

CSCF

Fact sheet 9 – A service safety net

The Clinical Services Capability Framework (CSCF) for public and licensed private health facilities outlines the minimum requirements by capability level for safe, quality patient care. Throughout the CSCF, these minimum safety and quality requirements are described by service, workforce and support services requirements as well as specific risk considerations where relevant. Translation of these minimum requirements into practice is determined locally by service providers.

These minimum CSCF requirements form the criteria underpinning a robust patient safety and quality tool, offering service providers a valuable safety net to avoid potential harm when delivering patient care. The CSCF is not a substitute for accreditation processes, operational and/or workforce planning, credentialing and defining scope of practice, or clinical judgement. It is guided by a set of principles governing the way it is applied and defining how its purpose is achieved. These principles are:

- The CSCF applies regardless of models of care adopted by health facilities
- Best available evidence underpins the delivery of safe and quality health services
- There is alignment with legislation, regulations, non-mandatory standards, guidelines, benchmarks, policies and frameworks, and relevant college standards
- Services will be linked with services of lower, the same, or higher service capability levels resulting in formation of service networks
- Service networks facilitate transfer and management of patients appropriate to their care needs
- Managing complex health conditions require a combination of services, links to service networks, and multidisciplinary collaboration. (Reference: Fundamentals of the Framework, Section 6.2.

The CSCF does not replace, nor does it amend requirements relating to service delivery processes such as providing relevant clinical indicator data to satisfy accreditation and other statutory reporting obligations. Arising from this principle, the CSCF governance committee determined at its inaugural meeting on 12 May 2015, reference to this guiding principle would be included in all CSCF clinical service modules as well as relevant CSCF support service modules—in the Module overview under Service requirements. Further, the CSCF governance committee determined all reference to clinical indicator data in CSCF modules would be removed as insertion of the principle “...the CSCF does not replace, nor does it amend requirements relating to providing relevant clinical indicator data to satisfy accreditation and other statutory reporting obligations” promoted consistent application of the principle across all CSCF services locally.

By way of example, where CSCF modules explicitly specify a level of participation in a data set, Registry, and/or clinical indicator data submission, or were silent on the matter, the common requirement across all CSCF clinical service modules as well as relevant CSCF support service modules, contained within the Module overview under Service requirements will read:

In addition to what is outlined in the **Fundamentals of the Framework**, specific service requirements include:

- provide relevant clinical indicator data to satisfy accreditation and other statutory reporting obligations.

Local decision-making in relation to relevant clinical indicator data to satisfy accreditation and other statutory reporting obligations can then be made, consistent with the new devolved healthcare environment under national health reform. The secondary benefits of this principles-based approach to determining CSCF requirements, specifically in relation to clinical indicator data submission, are strengthened local understanding of current and emerging reporting obligations relative to specific clinical and/or support services as well as mitigation of DoH risk in relation to potential competition law breaches.