

Performance against Key Performance Indicators

1 October to 31 December 2016

1. Caseflow

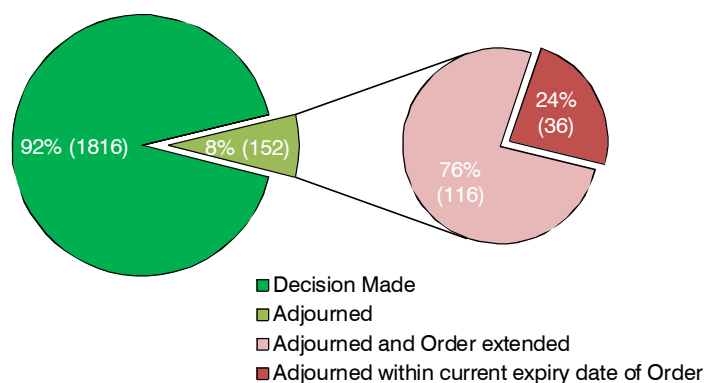
1.1 Matters determined as a percentage of all matters heard

In the October to December 2016 quarter, the vast majority of matters (1,816, or 92%) were determined at their first hearing and 152 (8%) were adjourned. The number of pending matters remained steady at less than 1% of the total caseload. In this quarter, there were two matters that were unable to be determined before the expiry of the patient's Order due to errors made by the Tribunal and the health service. There were also five matters that were not heard within legislative timeframes due to errors by both the Tribunal and the health service.

2. Adjournments

2.1 Proportion of matters adjourned

The number of adjournments as a proportion of matters determined remained relatively consistent in the last four quarters. An increasing proportion of matters adjourned extended the Order (116, or 76%). 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).

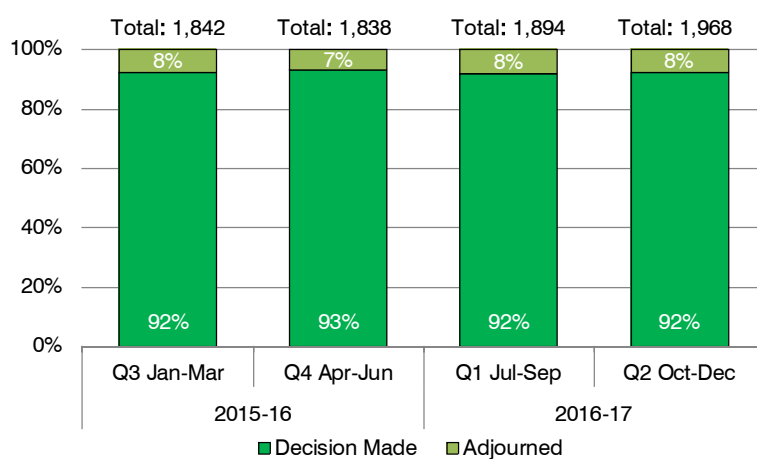




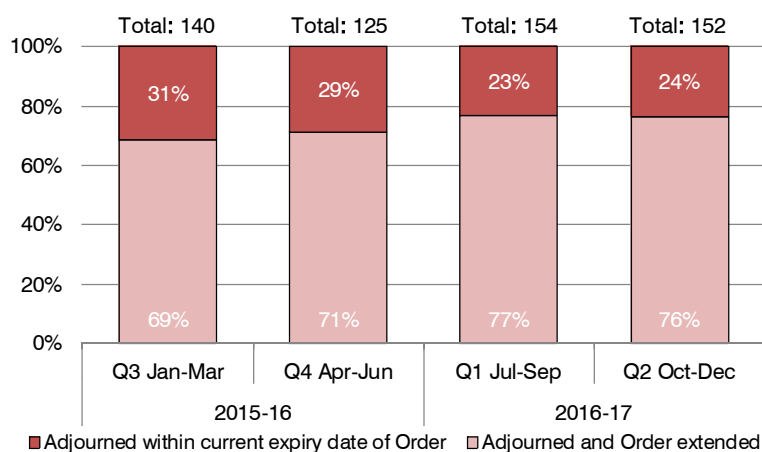
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Comparison of matters determined and adjourned between quarters



Comparison of matters adjourned with and without Order being extended





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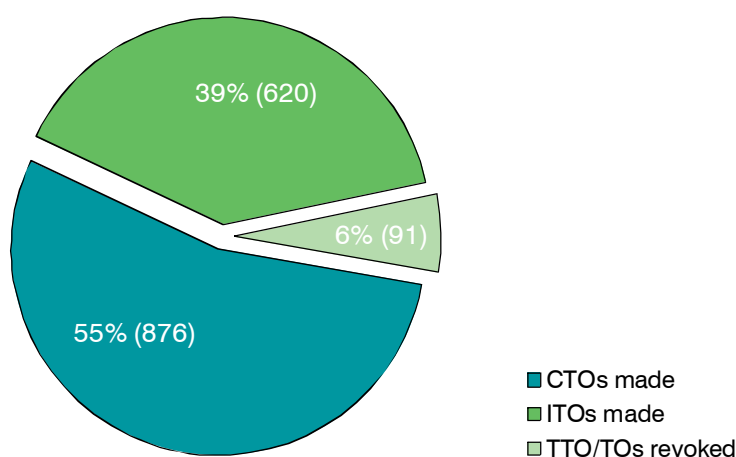
3. Tribunal Orders

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.

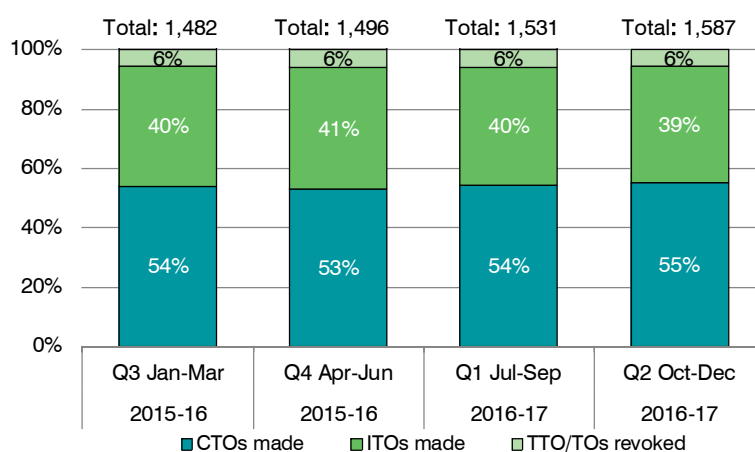
Between October and December 2016, the Tribunal made 876 Community Treatment Orders, 620 Inpatient Treatment Orders and revoked 91 Temporary Treatment Orders / Treatment Orders.





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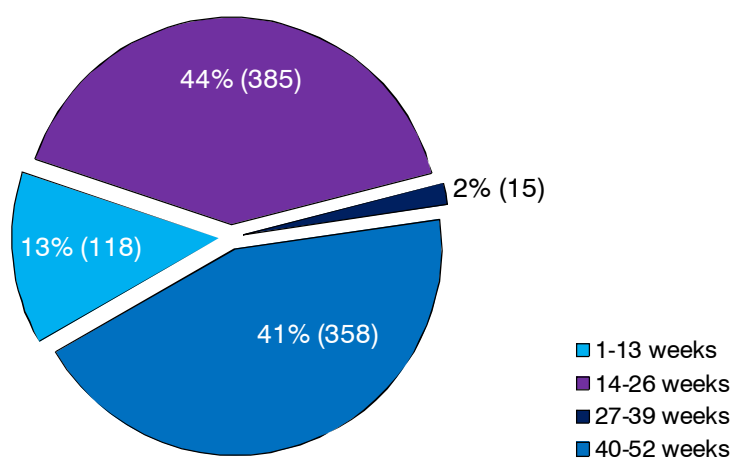
Comparison of Tribunal determinations between quarters



3.2 Duration of Orders made

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

Duration of Community Treatment Orders

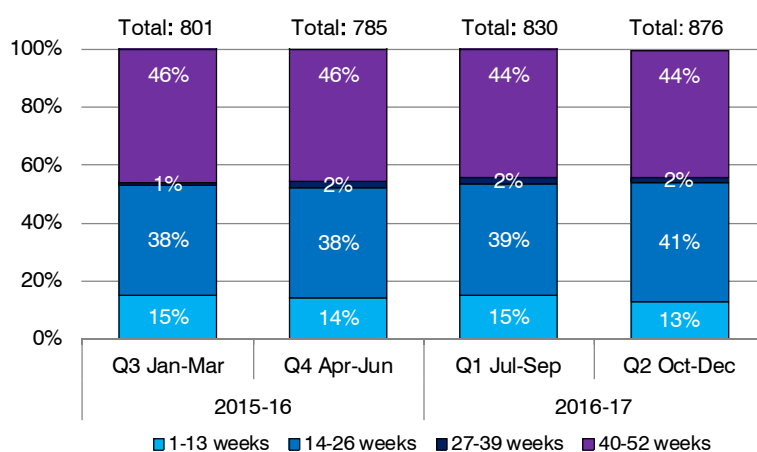




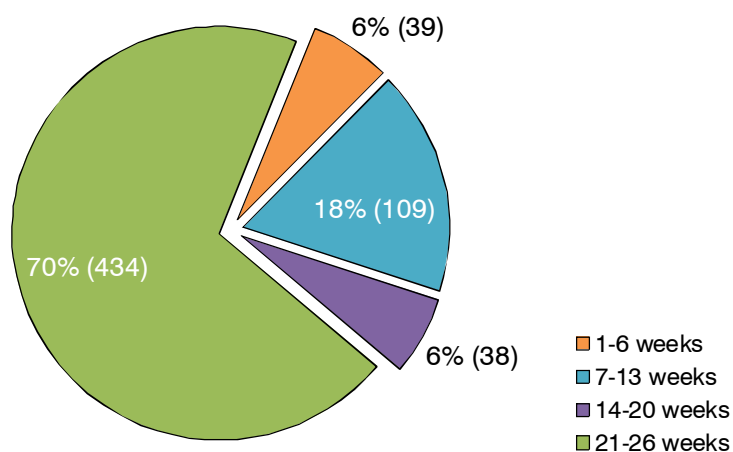
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Comparison of Community Treatment Order duration between quarters



Duration of Inpatient Treatment Orders

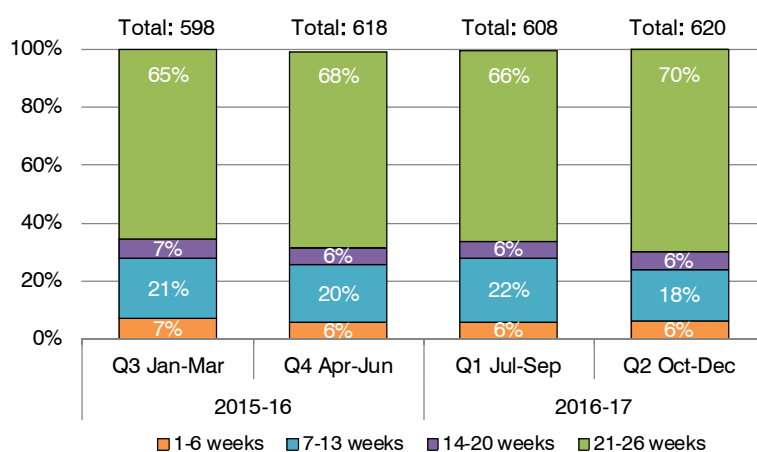




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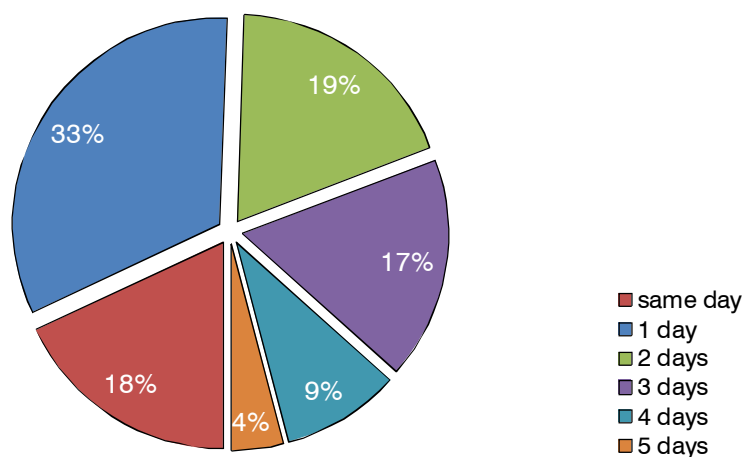
Comparison of Inpatient Treatment Order duration between quarters



4. ECT Orders

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. In the October to December 2016 quarter over 50 per cent of ECT applications were listed for hearing on the same day or within one day of the application being received. 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.

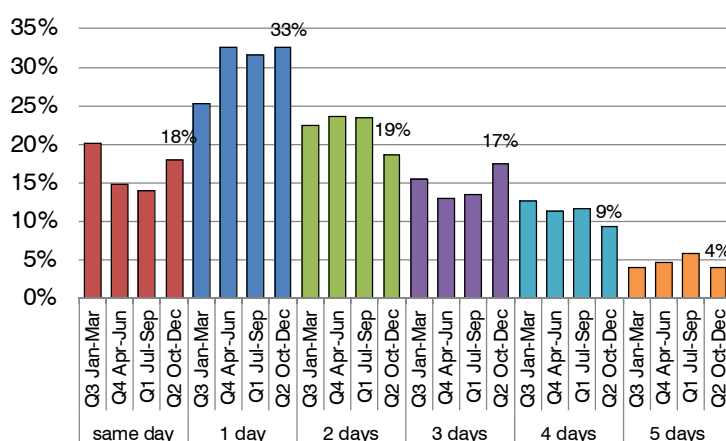




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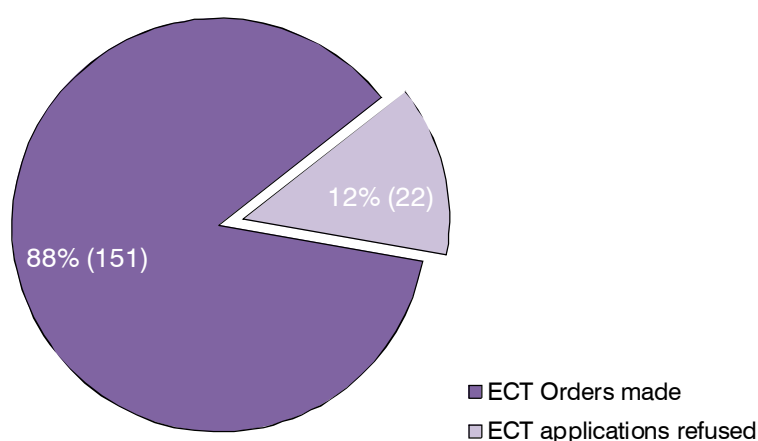
Comparison of elapsed time from receipt of ECT application to hearing between quarters



4.2 ECT Orders made and applications refused by the Tribunal

Between October and December 2016, the Tribunal heard 173 applications for ECT Orders. Of those, 151 (88%) ECT Orders were made and 22 (12%) ECT applications were refused.

In this quarter, four ECT applications were determined on a weekend or a public holiday.

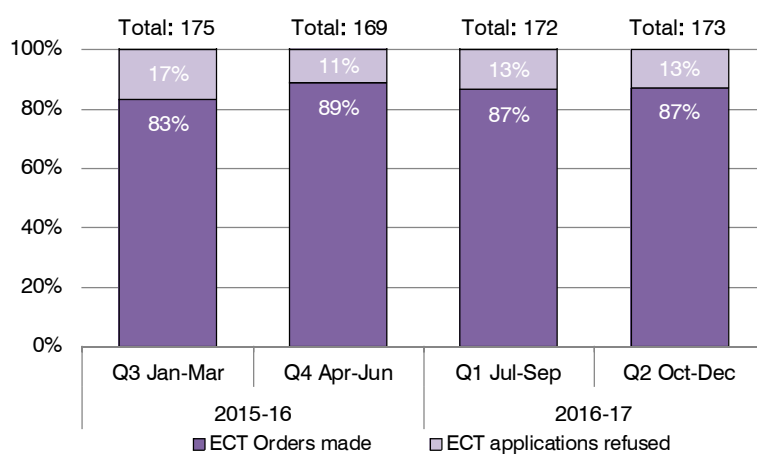




Performance against Key Performance Indicators

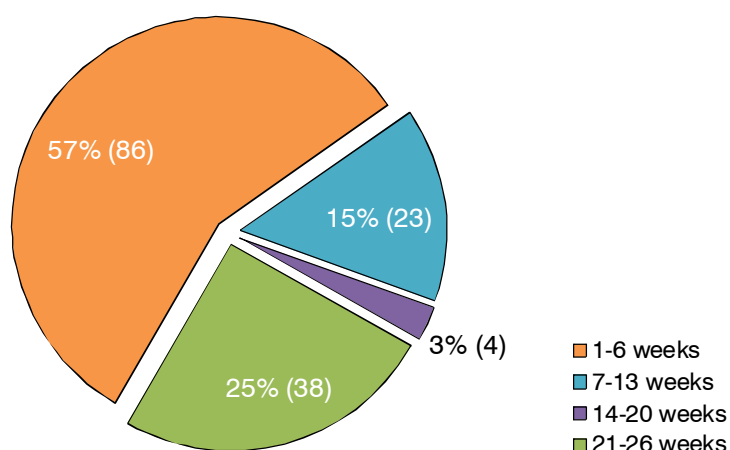
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Comparison of Tribunal ECT determinations between quarters



4.3 Duration of ECT Orders

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

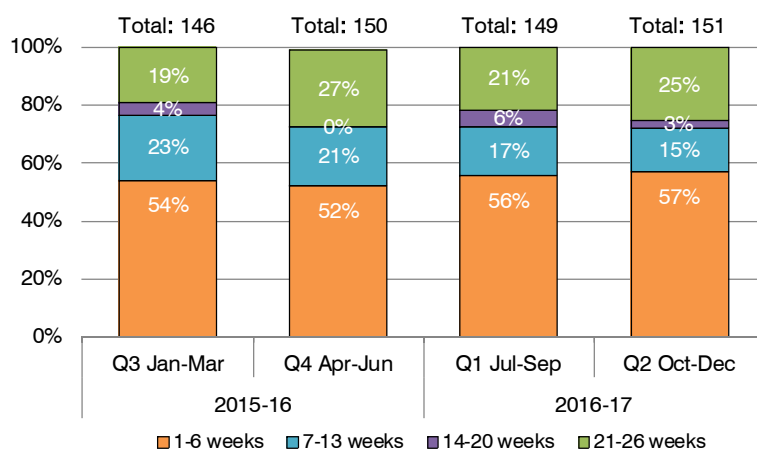




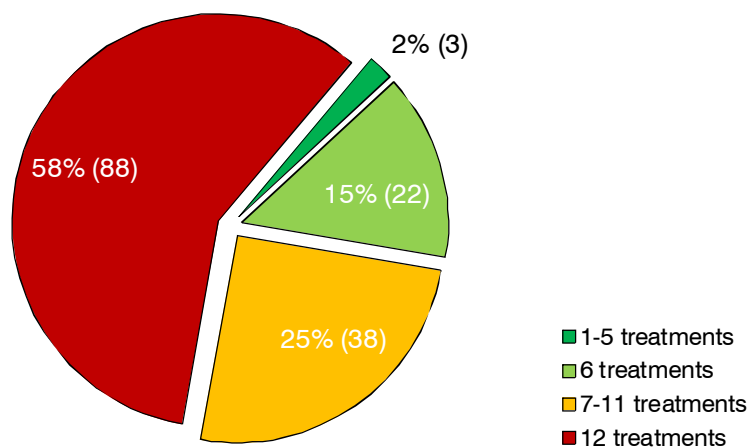
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Comparison of ECT Order duration between quarters



4.4 Number of treatments authorised through ECT Orders

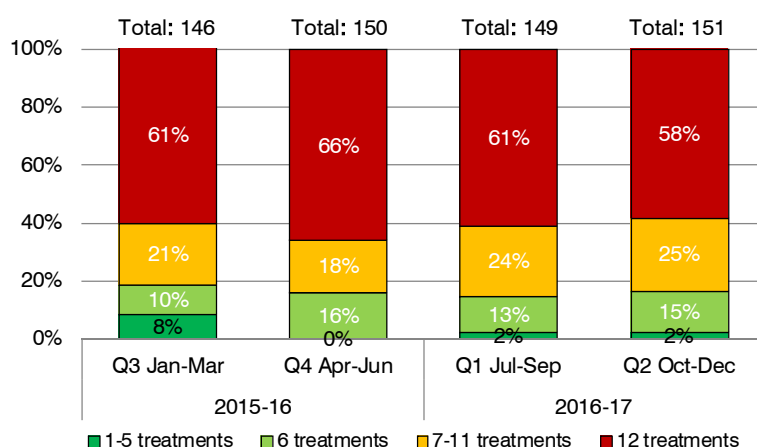




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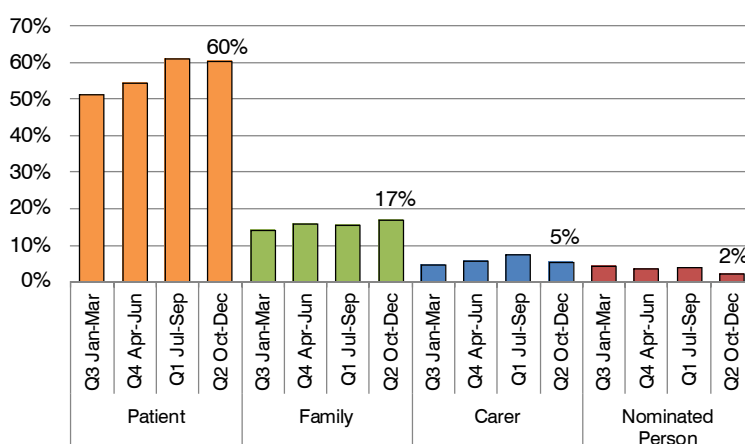
Comparison of treatments authorised through ECT Orders between quarters



5. Attendance at hearings and feedback received by the Tribunal

5.1 Attendance

Comparison of attendance by patients and those who support them





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5.2 Feedback

During the quarter the Tribunal received four complaints.

Decisions of the Tribunal

Two complaints were made by family members in relation to Tribunal decisions to make Community Treatment Orders for a patient. In response to these complaints, without referring to any specific aspects of the hearing it was explained that in making its decision, the Tribunal relies on a range of information. The Tribunal will hear from the patient and any other people in attendance at the hearing, such as family members, carers, friends and support persons. The Tribunal will also rely on evidence from the treating doctor and members of the treating team. As the Tribunal is presented with a range of views about the decision it should make, it is acknowledged that whatever decision is made, it is very likely at least one person involved in the hearing will perceive it as the wrong decision.

Conduct of hearings

Two complaints were received regarding the conduct of Tribunal hearings. Both complaints were investigated consistent with the Tribunal's feedback and complaint guide which is available on the Tribunal's website. Both complaints have been responded to.