

Part 6: Supplementary information

6.1 Introduction

This section provides additional information to supplement Activity specifications (Part 7), particularly monitoring and review requirements and changes to the output structure.

6.2 Output structure

As described in Part 4, funding to services is channelled through the department's activity structure, an element of the department's Chart of Accounts.

Activities are the lowest part of the hierarchy that builds up through a 'component' and 'output' to 'output group' level. The Department of Treasury and Finance funds the department at 'output group' and 'output' levels.

6.2.1 Changes for 2006–07

For 2006–07, there are a total of five outputs and 23 activities, a decrease of three activities from 2005–06. The changes to activities are:

- 17051 Service Quality has been deleted
- 17203 Transitional Accommodation Support has been incorporated into 17016 Shared Supported Accommodation
- 17053 Peak Organisations and 17080 System Support and Innovation have been consolidated to form 17080 Sector Development and Innovation.

The output structure represents the major activities and priorities for 2006–07.

Table 6.1
Disability Services
output structure
for 2006–07

Output and Component Name	Activity Code and Name	
Information, Assessment and Planning	17028	Case Management
	17033	Information Services
	17044	Intake and Response
	17080	Sector Development and Innovation
	17064	Training and Development
Primary Support	17025	Aids and Equipment
	17026	Behaviour Intervention Services
	17006	Criminal Justice Services
	17023	Independent Living Training
	17010	Respite
	17042	Therapy
Community Participation and Inclusion	17024	Advocacy Services
	17061	Building Inclusive Communities
	17082	Community Options
	17022	Day Programs
	17201	Futures for Young Adults
	17035	Recreation
Individual Support	17034	Flexible Support Packages
	17200	HomeFirst
	17081	Individualised Support Packages
	17008	Outreach Support
Residential Accommodation Support	17017	Congregate Care
	17016	Shared Supported Accommodation

6.3 Performance measures rationalisation

In October 2005, the Department of Human Services Executive endorsed the Service Agreement Performance Measurement Rationalisation Framework. The framework's rationalisation approach comprised the following:

- clarification of business purposes and roles, including the decommissioning of performance measures that are not related to the performance measurement business function and negotiator defined performance measures
- standardised, cross-program, performance measure definitions
- principles for data collection, performance measurement and feedback.

This process has reduced the number of Disability Services performance measures by more than 60 per cent for the commencement of the 2006–09 service agreement cycle, without any loss of accountability.

6.4 New legislation

In May 2006, the Victorian Government enacted the *Disability Act 2006*. Sections 1 and 2, dealing with the purpose and commencement of the Act, have come into operation. The remaining sections of the Disability Act will come into operation on 1 July 2007 unless proclaimed earlier. When the Act comes into operation it will repeal the *Intellectually Disabled Persons' Services Act 1986* and the *Disability Services Act 1991*.

The *Disability Act 2006* establishes a legislative framework for a whole-of-government and community approach to enabling people living with a disability to more actively participate in community life.

Consistent with the *Victorian State Disability Plan 2002–2012*, the Disability Act has a number of objectives including:

- promoting and protecting the rights of people living with a disability receiving services
- creating mechanisms to make communities more accessible to people living with a disability
- regulating disability services to ensure they are high quality and accountable to people living with a disability and to government
- ensuring more transparent and accountable regulation of compulsory treatment of people with an intellectual disability, as recommended by the Victorian Law Reform Commission.

The repeal of the *Intellectually Disabled Persons' Services Act 1986* and the *Disability Services Act 1991* and the commencement of the *Disability Act 2006* will result in changes in the delivery of disability services. For example, disability service providers will be required to be registered and will need to be approved to use restrictive interventions such as restraint and seclusion.

Prior to commencement of the new Act, work will be undertaken to ensure its successful operation and a smooth transition from the existing legislation. This work will include the development of policies, guidelines and regulations to support the operation of the Disability Act. These will be in areas such as access to disability services, planning, residential services and provision of information. In some areas, this work will build on and improve existing policies and practice while in other areas the work will be new, as a result of new requirements of the Disability Act.

These changes may affect information provided in this Policy and Funding Plan. Updated information about new policy will be provided in the 2007–08 and 2008–09 Policy and Funding Plan annual updates.

6.5 Quarterly data collection

The Commonwealth State/Territory Disability Agreement National Minimum Data Set (CSTDA NMDS) collection is a requirement of the State Government's agreement with the Commonwealth on joint disability funding (CSTDA). As well as complying with the agreement, the CSTDA NMDS is a regular collection of data about our services and clients, and it provides valuable information for planning and improving our service system. The CSTDA NMDS underwent a major redevelopment and moved from an annual 'snapshot' and paper-based collection to an ongoing full year collection during 2002–03.

In Victoria, the redevelopment of the CSTDA data collection provided an opportunity to streamline the information that organisations are required to provide to the Department of Human Services. There was significant duplication in the information gathered through the various departmental data collection processes – including Disability Services Division and other programs such as Home and Community Care (HACC) and Psychiatric Disability Rehabilitation and Support Services (PDRSS). As a way of reducing the reporting burden, the department has combined the CSTDA NMDS data collection, the quarterly Agency Performance and Data Collection (AP&DC), the bi-annual PDRSS minimum data set and the quarterly HACC minimum data set V1.5, into one quarterly data collection information system (QDC).

The QDC will assist organisations funded by Disability Services Division to meet the reporting requirements for HACC, PDRSS and Disability Services Division, thereby eliminating the current duplication in these data collections. Service providers are required to submit data on a quarterly basis.

The establishment of the Office for Disability may result in some functions of the Disability Services Division being transferred to the Department for Victorian Communities in 2006–07. These changes may impact on current reporting arrangements. Any impacts on service providers will be communicated to the relevant parties.

6.5.1 How the QDC information is used

The data collected through the QDC is used for a wide range of purposes. For example, data have been used for planning, for Victorian and national program evaluations, and for monitoring achievement of program objectives and agreed priorities. Specific examples of uses for the collected data include:

- supporting budget submissions for increased funding or changing funding emphasis
- supporting planning for future service delivery
- resisting proposals to increase the level of service user contributions by demonstrating the high proportion of service users who have benefits or pensions as their main income source
- providing comparisons of numbers of service users living in institutional versus community-based settings (both within Victoria and nationally)
- indicating that certain groups of people (for example, people of Aboriginal and Torres Strait Islander origin) are not accessing services as much as might be expected.

With the introduction of new data elements, and the availability of ongoing data about service users, it is possible to access information including:

- a profile of all people receiving a service for people living with a disability from Disability Services Division, PDRSS or HACC funded services – for example, client demographic details will be collected including sex, age, living arrangements and income/work status
- improved data on informal carer arrangements, which will enable carer support to be monitored and planned – data collection items for carers will include characteristics such as age, their relationship to the person with disability and residency status
- duration and intensity of supports received by clients using the days on which service hours were received and the start and end date (if applicable) of the service.

6.5.2 How the performance measures information is used

The information is used by:

- community service organisations to assist and improve service delivery
- regions to coordinate service delivery
- regions and Disability Services Division to improve planning for the future
- Disability Services Division to manage the funding relationship with regions.

The information is aggregated at program level and then reported to the Department of Human Services Executive, Department of Treasury and Finance and the Expenditure Review Committee on output delivery – a selection of this reporting is published each year in the *State Budget paper No. 3*.

Each activity has a set of reporting requirements – performance measures and data collection items – that are determined by the Disability Services Division in consultation with regions and service providers. Regional negotiators may also set some requirements for service providers.

Information supplied through the QDC process, at the activity level via service type outlet, provides the foundation upon which the Disability Services Division's overall accountability to government, both State and Commonwealth, is built.

It is therefore critical that data supplied by service providers is:

- an accurate report of actual service provision
- returned to the department by the dates specified on the following pages.

6.5.3 Data collection process for 2006-09

The QDC has been fully operational since mid 2002-03 and requires organisations to submit data on all individuals receiving services. All service providers – both department and community service organisations – are required to supply details of their performance through the QDC.

As part of the redevelopment of the CSTDA NMDS, a commitment was made to support the following types of data transmissions:

- paper forms – these are distributed to organisations quarterly
- QDC tool – Victoria has developed an electronic data collection and reporting tool to support data transmission for the QDC
- modification of in-house systems – for service providers who want to modify their own client management system to meet the QDC reporting requirements.

The QDC electronic options provide greater consistency and accuracy of data. There is now less data duplication from Disability Services Division funded community service organisations.

The paper-based forms should be used by organisations that consider their client numbers too small (usually less than 25 per year) to warrant using an electronic version of data collection. However, the department recommends that organisations providing services to more than 25 clients per year use the electronic QDC version.

QDC data is collected quarterly. The work involved can be substantially reduced by using the QDC electronic tool. For example, once client characteristics, such as culture and labour force status, are entered into the electronic QDC tool, they only need to be updated if the details change. For the paper-based QDC, relevant client characteristics will need to be reported on a quarterly basis regardless of any changes to details.

Data returns will be generated electronically by the QDC tool, or in-house systems, and can be transmitted electronically using the secure document exchange (SDE) (applicable to organisations with Internet access) or by registered post. Paper forms should be returned by registered post.

Disability Services will continue to pursue improvements in the quality of data collected. Community service organisations are asked to focus on the quality and completeness of data fields. This information provides an important accountability to the Victorian community.

6.5.4 Where to get further assistance

The key documents that will assist service providers with the QDC data collection and reporting requirements are:

- The *QDC data guide*, which provides detailed information about which data items need to be collected;
- The *QDC data transmission specification*, which outlines the data structure for transmitting files to the department – this is only essential for service providers wanting to modify their in-house system to comply with the QDC requirements.

For the most recent version of any QDC documentation, please refer to the website or contact the QDC Helpdesk.

Website: www.dhs.vic.gov.au/qdc

Telephone: 1800 532 651

Email: QDCHelp@dhs.vic.gov.au

6.5.5 Key dates for reporting in 2006–09

Community Service Organisations need to return data on the following dates:

For 2006–07

Quarter 1	July–September 2006	by Monday 9 October 2006
Quarter 2	October–December 2006	by Monday 8 January 2007
Quarter 3	January–March 2007	by Monday 9 April 2007
Quarter 4	April–June 2007	by Monday 9 July 2007

For 2007–08

Quarter 1	July–September 2007	by Monday 9 October 2007
Quarter 2	October–December 2007	by Monday 7 January 2008
Quarter 3	January–March 2008	by Monday 7 April 2008
Quarter 4	April–June 2008	by Monday 7 July 2008

For 2008–09

Quarter 1	July–September 2008	by Tuesday 7 October 2008
Quarter 2	October–December 2008	by Wednesday 7 January 2009
Quarter 3	January–March 2009	by Tuesday 7 April 2009
Quarter 4	April–June 2009	by Tuesday 7 July 2009

For further information on this requirement, please contact the QDC Helpdesk (1800 352 561 or QDChelp@dhs.vic.gov.au).

6.5.6 Managing information – privacy and confidentiality

There are a number of Acts that regulate the collection and handling of personal information. In Victoria these include the *Information Privacy Act 2000* and *Health Records Act 2001*, as well as the *Commonwealth Privacy Act 1988*.

Other legislation that regulates service provision is the *Intellectually Disabled Persons' Services Act 1986* and the *Disability Services Act 1991*. Privacy legislation does not override other legislation – it supplements it.

The *Health Records Act 2001* aims to protect the privacy of an individual's health information and allow individuals greater control over how this information is managed. Information with respect to a person's disability is encompassed within the definition of health information.

The Health Records Act applies to the Victorian Government sector, Victorian Government funded health services, private health services within Victoria, and any other organisations in Victoria that hold health information. Health information that is collected, held or used by organisations must be handled in accordance with the Health Privacy Principles in Schedule 1 of the Health Records Act. The principles that underpin the Information Privacy Act and Health Records Act are similar. However, the Health Records Act contains some additional privacy provisions. Hence, the next three sections will refer to the standards as per the Health Records Act.

6.5.7 Telling people about information privacy

Under the Health Records Act, any entity in Victoria that holds identifying health information must give people written statements that outline the organisation's information handling practices and explain how people can seek access to their own health records. Reasonable steps must be taken to ensure that clients are notified of their rights before service staff collect any health information.

Service providers are obliged to notify clients of the following:

- what information is being gathered about them
- how that information will be used
- how the information is managed
- who will see their records and for what purpose
- which other organisations (such as the department) the information will be routinely shared with and why
- the individual's right to seek access to their health record and to amend it if necessary.

The Health Records Act prohibits disclosure of health information for any purpose other than the purpose for which it is collected unless:

- the disclosure is necessary to lessen or prevent a serious and imminent threat to life, health or safety
- the disclosure is authorised by law (such as under the Intellectually Disabled Persons Services Act)
- the person consents to the disclosure.

6.5.8 Gaining client consent

Consent in this context refers to how an individual's health information is handled – it is not consent to the actual support or service provision itself. The process of gaining client consent will differ for each individual. It will depend on, for example, whether the individual is fully capable of giving their consent to the use and disclosure of their health information; whether the person has attended the service previously; or whether the individual has an authorised representative or guardian. If a client has a guardian, it is important that the guidelines and information privacy issues are explained to the guardian.

6.5.9 Permitted collection and disclosure of information by organisations

The Health Records Act (and the Information Privacy Act) contains principles for the collection, use and disclosure of certain information. These are known as the 'Health Privacy Principles', and they are located in Schedule 1 to the Health records Act.

Health Privacy Principle 1.1 provides that an organisation may only collect health information if it is necessary for one or more of its functions or activities, and either the individual has consented to the collection or one of the other exceptions set out under Health Privacy Principle 1.1 applies, such as for the purpose of funding, planning, monitoring and evaluation of health services.

The exceptions to collect and disclose data without consent include authority by law – as per the Intellectually Disabled Persons Services Act. Health Privacy Principle 2.1 also allows an organisation to use and disclose health information for the purpose of funding, management, planning, monitoring improvement or evaluation of health services.

The collection and disclosure of information by funded organisations became one of their functions or activities from the moment they entered into a service agreement with the department.

6.5.10 Where to get more information about privacy

For the purposes of the QDC, three brochures have been produced to assist service providers to fulfil their obligations under the Victorian privacy legislation:

- *Service provider brochure*, which outlines the responsibilities of service providers for the purposes of the QDC
- *Consent guideline for service providers*, which outlines the steps to take to gain consent from, or on behalf of, a client
- *Client information brochure*, which outlines the rights of the individual and the responsibilities of the service provider for the purposes of the QDC.

The *Client information brochure* has been translated into the 10 most common languages and is available on the QDC website www.dhs.vic.gov.au/qdc

A Braille version of this brochure is also available from the QDC helpdesk on 1800 352 561 or email QDChelp@dhs.vic.gov.au

For more information about privacy, you can also refer to these organisations and websites:

- Department of Human Services www.dhs.vic.gov.au/privacy
- Health Services Commissioner www.health.vic.gov.au/hsc/
- Victorian Privacy Commissioner www.privacy.vic.gov.au
- Federal Privacy Commissioner www.privacy.gov.au

6.6 Client Relationship Information System for Service Providers

The department is piloting a new, modern and flexible client information and case management system that will be available for use by service providers receiving funding through one of the following programs: Disability Services, Child Protection, Placement and Support, Contracted Case Management, Juvenile Justice and Early Childhood Intervention Services.

The Client Relationship Information System for Service Providers (CRISSP) is a web-based, secure and flexible client and case management system designed to support and improve service delivery to clients and enable client confidentiality to be maintained. It has been designed to streamline reporting, incorporating some existing departmental service reporting systems, including the QDC reporting tool and Integrated Reports and Information System (IRIS) for Early Childhood Intervention Services.

Consultation and communication through established community service organisation reference groups, a working group and through meetings with relevant peak bodies, general briefings to funded organisations and electronic and hardcopy written communication commenced in 2003 and will continue through the general rollout. Connection to CRISSP is planned to commence in August/September 2006 and continue until December 2007, following the pilot by several community service organisations during 2006.

Access to, and use of, CRISSP will be free to funded community service organisations in the Disability Services target group. Service providers will also be able to use CRISSP to maintain client and case management information on all clients receiving services, funded by the department or from other sources.

The department will work with community service organisations to prepare them for implementation, providing initial training in using the system, on-ground support during the early stages of rollout and an ongoing help desk support for users.

When CRISSP is generally available, organisations funded to provide disability services will be encouraged to provide required data reports to the department directly through CRISSP.

The department has prepared a connection pack and checklists to assist community service organisations. The connection pack contains:

- Heads of Agreement document – sets out the principles on which CRISSP will operate and details specific commitments by, and requirements on, the department and an organisation for the provision and use of the system. The Heads of Agreement will need to be signed by each organisation as a prerequisite for gaining access to CRISSP.
- Organisation Authority nomination form – the organisational authority is the person(s) within a funded organisation nominated to be responsible for the screening and management of CRISSP users in the organisation. The Organisation Authority nomination form will need to be completed and returned to the department to enable the process for connecting to CRISSP to commence.
- *CRISSP operations manual* – articulates the principles, policies and business rules for access to and use of CRISSP.

More information can be found at www.dhs.vic.gov.au/crissp. Questions can be directed to CRISSP.Questions@dhs.vic.gov.au

6.7 Employment Safety Screening Compliance Policy

The Disability Services Division Employment Safety Screening Compliance Policy has been developed to support compliance with the employment safety screening requirements identified in the service agreements between the Department of Human Services and community service organisations funded to deliver disability services and supports. The policy is designed to assist funded organisations in the assessment of information collected in the employment safety screening process.

The following outlines the policy and process elements required to comply with future service agreements. These are specific to organisations funded to provide disability services and supports for a vulnerable target group, and are in addition to the general recruiting practices required by the department, as outlined in the *Service agreement information kit for community service organisations 2006–09*.

The mandatory requirements of the policy are:

- Employee screening must include information collected from sources in addition to police checks, and in compliance with privacy legislation.
- Employee screening must be undertaken for all staff (including casual staff and contractors, casual staff employed through recruitment organisations, unsupervised volunteers and students on placement), not just those involved in direct care.

- Compliance with the policy must be declared on an annual basis, in the format provided by Disability Services Division.

Community service organisations are required to submit Employment Safety Screening Compliance Policy annual declaration of compliance to their regional program and service advisor by 31 July in the following financial year.

6.8 Quality management

As a statewide strategy supporting the *Victorian State Disability Plan 2002–2012*, the Disability Services Division strives to continuously improve the integrated approach to quality assurance and continuous improvement of disability supports delivered in Victoria. The *Quality framework for disability services* will continue to be refined as our understanding of how we improve outcomes for people living with a disability grows.

This integrated quality management approach focuses on increasing opportunities for better outcomes for people living with a disability who access funded support. The emphasis is on strengthening, enhancing and integrating practices, processes and systems, with a collaborative, statewide industry approach to quality management in disability services. The active participation of people living with a disability and their families and friends in the planning, delivery, monitoring and review of support is central to quality management and improvement.

Accountability and reporting requirements

All service providers are required to comply with the Victorian Standards for Disability Services. There are three major accountabilities for support providers, as part of the annual cycle of quality monitoring, reporting and improvement:

- self-assessment against the Victorian Standards for Disability Services, including assessment of the organisation by consumers
- development and implementation of a quality plan at outlet level, including at least two new quality improvement activities
- self-verification of quality plans at outlet level.

Self-assessment

To facilitate continuous improvement, all service providers are required to conduct an annual self-assessment against the Victorian Standards for Disability Services, including a mandatory consumer assessment component, and implement the quality improvement activities identified.

Service providers may use the assessment tools within the Disability Services Self-Assessment System (DSAS), or an alternative accredited approach to self-assessment that demonstrates compliance with the standards.

Quality plans

The self-assessment informs the organisational quality plan. Confirmation of the implementation of the quality plan, including at least two new quality improvement activities, must be provided at the service delivery (outlet) level.

IQMA quality plan and improvement activity reporting

Service providers must annually report outcomes of the self-assessment, including implementation of the previous year's quality plan, and provide two new quality improvement activities for implementation at the service outlet level in the following year.

From 2006, planning will be on a financial year cycle, with reporting in June each year. The Disability Services Division will distribute the reporting template to service providers, and collate and analyse the data provided and publish a report annually.

6.9 Learning and development plans

The government has made a commitment to learning and development through its support of the Disability Learning and Development Strategy. The strategy sits as an integral part of the *Victorian State Disability Plan 2002–2012* and the Certified Agreement with the Health and Community Services Union (HACSU), to ensure staff are valued and supported in meeting the individual needs of people living with a disability.

A competency-based learning and development approach is being promoted across the disability sector. This approach places the priorities and needs of people living with a disability placed at the centre of learning and training. Competency-based learning and development allows for practical on-the-job training, flexibility in the way people learn, and creates pathways for employees to gain qualifications and establish career paths.

Most recurrent funding for disability activities includes a staff training component within unit prices. Program and service advisors should receive a report of any training attended by staff during the previous year. They need to identify, where possible, which national competencies were addressed in the training, and the number of staff who were formally assessed as possessing these competencies during this funding period.

Accountability and reporting requirements

It is a service agreement requirement for all funded organisations to submit a Learning and Development Plan (L&DP), formerly Agency Training Plans, to their departmental Regional Partnerships and Service Planning contact.

The L&DP should be viewed as a planning document that outlines strategies to address the professional development, training and education needs of staff. It should be developed on an annual cycle and be submitted to the department at a date agreed to by both the organisation and regional Partnerships and Service Planning staff. Where possible, the date should fall close to the end of the financial year. The L&DP should not detail the retrospective expenditure of the previous year's staff training allocation.

The L&DP process should be part of a wider continuous quality learning and development improvement process in organisations. Standard 8: Service Management of the Victorian Standards for Disability Services includes the requirement that 'Clients receive services from appropriately skilled and competent staff'. The L&DP process should therefore be linked to the Disability Services Self-Assessment System and quality plan development.

Disability In-Service Training Support Service

The Disability In-Service Training Support Service (DISTSS) is a departmentally funded initiative that provides learning and development support to organisations and can provide advice on the integrated planning of learning and development in an organisation.

Funding for DISTSS has been extended until June 2007. During this time the service will promote resources to support learning and development that will be accessible through the website, www.distss.org.au

Options to achieve a more strategic direction for learning and development across the government sector and community service organisations are being explored. Options include support of the Disability Assessment and Learning Networks and Trainer and Assessor Database to encourage sharing of ideas and quality training for the industry. Further information can be found on the DISTSS website.

For further information please contact the Administration Officer of the Disability Learning and Development Unit, 8/50 Lonsdale Street, Melbourne, telephone: (03) 9096 2980.

6.10 Disability Online website

To provide improved access to information for people living with a disability, as well as their families and carers, Disability Services Division has consolidated several of its service directories.

The result is the service directory provided via Disability Online, an Internet site located at www.disability.vic.gov.au. The Disability Online service directory data is shared with several other organisations, including the department's Better Health Channel.

Community service organisations are requested to maintain accurate and relevant listings in this directory to help provide a consolidated and comprehensive service directory. Details of an organisation, and the range of services it provides, can easily be added online. Further information about the directory, including instructions for adding or editing your details, is available at:
<http://www.disability.vic.gov.au/addyourservice>

6.11 Aids and Equipment Program reporting

Aids and Equipment Program (A&EP) reporting is not incorporated into the QDC information system used by the majority of Disability Services Division funded activities. Data relating to this program is collected using the Program of Aids for Disabled People Administration (PADMIN) database at each A&EP issuing centre.

Data from PADMIN is reported to the department on a quarterly basis through two processes:

- submission of quarterly data to the regional department office for input into the A&EP database
- submission of expenditure data directly to Disability Services Division for uploading into the PADMIN database.

In addition to performance measures outlined in the Aids and Equipment activity specification (Part 7), the following are instructions for key A&EP data collection items:

- Total number of Aids and Equipment items ordered – calculated by excluding the oxygen fund but including the replacement of lymphoedema compression garments. If a service does not use the PADMIN database, they should record the number of items supplied for this data item.
- Number of people living with a disability on the A&EP waiting list – all individuals who were on the waiting list at the end of the quarter are to be included in this data item.
- Number of people who received oxygen assistance – all people who received oxygen during the quarter are to be included. Each individual is to be counted only once during the financial year.

For further information please contact the Aids and Equipment PASA in your region.

6.12 Community Building Project Achievement Reporting System

The Community Building Project Achievement Reporting System (CBPARS), an access database application, is a mechanism for reporting on project achievements developed by the community building initiatives RuralAccess, MetroAccess and *deaf access* VICTORIA workers.

The CBPARS is being implemented during 2006–07 and forms part of the overall reporting framework of the community building initiatives. Workers will be required to complete reports quarterly.

For further information please contact the Department of Human Services Community Building Contact in your region.

6.13 Information services annual report

To help ensure the relevance, accessibility, quality and enhancement of information services provided to people living with a disability, their families and carers, service providers and the community, community service organisations are required to submit an annual report each financial year addressing the following items.

Information services provision

- The target audience/s for information services activities.
- Measures undertaken to ensure that your target audience/s is satisfied with the information services provided.
- Measures undertaken to ensure that the website is accessible to its audience.
- Proportion (percentage) of your information services activities funded via the Disability Services Division Information Services activity (17033).
- Improvements to information services provision over the previous 12 months (2006–07 financial year).
- A brief overview of any improvements your information services over the upcoming 12 months (2007–08 financial year).

Website and telephone statistics

- Website name.
- Website address (URL).
- Telephone information service name and phone number.
- Whether your organisation collects and measures website and telephone statistics and if so:
 - a description of your collection methods
 - key statistics that you collect,
 - names of software packages that you may already use for the analysis of website and telephone data.
- The rationale used for calculating your response to the QDC question: (S-13) How many service users received support from this service type outlet during the quarter? This data is currently collected by the QDC Information System. Understanding the rationale you used to derive your response will help to inform future activity redevelopment.

Community service organisations are required to submit their information services annual report to their regional PASA by 31 August.

6.14 Fire risk management

The department is currently updating the *Fire risk management guideline series* (completion due in December 2006).

It is anticipated the document will incorporate updated compliance certificates for some types of services.

Protecting clients

Protecting clients from fire risk is an important part of their care. The service agreement acknowledges that an organisation is responsible for complying with all laws relating to fire protection, health and general safety that apply to any premises from which the organisation operates, irrespective of whether the relevant regulatory requirements place the obligation on the owner or occupier of those premises.

An organisation entering into a service agreement must have in place an appropriate system to protect people under its care. For this reason, the department is keen to clarify its role and the role of the organisation in protecting the department's clients from fire risk.

6.14.1 Fire safety – general requirements

Services provided in own home

For services provided to clients in their own home (whether rented or owned by the client), the department expects that the client (and, where appropriate, the owner of the premises) will have responsibility for their own fire safety and ensure that the premises meet all relevant building by-laws, regulations or legislation, including retrospective obligations.

The department notes that the relevant authorities (for example, local councils) are charged with enforcement of fire safety provisions.

Responsibility for a client's fire safety is not specifically part of the service funded but is implied through common law or other duty of care requirements.

Other services

For services other than in the client's home, the organisation is required to ensure that the people in its care are appropriately protected from fire risk. This includes premises, operational readiness and client placement.

Premises

The department expects that the premises meet the relevant building by-laws, regulations or legislation in force at the time of construction, including provisions that apply retrospectively (for example, requirement for smoke alarms). Any subsequent building works shall meet the relevant building approval provisions at the corresponding time.

Where this is not the case, or where the organisation determines that the premises do not provide an appropriate level of fire safety, the organisation is expected to ensure that the premises are brought up to standard.

The department notes that the relevant statutory authorities (for example, local councils) are charged with enforcement of fire safety provisions.

Operational readiness

The organisation must ensure that appropriate operational readiness measures are developed, implemented and reviewed. This includes (but is not limited to) fire emergency management and evacuation procedures, training of staff to implement the procedures developed, and maintenance of fire safety systems.

Client placement

Where the organisation selects the clients for bed-based services, the organisation must determine whether the premises are suitable for the client to be evacuated safely, taking into account the fire systems installed and the capacity of the client to evacuate. Where changes occur that may affect the client's ongoing ability to evacuate safely, the suitability of the placement must be reassessed immediately and appropriate action taken as soon as possible.

Where the organisation does not select the clients, the organisation is still required to monitor any changes that may affect the client's ongoing ability to evacuate safely, assess the suitability of the placement, and take appropriate action as soon as possible.

Figure 6.1
Fire safety
additional
requirements

No.	Name of standard	Application (summarised – see Figure 6.3)	No. of Standard Accompanying departmental guideline	Compliance certificate
1	Lead Tenant/Home-based Care Services Fire Safety Standard	Lead Tenant or bed-based service provided to individuals in a carer's own home.	Not applicable	Not required
2	Support Service Only Fire Safety Standard	Service provided to people in their own home.	Not applicable	Not required
3	Relevant Authorities Fire Safety Standard	Bed-based service (not a private home) either: <ul style="list-style-type: none"> • without 24-hour rostered/live-in staff support/supervision, or • with 24-hour rostered/live-in staff support/supervision in a non-government owned premise, that is NOT intended to house statutory clients. 	Not applicable	Certificate No. 3
4	Department's Fire Risk Management Standard	Bed-based service with 24-hour rostered/live-in staff support/supervision in premises owned or leased by the state Government.	Capital Development Guidelines, Series 7, Fire Risk Management	Certificate No. 4
5	CSO Premises Fire Safety Standard	Premises (not a private home) owned or leased by an organisation with bed-based service receiving 24-hour rostered/live-in staff support/supervision, which is intended to house statutory clients.	Capital Development Guidelines, Series 7, Fire Risk Management	Certificate No. 5

If you have any questions about the application of fire safety standards in the premises from which services are delivered to clients, contact the PASA.

Compliance certification process

The CEO of an organisation that provides bed-based services (under standards 3, 4 and 5) is required to complete and provide the department with the relevant fire safety annual compliance certificates as part of the service agreement process. Even though the service agreement is for a three-year period, the certificates must be completed annually. This ensures that the organisation provides certification to the department that they have checked all relevant services and that they meet, and will continue to meet, the department's fire safety requirements. The CEO must have appropriate procedures in place to ensure ongoing compliance.

The annual certificates to be used are included in section 6.14.2 Certificates covering each financial year must be received by 1 July in the following financial year or at a date agreed with the PASA.

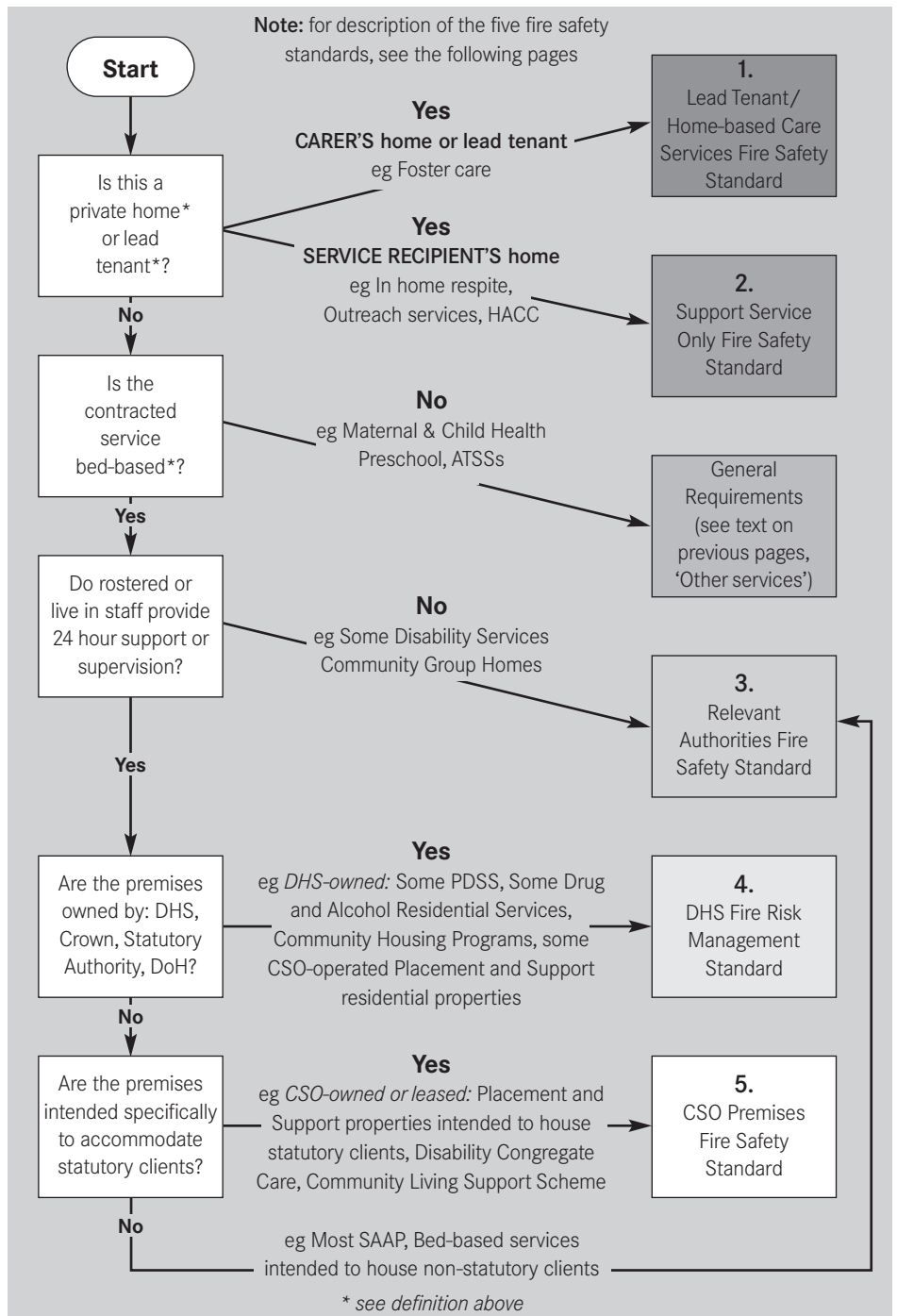
Incident reports

Organisations are required to provide fire incident and false alarm reports to the Department of Human Services regional fire risk management coordinator. Reports should be lodged as soon as possible after the incident. Pro formas for these reports are provided in Appendices 3a and 3b of *Capital development guideline 7.1 – Fire risk management policy and procedures* (available on the department's website in the Publications section under the heading of Financial and Corporate Services Division, 'Fire and Emergency Response Procedures and Training Framework').

Figure 6.2
Definitions

Bed-based service	A service contracted to provide overnight accommodation for clients.
Lead tenant	A service that provides semi-independent accommodation in a household, for people who are in transition to independent living, which uses a live-in volunteer to facilitate a supportive environment.
Private home	A home owned by the occupant(s), or a home formally or informally leased by the occupant(s).
Statutory client	Children for whom the department has custody or guardianship, and people with a disability who receive services pursuant to the <i>Intellectually Disabled Persons' Services Act 1986</i> or the <i>Disability Services Act 1991</i> .
24-hour support or supervision	Staff support or supervision is provided whenever clients are in residence, and includes active night rosters, sleepover rosters and 24-hour worker model.

Figure 6.3
Flowchart to determine appropriate fire safety standards



6.14.2 Fire safety standards

Lead tenant/home-based care services fire safety standard (Standard No. 1)

Application

Type of service: Services provided from carer's own home
(whether owned or rented by the carer) or lead tenant

Specifications

The organisation is required to make certain that persons under its care are appropriately protected from fire risk. This protection includes:

- Obtaining an assurance from the building owner that smoke alarms have been installed in accordance with the requirements of the Building Regulations 1994.
- Implementing strategies in response to clients with known or suspected fire lighting tendencies. This includes:
 - seeking assessment for the person to determine the severity of the behaviour and the likely risks
 - identifying strategies for managing and modifying the behaviour and addressing related causal issues as part of the Case Plan and Individual Plan
 - actively implementing these strategies
 - referral to appropriate services to modify fire lighting behaviour to a safe level
 - ensuring an adequate level of fire safety management in the household.

Client placement

Where the organisation selects the clients, the organisation must determine whether the premises are suitable for the client to be evacuated safely, taking into account any fire safety systems installed, and the evacuation capacities of the client. Where changes may affect the client's ongoing ability to evacuate safely, the suitability of the placement must be reassessed, and appropriate action taken.

Where the organisation does not select the clients, the organisation must still monitor any relevant changes that may affect the client's ongoing ability to evacuate safely, assess the suitability of the placement and take appropriate action.

Support service only fire safety standard (Standard No. 2)

Application

Type of service: Services provided to clients in their own home
(whether rented or owned by the client)

Specifications

The department expects that the client (and where appropriate the owner of the premises) is responsible for their own fire safety and ensuring that the premises meet all relevant building by-laws, regulations or legislation, including those that apply retrospectively.

The department notes that the relevant statutory authorities (for example, local councils) are charged with enforcing fire safety provisions.

The responsibility for a client's fire safety is not specifically part of the service purchased from the organisation, but is implied through common law (or other duty of care) requirements.

Relevant authorities fire safety standard (Standard No. 3)

Application

Type of service: Bed-based with 24 hours rostered/live in staff support/supervision

Premises*: Neither State Government owned nor private home

Other: Where the department's Fire Risk Management Standard has not been specified (service is not intended specifically to house statutory clients)

or

Type of service: Bed-based without 24 hours rostered/live in staff support/supervision

Premises*: Not private home. May include some disability, placement and support, mental health, drug and alcohol, Supported Accommodation Assistance Program (SAAP) and aged care centre-based overnight respite residential services.

Specifications

The organisation is required to make certain that the persons in its care are appropriately protected from fire risk. This protection includes the following.

Premises

The department expects that the premises meet all relevant building by-laws, regulations or legislation, including provisions that apply retrospectively (for example, requirement for smoke alarms). It is expected that the premises were constructed to meet the requirements of relevant building by-laws, regulations or legislation in force at the time of construction and that building works have been undertaken in accordance with relevant building approval provisions since that time.

Where this is not the case, or where the organisation otherwise determines that the premises do not meet a standard that provides an appropriate level of fire safety, the organisation is expected to ensure that the premises are brought up to provide an appropriate level of fire safety protection.

The department notes that the relevant statutory authorities (for example, local councils) are charged with enforcement of fire safety provisions.

** In each case a reference to premises refers to those premises from which the service (which is subject to this service agreement) is provided.*

Operational readiness

The organisation must ensure that appropriate operational readiness measures are developed, implemented and reviewed. This includes (but is not limited to) development of fire emergency management and evacuation procedures, training of staff to implement the procedures developed, and maintenance of fire safety systems.

Maintenance of essential services

The organisation shall ensure that all essential services (including all fire safety equipment/systems) are being adequately maintained, in accordance with Part 11 of the Building Regulations 1994.

Completion of the weekly checklist will assist in providing documentation to support completion of the annual Essential Services Report (Form 15), which can be accessed on the department's website at www.dhs.vic.gov.au/pubs.htm once you have accessed this site click on the *Disability Services Division A-Z index of publications* and select *Fire safety equipment weekly checklist* document

Client placement

Where the organisation selects the clients, the organisation must determine whether the premises are suitable for the client to be evacuated safely, taking into account any fire safety systems installed and the evacuation capacities of the client. Where any relevant change may affect the client's ongoing ability to evacuate safely, the suitability of the placement must be immediately reassessed and appropriate action taken as soon as possible.

Where the organisation does not select the clients, the organisation must still monitor any relevant changes that may affect the client's ongoing ability to evacuate safely, assess the suitability of the placement, and take appropriate action as soon as possible.

Compliance certification

Compliance Certificate No. 3 must be returned by 1 July in the following financial year, or by a date to be agreed between the organisation and the department's PASA. This date will take into account any relevant upgrading works that are scheduled.

The department's fire risk management standard (Standard No. 4)

Application

Type of service: Bed-based with 24 hours rostered/live in staff support/supervision. May include disability (including respite), placement and support, secure welfare, juvenile justice, mental health, drug and alcohol, and SAAP residential services.

Premises*: Owned or leased by the State Government (the Crown, the Secretary of the department or the Director of Housing), but not rental general stock.

Accompanying document

Capital development guidelines, series 7, fire risk management (relevant guidelines applicable for specific occupancy types for which the organisation has responsibility). The guidelines can be accessed on the department's website (Publications section under the heading of Financial and Corporate Services Division, 'Fire and emergency response procedures and training framework').

Specifications

The organisation is required to make certain that persons in its care are appropriately protected from fire risk.

Premises

The department will fulfil its responsibilities as owner of the premises by upgrading the premises to meet the requirements of the Capital development guidelines, series 7, fire risk management (as amended from time to time) applicable to the premises*.

The organisation must ensure that any non-compliance with these guidelines that it becomes aware of is reported to the building owner (the appropriate representative of the Crown, the Secretary or the Director of Housing, as relevant) so that remedial action may be taken.

* In each case a reference to premises refers to those premises from which the service (which is subject to this service agreement) is provided.

Operational readiness

The organisation must ensure that appropriate operational readiness measures are developed, implemented and reviewed as a minimum in accordance with Australian Standards: AS 4083-1997, Planning for emergencies – Health care facilities and AS 3745-2002, Emergency Control Organisation and Procedures for Buildings as appropriate. This includes (but is not limited to) development of fire emergency management and evacuation procedures, training of staff to implement the procedures developed, and conducting regular evacuation drills.

For organisations providing disability and/or placement and support residential services, operational readiness measures shall be in accordance with the department's fire and emergency response procedures and training framework (as amended from time to time). The framework can be accessed on the department's website (Publications section under the heading of Financial and Corporate Services Division, 'Fire and emergency response procedures and training framework').

Maintenance of essential services

The department will fulfil its responsibilities as owner of the premises by maintaining fire safety systems. The organisation must ensure that any factor that may affect the performance or operation of fire safety equipment, fire safety fittings, fire safety measures, exits and essential services that it becomes aware of is reported to the building owner.

Completing the weekly checklist will assist in providing documentation to substantiate adequate maintenance of essential services.

Client placement

Where the organisation selects the clients, the organisation must determine whether the premises are suitable for the client to be evacuated safely, taking into account any fire safety systems installed and the evacuation capacities of the client. Where any relevant change may affect the client's ongoing ability to evacuate safely, the suitability of the placement must be reassessed immediately and appropriate action taken as soon as possible.

Where the organisation does not select the clients, the organisation must still monitor any relevant changes that may affect the client's ongoing ability to evacuate safely, assess the suitability of the placement, and take appropriate action as soon as possible.

Compliance certification

Compliance Certificate No. 4 must be returned by 1 July in the following financial year, or by a date to be agreed between the organisation and the department's PASA. This date will take into account any relevant upgrading works that are scheduled.

Non-government organisation premises fire safety standard (Standard No. 5)

Application

Type of service: Bed-based with 24 hours rostered/live in staff support/supervision for statutory clients. May include disability (including respite), placement and support, mental health, drug and alcohol and SAAP residential services.

Premises*: Owned or leased by the organisation, but not a private home

Accompanying document

Capital development guidelines, series 7, fire risk management (relevant guidelines applicable for specific occupancy types for which the organisation has responsibility). The guidelines can be accessed on the department's website (Publications section under the heading of Financial and Corporate Services Division, 'Fire and emergency response procedures and training framework').

Specifications

The organisation is required to make certain that the persons in its care are appropriately protected from fire risk. This protection includes the following.

Premises

The premises must meet the requirements of the relevant *Capital development guidelines, series 7, fire risk management* (as amended from time to time) applicable to those premises*. The department will discuss the process of fire safety assessment and upgrade works and availability of funds (where this has not already been done) to meet these requirements.

** In each case, a reference to premises refers to those premises from which the service (which is subject to this service agreement) is provided.*

Operational readiness

The organisation must ensure that appropriate operational readiness measures are developed, implemented and reviewed as a minimum in accordance with Australian Standards: AS 4083-1997, Planning for emergencies – Health care facilities and AS 3745-2002, Emergency Control Organisation and Procedures for Buildings as appropriate. This includes (but is not limited to) development of fire emergency management and evacuation procedures, training of staff to implement the procedures developed, and conducting regular drills.

For organisations providing disability and/or placement and support residential services, operational readiness measures shall be in accordance with the department's fire and emergency response procedures and training framework (as amended from time to time). The framework can be accessed on the department's website (Publications section under the heading of Financial and Corporate Services Division, 'Fire and emergency response procedures and training framework').

Maintenance of essential services

The organisation shall ensure that all essential services (including all fire safety equipment/systems) are adequately maintained in accordance with Part 11 of the Building Regulations 1994.

Completion of the weekly checklist will assist in providing documentation to support completion of the annual Essential Services Report (Form 15).

Client placement

The organisation must determine whether the premises are suitable for the clients to be evacuated safely, taking into account any fire safety systems installed, and the evacuation capacities of the client. Where any relevant change may affect a client's ongoing ability to evacuate safely, the suitability of the placement must be reassessed immediately, and appropriate action taken as soon as possible.

Compliance certification

Compliance Certificate No. 5 must be returned by 1 July in the following financial year or by a date to be agreed between the organisation and the department's PASA. This date will take into account any relevant upgrading works that are scheduled.



Department of Human Services

Certificate No. 3 of Fire Safety Compliance for 200_–200_ Relevant Authorities Fire Safety Standard

Name of Organisation: (“The Organisation”)

This certificate is to be issued by the CEO (or equivalent) acting for and on behalf of the Organisation to confirm that premises coming within the Organisation’s control comply with fire provisions as required by relevant legislation. The completed certificate covering a specific financial year must be submitted to the Department’s PASA by the end of June in that financial year.

From the information I have obtained, I am satisfied that for each of the premises on the attached list*:

Compliance with the requirements of the *Building Act 1993* and the *Building Regulations 1994* (or as updated)

- (a) The premises comply with:
 - the requirements of the *Building Act 1993* and the *Building Regulations 1994* in force at the time of construction or renovation of the premises; and
 - retrospective requirements of the *Building Act 1993* and the *Building Regulations 1994* where applicable.
- (b) Procedures are in place to ensure continuing compliance with (a) for the next 12 months.

Operational Readiness

- (c) All fire safety equipment, fire safety fittings, fire safety measures, exits, paths of travel to exits and “essential services” (as defined in and required by the Building Regulations 1994) are being adequately maintained; and staff training and fire drills have been carried out in accordance with procedures which have been documented by the Organisation.
- (d) A maintenance contract, Policy and Procedures and Training are in place to ensure continuing compliance with (c) for the next 12 months.

Signed for and on behalf of the Organisation

Signature: Date:/...../.....

Name (block letters):

Title:

Address:

.....

* Attach list of premises

Certificate No. 4 of Fire Safety Compliance for 200__200__ Department Fire Risk Management Standard

Name of Organisation: (“The Organisation”)

This certificate is signed by the CEO (or equivalent) acting for and on behalf of the Organisation to confirm that premises coming within the Organisation’s control comply with the Department’s Capital Development Guidelines - Fire Risk Management. The completed certificate covering a specific financial year should be submitted to the Department’s PASA by the end of June in that financial year.

From the information I have obtained, I am satisfied that for each of the premises on the attached list*:

Compliance with Series 7 Capital Development Guidelines - Fire Risk Management

- (a) Any non compliances with the Capital Development Guidelines, Series 7, Fire Risk Management which have come to the attention of the Organisation have been reported to the building owner.
- (b) Procedures are in place to ensure continuing compliance with (a) for the next 12 months.

Emergency Response Policy and Procedures Are In Place and Exercised

- (c) The following are in place and updated as required:
 - documented emergency management and evacuation procedures which meet Australian Standards AS4083 and AS3745 or the Department’s Fire and Emergency Response Procedures and Training Framework, as appropriate;
 - appropriate documentation to demonstrate that these procedures have been tested through fire drills and can be effectively implemented in the event of fire;
 - appropriate staff training arrangements to enable these procedures to be carried out; and
 - any additional procedures required by the fire engineer as documented in the fire safety audit/risk assessment.
- (d) Procedures are in place to ensure continuing compliance with (c) for the next 12 months.

Maintenance

- (e) Any factors which may affect the performance of, or operation of fire safety equipment, fire safety fittings, fire safety measures, exits, paths of travel to exits and “essential services” (as defined in and required by the Building Regulations 1994) which have come to the attention of the Organisation have been reported to the building owner.
- (f) Procedures are in place to ensure compliance with (e) for the next 12 months.

Signed for and on behalf of the Organisation

Signature: Date:/...../.....

Name (block letters):

Title:

Address:

* Attach list of premises



Department of Human Services

Certificate No. 5 of Fire Safety Compliance for 200_-200_ CSO Premises Fire Safety Standard

Name of Organisation: (“The Organisation”)

This certificate is signed by the CEO (or equivalent) acting for and on behalf of the Organisation to confirm that premises coming within the Organisation’s control comply with the Department’s Capital Development Guidelines - Fire Risk Management. The completed certificate covering a specific financial year should be submitted to the Department’s PASA by the end of June in that financial year.

From the information I have obtained, I am satisfied that for each of the premises on the attached list*:

Compliance with Series 7 Capital Development Guidelines - Fire Risk Management

- (a) I have viewed the fire safety audit and/or risk assessment report in accordance with the requirements of the Capital Development Guidelines, Series 7, Fire Risk Management, and I confirm that the Organisation has rectified any non-compliances.
- (b) Procedures are in place to rectify and ensure any non-compliance with (a) are addressed for the next 12 months.

Emergency Response Policy and Procedures Are In Place and Exercised

- (c) The following are in place and updated as required:
 - documented emergency management and evacuation procedures which meet Australian Standards AS4083 and AS3745 or the Department’s Fire and Emergency Response Procedures and Training Framework, as appropriate;
 - appropriate documentation to demonstrate that these procedures have been tested through fire drills and can be effectively implemented in the event of fire;
 - appropriate staff training arrangements to enable these procedures to be carried out; and
 - any additional procedures required by the fire engineer as documented in the fire safety audit/risk assessment.
- (d) Procedures are in place to ensure continuing compliance with (c) for the next 12 months.

Maintenance

- (e) All fire safety equipment, fire safety fittings, fire safety measures, exits, paths of travel to exits or “essential services” (as defined in and required by the Building Regulations 1994) are being adequately maintained as at the date of signature.
- (f) A maintenance contract and procedures are in place to ensure compliance with (e) for the next 12 months.

Signed for and on behalf of the Organisation

Signature: Date:/...../.....

Name (block letters):

Title:

Address:

.....

* Attach list of premises

Appendix 3a: Report on Fire Incident

1. Facility address/building: 5. Estimated time to discovery after ignition:.....

 6. Time of call to Fire Brigade:.....
 2. Date of fire: 7. Time Fire Brigade arrived:
 3. Age of premises where fire occurred: 8. Time fire was extinguished:
 4. Time of discovery: 9. Estimated cost of damage:

Answer questions 10 – 20 by circling one, or more, of the options provided.
 It may be helpful to provide a sketch indicating the extent of fire and smoke spread.

10. Fire discovered by:

- | | | | |
|-------------|-------------------|-------------------|--------------------------|
| 1 Employee | 2 Patient/clients | 3 Resident/tenant | 4 Visitor/passers-by |
| 5 Sprinkler | 6 Smoke detector | 7 Heat detector | 8 Other (please specify) |
-

11. Building type:

- | | | | |
|----------------------------|--|----------------------------|-----------------------------------|
| 1 Hospital | 2 Day Hospital | 3 Congregate Care Facility | 4 Supported Community-Based House |
| 5 Community - Based Houses | 6 Other community and Residential Facility | 7 Secure Facility | 8 Day Centres |
| 9 Single Dwelling | 10 Boarding House | 11 Multi-Storey | 12 Other (please specify) |

Refer to other guidelines

12. Location of fire:

- Ward – specify type
- Ancillary area – specify type e.g. kitchen, plant room
- Bedroom
- Other

13. Method of extinguishment:

- | | | | |
|----------------------|----------------------------|-------------------------|---------------------------|
| 1 None | 2 Self extinguished | 3 Portable Extinguisher | 4 Fire hose |
| 5 Dousing with water | 6 Equipment isolated | 7 Smothering | 8 Removal |
| 9 Sprinkler | 10 Suppression (CO2, etc.) | 11 Fire Brigade | 12 Other (please specify) |
-

continues over page

Appendix 3a: Report on Fire Incident continued

14. Material first ignited:

- | | | | |
|----------------------------------|--------------------------|---|--------------------------|
| 1 Raw materials | 2 Vegetation | 3 Clothing on person | 4 Other textiles |
| 5 Bedding, mattress (on bed) | 6 Upholstery | 7 Other furnishings or fittings <i>(please specify)</i> | |
| 8 Stored materials | 9 Linings | 10 Structure | 11 Fittings |
| 12 Food | 13 Electrical insulation | 14 Lagging | 15 Decoration, soft toys |
| 16 Cleaning materials | 17 Waste | 18 Unknown | 19 Cooking materials |
| 20 Other <i>(please specify)</i> | | | |

15. Spread of fire within room or origin:

- | | | | |
|-----------------------|--------------------|---------------------------------|------------------------|
| 1 Not applicable | 2 Confined to item | 3 Stored material | 4 Furnishings/fittings |
| 5 Furnishings/linings | 6 Equipment | 7 Other <i>(please specify)</i> | |

16. Cause of fire:

- | | | | |
|-------------------------------------|-------------------------------------|----------------------------------|----------------------------------|
| 1 Deliberate | 2 Cooking appliances | 3 Space heating | 4 Central heating |
| 5 Water heating | 6 Hotwork | 7 Lighting | 8 Naked lights |
| 9 Equipment failure <i>(elect.)</i> | 10 Equipment failure <i>(mech.)</i> | 11 Wire and cable <i>(fixed)</i> | 12 Wire and cable <i>(leads)</i> |
| 13 Smoking | 14 Unknown | 15 Other <i>(please specify)</i> | |

17. Spread of smoke beyond room of origin: *(Provide sketch if necessary)*

- | | | | |
|------------------|--------------------------|----------------------------------|--------------------|
| 1 Not applicable | 2 Confined to room | 3 Corridor(s) | 4 Adjacent room(s) |
| 5 Main corridor | 6 Adjacent department(s) | 7 Stairway(s) | 8 Other floor(s) |
| 9 Roof voids(s) | 10 Adjacent building(s) | 11 Other <i>(please specify)</i> | |

18. Spread of burning beyond room of origin: *(Provide sketch if necessary)*

- | | | | |
|------------------|--------------------------|----------------------------------|--------------------|
| 1 Not applicable | 2 Confined to room | 3 Corridor(s) | 4 Adjacent room(s) |
| 5 Main corridor | 6 Adjacent department(s) | 7 Stairway(s) | 8 Other floor(s) |
| 9 Roof voids(s) | 10 Adjacent building(s) | 11 Other <i>(please specify)</i> | |

19. Route of fire spread: *(Zones)*

- | | | | |
|------------------|------------------|----------------|---------------------------------|
| 1 Not applicable | 2 Ducts | 3 Spaces/voids | 4 Defective fire stopping |
| 5 Open door | 6 Stairway/lifts | 7 External | 8 Other <i>(please specify)</i> |

20. Extent of evacuation: *(Provide sketch if necessary)*

- | | | | |
|------------------------|-------------------------------|-------------------------|----------------------------------|
| 1 Unnecessary | 2 Room only | 3 Adjacent room(s) | 4 Department/ward |
| 5 Street/main corridor | 6 Adjacent department(s)/ward | 7 Floor | |
| 8 Other floor(s) | 9 Adjacent building(s) | 10 Adjacent building(s) | 11 Other <i>(please specify)</i> |

21. Effects on persons involved: *(Provide numbers and details of persons injured or killed)*

.....

.....

.....

.....

Appendix 3b: False Alarm Report

1. Facility address/building:
2. Date of alarm:
3. Time of alarm:
4. Fire Brigade response (no. of appliances):
5. Time of Fire Brigade arrival:

6. False alarm initiated by:

- | | | | |
|---------------------|------------------------|--------------------------|--------------------|
| 1 Smoke detector | 2 Heat source | 3 Sprinklers | 4 Staff phone call |
| 5 Break Glass alarm | 6 Client/resident call | 7 Other (please specify) | |
-

7. Cause of false alarm:

- | | | | |
|------------------------|---------------------------|-----------------|-----------------|
| 1 Steam from bathrooms | 2 Heat detector | 3 Cooking fumes | 4 Dust |
| 5 Accidental damage | 6 Vandalism | 7 Smoking | 8 Faulty system |
| 9 Unknown | 10 Other (please specify) | | |
-

8. Location of detector causing false alarm:

- | | | | |
|----------------------|------------------------|---------------------------|------------------------|
| 1 Mental health ward | 2 Elderly ward | 3 Other ward | 4 Operating department |
| 5 Outpatients | 6 Accident & Emergency | 7 Kitchen | 8 Plant room |
| 9 Records/archives | 10 Boiler house | 11 Corridor | 12 Lab/pharmacy |
| 13 Admin/offices | 14 Main stores | 15 Education | 16 Laundry |
| 17 Outside building | 18 Bedroom | 19 Lounge | 20 Roof space |
| 21 Sub-floor area | 22 Bathroom | 23 Other (please specify) | |
-

9. Describe in as much detail as possible the estimated cause of the alarm:

.....

.....

10. Amount of charge from Fire Authority:

11. Was an evacuation undertaken? Yes/No

12. How many occupants were evacuated?

Patients/Clients/Residents Staff Visitors

13. Please provide any relevant comments, for example, evacuation efficiency:

.....

.....

.....

.....

6.14.3 Incident reporting system

Incident reporting aims to:

- support the provision of high quality services to clients, through the full and frank reporting and subsequent analysis of adverse events
- assure and enhance the quality of the department's programs, through monitoring and acting on trends identified through incident reports
- inform the appropriate ministers, the Secretary, executive directors, directors and regional directors of significant incidents affecting clients and staff, in a timely and accurate manner
- ensure that due diligence and duty of care requirements are met and any identified deficits addressed
- support organisational consistency.

The departmental incident reporting policy and related documents can be accessed in full via the Funded Agency Channel. At <https://fac.dhs.vic.gov.au> select 'Incident Reporting' from the Quick Links list on the right hand side of the page. You will find the Instruction, forms, list of incident types and related documents.

Who needs to report?

Disability Services funded agencies providing direct care services to clients, including day activities, are required to comply with departmental incident reporting processes for category one, two and three incidents.

Divisions may issue additional guidelines for funded organisations providing more detail relating to incident management and reporting for particular programs, this information is available on the Funded Agency Channel.

Completing the incident report form

The incident report form can be completed electronically and is available at: <http://www.dhs.vic.gov.au/dhsforms.htm>

The incident report form should contain all necessary facts – who was involved; how, where and when the incident occurred; who is injured and the nature and extent of injuries (if applicable); and what action is being taken in response to the incident. Objective language should be used. It may not be necessary to name witnesses. All reports must be legible and presented in the specified report format.

6.15 Service agreements

More than 70 per cent of the department's budget is spent funding organisations to deliver services to individuals and community groups in Victoria. A service agreement outlines the requirements of services to be delivered and the associated funding that will be paid to an organisation to deliver the services.

The department's Service Agreement Management System (SAMS) is the computer system used to record and produce service agreements. There is one agreement for each funded organisation. This contains information about the funding and targets for each program and service activity that is funded through any of the eight regions or through Head Office divisions. Once the agreement is signed, a variation must be negotiated to enable any changes to funding or targets.

Under each agreement, any number of service plans can be attached. A service plan represents a program or particular grouping of activities – for Disability Services only one service plan type is used. Plans can record a range of information on each funded activity.

Service agreement schedules

The service agreement consists of five schedules that together reflect and support the department's business context. The five schedules are:

- Schedule 1 – signatory page and the terms and conditions, including the intent of the Partnership Agreement/Protocol.
- Schedule 2 – a financial summary of the funding to be provided for the services outlined in Schedule 3 and the payment schedule for one financial year of the service agreement.
- Schedule 3 – outlines services to be provided by the organisation, and the corresponding funding, service performance measures and targets, service standards and guidelines and data collection requirements (for performance reporting and other data reporting).
- Schedule 4 – enables the department and organisation to:
 - document specific issues, concerns and actions about the relationship between the department and organisation
 - document specific actions that the organisation and the department will undertake that relate to the overall service agreement
 - specify additional requirements relating to individual service plans and activities (detailed in schedule 3).
- Schedule 5 – details financial accountability and reporting requirements.

Service agreement process

For the service agreement process, each organisation is assigned a PASA as primary contact, who is responsible for overseeing negotiations for the service agreement and all variation processes with an organisation. Additional PASAs with service plan responsibility also liaise with the organisation on specific program issues, service development initiatives, and carry a responsibility within the service agreement process. Funded organisations should contact their PASA with any queries.

6.16 Department-managed services

Government or internally managed services have similar reporting requirements to community service organisations. For example, internally managed services must participate in performance and data collection processes such as quality management outlined earlier.

In addition, all services delivered to individuals and all services requested by individuals must be registered.

The department is now piloting the Client Relationship Information System (CRIS), a new, modern and flexible client information and case management system that will replace the Disability Client Information System (DISCIS). All individuals receiving services from the department are to be registered on CRIS and, for regions that have yet to access CRIS, on DISCIS.

To respond flexibly to the support needs of people living with a disability, the department has developed a new recording system, the Disability Support Register (DSR), which replaces the Service Needs Register. The DSR sits within CRIS and, for regions that have yet to access CRIS, a replica of the DSR functionality has been developed in an access database to be used in the interim. All individuals requesting services from the department are to be registered on the DSR.

Questions regarding CRIS can be directed to cris.questions@dhs.vic.gov.au