As required by the *Hospital and Health Boards Act 2011*, a service agreement is in place between the Department of Health and each Hospital and Health Service (HHS) for the provision of public health services. Within HHS service agreements, Section 14 Hospital and Health Service Accountabilities requires all facilities to have undertaken a baseline self-assessment in September 2014 against the Clinical Services Capability Framework (CSCF), and then notify the Department of any change to their CSCF self-assessment from 2014 onwards, using the CSCF Self-Assessment Summary templates on the public hospitals web page of the CSCF website.

CSCF self-assessment levels are outlined on the CSCF public hospitals web page where the most recent versions provided by each HHS can be downloaded.

Where patient safety and funding of services are directly linked to CSCF level, the Department of Health may seek to obtain verification of a change in CSCF service level notified by a HHS (i.e. through review of the service).

**CSCF verification process**

HHSs are requested to submit a draft facility CSCF self-assessment sheet or HHS summary sheet to the Department of Health (c/o Patient Safety and Quality Improvement Service) prior to HHS Chief Executive sign-off so feedback can be provided. If amendments are required, HHSs will be asked to either resubmit their self-assessment or notify the Department of the risk management strategies where minimum requirements for a particular service level are unable to be met.

On receipt of the updated facility self-assessment sheet or HHS summary sheet, the Department of Health reconciles and verifies each HHS CSCF self-assessment by facility and service level. Using criteria specified in the respective CSCF module service level/s, incorporating the *Module Overview* and *Fundamentals of the framework*, feedback to HHSs will be provided if any gaps are identified.

HHS Chief Executive (CE) approves HHS CSCF self-assessment summary with the outlined risk management strategies (where applicable) contained within the facility summary sheets.

HHS Co-ordinator submits endorsed HHS CE scanned copy, a ‘clean’ (not scanned) publishable Word version of the HHS CSCF self-assessment summary sheet and scanned copies of the CSCF self-assessment facility summary sheets to cscf@health.qld.gov.au. **Note:** if there is a change to the service level at one facility, only the facility self-assessment template need be completed. The HHS summary sheet is used when notifying the department of changes across more than one facility.

Additionally the Department will work with each HHS to facilitate risk management strategies that appropriately safeguard health services. In some circumstances further verification of a CSCF level may be required via site visit.

Following verification, if there is agreement between the Department via the Patient Safety and Quality Improvement Service (PSQIS) and the HHS, HHS CSCF self-assessments are progressed for endorsement by the Deputy Director-General Clinical Excellence Division (DDG CED). After DDG CED endorsement, all service level changes will be forwarded to the Corporate Reference Data System Administrator by the Patient Safety and Quality Improvement Service. Aggregate data sets (e.g. maternity, cancer, cardiac services) can be requested via the CRDS administrator email address: crds@health.qld.gov.au.

If agreement cannot be reached with regards the self-assessment ratings, any point(s) of issue will be discussed at the next available relationship group meeting.
The final approved version will be updated on the [public hospitals CSCF webpage](#) and will be noted / discussed at the Relationship Management Group meetings. HHS service capability changes will form part of HHS service agreement discussions facilitated by the Service Agreement Management Unit, Healthcare Purchasing and System Performance Division, Department of Health.

**CSCF self-assessment process:**
If a HHS chooses to use the self-assessment process for planning purposes across all facilities, the table below is a suggested method to facilitate this process:

<table>
<thead>
<tr>
<th>When</th>
<th>What</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st week</td>
<td>HHS delegates task of CSCF self-assessment coordination to HHS co-ordinator. HHS co-ordinator identifies all HHS facilities to be included in the self-assessment.</td>
</tr>
<tr>
<td>2nd week</td>
<td>Support service modules are completed first. HHS co-ordinator requests key HHS staff responsible for CSCF support services to complete relevant self-assessment for all identified HHS facilities prior to sending the request for CSCF self-assessment to each listed facility.</td>
</tr>
<tr>
<td>3rd week</td>
<td>HHS co-ordinator distributes request for CSCF self-assessment (with completed support services self-assessment) to each listed HHS facility, including the HHS’s previous self-assessment as a point of reference, along with the <a href="#">self-assessment template</a> and the <a href="#">CSCF service module home page</a>.</td>
</tr>
</tbody>
</table>
| 4th and 5th week | HHS facilities review previous CSCF self-assessment for currency, accurateness, and inclusiveness of all clinical services delivered by the facility by referring to the requirements in each respective service level, as well as the relevant Service Module Overview and [Fundamentals of the framework](#).  
  
  HHS facilities also review completed support services self-assessment (as listed above) and liaise directly with key HHS staff responsible for support services, if further clarification required. |
| 6th week    | HHS facilities return completed CSCF self-assessment of services delivered by the facility, endorsed by relevant local facility officer to HHS co-ordinator with associated risk management strategies (where applicable) for service, workforce and support service requirements. |
| 7th week    | HHS coordinator collates facility summary sheets into the CSCF overall HHS self-assessment summary. Prior to HHS executive sign-off, the HHS coordinator submits a draft HHS CSCF self-assessment summary and facility summary sheets to the Department of Health (PSQIS) to provide feedback to HHSs. If amendments are required, HHSs will be asked to either resubmit their self-assessment or notify the Department of the risk management strategies where minimum requirements for a particular service level are unable to be met. |
| 8th week    | HHS Chief Executive (CE) approves HHS CSCF self-assessment summary sheet with the outlined risk management strategies (where applicable) contained within the facility summary sheets.  
  
  HHS Co-ordinator submits endorsed HHS CE scanned copy, a ‘clean’ (not scanned) publishable Word version of the HHS CSCF self-assessment summary sheet and scanned copies of CSCF self-assessment facility summary sheets to [cscf@health.qld.gov.au](mailto:cscf@health.qld.gov.au). |