

Performance against Key Performance Indicators

1 July to 30 September 2014

1. Caseload

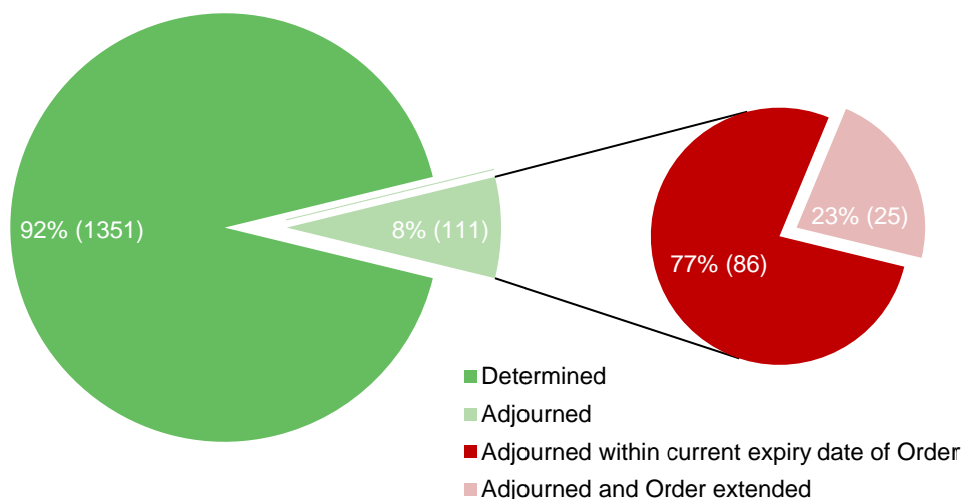
1.1 Matters determined as a percentage of all matters heard

The vast majority of matters (over 90%) were determined (finalised) at the first hearing. Only around 8% of matters (111) were adjourned. The number of pending matters was steady at about 1% of the total caseload. There were three matters that were unable to be determined before the expiry of the patient's Order. All these matters are reviewed to confirm the cause for the delay. The Tribunal's annual report will provide an explanation for these matters and outline any remedial work undertaken by the Tribunal to prevent recurrence.

2. Adjournments

2.1 Proportion of matters Adjourned

Of the adjournments, less than a quarter extend the Order. The primary reasons were to enable participation; followed by reasons of procedural fairness.



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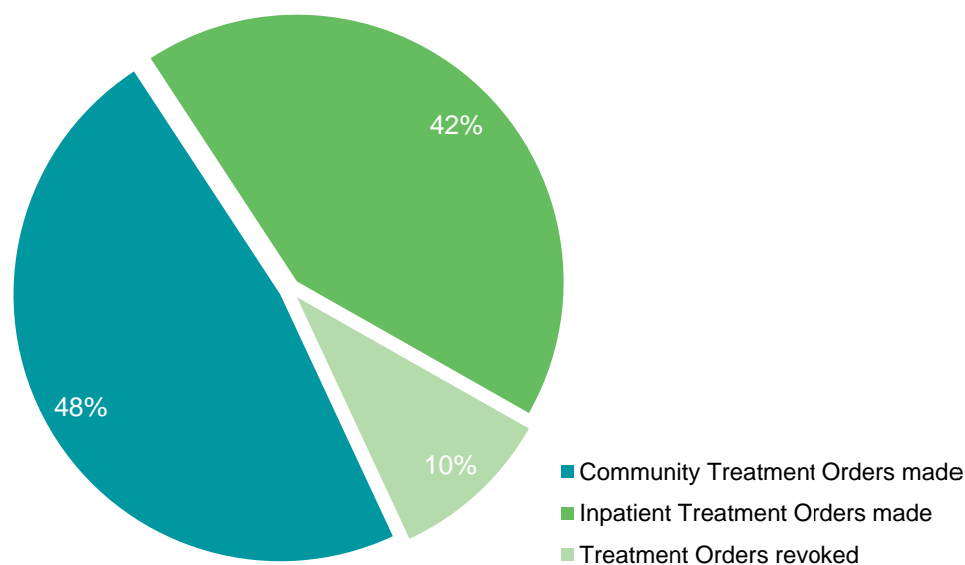


3. Tribunal Orders

3.1 Treatment Order determinations made by the Tribunal

When the Tribunal makes an Order, the Tribunal must determine the category of the Order, being a Community Treatment Order or an Inpatient Treatment Order, based on the circumstances in existence 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).

Between 1 July and 30 September, the Tribunal made 552 Community Treatment Orders, 491 Inpatient Treatment Orders and revoked 114 Treatment Orders.



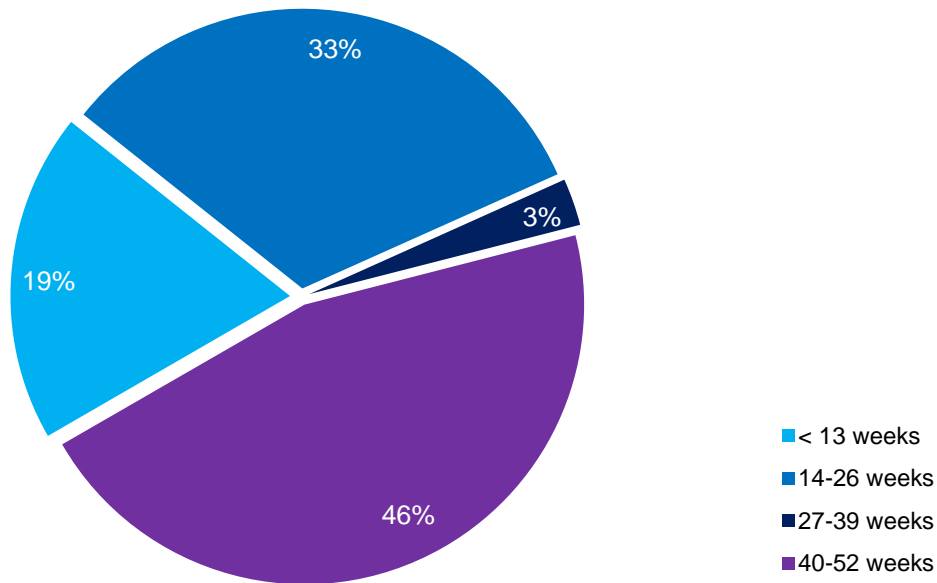
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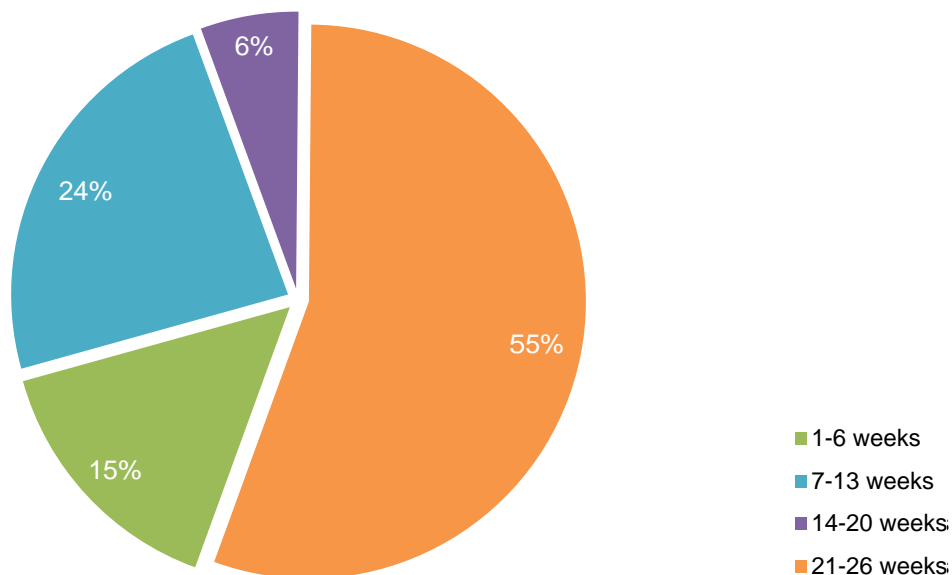
3.2 Duration of Orders made

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

Community Treatment Orders



Inpatient Treatment Orders

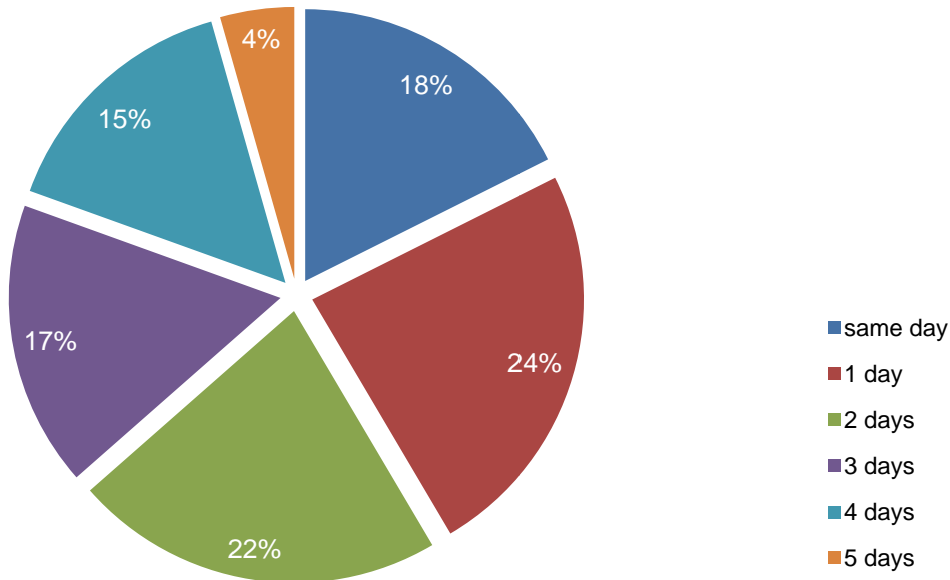


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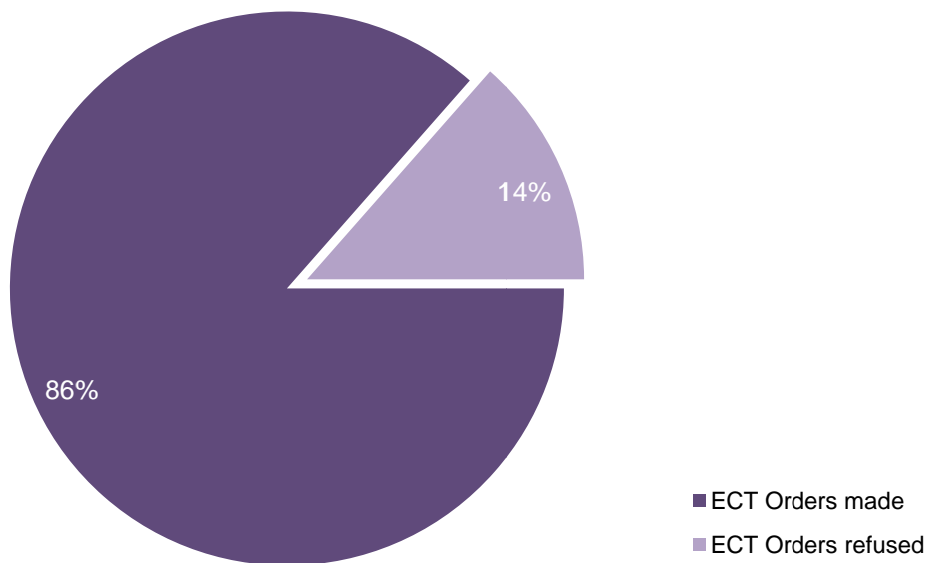
4. ECT Orders

4.1 Elapsed time from receipt of ECT application to hearing



4.2 ECT Orders made and refused by the Tribunal

Between 1 July and 30 September, the Tribunal heard 148 ECT applications.



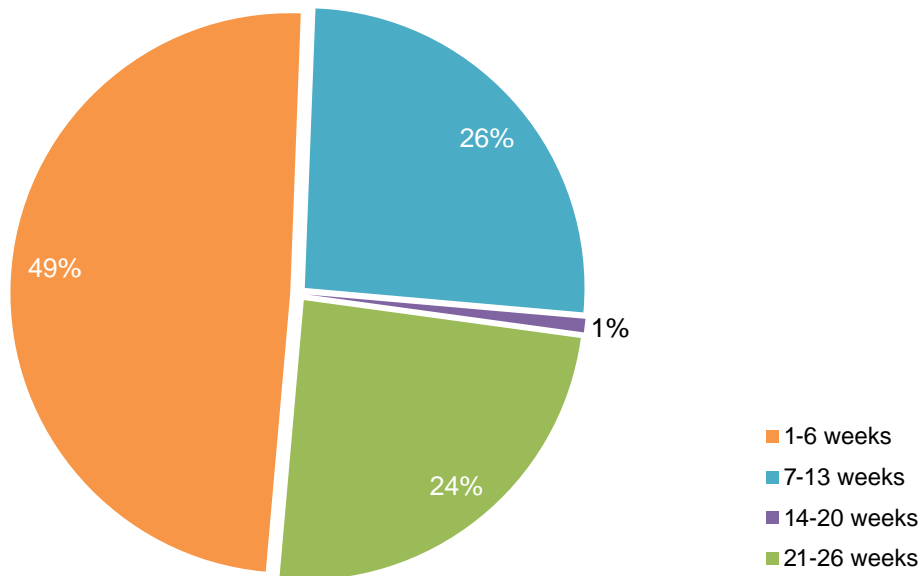
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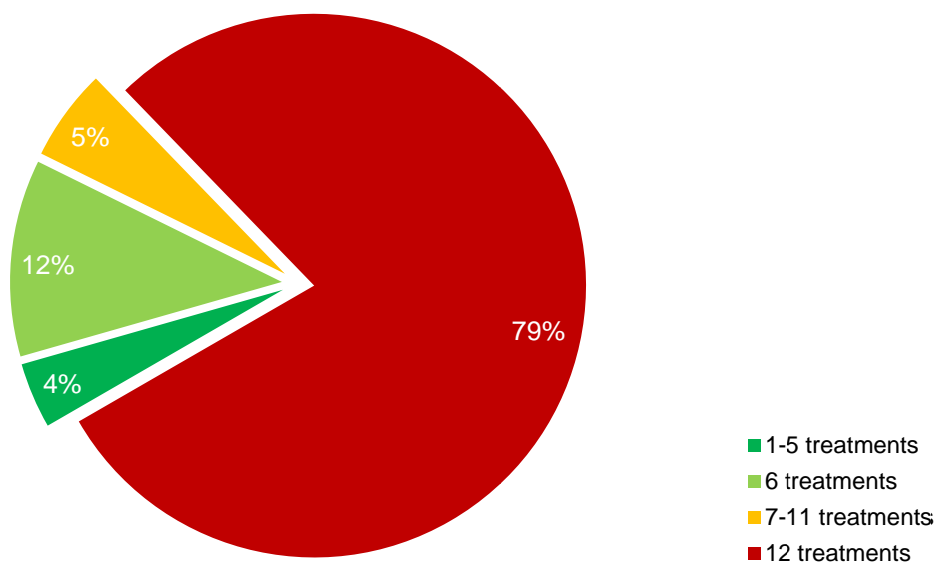


When making an Order, the Tribunal must set the duration of the ECT Order, and the number of ECT treatments.

4.3 Duration of ECT Orders



4.4 Number of ECT treatments



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5. Feedback

During the first quarter the Tribunal did not receive any complaints.

However, the Tribunal received feedback on different aspects of its operations.

Scheduling

The Tribunal received feedback about gaps between hearings.

Whilst the Tribunal lists hearings, Designated Mental Health Services organise the order of the hearings according to a Tribunal-defined structure (specific start times, hearings of generally one hour duration). Services schedule hearings at particular times to maximise the ability of medical staff (such as consultants, nurses) and other attendees (case managers) to attend the hearing, noting these persons often have many appointments throughout the day.

Occasionally, hearing slots are vacated just before the hearing day (for example, if the service revokes the patient's Order). The Tribunal's Registry will, as far as possible, try to fill the slots. However, this needs to be balanced against the obligation the Act sets down on giving patients and their compulsory notification persons (such as carers and nominated persons) reasonable notice of the hearing. As such sometimes the slots cannot be filled.

Registry will, if possible, try to bring matters forward or back. For example, if there is a gap in the middle of the day, to bring matters listed in the afternoon forward to earlier in the day. Again, this needs to be balanced against the obligations in the Act to ensure participation in hearings as far as possible. As such it may not suit the patient or carer to have the hearing brought forward.

As such, a hearing day may play out where the Tribunal will hear matters in the morning, and reconvene later the in the day to hear the remaining matters.

Hearing length

The Tribunal received feedback about hearings regularly taking longer than one hour.

The Tribunal's general approach is to allocate one hour to a hearing. This includes preparation for the hearing, delivering the decision and writing the Determination.

The reasoning for one hour is based on the Tribunal conducting, as far as possible, a set number of hearings per day, and to give better certainty to start times. Additionally, if hearings regularly run over time, then the time allocated to another patient's hearing may be compromised.

The Tribunal has procedures to manage matters where it is apparent that the standard hearing time will not be sufficient. Matters can be managed via the *Complex Case Management Procedure* or, in special circumstances, the Tribunal may organise a special fixture to hear particularly complex or lengthy matters.

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The key consideration in developing this procedure was to streamline the management of hearings for all patients listed for hearing on a particular day, and thereby maximise attendance by patients, their carers and/or nominated person as well as key senior staff at hearings. One of the best ways this can happen is that patients and service staff have a level of certainty regarding hearing start and finish times.

In the first months of the Tribunal's operation, hearings regularly ran over time. Over time however, while hearings do occasionally run over time, this has reduced significantly and the standard time of one hour is sufficient for the majority of hearings.

In-person/Video-conference hearings

The Tribunal received feedback about the number of hearings conducted in-person and via video-conference.

As far as possible and practical, the Tribunal will prioritise in-person hearings. However due to legislative timeframes, and to be able to hear urgent matters, the Tribunal will also regularly conduct hearings by video. The Tribunal has scheduled video divisions, and also capacity of "ad-hoc" video divisions. A video division may connect to more than one designated mental health service within the hearing day.

Virtually all urgent applications for Electroconvulsive Therapy (ECT) and the majority of 'standard' applications for have been conducted by video-conference.

Only 9 hearings scheduled to be conducted by video conference could not proceed as planned. The reasons were largely due to minor technical difficulties at individual services, and in one instance a power outage at a hospital. In most cases, the hearing proceeded via teleconference. Regular feedback from members, services and treating teams is that the quality of vision and sound of hearings conducted by video conference is excellent.

In partnership with the Department of Health, the Tribunal is looking to further expand video capacity to enable multi-party sessions.

5.1 Proportion of hearings conducted in-person and by video-conference

