CSCF

Fact sheet 3 – Core components

The Clinical Services Capability Framework (CSCF) for public and licensed private health facilities has been developed to provide minimum capability criteria for service planning and delivery. The capability of any health service is recognised as an essential element in the provision of safe and quality patient care.

The CSCF has five core components. These core components, briefly described in Table 1, include:

1. Fundamentals of the framework
2. Service levels
3. Service level criteria
4. Legislation, regulations and legislative standards
5. Non-mandatory standards, guidelines, benchmarks, policies and frameworks.

Table 1 CSCF core components

Core component	Summary description
Fundamentals of the framework	Provides the foundation for the application of the CSCF. It is essential all staff read and apply the necessary prerequisites found in the Fundamentals of the framework during all stages of planning and coordination of safe and quality care at all service levels.
Service levels	There are six service levels. Level 1 manages the least complex patients and level 6 manages the highest level of patient complexity. However, complexity of care may vary between CSCF modules. The size of the service and diversity of healthcare managed at each level will be greater as service levels increase.
Service level criteria	Service level criteria include: • **Service description** including type of service provided (e.g. setting and general hours of service); type of patient (e.g. multiple comorbidities); providers and subspecialties, where relevant; and inter-service and/or inter-level relationships, with each level providing a more in-depth description of the service level capacity, not covered in the module overview.

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Core component	Summary description

	• **Service requirements** including additional detail and service-specific requirements such as nature of the service provided (e.g. particular interventions or treatment pathways, which could involve telehealth), specialty skills, specific hours and work-ordered timing of the service; providers (e.g. specific expertise of the team/s); and inter-service and/or inter-level relationships (e.g. service networking, referral pathways, transfer arrangements and interaction with other services, general practitioners, multidisciplinary teams and specialists).
	Also lists infrastructure, asset and equipment requirements including, but not limited to:
	— equipment suitable for the needs of the patients (e.g. paediatric, bariatric or geriatric) and/or service (e.g. intensive care services)
	— all equipment and infrastructure is:
	  o compliant with manufacturers' instructions and relevant current national standards, in particular, Therapeutic Goods Administration (TGA) regulatory guidelines and standards for medical devices
	  o maintained in accordance with relevant Australian Standards
	  o used in compliance with the manufacturer's intended purpose and instructions for use
	— staff responsible for using the equipment are trained and competent in equipment use
	— users of equipment and infrastructure have access to appropriate maintenance and support services, including biomedical engineering and technical services, information communications technology support, and building maintenance services
	— all level 6 services have access to on-site biomedical engineering and technical support services.
	  o As the management of patient care becomes more complex, service requirements of a service level may change
	
	• **Workforce requirements** describing the medical, nursing, allied health and other workforce specifications relevant to the levels within each module (exception being anaesthetic services where reference is made to anaesthetic and anaesthetic assistant workforce). These may be further defined within the service levels as the service level complexity increases. The CSCF does not prescribe staffing ratios, absolute skill-mix, or clerical and/or administration workforce requirements for a team providing a service, as these are best determined locally.
	Minimum workforce requirements for employed staff are outlined including but not limited to the requirement for all employed staff to be suitably qualified for the role in which they are employed and only work within their scope of clinical practice.
	
	• **Specific risk considerations** identify any service-specific risks not identified in the Fundamentals of the framework under section 6.5.6—Risk management.
	
	• **Support service requirements** identifying the minimum suite of services needed to deliver a service at a particular capability level. This section of each module depicts the level of service required by other relevant services for minimum safety and quality.
	Minimum requirements for each criterion are defined in the service levels of the CSCF modules, based on best available evidence and requirements of the service. The minimum criterion requirements must be met at each level to provide safe and quality clinical services. A service level may exceed the minimum requirements but cannot claim subsequent service level status until the minimum requirements for the subsequent level are fully met.

Legislation, regulations and legislative standards	The Fundamentals of the framework—Appendix 1 lists legislation, regulations and legislative standards, although not exhaustive, with which services must comply. Additional legislative requirements specific to individual modules are listed in that respective module. It is the responsibility of each service to comply with all relevant and current versions and revisions. It should be noted that legislation and regulations may not specify what health professionals can and cannot do in relation to clinical practice. This dimension of their work may be more appropriately outlined in credentialing arrangements, position descriptions or other organisation-specific documentation.

Core component	Summary description
Non-mandatory standards, guidelines, benchmarks, policies and frameworks	The Fundamentals of the framework—Appendix 2 lists non-mandatory standards, guidelines, benchmarks, policies and frameworks, although not exhaustive, for all healthcare providers to inform safe practice. Additional non-mandatory requirements specific to individual modules are listed in that respective module. Services using these documents should comply with the most current versions and revisions.