Mental Health Tribunal for Scotland

ANNUAL REPORT
2013/2014

CONTENTS

President, Dr Joe Morrow

PRESIDENT'S FOREWORD

It is my pleasure to present the Annual Report of the Mental Health Tribunal for Scotland for the year 2013/2014. The report highlights the continued improvement of the Tribunal's work while maintaining a focus on the patient's involvement in the Tribunal proceedings. This report gives me an opportunity to express my thanks to Members of the Tribunal and to the administrative staff of the Scottish Tribunals Service (STS) for their collaborative leadership and flexible professionalism, which continues to demonstrate how the administration of the Tribunal's proceedings can be efficient and effective while at the same time keeping the patient at the centre of those proceedings.

The Tribunals (Scotland) Act 2014 entered its implementation phase this year. The appointment by the Lord President of the Right Honourable Lady Smith as President of the Scottish Tribunals is a welcome milestone in the implementation of the Act. There is a shared commitment to moving forward into the new tribunal structure and this continues to be judicially led. The commencement of the provisions of the Act will take time and consideration, but in due course the Tribunal will move into a chamber of the First-tier Tribunal.

The Tribunal will become a chamber of the First-tier Tribunal and will continue to operate under the Mental Health (Care and Treatment) (Scotland) Act 2003 and the Tribunal's Rules of Procedure. The move should have no impact on the patient and the reforms are intended to create an integrated tribunal system for Scotland. This, in my view, will provide a more efficient and effective administration of justice, as well as maintaining the specialisms and principles of the individual jurisdictions.

Work continues on merging STS with the Scottish Court Service (SCS), which is programmed for the beginning of the financial year 2015/16. I welcome this merger as I regard it to be essential for the continued good governance of tribunal work in Scotland. Many lessons for tribunals can be learned from the work of the SCS, and I know that the work of tribunals in Scotland will bring valuable insights into the new structure.

The staff of STS have worked hard, hand in hand with the Tribunal, to provide a culture of appropriate collaboration which brings together the judicial and administrative elements and have provided an approach which reinforces and encourages continuous improvement. The Tribunal and STS have carried out a number of exercises in the past year, including a review of the procedures in place

around restricted patient cases and a problem solving exercise with the aim of maximising the use of Triple Hearing days. It may be of interest that, during the period of this Annual Report, a further two Triple Hearing pilots were commenced, and the progress of these pilots will be reported in due course.

I have personally been committed to promoting and leading the use of digital technology in the Tribunal and, for example, we have been slowly exploring the increased use of live video linking in Tribunal hearings. I am keen that we commit ourselves to this work which, I believe, has many benefits and connects to the exciting potentials that have been highlighted through the Justice Digital Strategy.

The Mental Health (Scotland) Bill will be introduced into the Scottish Parliament in June 2014. The impact of the Bill on the Tribunal, as it progresses through its Parliamentary stages, will require to be carefully considered. The Bill is intended, among other things, to extend the excessive security provisions beyond the State Hospital and to create a victim notification scheme in respect of certain mentally disordered offenders.

I have included in this Annual Report material from people who are actively engaged with the Tribunal. My intention in doing so is to give an insight into a range of perspectives on the work of the Tribunal.

I particularly wish to draw your attention to the work of advocacy services within Tribunal proceedings. They provide a highly trained and experienced group of people who promote the voice of the patient in proceedings before the Tribunal. This is an essential part of our process and is integral to the participation of the patient in Tribunal proceedings. In support of this work, the Tribunal has established an Advocacy Reference Group this year, and the meetings of this new group to date have been extremely stimulating and informative. This group moves round different parts of Scotland and engages with advocacy workers on Tribunal issues. The Tribunal has learned much from this engagement, alongside its existing engagement with the Service Users' and Carers' Group and the Professional Reference Group.

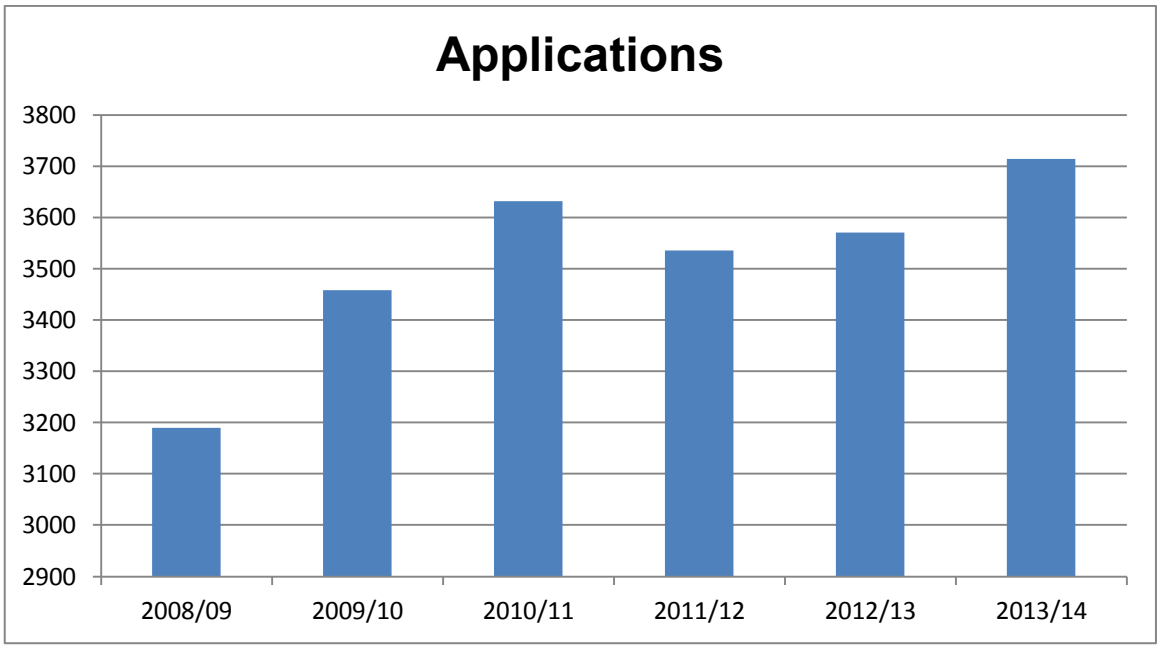
The Tribunal continues to be active in the training of Tribunal Members to provide them with the necessary skills to discharge their duties. I value our highly skilled and trained membership, whose focus is on the principles of public service as well as the administration of justice under the 2003 Act. Members were offered and took up training in a number of areas of Tribunal work during the last year.

I commend the Annual Report to you as an expression of our work in the year 2013/2014 and hope that it illustrates the independent administration of justice in the mental health field with a key focus on keeping the patient at the heart of the Tribunal process. This will continue to be central to my work as President and to be essential to the working of the 2003 Act which involves the liberty of patients and their compulsory treatment.

Dr Joe Morrow
President

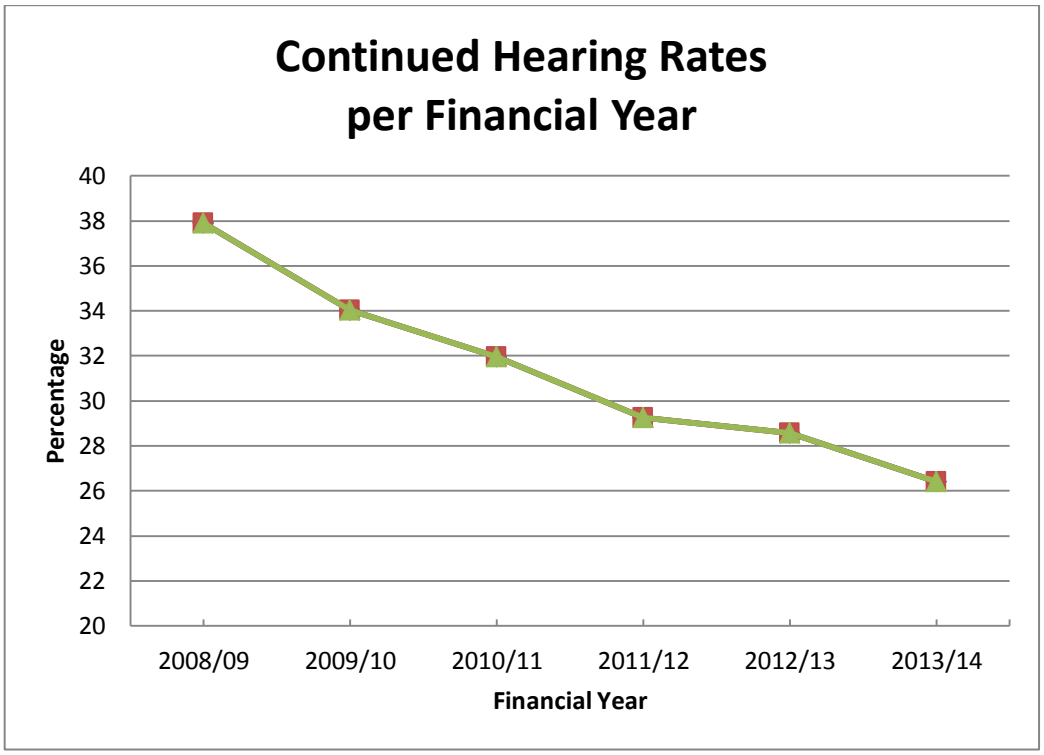
TRIBUNAL ACTIVITY

Applications received by the Tribunal in the last 6 years



The average receipt of applications per year over the last six financial years is approximately 3,500. Excluding 2008/09, when the number of applications received was particularly low, there have been only small variations in application receipts up until this year, which has seen an increase in application volumes, with over 3,700 being received. Compulsory treatment orders (section 63 applications) continue to account for around 40% of all applications received. Applications to revoke short-term detention certificates or extension certificates (section 50 applications) also remain substantial. Operations Managers have continually reviewed staffing levels and skills requirements to ensure the efficient management of caseloads.

Interim Orders and Adjournments of Hearings

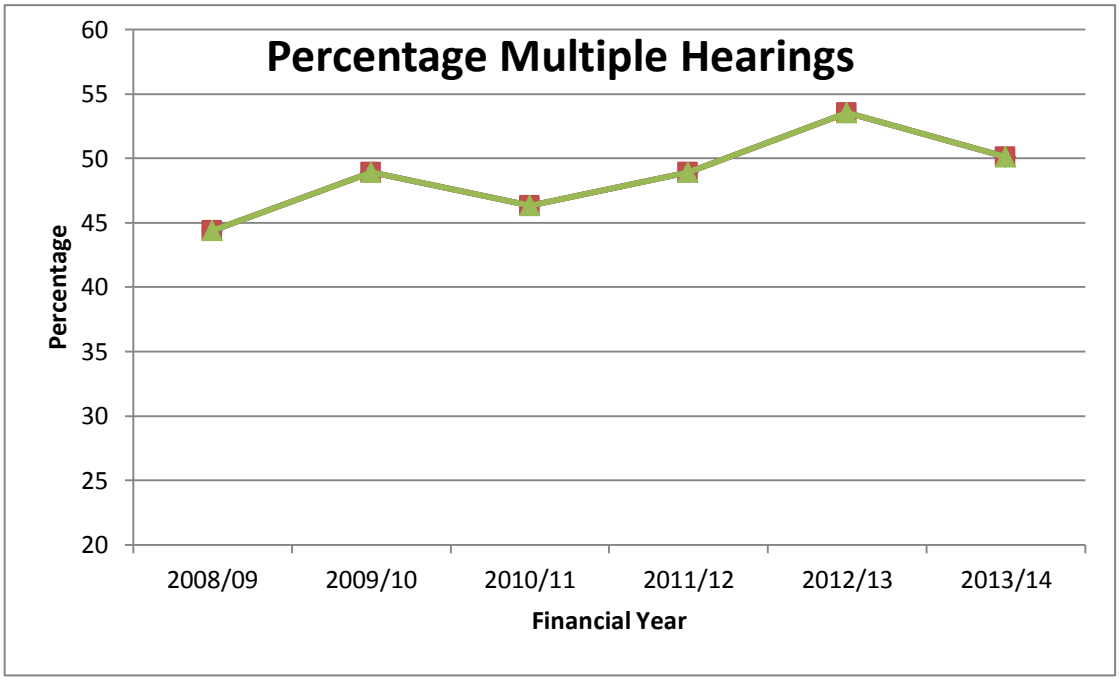


The above graph shows the adjournment/interim order rate for the period covering the financial years 2008/09 to 2013/14. The average percentage of adjournments/interim orders in the year 2008/09 was 37.90% with monthly rates being sporadically above 40%. In the financial year 2013/14, the average monthly rate was 26.41%, showing the significant progress made in reducing the number of continued hearings.

Three initiatives by the Tribunal in 2009 have directly contributed to the reduction in continued hearings. First, the introduction of Standing Tribunals, whereby requests for interlocutory decisions concerning matters such as the appointment of curators *ad litem*, requests for adjournment and non-disclosure of papers are passed to the President's Office to be decided by the President or an In-house Convener in advance of the first hearing. Second, the creation of a formal Casework Surgery process, whereby caseworkers have direct access to a solicitor (either a Legal Secretary or an In-house Convener) in the President's Office for advice and guidance on how to progress individual cases. Third, the putting in place of Legal Case Management, whereby on a fortnightly basis the casework teams have a meeting chaired by a solicitor from the President's Office, allowing legal oversight of the progression of all cases. The CORO team LCM is chaired by a Legal Secretary and the East and West Team LCMs are chaired by an In-house Convener.

These internal initiatives have augmented the caseworkers' skills through their increased exposure to legal advice and the Tribunal judiciary. The primary result of the reduction in the adjournment/interim order rate is a better service being provided, with the budgetary benefits of reduced hearings being a welcome by-product. 73.59% of all hearings which took place in 2013/14 resulted in a substantive decision for the patient without the need for a further hearing.

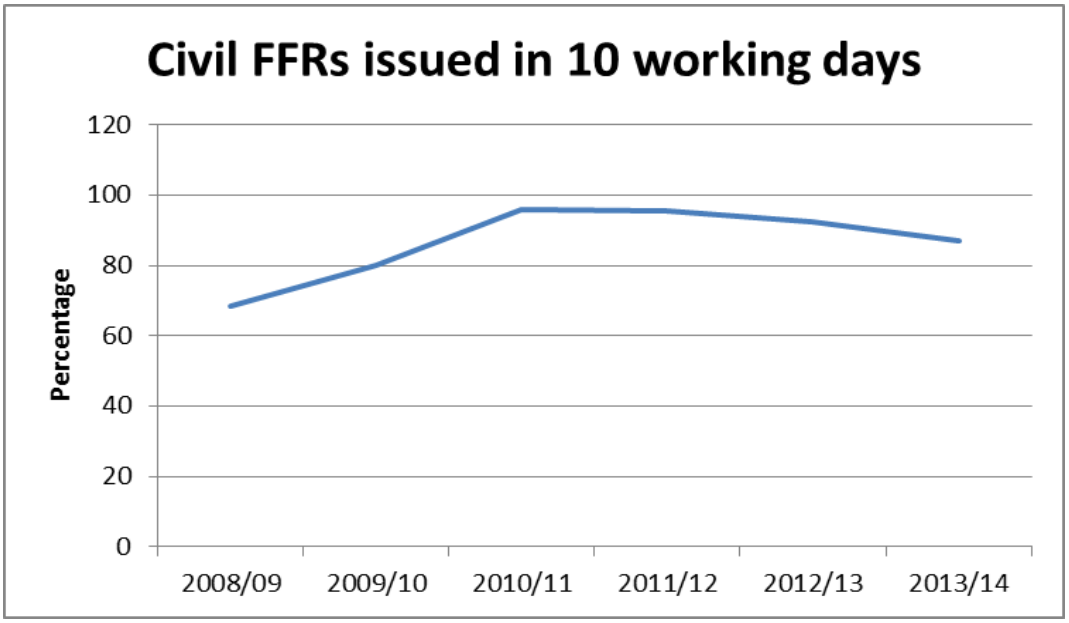
Multiple Hearings



The Tribunal has worked towards reducing the number of hearing days required while maintaining the patient-centred approach which is pivotal to the Tribunal's ethos.

The above graph shows the improvements in this area over the last 6 years. The Multiple Hearings initiative involves STS scheduling at least two hearings per panel per venue, where possible and appropriate. The Tribunal has consistently raised expectations in relation to the delivery of multiple hearings, and work undertaken with the scheduling team in STS has proved highly successful.

Civil Decisions (FFRs *)



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

The above graph shows the progress made issuing final decision paperwork to parties within 10 working days of the final hearing in the case. In 2008/09, this was achieved in 68.48% of cases. To improve this figure, an internal KPI was set and STS developed reporting mechanisms to monitor the performance of the Tribunal's Administration in meeting the internally set KPI. The KPI was treated as one of the priorities for STS and, as a result, the following year 2009/10 saw a marked improvement, with the figure increasing by 12% to 80.15%. Efficiencies have continued to be identified in this area, with a return of 87% in 2013/14.

“Into the Friendly Dragons’ Lair”

A service user’s experience of the Mental Health Tribunal for Scotland

Compulsion may be a dirty word among my peers but I am grateful for the lengths taken by mental health services to protect me when I’ve lost insight or the will to live. It’s a measure of humanity and care, however resentful I may have felt at the time. But the conditions have not always been ideal. In 1991 I was placed on my first long term detention order, which I opposed in Court. The Sheriff proved himself a parody of ignorance and insensitivity when he subjected me to a humiliating lecture on my ‘selfish’ non-compliance. Such a formal setting was totally inappropriate to the nature of its jurisdiction and made me feel as though I were a criminal on trial.

Fast forward 24 years through numerous detentions in hospital (which I never again had the audacity to dispute in Court) and I was faced with a new psychiatrist who clearly wasn’t operating in the interests of my welfare. I had refused to accept treatment from the Community Mental Health Team hence an application to the Mental Health Tribunal for a CTO was underway. Since my issue was related, not to my treatment per se, but to the terms of that treatment and a lack of trust in my psychiatrist, I was advised by my solicitor not to oppose the CTO (it would afford me greater rights under the principle of reciprocity) but to appear before the Tribunal so that I could put my point of view across with regard to my ongoing care. This proved to be wise and efficacious counsel.

I already had an advance statement (which I would strongly recommend to anyone in my position) so this was useful in preparing my case with the solicitor. I was able to instruct her from a position of reliably sound mind which would otherwise have been debatable given the recent fluctuations in my mood. I was also fortunate in having independent advocacy support prior to the hearing. The process of working through my turbulent emotions and the complex issues involved with a trusted professional who I knew did not have a conflict of interest in my care was extremely helpful and it gave me clarity of purpose and the confidence to go ahead.

On the day of the hearing I chose to have my sister (and named person) with me for support. She knew me better than anyone and would fight like a Rotweiller to protect me if need be. She also has inherited the rogue ‘common sense and level head’ gene – otherwise absent in our family – so it was a safe bet that she would keep her cool if I lost mine. She and my skilled solicitor were a formidable force to be reckoned with so I knew I would be ably represented.

The Tribunal Suite, I was relieved to hear, was located in the hospital building where I was resident so there would be no public shaming of a taxi ride to Court. I was understandably anxious because this was to be my first experience of the Tribunal. The law may have undergone reform, I thought, but they have power to determine the course of my fate nonetheless. I felt vulnerable walking in to the unknown room. There were three chairs – at a level with mine – with three friendly faces in them which seemed as reticent and anxious to please as I. They listened attentively, questioned appropriately and scrutinised the evidence thoroughly. Much of the experience washed over my consciousness, in truth, although my solicitor was careful in explaining points of legality to me. But the stakes were so high of not achieving the outcome I wanted that I disassociated from the room.

In the event I was not successful in getting certain points I wanted in Recorded Matters, which would have been devastating to me had I not felt properly listened to or understood. In explaining their decision the convener assured me that my legal rights were not compromised and I had full recourse to the Tribunal if the terms of my CTO were not met by my psychiatrist. Knowing that he too was present and subject to their jurisdiction gave me confidence that, whilst these dragons weren't breathing down fire, their commitment to me was a cast iron guarantee.

Jo McFarlane
Edinburgh Poet

VOX PERSPECTIVE

I am writing this in my capacity as Chairperson of VOX. VOX is the National Mental Health Service User Led organization in Scotland. We work in partnership with mental health and related services to ensure that service users get every opportunity to contribute positively to changes in the services that serve them and wider society.

VOX supports individuals and works with members to ensure that their views are listened to. Mental health service user-led groups are also members of VOX.

For this article we asked our members for their views and our hope was that we could hear some views about what changes had taken place since 2005 with particular regard to the operation of the tribunal system.

To set the scene, although we now have in excess of 5000 members, in 2005 we hadn't yet been constituted. I myself at that time was a board member of one of the regional groups, Lanarkshire Links, and many of these groups, constituted much earlier than VOX, had much more of a history of the old system within the Sheriff Court system. They held some very fixed views about what the tribunal system should look like in terms of informality and the ease with which one could present one's case or be supported to do so.

So looking at those concepts of informality coupled with equality of arms we sent round a survey.

We asked our members if they felt a tribunal was a good way to get an opportunity to be heard and this question, although it split our respondents somewhat, elicited some general comments which were positive:

> *"I feel it helps individuals get better treated."*
>
> *"The system is now more unbiased and fairer."*
>
> *"I have found my tribunals to be sensitively run and helpful in making sure my voice is heard."*
>
> *"I found the process as painless and fair as it could be."*

The next question asked if the focus was felt to be on the patient and for this a clear majority answered in the affirmative. Comments included:

> *"It's a fair system with a relaxed approach."*
>
> *"It is formal but then it needs to be as it is a legal process."*
>
> *"I think that it is better than going into a court setting."*
>
> *"It has evolved over time and is more user friendly now."*

A question about whether the panels were respectful again received quite a mixed response, although finally the question about it being a dignified process received a majority in terms of a positive response. Some general comments related to this area were:

> *"I was unable to take in the severity of it all as I was in a deep withdrawal state."*
>
> *"I believe that it is still very difficult for patients/clients to hear evidence. It is also difficult for the named person to give evidence especially if they agree with the application in terms of their relationship with the client/patient."*

Some useful areas that were also touched on in general comments were around being prepared for the tribunal, with late notifications, venue changes and lack of papers from the care team on the day quoted as being responsible for a number of people feeling less engaged than they would like to have been.

Some respondents still felt that the tribunal panels themselves needed more people with lived experience as they felt that this would bring more equality and fair treatment.

Finally comments which found favour were about lack of support following a tribunal and the wish for someone to tell them in detail about the outcome.

In conclusion I think that the vast majority of service users would agree that it is a much fairer process for them than the Sheriff Courts and that the tribunal generally deals well with them on the day.

It is worth noting that the people who want to get most involved are being hampered by the lack of input, sometimes from the care teams and sometimes from the non arrival of papers via the tribunal itself.

Could the tribunal move things on more? As you saw, the service users felt that the more visibility that people with lived experience could have in the tribunal process, the fairer it will seem and become.

Joyce Mouriki
Chair of VOX (Voices Of eXperience)

CONTINUOUS IMPROVEMENT IN THE TRIBUNAL

"Taking stock" – View from the Administration

The Scottish Tribunals Service (STS) continues to make good progress in the use of continuous improvement (CI) tools and techniques as we develop, support and empower our people to deliver improved business performance in the most efficient and effective way. We have held Value Stream Mapping events within many of our teams to improve the service we deliver and to drive waste from the system. Outputs from these sessions have included upgrades to our IT processing system and updated IT equipment for our hearings clerks.

Ongoing staff development is a key priority and we continue to seek opportunities to train staff in multi-functional skills, thus increasing team resilience while responding to fluctuating operational pressures and building a motivated and engaged workforce.

Our drive to focus on improving quality led to the Quality Assurance team being established in August 2013. The team has implemented and maintains our Quality Assurance Framework, which includes individual checklists and random sampling across our operational teams. The team are also working with colleagues to produce Standard Operating Procedures (SOPs) for our key processes. These will support consistency in processing and maintain standards of quality in delivery. Operational training will support new staff and provide refresher training where required.

We have introduced a benefits management toolkit, which allows us to track and monitor the benefits we see from our CI activity, and we have completed our first assessment to baseline our 'organisational maturity' in using CI. This maturity is critical in helping us develop and sustain our improvement culture. It will help identify our areas of strength, and areas for improvement. The results will inform our action plans for staff engagement and business improvement.

As part of our robust performance management system, we have introduced a Balanced Scorecard which measures how well we are performing against key areas of performance, processes, people and resources. This is produced monthly and includes statistics on performance against our key performance indicators, budgetary data and a range of information related to our people. We have also introduced a risk management process which captures our key strategic risks and is subject to ongoing management and review.

SCOTTISH INDEPENDENT ADVOCACY ALLIANCE (SIAA)

In the early days of the Tribunal, advocates often had to explain their role and the reason they were there; nowadays there is increased understanding of the role of the advocate and the benefits that advocacy provides. Since the publication of the SIAA *Mental Health Tribunal Advocacy Guidelines*, Dr Joe Morrow, MHTS President has helped promote the *Guidelines* and ensured that all panel members have their own copy. Thus ensuring that Tribunal Panel members are clear about what they can expect from an advocate regardless of which organisation they come from or which part of the country they are based in. Most important of all the *Guidelines* which were produced in partnership with the MHTS give service users clarity about what support they should be receiving from their advocate before, during and after a hearing. The *Guidelines* have helped ensure that the quality of advocacy being provided is consistently of a high standard and that everyone involved has a clear understanding of the role of the advocate.

Recent research carried out by the SIAA amongst mental health service users into the impact of independent advocacy shows that the involvement of advocacy has been invaluable. Independent Advocacy has helped to alleviate the stress of dealing with information, interactions with professionals, having a voice and securing rights. Respondents talked about the difference advocacy made to their lives, how they felt empowered and more in control. They also spoke about the fact that there isn't any other service that provides the same level of support whilst keeping the service user at the centre.

This research is very encouraging because it captures the essence of what advocates aim to achieve. It shows that advocacy can make a huge impact on the lives of people who have access to it. However I worry about the huge numbers of people who after all these years still don't know about independent advocacy and therefore are not getting the vital support to change their lives.

In the future I would like to see advocacy organisations receive appropriate levels of funding so that they can properly support people before, during and after hearings. And that this isn't at the expense of their other work with groups who are not facing a MHTS Hearing.

I would like to see advocacy organisations being able to devote time to marginalised groups who currently don't have enough access to independent advocacy but for whom advocacy could make a huge difference, for example people with a Learning Disability, Dementia or children and young people who need time to build up a relationship and trust their advocate.

I would like to see everyone who has a mental health issue to not only know what advocacy is but also to know how to easily access individual advocacy support and how to join a collective advocacy group.

I would like to see Tribunal panel members ask about advocacy involvement in all cases where there isn't an advocate present. It could be that a person feels they don't need an advocate but it might be that they are amongst the many people who still don't know about advocacy.

Our research shows that demand for advocacy is constantly going up as more people find out about how independent advocacy can help them. Current trends also show that this is not matched by increases in funding levels. I hope this trend changes over time. There are many challenges ahead for advocacy and advocates fulfil an important role that has rightly been recognised and acknowledged by MHTS.

Shaben Begum MBE
Director, Scottish Independent Advocacy Alliance

REINFORCING THE REALITY OF USERS' RIGHTS

Despite our predominantly person-centred and human rights based mental health legislation in Scotland those making and implementing law and policy must have constant regard to national and international developments. Some of the most important legal developments over the last year are mentioned here.

1. **Effective rights**

The Supreme Court *G(AP) v Scottish Ministers*[1] ruling in December 2013 emphasised the fact that patients' rights must be effective rights, in other words, capable of actual implementation. The Court sent a strong message that the provisions in the Mental Health (Care and Treatment) (Scotland) Act 2003 (2003 Act)[2], designed to avoid patients at the State Hospital being held in conditions of excessive security, must not be thwarted through Health Boards' failure to ensure that sufficient alternative accommodation is available and/or the State Hospital being complacent in the delivery of appropriate therapies.

2. **Deprivation of liberty**

The Supreme Court *Cheshire West*[3] ruling in March 2014 highlighted again the need to be vigilant in terms of protecting the right to liberty, identified in Article 5 of the European Convention on Human Rights, of persons who lack capacity to consent to restrictions on their activities. The Court made it clear that even in relatively informal care settings such a person will be deprived of their liberty requiring Article 5 compliant legal and procedural safeguards where they are subject to continuous supervision and control and are not free to leave. This has far-reaching implications in terms of the care and treatment of persons with mental disorder bearing in mind that 'deprivation of liberty' may occur in a number of ways. We await the Scottish Law Commission's recommendations regarding the Adults with Incapacity (Scotland) Act 2000 but, at present, use of the 2003 Act is the only way to be absolutely certain in Scotland that deprivation of liberty is lawful in terms of Article 5. That being said, particular care needs to be taken in situations where the necessary legal and procedural safeguards are absent such as, for example, voluntary treatment, emergency detention and use of the nurse's power to detain.

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[1] G(AP) v Scottish Ministers [2013] UKSC 79.
[2] s.264.
[3] P (by his litigation friend the Official Solicitor) (Appellant) v Cheshire West and Chester Council and another (Respondents); P and Q (by their litigation friend, the Official Solicitor)(Appellants) v Surrey County Council (Respondent) [2014] UKSC 19.

3. **Capacity, autonomy and participation**

(a) In terms of patient autonomy and participation the proposals in the Mental Health (Scotland) Bill that, amongst other things, a named person cannot be appointed for a person over 16 without their consent and to create a central register of advance statements, to be maintained by the Mental Welfare Commission, are to be welcomed. However, such autonomy and participation would be further enhanced by the placing of a statutory duty on specified medical staff to discuss the making of advance statements and to explain their effectiveness as part of after-care plans and by reinforcing the existing independent advocacy provisions in the 2003 Act. Unfortunately, these are not included in the Bill.

(b) In April 2014, the UN Committee on the Rights of Persons with Disabilities' adopted its radical and not uncontroversial General Comment interpreting Article 12 of the Convention on the Rights of Persons with Disabilities (CRPD) (the right to equal recognition before the law). It essentially provides that everyone has capacity and the right to exercise their legal capacity although some persons may require more support than others with their decision-making. To deny the exercise of a person's capacity on the basis of mental disorder is therefore discrimination. It accordingly directs that substituted decision-making be replaced by supported decision-making and that laws providing for substituted decision-making, such as guardianship and involuntary treatment for mental disorder, be abolished. The Committee's requirements in terms of Article 12 compliance will doubtless become clearer following its forthcoming scrutiny of the UK's first periodic report on the CRPD. Whilst this treaty does not have the same legal force in the UK as the ECHR it does impose obligations on the UK under international law which Scottish law and policy must not violate[4]. However, notwithstanding this, the opportunity arguably presents itself to consider a widening of our understanding of 'capacity', significantly impaired decision-making and autonomous decision-making and to fully explore what 'supported decision-making' means and the forms this might take.

These developments serve to yet again remind us that users are central to all care and treatment decisions and of the very real nature of users' rights.

Dr Jill Stavert
Reader in Law
Director, Centre for Mental Health and Incapacity Law, Rights and Policy
School of Accounting, Financial Services and Law
Edinburgh Napier University

[4] ss.29(2), s.35(1) and s.58 Scotland Act 1998.

MEMBERS' TRAINING

The Tribunal recruited 5 new legal members and 19 new medical members in 2013. These members were provided with induction training over a three day period in June 2013. Day one of the training provided an introduction to the Tribunal and the culture and ethos in operation (therapeutic jurisprudence); presentations on the Tribunal's Rules of Procedure and Appeals caselaw and presentations on the role of the convener, the general member and the medical member of the Tribunal. Day two was focused on scenario based learning covering various areas of the Tribunal's jurisdiction, which required members to work through individual scenarios and the issues arising. Presentations were delivered on decision writing and on the role of the In-house Convener. Day three of the training included input from a patient on patient experiences of Tribunals and presentations on a number of subjects such as data protection. The new members found the training useful in equipping them to carry out their role as a Tribunal member and found the input from the perspective of the patient to be particularly beneficial.

A Members' Conference was held in 2013. Such a conference is held only once every 5 years and provides an opportunity for all members to come together at the one location to hear presentations on issues affecting the Tribunal and to participate in a number of workshops. 284 members attended the Conference. The President provided the opening address, which covered the work of the Tribunal and developments over the last five years. Members then heard presentations from Roseanna Cunningham, MSP, then Minister for Community Safety and Legal Affairs and from Scotland's most senior judge, the Right Honourable Lord Gill, Lord President of the Court of Session, on Tribunal Reform in Scotland. Members also heard a thought provoking presentation from Dame Professor Hazel Genn, Dean of Laws at University College London, providing insights on her work and on the research she has carried out on the views of Tribunal users. This stimulated much debate and led to a call for further research on this area within Scotland.

The presentations were followed by a poetry reading from Miss Jo McFarlane. Miss McFarlane is a service user who writes and performs poetry from the perspective of a patient. Members found her poetry reading an insightful, emotional and stimulating experience.

In the afternoon, members attended a workshop, which they could choose from the following: Sir Harry Burns: Effective early childhood intervention and mental disorder/offending; Dr John Crichton: Capacity and Consent; Judge Mark Hinchliffe and Dr Joan Rutherford: Comparative law; Professor Fiona Raitt: Voice and Participation in the Justice Process – the enabling capacity of Mental Health Tribunals; Professor John Read: DSM5 and the medicalization of human behaviour; and Henry Simmons: Dementia – Is Scotland rising to the challenge?

Members enjoyed the workshops and the feedback received was that they were informative, thought provoking and on occasion challenging.

The training rounded off with Member Group Discussions, which allowed members to discuss with members from the same membership category what improvements they felt could be made to the 2003 Act.

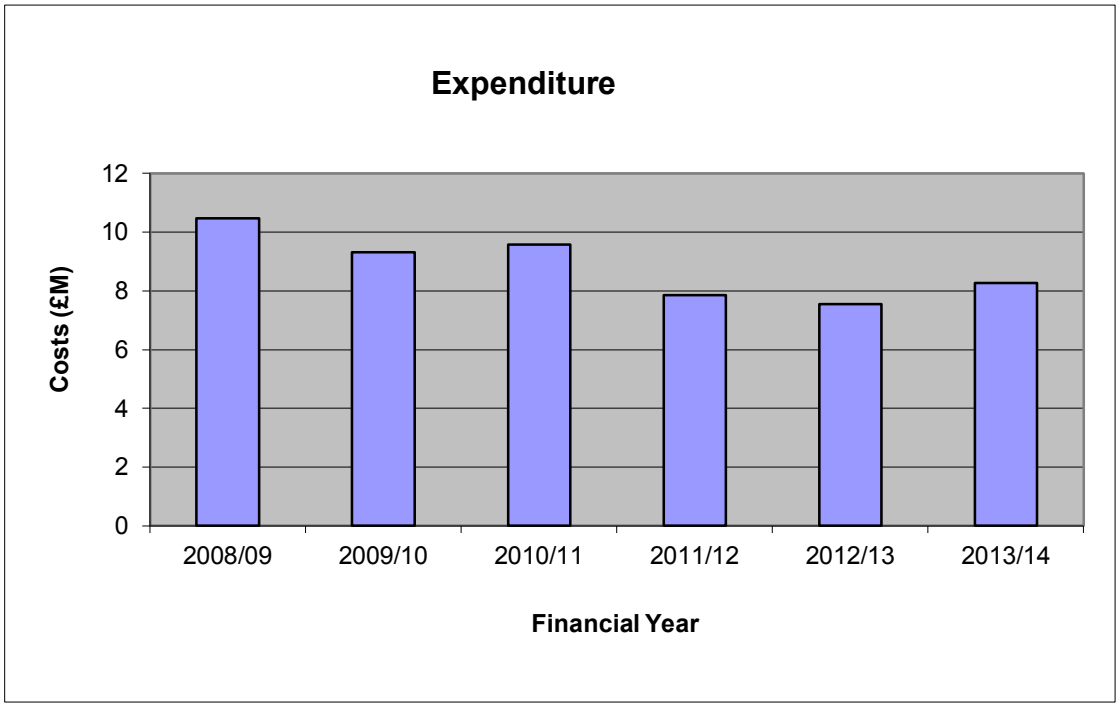
The Conference attracted positive feedback from those attending, who enjoyed the opportunity to broaden their knowledge base and to network with other members of the Tribunal.

CORPORATE STRUCTURE AND FINANCES

Expenditure relating to public relations, overseas travel, hospitality and entertainment and external consultancy by the Tribunal during 2013/14:

Public relations	Nil
Overseas travel	£275
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

Tribunal Expenditure



FINANCIAL RESULTS

The Scottish Tribunals Service
Operating Cost Statement
For The Year Ended 31 March 2014

2012/13		2013/14
£000		*£000*
5,469	**Tribunal Costs**	5,674
	Administrative Costs	
1,733	Staff	2,051
1	Depreciation	37
356	Other Costs	508
2,091		2,597
7,560	**Net Operating Costs**	8,271

Financial Performance

Although year on year efficiencies continue to be achieved within the Tribunal, costs increased by 4% in 2013/14 as a result of additional hearing days, additional staff recruited to permanently cover vacancies previously arising during 2012/13 and additional IT development work carried out on the Tribunal Administration's case management system.

Mental Health Tribunal for Scotland
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ML3 0QA

APS Group Scotland (340109) 12/14