



mental welfare
commission for scotland

Corporate reports



Business Plan Review 2018/19
Performance against Key Targets

The Commission had five key performance indicators (KPIs) outlined in its Business Plan for 2018/19. Performance against each of these KPIs is noted below.

1 To visit a minimum of 1,350 individuals during 2018-19

Most of our visits involved interviewing individuals receiving care and treatment. Sometimes, we were not able to interview the individual, but we still undertook other activity such as reviewing their case files.

Type of visit	Target	Individuals visited	Total
Visits to individuals subject to AWI powers	350	341	341
Individuals seen as part of themed visits	300		185
Of which			
<i>Individuals in rehabilitation wards</i>	250*	129	
<i>Individuals with Autistic Spectrum Disorder</i>	50	56	
Individuals seen as part of local visits	700	862	862
Of the 862:			
Interview		566	
No interview but other activity		296	
Of the 862:			
<i>Individuals subject to MHA powers only</i>		399	
<i>Individuals subject to AWI powers only</i>		30	
<i>Individuals subject to CPSA powers</i>		108	
<i>Individuals that were informal</i>		241	
<i>Individuals subject to both AWI and MHA powers</i>		33	
<i>Other/field not completed</i>		51	
Other individual visits (<i>Young people, cross border transfer and MWC initiated</i>)			14
Interview		12	
No interview but other activity		2	
TOTALS	1350	1402	1402

In total we have reviewed the care and treatment of 1,402 individuals.

We met with 96 relatives/carers during our local visits.

During the themed visits to rehabilitation wards we met with 48 relatives/carers.

*During the visit we changed the focus to concentrate on people in wards and not community settings which reduced the number of people visited

2 To ensure that at least 25% visits to individuals in local services are in the unannounced format

We carried out 103 local visits of which 28 were unannounced (27%)

3 To produce AWI annual monitoring report by 30 September 2018

The [report](#) was published on 27 September 2018

4 To maintain an accuracy rate of at least 97.5% in random samples of telephone advice given

During the year there were 4,191 (2017-18 4,412) calls allocated to duty practitioners as “requests for advice”. When we audited calls this year, we found that around 9% (2017-18 9%) of these resulted in information being recorded but no advice being requested or given. We therefore estimate the approximate number of calls requesting advice at around 3,822 (2017-18 4,002).

We audited 159 calls, which is 4% of the total “requests for advice” allocated to duty practitioners. We gave advice in 145 of these calls.

Number of calls where advice given	145
Number of calls where advice accurate	137
Number of calls in which we could have added to the advice given	8(5.5%)
Inaccurate items of advice	0 (0%)
% accuracy	100%
Target for accuracy	97.5%

We have therefore performed better than our target of 97.5%.

5 We will follow-up all our recommendations to services arising out of local visits and achieve satisfactory responses in no less than 95% of cases within the agreed timescale. We will publicly report upon this

Our local visits to individuals allow us to make specific recommendations to services. We made 277 recommendations following 125 local visits conducted during 1 January 2018 and 31 December 2018. Note that this is not the same as the number of visits reported during the year 1 April 2018 to 31 March 2019 as we allow a 3 month response window from services.

- a) We were satisfied that services had responded to 258 (93%) of recommendations.
- b) We have not yet received responses to 19 (7%) recommendations. 14 of these recommendations have a response date of 4 June 2018, or beyond, and reminders have been sent of the upcoming deadline. For the 5 that have passed the response deadline, we have been in contact with the service manager to request this information and we will take further action in 2018/19.
- c) We have therefore ensured that we followed up all recommendations to services and we received satisfactory responses to 93%. This is slightly below our performance indicator of 95% due to the fact that 14 of the recommendations were unable to be counted as they deadline was outside the reporting period.

Business Objectives 2018-2019

Progress report to end March 2019

Green - work will be completed by March 2019

Amber - risk that work will not be completed by March 2019

Red - work will not be completed by March 2019

Key strategy 1: to challenge and to promote change

Activity	Development need	Responsible	Timescale	Progress	Status
Influencing and empowering	Promote development of human rights based MH law and practice, including working with others to develop rights aspect of MH strategy, and identifying opportunities to promote law reform agenda outlined in May 2017 report	Chief Executive	Ongoing	Participation in working group on rights focus in mental health strategy. CEO participated in English MHA review. The announcement of a review of MHA welcomed	Completed
	To influence and be involved in the review of the AWIA – specifically response to Scottish Government consultation	Exec Dir SW/Chief Executive	Response 30 April 2018	Involved in three working groups and other work	Ongoing
	Contribute to s37 review of deaths and review MWC process	Chief Executive, Exec Dir (Medical)	Ongoing	Recommendation from s37 report that Commission develops a system for investigation of deaths of people detained under MHA. This needs to be developed with multiple stakeholders including families. We have submitted a funding bid to set up a project team to take this forward. SG have committed to a Project Leader only at this stage	Ongoing
Visiting individuals	Produce two national reports on visits to individuals in services across Scotland providing similar care and treatment (from				

Activity	Development need	Responsible	Timescale	Progress	Status
	visits in 2017/18) <ul style="list-style-type: none"> to individuals with dementia in community hospitals 	Exec Dir E&P	May 2018	Issued on 23 May 2018	Completed
	<ul style="list-style-type: none"> to individuals with borderline personality disorder 	Exec Dir Nursing	August 2018	Published in August	Completed
	To publish report on Place of Safety project	Exec Dir (Medical)	April 2018	Published in August.	Completed
	Follow up on recommendations from advocacy report	Exec Dir (E&P)	February 2019	Follow up report discussed at February Board meeting	Completed
Information and advice	We will review and revise the following good practice guides:	Overall: ED (E&P)			
	<ul style="list-style-type: none"> Specified persons 	ED (Nursing)	Dec 18	Carried forward to 2019/20 business plan	Red
	<ul style="list-style-type: none"> Suspension of detention 	ED (Medical)	Aug 18	Carried forward to 2019/20 business plan	Red
	<ul style="list-style-type: none"> Carers & confidentiality 	ED (E&P)	July 18	Guide is completed and published in December 2018	Completed
	<ul style="list-style-type: none"> Rights, risks & limits to freedom 	ED (Nursing)	Feb 19	Carried forward to 2019/20 business plan	Red
	<ul style="list-style-type: none"> Nutrition by artificial means 	ED (Medical)	Aug 18	Carried forward to 2019/20 business plan	Red
	<ul style="list-style-type: none"> Cross border transfers 	ED (Nursing)	Aug 18	Carried forward to 2019/20 business plan	Red

Activity	Development need	Responsible	Timescale	Progress	Status
	<ul style="list-style-type: none"> Preparation of care plans 	ED (Medical)	Aug 18	Carried forward to 2019/20 business plan	Red
	<ul style="list-style-type: none"> Non-compliance with CCTOs 	ED (Medical)	Aug 18	Carried forward to 2019/20 business plan	Red
	To publish good practice guide on capacity and ARBD	Chief Exec	Approval at June Board 2018	Approved at August Board and published in January 2019	Completed
	To consult and publish a good practice guide on capacity and young people	Chief Exec	December 2018, revised to April 2019	To be presented to June Board	Red
	To consult and publish a revised good practice guide on use of seclusion, extended to people with learning disability and community settings. (With Healthcare Improvement Scotland).	Exec Dir (Nursing)	March 2019	To be presented to June Board	Red

Strategic Priority 2: Focus on the most vulnerable

Activity	Development need	Responsible	Timescale	Progress	Status
Visiting individuals	To undertake visits to individuals for the following themed visits <ul style="list-style-type: none"> to individuals in rehabilitation wards 	Exec Dir SW	December 2018, revised to February 2019	To be presented to June Board	Red
	<ul style="list-style-type: none"> to individuals with autistic spectrum disorder 	Chief Executive	February 2019 revised to April 2019	To be presented to June Board	Red
	To consult with individuals and/or carers prior to each of the themed visits	Exec Dir lead as above		ASD – co-hosted an event with University of Strathclyde with stakeholders from across Scotland including carers and individuals. Also met with carer groups during the planning stage.	Completed
Monitoring and law	To implement the actions outlined in the corporate parent plan	Exec Dir (SW)	Ongoing with reports to OMG twice a year	Mandatory training session completed in June 2018. Report went to July OMG outlining progress. Second report not completed due to staff vacancy	Green Red (second report)
Investigations and casework	Work with Scottish Government once a decision is taken on system of review of homicides by people receiving mental health services	Exec Dir (Medical)	Depends on SG	Meeting held in December with COPFS, SG sponsor department and us to review the system for COPFS providing paperwork. Response from COPFS in April responded to by us at beginning of May	Ongoing
	To undertake an investigation into individual delayed in hospital for 18 months	Exec Dir (E&P)	October 2019	Investigation interviews completed and analysis started	Green

Strategic Priority 3: Increase our impact (in the work that we do)

Activity	Development need	Responsible	Timescale	Progress	Status
Visiting individuals	Produce overview report of local visits for 2017/18	Exec Dir Nursing	August 2018	Approved at August Board and published in September	Completed
	To follow up recommendations from previous themed visits –		Closure reports to Board by:		
	<ul style="list-style-type: none"> Individuals with dementia in community hospitals 	Exec Dir (E&P)	April 2019	Report will go to June 2019 Board	Red
	<ul style="list-style-type: none"> Individuals with borderline personality disorder 	Exec Dir (N)	August 2019	Report published 30 Aug 2018 – follow up to start in 2019.	Green
	<ul style="list-style-type: none"> Individuals in adult acute psychiatric wards 	Exec Dir (N)	June 2019	Report will go to June 2019 Board.	Green
	<ul style="list-style-type: none"> Individuals in mental health forensic services 	Exec Dir (N)	September 2018, revised to December 2018	Report will go to June 2019 Board	Red
	<ul style="list-style-type: none"> Individuals who are homeless 	Exec Dir (E&P)	October 2018, revised to February 2019	Presented to February Board	Completed

Activity	Development need	Responsible	Timescale	Progress	Status
	<ul style="list-style-type: none"> Individuals in perinatal services 	Exec Dir (Medical)	June 2018, revised to December 2019	Report to Board in February 2019.	Completed
	<ul style="list-style-type: none"> Individuals with severe and enduring mental illness supported in the community 	Exec Dir (SW)	June 2018, revised to December 2018	OMG agreed that the closure report would not be done as too great a time has elapsed since visits to be useful	Red
Monitoring and law	To follow up recommendations from previous investigations		Closure report to Board by:		
	<i>Mr QR</i>	Exec Dir (SW)	December 2018	Four health boards still to reply Carried forward to 2019/20 business plan	Red
	<i>Ms OP</i>	Exec Dir (N)	June 2018, revised to December 2018	Discussed at OMG in August and report still to go to Board in June 2019	Red
	<i>Ms MN</i>	Exec Dir (M)	June 2018, revised to December 2018	Report to February Board	Completed
	To produce an annual AWI monitoring report	Exec Dir (SW)	September 2018	Published at end of September	Completed
Information	To produce and disseminate learn pro	Exec Dir (E&P)	PRCP May	Learnpro module completed and	Completed

Activity	Development need	Responsible	Timescale	Progress	Status
and advice	modules on patient rights pathway		2018	now being disseminated	
	Develop good practice guidance in relation to nursing care planning. Consultation with key partners- SG CNO office, mental health nurse leads, recovery network, HIS, CI. Will use engagement events to consult on draft guidance.	Executive Director (Nursing)	June 2019	Report will go to June 2019 Board	Green

Strategic priority 4: Improve our efficiency and effectiveness

Activity	Development need	Responsible	Timescale	Progress	Status
Influencing and empowering	To develop a communications plan to support the business plan	HOCS	May 2018 revised to February 2019	This was delayed due to work pressures on communications team. In discussion with the Communications Manager we have agreed that this would be better to wait until the business plan for 2019/20 is being developed and do a communications plan at that stage. Revised to February 2019. Draft is completed but not discussed at OMG	Red
Visiting individuals	To consolidate and mainstream our patient rights pathway into the Commission's work	Exec Dir (E&P)	ongoing	Review report issued. Web ex seminar held in September. New visit forms developed with improved rights context and to be implemented on 1 April	Completed
Investigations and casework	To implement new investigation and casework procedures	Exec Dir SW	May 2018	New process drafted. Casework screens and training for practitioners completed. Active intervention screens live from 1 January	Completed
Information and advice	To embed Q&A review process	Exec Dir (E&P)	Ongoing	Ongoing delays due to practitioner capacity but almost all phase 1 complete and phase 2	Red

Activity	Development need	Responsible	Timescale	Progress	Status
				progressing.	
	To revise and update the engagement strategy	Exec Dir (E&P)	October 2018 Revised to December 2018	Report approved at February Board	Completed
Develop our staff	To implement action plan from staff survey (including team development sessions for various staff groups)	All executive directors	Review action plan by March 2018 and implement	Team journey sessions completed for Executive. A series of sessions for CWA staff resulted in some agreed changes to work processes. Staff groups fully involved in the accommodation project Team briefs ongoing Formal review of action plan needs to be completed and discussed with staff	Red
	To continue to develop and promote learnpro for staff	HOCS	Ongoing	Learnpro launched for all staff. CWA staff completed mandatory modules and other staff to be encouraged to do so by March 2019. Due to staff absence we have not developed the system further and will do so over next year	Red
Ensure our financial sustainability	Accommodation downsizing , if going ahead	HOCS	Business plan to SG April 2018	Building work started second week in January and finished at end of March	Completed

Activity	Development need	Responsible	Timescale	Progress	Status
	Develop other scenarios for discussion	HOCS / ED (Nursing)	September 2018 Revised to March 2019	First session held with practitioners to discuss how we work but now on hold due to other business pressures. Will be carried forward to 19/20 business plan	Red
Continuous improvement	To prepare and ensure compliance with GDPR	HOCS and all exec directors	May 2018	Action plan developed and implemented following internal audit	Completed
	Implement the action plan from the Scottish Government's cyber resilience strategy	HOCS	November 2018	Action plan following cyber essentials pre assessment	Completed
	To implement the records management improvement plan	HOCS	March 2019	Work to merge data asset register and business classification scheme has started. New Information Governance Manager working on business classification scheme and reviewing electronic files. Report to NRS due in August 2019	Substantial work completed and ongoing til August 2019
	To review and implement the risk management strategy	HOCS	Information risks to April Board (to comply GDPR) Risk management strategy approved in June 2018	New form strategic risk register approved by Board in June 2018. Visit and investigation risk register been discussed at OMG Risk management policy approved by A,R &IG committee in November and Board in December but not fully implemented	Completed Red

Activity	Development need	Responsible	Timescale	Progress	Status
	Complete the self-assessment of the operation of the Board, Audit Committee and Operational Management Group	HOCS	Ongoing	Audit committee November completed Board – December completed Advisory committee completed OMG – April	Completed

Comparative Data on activity

	2018/19	2017/18	2016/17	2015/16	2014/15	2013/14	2012/13	2011/12	2010/11	2009/10
Visits										
Themed visit reports	2 ¹	2 ²	3	4	3	3	2	3	3	4
Local visits (to services)	103	113	116	121	121	124	112	139	87	183
Of which unannounced	28	29	30	31	30	26	29	28	21	15
Number of individuals visited	1104	1240	1583	1670	1921	2186	1916	1878	1925	1859
File reviews and/or other activity ³	298	216	72	185	173	351	1499	884	555	-
Total number of individuals review of care and treatment	1402	1456	1578	1885	2094	2537	3415	2762	2480	1859
Number of advocacy workers met with	Not recorded	Not recorded	38	31	32	5	Not recorded			
Number of relatives/carers met with on visits	104	112	80	117	77	183	Not recorded			
Guardianship visits (included in total visits above)	341	294	407	462	552	578	560	522	394	331
Monitoring										
MHA forms processed	39,233	36,752	35,754	33,454	32,558	31,203	28,797	29,224	27,948	26,937
Guardianship and intervention orders processed	3,535	3,335	3,291	2,898	2,754	2,368	2,096	2,038	1,822	1,519
EDC notifications by phone processed	Not recorded	Not recorded	750 ⁴	952	1,001	1,129	1,037	967	1,015	1,016
Monitoring reports (including visits or case reviews and numbers are recorded in total number of visits above)	0	1 ⁵	1 ⁶	1	2	3	3	2	2	1

¹ Both to be published in August 2019

² One published in May and the other to be published in August 2018

³ The procedures for reporting on visits were changed in 2017/18. Prior to this file reviews were separate to those people seen. Now we may do a file review and other activity without speaking to the individual and this is recorded separately

⁴ From 1 Feb 2017 we stopped recording EDC notifications

⁵ POS report to be published in July 2018 – did not include visits to individual

⁶ This report (POS) did not include visits to individuals and so not included in visit numbers

	2018/19	2017/18	2016/17	2015/16	2014/15	2013/14	2012/13	2011/12	2010/11	2009/10
DMP opinions	2,138	1,925	1858	1877	1719	1606	1508	1454	1279	-
Neurosurgery assessments	0	0	0	0	0	6	4	4	5	-
Information and advice										
Number of recorded telephone calls	4790	5087	6078	6870	7782	7570	6688	6448	6311	7399
Requests for advice	4238	4518	4475	4839	5143	4834	4099	4012	3880	-
Requests allocated to practitioner duty	4,191	4412	4388	4727						
Investigations										
Number of investigations progressed	21	24	23	29	21	22	15	15	14	13
Of which published	0	1	1	1	1	5	4	4	3	3