



**mental welfare**  
commission for scotland

# **Business plan**

## **2022-23**

Corporate document

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September 2022



# 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 Commission celebrates its 60<sup>th</sup> anniversary this year. The organisation, in its current format, was established under the 1960 Mental Health Act and came into existence on 1 June 1962, replacing the General Board of Control which can be traced back to 1859. During the year we will celebrate our 60th anniversary and highlight our contribution to the challenges, continuity and changes in mental health and learning disability care and treatment over that time. It will be a time to reflect but more importantly to build on these achievements for the future and continue to promote an empowering rights-based system that gives individuals choice about their care and treatment and is inclusive of those people important to them.

This business plan should be read in conjunction with the Commission's strategic plan 2020-2023. The strategic plan sets out the direction for the Commission until 2023 and we will develop and consult on a new strategy during the year. We continue to operate in a period of uncertainty as we move to a post pandemic world. We will move to a system of hybrid working for staff during this year. This business plan reflects these current uncertainties and is an accurate aim of what we hope to achieve at the time of writing. We will continue to monitor and adjust the plan throughout the year.

The business plan outlines the actions we intend to take during 2022-23 to achieve our strategy. It also outlines the key performance indicators that will measure our performance in each area.

## 2: Working towards our strategy

The Commission's powers and duties are outlined primarily in two pieces of legislation – the Mental Health (Care and Treatment) (Scotland) Act 2003 (MHA 2003) and the Adults with Incapacity (Scotland) Act 2000 (AWIA 2000). Our strategy is based on these statutory duties.

Our 2020-2023 strategic plan identifies four priorities over the three year period:

- 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.

In order to achieve these priorities we have grouped our activities into five main categories

1. Influencing and empowering
2. Visiting individuals
3. Monitoring the law
4. Investigation and casework
5. Information and advice.

These activities are supported by good governance and management, well trained and knowledgeable staff and appropriate information management systems.

This business plan outlines the work we intend to do over the coming year to meet our strategic priorities. It also outlines the resources and developments required and how we intend to measure them.

## 3.1: To challenge and promote change

### 3.1.1: Influencing and empowering

We will seek to play a leading role in the ongoing debate on the reform and improvement of our legislative frameworks for people with mental illness, learning disabilities, dementia and related conditions. This will include:

- Participating in the Scottish Mental Health Law Review (SMHLR) of the Mental Health (Care and Treatment) Act including how this interacts with other relevant legislation such as the Adults with Incapacity (Scotland) Act 2000 and Adult Support and Protection (Scotland) Act 2007. The SMHLR is expected to consult in spring 2022 and report over the autumn of 2022 and we will provide comprehensive responses to both. We are also working closely with the SMHLR team to provide some of our monitoring data to be utilised to inform different strands of the review
- In all of this work, we are seeking to increase the focus on rights and to address the implications of the UN Convention on the Rights of Persons with Disabilities. This will require a shift in mental health and learning disability law and practice to maximise respect for the choices and wishes of people with mental illness or learning disabilities.

We will seek to influence the development and implementation of national policy and strategies designed to improve the lives of people within our remit. This includes:

- Participating in consultations throughout the legislative journey, including on the setting up of the National Care Service, specifically for people within our remit, to ensure their rights and welfare are upheld in any proposed legislation and policy development.
- Participating in any follow up to the review of forensic mental health services.
- Participating in various reviews looking at the assurance framework for the mental health sector including the ministerially led Quality and Safety Board for mental health services.
- To engage with Scottish Government and other stakeholders to discuss and influence the scoping work on the remit and powers of a Learning Disability, Autism and Neurodiversity Bill and other work on the Learning/intellectual disability and autism transformation plan.
- Identifying how we can influence the development of mental health services for children and young people, particularly in relation to the availability of specialist in-patient services, including secure services. This will take account of our corporate parenting duties under the Children and Young People (Scotland) Act 2014.

We will continue to participate in the work of the [UK National Preventative Mechanism \(NPM\)](#), including its Scottish Committee and mental health group. The Commission plays a key role in the NPM specifically in relation to visiting people detained under mental health legislation. We are a member of the NPM because we are independent of government and have the powers under the mental health act to inspect premises where people are detained, have

access to information and records, can interview people in private and choose where we visit and who we can speak to. The NPM is currently reviewing its operational structure; whether to continue as a coalition of organisations; how its administration could be improved. We will contribute to this review over the coming year.

### **3.1.2: Monitoring the law**

We publish information on how mental health and incapacity legislation is being used throughout Scotland. This information shows that there are differences in how the law is being applied in different health and social care partnerships (health boards and local authorities) but no information on why these differences occur. Over the last year we have produced reports giving more in-depth analysis on the use of the mental health act, mainly for information for the SMHLR and we will continue with these including a report on the use of community compulsory treatment orders (CCTOs). A better understanding on how the current legislation is used will be helpful in any future reform.

The MHA (2003) imposed a duty on local authorities and health boards to collaborate to ensure the availability of independent advocacy services in their area. The Act gave everyone with mental illness, learning disability, dementia and related conditions the right to access independent advocacy support. Revisions to the Act in 2015 required health boards and local authorities to tell us how they have ensured access to services up to now, and how they plan to do so in the future. We reported on this in 2018 in our report [“The right to advocacy”](#). We intend to monitor advocacy provision again this year which will compare findings from the previous report and, inevitably, review the impact the pandemic may have had on this provision. We are prioritising this project this year because we have been made aware of concerns about access to advocacy.

### **3.1.3: Information and advice**

During the pandemic we produced an advice note on emerging issues around care and treatment, the law and ethics related to the pandemic. As we move forward and hopefully to post- pandemic phase we will produce periodic position statements as required.

We will continue to keep our good practice guides and advice notes regularly updated to reflect changes in legislation and practice. This year we intend to update 10 good practice guides.

We will publish a new good practice guide for people with reduced capacity, carers and services about what is involved when signing a tenancy agreement.

New good practice guides are developed through consultation with individuals and other relevant stakeholders. When reviewing or developing guidance we will consider the need for specific attention to be paid to issues for young people.

Each of these priorities will have an Executive Lead.

## 3.2: Focus on the most vulnerable

### 3.2.1: Visiting individuals

One of the best ways to check that people are aware of their rights and are getting the care and treatment they need is to meet with them, find out their views and check their care and treatment are lawful. We visit individuals in a variety of care settings and in their own homes and, where appropriate, also speak to their carers, friends or relatives. Some people are subject to mental health or incapacity legislation and others are not. The Commission's visits are part of the UK NPM system of regular, independent visits to places of detention that serve as an important safeguard against abuses, and prevent ill-treatment in places that by their very nature fall outside the public gaze.

Since March 2020 we have not carried out our usual range of visits to individuals due to the public health considerations of the pandemic. We can however retain the right to visit any individual at any time if we have concerns about their care and treatment. We hope that we can return to our full range of visits this year whilst still utilising remote visits if it suits the individual we are seeing.

We carry out different types of visits to individuals in services.

- (1) National themed visits to individuals in facilities with a similar function in a specified timeframe. The visits follow a standard format and in 2022/23 there will be two themed visits:
  - to individuals subject to a compulsory treatment order in the community;
  - to individuals in non-NHS Scotland specialist facilities.
- (2) Local visits to individuals in facilities. We may prioritise some of these visits based on intelligence gathered from themed visits, previous visits, concerns raised by people who use services and other sources where it is suggested that individuals in that service may be at greater risk of not receiving appropriate care and treatment. We regularly visit individuals in settings where their rights may be restricted through legislation. We visit the four regional in-patient units for young people with mental illness. Each Commission area team will have an annual schedule for these visits. Where the Commission has specific concerns about the care and treatment of individuals we may do a follow up visit. These visits may be used to follow up recommendations made by the Commission or could be used to escalate concerns by, for example, inviting senior managers to be present. The local visit reports are published on our [website](#). Usually we aim to do 25% of these visits unannounced, however we did not feel it appropriate to do these during the pandemic. We will keep this under review and resume unannounced visits when appropriate and safe to do so.

In addition to visiting people in services, we undertake visits to individuals who are subject to guardianship orders. We will continue to visit a sample of all people subject to guardianship orders. Along with people with dementia and learning disability we will also focus on people with alcohol related brain damage, acquired brain injury and younger people subject to indefinite guardianship orders.

We have a target to visit a minimum of 1,200 individuals in 2022-23. These figures are dependent on our ability to visit without restrictions of the ongoing pandemic so may change



during the year. The estimated numbers for each of the different types of visit are outlined below:

#### **Themed visits**

Individuals on compulsory treatment order in the community	100
Individuals in non-NHS specialist services	50
Visits to individuals receiving local services	700
Guardianship visits	350
<hr/>	
TOTAL	1,200

We engage with carers and relatives on all of our visits wherever possible. This ensures that we get a more complete picture of the care and treatment of individuals and that their rights are being respected. We also receive feedback on the important role carers and relatives fulfil. We will report annually on how many carers and relatives we meet.

### **3.2.2: Monitoring the law**

The Commission has the duty to monitor the operation of the 2003 Act and to promote best practice in its use. We also have protective duties under the 2000 Act.

We will continue to monitor access to age appropriate in-patient services for younger people and review advance statement overrides. We do this by monitoring and following up paperwork sent to us by services and, where appropriate, work with Public Health Scotland to verify or link our data. We also monitor other areas of the Acts such as places of safety and specified persons by reviewing paperwork that is sent to us.

This year we intend to complete some more in depth monitoring and report on three further areas:

- Situations of excessive security;
- Place of safety;
- The use of recorded matters.

We work to ensure that individuals are being treated lawfully and within the principles of the legislation. We have internal targets for action on any compulsory treatment that appears to us to be unlawful or challengeable.

We will continue to administer the systems that provide safeguards for individuals if they are to be treated under Part 16 of the Mental Health (Scotland) Act 2003. We appoint Designated Medical Practitioners (DMPs) to provide an independent opinion on proposed treatments.

### **3.2.3: Investigations and casework**

We intend to publish one major investigation this year. Our investigation reports, by focussing on individuals, have real impact across the health and care sector. We aim to undertake investigations where we think there could be lessons learnt across Scotland.

A business case was presented to the Scottish Government in March 2022 for the Commission to establish a proportionate, human rights compliant system for Scotland to review cases where someone in touch with mental health services commits homicide.

We were requested by Scottish Government, following the review under s37 of the Mental Health (Scotland) Act 2015, to develop a system for investigating all deaths of patients who, at the time of death, were subject to an order under either the Mental Health (Care and Treatment) (Scotland) Act 2003 or part VI of the Criminal Procedure (Scotland) Act 1995 (whether in hospital or in the community, including those who had their detention suspended). A full review and public consultation was completed in 2021/22 and a business case was presented to Scottish Government in March 2022 proposing a system of review overseen by the Commission.

We anticipate receiving funding for both the homicide and deaths in detention reviews. We will spend much of 2022-23 recruiting staff, setting up systems and processes to establish the work and communicating with stakeholders if funding is provided.

## 3.3: Increase our impact (in the work that we do)

### 3.3.1: Visiting individuals

This year we will follow up the recommendations from recent themed visit reports and produce a closure report on this work. The themed visits we will follow up this year are:

- [Individuals in older people wards](#)
- [Individuals with eating disorders](#)
- [Authority to discharge](#)
- [ARBD guardianship report](#)
- [Racial inequality and mental health services](#)
- [Individuals in prison](#)

We have developed an action plan template for services when following up our reports and recommendations to make it easier to complete and for us to analyse. This year the closure reports will be published for the first time and we aim to do this within one year of the date of the original report.

We currently meet with health boards and some Health & Social Care Partnership (HSPC) partners through a series of end of year meetings. The purpose of these meetings is to highlight our work and to ensure that services are following up our recommendations from visit, investigation and monitoring reports. We aim to restructure these end of year visits to ensure that we are targeting the appropriate level of manager within health and social care partnerships.

### 3.3.2: Monitoring the law

This year we will:

- Produce the annual MHA monitoring report
- Produce the annual AWI monitoring report

One of the key findings from the Authority to Discharge report was that health and social care staff are not always clear on AWI law and best practice in this area. We have agreed to work in partnership with the Care Inspectorate (CI) to give their staff advice and guidance. The CI has funded a post for the Commission for one year to take this work forward.

The Commission provides placements to higher medical trainees (psychiatry). The placements generally last for three months, with a maximum of four months. The trainees undertake a project usually around an aspect of the mental health or incapacity act and its operation. These reports are published on our website.

### **3.3.3: Investigations and casework**

Our investigatory work is very broad. It includes all actions to review individuals' care and treatment, ranging from initial action to address poor or unlawful treatment, to case review and major investigation.

We complete around 20 case reviews a year that are monitored by our Investigations Group. We prioritise cases based on the impact and lessons that can be learned to improve practice across Scotland. From these investigation cases we will disseminate the learning points and assess their impact. An investigations lessons learned report will be published.

During 2020 we set up a two year project to review and improve our investigations. This is currently led by our Chief Executive and includes a Lead Practitioner for Investigations and Casework Manager Investigations. The governance and processes for efficient and effective investigations have been revised and implemented. We will evaluate and make decisions on the investigations systems and structure during this year.

In 2021 we published a [report](#) into the care and treatment of women prisoners. We will follow up the recommendations from this report and publish a closure report.

### **3.3.4: Information and advice**

We aim to produce information and advice that promotes a system to empower individuals to have autonomy, choice and control. This year we will:

- Identify opportunities to engage with psychiatrists and GPs in training, mental health officers and mental health and learning disability nurses.
- Engage with the HSPC Chief Officer Group.
- Develop a series of webinars on key issues from our good practice guides or other areas where law and ethics intersect with individual care and treatment. We aim to host a webinar for all of our national reports where appropriate.
- Work in partnership with NHS Education Scotland on developing modules for social care staff to increase awareness and understanding of the AWI legislation. A joint funding bid has been submitted to the Scottish Government for this work.
- To produce our annual report for laying in Parliament.

All our stakeholders tell us how much they value our assistance and advice. We audit our telephone advice line and aim to consistently meet our target of 97.5% accuracy.

### 3.4: Improve our efficiency and effectiveness

All of these strategic areas need to be underpinned by sound management, governance, staffing and information technology. We are committed to improvements in this area to further modernise the organisation, streamline our management and information systems and demonstrate value for public money.

To continue to improve our efficiency and effectiveness we will:

- Develop, consult and publish a refreshed strategic plan to guide us for both post pandemic working and any opportunities that may come out of the report of the SMHLR.
- Consider the implications of post pandemic working including the move to hybrid working and implications on staff and the organisation.
- Embed our performance framework across the organisation and develop some qualitative indicators where relevant.
- Review, consult and publish a revised engagement and participation strategy, incorporating actions from stakeholder survey from 2020.
- Implement the recommendations from our [equality outcomes report](#) and refresh and publish the next report.
- Embed our duties on children's rights through implementation of our corporate parent plan.
- Continue to review our ongoing financial sustainability.
- Develop a communications plan to support the business plan.
- Complete a self-assessment of the operation of the Board, Audit, risk and information governance committee and Executive Leadership Team.

### **3.5: Replacement of our core IT system**

Our current business critical database is being replaced. This is a large project for the Commission to undertake and a project team has been recruited to take this forward. We are working with key partners in Scottish Government and NHS National Services Scotland (NSS) to assist in assurance and procurement. The outline business case has been approved and funding secured from Scottish Government. This is both an opportunity and a risk for us. It provides us with an opportunity to procure a modern, efficient system to underpin our business. It is a risk in that the infrastructure that is required to procure and implement such a system is a drain on current resources and therefore achievement of this business plan.

## 3.6: Key performance indicators

### Key performance indicators

1. To visit a minimum of 1,200 individuals during 2022-23.
2. To produce the MHA monitoring report by 30 September 2022.
3. To produce a monitoring report on young people admitted to adult wards by 31 October 2022.
4. To produce AWI monitoring report by 30 September 2022.
5. To complete one major investigation report during the year.
6. To publish, in March 2023, our investigation lessons learned report on areas for improvement and recommendations from a wider range of our investigations work and promote areas of good practice.
7. We will follow-up all our recommendations to services arising out of local visits and achieve satisfactory responses in no less than 95% of cases within the agreed timescale. We will publicly report upon this.

## 3.7: Budget for 2022-23

### **Budget for 2022-23**

Following discussion with our sponsor department at Scottish Government we are now in receipt of our budget letter for 2022-23 (received 29 September 2022) which confirms core budget funding of £4.535m This includes funding for LD engagement and some additional staffing and corporate costs but excludes the set-up of the deaths in detention and homicide review at this stage. Capital funding of up to £0.961m has also been made available for the replacement of the Information Management System.



## Appendix 1

### Business plan objectives

Status Legend:
Not Started
On Track
Completed
Paused
Ongoing

### Strategic priority 1: To challenge and to promote change

Activity	Development need	Responsible	Timescale	Progress / Ref No	Status
Influencing and empowering	Promote development of human rights based mental health and incapacity law and practice by leading MWC response to Scottish Mental Health Review report expected autumn 2022	Chief Executive	Ongoing	1	
	To contribute to further consultations on the set up of a national care service for Scotland	Executive Director (Social Work)	Ongoing	2	
	To keep a watching brief on any developments on the forensic review (following Barron report)	Executive Director (Nursing)	Ongoing	3	

Activity	Development need	Responsible	Timescale	Progress / Ref No	Status
	Participate and seek to influence the Scottish Government Quality and Safety Board	Chief Executive	Ongoing	4	
	To keep a watching brief on the Scottish Government scoping work on the remit and powers of a Learning Disability, Autism and Neurodiversity Bill	Chief Executive	Ongoing	5	
Influencing and empowering	Participate in work of UK National Preventative Mechanism (NPM)	Chief Executive	Ongoing	6	
	To utilise the 60 <sup>th</sup> anniversary to raise profile of Commission's unique and impactful role	Chief Executive	Ongoing	7	
Monitoring the law	To publish a report on the use of community Compulsory Treatment Orders (CTOs) as requested by the SMHLR	Executive Director (Medical)	June 2022	8	
	To review and report on advocacy provision across Scotland	Chief Executive	December 2022	9	

Activity	Development need	Responsible	Timescale	Progress / Ref No	Status
Information and advice	To review and revise 10 good practice guides	Chief Executive	March 2023	10	
	Publish tenancy good practice guide for people	Executive Director (Social Work)	May 2022	11	

## Strategic Priority 2: Focus on the most vulnerable

Activity	Development need	Responsible	Timescale	Progress	Status
Visiting individuals	To undertake visits to individuals for the following themed visits <b>KPI 1</b> :				
	To individuals on community Compulsory Treatment Orders (CTOs)	Chief Executive	March 2023	12	
	To individuals in specialist services out of NHS Scotland provided placement area (including people with learning disability suffering delayed discharge and a follow up of our No through Road report)	Executive Director (Nursing)	March 2023	13	
	To consult with individuals and/or carers prior to each of the themed visits	Executive Director (Nursing) & Social Work – leads for themed visits	March 2023	14	
	To develop an appropriate local visit programme incorporating a mix of virtual and face to face visits in line with any ongoing pandemic restrictions	Executive Director (Nursing)	Ongoing	15	

Activity	Development need	Responsible	Timescale	Progress	Status
	To publish the local visits recommendations report (see <b>KPI 7</b> and from local visits during 21/22)	Executive Director (Nursing)	July 2022	16	
	Publish a report on the outcomes of our guardianship visits	Executive Director (Social Work)	September 2022	17	

Activity	Development need	Responsible	Timescale	Progress	Status
Monitoring and law	To monitor and publish report on young people admitted to adult wards (including working with Public Health Scotland to link data) <b>KPI 3</b>	Executive Director (Social Work)	October 2022	18	
	To monitor and report on advance statement overrides	Executive Director (Medical)	October 2022	19	
	To monitor and report on situations of excessive security	Executive Director (Nursing)	March 2023	20	
	To monitor and report on place of safety including follow up on previous report	Executive Director (Medical)	March 2023	21	
	To monitor and report on the use of recorded matters following up on previous work	Executive Director (Medical)	March 2023	22	
Investigations and casework	To publish one major investigation <b>KPI 5</b>	Chief Executive	March 2023	23	
	To implement new review systems for deaths in detention and homicides (subject to funding)	Chief Executive	April 2022 - 2024	24	

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

Activity	Development need	Responsible	Timescale	Progress	Status
Visits	To follow up recommendations from previous themed visits and closure reports. The following closure reports will be published		Closure reports to Board by:		
	Individuals with eating disorders	Executive Director (Nursing)	April 2022	25	
	Individuals in older people wards	Executive Director (Nursing)	April 2022	26	
	Authority to discharge	Chief Executive	June 2022	27	
	ARBD Guardianship Report	Chief Executive	October 2022	28	
	Racial inequality and mental health services	Executive Director (Medical)	October 2022	29	
	Prison themed visit	Executive Director (Social Work)	February 2023	30	

Activity	Development need	Responsible	Timescale	Progress	Status
	To implement the revised end of year meeting system	Chief Executive	May 2022	31	
Monitoring and law	To produce the annual report on MHA monitoring <b>KPI 2</b>	Executive Director (Medical)	September 2022	32	
	To produce annual report on AWIA monitoring <b>KPI 4</b>	Executive Director (Social Work)	September 2022	33	



Activity	Development need	Responsible	Timescale	Progress	Status
Monitoring and law	To oversee medical trainee projects linked to business plan, placing any reports on website and promoting a learning culture at the Commission.	Executive Director (Medical)	Ongoing	34	
	To work in partnership with Care Inspectorate to advise and guide on authority to discharge and 13 za	Executive Director (Social Work)	Ongoing	35	
Investigations and casework	To publish lesson learned and investigations report <b>KPI 6</b>	Chief Executive	March 2023	36	
	To follow up recommendations and publish closure report on the investigation of women in prison	Executive Director (Nursing)	August 2022	37	
Information and advice	Contribute to Board and Regional educational events/groups to engage with Psychiatrists, GPs in training, social workers/MHOs, nurses	Executive Directors (All)	Ongoing	38	
	To contribute to the HSCP Chief Officer Group	Chief Executive	Ongoing	39	

Activity	Development need	Responsible	Timescale	Progress	Status
	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	Executive Directors (All)	Ongoing	40	
	Produce the annual report for laying in Parliament in August	Chief Executive	August 2022	41	
	To work with NHS NES on training modules for social care staff on AWI (subject to funding)	Executive Director (Social Work)	Ongoing	42	

## Strategic priority 4: Improve our efficiency and effectiveness

Activity	Development need	Responsible	Timescale	Progress	Status
	To develop, consult and publish the strategic plan for 2023 - 2026	Chief Executive	March 2023	43	
	Embed our corporate performance framework across the organisation	Chief Executive /All Executive Team	Ongoing	44	
	To develop a communications plan to support the business plan	Chief Executive	April 2022	45	
	To review and implement hybrid working	Chief Executive	December 2022	46	
	Review, consult and publish revised engagement and participation strategy, incorporating actions from stakeholder survey from 2020	Executive Director (Social Work)	March 2023	47	
	Implement the recommendations from our equality outcomes report and review, consult and publish an updated report	Executive Director (Medical)	February 2023	48	

Activity	Development need	Responsible	Timescale	Progress	Status
	Embed our duties on children's rights through implementation of our corporate parent plan	Chief Executive	March 2023	49	
	Continue to review our ongoing financial sustainability	Chief Executive	Ongoing	50	
	Review and implement the risk management strategy	Chief Executive	Ongoing	51	
	Implement the project to replace IMP	Executive Director (Social Work)	July 2025	52	
	Complete the self-assessment of the operation of the Board, Audit Committee and Executive Leadership Team	Chief Executive	March 2023	53	

## Summary integrated impact assessment (IIA) report

### 1. Title of plan, policy or strategy being assessed

Business plan 2022-23

### 2. What will change as a result of this proposal?

Plan directs all the Commission's work towards its strategic objectives for the year.

### 3. Briefly describe any engagement around this proposal to date and planned

Discussions by Executive at ELT; all staff consulted on areas for themed visits

### 4. Date of IIA

15 February 2022

### 5. Who was present at the IIA? Identify facilitator, project lead, report writer

Name	Job title	Role
Alison McRae ELT meeting 15 Feb 2022	Head of Corporate Services	Project Lead

### 6. Evidence available at the time of the IIA

Evidence	Available?	Comments: what does the evidence tell you?
Monitoring data		
Research/literature evidence		
Lived experience/ carer evidence		
Good practice guidelines		
Other (specify)		
Additional evidence required		

**7. In summary, what impacts were identified and which groups will they affect?**

<b>Equality &amp; human rights</b>	<b>Affected populations</b>
<b>Positive</b>	<p>Young people and children - Included in general work and specifically in YP monitoring report &amp; Corporate Parent plan. Engagement strategy includes E&amp;P officers proactively targeting hidden groups including young people.</p> <p>Minority ethnic people - Visit procedure includes letter asking to meet all patients whose first language is not English, with interpreter.</p> <p>Racial equalities in mental health follow up and closure report will keep this issue is spotlight.</p> <p>LGBT people - Update of LGBT good practice guide.</p> <p>Engagement strategy includes E&amp;P officers, including new person with learning disability and/or autism proactively targeting hidden groups including LGBT people.</p> <p>Most of the content of the plan is aimed at promoting people's participation, inclusion, dignity and control over decisions, and towards protecting vulnerable children and adults directly or indirectly.</p> <p>Equality outcomes action plan includes "Review the involvement of people with protected characteristics in advising on our work".</p> <p>The work on influencing and commenting on the Scott Review will contribute to Social, economic and cultural rights.</p>
<b>Negative</b>	
<b>Geographical communities</b>	
<b>Positive</b>	<p>When in person visiting resumes, will make sure include islands.</p> <p>Engagement strategy includes E&amp;P officers proactively targeting hidden groups including people living rurally.</p>
<b>Negative</b>	

<b>Staff</b>	
<b>Positive</b>	<p>Living wage employer.</p> <p>Remobilisation needs to ensure all staff groups treated equitably.</p> <p>Ability to work remotely could extend ability to work for the Commission to individuals who might not have been able to commit to office-based/Edinburgh working.</p>
<b>Negative</b>	
<b>Environment and sustainability</b>	
<b>Positive</b>	Remote working likely to continue in some form and may contribute to reducing emissions due to reduction in travel.
<b>Negative</b>	Staff heating individual homes for work may cancel out some emissions reduction.

**8. Consider how you will communicate information about this policy. Who needs to be made aware? How will you communicate it to groups with specific communication needs? Please provide a summary of the communications plan.**

Business plan will be communicated to all staff and will be available on intranet, and discussed by line managers.

Business Plan will be published on the MWC website.

**9. Additional information and evidence required? If so, how will it be gathered? If appropriate, mark this report as interim and submit updated final report once further evidence has been gathered.**

**10. Recommendations**

N/a

**11. Action plan**

<b>Specific actions (as a result of the IIA which may include financial implications, mitigating actions and risks of cumulative impacts)</b>	<b>Who will take forward?</b>	<b>Deadline for progressing</b>	<b>Review date</b>

**12. How will you monitor how this policy, plan or strategy affects different groups, including people with protected characteristics?**

Business plan monitored by ELT and Board. Individual projects will monitor impact; for example visits use an anonymous equalities monitoring form.

**13. Sign off by Executive lead**

Name Alison McRae

Date February 2022





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

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