

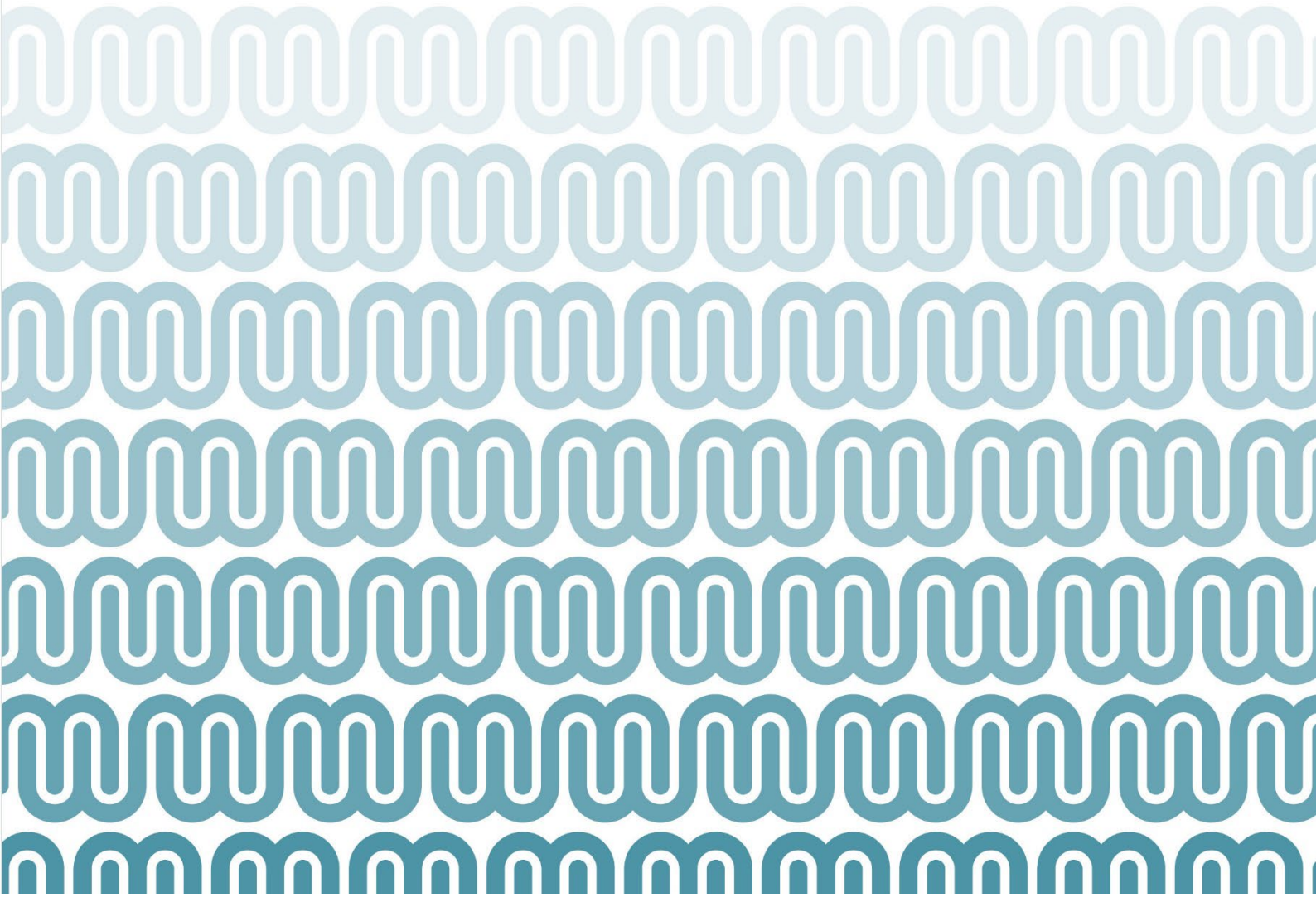


mental welfare
commission for scotland

Business plan for 2024-25

Corporate document

April 2024



Our mission and purpose

Our Mission

To be a leading and independent voice in promoting a society where people with mental illness, learning disabilities, dementia and related conditions are treated fairly, have their rights respected, and have appropriate support to live the life of their choice.

Our Purpose

We protect and promote the human rights of people with mental illness, learning disabilities, dementia and related conditions.

Our Priorities

To achieve our mission and purpose over the next three years we have identified four strategic priorities.

- To challenge and to promote change
- Focus on the most vulnerable
- Increase our impact (in the work that we do)
- Improve our efficiency and effectiveness

Our Activity

- Influencing and empowering
- Visiting individuals
- Monitoring the law
- Investigations and casework
- Information and advice

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1. Introduction

The *Business Plan for 2024-25* should be read in conjunction with the Commission's *Strategic Plan for 2023 to 2026*.

The business plan outlines how we will take forward the implementation of our commitments this year and how we will measure our success.

The Scottish Government (SG) will be publishing their delivery plan in relation to the Scottish Mental Health Law Review (SMHLR) early in 2024. The Commission is to be involved in SG led working groups on developing a definition of mental disorder and on adults with incapacity reform. It is understood that these are the two key workstreams to be prioritised by the SG. We look forward to reviewing the delivery plan when published to understand any implications for the Commission and to ensure that the rights of those with severe and enduring mental health conditions are protected and indeed prioritised.

There may also be other projects which the Commission may need to deliver on following any additional policy changes, outcomes of investigations, etc. Therefore, agile business planning is important, together with capacity to ensure prompt response and delivery.

The business plan workplan for 1 April 2024 to 31 March 2025 is attached at Appendix 1 detailing the timeline for achieving our commitments.

Our performance measures in relation to the business plan are attached at Appendix 2. These measures will also form part of the Quality & Performance Monitoring Report, which is submitted quarterly to our Audit, Performance & Risk Committee and annually to our Board.

2. Our strategic priorities

Our new *Strategic Plan for 2023-26* strengthens our commitment to deliver our mission to be a leading and independent voice in promoting a society where people with mental illness, learning disabilities, dementia and related conditions are treated fairly, have their rights respected and have the appropriate support to live the life of their choice.

Following the feedback received in the development of our *Strategic Plan for 2023-26* our four strategic priorities are still relevant:

To challenge and promote change

- Individuals know their rights, are empowered to participate in decision making about their mental health care and treatment if and when they wish to and/or feel able to and are supported to choose the lives they want to live.
- The Commission is recognised as a trusted voice on mental health and incapacity legislation and human rights.
- Scotland's legislation relating to non-consensual care and treatment fully reflects international human rights best practice or standards, in its wording and implementation.

Focus on the most vulnerable

- Across services for mental health, learning disability, dementia, and related conditions, there are robust plans to identify and respond to the needs of people who are less likely to have their voice heard and where their human rights are not being upheld.

Increase our impact (in the work that we do)

- Services respect our recommendations and implement them.
- We are the go-to place for advice on areas where care and treatment, ethics and the law intersect.
- Our monitoring of mental health and incapacity legislation informs legislative and policy changes.
- We visit hard to reach people to ensure that they can be involved.

Improve our efficiency and effectiveness

- Staff are engaged, trained and developed to have the right skills to deliver the Commission's priorities in a changing environment.
- We will continue to deliver our statutory duties within our allocated resources.

3. Our commitments

Our strategic plan was approved in 2023 for the next three years and our commitments for the coming year (2024-25) are detailed below.

3.1 Influencing and empowering

The Commission's activities in the context of influencing and empowering e.g. visits, good practice guidance, statistical monitoring, investigations, and telephone advice line provides a clear human rights focus, both within its own work, and in helping to ensure that human rights are respected by service providers.

We will continue to:

- 'close the loop' of influence e.g. measure recommendation responses according to criteria and ensure robust standard of response and follow up, to complete closure reports, to provide follow up at end of year meetings, to take stock of recommendations, identify where there are themes emerging and escalate where action has not been taken.
- participate in relevant National Care Service (NCS) work streams and influence.
- commit to working in partnership with the Scottish Government and all relevant stakeholders to deliver on the priorities emerging from the SMHLR. This will include contributing to the two prioritised workstreams (definition of mental disorder and AWI reform) and analysis of the Scottish Government's delivery plan due to be published early 2024.
- ensure, throughout all of our work, that the rights of those most vulnerable, as a result of diagnosed mental illness, learning disability, personality disorder, dementia and related conditions, are promoted and protected.

3.2 Visiting individuals

Our visiting role provides an opportunity for Commission staff to speak to individuals and their families about their care and treatment but staff from the various organisations also welcome the open and honest dialogue and preparation pre and post visits in strengthening relationships between both organisations.

We will:

- plan and lead on joint visits, with another provider such as Care Inspectorate (CI), Healthcare Improvement Scotland (HIS) and Scottish Human Rights Commission where there is combined intelligence that supports specific visits.
- we will continue to undertake at least 25% of our visits on an unannounced basis.

3.3 Monitoring of the Acts

The Commission has a statutory duty to monitor the use of the Mental Health (Care and Treatment) (Scotland) Act 2003 and the welfare parts of the Adults with Incapacity (Scotland) Act 2000. We do this by collating and analysing data compiled from the relevant paperwork sent to us and by publishing monitoring reports with comment and analysis of trends in the use of the Act.

The Commission's monitoring reports are well regarded, helpful, and provide a comprehensive source of information for services, they influence legal reform and identify areas where work is required.

However, there is a clear sense that the reports do not meet the needs of all. The reports are described as overly long, and too difficult by some whilst others suggest the reports are easy to understand and jargon free. This demonstrates that the reports are working well for some but not for all and perhaps reflects that the reports have different uses. The Commission has work to do to reflect on ensuring that the monitoring reports are understandable and useful to all key stakeholders.

We will:

- ensure that our monitoring reports are accessible. This may include:
 - creating accessible versions of the reports. For some monitoring reports we did create infographics that we then published on social media. We will explore this again.
 - doing more focussed work on aspects of monitoring that meets the needs of stakeholders.
 - working with other stakeholders to make our data accessible (with checks) to ensure that the value of the system can be realised beyond the law review.
- consider, with others, what else should be monitored; some of this will flow from the SMHLR recommendations that do not need legislative change but will require additional investment to build the Commission's capacity for monitoring and scrutiny.

3.4 Investigations

Section 11 of the Mental Health (Care and Treatment) Act 2003 gives the Commission the authority to carry out investigations and make recommendations, as it considers appropriate, including where an individual with mental illness, learning disability, dementia or related condition may be, or may have been, subject to ill treatment, neglect or some other deficiency in care and treatment.

The intention of Commission investigations is to share learning, to support improvement and therefore outcomes for individuals irrespective of whether the investigation was carried out in their specific health board or local authority area.

An important part of this work is the need to complete investigations in a timely manner.

We will:

- publish lessons learned and investigations report.
- reflect on ensuring our reports target a broader audience and remain readable, learning focussed and high quality as reported by our stakeholders.
- ensure an integrated investigations unit which delivers the same approach and high quality of work irrespective of the basis of investigation if our funding proposals for Deaths in Detention (DIDR)/Mental Health Homicide (MHH) are agreed.

- continue to prioritise resources to allow for investigation of cases under section 11 of the Mental Health Act.
- review recommendations made across investigations/visits/casework and highlight common themes relating to training, learning and workforce and pass to relevant partners, e.g. NHS Education for Scotland (NES), Scottish Social Services Council (SSSC), Care Inspectorate (CI) and Health Improvement Scotland (HIS).

3.5 Information and advice

The information and advice is an area, which stakeholders see as a critically important function of the Commission. It is seen as approachable and easy to make contact with however there were also concerns that there are populations who may not know about the Commission, we need to highlight the roles and responsibilities of the Commission (in a non-jargon accessible way) and embed the work of the Commission's engagement and participation officers further to achieve this, in part.

We will:

- make links with NHS Education Scotland (NES), and the Scottish Social Services Council (SSSC) to consider a strategic collaborative partnership of training, learning and improvement.
- address issues of accessibility both in terms of access to the Commission and in terms of written documents.
- develop qualitative feedback from those who have used the telephone advice line.
- plan an event to be held prior to March 2025 as a follow up to the August 2023 event titled, From Ambition to Delivery.

3.6 Engagement and participation

While there is a positive impact in relation to the Commission's engagement and participation activity and strategic aims, further work is required, particularly around carers and families, wider stakeholder involvement, improving understanding about what the Commission's remit is and improvement around feedback mechanisms. Of note is the further work required around minority groups and children and young people with a targeted approach and improved accessible information, which involves not only the engagement and participation team, but the whole Commission, Board members and the Advisory Committee.

We will:

- complete our scoping to address reported gaps in accessible information.
- develop a plan to increase engagement with children and young people in particular.
- deliver on the Commission's agreed engagement and participation strategy 2023-26.
- target children and young people and minority groups.
- improve accessibility to all Commission information.

3.7 Digital and transformation

The Commission is committed to improving and developing digital capabilities as evidenced through the current Information Management System project (IMS), which is in progress to ensure the current system is replaced with a transformational IMS system offering enhanced capabilities through improved recording, monitoring and reporting to inform both internal and external activities.

We will:

- prioritise ongoing cleansing of IMP data to ensure compliance with GDPR and readiness for data migration to improve effective and efficiency of information management.
- continue to take action to give assurance regarding IT security.
- ensure ongoing maintenance of the current IMP (the Commission's information management system) to maintain critical business activity.
- have an IMS project to deliver a secure information management system.
- scope use of remote devices for practitioner staff.

3.8 Workforce

The Covid-19 pandemic placed significant pressure on all workforces and the Commission is no exception.

We continue to move forward, taking account of the feedback from development sessions with staff held in August 2022, January 2023 and look forward to the event planned for 23 February 2024.

80% of our workforce participated in an iMatter staff survey in 2023; 67% of our staff engaged in a learning needs analysis completed by NHS Education for Scotland in 2023. We have clear feedback evidencing the areas we need to work on and develop.

We will continue to plan our commitments going forward in recognition of the fact that the Commission's greatest asset is its workforce.

We will:

- collectively deliver on our iMatter action plan.
- we will undertake an iMatter staff survey annually.
- we will develop an organisational development plan which takes account of our values, our culture, our relationships, our learning needs and our well-being.
- we will continue to create more opportunities for coming together and sharing views (recognising that the hybrid working policy means that all staff are not routinely in the office at the same time).

Appendix 1: Business plan 1 April 2024 to 31 March 2025

ACTIVITY 1: INFLUENCING AND EMPOWERING Objective & Detail of action	Person responsible	2024-25			
		2024-25 Quarter 1	2024-25 Quarter 2	2024-25 Quarter 3	2024-25 Quarter 4
Board members to attend HSCP and health board meetings to present the work of the Mental Welfare Commission: (1) Proposal to Board (2) Ongoing attendance at meeting in years 2,3	Executive Director Social Work Executive Director Nursing		X		X
To continue to engage and influence any developments on the forensic review (following Barron report)	Executive Director Nursing		X		X
To participate and seek to influence the Scottish Government Quality and Safety Board	Chief Executive		X		X
To continue to engage and influence the Scottish Government scoping work on the remit and powers of a Learning Disability, Autism and Neurodiversity Bill	Executive Director Medical		X		X
To participate in the work of the UK National Preventative Mechanism (NPM)	Chief Executive Executive Director Medical	X	X	X	X
To contribute to Board and regional educational events to engage with psychiatrists and GPs in training, social workers, MHOs and nurses	All Executive Directors	X	X	X	X
To contribute to the H&SCP Chief Officer Group	Chief Executive	X	X	X	X

To participate and seek to influence in relevant National Care Service (NCS) work streams and influence Dame Sue Bruce recommendations	Executive Director Social Work	X	X	X	X
To continue to 'close the loop' of influence e.g. measure recommendation responses according to criteria and ensure robust standard of response and follow up, to complete closure reports, to provide follow up at end of year meetings, to take stock of recommendations and where there are themes emerging and escalate where action has not been taken.	All Executive Directors	X	X	X	X
We will commit to working in partnership with the Scottish Government and all relevant stakeholders to deliver on the emerging priorities of the SMHLR. This will include contributing to the two prioritised workstreams (definition of mental disorder and AWI reform) and analysis of the Scottish Government's delivery plan due to be published early 2024.	Chief Executive	X	X	X	X
We will ensure, throughout all of our work, that the rights of those most vulnerable, as a result of diagnosed mental illness, learning disability, personality disorder, dementia and related conditions, are prioritised, promoted and protected.	Chief Executive All Executive Directors	X	X	X	X

ACTIVITY 2: VISITING INDIVIDUALS Objective & Detail of action	Person responsible	2024-25			
		2024-25 Quarter 1	2024-25 Quarter 2	2024-25 Quarter 3	2024-25 Quarter 4
To publish the local visits recommendations report (from local visits during 2023-24)	Executive Director Nursing		Produce by July - Publish after August Board		
Prisons / CPT Themed Visit Report - published 28 April 2022 To follow up the recommendations from themed visit 24 months after publication and publish a final closure report at 27 months.	Executive Director Nursing Executive Director Social Work		Produce by July - Publish after August Board		
Out of NHS Scotland provided placement areas - published 07 September 2023 To follow up the recommendations from themed visit 12 months after publication and publish a closure report at 15 months	Executive Director Nursing			Produce by December - Publish after February Board	
Community Compulsory Treatment Orders (CCTOs) - published 22 February 2024 To follow up the recommendations from themed visit 12 months after publication and publish a closure report at 15 months	Chief Executive				Produce by May 2025- Publish after June Board
To develop an appropriate local visit programme incorporating a mix of virtual and face to face visits/unannounced in line with any ongoing pandemic restrictions - community setting, supported accommodation	Executive Director Nursing	X	X	X	X

To plan and lead on joint visits, with another provider such as Care Inspectorate (CI), Healthcare Improvement Scotland (HIS) and Scottish Human Rights Commission where there is combined intelligence that supports specific visits.	Executive Director Nursing	X	X	X	X
Themed visit: Crisis services and help in the community (scope to be agreed) To be planned/started during 2024-25 and reported to the February 2026 Board	Executive Director Medical	Project start date	PID to be completed		
Themed visit: To undertake a carer themed visit (scope to be agreed) To be completed in 12 months and reported to the June 2025 Board.	Executive Director Nursing	Project start date / PID to be completed.			
Themed visit: Complex Care: Learning Disability The scope of this themed visit work will focus on the circumstances of any individual recorded on a HSCP's Dynamic Support Register who has been in hospital for over 10 years.	Chief Executive	Project start date/PID to be completed.	30 September 2024		

ACTIVITY 3: MONITORING THE ACTS Objective & Detail of action	Person responsible	2024-25			
		2024-25 Quarter 1	2024-25 Quarter 2	2024-25 Quarter 3	2024-25 Quarter 4
To produce annual report on Adults with Incapacity Act (AWIA) monitoring: two parts	Executive Director Medical Executive Director Nursing Executive Director Social Work		31 August 2024		
To produce the annual report on MHA monitoring	Executive Director Medical		30 September 2024		
To monitor and publish report on young people admitted to adult wards (including working with Public Health Scotland to link data)	Executive Director Medical			31 October 2024	
To review and report on advocacy provision across Scotland (full review)	Business Change & Improvement Manager				Work to start in Feb/Mar report by 31 December 2025
To review and report on advocacy provision across Scotland - update on recommendations due for completion end March 2024	Business Change & Improvement Manager		31 July 2024		

<p>To ensure that our monitoring reports are accessible.</p> <ul style="list-style-type: none"> ▪ creating accessible versions of the reports. For some monitoring reports we did create infographics that we then published on social media. We will explore this again. ▪ doing more focussed work on aspects of monitoring that meets the needs of stakeholders. ▪ working with other stakeholders to make our data accessible (with checks) to ensure that the value of the system can be realised beyond the law review. <p>The report on this work to be produced by 30 June 2025.</p>	<p>Executive Director Medical</p>	<p>Project start date/PID to be completed.</p>			
<p>To consider, with others, what else should be monitored; some of this will flow from the SMHLR recommendations that do not need legislative change but will require additional investment to build the Commission’s capacity for monitoring and scrutiny.</p>	<p>Chief Executive All Executive Directors</p>	<p>30 June 2024</p>			
<p>To deliver the actions outlined within the implementation plan for the data and information strategy</p>	<p>Business Change & Improvement Manager</p>	<p>X</p>	<p>X</p>	<p>X</p>	<p>X</p>

ACTIVITY 4: INVESTIGATIONS AND CASEWORK Objective & Detail of action	Person responsible	2024-25			
		2024-25 Quarter 1	2024-25 Quarter 2	2024-25 Quarter 3	2024-25 Quarter 4
To publish lesson learned and investigations report	Executive Director Social Work	30 June 2024			
To ensure our reports target a broader audience and remain readable, learning focussed and high quality as measured by stakeholder feedback.	Chief Executive	30 June 2024			
To ensure an integrated investigations unit which delivers the same approach and high quality work irrespective of the basis of investigation if our funding proposals for DIDR/MHH are agreed.	Chief Executive	30 June 2024			
To continue to prioritise resources to allow for investigation of cases under section 11 of the Mental Health Act where indicated by the Investigations Group and approved by ELT.	All Executive Directors	30 June 2024			
To review recommendations made across investigations/casework and highlight common themes relating to training, learning and workforce and pass to relevant partners e.g. NHS Education for Scotland (NES), Scottish Social Services Council (SSSC), Care Inspectorate and Health Improvement Scotland (HIS).	All Executive Directors	30 June 2024			
Mr TU (homicide investigation) published 9 February 2023 To follow up the recommendations 12 months after publication of report and publish a closure report at 15 months	Executive Director Social Work	Produce by May - published after June Board			

<p>AB (death in detention) published 03 August 2023</p> <p>To follow up the recommendations 12 months after publication of report and publish a closure report at 15 months</p>	<p>Executive Director Social Work</p>			<p>Produce by November - published after December Board</p>	
<p>Mr D (death in detention) published 21 September 2023</p> <p>To follow up the recommendations 12 months after publication of report and publish a closure report at 15 months</p>	<p>Executive Director Social Work</p>			<p>Produce by December - published after February Board</p>	
<p>Mr E published 25 January 2024</p> <p>To follow up the recommendations 6 months after publication of report and publish a closure report at 9 months</p>	<p>Chief Executive</p>			<p>Produce by November - published after December Board</p>	
<p>GH (homicide investigation) published 30 November 2023</p> <p>To follow up the recommendations 12 months after publication of report and publish a closure report at 15 months</p>	<p>Executive Director Social Work</p>				<p>Produce by February - published after April Board</p>
<p>Mrs F (ED M) - proposed publication date April 2024</p> <p>To follow up the recommendations 6 months after publication of report and publish a closure report at 9 months</p>	<p>Executive Director Medical</p>				<p>Produce by January - published after February Board</p>

ACTIVITY 5: INFORMATION AND ADVICE Objective & Detail of action	Person responsible	2024-25			
		2024-25 Quarter 1	2024-25 Quarter 2	2024-25 Quarter 3	2024-25 Quarter 4
To develop a system for the review and development of good practice guides	Business Change & Improvement Manager		31 July 2024		
To make links with NHS Education Scotland (NES) and the Scottish Social Services Council (SSSC) to consider a strategic collaborative partnership of training, learning and improvement.	Chief Executive	X	X	X	X
To develop qualitative feedback from those who have used the telephone advice line.	Executive Director Nursing Executive Director Social Work	Test in Q1	Implement Q2		
To plan a follow up event to the event held in August 2023: From Ambition to Delivery.	Chief Executive Business Change & Improvement Manager				Event held in March 2025

ENGAGEMENT AND PARTICIPATION Objective & Detail of action	Person responsible	2024-25			
		2024-25 Quarter 1	2024-25 Quarter 2	2024-25 Quarter 3	2024-25 Quarter 4
To embed our duties on children's rights through implementation of our corporate parent plan	Executive Director Social Work	X	X	X	X
To deliver on the Commission's agreed engagement and participation strategy 2023-26.	Executive Director Social Work	X	X	X	X
To develop a series of webinars on key issues around good practice guides or law, care and treatment, ethics etc and for all national reports	All Executive Directors	X	X	X	X
To improve accessibility to all Commission information.	Executive Director Social Work		X		X
Equalities Plan In 2024-25 complete the outstanding actions from our equalities outcomes report as per the current plan.	Executive Director Medical				28 February 2025
Equalities Actions Forward Plan In 2024-25 consider the current equalities outcomes and review these. Publish the new equalities outcomes for the next four years with an associated action plan in April 2025. Consider actions by business year- report on annual basis to ELT and the Board.	Executive Director Medical				28 February 2025

DIGITAL & TRANSFORMATION Objective & Detail of action	Person responsible	2024-25			
		2024-25 Quarter 1	2024-25 Quarter 2	2024-25 Quarter 3	2024-25 Quarter 4
To implement the project to replace IMP	Executive Director Social Work	X	X	X	X
To prioritise ongoing cleansing of IMP data to ensure compliance with GDPR and readiness for data migration to improve effective and efficiency of information management.	Executive Director Social Work	X	X	X	X
To continue to take action to give assurance regarding IT security.	Head of Culture & Corporate Services	X	X	X	X
To ensure ongoing maintenance of the current IMP (the Commission's information management system) to maintain critical business activity.	Head of Culture & Corporate Services	X	X	X	X
To have an IMS project to deliver a secure information management system.	Executive Director Social Work				31 March 2025
To scope use of remote devices for practitioner staff.	Executive Director Social Work Executive Director Nursing	X			

WORKFORCE Objective & Detail of action	Person responsible	2024-25			
		2024-25 Quarter 1	2024-25 Quarter 2	2024-25 Quarter 3	2024-25 Quarter 4
To work with NHS Education for Scotland (NES) on training modules for social care staff on AWI	Executive Director Social Work	Q1 only project ends			
To repeat and make more explicit our continuing commitment to continue to demonstrate our values: i) Respect - valuing and treating people fairly ii) Challenging for better outcomes iii) Commitment to high quality iv) Team work and participation v) Supporting, protecting and nurturing	Chief Executive	X	X	X	X
To take account of all feedback from staff, take action and build on creating more opportunities for coming together and sharing views.	Chief Executive	X	X	X	X
To develop an Organisation Development Plan for 2024 to 2026 (set out the culture we are aspiring to, the roadmap for how we bring about any change required to get there, staff survey outcomes, LNA actions, etc)	Head of Culture & Corporate Services		30 September 2024		
To undertake an annual staff survey	Business Change & Improvement Manager		30 September 2024		

CORPORATE Objective & Detail of action	Person responsible	2024-25			
		2024-25 Quarter 1	2024-25 Quarter 2	2024-25 Quarter 3	2024-25 Quarter 4
Complete the self-assessment of the operation of the Board and Audit Performance and Risk Committee	Chief Executive	30 June 2024			
To produce the annual report for laying in Parliament in August	Chief Executive	30 June 2024			
To produce corporate parent report 2020-23.	Executive Director Social Work	30 June 2024			
To continue to review and embed our Corporate Quality & Performance Framework across the organisation	Chief Executive / Business Change and Improvement Manager All Executive Team	X	X	X	X
To develop a communications plan to support the business plan	Chief Executive	30 June 2024			
To develop an annual communications analysis report	Chief Executive			31 December 2024	
To continue to review our ongoing financial sustainability	Chief Executive	X	X	X	X
To continue to review and implement the strategic risk register	Chief Executive/ Business Change and Improvement Manager All Executive Team	X	X	X	X

Appendix 2: Performance measures

To ensure the Commission is achieving its commitments within the Strategic Plan and Business Plan we have developed a number of 'measures of success'. These will be reported through our business plan progress reports but will also form part of our quality and performance reporting.

Influencing and empowering

1. Recommendations made by the Commission will be listened to and addressed with evidence to support this.
2. Commission visibility and influence will be evidenced in national review work streams.
3. There will be new collaborative approaches e.g. psychological services, Allied Health Professionals (AHPs), NES, advocacy.
4. The Commission will have a clear integrated engagement and participation work plan which extends beyond the work of engagement and participation officers and which measures impact and influence.

Visiting

1. Our visits will take place across a range of inpatient and community settings/services. Some will be unannounced.
2. Our reports will be informed and meaningful ensuring focus on both good practice and areas which could be improved, taking full account of what is important to those receiving services.

Monitoring of the acts

1. We will produce monitoring reports and receive feedback that they are both accessible and meaningful.
2. Progress will be made on externalised (outward facing) data-sets Application Programming Interface (API).
3. We will have developed an approach to monitoring and scrutiny in line with emerging priorities from the Scottish Mental Health Law Review.

Investigations

1. Investigation reports will be produced within 12 months of the decision to investigate and published within three months of production.
2. Investigation work will be prioritised by ELT in the context of finite resources and feature regularly.
3. The learning from our investigations will be relevant across sectors across Scotland and robust action plans will be sought to address recommendations giving assurance on delivery.
4. Collaborative relationships will be built with training partners to train and support workforce learning arising from our work where indicated.

Information & advice

1. There will be a broader reach of the Commission's information and advice activity because of focus on accessibility.
2. Improvements in the Commission's information and advice function will be informed by direct feedback from those using the service.
3. The information and advice service will be valued by carers and those with experience as much as those staff working in the professional fields.
4. Strategic links with partners, such as NES and SSSC, will ensure that the Commission's work influences education and training.

Engagement & participation

1. There will be clearly evidenced feedback mechanisms reflecting a 'you said we did' approach.
2. There will be accessible information available in multiple formats.
3. There will be Increased visibility of traditionally 'hard to reach' groups evidenced through the wider work of the Commission (i.e., visits, investigations, advice line enquiries, for example).
4. There will be evidence of Advisory Committee influence on the Commission's work and for which the Commission has 'due regard' in addition to evidence of Board Directions to the Advisory Committee, with outcomes reported.

Digital & transformation

1. Our data will be as safe as possible from cyber-attack.
2. We will prepare our data ready for migration to the new system.
3. We will progress through a formal procurement process to identify an information and case management system fit for our purpose.
4. We will have improved data sets and reporting mechanisms.
5. We will be more efficient and have improved timescales for data input/upload.

Workforce

1. Commission staff will feel confident and competent in their roles and responsibilities.
2. Commission staff will feel valued.
3. Commission staff will feel listened to and supported.



If you have any comments or feedback on this publication, please contact us:

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