

Business Plan Review 2019/20 Performance against Key Targets

The Commission had five key performance indicators (KPIs) outlined in its Business Plan for 2019/20. Performance against each of these KPIs is noted below.

1 To visit a minimum of 1,350 individuals during 2019-20

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	313	313
Individuals seen as part of themed visits	300		
Of which			
<i>Older People in Functional Wards</i>	250	145	145
<i>Eating Disorder</i>	50	50	50
Individuals seen as part of local visits	700	951	951
Of the 950:			
Interview		631	
No interview but other activity		320	
Of the 951:			
<i>Individuals subject to MHA powers only</i>		434	
<i>Individuals subject to AWI powers only</i>		50	
<i>Individuals subject to CPSA powers</i>		122	
<i>Individuals that were informal (AWI&MHA)</i>		231	
<i>Individuals subject to both AWI and MHA powers</i>		68	
<i>Individuals subject to both MHA and CPSA</i>		3	
<i>Other/field not completed</i>		43	
Other individual visits (<i>Young people, cross border transfer and MWC initiated</i>)			
Interview		2	3
No interview but other activity		1	
Prisons		40	43
TOTALS	1350	1307	1307

In total we have reviewed the care and treatment of 1307 individuals.

Four scheduled local visits and 29 guardianship visits were cancelled due to Covid -19.

We met with 91 relatives/carers during our local visits.

During the themed visits to older people's functional wards we met with 19 relatives/carers.

During the themed visits to individuals with eating disorders we also met with 11 relatives/carers

In total we met with 121 relatives/carers during our visits

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

We carried out 127 local visits of which 31 were unannounced (24%)

One scheduled unannounced visit was cancelled in March 2020 due to Covid-19

3 To produce MHA biennial monitoring report by 31 October 2019

Report published on 23 October 2019

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

During the year there were 4,230 (2018-19 4,191) calls allocated to duty practitioners as "requests for advice". When we audited calls this year, we found that around 9% (2018-19 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 3,848 (2018-19 3,822).

We audited 177 calls, which is 4% of the total "requests for advice" allocated to duty practitioners. We gave advice in 161 of these calls.

Number of audited calls where advice given	161
Number of calls where advice accurate	154
Number of calls in which we could have added to the advice given	7 (4.3%)
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 263 recommendations following 104 local visits conducted during 1 January 2019 and 31 December 2019. Note that this is not the same as the number of visits reported during the year 1 April 2019 to 31 March 2020 as we allow a 3 month response window from services.

- a) We were satisfied that services had responded to 218 (83%) of recommendations.
- b) We have not yet received responses to 45 (17%) recommendations. 13 (5%) of these recommendations have a response date of 7 May 2020, or beyond, and reminders have been sent of the upcoming deadline. For the 32 (12%) 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 2020/21. 6 (13%) of the responses outstanding were due for response in early April (the early period of the Covid 19 lockdown and these have been chased up).
- c) We have therefore ensured that we followed up all recommendations due to services and we received satisfactory responses to 83%. This is below our performance indicator of 95% due to the fact that 13 of the recommendations were unable to be counted as they deadline was outside the reporting period and 6 were due for response at the beginning of the Covid 19 lock down (9%).

Business Objectives 2019-2020
Progress report to end March 2020

- Green - work will be completed by March 2020
 Amber - risk that work will not be completed by March 2020
 Red - work will not be completed by March 2020

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 leading MWC input to review of Mental Health Act	Chief Executive	Ongoing	Several meetings held with John Scott, lead of review. He presented at the advisory group in September and the DMP seminar in November. MWC CEO and Graham Morgan now a formal adviser to the review. Review consultation circulated in February 2020 with initial closing date of end April revised to 29 May	Green
	Participate in Scottish Government plans to improve AWI law and practice	Exec Dir SW/Chief Executive	Ongoing	Scottish Government plans on hold pending MHA review	Green
	Consider recommendations of s37 review of deaths and develop business case to Scottish Government for any new role for the Commission	Chief Executive, Exec Dir (Medical)	May 2019	Business case for funding for posts to take this project forward forwarded to SG in March. Funding received at end of June and now recruited Head of Project and two other staff. Dr Connolly remains an adviser to the project. Project initiation document approved by OMG in	Green

Activity	Development need	Responsible	Timescale	Progress	Status
				January 2020. This is likely to be an 18 month project	
Monitoring the law	Publish information on the use of advance statements, as part of monitoring the MHA	Exec Dir (Medical)	October 2019	Will be published in MHA monitoring report in October	Completed
	To pursue with the Scottish Government options, including funding, for more in depth analysis on the use of the mental health act	Exec Dir (Medical)	Ongoing	Contracted with Edinburgh University for statistical expertise to analyse use of STDCs. Initial draft report completed. To be carried forward to 20-21 business plan	Green
Visiting individuals	Produce two national reports on visits to individuals in services across Scotland providing similar care and treatment (from visits in 2017/18) <ul style="list-style-type: none"> to individuals in rehabilitation wards to individuals with ASD 	Exec Dir SW	June 2019	Published 30 January 2020	Completed
		Chief Exec	June 2019	Published 30 October 2019	Completed
Information and advice	We will review and revise the following good practice guides:	Overall: ED (E&P)		Executive Director (Medical) will review outstanding guides under his ownership and decide on appropriate timescales	
	<ul style="list-style-type: none"> Specified persons 	ED (Nursing)	October 2019	OMG decided that this guide cannot be updated until there is clarity around SG plans re revision	Removed
	<ul style="list-style-type: none"> Suspension of detention 	ED (Medical)	October 2019		Red
	<ul style="list-style-type: none"> Rights, risks & limits to freedom 	ED (Nursing)	August 2019	To be carried forward to 20-21 business plan	Red

Activity	Development need	Responsible	Timescale	Progress	Status
	<ul style="list-style-type: none"> Nutrition by artificial means 	ED (Medical)	June 2019	The upgrade of these guides is no longer deemed a priority and will not be carried forward to 20-21 business plan	Red
	<ul style="list-style-type: none"> Cross border transfers 	ED (Medical)	September 2019		Red
	<ul style="list-style-type: none"> Preparation of care plans 	ED (Medical)	September 2019		Red
	<ul style="list-style-type: none"> Non-compliance with CCTOs 	ED (Medical)	June 2019		Red
	To produce a flowchart on the medical management patients lacking capacity	Exec Director (Medical)	July 2019	These good practice flowcharts were suggested by a service following a low level investigation by us One near completion but will be carried forward to 20/21 business plan	Amber
	To produce a flowchart on adult support and protection responsibilities in relation to medical management and risk	Exec Director (Medical)	October 2019		
	To publish a good practice guide on capacity and young people	Chief Exec	June 2019	Guide approved at June Board and published in October	Completed
	To publish a revised good practice guide on use of seclusion, extended to people with learning disability and community settings.	Exec Dir (Nursing)	June 2019	Guide approved at June Board and published in October	Completed
	To update guidance on discharge from hospitals to care homes (13ZA)	CEO/Exec Dir (Social Work)	August 2019	On hold pending judicial review. Internal guidance produced meantime. Carried forward to 20-21 business plan	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 with functional mental illness in older people wards to individuals with eating disorders 	Exec Dir Nursing	March 2020	Report approved at February Board and published in April	Completed
		Exec Dir Nursing	August 2020	Visits completed. Some follow up questionnaires sent out in January. Analysis has started but hindered by closure of office. Still on track for June Board meeting	Green
	To consult with individuals and/or carers prior to each of the themed visits	Exec Dir lead as above		Completed	Completed
	To implement a project to focus on a specific group, likely to be people with ARBD, of people on guardianship. This will be a subset of the 350 guardianship visits	Exec Dir (SW)	To start in April 2019	Carried forward to 20-21 business plan	Red
Monitoring and law	To implement the actions outlined in the corporate parent plan	Exec Dir (SW)	Ongoing	Practitioners attended ACE awareness training.	Amber
	As a follow up to place of safety monitoring work with police to review local Psychiatric Emergency Plans	Exec Dir (Medical)	August 2019	Meetings held with Police Scotland, copies of PEPs received and each Board sent individual feedback letter. POS closure report presented to Board in December 2019	Completed
Investigations and casework	To carry out a pilot of review of homicides by people receiving mental health services in partnership with COPFS and	Chief Exec	March 2020	This project is awaiting a response from COPFS with Scottish Government chasing up	Red

Activity	Development need	Responsible	Timescale	Progress	Status
	Scottish Government.				
	To undertake an investigation into individual delayed in hospital for 18 months	Exec Dir (E&P)	October 2019	Report went to August Board and published in September	Completed

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 2018/19	Exec Dir Nursing	August 2019	Completed. Report approved by June Board and published in July	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)	June 2019	Presented to June Board	Completed
	<ul style="list-style-type: none"> Individuals with borderline personality disorder 	Exec Dir (N)	September 2019	Follow up work has started with revised date of April 2020 Pursuing late responses and to be carried forward to 20-21 business plan	Red
	<ul style="list-style-type: none"> Individuals in adult acute psychiatric wards 	Exec Dir (N)	June 2019	Presented to June Board	Completed
Monitoring and law	To follow up recommendations from previous investigations <i>Mr QR</i>	<i>Exec Dir (SW)</i>	June 2019	Presented to June Board	Completed
	<i>Ms OP</i>	<i>Exec Dir (N)</i>	June 2019	Presented to June Board	Completed
	To produce the biennial report on MHA monitoring	Exec Dir (Medical)	October 2019	Report published on 23 October	Completed
	To produce the young person report on	Exec Dir (Medical)	October 2019	Report published in March 2020	Completed

Activity	Development need	Responsible	Timescale	Progress	Status
	MHA				
Information and advice	Publication of learn pro modules on patient rights pathway	Exec Dir (E&P)	June 2019	Modules published. Discussions with HIS who have agreed to publish the course on their system.	Completed
	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.	Executive Director (Nursing)	June 2019	Guide approved at June Board and publication in September	Completed
	Contribute to Board and Regional educational events to engage with Psychiatrists and GPs in training	Exec Dir Medical	Ongoing	Four events held with good feedback	Completed
	Series of engagement events with MHOs (ten throughout the year)	Exec Dir SW	Ongoing	Ten events held to date	Completed

Strategic priority 4: Improve our efficiency and effectiveness

Activity	Development need	Responsible	Timescale	Progress	Status
Influencing and empowering	To consult on the next strategic plan in light of changes to mental health and incapacity legislation	HOCS	Feb 2020, revised to April 2020	Board away day held in October and strategic plan outline agreed at December Board with a timeline for a draft to Board in February, discussion at Advisory Group in March and approval at April Board having taken into consideration the results from the stakeholder survey. Due to the Covid-19 pandemic the stakeholder survey report has been delayed to end April and strategic plan to be approved in June	Green
	To develop a communications plan to support the business plan	HOCS	Feb 2020	This was scheduled to be developed in March once the Business Plan approved. However Covid-19 work has delayed this and will go to June Board	Red
Investigations and casework	Carry out a review of the new investigation and casework procedures	Exec Dir SW	October 2019	A report on the first three months of operation of new system discussed at OMG in August. Practitioner review of system with suggestions for improvement completed in January. First report of active	Green

Activity	Development need	Responsible	Timescale	Progress	Status
				interventions noted below A new investigations lead post was advertised to practitioners in March but currently on hold	
Develop our staff	To consolidate and support staff with the move to agile and smarter working	All executive directors	Ongoing	New office environment bedding in, wifi completed. Questionnaire sent to staff in September. Accommodation group met to discuss survey outcome and action plan agreed at OMG in January	Completed
Ensure our financial sustainability	To review skill mix and structure to ensure we meet future business needs	HOCS	December 2019	Consultants appointed. Series of meetings with staff and executive team. Some suggestions for new roles being taken forward. Further work with practitioner team scheduled in March delayed due to Covid-19	Red
Continuous improvement	Upgrade our cyber resilience accreditation to cyber essentials plus including pen test	HOCS	July 2019 December (pen test)	Got reaccredited to cyber essentials in June with intention of plus within six weeks. However this was delayed until all the new infrastructure was in place – mobile phones and IMP servers live in December but work on new disaster recovery	Red

Activity	Development need	Responsible	Timescale	Progress	Status
				process taking priority.	
	Implement the records management improvement plan and submit a revised plan to National Records Scotland	HOCS	August 2019	We submitted an updated plan in November with NRS approving subject to some improvements	Completed
	Publish revised branding and website	Exec Dir (E&P)	June 2019	Website and branding published on 13 August	Completed
	Produce short information films on the use of mental health legislation	Exec Dir (E&P)	March 2020	OMG agreed that this should not be completed this year due to other workload pressures	Red
	Review and implement the risk management strategy	HOCS	Ongoing	Reports to A, R&IG committee and Board in June, November and February	Completed
	Complete the self-assessment of the operation of the Board, Audit Committee and Operational Management Group	HOCS	Ongoing	OMG – March / April. This was not completed due to Covid-19 AR&IG completed in November and Board in February	Red Completed
Added October 2019	Implement a stakeholder feedback survey	Exec Dir (E&P)	April 2020	Contracted external consultants in December and survey issued in January. The interviews were delayed due to Covid-19 with report due in May	Green

Active Interventions (Investigations)

In 2018/19 we undertook a review of our investigations procedures. As part of that review we developed a system on our patient record system (IMP) to record the lower level investigatory work that we are involved in. We implemented the new system of recording active interventions in 2019/20. The table below outlines the areas of work we are involved in, the number of active interventions and the number closed after successful outcome. The details of these cases is noted on the casework screens and linked to individual records. In 2020/21 we intend to audit this work.

Adult Support and Protection (ASP)	14	12
AWI Part 2 – Powers of Attorney	2	2
AWI Part 5 – Medical Treatment	1	1
AWI Part 6 – Guardianship or Intervention orders	8	7
Children and young people	8	5
Courts and criminal justice	3	3
Cross border issues	2	2
Death-Homicide	1	
Death-Other	20	13
Death-Suicide	30	17
Deficiency in care or treatment	27	22
Detention and deprivation of liberty	1	
MHCTA Part 16 – medical treatment	2	1
Restraint, seclusion and specified persons	1	1
Restricted patients and excessive security	10	9
Grand Total	130	95

Comparative Data on activity

	2019/20	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	2 ³	3	4	3	3	2	3	3	4
Local visits (to services)	127 ⁴	103	113	116	121	121	124	112	139	87	183
Of which unannounced	31	28	29	30	31	30	26	29	28	21	15
Number of individuals visited	986	1104	1240	1583	1670	1921	2186	1916	1878	1925	1859
File reviews and/or other activity ⁵	321	298	216	72	185	173	351	1499	884	555	-
Total number of individuals review of care and treatment	1307	1402	1456	1578	1885	2094	2537	3415	2762	2480	1859
Percentage of file reviews	24.6	21.2	14.8	4.6	9.8	8.3	13.8	43.9	32	22.4	
Number of advocacy workers met with	Not recorded	Not recorded	Not recorded	38	31	32	5	Not recorded			
Number of relatives/carers met with on visits	121	104	112	80	117	77	183	Not recorded			
Guardianship visits (included in total visits above)	313	341	294	407	462	552	578	560	522	394	331
Monitoring											
MHA forms processed	39,085 ⁶	39,233	36,752	35,754	33454	32558	31203	28797	29224	27948	26937
Guardianship and	3,605	3,535	3,335	3,291	2898	2754	2368	2096	2038	1822	1519

¹ One to be published in August 2020

² Both to be published in August 2019

³ One published in May and the other to be published in August 2018

⁴ A higher number of local visits than previous years to compensate for fewer people seen on themed visits

⁵ 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

⁶ These figures may be incomplete due to disruption of Covid -19 in March 20. Do not include 464 POS notifications which are no longer processed as forms

	2019/20	2018/19	2017/18	2016/17	2015/16	2014/15	2013/14	2012/13	2011/12	2010/11	2009/10
intervention orders processed											
EDC notifications by phone processed	Not recorded	Not recorded	Not recorded	750 ⁷	952	1001	1129	1037	967	1015	1016
Monitoring reports (including visits or case reviews and numbers are recorded in total number of visits above)	0	0	1 ⁸	1 ⁹	1	2	3	3	2	2	1
DMP opinions	2,360	2,138	1,925	1858	1877	1719	1606	1508	1454	1279	-
Neurosurgery assessments	0	0	0	0	0	0	6	4	4	5	-
Information and advice											
Number of recorded telephone calls	4730	4790	5087	6078	6870	7782	7570	6688	6448	6311	7399
Requests for advice	4275	4238	4518	4475	4839	5143	4834	4099	4012	3880	-
Requests allocated to practitioner duty	4,230	4,191	4412	4388	4727						
Investigations											
Number of investigations progressed	29	21	24	23	29	21	22	15	15	14	13
Of which published	1	0	1	1	1	1	5	4	4	3	3

⁷ From 1 Feb 2017 we stopped recording EDC notifications

⁸ POS report to be published in July 2018 – did not include visits to individual

⁹ This report (POS) did not include visits to individuals and so not included in visit numbers