| Temporary CSCF Change Notification Form |  |
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This form is for **temporary** changes to a clinical services capability framework (CSCF) service level. Where the change period will be longer than three months (but not permanent), complete and submit this form every three months after the initial three-month period (until the change period ends). For permanent changes please use the [Proposed Permanent Change Notification Form](https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/service-delivery/cscf/hospitals/public).

To complete this form, please refer to the public hospitals CSCF established [Notification Process](https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/service-delivery/cscf/hospitals/public).

Where the provision of a health service has temporarily reduced or ceased, please describe why the service has reduced or ceased and provide the risk mitigation actions.

This form must be signed by the Chief Executive of the Hospital and Health Service. Once signed, please email to: [cscf@health.qld.gov.au](mailto:cscf@health.qld.gov.au)

Under the *Human Rights Act 2019*, [access for Queenslanders to health care, related goods (including essential medications and health services) must continue when a temporary change to a CSCF level is made.](https://qheps.health.qld.gov.au/csd/business/governance-and-compliance/human-rights)

*Note: please complete this form in advance of the implementation of the change (where possible). This information will be onforwarded to the Office of the Director-General, Queensland Health for noting.*

| Hospital and Health Service | This form can be adapted by inserting additional rows or columns to include more information if required. |
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| Facility |  |
| Service/s to change  (please insert the name used in the relevant [CSCF module](https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/service-delivery/cscf/modules)) |  |
| Current level/s |  |
| Revised temporary level/s |  |
| Anticipated commencement date (include the time of day if relevant) |  |
| Anticipated end date  If the end date changes, please notify the Department by emailing [cscf@health.qld.gov.au](mailto:cscf@health.qld.gov.au)  (include the time of day where relevant) |  |
| Reason for change |  |
| Risk mitigation, including:   * for other services where the revised service level doesn’t meet all criteria for the revised level * where will patients be referred?   *A risk mitigation plan must be in place to ensure the human right to health services (including medication) continues.* |  |
| What engagement or communication has occurred with the **community**? |  |
| What engagement or communication has occurred with **consumers**? |  |
| What engagement or communication has occurred with impacted **clinicians**? |  |
| What engagement or communication has occurred with the **HHS Board**? |  |
| What engagement or communication has occurred with **referring public and private facilities / practitioners**? |  |
| What engagement or communication has occurred with **other key stakeholders**? |  |
| Is there an impact to **statewide or other health services**? If yes, please list the hospitals/facilities:  *Referral facilities and those facilities potentially impacted must be identified here to support the risk mitigation plan above and the continuation of the provision of health care. For example, health care can continue through mechanisms such as telehealth or referral.* |  |
| Is there a significant mass gathering /community event during this time? If yes, is an appropriate risk mitigation strategy in place to facilitate medical care? |  |
| The temporary change to the service provided may affect a person’s right to health services (their [human rights](https://qheps.health.qld.gov.au/csd/business/governance-and-compliance/human-rights) – [please review this link](https://qheps.health.qld.gov.au/csd/business/governance-and-compliance/human-rights)).  Please view the information linked.  Human rights must continue/be considered during the change.  *Rights that must continue, access to:*  *• information about the health and well- being of family members*  *• information and advice on family planning.*  *• health facilities, essential medication and services, especially for vulnerable or marginalised groups.*  *• health services for particular groups, including Indigenous Australians, people with disability, women and children.*  *• reproductive, maternal (pre-natal and post-natal) and child health care.* | Will human rights be unreasonably limited by the temporary change?  No – a risk mitigation plan is in place.  Yes – there is no risk mitigation plan in place. |
| Other comments: |  |

**Endorsement**

**Cleared by:** (Facility accountable officer)

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| Name: |  |
| Position: |  |
| Signature: |  |
| Date: |  |

**Approved by:** (Health Service Chief Executive)

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| Name: |  |
| Position: |  |
| Signature: |  |
| Date: |  |