MEETING OF THE BOARD
HELD ON 24/06/2025 via TEAMS
AT 11:00am
Present:
Sandy Riddell (Chair)
Cindy Mackie
Kathy Henwood
Alison White
David Hall
In attendance:
In attendance: Julie Paterson, Chief Executive
Julie Paterson, Chief Executive
Julie Paterson, Chief Executive Claire Lamza, Executive Director (Nursing)
Julie Paterson, Chief Executive Claire Lamza, Executive Director (Nursing) Suzanne McGuinness, Executive Director (Social Work)
Julie Paterson, Chief Executive Claire Lamza, Executive Director (Nursing) Suzanne McGuinness, Executive Director (Social Work) Julie O'Neill, Business Change and Improvement Manager
Julie Paterson, Chief Executive Claire Lamza, Executive Director (Nursing) Suzanne McGuinness, Executive Director (Social Work) Julie O'Neill, Business Change and Improvement Manager
Julie Paterson, Chief Executive Claire Lamza, Executive Director (Nursing) Suzanne McGuinness, Executive Director (Social Work) Julie O'Neill, Business Change and Improvement Manager Ashley Dee, Head of Culture and Corporate Services
Julie Paterson, Chief Executive Claire Lamza, Executive Director (Nursing) Suzanne McGuinness, Executive Director (Social Work) Julie O'Neill, Business Change and Improvement Manager Ashley Dee, Head of Culture and Corporate Services

MENTAL WELFARE COMMISSION FOR SCOTLAND

1. Welcome and Apologies

No Apologies were received

2. Board Declarations and Register of Interests

No declarations or register of interests were given.

3. Chair Update and Announcements

The Chair advised that the focus of his announcements today was on a number of matters relating to developing and strengthening governance arrangements.

Firstly, he announced DH's appointment as the Board's vice-chair. He added that the Commission was likely to be facing an exciting and potentially very busy period, and that DH's appointment will provide the Board with the additional leadership capacity and support required during this time.

He advised the Board that the appointments of our new Board members have still to be finalised. The Commission had been assured by the Scottish Government that everything possible is being done to progress this. However, he advised that the Scottish Government advised him yesterday that the Government has only now finalised the necessary process with our new appointees yet to complete their applications to Disclosure Scotland. They have outlined what the various stages of the process will entail and now estimate a provisional start date of the week beginning the 28 July. The Chair expressed his disappointment at the continuing delays including his frustration at not being given the contact details of the new members in order to reach out to welcome them - points he has made to the Government. He reminded the Board that it remains our intention to organise an early Teams meeting for the Board to welcome them and also to ensure that induction is provided as soon as possible. The Chair added that he recognised that this ongoing delay has been challenging in terms of ensuring that our meetings are quorate in line with standing orders, and thanked the Board for their continuing support. Meantime, the Chair will seek confirmation that Board members are available for both the Q&A next month and the Board meeting in August to ensure that we are quorate for the business requiring attention.

In line with the feedback received from the Board's most recent self-assessment, today's premeeting was extended to allow more time for members to meet and discuss issues. In addition, the Chair has suggested that following the business part of the Board's August meeting, a one hour meeting for Board members will be organised in order to have some protected space for discussion on the challenges and opportunities facing the Commission, and our views on our priorities as an organisation. JP will spend an initial 15 minutes of that hour to help facilitate the discussion and the Chair will feedback to her the main conclusions reached. The Chair would also wish to use the planned in-person Board meeting in October for some development involving the Board and ELT, taking the form of presentations from the Chief Executive then all the executive leads on their top priorities for the year ahead along with their expectations regarding what Board members can do to actively promote and support the Commission's ambitions in the short to medium term. He also advised Board members that he intends to use part of the time earmarked for a Q&A in September as a mid-year reflection on progress to date with the self-assessment.

Finally, the Chair reminded the Board that the Q&A scheduled for 25 July would feature risk management training for the Board – a need identified through the skills matrix completed.

4. CEO Update

JP advised that she had a received an email confirmation from Scottish Government yesterday confirming the Commission's budget allocation for 2025-26. A formal budget letter is to be received by Friday of this week. It is disappointing to note that the expected £220k for the DIDR/MH work has not been included. It has been explained that the Health and Social Care Resourcing and Financial Controls Group currently are not approving any new funding that is "not legally committed". JP will pick up this up with Scottish Government at a meeting next week.

JP noted that the Carers themed visit work is slightly delayed and will be brought to the meeting on 25 July. There will therefore be a Q&A part to the meeting of 25 July and a formal minuted board part looking at this single item. JP noted this was discussed at the Q&A of 30 May and was grateful to the Chair and those in attendance to their agreement to this plan.

JP also referred to the two recent parliamentary committees attended by the Commission leadership team. The Supported Bodies Landscape Review Committee on 1 May and the Health Social Care and Sport Committee held 3 June; the latter focussed on our visiting work, specifically relating to Skye House and delayed discharge. JP said that the Commission also took the opportunity to raise the matter of independent advocacy provision across Scotland as intelligence would suggest various reductions. The Commission has since written to the sponsor department's director, Stephen Gallacher, to alert him to this apparent reduction in supporting voices to be heard in the field of learning disability and mental health.

JP finished by reminding members that John Crichton will join the Commission on 1 July as our executive director (medical). His arrival is eagerly awaited.

5. (a) Minutes of Board meeting held on (Paper)

The minutes were approved for this meeting.

(b) Action Points (Paper)

Action points updated accordingly.

6. Advisory Committee

NB supplied a verbal update, confirming that there is little update since the last board meeting however planned sessions were underway between JON and NB to help organise the Advisory Committee actions and processes.

- 7. Items for discussion and/or approval
- 7.1 Finance Managers Report

JP presented the paper, confirming that this report had already been presented to the AP&R committee on 16 June 2025.

JP confirmed, as stated previously, that a letter of 2025-26 budget confirmation is to be received from Scottish Government by Friday of this week. DH advised that this report had been fully discussed at AP&R, particularly the significant rise in DMP costs.

The Board noted the paper

- 7.2 Annual Accounts
- i) AP&R Committee Assurance Statement to Board on 2024/25 Accounts (Paper)

DH presented the Assurance Statement, confirming the paper was approved at AP & R meeting dated 16 June 2025 and was recommended for approval by the Board.

The Board approved the paper

ii) 2024/25 Annual Accounts Commentary (Paper)

DH presented the paper; the paper was welcomed with no questions or comments.

The Board approved the paper iii) 2024/25 Annual Accounts for Board (Paper) DH presented the paper with no queries or questions asked. The Board approved the paper iv) 2024/25 Internal Audit Annual Report (TIAA) (Paper) DH presented the paper confirming the finding that there was effective risk management in all places. When DH invited questions, SR confirmed that any issues identified have been shown to be actioned and in progress. The Board approved the paper v) Grant Thornton 2024/25 Annual Report on the Audit (Paper) Hannah McKellar (HM) presented the audit paper and expressed her thanks to the Finance Team for their collaboration throughout the process. She provided a summary of the key points, confirming that there had been no significant changes, nor any alterations to the scope of the audit.

HM informed the Board that the final version of the document will be submitted to JP and SR for signature, and that the auditors were confident in issuing an unmodified opinion.

SR sought confirmation that the external auditors were happy to sign off the annual accounts with no matters outstanding. HM confirmed this. No further questions or comments were raised.

The Board approved the paper

vi) Public Services Reform (Scotland) Act Disclosures 2024/2025

This paper highlighted expenditure as required by Sections 31 and 32 of the Public Services Reform (Scotland) Act 2010. No questions or comments were posed.

The Board approved the paper

vii) Annual AP&R report to the board (Paper)

DH presented this annual report as part of the regular review of the effectiveness of the systems of internal control fulfilled by the AP&R Committee. DH, as AP&R Chair, recommended that the paper was approved.

The Board approved the annual report.

7.3 Out of NHS Closure Report

CL verbally updated the Board.

CL confirmed that two recommendations had been issued to the Health and Social Care Partnerships (HSCP), and five to the Scottish Government (SG). CL reported that SG had requested an extension to the response deadline, with a revised date now agreed for 8 July 2025. It was noted that all HSCPs have responded.

No questions or comments were received. This closure report will now be presented to August's board meeting.

The Board noted the update.

7.4 Quality and Performance Report 2025 – 26

JON presented the paper

JON confirmed that the recommendation, after ELT consultation, was to keep the current performance measures for the 2025-26 period. JON sought any questions or comments; none were raised.

The Board approved the paper

7.5 Quality and Performance Report 2024 – 2025

JON presented the paper

JON confirmed that this paper had already been presented to AP&R on 16 June 2025, noting that a suggestion had been made for a high-level executive summary report to the committee and board. SR noted the excellent progress that has been made in developing this detailed performance related work which had not featured at the Commission previously. He agreed that the stage has now been reached whereby a summary could now be provided rather than the level of detail currently shared; this would avoid the committee and the board drifting into operational areas.

DH agreed but wished to avoid generating or writing a new report where possible.

JP outlined the current structure for reports, with an annual report to the board and a report delivered twice yearly to AP&R committee. JP explained that the current detail is necessarily required to allow the executive team to run the organisation but a more high level report could be looked at and JON is considering this and will progress for the board and committee if agreed today.

AW confirmed that she raised this suggestion at AP&R and was very assured by the level of detail the executive team consider. She carried on to explain that a higher level of information could assist in keeping Board members focused at the strategic level. SR concurred noting that the Board had successfully transitioned focus to the appropriate strategic level, moving away from the operational matters and this direction of travel for reporting would further embed this. SR also said it was important to continue to develop our reporting to measure quality and impact.

The Board approved the paper and the suggestion of high level performance reporting.

7.6 Strategic Risk Register

JON presented the paper noting that 2 risks had been closed.

CM, having raised the matter previously, welcomed the progress made on the DMP aspect of risk 7 noting that all medical staff are now involved in these audits.

The Board approved the paper

7.7 IMS Progress Report

SM presented the paper to the Board, providing an update that the project status had changed from 'green' to 'amber' after the paper had been submitted. The primary issue is that the forms contain more extensive field requirements than the system was initially designed for. As a result, the delivery date for the Minimum Viable Product (MVP) has been revised to 10 September 2025.

An assurance gate meeting is scheduled for 30 June 2025. SM advised that during a premeeting with assurance colleagues, there was a shared understanding of the complexity involved, and assurance representatives expressed confidence in the current approach.

SR informed the Board that he will be meeting with Stephen Gallacher from the Sponsorship Department in July and requested that the results of the assurance gate meeting be shared with him in advance of that discussion.

CM raised a question regarding the impact of the project's delay on staff wellbeing and asked how wellbeing considerations were being embedded into project planning and delivery. SM acknowledged both enthusiasm and some resistance to change, which are typical of large-scale initiatives. SM confirmed that regular updates are being provided via departmental meetings and all staff emails, and two all Commission sessions are scheduled for July. Additionally, SM noted a high level of staff interest in becoming trainers for the new system.

JP thanked SM for her continued leadership in progressing the project noting that this is not part of the executive director (social work) role but that SM picked this up following the departure of our Head of Corporate services.

The Board noted the paper.

7.8 Draft Closure Reports

SM presented the papers to the Board.

GH (2023) is the third DID/H project closure report. Mrs F (2024) is the second investigation Commission business as usual report. SM confirmed that the publication of closure reports for investigations ensures evidence of action taken in response to recommendations made by the Commission.

SM carried on to advise that the two closure reports, relating to cases involving Mrs F and GH, had been completed and shared with the appropriate services. SM confirmed that the service referenced in the Mrs F report responded to confirm agreement with the assessment, acknowledging it as accurate and fair. A response is awaited re GH.

SR commended the quality of the work undertaken and suggested that it is important to profile this work, particularly in the absence of confirmation of ongoing funding. JP said that issuing a media statement could be an appropriate next step.

CM praised the high standard of detail in the reports and noted that the key learning points had been clearly communicated. She further highlighted that the families involved had expressed appreciation for the Commission's work, which reflected the diligence of staff involved in the investigations.

DH queried whether the Commission could further utilise its investigation work as a means of demonstrating the significance and value of homicide investigations, potentially positioning it as a leadership example within the sector.

Action: JP to consider media statement regarding investigations and further positioning

7.9 Health Promotion and Wellbeing Framework

AD presented the paper.

AD informed the board that the proposed framework is a significant contribution to the Organisation Development Plan. The framework has been developed through consultation with both internal and external HR, which enabled a comprehensive assessment of existing tools and resources, as well as the identification of new ones. AD noted for the board that

there is no reference to a Commission Wellbeing Group as there are only two members and other alternative plans need to be considered.

CM was invited to comment and clarified that, in her role as Wellbeing Champion, she had been consulted during the development process and involved in drafting the accompanying documentation, with the final version yet to be published. CM emphasised the importance of embedding these recommendations through both top-down leadership and bottom-up staff engagement. SR agreed, stating that ownership of wellbeing should be shared across all levels of staff.

AW inquired about the implementation plan for the recommendations. AD confirmed that the initial step would involve presenting the framework to the Extended Executive Leadership Team (EELT), who would then be responsible for cascading the information to their respective teams. A digital version of the document will also be made available to all staff via the intranet.

NB commended the quality of the work undertaken and sought clarification regarding the development of 1:1 meeting frameworks, as referenced in the occupational section of the paper. JP confirmed that different 1:1 meeting templates are in circulation to support supervision practices. This is an area that needs to be reviewed and standardised with support from HR when there is HR capacity to do so. At a previous board meeting CM sought confirmation that 1:1 sessions are at least being recorded and signed off by manager and staff and JP confirmed this to be the case. NB posed a follow-up question regarding the organisation's carers policy, asking whether a dedicated carers leave policy was in place or integrated into other papers. She also recommended that the Commission consider becoming an officially recognised 'Carer Positive Employer' under the national scheme. JON confirmed that carers leave is currently encompassed within the Special Needs Policy. JP agreed to explore the possibility of joining the national scheme.

The Board approved the paper

7.10 Annual Complaint Handling Report

AD presented the paper

AD informed the Board that the number of recorded complaints rose to 15 this year, surpassing previous years' figures. He attributed this increase to the targeted training delivered by Paloma Alvarez Information Governance Manager, which focused on clarifying what constitutes a recordable complaint and on proper complaint-logging procedures.

The Board approved the paper
7.11 Travel and Subsistence
AD presented the paper.
AD explained that the policy will be effective from August 2025 and the monitoring system updates will be taken to ELT in July.
The Board approved the paper
7.12 Audit Performance and Risk Committee Minutes – Feb 2025
DH presented February AP&R minutes to the Board for information.
Minutes were noted by the Board
8 For Information
8.1 Annual Report 2024 – 2025
JP presented the paper for information
JP thanked the Board for their submitted comments by 20 June and confirmed that the Annual Report was sent to the sponsor department to be formally laid before Parliament today.
SR expressed appreciation, commending the report as being of an exceptionally high standard. He noted that the tone used to describe challenges was well-judged, thinking it

struck an appropriate balance between acknowledging the issues and avoiding blame.

The Board noted the paper

8.2 Whistleblowing Update

AD presented the paper for information.

AD confirmed that there had been 3 expressions of interest for the appointment of 'confidential contacts'. ELT had agreed a minimum of two 'confidential contacts' so that there is cover for annual leave. Next steps will be for AD and HR to move towards selection and appointment and the training of the confidential contacts and then training will be delivered to line managers.

AD explained that the Commission's PID-WB Policy is now due for review (May 2025) and will need updating significantly in order to now comply with the INWO Standards. AD and Paloma Alvarez will take this forward with a target date of end of July for completion.

The Board noted the paper for information

8.3 Health and Safety Update

AD presented the paper to the Board for information.

CM acknowledged the significant progress made in improving health and safety across the Commission and asked about incident reporting in particular. AD thanked CM and confirmed that work is underway to implement a digital system for accident reporting, alongside ensuring that a RIDDOR log is readily accessible to all staff. In the meantime, AD confirmed to CM that there is a manual recording incident book in the office.

The Board noted the paper for information

9. Board Agenda Planning

Board Q and A session Adjustment (25 July)

- 1. a 45 minute training session on risk management for board members
- 2. a short, formal Board meeting to cover the carers report with ELT and board members

3. CEO and Board members discussion

Board Meeting 26 August 2025

To take place 10.15 till 1 p.m. From 2 till 3pm there will be an informal meeting with the Board - with JP joining for the first 15 minutes of that hour.

August 2025

Budget Update

Business Plan 2025/26 Progress Report

IMS Project Update

Gender Pay Gap

Out of NHS Closure report

10. Date for next Board meeting: 26 August 2025 (via TEAMS)