

ANNUAL REPORT 2014/2015

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President, Dr Joe Morrow QC

PRESIDENT'S FOREWORD

It remains for me a privilege to be President of the Mental Health Tribunal for Scotland ("the Tribunal") with its strong focus on patients and their care and treatment. My aim has always been, as the principles in the Mental Health (Care and Treatment)(Scotland) Act 2003 require, to place the focus firmly on the patient and, in so doing, to provide an efficient and effective delivery of justice in the area of compulsory care and treatment and detention of persons with mental disorder.

It is my pleasure to present the Annual Report of the Tribunal for the year 2014/2015. During the year, there has been extensive preparation for the Tribunals Administration to move into a merger with the Scottish Courts Service to become the Scottish Courts and Tribunals Service. The benefits from this move will include further integration of the Tribunal into the Scottish legal system and access to the extensive skill base within the Scottish Courts and Tribunals Service. This is a milestone which will add much value to the work of the Tribunal.

During the past year, the Tribunal has become part of the new tribunal structure in Scotland and benefits from the leadership of the President of Scottish Tribunals, the Right Honourable Lady Smith. I welcome the contributions which Lady Smith has made to the development and work of the Tribunal.

The Tribunal makes decisions which are at the sharp end of intervention by the State in the lives of people with mental disorder. The rights of patients and duties on the Tribunal are set out in the legislation under which the Tribunal operates. The independence of the Tribunal is enshrined in the legislation and within our operations.

In the Tribunal, the work at a face to face level is carried out by two groups of people: the Tribunal members and the administrative staff.

The effective operation of the Tribunal is built on a trained and supported membership who are committed to the work of the Tribunal. This requires an understanding of the key role which training plays in the Tribunal. This Report highlights the activities undertaken to support members of the Tribunal to be effective and independent through the imparting of knowledge and skills.

To achieve these aims, the Tribunal requires to develop skills in its membership in three areas:

- (1) in-depth knowledge of the relevant law and procedure;
- (2) the ethos of the Tribunal (how we operate) and
- (3) thinking and acting judicially when making decisions in the area of mental health law.

The Tribunal is involved with the administration of justice in respect of those with mental disorder who may be made subject to compulsory measures of care and treatment and detention. We encourage input from Tribunal users for example, through the Tribunal's Service Users' and Carers' Group, which contributes to our understanding and sensitivities in terms of how the Tribunal operates.

This Report contains insights on how the Tribunal delivers training and supports its members. In our training, we are aligned to the ethos of the Judicial Institute for Scotland and we provide training which is "judge-led for judges". We are working hard to instil quality and confidence in the Scottish mental health tribunal system through the training of our Tribunal members. I would draw your attention to the direct responses to the training provided from our members and the reflections they bring from their day to day work. The "Training Evaluation Survey" provides information from Tribunal members on the success of the training and its effect on the performance of the Tribunal.

All the above activity is undertaken within the context of the Tribunal's increasing workload. In the financial year of this Report, there has been a growth of 7.4 % in the overall caseload. In hard figures, this meant a further 295 applications for the year. The operational aspects of the Tribunal are linked closely to the continued joint working with the administrative staff, who are wholly committed to improving the efficiency and effectiveness of the Tribunal. New ways of operating by the administrative staff have been put into place which have helped in this process during the last year, namely:

- IT changes to the case management system
- reorganisation of the casework team structure
- increased work in quality checking
- a considerable focus on continuous improvement.

All these factors have added to the Tribunal's success in discharging its duties despite a challenging environment and an increased numbers of cases.

All of this leads to ensuring services are balanced in a way which ensures that all users of the tribunal system are consistently supported. The commitment of the Administration to take up the opportunities to make transformational changes in the life of the Tribunal is an example of collaborative leadership, which is demonstrated across all aspects of our work.

I am sure that this collaborative work will continue for all concerned in the Mental Health Tribunal for Scotland – Tribunal members and Administration alike. As President, I am committed to progress in this way, which I believe will provide the best service and access to justice for those with mental disorder.

I would like to put on record my thanks to members of the Tribunal and the Administration for their hard work, energy and commitment which has ensured the successful progress we have made during this reporting year.

Finally, as I mention at the beginning of this report and have mentioned in all past annual reports of the Tribunal, the patient is at the centre of the Tribunal's activities and I will ensure that this continues to be the case.

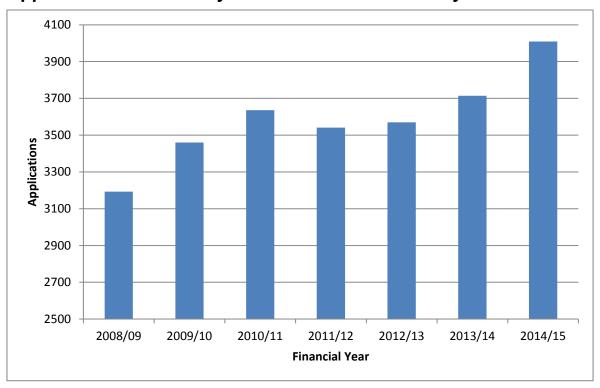
I commend this report to you.

Dr Joe Morrow QC

President

TRIBUNAL ACTIVITY

Applications received by the Tribunal in the last 7 years



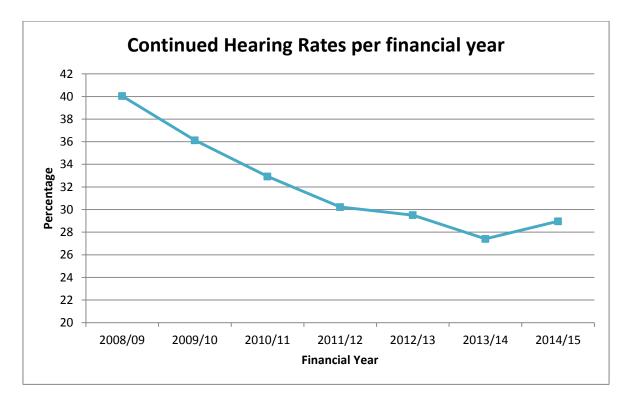
The above graph illustrates how the number of applications received by the Tribunal has increased since 2008/09, resulting in this financial year having the highest figure with 4009 applications received, which represents growth of 7.4% (295 applications) over the previous year. The last time such a substantial increase occurred was in 2009/10 following a year where the number of applications accepted was extremely low

Compulsory treatment order (section 63) applications continue to constitute 40% of all applications received, with applications to revoke short-term detention certificates (section 50) the second highest at 14.4%, followed by applications to revoke or vary compulsory treatment orders (section 100), which make up 9.4%.

The Tribunal's Administration continually evaluates staffing levels and skills, and this year successfully reorganised the casework teams to improve quality and efficiency.

The Key Performance Indicator (KPI) was met in 100% of cases in relation to the statutory timescale for holding a hearing within 5 working days of the expiry of a patient's short-term detention certificate.

Interim Orders and Adjournments of Hearings



With 4,471 hearings held in the financial year 2014/15, this reflects the growth in applications received and represents the highest number of hearings since the Tribunal became operational.

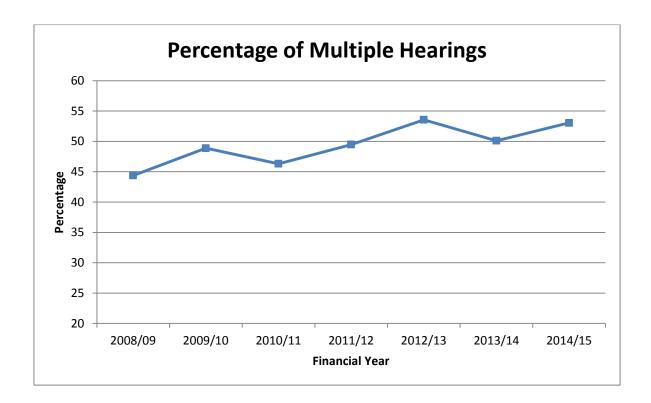
This year, 71% of cases were determined at their first calling. This compares favourably with financial year 2008/09, when the Tribunal received 3,193 applications and held 4,194 hearings with 60% of cases being determined at their first calling.

A number of initiatives introduced in 2009 have contributed to the increase in the number of cases determined at their first calling, namely Standing Tribunals (consideration by the President of the Tribunal or an In-house Convener of requests for a curator *ad litem*, hearing adjournments and the non-disclosure of documents); Casework Surgeries (requests from the Administration for legal guidance from the President's Office); and Legal Case Management (fortnightly meetings with casework teams, in which the Legal Secretaries and In-house Conveners provide oversight of ongoing cases).

The Tribunal regularly evaluates existing practices in order to further reduce the number of continued hearings, while keeping in mind the key principles of the Tribunal, with the aim of improving the experience for all stakeholders and to reduce financial costs.

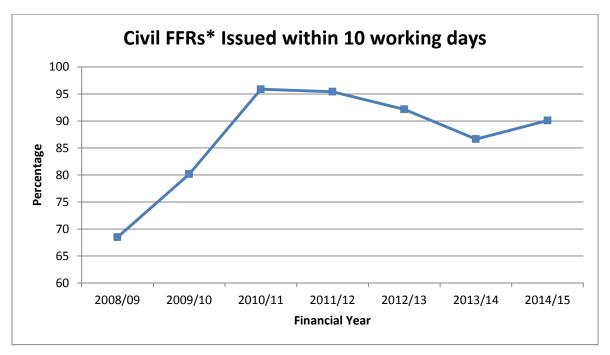
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Multiple Hearings



Whilst maintaining a patient-centred approach, the Tribunal continues to focus on reducing the number of days required for hearings through implementing the Multiple Hearings initiative, where a single Tribunal panel hears more than one case on the same day. The graph above shows that the number of multiple hearings was 53.05%, an increase of 3% over the previous year (the KPI set at the beginning of the reporting year was 50%). This was in part due to the increase in applications received, which helped to facilitate the successful scheduling of multiple hearings.

Civil Decisions



^{*} FFR is the full statement of facts found by the Tribunal and the reasons for the decision

It is an essential part of the work of the Tribunal's Administration to provide the final decision paperwork to parties to the Tribunal proceedings, and it is important that parties receive this information in a timeous manner (within 10 working days of the final hearing in a case).

An internally agreed Key Performance Indicator (KPI) of 90% and a reporting mechanism were introduced following 2008/09, when only 68.5% of final decision paperwork was issued within 10 working days. A marked improvement followed over the next two years. Since 2010/11 – with the exception of 2013/14, when a slight dip under the KPI occurred – the Tribunal's Administration has continued to meet the KPI, as illustrated in the above graph.

This KPI is considered a priority for the Tribunal's Administration and this year has seen an improvement of 3% over 2013/14.

TRIBUNAL MEMBER TRAINING

Training is a key aspect of judicial leadership of tribunals

"Outrageous", "offensive", "ill-advised" are all expressions which, not so long ago, would have been the response to any suggestion that those who sit in a judicial capacity either needed or would benefit from training. Such respondents worried that it would detract from judicial independence. Or that it would engender a perception of there being a lack of competence amongst judicial decision makers; why else would they need training? These fears were, however, misplaced.

Happily, a new confidence emerged and it is now rightly recognised that it is fundamentally important to ensure that both court and tribunal judges are properly supported in their journeys of lifelong learning. If those worried respondents had been able to attend some of the MHTS training courses, their fears would, I think, have quickly been allayed. Over the last year, I have had the good fortune to do so and have seen excellent examples of training during which light has been shed on the complexities of mental health law, the principles which apply to all judges have been well addressed, practical advice has been given, supportive teamwork has been facilitated and the all important focus on the patient who is at the heart of every case has been reinforced. The mantra that is central to the work of the Judicial Institute – "training by judges for judges" – is recognisably also at work here. The training programmes, put together in the President's office, are judicially led and I have seen excellent examples of judicial input at the delivery stage. If ever there was any doubt about the justification for including training amongst the key aspects of judicial leadership of tribunals that are specified in the Tribunals (Scotland) Act 2014, it would, I consider, take only one visit to an MHTS training event to resolve it.

> The Rt Hon Lady Smith President of Scottish Tribunals

Quality through training – reflections of a Legal Member

It all began with training. In April 2005, a pilot training course was implemented for some of the newly appointed members of the newly created Mental Health Tribunal for Scotland. From scratch, we had to acquire competence in a new jurisdiction, both in learning the law, and in applying it in a manner consistent with the bedrock principles of the Mental Health (Care and Treatment) (Scotland) Act 2003. As important as developing competence, we also had to create a culture and ethos to underpin and sustain the operation of the Tribunal. Six months later, we were conducting Tribunal hearings for real.

On reflection, that was no small achievement and it is testimony to the value of the training we received then. Of course it made sense to bring in an outside professional training company, who I believe understood clearly the brief they had been given, and who fulfilled it remarkably well. Now, ten years on, members have the experience of participating in many hearings and there is, I think, no longer a case for bringing in outside trainers. There is however an unanswerable case for continuing professional training and development for members.

Most of us, when reflecting on our work for MHTS, probably ask ourselves two questions:

"Am I doing it right?" and "If so, can I do it better?"

For a number of years now, the training provided to members has been devised and led internally. We are fortunate in having solicitors seconded from the Scottish Government, working with the Headquarters team in Hamilton, together with a number of In-house Conveners who work in Hamilton on a regular basis as well as themselves conducting Tribunal proceedings. This provides a good blend of legal skills and practical experience.

I am in no doubt that this model for members' training days has proved to be effective. I have heard only positive comments about it from colleagues. It combines using "catch up" lectures on developments in law and practice with the direct involvement of participants, working in groups, in seeking to solve problems set out in realistic scenarios. These scenarios, suitably anonymised, are taken from Tribunal decisions.

This model for training works. We are all, more or less, competitive. We want our team to solve the problem even if, as in the real world, there is no "right" answer. Some answers, however, can be more "right" than others. Mixing General, Medical and Legal Members in each team ensures lively and analytical discussion very similar to what occurs in a Tribunal hearing itself. The model also promotes a corporate, collegiate approach to delivering solutions, which is just how, I believe, a Tribunal should operate.

What this model requires, however, is a great deal of hard work by those presenting these realistic scenarios, in identifying suitable case studies from hundreds of Tribunal decisions.

The theme of the most recent training session I attended, was "Acting Judicially". Well, after a lifetime of practice as a litigation solicitor, buttressed by ten years experience as a convener, I thought I knew pretty well how to "act judicially". Returning to the two questions I posed earlier, I think, broadly, I was probably "doing it right", but the training certainly impressed on me that I could "do it better".

If, however, I may make one plea, it would be for at least one "Conveners only" course to be arranged each year. Being a Convener is an isolated experience, and from what fellow General and Medical Members tell me, there is disparity, sometimes marked, in practice as between Conveners – especially when it comes to framing and writing the Tribunal's decision. Meeting and talking to other Conveners might help to even up such disparity.

These are times of austerity for public services, but to force the Tribunal to cut its training budget would be an act of folly.

John Griffiths Legal Member of the Tribunal

Quality through Training – reflections of a General Member

The Mental Health Tribunal for Scotland supports the continuing development of its members through a significant programme of training.

In the year 2014/2015, mandatory and non-mandatory training was organised at various locations throughout Scotland.

The mandatory training "Back to Basics" focussed on 'real' Tribunal scenarios. The scenarios given related to problems in compulsory treatment order applications, appeals, patient representation, capacity to instruct, advocacy, and care plans. In small groups we discussed and problem-solved the various issues, thus gaining insight from shared experience and reflecting on best practice. These were familiar problems frequently encountered in Tribunals. Learning from colleagues as to how they deal with these issues is invaluable in informing and developing quality future practice and ensuring a satisfactory Tribunal experience for the patient.

The second session considered examples of Full Findings and Reasons (FFR) and, again in small groups, we discussed the essential elements of an FFR. We considered what were good points and what could be improved on in the examples given and listed the essential elements to provide a full statement of facts and reasons for the Tribunal decision. We considered the style and structure of an FFR and useful headings were circulated as an aide-memoire for future implementation. This session also served as a reminder that, although the convener takes the lead role in the writing of the FFR, all members are responsible and accountable for its content and accuracy.

Key issues which emerged from the 'Back to Basics' training were: the necessity for Tribunals to consider the care plan as a matter of reciprocity; all three panel members contribute to the FFR; the Tribunal must have regard to the statutory principles in section 1 of the 2003 Act before reaching a decision; and the patient shall be allowed to participate fully in the Tribunal process.

The voluntary evening training focussed on Data Protection and Freedom of Information, Cross Border Transfers and Hospital Transfers. The presentation on Data Protection and Freedom of Information emphasised the responsibilities of Tribunal members in relation to safeguarding information and practical measures to be put in place to minimise the risks for the safe storage, transmission or transportation of personal data.

Also in the voluntary training, in small groups we considered various scenarios in relation to Cross Border and Hospital Transfers. We discussed issues arising from a patient's lack of notice of transfer and factors which need to be taken into

account when considering an appeal against transfer for either hospital transfer or cross border transfer. This type of Tribunal seldom occurs, but the training and information given will be invaluable for future Tribunals of this type.

The Tribunal also encourages Members' Forums throughout Scotland. The President often attends to give updates and feedback on Tribunal developments. These forums give members the opportunity to meet informally, share experiences and discuss pertinent matters. In my local forum we have had a presentation on Learning Disabilities – this alerted members to possible adverse effects which a Tribunal may have on a patient with a learning disability and with limited understanding of the Tribunal process.

We also had a presentation from the consultant of the local medium secure unit and had a tour of the activities area of this unit, which afforded valuable insight into a patient's day.

In my view, training provided is well organised and delivered with appropriate content. As it is participatory in nature, I have welcomed the opportunity to gain new information, reflect on practice and problem solve with colleagues. The insight gained from sharing experiences and knowledge contributes effectively to my role as a general member, and also facilitates a more inclusive experience for patients.

Patricia Brodie General Member of the Tribunal

Quality through training - reflections of a Medical Member

Has the Tribunal's recent provision of ongoing training achieved the goal of helping members to improve their practice? In my view it has, and I believe this to be a consensus view amongst members.

Tribunal training, like the Tribunal itself, has matured over the first 10 years of the Tribunal's life. In recent times it has been conceptualised by the President as resting on 3 pillars, those of law, ethos, and "judicial thinking". The first of these recognises that the work of the Tribunal is based to a great degree on the provisions of the Mental Health (Care and Treatment) (Scotland) Act 2003 and related case law. In relation to the second, Tribunal members lay a heavy emphasis on Tribunal ethos, on the manner in which the Tribunal hearing is conducted and how the patient and other witnesses experience it. The third pillar takes into account that we have 3-person Tribunals and, although the legal member has a particular role in relation to the conduct of the proceedings and will generally write a first draft of the decision, all three members contribute equally to the gathering and evaluation of evidence and to the final decision; all three have a role that is primarily judicial.

In November 2014, I attended mandatory one-day training on "Back to basics", which illustrated well the current successful format. Members sit at round tables with a mixture of member types. There is a lot of small group discussion of "real-life" documents, followed by plenary discussion. In this case, four examples were provided of Full Findings and Reasons (FFRs) produced by previous Tribunals. In this way views were shared and consensus was reached about what were the necessary elements of FFRs and how they might best be constructed and written. Five real Tribunal scenarios were also discussed where tricky points of law or procedure had arisen in practice. To round off, there was an enjoyable quiz.

A voluntary evening session which I attended in January 2015 dealt with the detailed issues of Data Protection, Cross-Border Transfers and Hospital Transfers. These potentially dull but important topics were presented in a lively and engaging way. Transfers between hospitals and across borders are giving rise to an increasing number of appeals and there have been two appeals to the Sheriff Principal on points raised in relation to these. Members have important responsibilities under the Data Protection Act in relation to safeguarding sensitive personal information.

The format of the recent one-day mandatory training on "Thinking judicially", which I attended, was similar to that of the "Back to basics". The morning session provided written scenarios of positive and negative Tribunal member behaviours, which gave rise to lively discussion. The afternoon session focussed on Directions, and again real-life examples formed the basis for discussion. This training also had a guest speaker, Shona Simon, president of the Employment Tribunal. There were sufficient similarities between her Tribunal and ours to make her authoritative talk on "good practice in issuing Directions" relevant and valuable.

So, in summary, why is recent training succeeding in helping members to improve the quality of their performance?

In my view it is because it is very relevant and it is delivered by people who have first-hand experience of the subject matter. It is focussed on real-life examples of practice, and involves a lot of discussion in mixed-member groups. It is enjoyable. The fact that members are willing to make their (anonymised) decisions and scenarios available for discussion by colleagues reflects the mutual trust that has grown up in the process.

Members owe a considerable debt to those who have worked hard to organize and present the training – particularly to Heather Baillie (In-house Convener) and Valerie Mays (Legal Secretary).

Dr Jim Dyer Medical Member of the Tribunal



Training Team: Heather Baillie, Valerie Mays, Fiona Queen

Member Training Evaluation Survey

The Tribunal recognises the need for regular focused and specialist training for Tribunal members in order to ensure that members are equipped to deal with all cases which come before the Tribunal.

The Tribunal provides one day of mandatory training to all Tribunal members. The Tribunal also provides evening training each year which members can attend on a voluntary basis. When the need arises, for example due to changes in legislation (as will be the case in relation to the new excessive security provisions in the Mental Health (Scotland) Act 2015), the Tribunal also provides additional training days.

The training within the Tribunal is judge led and the majority of the training is prepared and delivered by an In-house Convener and the Legal Secretaries (the Tribunal's in-house solicitors).

The Tribunal obtains feedback from the members after each training event. Member feedback from recent training events shows a very high level of satisfaction amongst the membership with the training provided by the Tribunal.

While feedback after individual training events is useful, it was thought appropriate to carry out a survey on member training, taking a broader look at the training over a longer period. A Training Evaluation Survey was sent out to all Tribunal members asking a series of questions relating to the Tribunal's delivery of training.

The Tribunal currently has 329 members and 181 members returned the survey. This is a healthy rate of return and means that we are in a position to draw conclusions from the survey responses.

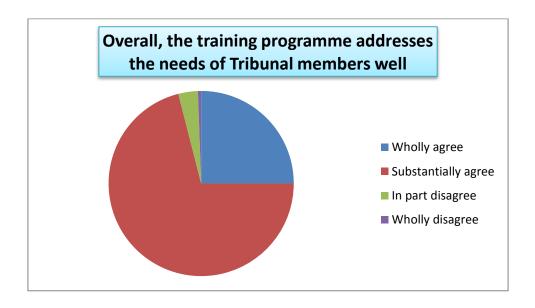
The members were asked a number of training related questions and whether they "wholly agree", "substantially agree", "in part disagree" or "wholly disagree". It is, of course, not possible in the context of this report to give a fully comprehensive breakdown of members' responses to all the questions asked in the survey.



The headline messages are detailed below.

Overall the training programme addresses the needs of members well

The majority of members wholly or substantially agreed that the training programme addressed their needs. Only one member (a medical member) wholly disagreed that the training met their needs.



A good balance between knowledge and skill development is achieved by the overall training programme

The majority of members either wholly or substantially agreed that this was the case. Only 6 members in part disagreed with this statement. This seems mainly to be on the basis that some found the content too focused on legal matters. Members also commented that, while the knowledge based training was delivered to a high standard, more could be done in training on soft skills such as team-working in a Tribunal and active listening/engaging with patients.



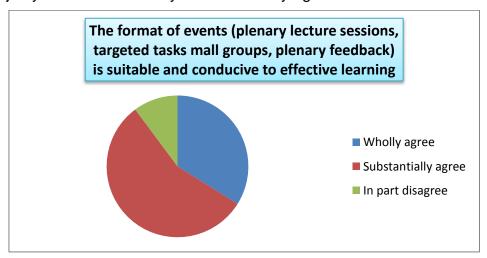
Pace and level of most training events is about right

Again most members either wholly or substantially agreed with this statement. 14 members in part disagreed with the statement. Those disagreeing mainly thought the pace and level of the training could be more demanding. In contrast, however, a few members thought that too much was sometimes packed in to get through, particularly in the group work sessions.

The format of events (i.e. plenary lecture session, targeted small groups and then plenary feedback) is suitable and conducive to effective learning

This format of training has been used most in the last couple of years, mainly due to the fact that members had indicated in feedback from individual training events that this format worked well for them and they preferred this to didactic learning such as lectures.

The majority of members wholly or substantially agreed with this statement.



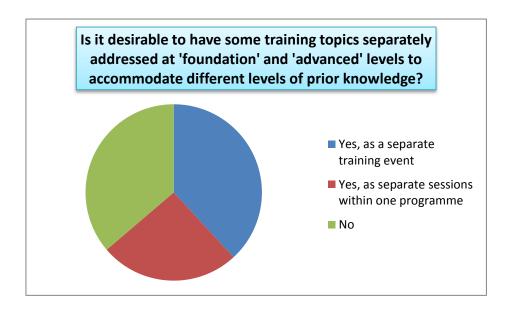
No one wholly disagreed with this statement. 18 members in part disagreed with the statement. Of those who in part disagreed, some commented that the small group sessions sometimes generated more heat than light and that the time might be used more productively for didactic teaching; that the discussions could be dominated by individual members; that the "forced" plenary feedback was uninspiring and that some members struggled with voicing opinions in the feedback sessions. It was noted that members would appreciate additional follow up written notes from the group sessions which they could retain and refer to at a later date.

Preferred duration of training event

There was a clear preference expressed for one day non-residential training events. Members also preferred events to be limited to 50 or fewer participants at each training event.

Do you think it is desirable to have some training events exclusively for your category of membership (e.g. legal, general or medical)?

This question created the most division in responses between member groups. A majority of those responding thought that it was desirable to have exclusive training events aimed at legal, medical or general members.

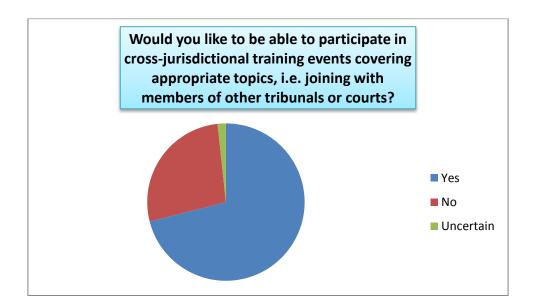


However when the responses are broken down by member category, the picture is a little different. All of the legal members who responded, bar 4 members, thought it was desirable to have member specific training events. In contrast there was a split in the opinion of the general members on this issue with an almost equal number of general members stating this was desirable and general members stating this was not desirable. There was also split opinion on this question between the medical members, with some medical members stating that this was desirable but a significant proportion of the medical members who responded stating this would not be desirable.

Those in favour of targeted member type training thought this would be useful as it allowed more focused, tailored and in-depth training than that which might be appropriate for a mixed group. Many of the members recognised that there might be a need for detailed training to be provided to legal members, e.g. on new legislative provisions. Some members commented that the training was focused generally on legal matters and not on clinical updates etc. It is not surprising that the training focuses on such matters, as the Tribunal training focuses on the skills and knowledge relevant to discharging the judicial functions of making decisions on the cases before the Tribunal. Those not in favour of separate training emphasised the fact that a Tribunal panel comprises three members and the pooling of disciplines and perspectives into a unified approach was a strength of the Tribunal which separate training could work against.

Would you like to be able to participate in cross-jurisdictional training events covering appropriate topics i.e. joining with members of other Tribunals or courts?

A majority of members supported being involved in cross-jurisdictional training.



Again however there was some division in opinion between the different member categories. The majority of general and legal members were in favour of cross-jurisdictional training but the medical members were split in their opinion, with just over half being of the view that this was a good idea and the rest indicating they would not wish to participate in cross-jurisdictional training. Members who were in favour of cross-jurisdictional training highlighted the benefit of such training in areas of core skills such as Tribunal craft and the benefit of cross-fertilisation of ideas. Those not in favour were of the view that the work of the Tribunal was so specialised that this would not be beneficial, or indicated that they did not sit on any other Tribunal and did not intend to, so were less interested in training involving other Tribunals.

Overall the results of the Training Evaluation Survey are encouraging. The training is devised and led by individuals with expertise in the area of mental health law and the Tribunal. The survey results show that the training delivered by the Tribunal appears to be hitting the mark and equipping members to carry out their judicial functions efficiently and effectively while keeping the patient at the centre of the proceedings at all times.

There is of course no room for complacency in Tribunal training and consideration will be given to any suggestions for improvement which could be made provided in the survey responses.

Valerie Mays Solicitor Legal Secretary to the Tribunal

MEMBERS' TRAINING EVENT IN EDINBURGH ON 13 NOVEMBER 2014

MHTS staff have always been encouraged to attend the members' training events and have always found the content of training to be beneficial. The training provides an excellent networking opportunity for staff and allows them to be involved in discussions pertaining to the Tribunal.

The main theme of this training related to the critique of the Full Findings and Reasons (FFR) document. Staff found it of interest to look at FFRs from actual Tribunals and noted the variety in approach and styles. It was fully appreciated that a tremendous amount of consideration goes into the wording, layout and tone of FFRs (the examples used were anonymised) and staff noted the level of understanding which all members displayed. It was noted that some FFRs were extremely lengthy and some of the language used could be slightly confusing for the reader. The consensus from the members' training was that FFRs should be clear and concise. It was clear from the initial discussion that a rigid pro forma or template was seen as too inflexible and limiting, but there was agreement that a uniform structure upon which an FFR could be built would be beneficial, as it would provide a familiar structure and content style whilst allowing conveners freedom to fully record the proceedings and points raised therein.

Staff felt that the training was highly valuable for all those who took part. Individual members of staff have fed back how much they enjoyed being able to provide input into what makes a good FFR. Staff from our Hearings Operations team have certainly noticed a change in several recent FFRs they have seen since.

There was a variety of comments from staff who attended the training.

"I would highly recommend more of these events as worthwhile training for all panel members, clerks, case workers and Tribunal staff".

"I was really glad to have been given the opportunity to attend the members' training".

"It was a really nice experience to meet the members and play an active role in what is a very important part of the Tribunal's busy calendar".

Scottish Courts and Tribunals Service

CONTINUOUS IMPROVEMENT IN THE TRIBUNAL

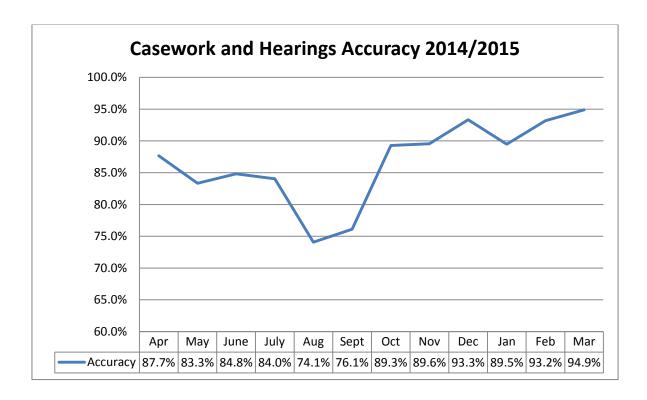
Quality Assurance

The Tribunal Administration has a clear understanding that quality is paramount within the functions and discharge of their duties. There has been a strong emphasis on ensuring that the Administration's quality assurance model is accurate, to provide the President with factual and concise reports.

The Administration sets itself key performance indicators (KPIs) which must be adhered to and reflect an overall consistent quality rating from month to month. The quality assurance team are responsible for reporting monthly accuracy based on any errors identified.

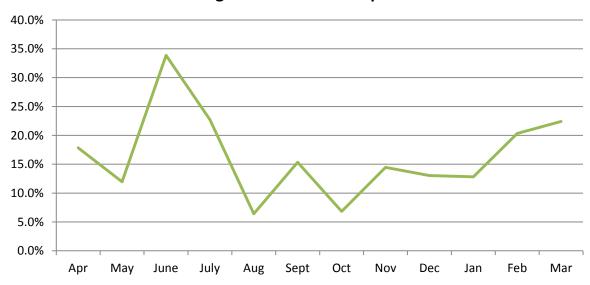
The quality assurance team produce yearly individual accuracy statistics for each administrative staff member to assist team leaders for end of year reports. We have also seen a shift to operational team leaders performing quality assurance checks within their teams. This has been fully supported by the quality assurance team, who provide training and guidance during this transitional period.

The key performance indicator for accuracy is set at 93%. The following graph illustrates the overall improvements within the Administration during 2014/15.



The Quality Group was re-established in November 2014 with the direct aim of overseeing the delivery of the Quality Assurance plan and any required development of that plan. This also includes ongoing training and support to the Administration staff, and there is a consistent mechanism in place to deliver and maintain performance levels.

Percentage of cases checked per month





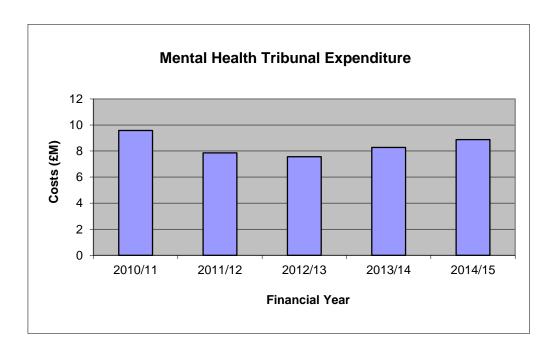
CORPORATE STRUCTURE AND FINANCES

Expenditure relating to public relations, overseas travel, hospitality and entertainment and external consultancy by the Tribunal during 2014/15:

Public relations	Nil
Overseas travel *	£229.56
Hospitality and entertainment	Nil
External consultancy	Nil
Members and Members of staff of the Tribunal who received remuneration in excess of £150,000	Nil
Payments with a value in excess of £25,000	Nil

^{*} Cost of flights for the President to attend the IALMH Conference in Vienna in July 2015

Tribunal Expenditure



FINANCIAL RESULTS

The Scottish Tribunals Service Operating Cost Statement For The Year Ended 31 March 2015

2013/14		2014/15
£000s		£000s
5,674	Tribunal Costs	6,405
	Administrative Costs	
2,051	Staff	2,013
37	Depreciation	28
508	Other Costs	431
2,597		2,472
8,271		8,878
	Net Operating Costs	

Financial Performance

Costs have increased during 2014/15 by approximately £600,000. Tribunal costs have increased by 13 percent as a result of additional hearing days, and this is expected to continue into 2015/16. An underspend has arisen within staff costs due to the number of vacancies which arose during the year and which will be filled during 2015/16. No IT development work was undertaken during 2014/15.