Process for iCBR and MPX to discuss

What is fixed?

What is flexible?

What will we co-design together? How do we separate groups yet share feedback.

Governance process internal and external

Closing out each time – approved by iCBR and CHS.

Operational v's infrastructure

Roles and responsibilities

Birth Centre Stakeholder Matrix

Stakeholder/Group	**Consultation method**	**Proposed outcome**	**Risk/influencers**
Clinical and workforce - CHS staff and midwives - Community midwives (HOW?)	SD PUG sessions	Model of care Workable layouts	Operational design differs from consumer led design
Consumers and Community - Recent birth parents - Maternity in Focus Consumer Group - Birthing with Country Consumer Group - CALD community via HCCA New Beginnings Group - LGBTQIA+ community - Other?	3 initial planning sessions presenting and verifying the direction from the SD PUGs with these groups. A listening report to be issue after each including outstanding decisions register. 1. Maternity in Focus Consumers	Verifying, adding or aligning consumer needs over the SD designs from clinicians. Developing themes, issues, cultural requirements and design requirements.	Co-hosted workshops by CHS and design team to capture infrastructure and model of care outcomes for groups 1 &2. Group 3 will require a smaller session.

	2. Birthing with Country Consumers **3.** Multicultural Consumers **4.** Other TBD. Presentation of design outcomes to these groups 1-2 times following the initial session to close out.		
Key stakeholder groups - Unions - Industry groups - Education and research providers - Government - Media	Presentation and input from key influencers outlining what we have heard in the design process and how this can be integrated into eh design. Government briefs Media/Social media opportunities	Awareness and transparency about what can be achieved.	