

Performance against Key Performance Indicators 1 July to 30 September 2018

1. Caseflow

1.1 Matters determined as a percentage of all matters heard

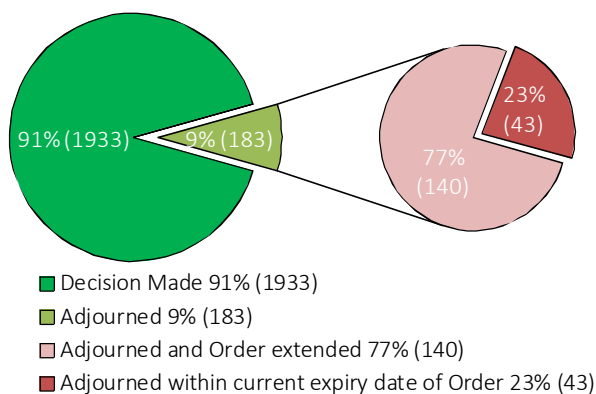
In the July to September 2018 period, 91% of hearing requests (1,933) were determined and 183 (9%) were adjourned. The number of pending matters remained steady at less than 1% of the total caseload.

In this quarter, seven variation hearings were conducted more than 28 days after the variation of the Order. In six of these cases, the Tribunal adjourned the hearing beyond the 28 day limit. It did so knowing that the hearing would occur outside the statutory timeline but for the reason that proceeding with the hearing on the day would have been unfair to the patient. Additionally, there were three matters where a hearing was not conducted before a patient's Order expired. In each instance, the Tribunal found that the substantive Order had expired and therefore did not have jurisdiction to conduct a hearing. Each of these matters had been listed out of time due to Tribunal error.

2. Adjournments

2.1 Proportion of matters adjourned

The number of adjournments as a proportion of matters determined has remained relatively consistent in the last four quarters. 77 per cent (140) of adjourned matters extended the Order. The primary reason for the Tribunal granting an adjournment with extension was in relation to procedural fairness (including allowing time to enable participation of the patient).

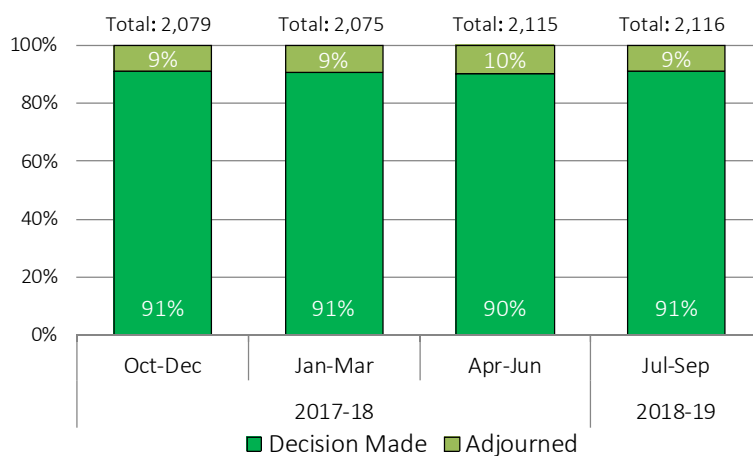




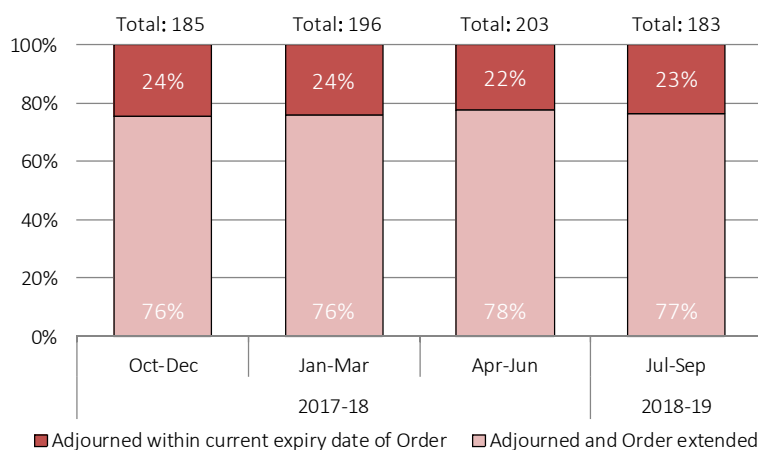
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Comparison of matters determined and adjourned between quarters



Comparison of matters adjourned with and without Order being extended





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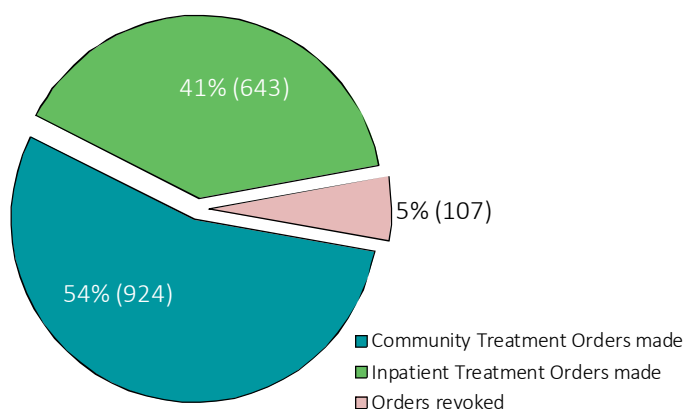
3. Tribunal Orders

3.1 Treatment Order determinations made by the Tribunal

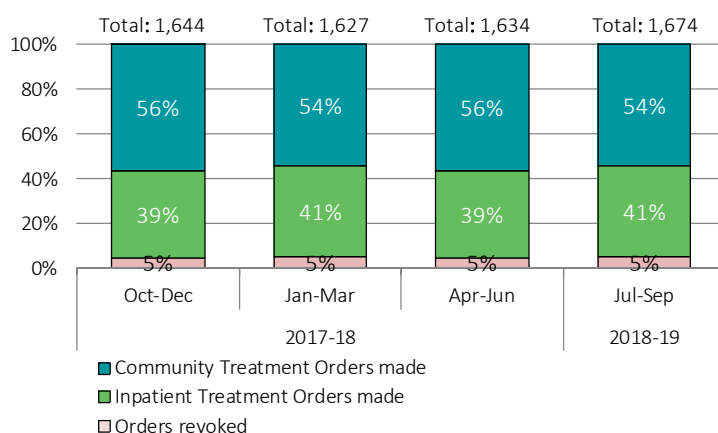
When the Tribunal makes an Order, the Tribunal must determine the category of the Order (Community Treatment Order or an Inpatient Treatment Order) based on the circumstances at the time of the hearing.

The patient's treating team is required to regularly review the category of the Order and whether the criteria for compulsory treatment apply to the patient, and may vary an Inpatient Treatment Order to a Community Treatment Order if satisfied that treatment can occur in the community, or revoke the Order if the treatment criteria no longer apply. Conversely, if a person on a Community Treatment Order can no longer be treated in the community their Order can be varied to an Inpatient Treatment Order.

Between July and September 2018, the Tribunal made 924 Community Treatment Orders, 643 Inpatient Treatment Orders and revoked 107 Temporary Treatment Orders / Treatment Orders.



Comparison of Tribunal determinations between quarters



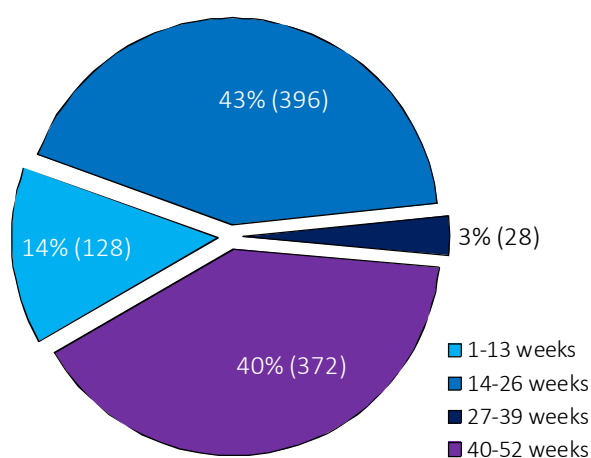


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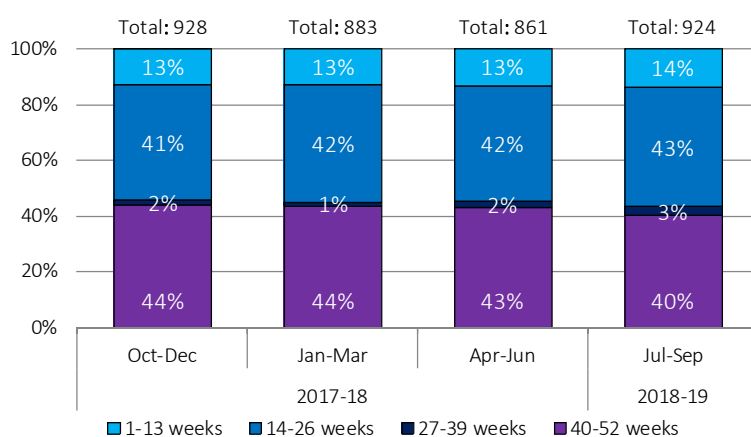
3.2 Duration of Orders made

When the Tribunal makes an Order, the Tribunal must also set the duration of the Order.

Duration of Community Treatment Orders



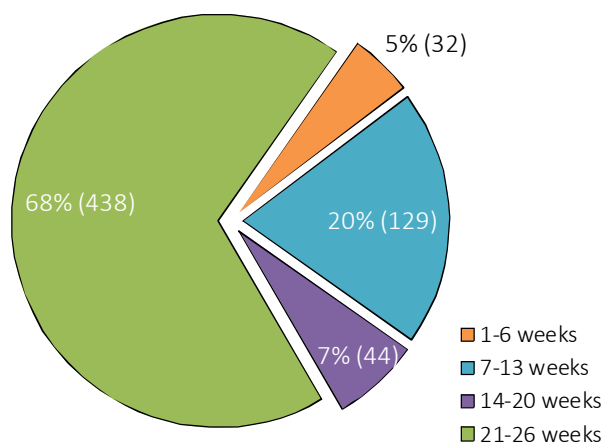
Comparison of Community Treatment Order duration between quarters



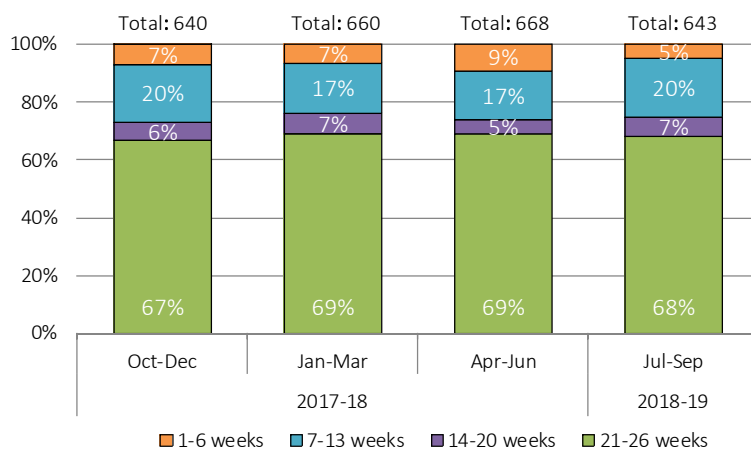


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Duration of Inpatient Treatment Orders



Comparison of Inpatient Treatment Order duration between quarters





Performance against Key Performance Indicators

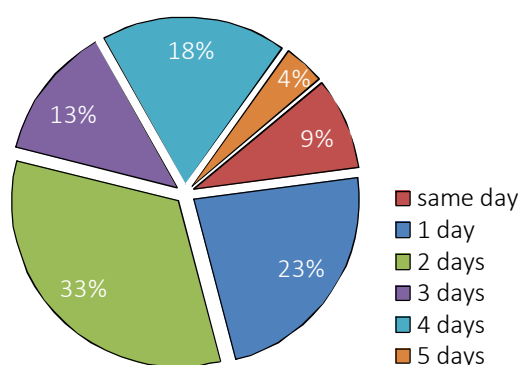
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4. ECT Orders¹

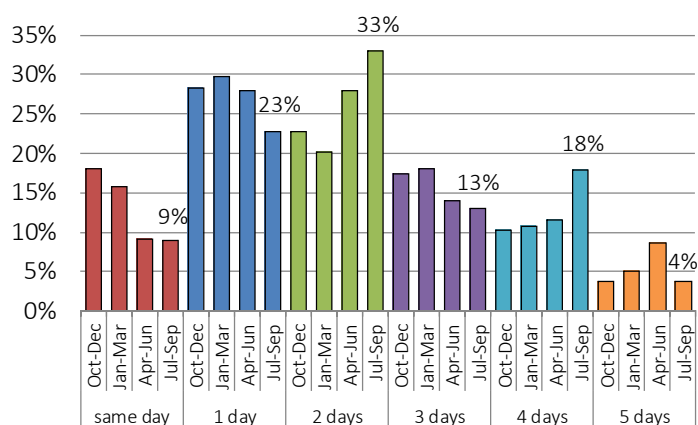
4.1 Elapsed time from receipt of ECT application to hearing

The Tribunal must list and complete the hearing of an application for ECT as soon as practicable and within five business days after receiving the application. The Tribunal Registry aims to list and hear matters within the timeframe requested by the service, and also liaises with services when listing hearings to ensure patients receive procedural fairness.

In the July to September 2018 quarter, 32% of ECT applications were listed for hearing on the same day or within one day of the application being received.



Comparison of elapsed time from receipt of ECT application to hearing between quarters



¹ Amendments made by the *Medical Treatment Planning and Decisions Act 2016* (Vic) that came into effect on 12 March 2018 expanded the Tribunal's jurisdiction to make ECT Orders to include, in some instances, adult, voluntary patients who lack capacity. Consistent with our previous practice our KPI reports will report on ECT Orders globally. Our annual report will provide a detailed breakdown of ECT Orders, including whether the person for whom ECT was being proposed was a compulsory adult patient, voluntary adult, or a young person under 18 years of age.

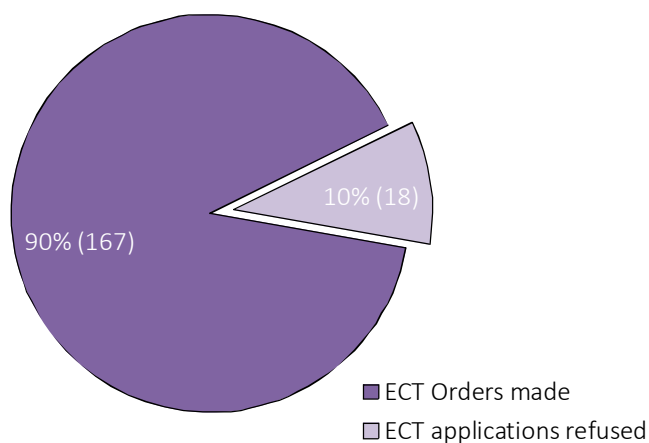


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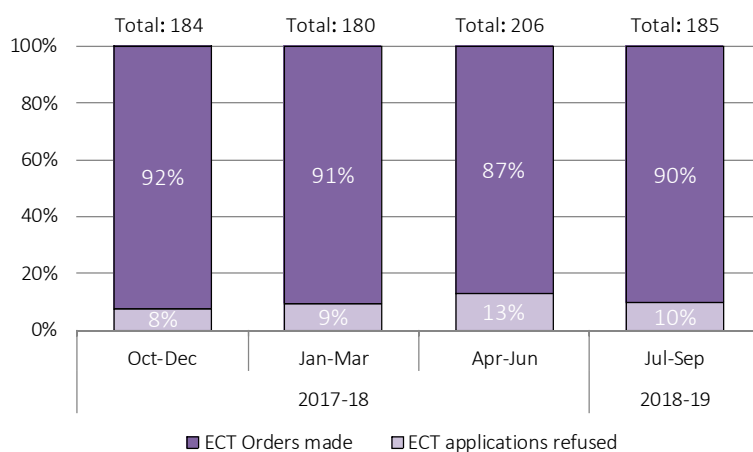
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4.2 ECT Orders made and applications refused by the Tribunal

Between July and September 2018, the Tribunal heard 185 applications for ECT Orders. Of those, 167 (90%) ECT Orders were made and 18 (10%) ECT applications were refused.



Comparison of Tribunal ECT determinations between quarters



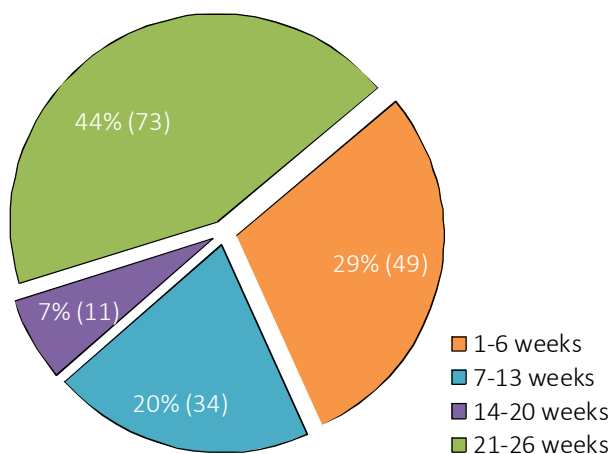


Performance against Key Performance Indicators

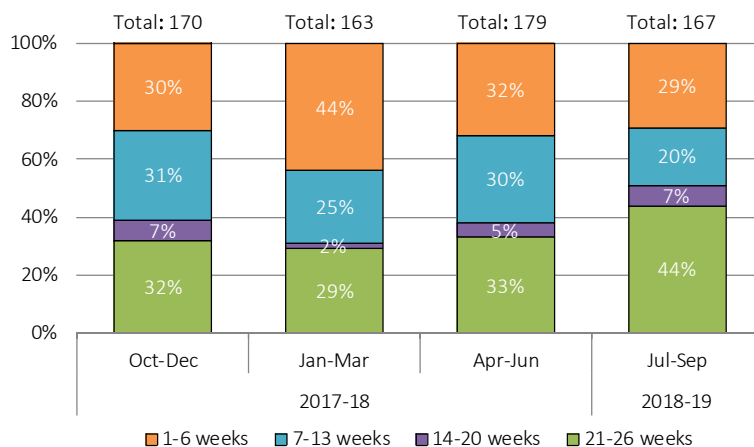
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4.3 Duration of ECT Orders

When making an ECT Order, the Tribunal must set the duration of the Order and the maximum number of ECT treatments that can be administered under the Order.



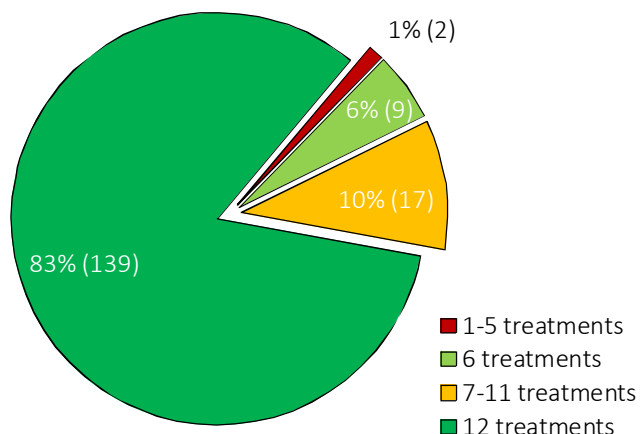
Comparison of ECT Order duration between quarters



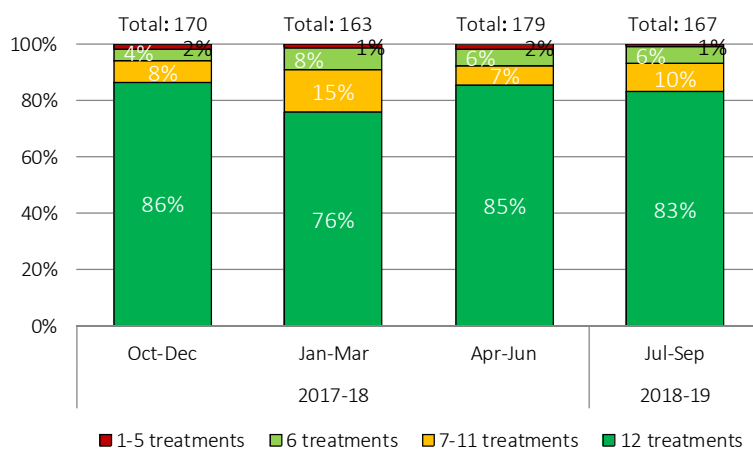


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4.4 Number of treatments authorised through ECT Orders



Comparison of treatments authorised through ECT Orders between quarters



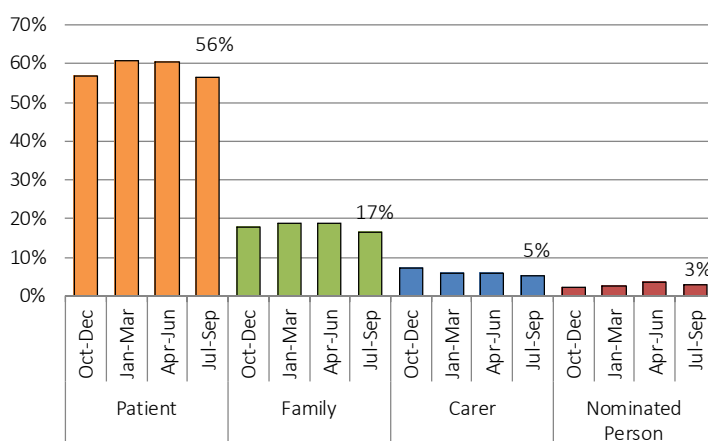


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5. Attendance at hearings and feedback received by the Tribunal

5.1 Attendance

Comparison of attendance by patients and those who support them



5.2 Feedback

During the quarter the Tribunal received two complaints. The complaints related to:

- Disputed content in a Statement of reasons
- The outcome of a hearing

All complaints were handled in accordance with the Tribunal's feedback and complaints process which is available on the Tribunal's website. All complaints have been responded to.