

Notification Process

Public Hospitals – Clinical Services Capability Framework

1. Notifying the Department of Health

Queensland Health implemented the [Clinical Services Capability Framework Guideline](#) (Guideline) under s.8 of the [Hospital and Health Boards Act 2011](#), in line with the [Patient Safety Health Service Directive](#).

Hospital and Health Services (HHSs) are obligated to comply with the Guideline and report to the Department of Health about the services provided in line with this notification process and the Clinical Services Capability Framework (CSCF). Under the Guideline, HHSs must ensure:

- all relevant facilities have undertaken a baseline self-assessment against the current CSCF.
- the Department of Health is notified through the established public hospital CSCF notification process when a change to the CSCF baseline self-assessment occurs, or a new service is established and self-assessed.
- when a CSCF module is updated, or a new module is introduced, (*Trauma module, 2022; Close observations module 2021; Persistent pain module, 2018*) a self-assessment is undertaken against the relevant module and submitted to the Department of Health.

It is important that HHSs, at a minimum, undertake a self-assessment **every five (5) years**. The CSCF levels for each relevant facility in Queensland are published on Queensland Health's publicly accessible [internet site](#).

The Department may seek to verify a change of CSCF service level (for example, through a review of the service).

2. Notification process

HHS Chief Executives are accountable for attesting to the accuracy of information contained in a CSCF service level change notification to the Department. Attesting to the accuracy of information includes confirmation that consultation has occurred with stakeholders (where relevant) about changes, and a consultation register recording the date, name and role of stakeholder and feedback provided by the stakeholder has been established and maintained at the HHS.

A **hot issues brief** is only required in the following circumstances:

- Where a public sector facility providing Level 2 to Level 6 maternity services is anticipating that for a period of three months or more one of the following applies:
 - the maternity CSCF service level is reduced.
 - the provision of one or more key maternity services (e.g., antenatal, birthing / intrapartum, or postnatal services) is suspended.
 - the service is ceased.
- When a significant patient impact is experienced by the HHS as a result of any temporary CSCF level change. The Department does not currently have a guide to identify what constitutes a significant patient impact. This is currently reviewed/considered on a case-by-case basis.

For a change to a CSCF level that is **temporary** (a temporary CSCF level change is a temporary change that occurs for 24 hours or longer), the notification process is outlined at Item 3.

For a **permanent** change (including the cessation of a service) to a CSCF level, the process is outlined at Item 4.

3. Notification process for a temporary CSCF level change

The temporary CSCF level change notification form should be completed in advance (where

possible) of the implementation of the change with communication of the change to key stakeholders and the community (where relevant). It is only required when the temporary change is equal to or longer than 24 hours.

Step 1: Download and complete the [Temporary CSCF level change notification form](#).

Step 2: Check the [CSCF modules](#) that outline the clinical service requirements for each CSCF level.

Step 3: The Chief Executive of the HHS signs both Part A and Part B of the completed temporary CSCF change notification form. Part B of the form may need to be forwarded separately after the temporary change has finished.

Step 4: Email the temporary CSCF level change notification form to: CSCF@health.qld.gov.au for review by the Department of Health. This information is forwarded to the Director General, Queensland Health for noting.

Where the change period is longer than three months (but not permanent), complete the temporary CSCF change notification form **every three months** after the initial three-month period (until the change period ends).

Tips:

- Identify other facilities that may be affected by the referral of patients.
- Identify the specific services and the associated CSCF modules – list the module name/s on the form in the relevant section.
- Keep a record of the impact to patients and report in Part B of the form.
- Develop a risk mitigation strategy where some services can continue but not all services e.g., transferring patients to another facility.
- For advice on completing the form, contact the Department of Health via CSCF@health.qld.gov.au

4. The notification process for permanent changes

The HHS executive initiate the CSCF self-assessment process. A CSCF officer should be allocated to coordinate the CSCF self-assessment across the HHS.

An individual facility may update its CSCF separately from the HHS as a whole. However, the individual facility should collaborate with a relevant person at the HHS to initiate this facility's independent self-assessment.

The following steps apply for both a whole of HHS and an individual facility self-assessment.

Step 1: For proposed changes to services, please refer to the following resources which support HHS in their consultation with key stakeholders about the proposed changes:

- Maternity Services - [Queensland Rural and Remote Maternity Services Planning Framework | Clinical Excellence Queensland](#)
- All other services - [Guide to engagement and consultation on clinical service review](#) Queensland Health

At the commencement of every CSCF self-assessment, it is recommended the HHS notify the Department about the intention to undertake a self-assessment – CSCF@health.qld.gov.au The Department can assist HHSs by guiding the CSCF officer through the process requirements. If consultation, during the process, with the Department does not occur, it risks the Department returning the completed CSCF self-assessment and requiring substantial changes/re-signing by the Chief Executive and individual facility accountable officers. This can significantly delay CSCF self-assessments being published.

Step 2: Forms:

- [Permanent CSCF level change notification form for individual facilities](#)
- [Permanent CSCF level change notification form for HHS CSCF officers](#)

These two forms serve very different purposes. Each facility **must complete** an individual facility form in unison with a review of the [CSCF modules](#) to determine the level of service the facility provides. The HHS CSCF officer coordinating the CSCF self-assessment uses the completed individual facility form/s to create the HHS summary sheet.

Tips:

- In each of the [CSCF modules](#), there is a page identifying the support services required onsite or to be accessible for each service. These must be identified and considered by the facility. Where a facility provides the majority of, but not all of the clinical services required in the CSCF module, a risk mitigation strategy must be identified and described in the relevant column of the facility form. For example, a requirement to have a specialist doctor on-site 24/7; if this is not possible the risk mitigation may be satisfied if a specialist doctor is on call to attend 24/7.
- A change to one CSCF level may trigger a change in another CSCF level. When increasing a CSCF level (for example, surgical level 3 to level 4), other clinical capabilities such as medication may require an increase in capability. The facility must identify and cater for the triggered changes by referring to the [CSCF modules](#).
- Where an existing service is changed (shifted higher or lower or ceases) or a new service is listed, a reason for the change or new service must be inserted into the reason for change column.

Individual facilities are invited to refer operational and/or clinical questions to relevant positions within the HHS and to make contact with the appropriate [clinical network](#) to assist in their review/identification of the relevant CSCF level for a service.

Step 3:

When each facility participating in the CSCF self-assessment has completed its individual form, the central coordinating HHS CSCF officer transfers the CSCF levels to the HHS summary sheet. It is important at this point the central coordinating CSCF officer completes the summary of changes table at the end of the HHS summary sheet. It is imperative this table is completed by the HHS's central coordinating CSCF officer because it enables the HHS to identify the changes to all facilities since the [last published version](#) of its CSCF levels.

The completed table gives the HHS the ability to check all changes have a reason listed for the change in the relevant column in the facility sheet and to check the support services have been cross-referenced and risk mitigation strategies identified.

The CSCF officer can forward the draft forms (prior to the CE and accountable officers at the facilities signing the forms) to the Department for a preliminary review:

CSCF@health.qld.gov.au

Step 4:

When the feedback from the Department has been confirmed and the HHS is satisfied the content is accurate, the Chief Executive (of the HHS) signs the HHS summary sheet.

A copy of the signed HHS summary sheet and the individual facility forms, (there will be one for each participating facility), are to be sent to the Department: CSCF@health.qld.gov.au

When the forms reach the Department, the content is reconciled by Patient Safety and Quality (PSQ) against the minimum requirements of the CSCF in collaboration with relevant internal stakeholders including Queensland's clinical networks.

PSQ will publish the changes on the Department's publicly accessible web page.

5. Maternity services

Since June 2019, the Minister for Health and Minister for Ambulance Services, has required all HHSs to obtain Ministerial approval for any planned service changes to rural maternity services.

Additionally, since June 2019, Ministerial approval must also be sought by Queensland Health facilities, that provide CSCF level 2 to 6 maternity services, where it is anticipated that for a period of three months or more, one or more of the following applies:

- the CSCF service level is reduced.
- the provision of one or more key maternity services (e.g., antenatal, birthing/intrapartum, or postnatal services) is suspended.
- the service is ceased.

Any significant or long-term change to a maternity service, at any level, in any location across Queensland can have a considerable impact on other maternity services and the consumers who use them. HHSs should carefully consider the reason for changes to existing maternity services and ensure the safety and quality of maternity services is maintained.

6. New stand-alone facilities/satellite health centres

Prior to a new service opening, a CSCF self-assessment of all health services anticipated to be provided must be conducted. This is because new stand-alone services are considered a **new facility with new services** at a new location. These are submitted as per the permanent notification process and any temporary changes will follow the process noted at Item 3.

It is imperative the clinical support services in the [CSCF modules](#) are identified and considered, and where the support provisions are not met there needs to be a risk mitigation strategy implemented and the strategy identified on the facility sheet in the relevant row/box. For example, if there is a requirement to have a specialist doctor on-site 24/7, a risk mitigation strategy should be described if this requirement is not met. A risk mitigation strategy might be that a plan is in place to transfer or refer patients to the major supporting hospital.

The CSCF level of services provided at some clinics are not anticipated to exceed the CSCF level of services at the supporting major hospital. Accordingly, some supporting services, required under the CSCF for the services provided by satellite health centres, are not expected to be located onsite and a risk mitigation strategy (commentary explaining what occurs in this instance) must be included in the risk mitigation strategy column in the [permanent CSCF level change notification form for facilities](#).

If a clinic or other new service such as a satellite health centre is not anticipated to open over a 24/7 period, the CSCF self-assessment must be considered in this light and risk mitigation strategies relating to out of hours arrangements must be identified in the self-assessment form.

7. Further information

For more information contact Patient Safety and Quality, Clinical Excellence Queensland, Department of Health: CSCF@health.qld.gov.au