



mental welfare
commission for scotland

Business plan 2021-22

Corporate document

April 2021



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

1 Introduction

This business plan should be read in conjunction with the Commission's strategic plan. The strategic plan sets out the direction for the Commission until 2023. We continue to operate within the ongoing restrictions of the pandemic and with all of our staff working from home. Over the last year we have had to adapt our work to accommodate these restrictions and will continue to do so this year. This business plan reflects these current restraints 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 2021/22 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 and the Adults with Incapacity (Scotland) Act 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.

2.1 To challenge and promote change

2.1.1 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 Scott review 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. We have set up an internal structure to ensure that we are informed about all strands of the Scott review, have groups reviewing and discussing these issues and a Steering Group overseeing the work. The Steering Group will formulate the Commission view on proposals for change in the legislation to facilitate consultation with relevant stakeholders, where appropriate, and to feedback to, and influence, the relevant Scott review work streams and any further consultations. We are also

working closely with the Scott review team to determine if any of our monitoring data can be utilised to inform different strands of the review.

- Participating in the ongoing pandemic response review groups set up through Scottish Government to consider appropriate, proportionate and rights based legislative and policy changes driven by the ongoing public health emergency.
- In all of this work, 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 any follow up to the review of forensic mental health services.
- Participating in the ministerially led Quality and Safety Board for mental health services.
- Participating in the follow up to the review of adult social care, specifically for people within our remit, to ensure their rights and welfare are upheld in any proposed legislation and policy development.
- To engage with Scottish Government and other stakeholders to discuss and influence the emerging campaign for a new safeguarding agency for people with learning disability and autism.
- 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.
- Continue to monitor and challenge delays in discharge of people with learning disability and autism from hospital, to influence plans to address this issue as part of the current phase of the Keys to Life strategy for people with learning disabilities, and the Autism strategy.
- Renew our focus on the critical Mental Health Officer workforce with specific reference to MHO standards.

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/records, can interview people in private and choose where we visit and who we can speak to.

We will publish our report on our monitoring of the moves from hospital to care homes during the early stages of the pandemic. From this work and the recent judicial review of such moves in Greater Glasgow health board we aim to positively influence practice and any

changes to relevant legislation to ensure such moves are lawful, EHRC compliant and in the best interests of the individual.

2.1.2 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 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 and we will continue with these including finalising reports on the revocation periods for short term detention certificates, reported reasons for SIDMA on CTOs and the prevalence and characteristics of advance statements. A better understanding on how the current legislation is used will be helpful in any future reform and we are working with the Scott review to identify other monitoring projects that could be of use to the review. Any agreed projects will be added to the business plan during the year.

We will monitor and report on the use of advance statements, drawing on our national register.

2.1.3 Information and advice

Over the last year we have produced an advice note about care and treatment, the law and ethics related to the pandemic. This is updated on a regular basis and we will continue to do this over the next year 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 14 good practice guides.

Following our work on reviewing hospital to care home moves during the pandemic it is likely that we will produce an advice note highlighting good practice to ensure such moves are completed with the appropriate legal authority. A decision on whether there will be an advice note will be made as part of the report on this work.

The new good practice guides will be 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 and a project plan overseen by Executive Group.

2.2 Focus on the most vulnerable

2.2.1 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 retain the right to visit any individual at any time if we have concerns about their care and treatment. We have not visited during periods of lockdown or level 4 restrictions and carried out fewer visits during lower level restrictions. We see this pattern continuing throughout much of next year but are developing a system to facilitate remote visits.

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 will follow a standard format and there will be a national report comparing services across Scotland. During 2021/22 there will be two themed visits, both postponed from 2020/21:
 - to individuals using mental health services in prisons; and
 - to individuals with a dual diagnosis of mental illness and substance misuse.
2. Local visits to individuals in facilities. We may prioritise some of these visits based on intelligence gathered from themed visits, previous visits, service user concerns 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 do not feel it is appropriate to do these during the pandemic. We will review this in the second half of the year and decide whether unannounced visits can resume.

3. Visits to individuals on guardianship. We will continue to visit a sample of all people on guardianship. 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 on indefinite guardianship orders. This year we will introduce a project to focus on a specific group of people on guardianship – people with alcohol related brain damage. This will allow us to compare their experiences across the country and to reflect on the implementation of the Commission’s good practice guide in relation to alcohol related brain damage, published January 2019.

We have a target to visit 1,200 individuals in 2021/22. 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 in prisons	100
• Individuals with dual diagnosis	100
Visits to individuals receiving local services	650
Guardianship visits	350
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 will report annually on how many carers and relatives we meet.

2.2.2 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. We also monitor other areas of the Acts such as places of safety and specified persons by reviewing paperwork that is sent to us.

We work to ensure that individual service users 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.

2.2.3 Investigations and casework

Following the UN Committee on the Prevention of Torture (CPT) visit to the UK in 2018, we investigated the care and treatment of several female prisoners. The report of this investigation will be published in summer 2021.

In 2016 we presented a proposal to the Scottish Government for a system to review and investigate, where appropriate, all homicides by people currently receiving mental health services, following concerns raised during the passage of the Mental Health Act 2015. The proposal outlines that the Commission should review all such homicides and investigate where appropriate. We progressed some work to develop the new system last year although we were unable to consult individuals and relatives due to the pandemic restrictions. We aim to progress the review during this year and present a business case to the Scottish Government in March 2022 for 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). Much of this work was delayed due to the pandemic in 2020 and this project will be extended and funded to March 2022.

2.2.4 Project on ethnicity

In June 2020 we decided to do a themed project into ethnicity issues within the Scottish Mental Health Sector, - involving consultation with individuals and professionals and looking at what data we have or could collect. The report from this project will be published during this year and any actions from that reviewed and added to the business plan, if appropriate

2.3 Increase our impact (in the work that we do)

2.3.1 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 with autistic spectrum disorder](#)
- [Individuals in older people wards](#)
- [Individuals with eating disorders](#)

We currently meet with health boards and some 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.

2.3.2 Monitoring the law

This year we will return to publishing both the monitoring statistics and analysis on the operation of the MHA and AWIA on an annual basis

This year we will:

- Produce the annual MHA monitoring report;
- Last year we produced a six month analysis of the use of detention during the pandemic. We intend to do a further six month review this year;
- Produce the annual AWI monitoring report; and
- Complete analysis on the use of social circumstances reports (SCRs) and make recommendations for improvements.

2.3.3 Investigations and casework

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

We complete around 20 case reviews a year that are monitored by our Operational Management 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.

During 2020 we set up a two year project to review and improve our investigations. This is led by our Executive Director (Nursing) and includes a Lead Practitioner for Investigations and Casework Manager Investigations. A project initiation document outlining key milestones and target dates for the project was approved by our Operational Management Group. This will be monitored by OMG.

2.3.4 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:

- Consolidate the use of Podcasts in our communications
- Identify opportunities to engage with psychiatrists and GPs in training
- Hold a series of engagement events with mental health officers
- Engage with the HSPC Chief officer group
- Hold two online seminars in April for practitioners specifically around current advice on care and treatment, the law and ethics during the ongoing pandemic. We will then evaluate these seminars to decide whether to hold more

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

2.4 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 and embed our corporate performance framework across the organisation
- Develop and implement a workforce strategy
- Implement the action plan from the stakeholder survey completed in March 2020
- Implement the recommendations from our [equality outcomes 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 Operational Management Group

Our current business critical database runs out of support in 2023 and is being replaced. There is a significant project underway to obtain funding, procure and implement a new system.

2.5 Key Performance Indicators

1. To visit a minimum of 1,200 individuals during 2021-22
2. To produce the MHA monitoring report by 30 September 2021
3. To produce a monitoring report on young people admitted to adult wards by 31 October 2021
4. To produce AWI monitoring report by 3 December 2021
5. To publish one major investigation report during the year (this year it is about the care and treatment of several female prisoners with mental illness)
6. To publish, in February 2022, our first report on areas for improvement and recommendations from a wider range of our investigations work and promote areas of good practice
7. To maintain an accuracy rate of at least 97.5% in random samples of telephone advice given
8. 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.

2.6 Budget for 2020/21

Our core budget for 2021/22 is £4,056 million. In addition there is a budget of £256k to complete the reviews on deaths in detention and mental health homicides, £167k for costs associated with the project to procure a new database and £50k for costs associated with the wind up to the National Confidential Forum functions.

Appendix 1

Strategic priority 1: to challenge and to promote change

Activity	Development need	Responsible	Timescale	Progress	Status
Influencing and empowering	Promote development of human rights based MH and incapacity law and practice by leading MWC input to Scott review of Mental Health and associated legislation	Chief Executive	Ongoing		
	Participate in SG groups on policy and legislation during the pandemic	Chief Executive / Executive Directors	Ongoing		
	Develop a system of review for deaths in detention that is agreed with stakeholders and present costed business case to Scottish Government	Executive Director (Nursing)	March 2022		
	Participate in follow up to the (Barron) forensic review	Executive Director (SW)	Ongoing		
	Participate and seek to influence the Quality and Safety Board	Chief Executive	Ongoing		
	Participate in any relevant follow up to the adult social care review (Feely)	Executive Director (SW)	Ongoing		
	Monitor and participate in debate around establishing safeguarding agency for people with learning disability and autism	Chief Executive	Ongoing		
	Implement project on delayed discharges following pilots in Tayside and Fife	Chief Executive	Ongoing		
	Participate in work of NPM	Chief Executive	Ongoing		
	Publish report on hospital to care home project and determine follow up action	Chief Executive	Report May 2021		
	Renew our focus on the critical Mental Health Officer workforce with specific reference to MHO standards	Executive Director (SW)	Ongoing		

Activity	Development need	Responsible	Timescale	Progress	Status
Monitoring the law	Publish the report on revocation periods for STDCs	Executive Director (Medical)	June 2021		
	Publish the report on the reasons for SIDMA on CTOs	Executive Director (Medical)	June 2021		
	Publish report on prevalence and characteristics of advance statements	Executive Director (Medical)	August 2021		
	Discuss with Scott review team any monitoring projects that could be done by the Commission and bring a business case to OMG with proposals and resources	Executive Director (Medical)	May 2021		
Information and advice	We will review and revise 14 good practice guides (see appendix 2)	Overall: Chief Executive	March 2022		
	To update and publish Coronavirus advice note	Chief Executive	Ongoing		

Strategic Priority 2: Focus on the most vulnerable

Activity	Development need	Responsible	Timescale	Progress	Status
Visiting individuals	To undertake visits to individuals for the following themed visits <ul style="list-style-type: none"> to individuals with a dual diagnosis of mental illness and substance misuse to individuals in prisons 	Executive Director (Nursing)	March 2022		
		Executive Director (SW)	March 2022		
	To consult with individuals and/or carers prior to each of the themed visits	Executive Director lead as above			
	To develop an appropriate local visit programme incorporating a mix of virtual and face to face visits in line with pandemic restrictions	Executive Director (SW)	June 2021		
	To implement and report on the guardianship project to people with ARBD	Chief Executive	September 2021		
Monitoring and law	To monitor and publish report on young people admitted to adult wards	Chief Executive	October 2021		
	To monitor and report on advance statement overrides	Executive Director (Medical)	October 2021		
Investigations and casework	To publish the themed investigation of individuals in prison and pathways of mental health care	Interim Executive Director (practitioners)	June 2021		
	To continue to work with Scottish Government on review of homicides by people in touch with mental health services and produce a business on proposed new system for ongoing review	Executive Director (Nursing)	March 2022		
Other	To publish report on ethnicity project and determine any further actions for the Commission	Executive Director (Medical)	September 2021		

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

Activity	Development need	Responsible	Timescale	Progress	Status
	To follow up recommendations from previous themed visits –		Closure reports to Board by:		
	<ul style="list-style-type: none"> • Individuals with ASD • Individuals in older people wards • Individuals with eating disorders 	Executive Dir (Med) Executive Dir (N) Executive Dir (N)	June 2021 October 2021 October 2021		
	To restructure the end of year meeting system	Chief Executive	June 2021		
Monitoring and law	To produce the annual report on MHA monitoring	Executive Director (Medical)	30 September 2021		
	To produce a further six monthly report on use of MHA during pandemic	Executive Director (Medical)	June 2021		
	To produce annual report on AWIA monitoring	Executive Director (SW)	3 December 2021		
	To implement a project on SCRs	Executive Director (SW)	March 2022		
Investigations and casework	To implement project plan for investigations	Executive Director (Nursing)	Ongoing		
	To publish lesson learnt and investigations report	Executive Director (Nursing)	March 2022		
Information and advice	Contribute to Board and Regional educational events to engage with Psychiatrists and GPs in training	Executive Director (Medical)	Ongoing		
	Series of engagement events with MHOs (ten throughout the year)	Executive Director (SW)	Ongoing		
	H&SCP Chief Officer group	Chief Executive	Ongoing		

Activity	Development need	Responsible	Timescale	Progress	Status
	Two online events around pandemic practice, then evaluate to decide whether to hold more	Interim Executive Director (practitioner)	April 2021		

Strategic priority 4: Improve our efficiency and effectiveness

Activity	Development need	Responsible	Timescale	Progress	Status
	Develop and embed our corporate performance framework across the organisation	Chief Executive /All executive team	March 2022		
	Develop and implement a workforce strategy	HOCS	August 2021		
	To develop a communications plan to support the business plan	HOCS	May 2021		
	Implement the action plan from the stakeholder survey completed in March 2020	Chief Executive	June 2021		
	Implement the recommendations from our equality outcomes report	Various outlined in action plan	March 2022		
	Embed our duties on children's rights through implementation of our corporate parent plan	Chief Executive	March 2022		
	Continue to review our ongoing financial sustainability	Chief Executive/HOCS			
	Review and implement the risk management strategy	HOCS	Ongoing		
	Implement the project to replace IMP	HOCS	Ongoing		
	Complete the self-assessment of the operation of the Board, Audit Committee and Operational Management Group	HOCS	Ongoing		

Appendix 2

Good practice guides and advice notes for review

The following good practice guides will be reviewed throughout the year and all completed by March 2022

- 1 LGBT inclusive mental health services
- 2 Nutrition by artificial means
- 3 Supervising and Supporting Welfare Guardians
- 4 Best practice guidance on the preparation of care plans for people subject to compulsory care and treatment (s76 care plans)
- 5 Suspension of Detention
- 6 Covert Medication
- 7 Covert Medication Care pathway 1
- 8 Covert Medication Care Pathway 2
- 9 Drug induced psychosis and the law
- 10 Social Circumstances Report Guidance
- 11 To produce a flowchart on the medical management patients lacking capacity
- 12 To produce a flowchart on adult support and protection responsibilities in relation to medical management and risk
- 13 Right to Treat - delivering physical healthcare to people who lack capacity and refuse or resist treatment
- 14 Excessive security appeals

Summary IAA report template

1. Title of plan, policy or strategy being assessed

Business plan 2021-22

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 OMG; draft shared with all practitioners and all corporate services managers.

4. Date of IIA

16 March 2021

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

Name	Job title	Role
Alison McRae	Head of Corporate Services	Project lead
Kate Fearnley	Executive Director (E&P)	Facilitator, report writer

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?

Equality & human rights	Affected populations
Positive	<p>Young people and children - Included in general work and specifically in YP monitoring report & Corporate Parent plan. Engagement strategy includes E&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>Ethnically diverse communities project aims to reach these populations specifically.</p> <p>LGBT people - Update of LGBT good practice guide.</p> <p>Engagement strategy includes E&P officers 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 Scott Review will contribute to Social, economic and cultural rights.</p>
Negative	<p>Women – we may see more men than women in themed visits this year due to demographics of prison population and of ARBD. Will visit all women's prisons as part of themed visit.</p>
Geographical communities	
Positive	<p>When in person visiting resumes, will make sure include islands.</p> <p>Engagement strategy includes E&P officers proactively targeting hidden groups including people living rurally.</p>
Negative	
Staff	
Positive	<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>
Negative	<p>Ensure new workforce strategy does not disadvantage part time staff.</p>
Environment and sustainability	

Positive	Remote working likely to continue in some form and may contribute to reducing emissions due to reduction in travel.
Negative	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 on intranet, and discussed by line managers.

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

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

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

Business plan monitored by OMG 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 March 2021



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