V I C T O R I A

Auditor General
Victoria

Follow-up of selected performance audits tabled in 2002 and 2003

Ordered to be printed

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President
Legislative Council
Parliament House
Melbourne

The Hon. Judy Maddigan MP
Speaker
Legislative Assembly
Parliament House
Melbourne

Dear Presiding Officers

Under the provisions of section 16AB of the *Audit Act 1994*, I transmit my performance audit report on *Follow-up of selected performance audits tabled in 2002 and 2003.*

Yours faithfully

JW CAMERON
Auditor-General

27 October 2005

Foreword

My Office revisits selected major audits after 2 years to determine whether agencies have acted to implement the agreed recommendations. This report contains 4 follow-up reviews on performance audits conducted during 2002 and 2003. The audits were:

- Management of food safety in Victoria
- Drug education in schools
- Fire prevention and preparedness
- Mental health services for people in crisis.

I am pleased that the agencies have done considerable work to implement the recommendations from the original performance audit reports. However, some issues remain. This report makes recommendations for the agencies to continue their progress in these important areas of performance.

JW CAMERON
Auditor-General
27 October 2005

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1. Executive Summary

1.1   Introduction

This report sets out progress made by agencies on implementing recommendations made in 4 performance audits conducted during 2002 and 2003, which examined:

- Management of food safety in Victoria
- Fire prevention and preparedness
- Drug education in government schools
- Mental health services for people in crisis.

We have identified opportunities and made recommendations to assist agencies to continue implementation. Our recommendations and agency responses are included in the individual parts of this report.

1.2   Overall conclusions

1.2.1 Management of food safety in Victoria

In 2002, we audited the effectiveness of the regulatory framework for food safety in Victoria. We examined the activities of 12 municipal councils and the Department of Human Services' Food Safety Unit (DHS FSU). Our October 2002 report *Management of food safety in Victoria* made recommendations for improving registration and compliance; statewide coordination; eduction, awareness and health promotion; and performance measurement and reporting.

This follow-up audit examined progress made by DHS and 19 municipal councils in addressing key recommendations from the report. We concluded that there has been some improvement in the regulation of food safety in Victoria since our 2002 audit. However:

- compliance with the requirement to undertake annual inspections needs to be improved in around half of the councils visited
- DHS needs to act to address recommendations relating to quality assurance for independent auditors, review of its food recall procedures, and arrangements for maintaining policies and procedures
- councils and DHS need to resolve issues around performance measurement and reporting, and work together better.

The difficulty in finding staff to undertake council food safety activities has the potential to undermine the effectiveness of the regulatory system. DHS, councils and other relevant entities need to work together to address this risk.

There continue to be inadequacies in the administration of the food safety regulatory framework and it is unlikely that there will be any change to the better while food safety in Victoria is managed under legislation that does not require the key agencies to better account for their performance. We conclude that this issue should be examined as part of the current DHS review of the *Food Act 1984.*

1.2.2 Fire prevention and preparedness

Our May 2003 report *Fire prevention and preparedness* examined the fire prevention and preparedness activities of the Country Fire Authority (CFA), the Department of Sustainability and Environment (DSE) and the Office of the Emergency Services Commissioner (OESC).

The report made a number of recommendations addressing:
- planning for fire prevention and response
- managing fire hazards
- planning for the fire management work force
- managing firefighting equipment
- educating the community to prepare for fire.

Since then, there has been considerable progress made by fire management agencies in implementing our recommendations. Improvements we have noted include:
- stronger arrangements for coordination of fire management across the state
- changes in DSE to implement a "365-day" model of fire management, which better balances its resources and activities around the year and across the spectrum of prevention, mitigation, response, recovery and community preparedness activities
- increases in the fire management work force
- better asset and equipment management.

However, there are still long-term challenges, and agencies must maintain their commitment and sense of urgency. Key issues include:
- Integration of fire prevention and response activities seamlessly across public and private land. Work has commenced in this area, but the completion of the wildfire component of the Fire Safety Victoria strategy must be given priority by the OESC, DSE and CFA.

- DSE has only just commenced a long-term work force planning process for its firefighting work force.

Our follow-up report also identified that CFA needs to review its policy on maintenance of brigade-owned vehicles to ensure that vehicles are properly inspected and maintained.

1.2.3 Drug education in government schools

In March 2003, our report *Drug education in government schools* made a number of recommendations to enhance school-based drug education programs and ensure their long-term viability.

In our follow-up audit, we found that the Department of Education and Training (DET) has implemented a number of initiatives to address our earlier recommendations. DET has:

- encouraged non-government schools to increase their participation in drug education programs
- improved accountability of government schools for the delivery of drug education
- developed a strategic plan for increasing parent engagement, supported by resources to assist schools in engaging parents
- worked with Life Education Victoria to ensure that its work in schools effectively links with the strategy
- developed and commenced implementation of the Drug Education Evaluation and Monitoring (DEEM) project to evaluate the success of its drug education initiatives.

We conclude that while this work is sound, it could be enhanced by the implementation of further initiatives. These are included in our recommendations.

1.2.4 Mental health services for people in crisis

Our October 2002 report *Mental health services for people in crisis* examined access to expert psychiatric assessment and service, integration between acute and community-based services, review of involuntary patients, and performance monitoring.

Our follow-up report examines the extent to which the Department of Human Services (DHS) and the Mental Health Review Board (MHRB) have implemented our recommendations.

Since 2002, DHS has:

- developed a demand management strategy to address growing demand for mental health services
- increased the number of in-patient beds and the number of "step-down" beds (providing intensive support for patients who require intensive support, but not full in-patient care)
- implemented some changes to entry arrangements, to provide more streamlined access to Area Mental Health Services (AMHS)
- worked to clarify the key processes in patient treatment, including entry and assessment processes and discharge planning.

While the demand management strategy is soundly based and targets key areas, it is too soon to tell if the steps taken are making a difference and if they will be sufficient over the long term.

Our follow-up audit noted some promising initiatives, such as Southern Health's introduction of a 24-hour/7-day mental health triage service, which has provided more streamlined and consistent access to this mental health service.

DHS has improved its performance monitoring and reporting since our 2002 report. However, not all trends reported are positive. The percentage of patients who have an unplanned readmission to acute care within 28 days has increased, and DHS will need to conduct further investigation to better understand the reasons for this. As reporting on the mental health performance indicators rolls out, benchmark reporting needs to be a priority. This will allow Area Mental Health Services to compare their performance.

In 2002, we recommended that DHS and AMHS improve their communication with patients and carers. Steps have been taken in this area, however, DHS' attempts to survey consumer and carer experiences have had a relatively low response rate to date. DHS and AMHS need to keep working to find better ways to gauge the views of patients and carers about services for people with mental illness.

1.3   General information on the follow-ups

The reviews included in this report were performed in accordance with the Australian auditing standards. The total cost was $270 000. This cost includes staff time, overheads, expert advice and printing.

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2. Management of food safety in Victoria: Progress made on our 2002 report

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2.1   Introduction

The *Food Act 1984* sets the regulatory framework for food safety in Victoria to promote and support good hygiene practices in food businesses. The Department of Human Services (DHS) is the central regulatory agency. Its role is carried out by the Food Safety Unit (FSU), an operational unit of DHS' Rural and Regional Health and Aged Care Services division. Local government is responsible for registering food premises and monitoring compliance with the Act. Food safety is one of a number of statutory functions and requirements undertaken by local government under state legislation[1].

In 2002, we audited the effectiveness of the regulatory framework. We examined the performance of DHS' FSU and 12 municipal councils (see Appendix 2A).

The *Management of food safety in Victoria* report was tabled in parliament in October 2002, and concluded that more work was needed by DHS and councils to ensure businesses are fully aware of both their legislative responsibilities and safe food handling practices. We also concluded that only a few councils were fulfilling all their legislative responsibilities. For most, there was poor compliance with key elements of the framework, including incomplete annual inspections of all registered food businesses, non-compliant businesses not being followed-up in all cases and the quantum of food sampling undertaken being below the minimum legislative requirement. We made 22 recommendations addressing 4 main issues:

- registration and compliance
- statewide coordination
- education, awareness and health promotion
- performance measurement and reporting.

This follow-up audit examined the progress made by DHS and the 12 councils in addressing key recommendations from 2002. To assess whether other councils considered our recommendations, we also visited 7 councils not included in the 2002 audit (see Appendix 2A). The additional 7 councils were selected to provide a spread of geographic and demographic coverage, and a range of council sizes.

This audit did not seek to again assess councils' food safety management performance, or to identify good practices, as was done in the 2002 audit.

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[1] Other statutory duties include enforcement of the *Tobacco Act 1987*, waste water management and environmental management.

2.2   Overall conclusion

There has been some improvement in the regulation of food safety in Victoria since our 2002 audit. Most municipal councils considered and, where necessary, responded positively to, the recommendations. Most have acted to address issues relating to surveillance strategies and annual inspections, and DHS and councils have improved their food sampling activities. However, compliance with the requirement to undertake annual inspections needs to be improved in 9 of the 19 councils visited.

DHS has not established a quality assurance system for independent auditors, has not formally reviewed its food recall procedures, and needs to improve its arrangements for maintaining policies and procedures. Councils and DHS continue to work independently in performing their duties under the legislation and have not resolved issues around performance measurement and reporting.

Some councils continue to have difficulty in finding staff to undertake their food safety activities. DHS, councils and other relevant entities need to work together to address this risk which has the potential to undermine the effectiveness of the regulatory system.

This review highlighted the continuing inadequacies in the administration of the food safety regulatory framework, particularly in the areas of leadership, collaboration between DHS and councils, and the quality of internal and external reporting.

If food safety in Victoria continues to be managed under legislation that does not require the key agencies to better account for their performance, it is unlikely that any system-wide change for the better will occur.

This is an issue that should be examined as part of the current DHS review of the Food Act.

Recommendations

1.   **That DHS and municipal councils work together to address the work force issues that pose a risk to the effective administration of food safety regulation in Victoria.**

2.   **That DHS and councils implement the outstanding recommendations from our October 2002 report *Management of food safety in Victoria*, particularly those relating to the statutory obligations of councils and statewide coordination of the regulatory framework.**

3.   **That DHS evaluate the VicFIN system to determine how it can be reconfigured to meet the needs of DHS and councils; how to eliminate the barriers to its take-up; and to develop strategies to encourage councils to participate in its maintenance.**

4.   **That DHS review the regulatory framework for food safety in Victoria with a view to improving public accountability around the effectiveness of food safety regulation, in order to ensure that the performance of all councils and DHS are subject to appropriate scrutiny by the community.**

Agencies involved in our follow-up audit consider the report to be fair and balanced and generally agree with the recommendations. Their responses are included at the end of this section of the report.

2.3   Registration and compliance

2.3.1 Identifying non-registered food businesses

Under the Food Act, a proprietor of a food business must not allow the business to operate from unregistered food premises. All premises must be inspected before registration. Local government councils are responsible for undertaking the inspections and for registering premises.

The 2002 audit found that many councils failed to systematically identify and register all food businesses. Only 4 councils had adopted sound practices. We recommended that councils develop formal risk-based surveillance strategies to identify non-registered food businesses.

Progress on the implementation of the recommendations since then is detailed below.

None of the 19 councils examined during this follow-up have established formal risk-based surveillance strategies[2]. Councils use a variety of approaches to identify non-registered food businesses:

- All council environmental health units[3] have links with other internal council departments such as planning, economic development, building and tourism to enable sharing of information. This is one of the primary means of identifying new food businesses. These links have developed to varying degrees within the councils we visited.

- In 12 councils, environmental health officers (EHO), i.e. the council officers responsible for undertaking inspections, are allocated specific geographic areas within the municipality. This enables each EHO to develop knowledge of the area, increasing the likelihood that new businesses will be identified. Six councils had only one EHO each, who was responsible for food safety, so such arrangements were not possible. One council chose not to allocate EHOs to geographic areas.

- EHOs are actively involved with local events organisers to ensure all temporary food businesses are registered. EHOs attend major events such as festivals to identify any non-registered food businesses present. Some EHOs hold positions on major events committees.

While they had not developed formal risk-based strategies, EHOs were able to demonstrate that they had considered their local area's individual characteristics, e.g. geographic size, seasonal patterns, community calendars/events and tourism patterns when developing the approach to identifying non-registered food businesses. They have worked with tourism officers to identify bed and breakfast providers in rural tourist areas, and developed relationships with market organisers and proprietors to encourage them to notify the council of new businesses or any questionable activities.

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[2] A formal risk-based surveillance strategy should set out actions to mitigate the risk that non-registered food businesses may operate within a municipality. The strategy should address risks identified by the council through an assessment of the local environment, e.g. the existence of high turnover businesses (markets, market stalls, rented space, e.g. cold rooms and freezer capacity facilities), seasonal factors such as tourism and festivals, historical data, e.g. profiles of the types of non-registered food business previously operating in the area etc. The risk-based surveillance strategy should prioritise actions and allocation of environmental health officer resources in accordance with the severity of the risks identified.

[3] In many councils, officers involved in regulating food safety are located within the environmental health or community health unit. In this report the term "environmental health unit" is used generically to mean the unit within a council which is responsible for the management of food safety.

While informal strategies to identify non-registered businesses are used, the following matters highlight the need for improved risk-based surveillance strategies. DHS needs to provide guidance for councils in dealing with these matters and to encourage a consistent approach across councils.

Business transfers

Changes in ownership of registered premises represent a risk to the effective operation of the food regulatory framework. Specifically, there is a risk that changes in ownership could result in registered premises operating without complying with the requirements of the Act. For example, the Act requires the proprietor of a food business to ensure that there is a food safety supervisor for each registered premises.

Some councils advised that changes in ownership are at times identified only at the time of annual registration renewal. Therefore, it is possible for businesses to operate under new ownership for up to 12 months before the change of ownership is known by councils and the necessary checks undertaken. We consider that a more structured strategy to identify business transfers, e.g. educating local solicitors, architects and shop fitters would reduce the risk of unregistered businesses continuing to operate. Some councils have used this strategy.

Registration of temporary food businesses

Among councils there were differences in practice for registering "temporary" food businesses, e.g. food vendors who travel throughout the state or across municipal boundaries to participate in festivals. The Act requires businesses to be registered in each municipality in which they operate. Some councils require temporary food businesses to undergo a full annual registration process. Others have developed their own temporary registration processes. These practices are of concern, primarily because there is no provision for temporary registration in the Food Act. The inconsistent practice also causes confusion for food business operators.

2.3.2 Annual inspections

The Food Act requires councils to inspect each food premise and to check that the proprietor has complied with the related food safety program, before the annual registration is renewed. Inspections are the primary means for councils to ensure appropriate safe food handling practices are in place.

In 2002, we reported that 23 per cent of Victoria's registered food businesses had not been subject to an annual inspection. We recommended that councils:

- adopt a risk-based approach to the conduct of annual inspections
- examine options for reducing the level of incomplete inspections.

Progress on implementing these recommendations is detailed below.

Six of the 19 councils included in this follow-up have adopted a risk-based approach to the conduct of annual inspections, as distinct from identification of non-registered food business referred to in the previous section. Four of the 6 provided data to show that they had completed all of their inspections.

Advice from councils indicated that 10 had completed around 100 per cent of their annual inspections. Two (Hume and Moyne) had completed around 90 per cent; 6 (Benalla, Campaspe, Indigo, Latrobe, Mount Alexander and Surf Coast) had completed between 70 and 80 per cent; and one (West Wimmera) had completed only around 29 per cent of its annual inspections. (The quality of data maintained by councils is discussed later in this section of the report.)

Five of the 9 councils that had not completed their annual inspections were able to demonstrate that they are using a range of strategies to redress the situation, including:

- employing additional staff
- using contractors to cover staff shortages
- combining routine inspections with food safety plan compliance checks
- reviewing inspection processes to identify and eliminate inefficiencies
- contracting food safety activities to a consultancy.

The remaining 4 councils were still developing strategies to eliminate the backlogs.

Since 2002, all 19 councils have increased their environmental health funding. While there has been an overall improvement in the services offered by councils, it has not eliminated the level of outstanding inspections in every council. Some councils are making better use of their environmental health staff. Other councils would benefit from streamlining their inspection processes.

2.3.3 Food sampling

The Food Act requires councils to take food samples from food businesses within their municipalities for laboratory analysis, to determine whether the samples meet standards and are fit for human consumption. Each year, councils are required to take 3 food samples per 1 000 head of their municipal population, and to report the quarterly results to council. In 2002, we reported that councils often did not undertake the required number of food samples. We recommended that councils develop a statewide, risk-based, food sampling strategy in collaboration with DHS.

Progress on the implementation of these recommendations is detailed below.

The Victorian Food Sampling Committee (VFSC) was established by DHS and local government in late 2002 to organise and coordinate statewide sampling surveys. The VFSC includes laboratory representatives, food analysts, infectious diseases personnel, and DHS and local government staff. It develops statewide sampling surveys and plans to undertake one to 2 surveys each year. Councils may choose to participate in the surveys and can count the samples taken against their legislative sampling requirements.

The VFSC has completed one statewide sampling survey since it was established and has further surveys planned for October 2005 and May 2006. The first survey was well received by the councils we visited. However, participation was limited because the food surveyed (fresh fruit juice) was not relevant to all councils. Six councils we visited had participated in the survey (5 metropolitan and one rural). Three others stated that the short time frames for sampling had affected their ability to participate.

Some councils have collaborated through regional groups to address specific local sampling needs. The regional groups are part of the VFSC framework. Some councils have collaborated to establish a sampling program to address culturally and/or linguistically diverse (CALD) groups.

Twelve councils have detailed sampling plans in place, which identify what samples will be taken within particular time frames (generally developed with assistance from their chosen laboratory), designed to meet the legislative sampling requirements. Two councils do not have sampling plans in place, but are acting to develop them. The remaining 5 have documented risk-based frameworks which allow the EHOs to determine where, and when, they sample within set parameters - usually based on the inspection results.

We found that one council had not undertaken the required number of samples. This issue has been recently addressed and steps taken to ensure sampling requirements are met in future.

We were pleased to see that some councils had considered the individual characteristics of their municipalities when developing their sampling programs, and were not constrained by the minimum levels of food sampling required under the Act. For example, rather than relying on static population figures, municipalities with low numbers of permanent residents but high levels of food businesses and visitors, or with large population swells associated with festivals and seasonal movement, had considered these aspects when determining the level of sampling to be undertaken. These councils were undertaking levels of sampling greater than required under the legislation, to mitigate the additional risks.

2.3.4 Resourcing

In 2002, we reported that in larger councils EHOs were generally employed full-time to specifically undertake food safety activities. In smaller rural councils, EHOs were often engaged part-time, shared between more than one council, and responsible for all public health duties, e.g. administration of the Tobacco Act, investigations of infectious diseases, approval of septic tank systems, pest control, waste management etc. For some councils, the average time spent per business per year appeared to be insufficient to meet their legislative requirements. We also reported that 77 per cent of the 79 councils indicated difficulty in employing skilled EHOs.

We recommended that councils establish a formal framework to assist in determining their resource requirements, including optimum caseloads for EHOs and the time necessary to meet their food safety obligations.

Only one of the 19 councils examined during the follow-up has developed a formal framework for determining personnel requirements. Sixteen have reviewed their personnel requirements, either as part of their budgeting processes, before outsourcing their services, or during their best value reviews. We were unable to establish the basis on which work loads were allocated in 3 councils.

While most of the 19 councils we examined have analysed their EHO duties and council needs, the quality of the analysis varied, and could be improved. For example, the analysis could be enhanced by more rigorous benchmarking and review of current work practices of their EHOs, along with a consideration of local conditions, e.g. travel requirements, the experience/ability of EHOs and the complexity of businesses within the municipality.

All 19 councils have increased their funding since 2002. However, many continue to experience difficulties recruiting qualified and experienced EHOs. This has had particular consequences in the smaller rural councils where environmental health is generally the responsibility of one EHO alone, or in some cases, where EHOs are shared between councils. In some councils, relatively inexperienced EHOs are working with little support or guidance, and this presents a risk to their communities.

This difficulty in recruiting requires councils to consider innovative ways to address their workloads, such as by implementing risk-based approaches and streamlining their operating processes.

We are concerned that the effectiveness of the food safety regulatory system may be compromised by the shortage of skilled staff.

DHS has commissioned a project to analyse the Food Act work force. The project will examine the work force needs in local government over the next 10 years. The project report is expected to be published later in 2005.

It is critical that DHS and other agencies involved in training, recruitment, and employment of EHOs act quickly to respond to the work force shortage as it represents a significant risk to the food safety regulatory framework.

2.3.5 Conclusion – Registration and compliance

Most councils have acted to address the recommendations raised in our October 2002 report in relation to surveillance strategies, annual inspections and food sampling. While formal risk-based strategies are not in place, councils have made some progress in improving their compliance activities.

Improvement is needed before all councils meet the statutory requirement that all food safety premises be inspected annually. Despite increased resources, 9 of the 19 councils we visited have not met their inspection requirements, potentially undermining the integrity of the food safety regulatory system. There is also scope for councils to improve how they deal with transfers of business ownership and registration of "temporary" food business. DHS has a role to play in encouraging consistent practice and common understanding of the legislation across councils.

Some councils are not using their personnel in the most efficient manner and it is unclear how some allocate their work loads. While all councils have increased their environmental health funding since 2002, only one had established a formal framework to determine its personnel requirements.

Some councils continue to have difficulty in filling their EHO positions and this is compounded by the shortage of candidates entering training. DHS, councils and other relevant entities need to work together to address the work force issues which have the potential to undermine the effectiveness of the regulatory system.

Recommendation

1. **That DHS and municipal councils work together to address the work force issues that pose a risk to the effective administration of food safety regulation in Victoria.**

2.4   Statewide coordination

2.4.1 Strategic and operational planning

In 2002, we recommended that DHS' FSU develop a strategic plan in collaboration with key stakeholders and undertake operational planning linked to the strategic plan. We also recommended DHS clarify its responsibilities for, and establish protocols for, monitoring local government's fulfilment of its legislative obligations. We were concerned that the existing plans did not adequately address the roles and responsibilities of DHS, regional health units and stakeholders.

Progress on the implementation of these recommendations is detailed below.

In October 2004, DHS' FSU published a 3-year strategic plan[4] developed through consultation with stakeholders from within the department. While there was no specific consultation with the industry or local government, intelligence gathered from those sources was also used. The plan addressed 2 of the 3 requirements of our 2002 recommendation. It did not address the recommendation about establishing protocols for monitoring local government's fulfilment of its legislative obligations. This matter is discussed later in this section of the report.

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[4] Victorian Department of Human Services, *Strategic directions 2004-2007*, Food Safety Unit, October 2004.

The operational plan developed does not directly address all aspects of our audit recommendation. However, we are aware that work has been undertaken by DHS' FSU to document the roles and responsibilities, to develop a professional development program for its staff, and to establish guidelines for developing and reviewing food safety policies and procedures. The latter could be improved by including criteria to guide the nature and frequency of reviews, and arrangements for document control.

2.4.2 Quality control of approved food safety auditors

The Food Act requires all class 1 business premises[5], such as hospitals, aged care facilities and child care facilities, and any other business which chooses not to use an approved food safety template[6] to develop its food safety program[7], to be audited by an approved food safety auditor (independent auditor). The independent auditors assess compliance with businesses' food safety programs. The Secretary, DHS has the power to appoint food safety auditors to undertake food safety audits and does so upon the recommendation of an accredited certification body.

In 2002, we found that a number of shortcomings diminished the overall rigour and effectiveness of the independent auditing system and we recommended that DHS:

- establish a formal quality assurance system to assess compliance by independent auditors and to provide assurance that their work is of an appropriate professional standard
- assess the need to provide specific information to businesses and councils about the operation of the auditing system.

Progress on the implementation of these recommendations is detailed below.

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[5] Class 1 businesses are those which handle or sell food that is "high-risk", (e.g. foods that pose a particularly high risk if they are not processed or cooked adequately), handled prior to sale and is consumed predominantly by "at risk" or vulnerable people (e.g. children under 5 years of age, adults aged 65 years and over, in-house patients of a hospital and those with low immunity).

[6] A food safety template is a document, registered by the Secretary, DHS, containing instructions to enable the proprietor of a food business to create a food safety program that complies with requirements of the Food Act.

[7] A food safety program assists prevention and control of dangerous incidents arising from the sale and handling of food. They are required of all proprietors of declared food businesses, under section 19 of the Food Act.

DHS commissioned a review in 2003 which highlighted inconsistencies in the assessment practices of, and reports produced by, independent food safety auditors. Notwithstanding that outcome, it continues to rely on the certification and accreditation arrangements that were in place in 2002 and has not established a quality assurance system. DHS considers this to be an adequate framework for managing the quality of independent audits and accordingly has not acted to address our October 2002 recommendation. Action has also been deferred because a national policy on food safety audit management systems is currently under development. It is unknown when that policy will be finalised.

While we recognise the value of the certification and accreditation arrangements in place, they do not address important aspects of an effective quality assurance system. For example, they do not provide for random peer review of audits undertaken, for assessing the quality of information provided by the auditors to proprietors about inadequate programs, or for accessing formal feedback from councils or food businesses about their satisfaction with the audits. Concerns about the quality of some independent audits undertaken in their municipalities were expressed in 4 of the 19 councils visited during the follow-up. We consider this matter still needs to be addressed.

We did not see that a review had been undertaken by DHS to determine what information councils needed to enhance their knowledge of the system. However, it had published an information booklet for new businesses[8] and we received positive feedback about the booklet from several councils.

DHS also recently updated its *Food Safety Auditors Handbook*. This will be distributed shortly. This may help to overcome the confusion we observed in some councils about the requirements of the independent auditing system, e.g. whether it is the responsibility of the auditor or the business to provide the council with certificates and reports arising from the audit.

2.4.3 Food recall procedures

When food is contaminated or is suspected of being unfit for human consumption, it must be recalled from the marketplace by the manufacturer or importer. DHS is responsible for facilitating food recalls.

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[8] Victorian Department of Human Services, *So, you want to run a food business? – A guide for Victorians*, Melbourne, 2004.

Our 2002 audit found that DHS's food recall procedures contained shortcomings with the potential to adversely impact on the effectiveness of the regulatory framework. We recommended that DHS review its operational procedures for food recalls to ensure that they efficiently and effectively meet its responsibilities.

Progress on the implementation of these recommendations is detailed below.

Since 2002, DHS has not undertaken a formal review of its food recall procedures.

The procedures are designed to ensure that all recalls are handled in a speedy, efficient and consistent manner. However, in our opinion, they contain only basic administrative information and lack:

- clear guidance and detailed decision-making criteria for key stages of the process, including information on when to escalate the status of recalls from voluntary to mandatory
- sufficient detail to ensure consistency of approach
- timelines to ensure that recalls are facilitated in a timely manner
- procedures for ensuring that products are removed from sale
- mechanisms for collecting information to ensure that the recall of goods has been completed.

These matters need to be addressed.

2.4.4 Conclusion – Statewide coordination

While DHS has addressed the majority of our recommendations regarding development of strategic and operational plans, it has not addressed other recommendations we consider important to the statewide coordination of the food regulatory system. Specifically, it has not:

- established protocols for monitoring local government's fulfilment of its legislative obligations
- established a quality assurance system for independent auditors
- formally reviewed its food recall procedures.

It is essential that food safety is managed within a robust system and that DHS provides leadership and support for councils as they deal with the day-to-day challenges of regulating food safety. DHS must also provide effective oversight of the operations of the framework. For that reason, it is important that DHS acts to address the outstanding recommendations. Protocols that enable DHS to oversee the operations of the framework, while encouraging cooperative relationships with councils are particularly important to an effective outcome.

Recommendation

2.   **That DHS and councils implement the outstanding recommendations from our October 2002 report** *Management of food safety in Victoria*, **particularly those relating to the statutory obligations of councils and statewide coordination of the regulatory framework.**

2.5   Education, awareness and health promotion

2.5.1 Strategic approach to community education, awareness and health promotion

DHS and councils have a responsibility to educate and inform food businesses and the community about the food regulatory system, and to ensure that the public has confidence in the safety of food sold in the state.

In 2002, we found that although communication activities undertaken by DHS were extensive, they had not been measured and, at times, served to undermine councils' role and relationships with food businesses. Across councils we found that formal programs for community education were variable and that quality of the programs also varied. We recommended that DHS work with councils to:

- develop, in consultation with key stakeholders, a comprehensive, coordinated, strategic approach to community education, awareness and health promotion activities
- continue to undertake stakeholder surveys to measure effectiveness in educating business and the community.

Progress on the implementation of the recommendations is detailed below.

Our follow-up found that DHS and councils have continued to address community education, awareness and health promotion independently.

DHS has run forums for EHOs and food safety auditors, and has continued to produce communication and educational materials such as the:

- *So, you want to run a food business – A guide for Victorians* booklet
- Victorian Food Safety Newsletter
- revised auditors handbook
- EHO bulletin
- consumer information fact sheet, *Your guide to food safety*, translated into 23 languages.

In 2004-05, DHS reviewed its communication practices by undertaking an evaluation of information resources for food businesses, an investigation of food safety point of sale information provision for consumers, and a consumer food safety confidence survey. However, these reviews are yet to be finalised and DHS is delaying development of a strategic communications plan until the reviews are complete.

Councils expressed concern that DHS is developing materials without consulting them and without considering work they themselves have already undertaken to develop materials.

The current approach by councils and DHS lacks the coordination necessary to ensure delivery of a consistent message, and could confuse stakeholders and the public. There is also the potential for duplication of effort.

2.5.2 Addressing the requirements of businesses with special needs

Businesses with special needs include those people who may have low literacy, be rurally isolated and culturally and/or linguistically diverse (CALD). These food proprietors or handlers may require assistance to understand their food safety obligations. In 2002, we recommended that DHS and councils better address the requirements of businesses with special needs and CALD groups.

Progress on the implementation of these recommendations is detailed below.

DHS has developed a substantial set of materials for special needs and CALD groups. These are freely available to councils and the public on the DHS website in 26 languages. DHS has also engaged the services of LanguageLink[9] to provide pre-recorded information on food safety regulatory requirements in 13 languages. The LanguageLink service is currently under review. DHS has also run a series of one day training events for EHOs on assisting CALD businesses. This received favourable comment from many council EHOs.

DHS' FSU has yet to develop a formal language policy to coordinate its approach towards CALD businesses. As a result, while DHS has done a lot of work to develop materials, there is no evidence of ongoing evaluation and planning.

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[9] Victorian Interpreting and Translating Service LanguageLink is an interactive telephone communication package designed to offer pre-recorded information to English and non-English-speaking callers. It is a state business corporation with shares owned by the state of Victoria.

A number of councils have together established a CALD network where they share information; strategies for education, inspection and food sampling; and educational materials.

2.5.3 Victorian Food Information Network

The Victorian Food Information Network (VicFIN) was set up in 2000 by DHS as a central food surveillance database for all parties involved in the delivery, monitoring and implementation of safe food practices, to improve communication between stakeholders, and facilitate access to data.

The original project proposal for VicFIN anticipated that it would be fully implemented by December 2001 and would meet the following success criteria:

- That no data has to be double handled
- To gain commitment towards raising the profile and the cooperation of food surveillance
- That local government officers and food testing laboratories use and update the system regularly
- To enhance collaboration and commitment between partnering organisations and DHS
- To assist and capture vital and timely data in the surveillance of food safety in the whole state
- To encourage and facilitate the integration of information management
- The system should be easy to use.

In 2002, we reported that VicFIN's implementation had fallen behind and was only partially available to councils. The ability for councils to upload data and access reports was to be added by the end of 2002. We recommended that DHS and councils ensure that VicFIN meets its potential as a food safety communication and management tool through its timely implementation, comprehensive use by councils, and monitoring to ensure its usefulness and the timeliness, relevance and accuracy of its information.

Progress on the implementation of these recommendations is detailed below.

Five years since VicFIN's inception, only 32 of 79 councils upload their data to the system. Of the 19 councils we visited, 7 had uploaded data to VicFIN at least once. Only 2 of these upload data monthly and one has not uploaded data within the last 12 months.

There has been no formal assessment to determine whether any of the project's success criteria have been met or to monitor VicFIN's usefulness and the timeliness, relevance and accuracy of its data. Information provided by DHS shows that commitment from councils ranges from those making no effort to upload data to VicFIN, to those uploading on a monthly basis.

A range of matters have hampered VicFIN's full implementation, including:

- *database incompatibility*: there are currently 12 types of software in use across the 79 council environmental health departments. Only one of these systems is fully compatible with VicFIN. Twenty-six of the 32 councils that have uploaded data, have that system
- *data format*: VicFIN requires a high volume of very specific data which is often not recorded by councils in the format required
- *council ambivalence*: some councils perceive that the effort and costs associated with uploading to VicFIN far outweigh any benefits. This is exacerbated by the fact that some data requested for upload has questionable relevance to food safety regulation
- *council resources*: some council environmental health units are willing to participate but do not have the capacity to undertake the work required, the resources to upgrade their IT systems or the skills to undertake the necessary action.

There is also some dissatisfaction among participating councils. They have uploaded data to the system but have received little feedback or results for their efforts. Because of this, some councils with the ability to upload have done so only once, or twice, and not continued.

DHS was unable to provide details of the actual cost of developing and maintaining VicFIN. It estimated the cost to date as $450 000.

We found limited incentive for councils to upload data and because of the limited participation by councils, the system has not delivered on its potential.

Properly focused, resourced and managed, VicFIN has the potential to be a useful tool for DHS and other participants in the food safety regulatory framework, particularly when associated with a set of sector-wide food safety performance indicators. In its current form, it appears highly unlikely that it will deliver tangible benefits within the short to medium term. Unless there is a major effort to increase participation by councils, and the benefits can be demonstrated to councils, it is unlikely that full participation will be achieved.

It is timely for DHS to comprehensively review VicFIN to consider the costs and benefits of continuing with its implementation and maintenance. In doing so, it should:

- revisit the purpose for which it was established – to determine whether it is still relevant, or needs to be reconsidered
- determine whether the data can be managed by a more contemporary means, at less cost and effort
- consider rationalising the data sought from councils
- identify strategies for uploading data at least cost and effort to councils
- identify incentives or other means to encourage uptake by councils to ensure the system's future viability.

2.5.4 Conclusion – Education, awareness and health promotion

Since 2002, DHS has continued to develop communications materials for food safety stakeholders and the public. However, it has not implemented a coordinated communications plan or measured the effectiveness of its activities. Councils continue to develop their own material as well, and have shown initiative by collaborating with others in developing CALD materials. In the absence of better coordination between DHS and councils, there is the potential for duplication of effort and communication of inconsistent messages. It was disappointing that DHS and councils have not implemented our recommendation to work better together. An overarching policy or plan would lend structure and consistency to the current approach and would provide assurance that important groups or issues are not being ignored.

VicFIN has the potential to be a useful communication and monitoring tool for DHS and other food safety stakeholders. However, in its current form, it appears unlikely to deliver tangible benefits. If councils do not see any demonstrated benefit in it, they are unlikely to use it and the system will fail. The VicFIN system and the DHS approach to marketing and managing it, requires a comprehensive review followed by action to ensure it meets its potential.

Recommendation

3.   That DHS evaluate the VicFIN system to determine how it can be reconfigured to meet the needs of DHS and councils; how to eliminate the barriers to its take-up; and to develop strategies to encourage councils to participate in its maintenance.

2.6   Performance measurement and reporting

Ongoing monitoring of performance and public reporting are important elements of effective public sector management. In 2002, we indicated that the performance measurement framework for both DHS' FSU and councils required improvement. We recommended that they work together to:

- develop a suite of performance indicators at state and council level
- publicly report performance against their key responsibilities under the regulatory framework.

Progress on implementation of these recommendations is detailed below.

2.6.1 Performance indicators

DHS' FSU has established key performance indicators relating to its performance, in its strategic plan. Because the plan was only recently developed, DHS has yet to report against them. DHS will need to ensure that suitable measurement systems are in place to enable accurate and meaningful ex-post reporting.

Most councils we visited have also developed a basic set of performance indicators to measure their performance. However, the performance indicators were developed in isolation and there has been no effort by DHS and councils to work together on this issue.

Without clear, consistent statewide performance indicators it is not possible to ensure that relevant and appropriate data is collated to enable assessment of performance, to benchmark council performance, or to establish a common basis for reporting to VicFIN. The councils involved in our follow-up all indicated a willingness to work with DHS to establish such indicators and said that they would welcome guidance from DHS.

2.6.2 Internal reporting

Reporting to council

Figure 2A summarises the internal reporting practices in the 19 councils we visited.

FIGURE 2A: ENVIRONMENTAL HEALTH UNIT PERFORMANCE REPORTING PRACTICES

Practices	Number
Performance information reported regularly to management and to council (a)	11
Performance information reported regularly to management	4
Performance information not reported	4

(a) Some reported by exception only, i.e. when they have an issue to report.

Source: Victorian Auditor-General's Office.

The 4 councils which do not regularly report performance internally to management are rural councils. Some EHOs advised that food safety appeared to be "low priority" within their councils.

We believe that it is essential to the integrity of the food safety system, that environmental health units report regularly to management and to council, particularly about the level of compliance against statutory requirements.

We found reporting against performance indicators by some environmental health units to be misleading, particularly relating to performance against statutory inspection targets. For example, some reported the total number of inspections, whether they were annual inspections or other inspections, against the performance indicators for the number of annual inspections completed. In these cases, reports or data showed that all premises had been inspected in the past 12 months, when this was not the case.

We did not find that these errors in reporting were intentional. They were more likely due to poorly designed or maintained IT systems, databases or reports, or insufficient IT skills. We also noted problems with the quality of data and, as a result, the reports were not based on reliable data.

Reporting to DHS

There are no requirements for councils to report on their food safety activities to DHS. In 2002, we recommended that DHS establish protocols for monitoring local government's fulfilment of its legislative obligations. This has not been addressed and, accordingly, reporting protocols have not been established.

DHS advised that there is no authority under the Food Act for DHS to ensure local government meets its statutory obligations. We acknowledge that this is the case, and also that there is no legislative obligation under the Food Act for local government to report to DHS or any other body on its performance in regulating food safety. However, as the central regulatory agency, it is in the interest of DHS and all Victorians, for DHS to be aware of the extent to which individual councils are meeting their legislative responsibilities. Because of this, we consider that this issue needs to be resolved.

We note that in 2004 DHS entered into a memorandum of understanding (MOU) with a number of parties, including the Municipal Association of Victoria (MAV), the peak body representing local government. The MOU is aimed at achieving a cooperative approach to protecting public health by ensuring a high level of food safety. However, as the MAV does not have any role under the Food Act, or any powers to oblige local government to meet it statutory responsibilities or report, we consider that this arrangement can only be supportive, not authoritative. DHS needs to engage directly with councils and we reiterate the need to establish protocols with local government, including protocols for reporting.

2.6.3 External reporting

There are no external reporting requirements in the Food Act for either councils or DHS. Over half the councils we visited did not report externally to their communities about their food safety activities. Of the 19 councils, only 9 reported any food safety figures in their 2003-2004 annual reports. None of the councils which reported food safety figures reported the same information in the same format as any other council.

Reporting to local communities on its performance is an essential part of a council's role. We believe that this would be enhanced by reporting on a set of statewide performance indicators for food safety.

2.6.4 Conclusion – Performance measurement and reporting

Action to address our 2002 recommendations has been limited. There has been no collaboration between DHS and councils to develop performance indicators for councils, or to improve public reporting. As a result, the performance measurement framework for both DHS' FSU and councils needs work.

Recommendation

4.   That DHS review the regulatory framework for food safety in Victoria with a view to improving public accountability around the effectiveness of food safety regulation, in order to ensure that the performance of all councils and DHS are subject to appropriate scrutiny by the community.

RESPONSE provided by Secretary, Department of Human Services

I am pleased to note that you conclude that there has been improvement in the regulation of food safety in Victoria since the 2002 audit and I support this observation.

The Department of Human Services' Food Safety Unit (FSU) has taken a rigorous approach to responding to the initial recommendations. However, it is acknowledged that a number of issues have not been resolved and I can report that the FSU will act to ensure that the issues raised in the follow-up audit are addressed, and has already taken steps to act on a number of issues raised by your officers during the course of the audit.

In the main, your conclusions are accepted, however, it is proposed that your concern regarding auditor performance management and performance reporting by local government be addressed in slightly different ways to those recommended to take account of the context of the national regulatory system and the critical relationship with local government.

Recommendation 1

The FSU will approach the MAV with a view to developing a collaborative approach to addressing the work force issues faced by local government in administering the Food Act in light of the recommendations from the recently completed work force project.

Recommendation 2

The FSU will review its incident response and recall protocols to ensure that the issues raised in the report are addressed for recalls and any other risk management strategies that may be implemented in an overarching incident response protocol.

The FSU will formally investigate a practical solution to the ongoing monitoring of auditor performance within the context of proposals for a nationally consistent auditor management system.

RESPONSE provided by Secretary, Department of Human Services - continued

The FSU will upgrade its policy and procedure manual to ensure appropriate document control and review, and will develop a strategy for dissemination of information on roles and responsibilities of all stakeholders within the food regulatory system.

Recommendation 3

The FSU will evaluate VicFIN and ensure a revision of its scope within the current needs and priorities of local government, and the FSU and will develop a strategy to promote and facilitate council participation in the system.

Recommendation 4

The FSU will engage with the MAV with a view to facilitating development of a voluntary performance reporting framework. FSU intends to formally seek MAV support for a DHS facilitated project. The project would focus on strengthening the framework for implementing the Food Act collaboratively to better deliver on the Act objectives and facilitate reporting of performance.

RESPONSE provided by Chief Executive Officer, Bayside City Council

Bayside City Council acknowledges that your report is fair and balanced and accepts the conclusions reached and the recommendations made.

RESPONSE provided by Chief Executive Officer, Benalla Rural City Council

In essence, the council supports the report findings. The report states that there is an acknowledgement that local government has acted to address issues relating to the management of food safety. The Benalla Rural City Council is committed to the principles of continuous improvement and will undertake to build on its present process enhancements in this area.

The council supports the development of uniform relevant performance indicators and targets by Food Safety Victoria to be applied by local government in the assessment of its service delivery in this area.

However, it is also requested that consideration be given at a state government level to the provision of suitable financial assistance and resources to assist rural councils to fully achieve the desired outcomes of the food safety legislative framework.

Benalla Rural City Council is committed to working with the state government in further improving the performance of local government in the area of food safety, and welcomes the opportunity for involvement in further evaluation projects of this nature.

RESPONSE provided by Chief Executive Officer, Brimbank City Council

I am satisfied that the report represents a fair commentary, and I accept the conclusions reached and the recommendations made.

I also take this opportunity to comment on the 2 issues that I feel are the most important in managing food safety, and they are:

- *Section 2.3.4 Resourcing - I support the statements regarding the difficulty in recruiting EHOs. In view of the shortage of EHOs, it would seem appropriate to investigate the possibility of employing similarly qualified staff such as food technologist/food auditors as EH technicians to carry out some duties under the Food Act under the supervision of a qualified EHO. I believe that DHS, together with the Australian Institute of Environmental Health and the universities, should develop strategies that will encourage employers to employ such staff, and enable them to receive the required qualifications to upgrade to an EHO while still working and gaining experience within an environmental health office.*

- *Section 2.4.1 Strategic and operational planning - There should be recognition of the MAV so that there can be greater cooperation between DHS and councils through the MAV. Unless there is a coordinated approach to food safety using the MAV as the representative body for all of the councils in Victoria, it is difficult to see all councils take a uniform and a coordinated approach to food safety or to implement all of the recommendations in this report.*

Brimbank City Council would be pleased to be involved in any developmental or implementation processes subsequently associated with the report.

RESPONSE provided by Chief Executive Officer, Campaspe Shire Council

The report "Management of food safety in Victoria: Progress made on our 2002 report" has been received by and reviewed by council officers.

The recommendations are reasonable. In particular, the recommendation for the re-evaluation of the VicFIN reporting system is considered by the Campaspe Shire Council to be a high priority.

We look forward to working with all stakeholders to further improve the food safety regulating system in Victoria.

RESPONSE provided by Chief Executive Officer, Cardinia Shire Council

Cardinia Shire Council was pleased to be involved in the audit process and to provide comment on the results. The process provided the opportunity to highlight areas where improvement is required, but is not just a matter of passing the responsibility onto local government.

Cardinia is the third fastest growth area in percentage terms the Victoria. The need to link resources to actual workload demands has already been recognised and staffing levels have been matched to indicators. Given the shortage of qualified EHOs, perhaps consideration could be given to employing other qualified staff such as food technologists to carry out some duties under the direction of an EHO.

There is a need for a proactive approach in identifying new proprietors or new businesses, but this is something that requires a coordinated approach by DHS in educating solicitors and architects across Victoria. It is not something that councils can achieve individually.

The third party auditing process needs to be reviewed to ensure the quality of audits undertaken - whether it be by peer review, or formal feedback from councils or proprietors about the quality of information received.

A reporting system such as VicFIN will only be successful if it is streamlined to make reporting easier as well as providing meaningful feedback to councils.

A coordinated approach to food safety that involves DHS, MAV, Australian Institute of Environmental Health and local government is needed, with DHS taking the lead role.

The recommendations of the report, if implemented, should help to address the issues raised, and we look forward to working with the state government and other stakeholders involved in the process.

RESPONSE provided by Chief Executive Officer, Greater Dandenong City Council

It is felt that the conclusions reached in this report are generally accurate, considering that they appear to be based only on a review of systems and procedures. It is also felt that they accurately identify process and legislative issues that DHS needs to address. Without, however, considering the actual state of food safety in Victoria, it is also suggested that these conclusions do not fully support the recommendations made. In any review of performance and activity, current outputs and actual outcomes must be considered, to provide a balanced understanding.

When reviewing activity that is based around a legislative framework, the effectiveness and capacity to practically apply that legislation should also be considered. This report does not appear to have thoroughly considered these matters. The report's recommendations, therefore, may not fully address any inadequacies in the legislation, which adversely impact on improving food safety.

In conclusion, while the Greater Dandenong City Council generally agrees with the report's recommendations, it is felt that they should have placed more emphasis on reviewing the overall practicality of the legislation as well as the issue of DHS taking a stronger role in leading the development of industry standard practices and accountabilities.

RESPONSE provided by Chief Executive Officer, Hume City Council

Hume City Council is committed to the regulation of food safety to protect the health and wellbeing of its community. Participation in the follow-up performance audit provided a timely opportunity for the council to review its compliance and contribution to food safety in the context of a statewide regulatory framework.

In reviewing the report compiled by your Office, I believe it provides an objective analysis and balanced viewpoint on progress to date in implementing recommendations from 2002.

The conclusions drawn and subsequent recommendations made appear reasonable and provide sufficient detail for councils and DHS to continue working together to improve regulation of food safety in Victoria - in particular, the need to address work force issues that pose a risk to the effective administration of food safety compliance, the strengthening of collaboration between councils and DHS and the importance of improving public accountability on food safety.

RESPONSE provided by Chief Executive Officer, Indigo Shire Council

My inquiries reveal that the report is fair and balanced, and covers the main issues raised in the original report tabled to parliament in 2002. While the report is general in nature, it provides valuable pointers to councils and DHS for improvements to the food premises and food safety inspection regime.

The recommendations are very general in nature and, therefore, they are accepted on face value, although it is noted that the underlying thrust is a cooperative implementation between DHS and councils. Therefore, there is an onus on DHS to work with councils to improve the food safety regime.

Also, there well may be a role for the MAV working with local councils to publicise opportunities in graduate programs for health surveyors in Victorian local government.

In relation to rural councils, a higher level of specific conditions for food inspections may create a resourcing issue from both a financial and human resources perspective. Therefore, the regime of basing food sampling on a per head of population basis is acceptable.

It is also noted that a higher level of reporting to the public is suggested. This is not agreed with, as reporting by exception is the most efficient manner of reporting in the food safety area, and it is also a matter of working with food premises to ensure compliance, rather than producing alarmist-type reporting on food safety contravention.

As stated above, the recommendations are of a general nature and are, therefore, supported. Further work between councils and DHS will no doubt formulate more detailed recommendations and actions which need to be agreed to at the time of their formulation.

RESPONSE provided by Chief Executive Officer, Latrobe City Council

It is considered that the general report is fair and balanced.

In the "Overall conclusion" it should be noted that councils self-fund their food safety programs and receive no financial assistance from state government, and in some regional/rural areas it has been very difficult to employ skilled EHOs.

2.3 - Registration and compliance

Agree with the conclusions and recommendations, however, it should be noted that there is a need for DHS to provide leadership and assistance to councils with formal risk-based strategies.

RESPONSE provided by Chief Executive Officer, Latrobe City Council - continued

2.4 - Statewide coordination

Agree with the conclusions, however, disagree with the recommendation. The recommendation should read:

"That DHS assist councils to implement the outstanding recommendations from our 2002 report Managing Food Safety in Victoria, …"

2.5 - Education, awareness and health promotion

Agree with the conclusions and recommendation.

2.6 - Performance measurement and reporting

Agree with the conclusions and recommendation.

RESPONSE provided by Chief Executive Officer, Melbourne City Council

The Melbourne City Council is satisfied that the report is fair and balanced. Furthermore, the conclusions and recommendations made within the report are agreed with.

RESPONSE provided by Chief Executive Officer, Mount Alexander Shire Council

I note that the report identifies a number of structural and system issues relating to management of food safety. I note that the report and its conclusions appear in all respects to be fair and balanced.

In providing broad acceptance to the conclusions and recommendations, I would highlight the matter of resource availability in smaller rural councils as outlined in section 2.3.4 - Resourcing. Competing budget pressures, both within statutory and non-statutory functions, and the relative scarcity of skilled and experience EHOs continue to be concerns for rural shires.

RESPONSE provided by Chief Executive Officer, Moyne Shire Council

The Moyne Shire Council was pleased to be included in the process of reviewing the progress made by councils since the original audit into the management of food safety in Victoria in 2002.

The council is committed to ensuring the safety of food that is prepared and sold within the municipality. In response to considerable changes made to the Food Act in 1997, the council created a food safety officer position.

In addition to reviewing the resources necessary to implement changes to the Food Act, the council has installed a fully integrated electronic filing system to replace the manual system of documenting all food surveillance activities. A number of detailed reports can be generated from this system and, as a consequence, the council has significantly improved the administrative processes surrounding food safety surveillance.

The council considers the follow-up report on the Management of Food Safety in Victoria to be generally fair and balanced while acknowledging that it reflects the overall position of the municipalities included in the audit. The reference in the report that Moyne Shire Council had completed 90 per cent of annual inspection of food premises is the result of a number of food premises being registered but not operating for extended periods of time. Council's records also confirm that a number of food premises are inspected on more than one occasion throughout each year.

Council officers acknowledged that during the audit, some additional documentation was necessary to properly record the procedures used in identifying unregistered food premises and monitoring the third party audits of Class A premises. Council officers will ensure that the deficiencies in documentation identified during this audit will be addressed as a matter of priority.

From a Moyne Shire Council perspective, the recommendations included in the "Overall conclusion" are agreed.

RESPONSE provided by Chief Executive Officer, Borough of Queenscliffe

Thank you for including the Borough of Queenscliffe in the follow-up review for the performance audit. As a small rural council, we are sometimes overlooked when reviews are carried out and we were pleased to be able to put forward our point of view.

We believe the report is fair and balanced, and the visit from the Victorian Auditor-General's Office representative gave her a chance to witness first-hand the environment in which the food safety work is being carried out within the municipality.

The recommendations for each area of the review are valid and important, however, the working environments are wide and varied within the state. Issues that are a high-risk area for one council may have no meaning in another. This fact should be taken into account when specifying the shortcomings of "councils".

The work force issues might well be addressed by improving the profile of the industry and reinforcing the importance that the profession plays within the public health system.

RESPONSE provided by Chief Executive Officer, Stonnington City Council

I agree with the recommendations which are contained within the report overall.

It has been noted that the thrust of the recommendations is directed towards a collaborative approach between DHS and local government which is supported.

In relation to the report, specifically I agree that the report is fair and balanced, and accept the conclusions reached and recommendations made with the following comments.

Recommendation 1

The Stonnington City Council recognises the need for an improvement in vocational and training opportunities necessary to ensure a sound base for the maintenance of a skilled workforce in food safety regulation.

Recommendation 2

Stonnington City Council supports the implementation of all recommendations from the 2002 report, and has ensured that all recommendations pertaining to Stonnington have been fully implemented.

RESPONSE provided by Chief Executive Officer, Stonnington City Council - continued

Recommendation 3

Review of the VicFIN system is needed, in particular review of the compatibility and functionality with systems already in place within local government authorities. Consideration of the benefits to local government is also required.

Recommendation 4

Stonnington City Council is supportive of any review aimed at improving public accountability and is always willing to participate in the review process for this objective.

RESPONSE provided by Chief Executive Officer, Surf Coast Shire Council

The report is fair and balanced, and some important issues have been identified that need to be addressed at a state and local level.

In regard to the conclusions and the 4 recommendations of the report, the Surf Coast Shire Council agrees with the recommendations made.

RESPONSE provided by Chief Executive Officer, West Wimmera Shire Council

West Wimmera Shire Council accepts the review of the performance audit as outlined in the report as being fair and balanced.

In relation to the recommendations outlined in the report, the council position is as follows:

- *Section 2.3 recommendation 1 – agreed*

- *Section 2.4 recommendation 2 – agreed*

- *Section 2.5 recommendation 3 – agreed*

- *Section 2.6 recommendation 4 – agreed.*

The council has commenced actions to address various outstanding issues raised in the audit in an endeavour to comply with the regulatory framework for food safety in Victoria.

RESPONSE provided by Acting Chief Executive Officer, Whitehorse City Council

The Whitehorse City Council is satisfied that the report is fair and balanced, and we support the recommendations it provided.

As you are aware, the Whitehorse City Council was involved in the original audit in 2002 and was identified as an example of best practices in a number of sections in the final report.

Council remains committed to the delivery of best practice in the management of food safety within our municipality. We welcome the opportunity to work with DHS and other councils in Victoria to further improve food safety outcomes into the future.

RESPONSE provided by Chief Executive Officer, Wyndham City Council

The follow-up report is considered to be a reasonable reflection of issues. The emphasis added to recognise the need to focus on the statutory requirements is seen as an important element. Councils need to be able to demonstrate their ability to provide the statutory elements before expending their effort on other broader communication and educational aspects. As with the previous report, the Wyndham City Council is keen to maintain best practice and continuously improve its services.

The Wyndham City Council has been actively working with the MAV and DHS' FSU to bring about change in food legislation, and remains committed to ongoing communication with the relevant stakeholders.

In respect to the identification and compliance of non-registered food businesses, a clear risk-based strategy may be a useful tool. However, it is noted that hard evidence of failure to identify any significant percentage of unregistered premises is not established.

The Wyndham City Council welcomes reporting on agreed performance indicators relating to the council's compliance with its statutory obligations and had plans to establish a reporting mechanism for key indicators of compliance via the web mapping software currently being commissioned. Development and implementation time are still required for the necessary systems to evolve.

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Appendix 2A.
Audited councils

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Councils included in 2002 audit

The 12 councils examined during the 2002 audit were:

- Brimbank City Council
- Campaspe Shire Council
- Greater Dandenong City Council
- Melbourne City Council
- Whitehorse City Council
- Indigo Shire Council
- Latrobe City Council
- Mount Alexander Shire Council
- Borough of Queenscliffe
- Surf Coast Shire Council
- West Wimmera Shire Council
- Wyndham City Council.

Additional councils included in the follow-up audit

The additional councils included in the follow-up were:

- Ballarat City Council
- Bayside City Council
- Benalla Rural City Council
- Cardinia Shire Council
- Hume City Council
- Moyne Shire Council
- Stonnington City Council

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3. Fire prevention and preparedness: Progress made on our 2003 report

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3.1   Introduction

Our May 2003 audit *Fire prevention and preparedness* examined fire prevention and the preparedness of the Country Fire Authority (CFA, responsible for managing fires on private land) and the Department of Sustainability and Environment (DSE, responsible for managing fires on public land) to respond to wildfire in Victoria.

This report identifies the progress made by those agencies since 2003 in implementing our recommendations.

3.2   Overall conclusion

In the last 2 years, there has been considerable progress made by the fire agencies in implementing many of our 2003 recommendations. These include:

- improved cooperation and coordination for fire management across the state
- DSE's implementation of a "365-day model" of fire management, which balances its resources and activities around the year and across the spectrum of prevention, mitigation, response, recovery and community preparedness activities
- improvements to the way the agencies manage fire risks on public and private land, particularly DSE's planning for, and conduct of, fuel reduction burning
- improved asset and equipment management practices
- arrangements to jointly deliver a more strategic approach to community education and engagement.

The past 2 years have seen major changes and progress, but sustaining the push for improved fire management (encompassing prevention, preparedness, response and recovery) is critical.

Longer-term challenges remain:

- The integration of fire prevention and response activities on public land and private land, with seamless planning between DSE, CFA and local government, is critical. Fire does not respect boundaries between "private" and "public" land. Some progress has been made, and the work that has commenced in developing new municipal fire planning arrangements is one part of this process. However, the completion of the Fire Safety Victoria strategy is crucial, and must be given adequate priority by the Office of the Emergency Services Commissioner (OESC), DSE and CFA.

- Developing and sustaining the state's fire management work force also remains a priority. Funds have been provided to increase the number of career firefighting staff in DSE and CFA, and the organisations have implemented changes to their work force. However, developing people to fill key fire management and leadership roles takes time and forward planning. DSE faces complex workforce planning challenges as a networked emergency organisation and has only just commenced its long-term work force planning process.

- Many of the equipment and asset management issues identified in 2003 have been addressed. However, CFA needs to establish a medium to long-term funding strategy for the replacement of vehicles beyond 2010. The CFA has also not yet addressed problems in its oversight of the management of brigade-owned vehicles. For example, CFA still has not revised its policy on brigade-owned vehicles to ensure that the vehicles are being properly inspected and maintained. This is a serious concern given that our 2003 audit identified that there were significant mechanical problems with some vehicles. The policy on brigade-owned vehicles needs to be reviewed in order to ensure that they are properly serviced and maintained.

Recommendations

1. **That OESC, DSE and CFA give priority to the development of the wildfire component of the Fire Safety Victoria strategy.**

2. **That DSE accelerate its work in developing long-term work force planning strategies.**

3. **That CFA revise its policy on brigade-owned vehicles to ensure that vehicles are properly inspected and maintained.**

Agencies involved in our follow-up consider the report to be fair and balanced and generally agree with the recommendations. Their responses are included at the end of this section of the report.

3.3   Key developments in fire management in Victoria since our audit

Our audit of bushfire prevention and preparedness in Victoria began before the outbreak of fires across Victoria and much of eastern Australia over the 2002-03 summer. Our report was tabled in May 2003, before the Victorian Bushfire Inquiry (VBI)[1] into those fires was completed. There has been considerable activity at a state and Commonwealth level since then. Some of the key initiatives are briefly described below.

3.3.1 The Victorian Bushfire Inquiry

The VBI was established to examine all aspects of the preparedness for, and the response to, the summer 2002-03 Victorian bushfires.

The inquiry had a wide ranging brief, and was intended to enable the government and fire management authorities to learn from the experience of the fires of the 2002-03 fire season.

The VBI supported the recommendations of our report and extended them, making 148 recommendations which included:

- improved cooperation between fire management agencies
- greater emphasis on prevention
- research into fuel reduction burning
- keeping those affected by fires better informed about the fire's status.

A high-level inter-departmental committee[2], chaired by the Emergency Services Commissioner, was established in 2004 to oversee the implementation of the recommendations from the VBI. The committee oversees the work of a multi-agency coordination group, which monitors the progress of projects arising out of the 4-year implementation strategy developed to address the report's recommendations. The committee reports quarterly on progress to the Premier, the Victoria Emergency Management Council and relevant ministers.

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[1] B Esplin, M Gill, N Enright, *Report of the Inquiry into the 2002-03 Victorian Bushfires*, State Government of Victoria, Melbourne, October 2003.

[2] The committee comprises executives from CFA, DSE, Local Government Victoria and the Departments of Justice, Premier and Cabinet and Human Services.

3.3.2 Establishment of the bushfire cooperative research centre

Since our 2003 report, the Bushfire Cooperative Research Centre (CRC) has been established. The Bushfire CRC is a major national initiative bringing together fire control and research agencies (such as CSIRO) to advance bushfire research.

Both DSE and CFA contribute to the work of the Bushfire CRC which is undertaking a number of research projects that will be directly relevant to the ways that Victoria manages its fire prevention and response in the future. These include:

- key programs on fuel reduction burning, including the development of a fuel classification system and analysis of fuel consumption under different fire, fuel and weather conditions
- analysis of the impact of fire on ecological processes and biodiversity
- investigation of fire regimes and sustainable landscape risk management.

3.3.3 State government initiatives since 2003

Under the VBI, the Victorian Government has committed $252.75 million over the period 2004-05 to 2007-08. Major funding allocations to CFA, DSE and the OESC are identified in Figure 3A.

FIGURE 3A: ADDITIONAL FUNDING FOR FIRE MANAGEMENT, 2004-05 TO 2007-08

Agency	Additional funding
	($m)
Country Fire Authority	(a) 99.1
Department of Sustainability and Environment	(b) 152.9
Office of the Emergency Services Commissioner	0.755
Total	252.75

(a) Funding of $38.2 million for tanker replacement extends to 2008-09.

(b) Includes $6.2 million provided from Treasurer's advance in 2003-04.

Source: Victorian Auditor-General's Office from data supplied by CFA, DSE and OESC.

CFA will receive $7.7 million in additional funding progressively over the financial years 2004-05 to 2007-08 for a number of initiatives responding to the VBI. These include:

- the development of an Integrated Municipal Fire Management Planning framework
- a unified command and control system

- fire prevention guidelines for the agricultural industry
- a program of interagency training and education.

In addition, CFA will receive $91.4 million progressively over the period 2004-05 to 2008-09 to support the tanker replacement program, additional operational career staff, and new and modified fire stations.

DSE will receive an additional $153 million to be allocated across the state based on risk assessment, the existing model of fire cover and DSE's new 365-day model for fire management. Major areas for expenditure include additional field staff, equipment and infrastructure, hazard reduction, and enhanced preparedness and response capacity.

OESC received $500 000 in 2004-05 and will receive $255 000 in 2005-06 for wildfire profiling for the Fire Safety Victoria strategy, feasibility studies for a State Emergency Operations Centre, and for a Resource Tracking and Information Management System.

3.3.4 Changes within the Department of Sustainability and Environment

DSE has experienced a number of organisational changes since our audit of 2003.

The creation of VicForests[3] in August 2004 saw a number of staff with fire response and planning skills transferred out of DSE to VicForests. This has required the development of a new partnership and Memorandum of Understanding between DSE and VicForests to ensure continued availability of staff for fire prevention and suppression roles.

Both our report and the VBI emphasised the need for DSE to increase wildfire prevention efforts and balance resources and activities across the spectrum of prevention, mitigation, response, recovery and community engagement. In order to address this issue, DSE has implemented a 365-day model of fire management. What this approach means in the context of DSE's planning, work force management, and hazard reduction is discussed in each of the following sections of this part of the report.

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[3] VicForests is a state-owned enterprise responsible for the sustainable harvest and commercial sale of Victoria's publicly owned forest timber.

3.4   Planning and coordination

In 2003, we examined planning for resource deployment and response in CFA and DSE, and considered the coordination between CFA, DSE, local government and other fire agencies.

We recommended:

- the completion of work that had commenced in developing a statewide fire strategy
- changes to enable better coordination of local planning in the municipalities
- that CFA and DSE improve coordination, including extending existing agreements to more fully include fire prevention and preparedness activities, and finalising agreements with interstate and other fire agencies
- that CFA fully integrate the Australasian Inter-service Incident Management System (AIIMS) used by CFA and DSE into its operations.

Progress in implementing these recommendations is outlined below.

3.4.1 Strategic planning

State fire strategy

In 2003, OESC was leading the development of a statewide fire strategy, Fire Safety Victoria, in conjunction with CFA and DSE.

It was intended that this strategy would have specific components addressing risk profiles for wildfire and provide fire services personnel with better information on the level of risk in different areas. This would assist in planning and decision-making across the state.

Since our 2003 report, work on wildfire risk profiling has been split into 2 projects, covering the 2 components of risk: the likelihood of a wildfire and the potential level of harm that could result if a fire occurred.

- The likelihood model is being developed at a national level by the Bushfire Cooperative Research Centre.
- The level of harm model (wildfire consequence mapping) is being undertaken by OESC as part of the Fire Safety Victoria strategy. This work will identify, assess and map the features vulnerable to fire on both public and private land in Victoria.

Progress in developing the wildfire component of Fire Safety Victoria has been slow. OESC received $300 000 in the 2004 state budget to part-fund the project between 2004 and 2006, and CFA and DSE agreed to provide experienced staff for the project.

To date, OESC has developed a project plan, CFA has seconded a staff member to the project, but DSE is yet to recruit an appropriate project officer to work with OESC.

Allocation of fire management resources based on risk

In 2003, we reported that DSE's Model of Fire Cover was an effective and robust tool for allocating DSE's fire management resources according to locational and seasonal risks. At that time, CFA did not have a similar methodology for determining the best allocation of its resources. We indicated that the completion of the wildfire risk component of the State Fire Strategy offered an opportunity to address this gap. However, as discussed in the previous section, progress on the strategy has been slow.

Pending the development of a State Fire Strategy wildfire risk model, CFA has initiated some risk-based planning for infrastructure and personnel. CFA identified the types and number of vehicles needed out to 2025, and plans to develop regional and state infrastructure plans. Current assessments of personnel needs at the brigade level is based on assessment of local risks and requirements, rather than regional and statewide needs. The statewide strategy project should provide a better picture of staffing needs across Victoria.

3.4.2 Changes to the municipal planning approach

Our 2003 audit and the VBI report made a number of recommendations concerning the need to develop an integrated approach to planning for fire prevention and management at a municipal level.

In response, the government has allocated $3.93 million over 3 years, and recurrent funding of $1.43 million to CFA to lead an Integrated Municipal Fire Management Planning Project.

The project will develop a planning framework that can be used by fire management agencies, local government and all those that own or manage assets (for example, road and rail reserves). The framework will address fire prevention, preparedness, response and recovery needs across both public and private land.

The project team has recently completed consultation with local governments, fire agencies and the community. A discussion paper and draft framework are planned for release in October 2005. The initial focus for the project has been on engaging the relevant stakeholders, through multi-agency briefings and workshops.

3.4.3 Coordination between agencies

Improving coordination

Since 2003, CFA and DSE have taken the following steps to strengthen their cooperation and coordination:

- making annual improvements, including a stronger focus on prevention and preparedness, to the cooperative agreement between CFA and DSE
- formalising cooperative arrangements between CFA and DSE and their New South Wales and South Australian counterparts, covering cross-border fire management
- formalising cooperative arrangements between DSE and the other partners of its networked emergency organisation (Parks Victoria, the Department of Primary Industries and VicForests)
- conducting regular joint exercises for incident management teams from DSE, CFA, Parks Victoria and Department of Primary Industries, and involving fire crews from these agencies at prescribed burns.

Integrating information systems

There has been less progress by CFA and DSE in integrating their fire information management systems:

- CFA has a corporate information communications and technology strategy that will provide some benefits for managing fire information
- DSE has scheduled a review of fire information management for 2005-06, designed to ensure inter-agency compatibility.

As part of the state's response to the VBI, OESC has commenced a feasibility study into a resource tracking system for use by all agencies. This project is being overseen by a multi-agency project board.

Implementation of a common incident management system

The Australasian Inter-service Incident Management System (AIIMS) is a command structure that systematically and logically defines tasks, roles and responsibilities at all levels in an emergency incident. It enables trained operators from different agencies to work together effectively in a single incident. In 2003, we found that AIIMS was well entrenched in DSE and in most parts of CFA. However, while CFA was committed to using AIIMS, some CFA brigade groups were not using AIIMS during the rapid deployment stage of smaller fires, or other emergencies.

CFA has advised that its strategy for ensuring that AIIMS is used for all operations is to continue to reinforce the message to groups. As part of this strategy, a new standard operating procedure for group officers emphasising the use of AIIMS came into effect in September 2005. At larger fires there is some monitoring of AIIMS use as part of real-time performance monitoring and formal incident debriefing processes. Use of AIIMS at smaller fires is monitored at a local level. Reports on significant incidents managed by CFA over the 2004-05 summer indicated that AIIMS was used, although some issues with its implementation were also identified.

3.4.4 Conclusion – Planning and coordination

Several of the recommendations from our 2003 report were about agencies taking a more strategic, risk-based approach to planning and resourcing their fire management activities and about developing seamless planning models. The importance of this seamless, integrated style was restated by the VBI.

While CFA and DSE each have their own approaches to fire risk management, and the new approach in the Integrated Municipal Fire Management Planning Project will improve local risk management, integration to provide a seamless system across the state remains a priority. The 3 key agencies, (OESC, CFA and DSE) must give increased priority and resources to completing the wildfire component of the Fire Safety Victoria strategy.

There has been progress in implementing our 2003 recommendations for improved coordination between agencies. Cooperative arrangements are being strengthened both between CFA and DSE, and across the broader fire management stakeholder group. However, the agencies still need to ensure the compatibility of their information systems, to better support inter-agency cooperation.

Recommendation

> **1.   That OESC, DSE and CFA give priority to the development of the wildfire component of the Fire Safety Victoria strategy.**

3.5   Managing fire hazards

Our 2003 report examined how effectively DSE manages fire hazards on public land, and how well CFA works with local government to mitigate risk on private land. It recommended:

- an improved strategic approach to managing fire risks on public land
- improved planning and hazard management for private land
- better integration of prevention activities across public and private land.

Progress on implementing these recommendations is outlined below.

3.5.1 Hazard management on public land

In 2003, we reported that DSE faced considerable challenges in achieving the targets it set each year for fuel reduction burning on public land. Fuel reduction burns can only be conducted when weather conditions are mild, and when trained staff are available to manage the burn. In 2003, DSE's fire management resourcing model was weighted toward suppression activities, with less emphasis on prevention. Seasonal firefighters were generally employed only for the high fire risk months. This meant that when conditions were milder and suitable for fuel reduction burning, staff were not always available.

As Figure 3B shows, DSE has increased the amount of fuel reduction burning conducted since 2002-03. DSE has actively increased its capacity to conduct fuel reduction burning, through:

- employing more permanent fire crews
- extending the employment of seasonal firefighters further into autumn
- planning prescribed burning over a 7-day week, which has enabled greater participation by CFA (CFA has assisted in around 34 per cent of all prescribed burns in 2004-05).

FIGURE 3B: FUEL REDUCTION BURNING
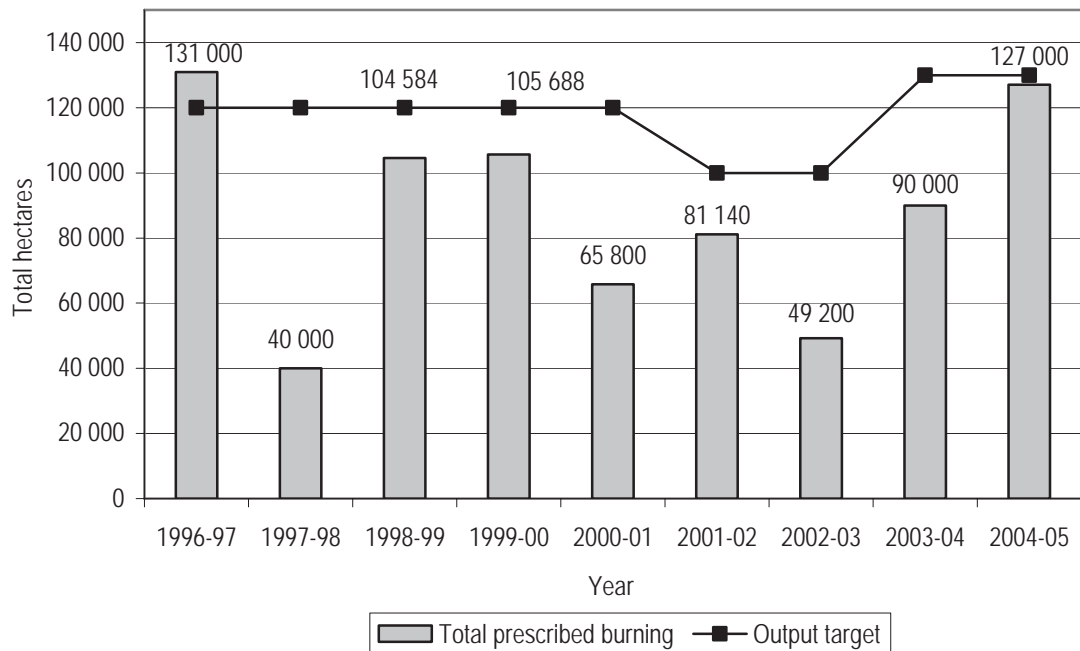
Source: Victorian Auditor-General's Office, from information provided by DSE.

DSE has increased the state target for the number of hectares burnt, and continues to set targets for the number of burns and hectares burnt for each fuel management zone. DSE is reviewing fuel management zones as part of its review of the *Code of Practice for Fire Management on Public Land*. It also plans to review the prescriptions and processes for fuel reduction burning during 2005-06, and identify measures for assessing the level of risk reduction being sought and achieved through fuel reduction burning activities.

Research by the Bushfire CRC into issues such as fuel loads and ecological burning is informing the code review, particularly the development of revised fuel management zones.

DSE's revised funding arrangements now also include additional funding to better accommodate seasonal variation in response costs. DSE plans to build a financial risk model during 2005-06 and 2006-07, which will include the full costs of fuel reduction burning and fire suppression activities.

DSE has also increased its engagement with the public on fuel reduction burning. This includes holding public meetings to assist planning the fuel reduction burning program and providing information prior to each burn, through media releases and the DSE website.

3.5.2 Hazard management on private land

Fire hazard management on private land in Victoria is the responsibility of the land owner. CFA and municipalities work together to ensure that land owners meet their responsibilities.

CFA has focused its efforts on leading the development of a new municipal fire planning process for councils and other stakeholders. CFA advises that the new process will incorporate the recommendations from:

- the Victorian Bushfire Inquiry
- our 2003 audit recommendations
- the CFA's 2002 best practice review of municipal fire prevention.

At the time of our 2003 audit, 40 per cent of the CFA-covered councils that required Wildfire Management Overlays[4] (WMOs) had them in place. Since then, CFA has commenced a process of realigning WMOs with updated maps of bushfire-prone areas. New bushfire-prone areas have been approved by 30 of the CFA-covered councils and 6 WMOs have been amended, although one has since been revoked (Figure 3C).

FIGURE 3C: CURRENT STATUS OF COUNCIL WILDFIRE MANAGEMENT OVERLAYS

Progress in establishing or revising Wildfire Management Overlays, 2005	Number of councils
New or revised WMO in place	(a) 6
WMO ready for adoption, awaiting panel hearing or ministerial approval	7
Amendment to introduce WMO in train	17
Bushfire-prone area review completed or underway	22
Considered low risk by CFA, data not prepared	9
Total	61

(a) The Moira Shire WMO was revoked after it was deemed unnecessary.

Source: Victorian Auditor-General's Office, from data provided by CFA.

In order to expedite the introduction of WMOs, CFA has provided councils with advice and mapping assistance. DSE has also provided free mapping assistance and Planning Panels Victoria has waived normal planning scheme amendment fees. In spite of this, progress in adopting WMOs has been slow.

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[4] The State Planning Policy Framework allows municipal planning schemes to identify bushfire-prone areas as Wildfire Management Overlays (WMOs). When WMOs are in place, under the *Planning and Environment Act 1987* the municipal council must take heed of any planning requirements set by CFA. These requirements can include location, design and vegetation management, and can refer to construction requirements. If a WMO has not been declared, CFA is not a referral authority.

One reason for the slow progress is that some councils have applied to extend their WMOs to public land within the municipal boundary. Progress for these councils has been delayed pending a ministerial decision on whether the WMO can be interpreted as applying to public land.

3.5.3 Integrating fire hazard management activities across public and private land

In 2003, we noted the importance of integrating hazard reduction activities on public and private land. Municipal fire prevention committees (responsible for preparing municipal fire prevention plans) provided a potential forum for coordinating activities, as they included representation from CFA, DSE, local government and other stakeholders. However, there were a number of problems with their operation, namely:

- CFA did not have the authority to apply sanctions to municipalities which did not develop a municipal fire prevention plan
- CFA group and brigade boundaries were not aligned to municipal boundaries.

CFA recently conducted a review of the *Country Fire Authority Act 1958* and identified changes it considered were necessary to sustain the authority as a modern emergency management organisation. The recommendations from the review include:

- giving CFA the authority to audit the implementation of municipal fire plans to improve the effectiveness of mitigation programs
- re-aligning CFA administrative boundaries with municipal boundaries to facilitate integrated planning.

3.5.4 Conclusion – Managing fire hazards

DSE is improving the way it manages fire risks on public land. It has increased the resources (both funding and personnel) available for fuel reduction burning and is reviewing the fuel management zones. The most significant change is that DSE is now funded to conduct fuel reduction burning as part of a 365-day model of fire management. This has allowed DSE to conduct more fuel reduction burns, weather permitting.

The changed arrangements should significantly improve DSE's capacity to conduct hazard management activities. The next challenge for DSE is to more clearly define its aims in hazard management, and to measure its achievements in terms of the level of reduction in fire risk. This is planned for 2005-06.

CFA is working to improve planning and hazard management on private land, particularly through the new municipal fire planning process and through its work with councils to develop WMOs and legislative proposals. Some aspects of WMOs can be difficult for councils to resolve with the community, in particular vegetation management requirements for new developments in areas where residents are attracted to live in close proximity to existing vegetation. While recognising these difficulties, we consider that the importance of community safety means that establishing WMOs must be a high priority for councils.

3.6   Firefighting personnel

In 2003, we examined recruitment and succession planning in DSE and CFA, and recommended that:

- DSE review its approach to employing seasonal firefighters to determine if the then existing arrangements provided the most effective use of this resource
- DSE and CFA review their succession plans to ensure that future needs in key fire management roles be met. This was a particular concern at DSE, where age profiles at key command and control levels showed that the department was likely to lose significant expertise in the next decade.

We also examined training, and recommended that CFA and DSE work more closely to plan and implement training, and that CFA use a more systematic approach to training.

Progress on implementing the recommendations is outlined below.

3.6.1 The firefighting work force

Since our 2003 report, funding for firefighting staff has been increased, enabling both CFA and DSE to increase their fire management work force. As part of this process, both agencies have reviewed the location and profile of staff.

During 2004-05, DSE assigned 41 additional firefighters, mostly in the highest risk areas of the Otways, Dandenongs, Macedon and Melbourne catchment areas. The number and placement of these staff were determined following a risk assessment and assessment of gaps in the resources applied to DSE's Model of Fire Cover. In addition, 49 fire specialists were recruited in 2004-05 to fill identified gaps in fire management roles.

DSE has also received funding to employ 110 additional firefighters in 2006-08. They will be located across the state based on the results of DSE's risk modelling and Model of Fire Cover.

The additional staff employed will enable DSE to implement its new 365-day model of fire management. Under this model, DSE is also planning to change the mix of seasonal and full-time staff, based on the results of further financial and risk modelling.

The CFA will receive funding from the state government between 2003-04 and 2007-08 to progressively recruit 125 additional career firefighters. These staff are being located according to the results of CFA risk analysis and planning model discussed in section 3.3.1.

3.6.2 Work force planning

CFA has implemented improved work force planning practices to address both longer-term resourcing needs and risks, as well as more systematic annual planning at the brigade level. CFA's Operational Human Resource Plan 2004-07 assesses current needs and future requirements for career firefighters, including meeting the needs identified in the Melbourne 2030 strategic planning framework[5]. The plan identifies the number, position and placement needs of career firefighters across the state.

Work force planning for CFA volunteers is now based on a systematic assessment of needs at both the brigade and regional levels. A range of potential options is considered to address identified resourcing issues, including supplementing volunteer brigades with career staff, targeted recruitment and rostering.

In 2005, DSE commenced a strategic work force planning project to assess current capability and future needs for public land fire management. This is a complex planning area, as the fire management work force is not drawn just from DSE, but also from the Department of Primary Industries, Parks Victoria and VicForests. Work force planning for this networked emergency operation needs to assess capability, resourcing requirements and structures across the 4 bodies.

3.6.3 Training

CFA and DSE have established a joint, high-level training committee to develop strategic training initiatives and maximise joint training opportunities.

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[5] <www.dse.vic.gov.au/melbourne2030online>

CFA is implementing a more systematic approach to training during 2005, by matching brigade skills needs with identified local risks. It also has a process underway to identify skills maintenance needs but has not yet introduced criteria to guide the endorsement process for specific roles.

3.6.4 Conclusion – Firefighting personnel

Funding has been made available for increases in the firefighting work force in DSE and CFA, and both agencies have made changes to their work force.

However, in terms of strategic planning for the long term, DSE has only just commenced the process. The slow progress in succession planning for the DSE's networked emergency organisation remains a critical issue.

Both agencies have made progress on the training issues identified in our 2003 report. A joint training committee is operational and CFA has initiated a more strategic process for identifying volunteer training needs.

Recommendation

2.   That DSE accelerate its work in developing long-term work force planning strategies.

3.7   Firefighting infrastructure

In 2003, we recommended that CFA and DSE develop more strategic and comprehensive asset management practices, with a focus on:

- whole-of-lifecycle management for critical firefighting assets
- developing a more systematic approach to equipment inspection and maintenance
- ensuring the competency of contractors prior to deployment
- better managing the network of fire access roads.

Progress on implementing these recommendations is outlined below.

3.7.1 Whole-of-lifecycle asset management

In 2003, CFA had a dated asset management policy which simply stated that tankers and pumpers should be replaced after 20 years of service. During the 2003 audit, CFA commenced a review of the policy taking into account factors such as the condition of the vehicle and operational need.

The new policy, since implemented, identifies the type and number of firefighting vehicles required, projected to 2025, based on anticipated operational needs and risks at both brigade and catchment levels. From this, CFA has developed a 5-year vehicle build-up and replacement plan, which it will fund with $38.2 million supplementary funding received from the 2004 state budget. CFA is currently developing a funding proposal for vehicle replacement post 2010.

DSE received $17.2 million funding in the 2004-05 state budget to purchase and replace equipment. It drafted a plan in 2004 identifying state and regional responsibilities for equipment funding, inspection, maintenance and replacement. An asset management database was also developed. DSE plans to develop an asset management and replacement system and an asset management investment plan in 2005-06.

3.7.2 Equipment inspection and maintenance

Systems of inspection and maintenance

In 2003, we found that although DSE had a program of work centre and fire equipment inspections, better guidance could be given on the aim and scope of these inspections, standards to be applied, timelines for rectification, and responsibilities for addressing identified issues.

During this follow-up review, we found that DSE has provided consistent guidance to staff conducting inspections. Inspections are now carried out on all fire equipment on a rotational basis. Corrective actions needed are identified and monitored to completion.

The CFA has also introduced guidelines and a system for managing equipment inspections to ensure corrective actions are identified, assigned to a responsible officer and monitored to completion. The system also allows for statewide reporting.

Brigade-owned vehicles

In 2003, we found that although CFA requires all brigade-owned equipment to be inspected annually, vehicles more than 20 years old were not being inspected. There was also no process in place to ensure problems identified during inspection of vehicles less than 20 years old were corrected and no standards defined for maintenance of brigade-owned emergency response vehicles.

CFA has not yet introduced maintenance requirements for brigade-owned emergency response vehicles or taken steps to ensure vehicles over 20 years old are inspected as required. CFA advised us that a review of its brigade-owned vehicle policy is underway and due to be completed in March 2006.

3.7.3 Contractor management

Both CFA and DSE rely on contractors to operate heavy plant in some fire operations. In 2003, we were concerned that documentation on licences, workplace safety and risk management systems was not always sighted at the time contractors were engaged.

DSE has developed a panel of preferred contractors that it revises before each fire season. The contractors all have the credentials and basic wildfire training required to operate on the fire ground. CFA has an arrangement with DSE to use this panel, although it also hires other contractors, particularly in rural areas where there is little public land.

CFA is reviewing its plant management policy and developing guidelines and standard operating procedures for managing plant and contractors. It has also developed a draft check list to be used by fire ground supervisors to ensure that contractors being deployed on the fire ground meet safety requirements. If contractors have not completed basic wildfire training, a trained person must accompany them onto the fire ground.

DSE is reviewing contractor management and plans to develop guidelines for contracting fire suppression resources, including bulldozers, in 2006.

3.7.4 The fire access network

There are around 23 000 kilometres of roads and tracks in state forest in Victoria used for access for forestry operations, water catchment management and fire management.

In 2003, this network was managed by 3 separate parts of DSE and by Parks Victoria. Coordinating the management of the network to meet the needs of all users, setting priorities for maintenance and providing consistent information on the condition of the network to users (such as CFA) was a complex task.

Our report recommended that:
- DSE develop a consolidated fire access infrastructure policy, ensuring that the different parts of DSE and Parks Victoria with responsibilities for maintenance of the access road network took fire management needs into account

- systems for monitoring and reporting on the condition of roads be improved and that DSE find ways to ensure that timely information on the current condition of roads was readily available to CFA.

Coordinating management of fire access roads and determining priorities for maintenance

The state's fire access road network on public land is still jointly managed by DSE and Parks Victoria. However, there have been substantial changes to the way that the responsible agencies manage the network.

DSE and Parks Victoria have formed both a joint Steering Group (which sets policy and direction) and State Roading Committee (which is more operationally focused) to ensure agency consistency with road and track management. The new joint governance arrangements between DSE and Parks Victoria are designed to ensure consistent management of roads on public land across the state. This will include developing a strategic road asset management framework and processes.

During 2005-06, DSE plans to revise its fire access infrastructure policy and guidelines in line with the changes required under the *Roads Management Act 2004*. Under the Act, standards for roads have been set through a new road classification system that both agencies are required to adhere to. Both agencies will develop Road Management Plans. These plans will describe the network and the inspection and maintenance regimes that are required to retain the individual roads and tracks at the standard for the particular classification. DSE expects this process to be in place by the end of 2005.

Providing better information on the fire access network

As part of the new joint management arrangement between DSE and Parks Victoria, both agencies will further develop a Road Register that is consistent in its appearance to the general public (a web-based record of roads available for general public use).

3.7.5 Conclusion – Firefighting infrastructure

Both agencies have in place, or are planning, improved practices for many of the infrastructure management issues we identified in our 2003 report.

Both CFA and DSE have received additional funding for capital equipment needs, and CFA now has a policy, strategic plan and a replacement funding model in place for firefighting vehicles. CFA will need to ensure a strategy is developed to continue vehicle replacement beyond the current 5 years of funding.

However, CFA has not revised its policy on brigade-owned vehicles to ensure that these vehicles are being properly inspected and maintained. This is a serious concern given that our 2003 audit identified that there were significant mechanical problems with some brigade-owned vehicles.

Many other equipment inspection and maintenance issues identified in 2003 have been addressed. Both agencies are implementing systematic approaches for equipment inspections, designed to ensure corrective actions are implemented.

Contractor management has also improved - it will be important that both agencies monitor to ensure contractor competencies are checked prior to deployment.

Arrangements are being put in place to guide a new approach to access road management that will meet the requirements of the *Roads Management Act 2004* as well as recommendations of our 2003 report and the Victorian Bushfire Inquiry.

Recommendation

3.   **That CFA revise its policy on brigade-owned vehicles to ensure that vehicles are properly inspected and maintained.**

3.8   Helping the community prepare for fire

In 2003, we examined the planning and delivery of community education activities. We found that participants in CFA's community education programs were more likely to have a sound knowledge of fire behaviour and how to prepare their property to survive a bushfire. However, these programs were not reaching all households at risk.

We recommended that:
- CFA and DSE better coordinate their community education responsibilities and activities
- CFA use a more strategic, risk-based approach to targeting community education
- OESC develop a consistent statewide policy position on fire refuges.

Progress in implementing these recommendations is outlined below.

3.8.1 Coordination of community education activities

CFA has led the development of the *Fire Ready Victoria Strategy 2004-07*, a joint strategy with DSE and the Metropolitan Fire Brigade for raising the bushfire awareness and preparedness of the Victorian community. The strategy identifies key messages and activities to be delivered directly to the community as well as through the media.

Coordination of community education activities between CFA and DSE occurs informally within the regions. Both agencies advised that a revised CFA-DSE Cooperative Agreement will provide for formal coordination of community education. In the longer term, the new municipal fire planning process will provide an important forum for coordinating and targeting community preparedness activities at the local level.

Both agencies have developed community education programs for implementing the *Fire Ready Victoria Strategy 2004-07*.

3.8.2 Targeting community education

CFA has developed a risk-based approach to better target locations requiring community education programs, their information needs and the type of education that is required. The approach uses a number of methods to identify high risk areas, such as mapping threats to property and populations, developing risk profiles for different types of communities and analysing local needs.

Other initiatives by CFA which address our 2003 recommendations include:

- revising their advice to residents under the "leave early … or stay and defend" message. Residents who plan to evacuate are now advised to leave "… before fire threatens and road travel becomes hazardous. If a fire is burning nearby, late evacuation can be a deadly option"
- continuing to target misconceptions and knowledge gaps around fire behaviour and community preparedness.

In addition, CFA and DSE have taken a joint approach to improve information flows to the community. A major initiative has been the Victorian Bushfire Information Line, which provides a one number statewide telephone information service providing advice on bushfire-related safety. The agencies have also introduced guidelines for communicating with the public during fire incidents, which identify the pathway and responsibilities for information flow, as well as key messages and dissemination methods.

DSE has worked to strengthen its ability to engage communities and stakeholders in public land fire management, through organisational change and capacity-building. To assist this, DSE has employed 6 new community engagement officers to work with regional DSE and Parks Victoria staff. DSE has also increased its engagement with the public (e.g. on fuel reduction burning activities, its Code of Practice review and the development of a community engagement strategy for fire on public land), and now evaluates the impact of its community information and engagement activities.

3.8.3 Fire refuges

In 2003, we identified a number of unresolved issues and inconsistencies in the approach to fire refuges. Many municipalities had phased out fire refuges. However, some retained them even though there were:

- no standards for the performance requirements of buildings or places designated as fire refuges
- no plans for opening, staffing and defending areas designated as fire refuges
- no requirement that the areas and access routes had been subject to a risk assessment.

CFA was also concerned that promoting fire refuges undermined its key fire safety message that residents should leave early if they planned to evacuate, and not rely on last-minute evacuation to a local refuge.

We recommended that OESC, in conjunction with other stakeholders, develop a clear and consistent statewide policy position on the circumstances when fire refuges were needed, incorporating a risk assessment process and standards for areas designated as fire refuges.

In May 2004, OESC published a draft policy position on fire refuges for the state. This recommended a decision-making process for councils to use to determine whether a refuge was needed and specified standards for fire refuges.

A revised draft policy which restricts establishment of fire refuges to those extremely few locations where other fire safety measures are not sufficient or effective has since been agreed with CFA, DSE and the Municipal Association of Victoria. OESC has advised that it expects the policy to be launched prior to the 2005-06 fire season.

3.8.4 Conclusion – Community preparedness

CFA and DSE are implementing strategies to better coordinate community education and engagement, through the joint state strategy, revisions to the formal coordination agreement and the new municipal fire planning process.

Both agencies are also implementing more strategic programs for informing, educating and engaging communities across the state. The agencies will need to ensure that the results of current evaluations of these programs are used to improve program delivery.

Now that the work has been completed in finalising the state policy position on fire refuges, work needs to proceed quickly on educating the community on the agreed arrangements before the 2005-06 fire season.

RESPONSE provided by Acting Chief Executive Officer, Country Fire Authority

The CFA is satisfied that the follow-up audit report is fair and balanced, and appreciates the approach taken by the Victorian Auditor-General's Office during the follow-up review.

As the report highlights, CFA has made a great deal of progress in implementing the recommendations of the 2003 performance audit and the Victorian Bushfire Inquiry.

The CFA accepts the overall conclusion and agrees with the 3 recommendations. CFA is actively implementing the 2 recommendations applicable to CFA, and is committed to resolving the issues identified.

RESPONSE provided by Secretary, Department of Justice

Fire prevention is important for the protection of all Victorians and is a priority of the Department of Justice.

The Department of Justice welcomes the Auditor-General's report and agrees with the recommendations. The department notes particularly the Auditor-General's acknowledgment that considerable progress has been made since the last report in 2003.

Although substantial progress has been achieved, more remains to be done. The department, and in particular the Office of the Emergency Services Commissioner, will work closely with the Country Fire Authority (CFA) and the Department of Sustainability and Environment to complete the wild fire methodology component of the Fire Safety Victoria strategy.

RESPONSE provided by Secretary, Department of Justice - continued

In this regard, tenders for a consultant to develop the methodology and related spatial information and mapping will be invited in October 2005. The project is expected to be completed in October 2006.

In relation to Recommendation 3, the department notes also that the CFA is currently undertaking a review of its brigade-owned vehicle policy which is due to be completed in March 2006.

RESPONSE provided by Secretary, Department of Sustainability and Environment

Overall, the report is fair and balanced. The department is making a significant effort to implement the recommendations of Fire prevention and preparedness and the Report of the Inquiry into the 2002-2003 Victorian Bushfires, by implementing a 365-day model of fire management.

This model incorporates an increased focus on community engagement, prescribed burning, integrated planning, effective systems and processes, and increasing capability.

Recommendation 1

Agreed. DSE believes that this project must be led by OESC and supported by the CFA and DSE.

Due to the breadth and technical complexity of the subject matter, DSE has nominated 2 of its staff to act as liaison officers. DSE and OESC have agreed that this approach will be more effective in contributing information to the project than seconding a single DSE staff member to OESC for the duration of the project.

Recommendation 2

Agreed. This is an important initiative, and DSE believes that it has already made significant progress through:

- *The employment of an additional 90 fire specialists and fire fighters on ongoing contracts across the state, with up to a further 110 ongoing fire fighters to be recruited by July 2007.*
- *The 3-year fixed term appointment of Project Fire Fighters (PFFs) from October to May to assist in prescribed burning and fire suppression activities.*
- *The implementation of the Networked Emergency Organisation (NEO) Workforce Planning Project, which will enable the NEO to forecast supply for critical fire roles.*

RESPONSE provided by Secretary, Department of Sustainability and Environment - continued

The successful trial in DSE's North East Region of a fire role individual performance development system that is focussed on achieving workforce planning outcomes. This system includes the NEO partners and will be implemented across all DSE Regions over the next 12 months.

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4. Drug education in schools: Progress made on our 2003 report

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4.1   Background

In March 2003, we examined drug education in schools and made recommendations to the Department of Education and Training (DET) to further enhance these programs and to ensure the long-term sustainability of effective drug education programs.

The 2003 audit made 10 recommendations to address 3 main areas:

- accountability frameworks and participation in programs for schools in the non-government sector
- the quality of drug education in government schools, including the amount of drug-specific education, parent and community involvement, teacher professional development and sustainability
- monitoring and evaluation of student outcomes and the incorporation of results into school accountability frameworks.

This report documents progress made by DET in implementing these recommendations.

4.2   Overall conclusion

DET has undertaken a range of initiatives to address these recommendations. It has:

- encouraged non-government schools to participate in a variety of state and national drug education programs, and assisted them to gain access to funding, teacher professional development, curriculum resources and evaluation projects. As a consequence, participation by Catholic schools[1] has increased. Little change has occurred in independent schools[2]
- developed and distributed an extensive range of good quality curriculum resources for the early, middle and later years of schooling
- developed performance indicators to monitor and improve delivery of programs by service providers
- developed a strategic plan for parent engagement supported by resources to assist schools to engage parents in drug education programs

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[1] Catholic schools are established under the authority of the Bishop of their diocese.

[2] Independent schools are autonomous and legally incorporated bodies responsible at law and to their school communities.

- assisted schools to access national drug education initiatives, particularly relating to community involvement
- participated in reviews to incorporate drug education into pre-service teacher professional development programs and continued to work with the National School Drug Education Strategy (NSDES)[3] to provide a variety of resources for teacher training
- improved government school accountability for delivery of drug education, effectively linking this into the broader accountability framework for schools.

We conclude that DET has set up a sound model for sustainable drug education programs in schools.

DET has continued to work with Life Education Victoria (LEV) to ensure that their work in schools is effectively integrated into the strategy. Further work to align performance indicators in LEV service agreements with program delivery needs would assist in this area.

Following our 2003 audit, DET initiated the Drug Education Evaluation and Monitoring (DEEM) project to evaluate the success of its drug education initiatives. In 2003 and 2004, pilot projects were undertaken in 300 schools.

As the project continues to gather momentum, DET will have the opportunity to gather data to demonstrate good practice in program design and delivery[4]. The results of the DEEM project will provide the opportunity to share best practice principles in implementing education programs in schools. To date, DET has partially implemented the DEEM project and has developed performance benchmarks.

The next challenge for DET is to ensure that the DEEM project is used widely, and that the benchmarks are monitored and reported against.

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[3] http://www.dest.gov.au/archive/schools/publications/1999/strategy.htm.

[4] Many of the resources developed by DET are being incorporated into the National School Drug Education Strategy.

Recommendations

1. That DET continue to monitor participation in drug education programs by non-government schools, and work through the State-wide Drug Education Coordinating Committee to promote increased participation by independent schools.

2. That DET review the current target standards for Life Education Victoria performance agreements, and ensure that targets set reflect desirable standards based on the program delivery needs of schools.

3. That DET fully implements the DEEM project, and monitors progress against benchmarks.

Agencies involved in our follow-up consider the report to be fair and balanced and generally agree with the recommendations. Their responses are included at the end of this section of the report.

4.3 Non-government schools – Participation in programs and accountability

Participation by non-government schools in drug education programs is voluntary. In 2003, we noted that it appeared to be less extensive than in government schools.

While 90 per cent of Catholic schools and 60 per cent of independent schools surveyed had developed an Individual School Drug Education Strategy (ISDES), the extent of program delivery and the quality of those programs was unknown. We recommended that DET review its monitoring and accountability framework for non-government schools.

In 2004, DET established 2 committees to oversee the implementation of cross-sectoral strategies and collaborative projects: a Statewide Coordinating Committee (SCC) consisting of managers responsible for drug education implementation in government, Catholic and independent schools, and the Drug Education Advisory Committee (DEAC). The DEAC committee has representation from other departments, as well as sector representatives and project managers[5].

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[5] DEAC has representation from: the Multicultural Education Unit, the Department of Human Services, Victoria Police, Office of Youth, QUIT - Cancer Control Research Institute.

The SCC met regularly in 2004 and has assisted non-government schools to access funds and participate in joint programs. The committee also monitors whether schools provided with funding to develop an ISDES have developed an action plan for improvement.

In 2003 and 2004, after our audit, DET undertook surveys to monitor the extent of implementation of drug education programs in non-government schools. Results of the surveys are shown in Figure 4A.

FIGURE 4A: RESPONSE TO SURVEYS IN 2003 AND 2004

	Independent schools	Catholic schools
Total number of schools in 2003	215	488
Number of schools responding to survey	78	436
Per cent response to survey in 2003	36	90
Number of school responses indicating that they had an ISDES in 1997-99	42	346
Total number of schools in 2004	213	484
Number of schools responding to survey	74	456
Per cent response to survey in 2004	34	95
Number of school responses indicating that they had an ISDES in 2004	40	403

Source: Victorian Auditor-General's Office, from data provided by DET.

These results show both a high response rate and a high level of ISDES development for Catholic schools, with some improvement between 2003 and 2004. There has been a 5 per cent increase in response rate between 2003 and 2004, and an increase of approximately 9 per cent in ISDES participation (from 1997-99 to 2004) by Catholic schools.

As independent schools show a low survey response rate, we can only estimate minimum numbers that had an ISDES for both 1997-99 and 2004. The results indicate that there does not appear to be any improvement between 1997 and 2004.

DET has also involved non-government schools in Regional Accountability Frameworks. These are discussed further in section 4.5.2.

4.3.1 Conclusion – Non-government schools' participation and accountability

DET has encouraged non-government schools to participate in a variety of state and national drug education programs, and assisted them to gain access to funding, teacher professional development, curriculum resources and evaluation projects.

The cross-sectoral committees have improved both participation and working relationships across sectors. These initiatives appear to have been successful in improving participation in Catholic schools, and less successful for the independent sector.

Recommendation

1.   **That DET continue to monitor participation in drug education programs by non-government schools, and work through the State-wide Drug Education Coordinating Committee to promote increased participation by independent schools.**

4.4   Quality of programs

Our 2003 report made recommendations to improve the quality and sustainability of drug education programs in schools. We recommended that DET ensure that schools:

- deliver a minimum of 10 hours per year of drug-specific education, particularly at Year 7 and 8, and Years 11 and 12
- identify successful strategies to engage more parents and the community in school drug education programs, particularly targeting parents of VCE students
- enter into partnership arrangements with program deliverers (Life Education Victoria) to ensure that more comprehensive drug education programs are delivered
- provide ongoing teacher professional development.

4.4.1 Drug-specific education

DET monitors the number of hours of drug education provided across year levels Prep-Year 10 (P-10) through annual surveys. The number of hours of drug-specific education is difficult to measure with precision. There are varied practices in the classification of drug-specific education and classroom teachers do not always monitor the number of hours of drug-specific education in each area of the curriculum.
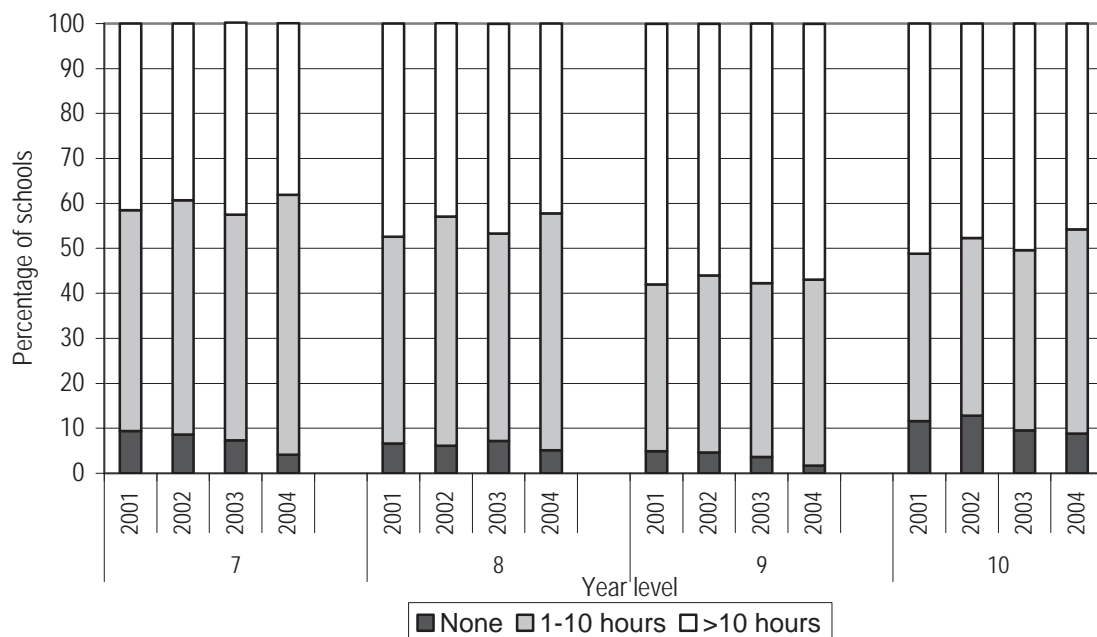
Survey results are provided in Figures 4B and 4C.

FIGURE 4B: HOURS OF DRUG EDUCATION - GOVERNMENT PRIMARY SCHOOLS
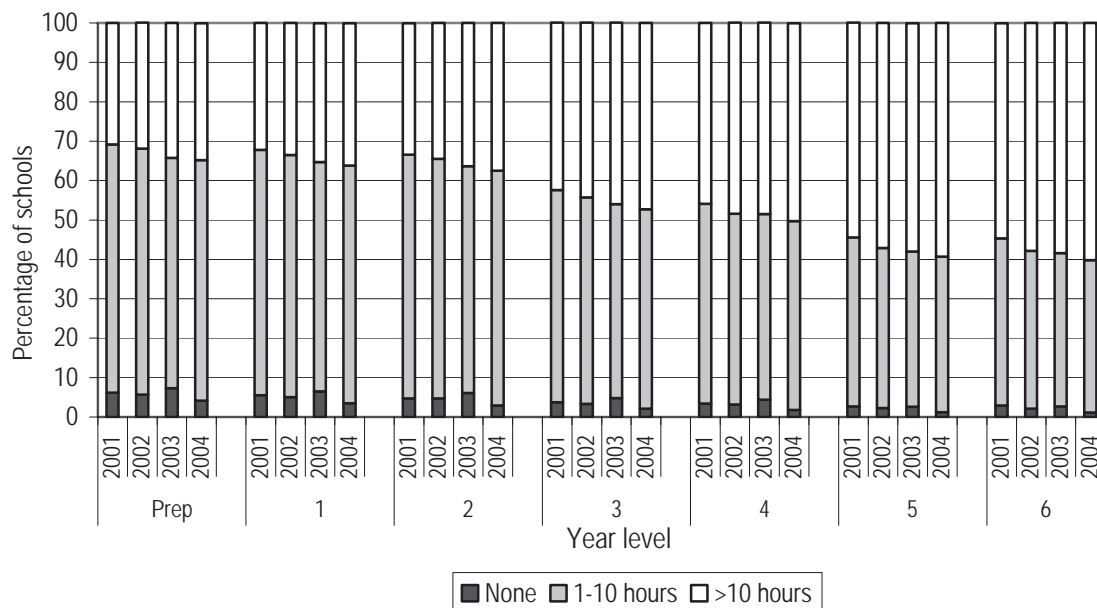
Source: Data provided by DET.

FIGURE 4C: HOURS OF DRUG EDUCATION - GOVERNMENT SECONDARY SCHOOLS

Source: Data provided by DET.

The data shows variable levels of drug education over the period from 2001 to 2004.

Some trends indicated are:

- the percentage of government schools providing no drug education at all has generally decreased in all years (Prep – Year 10)

- in primary years, the percentage of schools providing more than 10 hours of drug education has increased in each year level
- in secondary years, the percentage of schools providing more than 10 hours of drug education has varied over the period
- between 2003-04, there has been an increase in the percentage of schools providing 1-10 hours of drug education at the Year 7 and 8 levels.

Ensuring that drug education is incorporated into the broader curriculum is one of DET's key strategies for increasing the amount of drug education provided to students and maintaining sustainability. In order to achieve this, DET has:

- begun discussions about incorporating drug education curriculum provision in DET's Curriculum Planning Guidelines, which are being developed as part of Flagship Strategy 1 (Student Learning) of the Blueprint for Government Schools
- indicated that the new *Victorian Essential Learning Standards* released in 2005 will provide the opportunity to include drug-specific education as subject matter in student learning and student engagement and wellbeing initiatives
- developed a variety of good quality teaching resources focusing on Years 7 and 8[6] and VCE[7]. Senior Program Officers have been trained to assist teachers to implement these resources into the classroom. The materials are being included in the national drug education initiatives, which will help to disseminate them more widely
- provided "best practice" examples for use at the senior year level as part of the revision and redevelopment of the later years' curriculum. These are provided as resources to schools and are accessible through DET's drug education website.

4.4.2 Parent and community involvement

In response to our recommendation that it work to increase parent involvement in drug education programs, DET has developed a *Drug-related Parent Engagement in Schools Strategic Plan for 2005-2008.*

The strategy was developed after issue of a discussion paper that reviewed the role of parent engagement in drug education, and included strategies to promote parent engagement.

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[6] Middle years resources include the *Tobacco Education Resource*, *Talking Tactics* and *Creating Conversations*.

[7] Resources for years 11 and 12 include *Engaging parents in the post-compulsory years*, *Celebrating Safely*, *Senior Students Drug Education Resource* and the Commonwealth *On the Edge* resource.

Under the strategy, DET has developed and trialled a set of resources to support schools to engage parents in drug education programs. These resources are available through a variety of sources and Senior Program Officers are available in regions to assist schools to include these resources as part of their Parent Strategy Plan.

DET's drug education website also provides a set of case studies from schools that have successfully implemented parent involvement strategies.

In order to increase community involvement, DET has assisted schools to access national drug education initiatives such as the School/Community Approaches to Drug Education (SCADE) project and the Resilience Education and Drug Initiative (REDI) programs.

DET reports that parents have been targeted as a key contributor to the effectiveness of the program from participation in core teams for the development of the ISDES to provision of feedback on the development of schools' drug policies. Every government school council has been involved in the endorsement of their school's ISDES.

DET has modified its annual survey of schools to include information on parent and community engagement activities in schools.

The results of the surveys are shown in Figure 4D.

FIGURE 4D: PERCENTAGE OF GOVERNMENT SCHOOLS UNDERTAKING PARENT AND COMMUNITY ENGAGEMENT ACTIVITIES

	Percentage of schools	
	2003	2004
Parent engagement strategies -		
Parent consultation	33.8	33.3
Drug-related parent information	33.3	30.3
School council briefing	36.9	39.0
Strategies/skills sessions	28.0	26.6
Newsletters	60.2	60.0
Participating in at least one activity	80.0	81.3
Community engagement strategies -		
Classroom programs	61.9	62.4
Professional development	44.8	44.9
Student welfare support	56.6	55.6
Management of drug-related incidents	14.9	16.9
Parent education initiatives	31.7	29.9
Specialist/pharmacological advice	12.8	14.2
Health promotion initiatives	51.8	54.0
Participating in at least one activity	84.9	85.9

Source: Data provided by DET.

The results in Figure 4D, which pre-date the implementation of the parent engagement strategy, will provide base-line data and enable DET to monitor the percentage of schools undertaking activities as they roll out their initiatives for parent and community engagement. The percentage of schools undertaking activities for parent and community engagement is not a measure of their quality or effectiveness.

4.4.3 Arrangements with external service providers

In 2003, we noted that Life Education Victoria (LEV) had visited around 54 per cent of Victoria's primary schools. Research[8] indicates that brief information sessions may raise curiosity in young people about drugs, without leading to a reduction in the use of drugs. We were concerned that, in some cases, LEV visits may not have been complemented by appropriate sessions with the classroom teacher before and after the visit.

We recommended that arrangements with program providers such as LEV ensure that they provide a drug education program that involves teachers and is better aligned with the harm minimisation strategy endorsed by DET.

In response to this, DET has included relevant performance indicators in LEV's service agreements. These indicators, provided in Figure 4E, encourage greater collaboration between teachers and LEV at all levels of program delivery.

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[8] For example, Dr G Hawthorne, Dr J Garrard and Assoc. Prof. David Hunt, *Primary School Drug Education: An evaluation of Life Education Victoria*, National Health and Medical Research Council, National Centre for Health Program Evaluation, Research Report No. 2, September 1992.

FIGURE 4E: LIFE EDUCATION VICTORIA PERFORMANCE INDICATORS

Performance indicators	Results 2003	Target 2004	Results 2004
	(%)	(%)	(%)
Percentage of schools visited where LEV will provide professional development for teachers	39	43	63
Percentage of schools where LEV assisted in planning and organising parent forums	44	45	52
Percentage of teachers using the LEV program who conduct pre-visit activities	50	60	51
Percentage of teachers using the LEV program who conduct follow-up activities after the LEV visit	86	90	90
Percentage of teachers that use both pre- and post- visit activities	48	55	48
Percentage of schools where the LEV educator assists with the development or preparation of curriculum materials	39	40	50
Percentage of teachers who are actively involved in LEV program delivery	55	55	75
Percentage of schools where the LEV educator assists with policy planning and/or drug education review	12	13	14

Source: Information provided by DET.

DET advises that targets in each indicator were set to encourage LEV to improve in each area each year. Figure 4E shows that targets vary from 13 per cent to 90 per cent. DET should consider setting targets that are based on standards for good practice and the operational need of schools, rather than yearly improvements alone.

4.4.4 Teacher professional development

In 2003, we recommended that DET ensure continued access to teacher professional development (PD) and explore the opportunity for the inclusion of drug education in pre-service teacher education.

DET has provided a variety of ongoing professional development activities for teachers. It has:

- continued to provide Senior Program Officers to assist schools to develop and review their ISDES. These officers have been trained to assist schools to use the drug education resources, and to incorporate these resources into the curriculum. Senior Program Officers also assist with the parent and community strategy plans and the gathering and interpretation of data for evaluation of their programs
- supported schools to host conferences to share new research information
- supported schools to access Commonwealth-funded drug education programs

- supported schools to set up regional networks and collegiate support groups.

Between 2001 and 2004, approximately 7 000 teachers per year (or an average of 6.75 staff members per school per year) have participated in drug education PD. This demonstrates a consistent commitment to PD.

In regard to pre-service teacher training, DET is working in collaboration with the Commonwealth Department of Education, Science and Training's *Open Training Education Network* to adapt the "Get Wise" and "REDI" resources for tertiary educators to enable them to demonstrate the "whole school" approach to drug education to pre-service teachers.

4.4.5 Conclusion – Quality of programs

The model upon which DET has designed its drug education strategy is well aligned with effective, sustainable school education programs. The combination of good quality resources, support personnel and continued PD, is in line with current educational research and best practice in delivering high quality, sustainable programs.

Inclusion of drug education into the school curriculum with classroom teachers to deliver the programs, with the support of external providers and regional school officers, ensures its effectiveness and sustainability.

Teacher PD, quality teaching resources and a "whole school" approach have been shown to be effective in improving student outcomes[9].

Inclusion of parents and community in policy and program development and delivery ensures that it is designed to meet the needs of the school community and increases its effectiveness.

While there have been more hours of drug education provided in primary years, increasing the number of hours of drug education in the critical years of 7 and 8 remains a challenge. There is still a small, but decreasing, number of schools that do not provide any drug education. As inclusion of drug education into the school curriculum is essential for effectiveness and sustainability, DET needs to continue its efforts in these areas.

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[9] Ingvarson, Meiers and Beavis 2003, *Investigating teacher professional development and student learning outcomes,* Australian Council for Educational Research, Camberwell, Victoria.

To date, only small changes have been seen in the level of parent and community involvement. However, DET's parent engagement strategy has only just been completed and is being implemented this year. The work DET has done in establishing baseline data will provide a good platform for assessing the success of the strategy. As parent and community involvement are necessary for effective drug education programs, DET should continue to develop and improve performance measures and targets for parent and community involvement, which it can then link directly to student outcomes.

DET has worked with LEV to increase collaboration between LEV and classroom teachers, developing performance indicators that target the areas where change is needed. However, the targets set for each indicator are based only on an improvement on current performance. Performance targets should not be based on past achievements alone. DET must give greater consideration to the rationale for each of the targets, taking into account a desired performance standard based on operational need and good practice. It may be useful to consult with schools in order to identify the priority areas and desirable performance targets.

Recommendation

2.   **That DET review the current target standards for Life Education Victoria performance agreements, and ensure that targets set reflect desirable standards based on the program delivery needs of schools.**

4.5   Monitoring and evaluation

Our 2003 report recommended that DET develop a system for monitoring and evaluating changes in the students' knowledge, attitudes and social skills arising from their participation in the school drug education strategy.

We recommended that DET provide guidance to schools to monitor and evaluate their progress through an appropriate set of performance indicators and survey tools.

We also recommended that DET link this monitoring and evaluation to its broader accountability framework for schools.

4.5.1 Monitoring student outcomes

Since our audit, DET has undertaken the Drug Education Evaluation and Monitoring (DEEM) project. The project consists of a variety of evaluation tools and professional development support to measure student outcomes in the context of other school variables that impact on student learning. These other variables include such things as: school climate, supportive leadership, staff motivation, teaching quality, student welfare, learning environment and discipline policy. It will be used in conjunction with the indicators from the Student Attitudes to Schools Survey (SATSS) to increase understanding about aspects of the school context that may impact on student outcomes.

In 2003 and 2004, a total of 300 schools participated in trials of the evaluation instruments. The results have provided baseline data for benchmarking performance. The data from the DEEM project will establish benchmarks in regard to student outcomes resulting from the ISDES and schools will be able to monitor and track their improvements over time.

It is anticipated that a minimum of 150 schools will use DEEM each year over the next 3 years (as they participate in their triennial review process). This represents a minimum of 19.4 per cent, or one in 5 schools.

There is currently no target date for full roll-out of DEEM to all schools. DET advises that as well as progressively trialling the tool with users, the gradual lead-in will also ensure that Senior Program Officers in the region are able to support its implementation.

DET advises that, in future, schools will have online access to this evaluation instrument, which will then become part of the schools' cyclic review process. Linking the DEEM project with ISDES review processes will enable DET to monitor progress and identify good practice.

4.5.2 School accountability frameworks

In 2003, we recommended that drug education be included in DET's accountability framework for schools. In 2005, the government launched its *Blueprint for Government Schools*. The blueprint incorporates a revised school improvement and accountability framework.

The new framework incorporates both compliance elements (which schools are required to implement and report on) and optional elements (in areas selected by the school to match their particular needs). Under this framework, schools are required to complete and report on their school drug education strategies.

The DEEM tool has also been designed to complement the improvement framework, with benchmarks measured in DEEM linking into wider organisational health benchmarking undertaken under the framework.

At a regional level, DET has implemented Regional Accountability Frameworks. This allows DET to gather data on all aspects of the drug education initiative (ISDES review, PD, use of DEEM, collegiate support groups and Commonwealth drug education resource training and promotion) for both government and non-government schools.

At the state level, drug education student outcomes data will be reported annually in the state budget papers. The indicators at this level will report on state benchmarks for student drug education knowledge and attitudes to drugs.

4.5.3 Conclusion – Monitoring and evaluation

DET's development of the DEEM instruments has provided high standard tools for measuring student outcomes in drug education to enable schools to evaluate their progress in the context of the school environment. This is well aligned to current educational research on effective school programs and fits well with the "whole school" approach to drug education programs.

DET has rolled out DEEM gradually, ensuring that the tool is adequately tested and support is in place for its implementation. However, as trials of the tool are completed, it is important that DET sets targets for full implementation.

DET has integrated reporting against drug education targets at every level of its wider school's accountability framework – school level, regional reporting and state level reporting in the budget papers.

Recommendation

3.   **That DET fully implements the DEEM project and monitors progress against benchmarks.**

RESPONSE provided by Secretary, Department of Education and Training

Recommendation 1

The department agrees with this recommendation and will continue to monitor participation by non-government schools. While the Auditor-General's acknowledgement that the department has assisted Catholic and independent schools to gain access to funding, teacher professional development, curriculum resources and evaluation projects is noted, the department agrees that increased participation of independent schools in state-wide drug education initiatives is desirable. Through the State-wide Drug Education Co-ordinating Committee, and in liaison with the Association of Independent Schools of Victoria, the department will investigate further strategies to promote increased participation by independent schools.

Recommendation 2

The department agrees with this recommendation while noting that the Auditor-General's report acknowledges that current performance indicators for Life Education Victoria (LEV) encourage greater collaboration between teachers and LEV at all levels of program delivery. Notwithstanding this level of progress, the department will review its current process for setting targets for Life Education Victoria. In collaboration with LEV, and through consultation with the School System Development Division, the department will investigate the development of additional targets that reflect standards of good practice.

Recommendation 3

The department agrees with this recommendation as it reinforces the department's strategic intentions to utilise the Drug Education Evaluation and Monitoring (DEEM) project tools as part of broader school improvement initiatives. The department is already conducting a comprehensive training program for regional personnel in the use of the DEEM survey tools so that they are able to support schools in their use. It has also commenced a review of the Individual School Drug Education Strategy (ISDES) cyclical review process to facilitate the full implementation of the DEEM survey tools by:

- *ensuring that this process is integrated into the new Accountability and School Improvement Framework;*
- *developing documentation and support materials for schools to use the DEEM survey tools.*

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5. Mental health services for people in crisis: Progress made on our 2002 report

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5.1   Introduction

Our October 2002 report *Mental health services for people in crisis* examined:

- access and the timeliness of expert psychiatric assessment
- service integration
- the rights of involuntary patients
- performance monitoring.

The 2002 audit included extensive client file reviews in Area Mental Health Services (AMHS), conducting detailed assessment of the timeliness of assessment, quality of client documentation and service delivery. We did not repeat that work in this follow-up review. Instead, this report focuses on the actions taken by the Department of Human Services (DHS) and the Mental Health Review Board (MHRB) to implement the recommendations from our October 2002 report.

5.2   Overall conclusion

DHS has implemented many of our recommendations from 2002. DHS has:

- developed a demand management strategy to address growing demand for mental health services
- increased the number of in-patient beds and "step-down" beds
- conducted work to better understand the issues around mental health patients in emergency departments
- worked to clarify entry and assessment processes, discharge planning, and to improve the quality of documentation
- improved performance monitoring and reporting.

It is too soon to tell if the demand management initiatives implemented will make a difference. Many of the strategies aim to improve early intervention in order to lessen the impact of mental illness and to improve integration and coordination of service delivery across acute and sub-acute services so that patients in the system get better support and continuity of care. The benefits of this will take some time to be felt.

Some work has commenced to improve the ways that patients access acute mental health care. Southern Health has implemented a promising initiative, with a 24-hour a day telephone triage service staffed by experienced mental health professionals providing a single, consistent entry point and referral service.

In 2002, we expressed concerns about the clarity of some key processes, and the standard of documentation in the AMHS we examined. DHS has taken the first step in addressing these issues by providing clear guidance for AMHS on requirements and good practice. The critical issue for the future will be monitoring the way AMHS implement this guidance.

DHS has worked to provide better community based-care, and to reduce the rate of unplanned readmissions within 28 days. While DHS is increasing the number of patients who make contact with community services before and after admission to acute care, the rate of unplanned readmissions has increased. Further work needs to be conducted to investigate this trend.

In 2002, we recommended that DHS and AMHS improve their communication with patients and carers. Steps have been taken in this area, however, DHS's attempts to survey consumer and carer experiences have had a relatively low response rate to date. DHS and AMHS need to keep working to find better ways to gauge the views of patients and carers about services for people with mental illness.

The work DHS has done to identify key performance indicators and gather data is an improvement on the situation in 2002. To gain full value from the work done to date, the next step is to implement comparative reporting so that AMHS can see how they perform against benchmarks.

Recommendations

1. **That DHS reviews the centralised triage model implemented at Southern Health and examines opportunities to leverage off the work undertaken.**

2. **That DHS and AMHS investigate causes of the increase in the rate of unplanned readmission.**

3. **That DHS continues to investigate ways to better gauge the views of consumers and carers on service provision.**

4. **That DHS implements benchmark reporting against its mental health performance indicators as a priority.**

Agencies involved in our follow-up consider the report to be fair and balanced and generally agree with the recommendations. Their responses are included at the end of this section of the report.

5.3 Access

In 2002, we made recommendations relating to access to treatment by people experiencing a psychiatric crisis. We recommended that:

- DHS should develop and implement a comprehensive demand management strategy
- triage processes (where patients are assessed and prioritised on the basis of risk and urgency) needed to be clarified.
- arrangements for assessment and treatment of psychiatric patients in emergency departments (EDs) should be reviewed. Particular issues of concern were poor information about the number and type of mental health patients presenting to EDs, lengthy waiting times and access to inpatient beds.

Progress on implementing these recommendations is outlined below.

5.3.1 Demand management

Since our report, DHS developed a Mental Health Demand Management strategy in 2002-03, which was further revised for the 2005-06 budget process.

The strategy provides the framework for the implementation of the government's key priorities for service development identified in *New Directions for Victoria's Mental Health Services: The Next Five Years* (September 2002).

The strategy identifies key demand drivers, anticipated growth and critical pressure points. It also identifies the current and desired outcomes, and considers the capital/infrastructure support and work force needs to deliver its objectives.

From 2002-03 to 2004-05, additional funding of $15 million was provided each year for the strategy. In the 2005-06 state budget, a 4-year additional funding program was announced. Figure 5A outlines the additional funds provided.

FIGURE 5A: ADDITIONAL FUNDING

	2005-06	Over 4 years to 2008-09
	($m)	($m)
Expand hospital and "step-down" care	11.9	49.4
Expand community-based clinical services	5.6	23.4
Work force initiatives	4.2	17.4
Psychiatric disability support services	5.0	20.8
Supporting people with particular needs	3.3	13.6
Capital development	-	55.5
Total additional funding	**30.0**	**180.1**

Source: Department of Treasury and Finance, budget documentation 2005-06.

5.3.2 Entry and assessment

In 2002, we noted that triage processes (where patients are assessed and prioritised on the basis of risk and urgency) were unclear. There were no clear guidelines on ratings of risk and urgency, or on the appropriate service responses for different ratings.

Since 2002, DHS has conducted a detailed study of the various triage models operating across AMHS, and implemented the following initiatives to improve service access and entry point assessment:

- The release of *Triage guidelines* developed by the Chief Psychiatrist. These guidelines were intended to provide consistency in processes for the service response, documentation and interpretation of standards.

- Funding has been provided ($550 000) for triage redevelopment projects in 11 AMHS to assist them to redevelop their triage functions in line with the *Triage guidelines.*

- A number of AMHS have established and publicised a single telephone number providing 24-hour/7-day access to mental health services with the remainder intended to do so to allow publication in the *2006 white pages* telephone directory.

- Funding has been provided to support Southern Health to implement a 24-hour telephone triage service for that area. The service is described in Figure 5B.

FIGURE 5B: SOUTHERN HEALTH'S 24-HOUR TELEPHONE TRIAGE SERVICE

Southern Health has a large catchment area for mental health presentations. In 2003, it identified that there were 16 different entry points that people requiring urgent advice or crisis assistance could contact.

These entry points were all unconnected, there were no systems in place documenting standardised responses or pathways into the system, no way of monitoring who was calling, the response they received, or if they had previously been in touch with another part of the service. When people were referred from one point in the system to another, they were frequently re-triaged.

In 2004, Southern Health implemented a "1 300" number staffed 24-hours/day by senior psychiatric-trained clinicians.

All calls are put through this entry point. Advantages identified in the new approach include:

- All callers receive a predictable and consistent response. Calls are triaged by appropriately qualified mental health clinicians, who use clinical protocols to assess the level of risk and determine the appropriate response.

- Clients accessing the line are referred to consistent, documented pathways into the system. There is no need for clients to be re-triaged as they access different parts of the service.

- Staff taking calls have knowledge of previous contacts the client has had with the system, and can use this information when making referrals and advising the Crisis Assessment and Treatment (CAT) team of any special needs.

- Southern Health is able to monitor data on service provision and the quality of service. For example, it can monitor data on where calls come from, track response times, and establish and monitor performance standards.

The service receives around 3 200 calls per month. Around one-third of calls come from clients, one-third from carers and one-third from medical providers. The service costs approximately $1.2 million per year to run and employs 11 staff, with at least one senior psychiatric clinician on roster during every shift.

Source: Victorian Auditor-General's Office.

5.3.3 Patients in emergency departments

Around 18 per cent of patients requiring crisis care for mental illness use a hospital emergency department (ED) as their point of entry to the acute mental health system.

Our 2002 report found that some patients with serious mental illness experienced lengthy stays in ED. An ED is a noisy, busy environment, and few EDs had suitable areas for assessment or staff available for intensive support for acutely ill psychiatric patients.

Since our report, DHS has implemented a number of initiatives to improve performance and the environment in EDs, including:

- Commissioned research[1] about the nature of mental health presentations to ED and why mental health patients chose EDs as their point of care. Findings and recommendations from this work have informed the planning process.
- Allocated $300 000 for triage in ED. In the 2005-06 state budget, additional funds will be allocated to improve mental health consultation and liaison.
- ED infrastructure requirements are being addressed in capital projects at Austin, Maroondah, Casey and Werribee.

Demand management for emergency departments

Since our 2002 report, the number of mental health presentations to EDs in the major metropolitan hospitals has increased from around 24 000 to 25 000. However, as shown in Figure 5C, the rate of growth in demand has levelled off. In 2001-02, mental health presentations were growing by around 8 per cent per year. From 2003-04 to 2004-05, the rate of growth was around 3 per cent per year.

FIGURE 5C: MENTAL HEALTH PRESENTATIONS TO THE MAJOR METROPOLITAN HOSPITALS
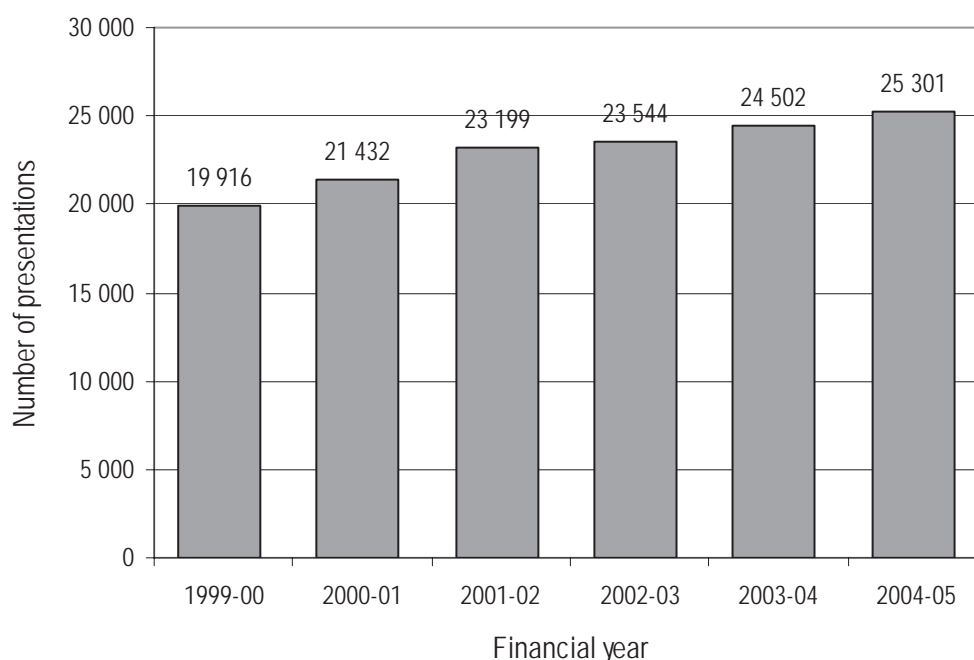

Source: DHS.

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[1] Department of Human Services and Emergency Medicine Research Unit, Royal Melbourne Hospital 2004**,** *Mental health presentations to the emergency department*, Victorian Government, Melbourne.

Length of stay in emergency departments

Since 2002, the average length of stay of mental health patients in EDs has fluctuated. It fell from 452 minutes in 2002-03 to 379 minutes in 2003-04, rising back to 402 minutes in 2004-05.

However, while the average length of stay has decreased since 2002-03, the number of long-staying patients has increased. Figure 5D shows the trend in mental health patients staying for long periods in EDs.

FIGURE 5D: LONG-STAY MENTAL HEALTH PATIENTS IN EMERGENCY DEPARTMENTS 2002-03 TO 2004-05
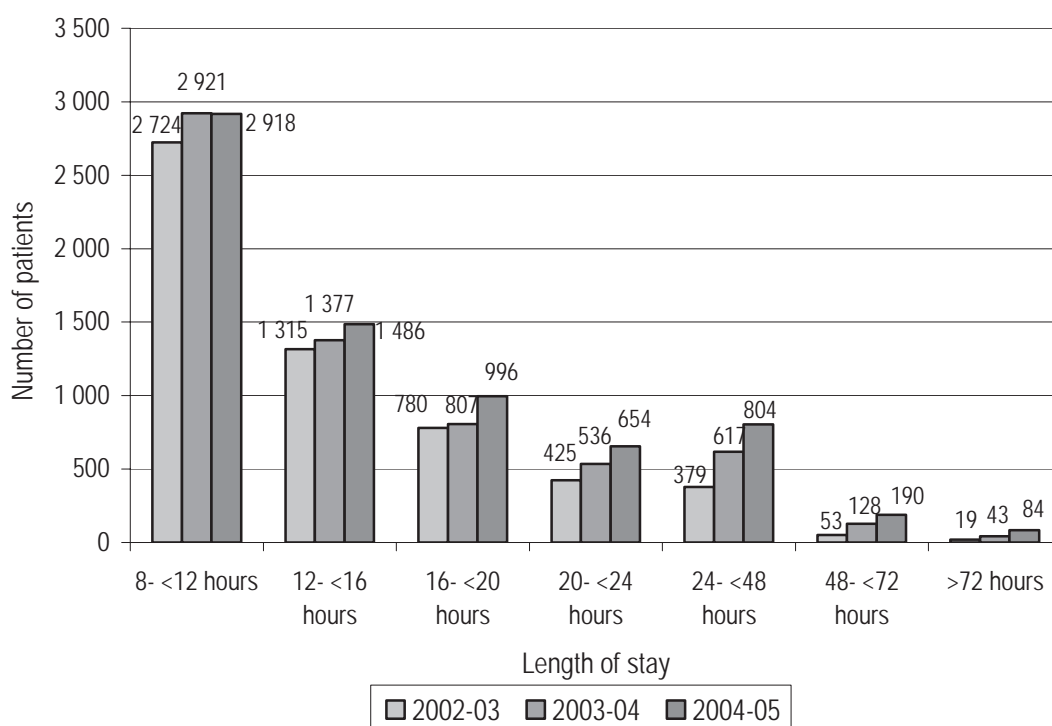
Source: Victorian Auditor-General's Office, from data in the Victorian Admitted Episodes Dataset, supplied by DHS.

Figure 5D shows that:

• the number of patients staying longer than 12 hours in the metro and major regional EDs has increased from 2 971 (10.5 per cent of mental health presentations) to 4 214 (13.6 per cent of presentations)

• the number of patients staying longer than 24 hours has increased from 491 (1.6 per cent of presentations) in 2003-03 to 1 078 (3.5 per cent of presentations) in 2004-05.

5.3.4 Access to acute inpatient mental health beds

A study conducted by DHS in 2004 identified that a major cause of long stays in ED by mental health patients is access to beds[2]. The study also identified that some of the mental health patients in ED were there only because they could not access an acute bed - 11.6 per cent of patients in the study were brought to the ED because there was no acute mental health bed available[3].

As part if its demand management strategy, DHS has increased bed availability, and between 2002-03 and 2004-05, there has been increase of 65 acute beds, 30 sub-acute beds and 10 forensic beds. The growth in acute inpatient mental health beds from 1997-98 to 2004-05 is shown at Figure 5E.

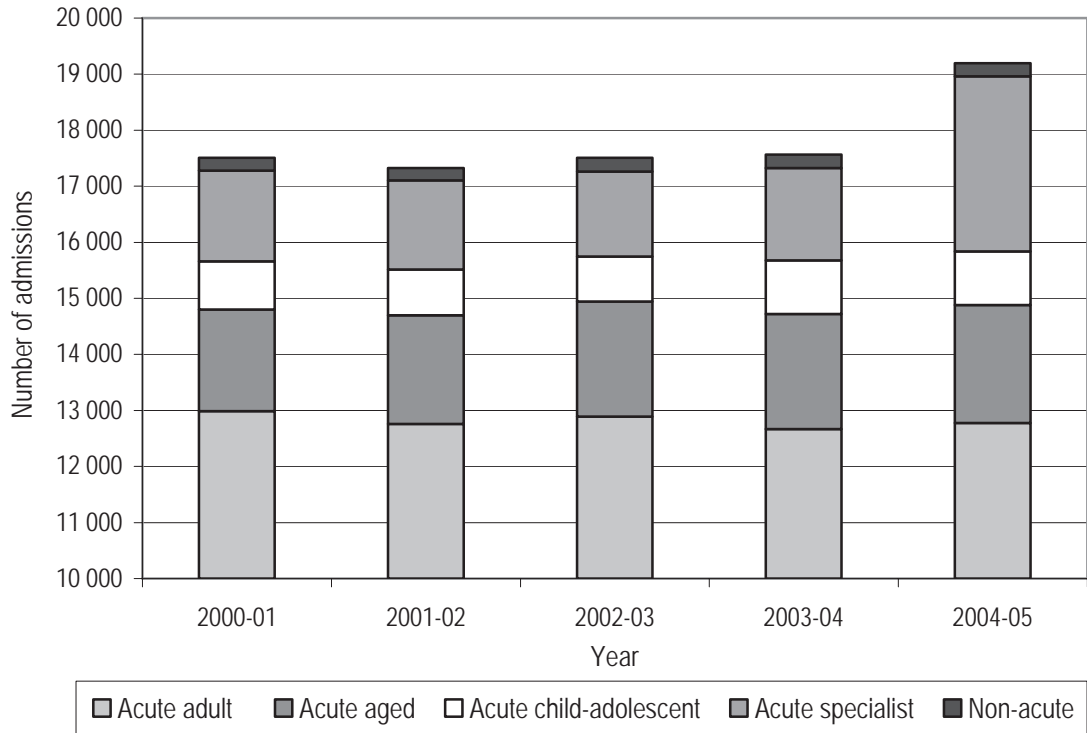**FIGURE 5E: ACUTE INPATIENT MENTAL HEALTH BEDS**
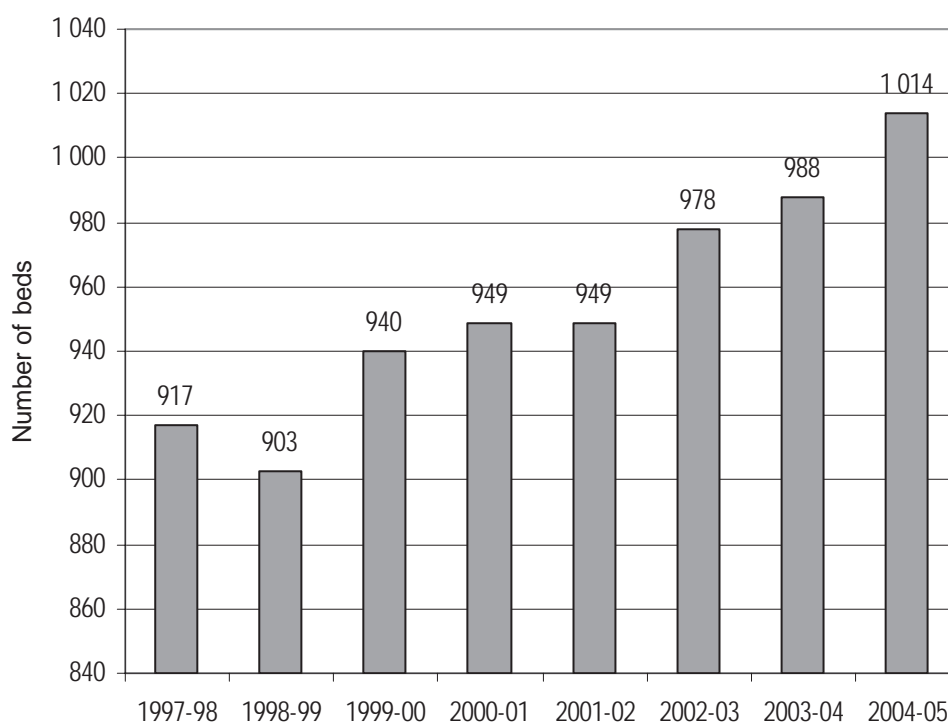
Source: Victorian Auditor-General's Office, from data provided by DHS.

[2] ibid, p. 26.

[3] ibid, p. 3.

Figure 5F shows the number of patients admitted to acute mental health beds since 2000-01.

FIGURE 5F: NUMBER OF PATIENTS ADMITTED TO ACUTE MENTAL HEALTH BEDS

Admission type	2000-01	2001-02	2002-03	2003-04	2004-05
Acute adult	12 987	12 757	12 893	12 667	12 774
Acute aged	1 815	1 939	2 049	2 053	2 106
Acute child-adolescent	819	819	807	959	957
Acute specialist	1 617	1 588	1 515	1 647	(a) 3 124
Non-acute	230	221	242	239	235
Total admissions	17 511	17 324	17 506	17 565	19 196

(a) For 2004-05, includes same day electroconvulsive therapy admissions.

Source: Victorian Auditor-General's Office, from data provided by DHS.

Figure 5F shows that the total number of admissions to acute mental health beds has increased from 17 324 in 2001-02 to 19 196 in 2004-05. However, the bulk of this increase is in acute specialist admissions. This is due to a change in recording methodology – from 2004-05 same day admissions for electroconvulsive therapy were recorded as acute specialist admissions, when they had not previously been included with this data.

As well as increasing the number of acute mental health beds, DHS has piloted a prevention and recovery care (PARC) project which provides beds for patients who do not require acute inpatient treatment, but would benefit from support in a residential setting. This service is discussed in section 5.4.1.

5.3.5 Conclusion – Access

DHS has implemented and funded a demand management strategy for mental health services. It is too early to assess the impact this will have on access to mental health services, however, the strategy targets key areas and is based on a system-wide view with a mixture of emergency/acute/sub-acute services.

DHS has taken steps to address our recommendation that it clarifies entry and assessment arrangements for patients requiring crisis care. DHS has developed guidelines, and provided seed funding for AMHS to implement changes.

A number of initiatives have been undertaken to improve services for mental health patients who go to EDs for care. However, the timeliness of service provided to these patients shows little improvement - while the average waiting time has reduced since 2002, more patients are waiting for extended periods of time. There is evidence that this delay is linked to access to inpatient beds, and although some improvement has been made, with more inpatient beds available and more patients accessing them, clearly more needs to be done.

However, EDs are often not the best point of entry to inpatient care for mental health patients. The work DHS and AMHS are doing to improve arrangements for direct entry can offer the greatest benefit to patients in the long run.

The Southern Health central triage model is a major shift in triage arrangements, with the potential to provide more consistent, streamlined entry. Subject to a favourable evaluation, DHS and Southern Health should examine whether they can leverage off the work in place by extending the coverage provided by the service to adjoining areas.

Recommendation

1. **That DHS reviews the centralised triage model implemented at Southern Health and examines opportunities to leverage off the work undertaken.**

5.4   Service integration

People with a mental illness often have complex needs, requiring coordination of services across acute and community-based services[4]. Strong linkages between parts of the system, sound planning for patients, robust documentation of assessments and treatment, and good communication with patients and the people who support them are all essential to providing "continuity of care".

Our 2002 report recommended that:

- DHS and AMHS continue to develop and enhance community-based services for people with mental illness, and improve the linkages with other areas that provide service to these clients, such as GPs, community care centres and housing services

- individual service planning and clinical documentation be improved, ensuring that all components of service delivery are completed and documented

- DHS and AMHS improve communication with patients and carers.

Progress on implementing these recommendations is detailed below.

5.4.1 Community-based care

Since our report, DHS and AMHS have implemented a number of initiatives to improve community-based care for people with a mental illness, and build linkages with community-based services:

- *Primary mental health and early intervention teams (PMHEI)* – These teams have been established in all 21 AMHS. PMHEI have been developed to support the links between primary and tertiary mental health service systems, in particular GPs and community health centres. They also provide mental health consultation, liaison and training services in relation to mental health. DHS has commissioned an evaluation of this initiative to be completed in late 2005.

- *Psychiatric disability rehabilitation and support services (PDRSS)* - Since 2002-03, additional resources have been provided for 19.5 additional EFT[5] PDRSS workers. PDRSS provide intensive home-based outreach to clients in transitional housing properties. The home-based outreach program is a joint initiative with the Office of Housing, which is currently evaluating the initiative.

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[4] It has been estimated that up to 70 per cent of adults with a psychosis have a drug or alcohol abuse problem. Similarly, rates of homelessness and physical and intellectual disability are higher among people with a mental disorder, compared with the normal population.

[5] Equivalent full-time.

- *High needs clients in supported accommodation* – Since 2003, 10 EFT PDRSS workers have been allocated to provide rehabilitation and support for high needs clients living in shared supported accommodation owned or managed by non-government organisations.

Provision of prevention and recovery care services

The prevention and recovery care (PARC) service targets people who are being discharged from acute in-patient services, but would benefit from continuing support in a residential setting. The service also targets people who are living in the community and require short-term support with intensive treatment to prevent further deterioration or relapse.

To date, there are 2 operational services, each with 10 places[6] - one at Shepparton and one at Box Hill. There are also 8 places at Arion which is a PARC-like service in Flemington providing short-term accommodation for adults needing pre- or post-acute treatment and support.

Two more services are planned – one at Springvale is planned to open in 2005, and Bayside Health is redeveloping a property for a fourth PARC.

DHS advises that funds are available for 20 more PARC places, and discussions are underway with 2 health services regarding possible sites.

Measuring performance in community-based care
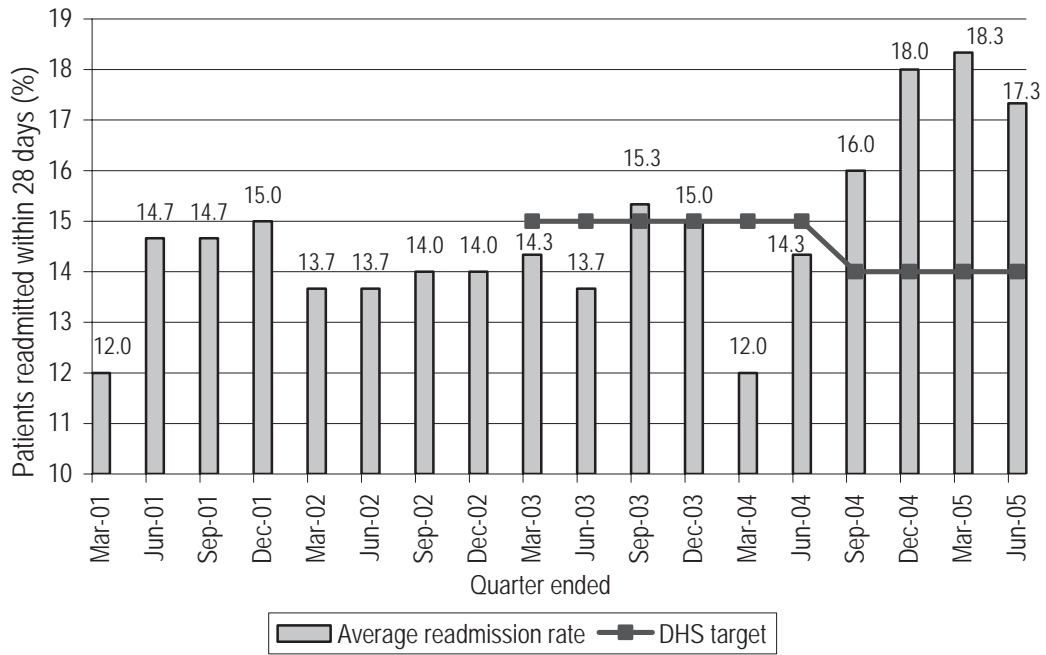
DHS uses 3 indicators to monitor community-based care:
- unplanned readmissions within 28 days
- the percentage of patients having contact with community mental health services in the 7 days before they are admitted to acute care
- the percentage of patients having contact with community mental health services in the 7 days after they leave acute care.

The rate of unplanned readmissions to acute care within 28 days can be one indicator of how effectively patient discharge is planned and managed and how well step-down services are meeting patient needs.

In January 2003, DHS implemented a target of 15 per cent for unplanned admissions within 28 days, which it reduced to 14 per cent in July 2004. As Figure 5G shows, the rate of unplanned readmissions within 28 days by mental health patients has increased since 2001-02.


[6] Eight beds and 2 "day" places.

FIGURE 5G: MENTAL HEALTH PATIENTS - UNPLANNED READMISSIONS WITHIN 28 DAYS

Source: Victorian Auditor-General's Office, from data provided by DHS.

Figure 5H shows the percentage of patients having contact with community mental health services in the 7 days before admission and after discharge.

FIGURE 5H: PERCENTAGE OF PATIENTS HAVING CONTACT WITH COMMUNITY MENTAL HEALTH SERVICES BEFORE OR AFTER ADMISSION
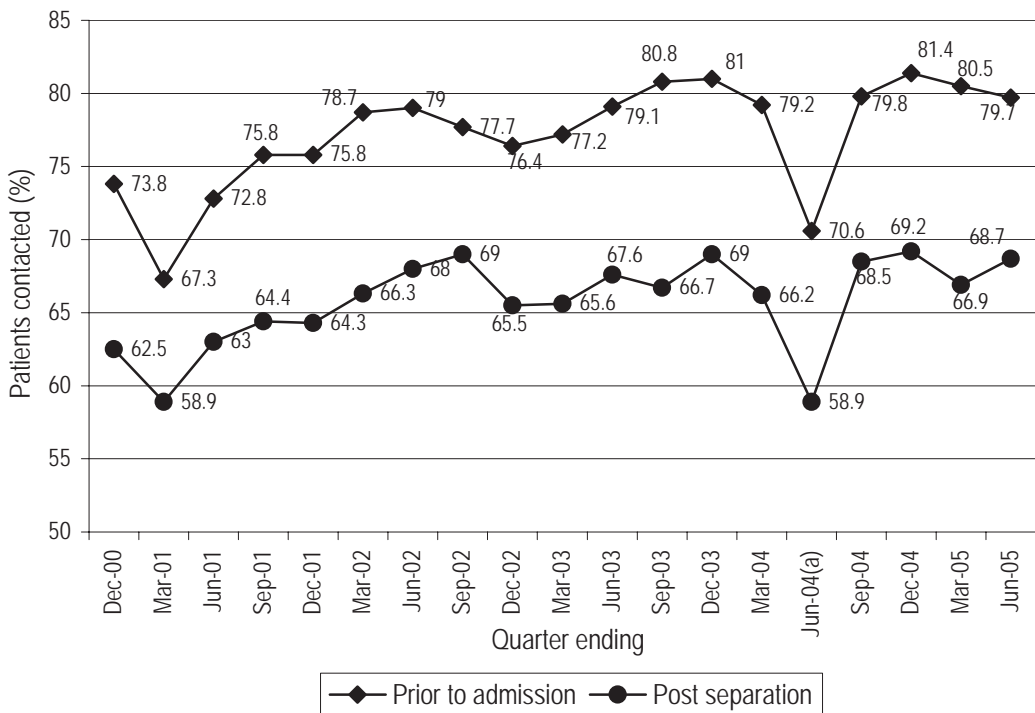
(a) Industrial action during this quarter meant that all contacts were not recorded.
Source: DHS.

Figure 5H shows that, on average, more mental health patients are making contact with community mental health services prior to admission and/or after they leave inpatient care. This is consistent with the state's mental health policy that, where possible, patients should receive assessment and treatment in a community setting.

5.4.2 Discharge planning and documentation

Our 2002 report was critical of the standard of discharge planning and the patient documentation maintained at key stages of treatment. We found that documentation of the entry and intake process, decision-making, assessment, individual service plans and discharge planning was inconsistent and often incomplete.

Discharge planning

Since our report, DHS has developed new guidelines and a background paper to improve the discharge process.

The guidelines were developed by a working party including AMHS representatives, GP divisions, peak patient and carer bodies, and members of DHS's mental health branch. They discuss discharge, support and re-entry arrangements for people transferring from AMHS to GP care, and include arrangements for ongoing involvement of community-based services. They include a recommendation that each AMHS assesses its discharge planning performance, and develops a plan for improvement.

In addition, in late 2004, all AMHS received funding for an additional community mental health clinician to increase the capacity of teams to engage in discharge planning.

Clinical documentation

A project by the Office of the Chief Psychiatrist to develop a guideline on clinical documentation has commenced and completion is anticipated by mid-2006.

Since our report, there has also been promotion of a single mental health clinical record which can follow the patient across service components within an AMHS.

Implementation of a single clinical record, and the clarity of clinical records is included in the clinical review program[7].

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[7] The clinical review program is undertaken by the Office of the Chief Psychiatrist. The clinical review evaluates the consistency between service clinical practice and procedure and the requirements of the Mental Health Act, service agreements and published policy.

5.4.3 Communication with patients and carers

In 2002, we recommended that DHS and AMHS improve consultation and communication with patients and carers.

Since our October 2002 report, there have been a number of initiatives, including:

- *Caring together, an action plan for carer involvement in Victorian public mental health services* was released in September 2004. The plan identifies areas for improvement and strategies for implementation at individual, local service level and systemic service level.

- In April 2005, the Office of the Chief Psychiatrist released guidelines for AMHS on working with families and carers. These guidelines clarify the expectations of mental health service clinicians in working with families and carers, and clarify the legislative framework and confidentiality provisions.

- In May 2003, DHS conducted a *Survey of Consumer and Carer Experience of Victorian Public Adult Mental Health Services* to gain feedback about the experiences of consumers and carers in AMHS, and to identify areas for improvement. The survey was developed in collaboration with carers and consumers, and links to the National Standards for Mental Health Services. The response rate was relatively low (15 per cent) and DHS is now working with consumer and carer groups to develop more effective means to gain feedback.

5.4.4 Conclusion – Service integration

Community-based care, with better step-down care, and strong cross-service linkages is a key component of service delivery for people with a mental illness. There have been a number of initiatives since 2002 to increase and improve community-based care, and more resources have been provided for early intervention and support services.

Performance monitoring in the area shows mixed results – more clients are being contacted in the community pre- and post-acute admission, but the unplanned readmission rate shows that an increasing percentage of patients "bounce back" and need to be readmitted to inpatient care within 28 days of discharge. The causes of this are likely to be complex, and it will be important for DHS to conduct further analysis, and identify and address underlying reasons.

DHS has taken steps to improve discharge planning, providing better guidance for AMHS, and additional resources to increase capacity to do this planning. Ensuring that AMHS put the new process into place, monitoring performance and investigating and addressing the reasons for unplanned readmissions will need to be a priority.

Effective communication with patients and carers is important – DHS has made it clear that communicating with and involving patients and carers is an integral part of service delivery. DHS has developed a sensible action plan, given guidance on managing confidentiality issues and attempted to monitor consumer and carer experiences. However the relatively low response rate to their survey means that to date DHS and AMHS do not have robust information on whether their actions are making a difference. Finding better ways to monitor performance in this area remains a challenge.

Recommendations

2. **That DHS and AMHS investigate causes of the increase in the rate of unplanned readmission.**

3. **That DHS continues to investigate ways to better gauge the views of consumers and carers on service provision.**

5.5   Involuntary patients

Involuntary patients may be detained within a mental health facility, or receive involuntary treatment while in the community. Under the *Mental Health Act 1986*, the Mental Health Review Board (MHRB) must review all involuntary patients within 8 weeks and at least every 12 months, hear appeals and review every decision to extend a community treatment order (CTO).

In 2002, we found that:

- MHRB was fulfilling its legislative requirements, however, despite its efforts to provide the patients with information about their rights, some patients reported that they felt confused and powerless and were unaware of their rights, including the right to legal representation at hearings

- a significant number of cases were either rescheduled or adjourned prior to being heard by MHRB. This caused delays in the completion of hearings. Thirty-eight per cent of patients did not attend their hearings and the reason for non-attendance was not clear.

We recommended that:

- MHRB, DHS and AMHS should ensure involuntary patients were given the support and assistance necessary to participate in hearings effectively
- MHRB and AMHS should take action to reduce the number of hearings adjourned and rescheduled.

Progress in implementing these recommendations is detailed below.

5.5.1 Providing support and information for involuntary patients

Changes to the Mental Health Act

Since our report, there have been changes to the *Mental Health Act 1986* to require that a treatment plan must be prepared for every involuntary patient[8] in AMHS.

The purpose of the treatment plan is to improve communication between treating teams, patients and their carers about the treatment patients will receive.

Initially the amendment required the authorised psychiatrist to personally deliver and discuss each patient's treatment plan with the person. This limited other members of the treating team who are involved in developing and implementing treatment plans, from discussing the plan with the patient. In August 2005, these provisions were amended to enable other members of the treating team to discuss the plan with patients.

Information for involuntary patients and carers

Since our report, the MHRB has worked to improve information available to involuntary patients, and condensed its 8-page information brochure into a one-page summary document which is provided to patients with their notice of hearing.

To supplement written information provided, the MHRB is also developing an educational video to inform patients of civil commitment, the role of the MHRB and the review process. The video will be distributed without cost to all AMHS, and consumer and support organisations.

The MHRB has also undertaken a number of forums including a Consumer Forum and a Carer Forum in April and June 2003, to raise awareness, to inform participants of its role and statutory obligations, and to encourage patients and carers to participate in the hearing process.

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[8] The amendment to the Act also applies to security and forensic patients.

Access to legal representation

Not all patients coming before the MHRB will require legal representation[9]. However, patients have the right to arrange for legal representation at their hearing if they require it.

In 2001, around 10 per cent of patients at hearings were represented, and of those represented, around 69 per cent were represented by Victorian Legal Aid (VLA), 24 per cent by the Mental Health Legal Centre and 7 per cent by private lawyers.

Since our report, there has been an expansion in the VLA's visiting services to regional mental health services. The MHRB reports that there have been an increased number of patients being represented by VLA at MHRB hearings. However, overall, there has been no significant increase in the number of cases being represented.

5.5.2 Managing hearings

Trial of earlier hearings

In 2002, we noted that Victoria had the longest period before involuntary treatment orders must be reviewed by the MHRB (8 weeks). Around 70 per cent of patients are released from their involuntary treatment order before 8 weeks, and patients can also appeal at any time.

Since our report, MHRB has conducted a trial of earlier hearings, aiming to review cases within 4-5 weeks of admission.

A trial to assess the viability of a shorter timeline was conducted at 3 AMHS between July 2004 and October 2004. A number of issues were identified in the trial:

- The initial list of review hearings is compiled weekly from data in the statewide information system. Patient data can take up to 2 weeks (and in some cases longer) after admission to be entered on the system. This reduces the time available for notices of hearing to be issued, appointments to be arranged with clinicians and for reports to the MHRB to be prepared. Trial participants indicated that a target of hearings 4-5 weeks after admission was very difficult to achieve if around 2 weeks had elapsed before listings were made.
- The issue of patient "wellness" was also a concern to trial participants. Some reported that many patients were too unwell to participate effectively at this point.

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[9] The Act requires that MHRB hearings be conducted informally and be bound by rules of natural justice.

As a result of the trial, the MHRB recommended that no changes be made to current arrangements without wider testing of the initiative and action to address the time lag for data entry.

DHS is currently considering the MHRB's report on the trial, and assessing the way forward.

Rescheduled hearings and adjournments

In 2001, a significant number of hearings (around 33 per cent) were rescheduled or adjourned, causing delays in the hearing of cases. The major causes were:

- patients being transferred from one service location to another
- doctor absences
- patients not appearing
- patient's personal reasons.

We recommended that the MHRB and AMHS take action to reduce the number of cases rescheduled and adjourned prior to hearing.

Since our report, the MHRB has attempted to improve its information on the reasons patients do not attend. A pre-paid questionnaire is provided to each patient with his or her *Notice of Hearing*. The patient is encouraged to complete the questionnaire if they are not intending to attend the hearing, advising the MHRB as to why they have chosen not to attend. Evaluation of the responses received to date has not shown any significant pattern.

The MHRB has also started to provide adjournment statistics to each of the AMHS, providing each with a breakdown of reasons for adjournment for that service against the state average. It is anticipated that this will help to identify areas of concern at the service provider level and across the state as a whole. When the level of adjournments is high, the MHRB intends to contact the service provider to discuss the issue and ensure remedial action.

Data we examined showed that in 2003-04 and 2004-05, the adjournment level for the state remains at around 33 per cent. The major reasons for adjournment remain broadly the same, namely:

- patient transfer from one location to another (1 138 or 9 per cent)
- doctor absent or had not completed report (1 143 or 9 per cent)
- patient not appearing (352 or 3 per cent).

5.5.3 Conclusion – Involuntary patients

The changes to the *Mental Health Act 1986* requiring that every involuntary patient have a treatment plan is a positive step to improve service to, and the management of, involuntary patients. However, the implementation of these provisions will need to be monitored. Now that the transitional period has passed, the MHRB will need to ensure that cases have a treatment plan, and be prepared to adjourn hearings for those that do not.

No progress has been made since 2002 in reducing the number of hearings rescheduled and adjourned – and the requirement for treatment plans may well increase the reschedulings and adjournments. The work the MHRB has done in gathering data and providing information to AMHS on their performance is a first step, but clearly more needs to be done.

The MHRB's trial of earlier hearings showed a number of administrative issues that would need to be considered before any change was made to current arrangements. Taking into account the fact that around 70 per cent of involuntary patients are discharged well before the 8-week period, and patients can appeal at any time without waiting for the expiration of the review period, DHS and the MHRB need to determine if the benefits of shortening the review period are worth the cost.

5.6   Monitoring and improving performance

In 2002, we recommended that DHS should:
- monitor and report on service provision within AMHS
- review the key performance indicators (KPIs) in use, and publish a comparative set of area level performance indicators at least annually.

Action to address this recommendation is described below.

5.6.1 Key performance indicators

Since 2002, Victoria has led a national project to develop agreed and consistent KPIs for use by Australian mental health services.

Victoria has adopted these key performance indicators, and reporting to services commenced in June 2004. The indicators are shown in Figure 5I.

FIGURE 5I: MENTAL HEALTH KEY PERFORMANCE INDICATORS, 2004-05

Key performance indicator	Reported
28-day unplanned readmission rate	Quarterly
Compliance with national service standards	Annually
Ratio of community to in-patient treatment	Quarterly
Cost per acute in-patient episode	Annually
Average length of acute in-patient stay	Quarterly
Cost per community episode	Quarterly
Treatment days per community episode	Annually
Total number of people in catchment population receiving care	Quarterly
Local access to in-patient care	Quarterly
Number of new clients in period	Quarterly
Comparative area resources	Annually
Pre-admission community care	Quarterly
Post-discharge community care	Quarterly
Consumer participation score	Annually
Carer participation rate	Annually
Seclusion rate	Quarterly

Source: DHS.

DHS advised that it is not yet providing comparative data to services, but is currently considering opportunities for benchmarking.

During 2005-06, reporting on these indicators will be incorporated into agency agreements.

5.6.2 Conclusion – Performance monitoring

The work undertaken in developing and building data on KPIs for mental health represents a substantial improvement on the position in 2002.

To really gain value from the initiative, the next step is to implement reporting to AMHS, including comparative performance against benchmarks.

Recommendation

4.   **That DHS implements benchmark reporting against its mental health performance indicators as a priority.**

RESPONSE provided by Secretary, Department of Human Services

The report acknowledges that the Department of Human Services has implemented many of the recommendations from the 2002 report by:

- *developing a demand management strategy to address growing demand for mental health services;*
- *increasing in-patient and 'step-down' beds;*
- *working to better understand issues around mental health patients in emergency departments;*
- *working to clarify entry and assessment processes, discharge planning and quality of documentation;*
- *improving performance monitoring and reporting.*

It states that it is too soon to tell if implemented demand management initiatives will make a difference, as their benefits will take some time to be felt. It also indicates that further work needs to be conducted to:

- *investigate increasing numbers of unplanned readmissions;*
- *continue to find better ways of gauging patient and carer views about services;*
- *implement comparative reporting to enable area mental health services to understand their performance against benchmarks.*

In coming to the above conclusions, I consider that the report is fair and balanced and I agree with its conclusions and recommendations. I note also that since data was provided to your office for the purposes of the follow up review, further additional funding has been provided to support emergency department initiatives and fund creation of new beds in the outer eastern region of Melbourne. It can be expected that this will have an impact on the problems identified in the 2002 report and the recommendations made in the follow up report.

In relation to those issues identified as requiring further action, the Mental Health Branch is continuing its current work concerning increased unplanned readmission rates, comparative service reporting against benchmarks, and improving mechanisms for gauging patient and carer views about services.

RESPONSE provided by Executive Officer, Mental Health Review Board of Victoria

As you are no doubt aware, significant proportion of the report does not apply to the Mental Health Review Board, as the Board has no general jurisdiction over Victorian Area Mental Health Services nor the Department of Human Services. However, as to those parts that do apply, I am satisfied that they are overall, accurate, fair and balanced.

With respect to the conclusions reached by your office, as they apply to the Board, I agree but make the following additional points:

Access to legal representation:

- *Whilst there has not been an overall increase in the number of hearings where patients have been represented, it should be noted that the Board, although always encouraging legal representation, has no input onto the manner in which legal services allocate their resources. These are subject to their own policies on advice and representation.*

Rescheduled hearings and adjournments – adjournment data:

- *While the adjournment rate has remained broadly the same since the report, the Board will continue to work closely with the Department and mental health services and continue to investigate options for the reduction of the adjournment rate.*

- *As with many of the regular reasons for adjournment, patient transfer and individual practices around patient examination and reporting are largely out of the control of the Board as these are matters which relate directly to the structural and operational issues at services.*

- *Patients not appearing is a choice made by patients. However the Board will continue, whenever and wherever possible, its practice of encouraging patients to attend their hearing.*

- *The Board has developed an educational video which mentions a number of times that patients are encouraged to attend their hearing.*

Thank you for the opportunity to provide a response.

Auditor-General's Reports

2004-05

Report title	Date issued
Results of special reviews and other studies	August 2004
Measuring the success of the Our Forests, Our Future policy	October 2004
Report of the Auditor-General on the Finances of the State of Victoria, 2003-04	November 2004
Results of 30 June 2004 financial statement and other audits	December 2004
Meeting our future Victorian Public Service workforce needs	December 2004
Managing school attendance	December 2004
Regulating operational rail safety (2005:1)	February 2005
Managing patient safety in public hospitals (2005:2)	March 2005
Management of occupational health and safety in local government (2005:3)	April 2005
Results of special reviews and other investigations (2005:4)	May 2005
Results of financial statement audits for agencies with other than 30 June 2004 balance dates, and other audits (2005:5)	May 2005
Our children are our future: Improving outcomes for children and young people in Out of Home Care (2005:6)	June 2005
In good hands: Smart recruiting for a capable public sector (2005:7)	June 2005
Managing stormwater flooding risks in Melbourne (2005:8)	July 2005
Managing intellectual property in government agencies (2005:9)	July 2005
East Gippsland Shire Council: Proposed sale of Lakes Entrance property (2005:10)	July 2005
Franchising Melbourne's train and tram system (2005:11)	September 2005
Results of special reviews and other investigations (2005:12)	October 2005
Health procurement in Victoria (2005:13)	October 2005
Community planning services in Glenelg Shire Council (2005:14)	October 2005

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