	MHHS response
The Clinical Director of Obstetrics and Gynaecology and senior midwifery leadership team should work collaboratively to review Policies, Procedures and Workplace Based Instructions that underpin Obstetrics and Gynaecology services to ensure they are evidence based, reflective of an interprofessional approach to care, up-to-date, and subject to regular review by the Safe Care Committee.	Agreed
Evidence based, women-centred birthing policies should be developed and ensure that treating staff comply with those policies to an auditable standard, reviewed annually.	Agreed
A policy must be developed to ensure adequate recognition of emerging antenatal risk with a system for triaging women antenatally such they receive consultant obstetric input as required in a timely way. Ensure that treating staff comply with this policy to an auditable standard, reviewed 6 monthly.	Agreed
A policy should be in place that clearly articulates when a woman, whose labour has deviated from normal, according to Queensland Health Normal Birth Guidelines, needs medical review; the policy must be audited 6 monthly, and results review by the Safe Care Committee.	Agreed in principle The MHHS will progress auditing processes through the relevant safety and quality committee (MHHS Women's Health Clinical Governance and Service Management Committee).
A policy should be in place that category-1 Caesarean Sections are only able to be called by a Consultant. This policy must be audited 6 monthly to review outcomes and to identify gaps in safe-service provision.	Agreed Senior clinical leadership has reaffirmed its requirement for this policy to be followed. Auditing will take place to ensure compliance.
Develop strategies and policies to ensure that identified vulnerable women can receive appropriate, safe, acute and ongoing care, for example, by having child safety officers involved in teenage pregnancies on site, and culturally appropriate support for Aboriginal and Torres Strait women.	Already implemented MHHS will continue to work collaboratively with government agencies and the Aboriginal and Torres Strait Islander Health Liaison Service and culturally appropriate midwifery group practice programs to enhance support for vulnerable women.
External professional oversight be put in place from a tertiary hospital, by a senior Obstetrician and Gynaecologist and senior midwife, to contribute to, and oversee, Perinatal and Gynaecological morbidity and mortality review meetings, for a period of 3 years.	Agreed in principle The health service will seek support and a partnership arrangement with a tertiary hospital.



Recommendations	MHHS response
<p>Consultant gynaecology care should be organised using the Royal College of Gynaecology (RCOG), Gynaecology care standards as a reference document, suitably adjusted for healthcare provision within the Mackay Hospital and Health Service. This should be developed to an auditable standard and regular audits carried out annually by various staff and presented to the Safe Care Committee.</p>	<p>Agreed in principle The standards in Australia are set by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG).</p>
<p>The Mackay Hospital and Health Service develops systems that ensure women referred with abnormal cervical screening are triaged according to current guidelines. This should be developed to an auditable standard and an annual audit carried out.</p>	<p>Already implemented MHHS has conducted a clinical audit of gynaecology referrals and wait lists completed by June 2022 and will be ongoing.</p>
<p>Following Hysterectomy by whichever route, a cystoscopy must be performed at the conclusion of the procedure to determine patency of both ureters and bladder integrity. This should be developed to an auditable standard and an annual audit completed and presented to the Safe Care Committee.</p>	<p>Under further consideration The health service will implement best practice guidelines.</p>
<p>The Consultant designated on call for a 24-hour shift to cover Birth Suite and acute Gynaecology admissions and triage gynaecology referrals during the day should have no other rostered duties during that shift.</p>	<p>Agreed in principle MHHS agrees this is the desired position to be achieved. This will likely require consideration of additional medical resources.</p>
<p>Develop a failsafe call in system for Category 1 Caesarean Section, co-ordinated through the hospital switchboard, which notifies appropriate personnel, for example, the on-call obstetrician, anaesthetist, paediatrician, operating theatre manager and wardsman in the event of a Category 1 Caesarean Section being called.</p>	<p>Already implemented A protocol has been developed that notifies all of the appropriate clinical staff of a Category 1 Caesarean section.</p>
<p>Review all emergency caesarean-section cases and cases of trial of operative birth in operating theatre the following day at the morning inter-professional Clinical handover meeting supervised by the duty consultant in Obstetricians and Gynaecology to ensure the indication and clinical decisions made about the need for emergency caesarean-sections are documented in i-eMR and are valid.</p>	<p>Already implemented The Clinical Midwife Consultant reviews all inductions of labour and emergency caesarean-sections with the senior doctor (Consultant) and are discussed at clinical handover meetings.</p>
<p>The on-call consultant must review the proposed inductions of labour for the following days and triage these with the Nursing Unit Manager, Birth Suite.</p>	<p>Agreed</p>



Recommendations	MHHS response
<p>Management and review of all perinatal deaths must be led by consultant obstetric and senior midwifery staff. This includes the requirement that all perinatal deaths should be classified using the Perinatal Society of Australia and New Zealand guidelines discussed at an inter-professional perinatal meeting according to an agreed template.</p>	<p>Already implemented</p> <p>The health service has renewed the Obstetrics and Gynaecology safety and quality monthly meetings (known as Mortality and Morbidity meetings from January 2022 to contribute to improved clinical quality and patient safety through clinician led reviews and critical analysis of outcomes of care including compliance with policies and procedures.</p>
<p>Every mother who suffers a perinatal death must have a dedicated de-brief with the Consultant Obstetrician and senior midwife involved in her care within 3 months of the perinatal death. The debrief is to be documented and placed in the medical record.</p>	<p>Agreed in principle</p> <p>MHHS recognises the need to support bereaved women and families. The service will follow the statewide guideline, with attendees determined based on each individual case.</p>
<p>A level 6 midwife who is trained in bereavement services carry the portfolio of perinatal bereavement to ensure women who suffer perinatal loss receive comprehensive, woman centred care. Care needs to be led by Consultant obstetric and senior midwifery staff.</p>	<p>Already implemented</p> <p>MHHS has assigned a portfolio for level 6 midwives trained in bereavement services from July 2022.</p> <p>The health service is also conducting multidisciplinary team education on available bereavement services with the health service including social workers and support from midwives.</p>
<p>The three Midwifery models of care in place (including the Birth Centre model) should be reviewed using co design principals to ensure consumer needs are met within a safe governance framework and reviewed by both the Safe Care and women's Health Consumer committees prior to adoption.</p>	<p>Agreed in principle</p> <p>A Maternity Co-Design Project supported by the MHHS Maternity Community Reference Group is in progress in partnership with maternity consumers, staff from all facilities, and healthcare partners.</p>
<p>Establish a project team using co-design principles to consider the return of birthing services to Bowen Hospital at its current clinical services capability using the Australian Rural Birthing Index tool. Consumers and key stakeholders from the community should have the opportunity to make an equal contribution to this group recognising the principles of partnership working. In undertaking this project, engage with similar hospitals who have been able to return birthing services such as Beaudesert Hospital, to establish learnings.</p>	<p>Under further consideration</p> <p>A review was completed in March 2020 in accordance with the Statewide Rural Maternity Services Planning Framework, in partnership with Clinical Excellence Queensland.</p>



Recommendations	MHHS response
Strengthening governance / Improving communication	
Establish a Safe Care Committee with representatives from Mackay Base Hospital, Proserpine Hospital and Bowen Hospital in a hub and spoke model to meet monthly virtually, as per proposed Terms of Reference, to monitor the quality and safety of Women's Health care.	Agreed in principle MHHS Maternity Clinical Governance Committee has been revitalised from March 2022.
Stipulate that junior medical staff and midwives booking inductions have Consultant approval for the booking. This process should be audited every six-months.	Agreed MHHS agrees for senior doctors (Consultants) to review bookings for induction of labour and are progressing auditing arrangements.
The on-call Consultant consult each day at a designated time with the junior doctor consulting with patients in the Early Pregnancy Assessment Unit to determine appropriate management for each patient.	Already implemented MHHS has progressed improvements through senior doctor (Consultant) led timely assessments and early intervention within the Maternity Day Assessment Unit.
Roster a designated on-call Obstetrics and Gynaecology consultant each day for Mackay Base Hospital, whose sole responsibilities are supervision and management of birth suite, assessment and treatment of acute gynaecology admissions and triaging of incoming outpatient gynaecology referrals using appropriate guidelines.	Agreed in principle MHHS supports this recommendation acknowledging additional resources would be required.
Undertake inter-professional clinical handover at Mackay Base Hospital at least twice daily, for example at 0800 and 2000. Inter-professional clinical handover must be Consultant led, by the rostered Consultant on call for Birth Suite that day and night.	Already implemented A standardised approach to obstetrics and gynaecology and maternity handovers which is led by the Senior Doctor (Consultant) has been implemented from May 2022.
Handover must be inter-professional with the Consultant on-call, the incoming and outgoing Registrar or Principal House Officer, Resident Medical Officer, and Birth Suite midwifery team leader attending. Others should attend where possible, for example, the anaesthetist or Registrar on call for birth suite and paediatric consultant or registrar on call for Birth suite.	Already implemented A standardised approach to obstetrics and gynaecology and maternity handovers has been implemented from May 2022.
Handover must be held in a private, designated, space proximate to acute care areas, and away from public scrutiny.	Agreed in principle The health service has improved its handover approaches in compliance with the National Safety and Quality Health Service Standard 6 - Clinical Handover. This includes one part of handover which occurs at the bedside with the patient and the other in a confidential setting.



Recommendations	MHHS response
Handover attendance should take precedence over all other clinical duties, except in critically acute situations.	<p>Already implemented</p> <p>The new leadership team has championed priority handover participation for all staff with a concerted focus from May 2022.</p>
Handover should follow the situation, background, assessment and recommendation (SBAR) format.	<p>Already implemented</p> <p>A standardised approach to obstetrics and gynaecology and maternity handovers including SBAR has been implemented from May 2022.</p>
Consideration should be given to have a written continuously updated handover sheet outlining each patient, printed for handover attendees. Clinical handover sheets should be archived on a designated computer drive for future reference.	<p>Agreed in principle</p> <p>The health service is investigating options for an electronic handover system.</p>
Clinical handover should be used to identify cases that may need to be entered into the RiskMan system or which require other review, such as in a Morbidity or Mortality review. Accountability with this rests with the Clinical Director and Midwifery Birth Suite lead. A designated representative of the handover team should accept responsibility for entering into RiskMan or taking steps to initiate review.	<p>Already implemented</p> <p>The Clinical Midwife Consultant recruited in March 2022 undertakes this process.</p>
Strengthening leadership	
Promote contemporary evidenced based practice in leadership by partnering with Clinical Excellence Queensland in instituting a clinical leadership development program.	<p>Already implemented</p> <p>Senior midwives are currently participating in the Clinical Excellence Leadership program and future opportunities will be available ongoing.</p>
Review and where necessary, amend the position descriptions for the Executive Director Nursing and Midwifery, Executive Director Medical Services, Executive Director of Operations and Director of Operations stream 2 to ensure contemporary evidenced based practice in leadership is reflected.	<p>Agreed</p>
Monitor the effectiveness of clinical and operational leadership at organisational and departmental level using the Mackay Hospital and Health Service performance review policy. This should be performed regularly, incorporate follow up on agreed actions and this be documented.	<p>Already implemented</p> <p>The process has been revitalised by new senior leadership roles to ensure the Performance, Planning and Development agreements and performance monitoring is conducted, with a concentrated focus taken from March 2022.</p>
Ensure that Professional development Plans have a specific performance objective designed to measure contribution to leading the re-establishment of safe woman centred care and trust in Obstetrics and Gynaecology and services.	<p>Agreed</p>



Recommendations	MHHS response
Medical leadership	
<p>Attract senior specialist support from tertiary hospitals to have practitioners onsite from tertiary hospitals intermittently to expand and support Obstetrics and Gynaecology services offered locally. These practitioners can fulfill the role of clinical coaches for the Mackay Base Hospital Obstetrics and Gynaecology staff and provide means of mentoring and oversight.</p>	<p>Agreed in principle</p> <hr/> <p>This is currently under development and will require statewide support and funding to implement.</p>
<p>Examine the format of the Mackay Hospital and Health Service Clinical Directors meeting. Ensure there is an agenda item that focuses on quality and safety where cross referencing and communication between departments can be encouraged. For example, an increased number of women from Women's Health Unit being transferred to the Intensive Care Unit, or an increased number of women returning to theatre following routine surgery could be discussed and analysed for trends. The Executive Director Medical Services should lead this initiative.</p>	<p>Already implemented</p> <hr/> <p>The format of the Clinical Directors meeting has been reviewed with a focus on cross-speciality communication and learnings.</p>
<p>Establish the Clinical Director of Obstetrics and Gynaecology in a defined leadership role, as professional head of the Obstetrics and Gynaecology service, with a defined job description linked to an annual performance review.</p>	<p>Already implemented</p> <hr/> <p>The role and job description has been created and permanent recruitment is in progress.</p>
<p>The Clinical Director of Obstetrics and Gynaecology should have excellent State and National knowledge and connections including Royal Australian and New Zealand College of Obstetricians and Gynaecologists training requirements and guidelines, sit on the Queensland Maternity and Neonatal Clinical Network, contribute to the work of other bodies such as the Queensland Maternal and Perinatal Quality Council, Retrieval Services Queensland and other appropriate bodies.</p>	<p>Already implemented</p> <hr/> <p>MHHS has appointed an interim Clinical Director with the desired knowledge and clinical network. A permanent recruitment process is also well underway.</p>



Recommendations	MHHS response
<p>When recruiting to the position of Clinical Director of Obstetrics and Gynaecology, the Mackay Hospital and Health Service should adopt positive recruitment processes to incentivise and attract a strong field. The recruitment panel should include lead clinical and administration staff, a Royal Australian and New Zealand College of Obstetricians and Gynaecologists external representative, a James Cook University Medical School representative, a senior midwife and a consumer representative. All referee checks should be closely followed up by the lead clinician prior to making an offer of appointment.</p>	<p>Agreed in principle</p> <hr/> <p>MHHS has adopted positive recruitment process which follows Queensland Health guidelines and supports participation by a consumer representative and may include options for any university representation.</p>
<p>On appointment, the Clinical Director of Obstetrics and Gynaecology should work collaboratively with the Senior Medical Officer team to review role descriptions and define Obstetrics and Gynaecology leadership roles for other Obstetrics and Gynaecology consultants. Each consultant should have a defined portfolio area linked to key performance objectives. Performance should be monitored closely as per the Mackay Hospital and Health Service policy and should include a 360-degree performance review at least bi-annually.</p>	<p>Agreed</p>
<p>Each Obstetrics and Gynaecology post and portfolio should have a defined job description linked to an annual performance review. Designated clinical portfolios for each consultant Obstetrics and Gynaecology working at Mackay Base Hospital must include:</p> <ul style="list-style-type: none"> (a) Education and Training; (b) Safety, Quality and Audit; (c) Perinatal, Maternal and Gynaecological Morbidity and Mortality; (d) Resident Doctor management; and (e) Consumer Engagement 	<p>Agreed</p>
<p>When a new specialist in Obstetrics and Gynaecology is credentialed and employed within the Mackay Hospital and Health Service for the first time, an external Royal Australian and New Zealand College of Obstetricians and Gynaecology representative, James Cook University Medical School representative and a senior midwifery representative should be on the interview panel.</p>	<p>Agreed in principle</p> <hr/> <p>Recruitment including credentialling follows Queensland Health guidelines. Panel members include a RANZCOG and senior midwifery representation.</p>



Recommendations	MHHS response
Nursing Midwifery leadership	
<p>A stable, skilled Midwifery leadership team needs to be developed that takes accountability for staffing, skill mix, communication, providing respectful collaborative woman centred care, continuing professional development and mentoring, supporting junior staff, and working to change the workplace culture. This should be made clear in job descriptions and be subject to performance review against these criteria. The following recommendations provide the foundations necessary to begin the changes needed.</p>	<p>Already implemented</p> <hr/> <p>MHHS has invested in new senior leadership roles including Service Director – Women’s Health and undertaken permanent recruitment of Midwifery Educator, Clinical Midwife Consultant and Clinical Facilitator roles to strengthen clinical supervision, education and training.</p>
<p>The Mackay Hospital and Health Service should work with external advisors (e.g. Director of Midwifery Department of Queensland Health) to develop a role description for a level 10 Director of Midwifery. Use peer network and positive recruitment strategies to attract a strong field to this role. As part of the recruitment process for this role, the interview panel should include an external contemporary midwifery leader, the Obstetrics and Gynaecology Clinical Director and a consumer representative.</p>	<p>Already implemented</p> <hr/> <p>The new position of Director of Nursing and Midwifery of Women’s Services was established and recruited to in July 2022 to support accountability, a greater safety culture and oversight of all teams.</p>
<p>Review and where necessary amend the position descriptions for the level 7 leadership roles within the Women’s Health Unit at Mackay Base Hospital. Monitor performance using the Mackay Hospital and Health Service performance review policy guidelines with a specific focus on their contribution to leading the re-establishment of safe woman centred care and trust in obstetrics and gynaecology services.</p>	<p>Already implemented</p> <hr/> <p>The position descriptions for Grade 7 leadership roles have been reviewed prior to recruitment in early 2022.</p>
<p>Senior midwifery staff are to address training deficits and safety concerns within current and future Midwifery staffing to improve patient safety, stress, and morale within the Women’s Health Unit and to ensure staff are competent to rotate into all areas of Obstetrics and Gynaecology care.</p>	<p>Already implemented</p> <hr/> <p>The Permanent recruitment of Midwifery Educator, Clinical Midwife Consultant and Clinical Facilitator roles in March 2022 has enabled working with all midwives supporting their practice.</p>



Recommendations	MHHS response
Develop portfolio areas for level six midwives – use the Performance and Development process effectively to identify and support emerging leaders within the organisation. Provide opportunities for midwives and nurses within the Mackay Hospital and Health Service Obstetrics and Gynaecology services to gain leadership experience in a supported way to grow confidence and build leadership potential from within.	Already implemented All grade 6 midwives have been assigned portfolios since July 2022, following recruitment of positions.
Improving workplace culture and team harmony	
Adopt and implement the organisational values in all aspects of clinical practice, team collaboration and education and training. Organisational values should be central and visible to all aspects of operation in the Mackay Hospital and Health Service.	Already implemented The new leadership team has focused on making organisational values of Collaboration, Trust, Respect and Teamwork central and visible. Staff are encouraged to share examples of these values in meetings and form part of recruitment processes.
Strategies should be introduced, with adequate measurable outcomes and monitoring, to assess individual and unit adherence to the organisational values. Consideration should be given to recruiting external facilitators to begin some foundational work to embed the values into care and professional communication and behaviour. This should include an increased focus on individual accountability, and recognition of the professional and ethical requirements to speak up for safety.	Agreed
The Mackay Hospital and Health Service Obstetrics and Gynaecology service implements a clinical team structure based on the following design principles: (a) Inter-professional patient care delivered by defined clinical teams; and (b) Distribution of Obstetrics and Gynaecology and midwives specialist portfolio roles and special interests including teaching and research across the team(s).	Agreed in principle MHHS supports a team care approach and aims to progress with recruitment of additional clinical roles. The outcomes from the Maternity Co-Design Project will also inform this recommendation.
Structure the Obstetrics and Gynaecology service in 4 teams, each one headed by an Obstetrics and Gynaecology Consultant to ensure clinical continuity and accountability for patients allocated to those teams.	Agreed in principle MHHS supports a team care approach and aims to progress with recruitment of additional clinical roles.



Recommendations	MHHS response
Define and assign a range of portfolio roles with defined areas of individual and where appropriate joint responsibility and accountability. These roles should be distributed equitably across the Obstetrics and Gynaecology and midwifery parts of the service to encourage shared working and build professional relationships, trust, and respect.	Already implemented Senior clinicians have been reassigned portfolios following recruitment of those senior positions from February 2022 onwards.
Develop a new Department Manual that clearly sets out for all Department members, both medical and midwifery staff, 'the way we do things around here' based on the service's vision, values, and goals for excellence.	Under further consideration MHHS adopts Queensland Health guidelines and uses best practice evidence guidelines to ensure patient safety.
Strengthening safety and quality mechanisms	
Incident reporting and review	
The Clinical Director Obstetrics and Gynaecology and the Clinical Midwife Consultant should work with the clinical safety team to develop clear guidance for staff defining which clinical scenarios/incidents should be reported in the RiskMan system.	Already implemented The permanent recruitment of the Clinical Midwife Consultant in March 2022, has enabled this work to progress in partnership with the patient safety team to improve use of RiskMan in accordance with Best Practice Guide to Clinical Incident Management. This work also ensures RiskMan is utilised mechanism to review patient safety and quality of care and is used as an opportunity for continuous improvement.
Training should commence for all staff to raise awareness of incident definition and reporting requirements and ensure individual practitioners understand how to use the RiskMan reporting system.	Already implemented Education sessions in incident identification and RiskMan reporting were conducted in July and August 2022.
Measures are put in place to ensure incidents delineated at clinical handovers are entered in the RiskMan system and conduct spot audits on this every 6 months.	Agreed
A named person must take responsibility for collating the information derived from clinical incident reporting and review to identify learnings, develop education strategies where appropriate and disseminate feedback to all staff to ensure the loop is closed.	Already implemented The permanent recruitment of the Clinical Midwife Consultant in March 2022 supports this process.
All Root Cause Analysis/Human Error and Patient Safety analysis recommendations must be actioned and closed within 6 months of the receipt of the report.	Agreed



Recommendations	MHHS response
Review the findings from the Improving Safety Through Education and Training; Report by the Commission on Education and Training for Patient Safety and audit the Mackay Hospital and Health Service practice against these recommendations where applicable to the Queensland context.	Under further consideration The Report will need to be assessed to ensure relevance to a regional Australian health service context
Clinical Audit	
All hospitals within the Mackay Hospital and Health Service should develop a series of annually performed inter-professionally developed audits in conjunction with the Safety and Quality team focusing on key areas of practice such as adherence to published clinical guidelines for Continuous Intrapartum Fetal Surveillance, induction of labour, labour management, referral /escalation of care and review of critical incidents e.g. unexpected admission of a term baby to the Special Care Nursery, unexpected admission of a mother to the Intensive Care Unit, blood transfusion for post-partum haemorrhage.	Already implemented Implemented in April 2022 and will continue to further refine and develop the audit and review process.
Mackay Base Hospital should carry out a six-monthly clinical audit about the indications, clinical documentation and outcomes of emergency caesarean-section and present it for discussion at the Safe Care Committee meeting.	Agreed in principle The Obstetrics and Gynaecology safety and quality monthly meetings (known as Mortality and Morbidity meetings) have been renewed since January 2022 and include review of emergency caesarean-section decisions and outcomes
Addressing staff shortages	
Commission an independent assessment of service profile needs to establish the correct nursing and midwifery staffing profile required to deliver safe sustainable nursing and midwifery services within Mackay Base Hospital using the following staffing ratios: allowing for 1:1 care during labour and birth, one midwife to 4 postnatal patients and 1 neonatally trained midwife to 2 cots in the Special Care Nursery, if those babies are on continuous positive airway pressure (CPAP), ventilated, or are otherwise unstable; or 1 midwife to 4 cots if the babies are stable.	Agreed
Recruitment and re-training policies are implemented or updated such that employed midwives can work across a complete midwifery scope of practice (antenatal, intrapartum, postnatal and the Special Care Nursery) when required	Already implemented Permanent recruitment of Midwifery Educator in March 2022 has enabled and supported the implementation and updating of recruitment and re-training policies.



Recommendations	MHHS response
Explore utilising private obstetricians who work in Mackay as Visiting Medical Officers, to supplement the staff specialist Obstetrics and Gynaecology workforce shortage and to facilitate equitable rostering.	Already implemented MHHS is working in partnership with local private obstetricians who regularly provide services and support MHHS.
Undertake an urgent recruitment process to fill gaps in consultant obstetrician staffing, identifying any barriers to recruitment and addressing those barriers.	Agreed
Develop and sustain a casual 'on call' pool of midwives who will be available to help in times of peak demand, identifying any barriers to recruitment and addressing those barriers.	Already implemented The casual 'on call' pool of midwives has been established from July 2022 and recruitment is ongoing.
Introduce longer term measures to attract, recruit, retain and sustain the nursing and midwifery workforce.	Agreed Longer-term workforce initiatives are to be progressed including a 'grow our own' solution to midwife shortages and offering advance skills courses so midwives are working to their full scope of practice; that is to the full extent of their competencies, knowledge and skills, and that they are educated, competent and authorised to perform.
Develop an implementation plan to provide clinical supervision as per the Queensland Health supervision framework for nurses and midwives. Within 12 months ensure all nurses and midwives within the Women's Health Unit have access to reflective supervision on a regular basis.	Agreed in principle MHHS will make arrangements for support from a partner tertiary hospital.
Improving the clinical environment	
Co-locate Butterfly Room so it is not within birthing suite.	Agreed in principle Future infrastructure planning will consider this.
Establish a private space for women who have experienced pregnancy loss to return for consultation and debriefing in relation to the loss.	Agreed
Undertake a clinical need/clinical risk/clinical benefit analysis with consumer input to determine the best place to provide continuing and post-operative care for women who have undergone gynaecological surgery comparing the Women's health Unit with the General Surgical Unit.	Agreed
Ensure future building plans place birthing services within an approximately 5-minute transfer window to operating theatre space.	Agreed in principle Future infrastructure planning will consider this.
Ensure future building plans include consumer input in the design and location of women's health facilities.	Agreed



Recommendations	MHHS response
Maintain the stand-alone Birth Centre space within any future Hospital build.	Under further consideration Future infrastructure planning will consider this.
Allocate space to midwives working in Continuity of Care models where they can see women and manage their administrative duties associated with caseload care. If sufficient suitable space is not available within the hospital, it may be necessary to consider off site tenancy agreements.	Agreed
Education training and research	
Implement empathy ongoing training for all staff within the Mackay Hospital and Health Service. Consider the use of women's experiences in this report to inform that education and training.	Agreed As a first step, <i>Better Births with Consent</i> Training is scheduled for October 2022. Further training is to be developed.
Increase the Midwifery educator Full Time Equivalent to a fulltime position and provide a level 6 clinical facilitator to support midwifery students and junior midwives.	Already implemented A Midwifery Educator was appointed in March 2022 to support midwifery students and junior midwives and nursing staff.
Consultants in Obstetrics and Gynaecology at Mackay Base Hospital should attend an accredited operative vaginal birth workshop within 6 months of delivery of this report to the Mackay Hospital and Health Service and thereafter should occur for any new consultants.	Agreed in principle MHHS supports participation in the accredited workshops and the individual medical officer's skills, experience and training are assessed as part of the credentialling process.
All staff providing Obstetric care should receive formal training via Royal and Australian and New Zealand College of Obstetricians and Gynaecologists Intrapartum Fetal Surveillance Education Program. This should occur bi-annually, with access to the On-Line program at least annually.	Already implemented The new leadership has championed active participation in the education program since December 2021.
Fortnightly interprofessional case discussion meetings should occur between medical and midwifery staff that should include: review of relevant cases identified at clinical handover especially those where Cardiotocography (CTG) interpretation was difficult.	Agreed in principle Interprofessional case discussion meetings have been revitalised with education sessions twice weekly from March 2022 and will continue to be developed with permanent medical leadership recruitment.



Recommendations	MHHS response
<p>Consultant obstetricians and senior midwives should determine the cases for presentation at the fortnightly interprofessional case discussion meetings and a Registrar, Principal House Officer or midwife nominated to present the case, detailing learning points. Coordination should come under the purview of the level 7 nursing/midwifery educator position supported by the Clinical Nurse/Midwife consultant and Staff Obstetrics and Gynaecology carrying the Education and Training portfolio.</p>	<p>Agreed in principle</p> <p>The recruitment of Midwifery Educator and the Clinical Midwife Consultant roles in March 2022 have progressed the interprofessional case discussions at the relevant safety and quality meetings for the service.</p>
<p>Staff attending external educational meetings and conferences, or State Clinical Guidelines meetings should present a summary of the key findings and learnings relevant to the Women's Health Unit at the fortnightly meetings within 2 months of attending.</p>	<p>Agreed in principle</p> <p>The staff attending courses will present a summary to the relevant Women's Health Unit meeting as soon as practicable following attendance.</p>
<p>Convene and run an interprofessional obstetric emergency management course every 3-4 months, with all staff providing obstetric care with all staff attending at least 1 course in a two-year period.</p>	<p>Already implemented</p> <p>The <i>Maternity Emergency Program</i>, a Statewide interprofessional obstetric emergency management course has been introduced from July 2022.</p>
<p>The interprofessional obstetric emergency management course must be run by an obstetrician and midwifery educator who should be present throughout the course.</p>	<p>Already implemented</p> <p>The recruitment of Midwifery Educator, Clinical Midwife Consultant and Clinical Facilitator roles in March 2022 supports the delivery of and participation in the interprofessional obstetric emergency management course.</p>
<p>Develop a dashboard to monitor improvement in various clinical outcomes following interprofessional obstetric emergency management course education.</p>	<p>Agreed</p> <p>MHHS has leveraged the use of its digital hospital capability to provide real-time patient status information and data to clinicians from June 2022. The existing maternity clinical dashboard is being enhanced to provide real-time visibility of patients will enhance provision of safe care.</p> <p>There is also increased opportunity for participation by staff in the <i>Maternity Emergency Program</i>, a Statewide interprofessional obstetric emergency management course from July 2022.</p>
<p>The Mackay Hospital and Health Service should partner with a tertiary provider to build strong links to support midwifery education and research.</p>	<p>Agreed</p>



Recommendations	MHHS response
<p>The Mackay Hospital and Health Service should work towards restoring Royal Australia and New Zealand College of Obstetricians and Gynaecologists Training status as soon as possible and should ensure that at least three of the staff consultant Obstetricians are accredited Royal Australian and New Zealand College of Obstetricians and Gynaecologists Training Supervisors and, if not, they must undertake the training for this role this year.</p>	<p>Agreed</p> <p>Restoration of MHHS's accreditation through the RANZCOG is underway.</p>
<p>At least one of the Obstetrics and Gynaecology Consultants should be an accredited Royal Australian and New Zealand College of Obstetricians and Gynaecologists examiner and a nominated person should apply this year.</p>	<p>Agreed in principle</p> <p>Subject to acceptance by individual Consultant.</p>
<p>The new Clinical Director of Obstetrics and Gynaecology should apply to Royal Australian and New Zealand College of Obstetricians and Gynaecologists for re- accreditation for training within 6 months of the receipt of this report with a view to having trainees on site during the 2024 training year.</p>	<p>Already implemented</p> <p>Restoration of MHHS's re-accreditation through the RANZCOG is underway with a site visit conducted in September 2022. This re-accreditation will provide the community with a high degree of assurance that there is appropriate training and supervision for all doctors who are on the pathway to become obstetrics and gynaecology consultants.</p>
<p>The new Clinical Director of Obstetrics and Gynaecology should aim to appoint a Senior Registrar in Obstetrics and Gynaecology for the 2024 training year.</p>	<p>Agreed</p>
<p>Accreditation should be sought from the Royal Australian and New Zealand College of Obstetricians and Gynaecologists for 2 Integrated Training Program Registrars at level 3 or 4 when the above recommendations are met. Consideration should be given to having a senior registrar appointed.</p>	<p>Agreed</p>
<p>No first year Registrars should be appointed at Mackay for at least the next 3 years.</p>	<p>Under further consideration</p> <p>Training positions and appointment will be agreed with the RANZCOG.</p>

Recommendations	MHHS response
Accreditation should be sought from the Royal Australian and New Zealand College of Obstetricians and Gynaecologists for 2 Principal House Officers per year to undergo the Diploma of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists Advanced training.	Agreed
Clinical teaching should be provided during each handover with a management plan clearly documented for each patient, with reference to evidence based practice Guidelines.	Already implemented The new clinical leadership has established a standardised approach from June 2022 to obstetrics and gynaecology and maternity handovers and information sharing has now been embedded to ensure good information sharing between clinicians. An education and training session is now also conducted by the medical clinical leaders prior to morning handover processes.
Establish a Microsoft Teams site for Women's Health Care Education within 6 months of receipt of this report.	Already implemented The Microsoft Teams site has been established in July 2022 with access for all midwives across the MHHS.
Gynaecology and Perinatal Morbidity and mortality meetings are to be run quarterly as per the guidelines provided.	Already implemented The Obstetrics and Gynaecology safety and quality monthly meetings (known as Mortality and Morbidity meetings) have been renewed since January 2022.

Response legend:

Agreed	Recommendation is agreed to be implemented
Agreed in principle	Recommendation agreed in principle to be implemented, subject to further consideration and work
Already implemented	Recommendation has already been implemented
Under further consideration	Recommendation requires further consideration before it can be progressed as either agreed, agreed in principle or not agreed

