



**mental welfare**  
commission for scotland

# **Mental Welfare Commission for Scotland**

## **Business plan 2026-27**

Corporate Report

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## Contents

1. Introduction .....	3
2. Our strategic priorities .....	4
2.1 To lead, challenge and promote change.....	4
2.2 To increase our impact (in terms of both our national leadership role and the work that we do) .....	4
2.3 To improve our efficiency and effectiveness .....	5
2.4 To focus on the most vulnerable.....	5
3. Our commitments .....	6
3.1 Strategic priorities .....	6
3.2 Influencing and empowering .....	6
3.3 Visiting individuals.....	7
3.4 Monitoring of the Acts.....	7
3.5 Investigations.....	7
3.6 Information and advice .....	8
3.7 Engagement and participation.....	8
3.8 Digital transformation .....	8
3.9 Workforce.....	9
Appendix 1: Business Plan 1 April 2026 to 31 March 2027.....	10
Appendix 2: Performance measures.....	18

## 1. Introduction

The Mental Welfare Commission's Business Plan for 2026-27 should be read in conjunction with the Commission's [Strategic Plan for 2026-29](#).

The 2026-27 business plan outlines how we will take forward the implementation of our commitments this year and how we will measure our success.

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

The business plan workplan for 1 April 2026 to 31 March 2027 is attached at Appendix 1 detailing the timeline for achieving our commitments, a progress report on which is submitted quarterly to our Board.

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

## 2. Our strategic priorities

We are committed to ensuring respect for all human rights to ensure people with mental illness, learning disability, personality disorder, dementia and related conditions receive the best possible care, treatment and support to live the life of their choosing.

Feedback from stakeholders on our 2026-29 strategic plan confirms that they still agree with our four priorities from 2023-26. However, they want us to strengthen in terms of our focus on the Commission's national mental health leadership role, human rights and communities as well as hospital settings (as there seems to remain a perception that we only work with people in hospitals).

The explanation of our strategic priorities has therefore been expanded as below:

### 2.1 To lead, challenge and promote change

- Individuals will know their rights. They will be empowered to participate in decision making about their mental health care and treatment if and when they wish to and/or feel able to. They will be supported to choose the lives they want to live.
- The Commission is recognised as a leader and trusted voice on mental health and incapacity legislation and human rights. Recommendations made by the Commission will be listened to and will effect positive change.
- Scotland's legislation relating to involuntary care and treatment will fully reflect international human rights best practice and standards, in its wording and implementation.
- People's rights are at the centre of policies and practice and reflected in their experience of mental health and learning disability service provision.

### 2.2 To increase our impact (in terms of both our national leadership role and the work that we do)

- Services will respect our duties in law; have due regard for the recommendations we make and implement them.
- We are the go-to place for advice on areas where care and treatment, ethics and the law intersect.
- Our monitoring of mental health and incapacity legislation continues to develop and expand, improving safeguards in practice and informing legislative and policy changes.
- We will improve and adapt our engagement to address any barriers to ensure we visit people across communities.

## **2.3 To improve our efficiency and effectiveness**

- Our staff are engaged, trained and developed to have the right skills and knowledge to deliver the Commission's priorities in a changing environment.
- Our effectiveness will be enhanced by expanding opportunities to collaborate to include people with experience of using services, carers and professionals across mental health services.
- We will implement a new information management system in 2026, digitalising our day-to-day work and improving our business efficiency and effectiveness.
- We will continue to deliver our statutory duties within our finite allocated resources.

## **2.4 To focus on the most vulnerable**

- We will work across hospital and community services for mental health, learning disability (including those with profound learning and multiple disabilities), personality disorder, dementia, and related conditions, to ensure there are robust plans to identify and respond to the needs of children, young people, adults and older people who are less likely to have their voices heard and where their human rights are not being upheld.
- We will further develop our working partnerships with independent and collective advocacy services to ensure systemic human rights concerns are identified and addressed.

### 3. Our commitments

Our strategic plan was approved by our Board on 24 February 2026 for the next three years and our commitments for the first year of this plan (2026-27) are detailed below.

#### 3.1 Strategic priorities

- We will increase the profile of the Commission, providing clarity on what we do and what we don't do.
- Whilst there is a consistent ask from stakeholders for the Commission to extend our reach to "improve care for all", to include prevention, anti-stigma and wellbeing, the Commission needs to target its finite resources and retain its unique role and focus on the human rights of those most vulnerable. Extending our reach and scope should be as per the [Scottish Mental Health Law Review \(SMHLR\) report](#) published in 2022 and its three-year evidence base. However, we need to profile and collaborate with those organisations whose role it is to focus on anti-stigma, prevention and well-being.
- We will focus on the recommendations of the SMHLR to ensure that they are fully considered and appropriate action taken forward to reform Scotland's mental health and incapacity legislation which is not keeping pace with human rights expectations.

#### 3.2 Influencing and empowering

We will continue to:

- Protect our integrity and independence.
- Improve our visibility and accessibility and ensure our uniqueness is understood, for example, roadshows, national engagement events.
- Work with other bodies, including the Scottish Human Rights Commission and Children and Young People's Commissioner, to develop an understanding of how mental health care and policies should change to reflect the requirements of the UN Convention of Rights of a Child (UNCRC).
- Act as a catalyst for change
  - i) Make a systemic effort to reduce the use of and need for restrictive practices in mental health care.
  - ii) Take a lead role in co-ordinating the network of scrutiny agencies in mental health.
  - iii) Develop greater understanding of how human rights enablement (including economic, social and cultural rights) can be given effect in mental health care.

### **3.3 Visiting individuals**

We will:

- Increase the number/percentage of unannounced visits that we undertake (up to 50%).
- Increase the number of community visits.
- Increase the number of enhanced visits; that is, we will spend longer than one day in a setting where concerns suggest we need to understand more detail.
- Continue to express our support for the SMHLR recommendations to extend and strengthen our powers.

### **3.4 Monitoring of the Acts**

We will:

- Publish each monitoring report in complementary formats so different audiences can use the same evidence in ways that suit them. For example, every report will include a short plain-English summary highlighting the key findings and actions, a visual/data pack with clear charts and “at a glance” messages, and there will also be a full technical report with detailed tables and methods.
- Further develop an annual dashboard to Health and Social Care Partnerships at end of year meetings.
- Publish spotlight reports on specific areas highlighted by the monitoring reports, for example on Mental Health Officer (MHO) consent rates, section 47 Adults with Incapacity (Scotland) Act 2000 (AWI Act) certificates in practice and social circumstances report (SCR) timeliness/quality.

### **3.5 Investigations**

We will:

- Strengthen our internal understanding of investigation activity across the health and social care landscape (learning reviews/significant adverse event reviews).
- Progress death in detention/homicide work with Scottish Government using evidence of the four pilot investigations.
- Clearly align our investigation functions with partners with similar powers (scoping where we stop and where others start).
- Be more explicit about human rights in our investigations and embed this, working with key partners, including the Scottish Human Rights Commission to do so.
- Follow published investigations with high profile webinars/communication strategy and closure reports.
- Align our investigation reports with education resources/partners to maximise impact.

### **3.6 Information and advice**

We will:

- Develop “bite size”/time-limited (7-minute briefings have been suggested) podcast-type videos based on our key good practice guides and use this model moving forward on Commission publications too.
- Improve our social media profile with shorter, more interactive updates on our work including the visits we do, our investigations/lessons learned and the use of mental health and incapacity laws.
- Look to promote and publish more in relation to our advice line to both increase take up but also provide clarity on what we do and do not offer.

### **3.7 Engagement and participation**

We will:

- Collaborate with partners to ensure we learn from their expertise and build on this at the Commission e.g. VOX, advocacy services and also extend this learning to Health and Social Care Partnerships/Local Authorities/Health Boards.
- Work with advocacy partners to consider how best to jointly deliver related SMHLR recommendations.
- We will conclude the review of the membership of the Commission’s advisory committee to ensure the sector is fully represented, e.g. stakeholders who represent people with lived experience, carers, marginalised groups including minority groups
- Consider the impact of the Commission’s advisory committee and how the work/activities of this group can be disseminated more broadly, for example through the different networks established by the Commission’s engagement and participation team.
- Review the events that the Commission has attended and develop a timetable that aligns with the communications strategic plan for key dates, for example carers week/mental health week etc to ensure there is Commission presence, either jointly with partners or by the Commission with our own materials

### **3.8 Digital transformation**

We will:

- Complete the delivery of our new information management project in 2026. We will embed the system, digitalisation and enhancements and realise the benefits through supplier relationship/contractual performance management.
- Have processes which will be streamlined, efficient and become ‘business as usual’.

### **3.9 Workforce**

We will:

- Continue to support Commission staff to be the best that they can be and provide training opportunities enabling their professional development.
- Lead and deliver high-quality learning opportunities linked to our work, for example, published reports, AWI Act project with NHS Education for Scotland to support continuous training and development across all staff groups and other parties interested in mental health law, ethics, care and treatment.
- Review our first internal communications plan which was published in 2025. We will review this to ensure our people continue to be updated on significant developments, internally and externally.
- Continue to promote staff wellbeing through the development of HR policies and develop new 1:1 processes and documentation.

## Appendix 1: Business Plan 1 April 2026 to 31 March 2027

Ref No	Objective & Detail of Action	Person Responsible	Deadline
<b>1</b>	<b>STRATEGIC PRIORITIES</b>		
1.1	To increase the profile of the Commission, providing clarity on what we do and what we don't do.	Chief Executive	31/03/2027
1.2	We need to profile and collaborate with those organisations whose role it is to focus on anti-stigma, prevention and well-being.	Chief Executive	31/03/2027
1.3	Focus on the recommendations of the SMHLR to ensure that they are fully considered and appropriate action taken forward to reform Scotland's mental health and incapacity legislation which is not keeping pace with human rights expectations.	Chief Executive	31/03/2027
<b>2</b>	<b>INFLUENCING AND EMPOWERING</b>		
2.1	We will improve our visibility and accessibility and ensure our uniqueness is understood, for example, roadshows and national engagement events.	All Executive Directors	31/03/2028
2.2	We will work with other bodies, including the Scottish Human Rights Commission and Children and Young Peoples Commissioner, to develop an understanding of how mental health care and policies should change to reflect the requirements of the UN Convention of Rights of a Child (UNCRC).	Executive Director Social Work	31/03/2028
2.3	To make a systemic effort to reduce the use of restrictive practice in mental health care.	Executive Director Medical	31/03/2028
2.4	To take a lead role in co-ordinating the network of scrutiny agencies in mental health and learning disabilities.	Executive Director Medical	31/03/2028
2.5	To develop greater understanding of how human rights enablement (including economic, social and cultural rights) can be given effect in mental health care.	Executive Director Social Work	31/03/2028

2.6	To participate in the work of the UK National Preventative Mechanism (NPM) and subgroup	Executive Director Medical	31/03/2027
2.7	To contribute to Board and Regional educational events to engage with Psychiatrists and GPs in training, social workers, mental health officers and nurses.	All Executive Directors	31/03/2027
2.8	To contribute to the national Health and Social Care Partnership Chief Officer Group	Chief Executive	31/03/2027
<b>3</b>	<b>VISITING INDIVIDUALS</b>		
3.1	To publish the local visits recommendations report (from local visits during 2025-26)	Executive Director Nursing	30/08/2026
3.2	We will review our visiting work and maximise the inclusion of a range of views when undertaking local visits.	Executive Director Nursing	31/03/2027
3.3	To undertake follow up visits to the four children and young people units in Scotland (Skye House, Dudhope, Melville and the National Children's Inpatient Unit)	Executive Director Nursing	31/12/2026
3.4	<u>Themed visit:</u> Carer themed visit which was published 13/10/2025. To follow up the recommendations 12 months after publication of report and produce a closure report at 15 months	Executive Director Nursing	31/01/2027
3.5	<u>Themed visit:</u> Mental Welfare Commission and Care Inspectorate Joint Scrutiny Visits	Executive Director Social Work	30/06/2026
3.6	We will increase the number/percentage of unannounced visits that we undertake (25% - 50%).	Executive Director Nursing	31/03/2027
3.7	We will increase the number of our community visits beyond community mental health and learning disability teams.	Executive Director Nursing	31/03/2027
3.8	We will increase the number of enhanced visits.	Executive Director Nursing	31/03/2027
3.9	To continue to express our support for the SMHLR recommendations to extend and strengthen out powers.	All Executive Directors	31/03/2027

4	MONITORING THE ACTS		
4.1	To undertake a review of Section 47s (recommendation 13.9.4 - SMHLR report)	Chief Executive	31/12/2026
4.2	To undertake a review of Emergency Detention Certificates (recommendations 11.11 and 12.8 SMHLR report)	Chief Executive	30/09/2026
4.3	Monitoring and reducing restrictive practices in inpatient psychiatric settings	Executive Director Medical	31/03/2027
4.4	<u>Hospital is not home</u> The circumstances of people with learning disability and complex needs who have been in hospital for 10 years or more	Chief Executive	30/06/2027
4.5	To publish each monitoring report in complementary formats so different audiences can use the same evidence in ways that suit them.		31/03/2027
	To produce an annual report on Adults with Incapacity (Scotland) Act 2000 (AWI Act) monitoring: two parts	Executive Director Medical / Nursing / Social Work	
	To produce an annual report on Mental Health Act (MHA) monitoring	Executive Director Medical	
	To monitor and produce a report on young people admitted to adult wards (including working with Public Health Scotland to link data)	Executive Director medical/ Social Work	
4.6	To further develop our annual dashboard to Health and Social Care Partnerships at end of year meetings.	Executive Director Medical	31/03/2027
4.7	To publish spotlight reports on specific areas highlighted by the monitoring reports.	Executive Director Medical	31/03/2027

<b>5</b>	<b>INVESTIGATIONS AND CASEWORK</b>		
5.1	To strengthen our internal understanding of investigation activity across the health and social care landscape (learning reviews/significant adverse event reviews).	Executive Director Social Work	31/03/2027
5.2	To progress death in detention/homicide work using evidence of the four pilot investigations.	Executive Director Social Work	31/03/2027
5.3	To clearly align our investigation functions with partners with similar powers (scoping where we stop and where others start).	Executive Director Social Work	31/03/2027
5.4	To be more explicit about human rights in our investigations and embed this, working with key partners, including the Scottish Human Rights Commission, to do so.	Executive Director Social Work	31/03/2027
5.5	To follow published investigations with high profile webinars/communication strategy and closure reports.	ALL Executive Directors	31/03/2027
5.6	To align our investigation reports with education resources/partners to maximise impact.	Executive Director Social Work	31/03/2027
<b>6</b>	<b>INFORMATION AND ADVICE</b>		
6.1	To develop qualitative feedback from those who have used the telephone advice line.	Executive Director Nursing / Social Work	30/08/2026
6.2	We will look to promote and publish more in relation to our advice line to both increase take up but also provide clarity on what we do and do not offer.	Chief Executive	31/03/2027
6.3	To improve our social media profile with shorter, more interactive updates on our work including the visits we do, our investigations/lessons learned and the use of mental health and incapacity laws.	Head of Culture & Corporate Services	31/03/2027

6.4	To develop “bite size”/time-limited (7-minute briefings have been suggested) podcast-type videos based on our key good practice guides and use this model moving forward on Commission publications too.	All Executive Directors	31/03/2027
6.5	To review and revise good practice guides		
	No 39 Nurses power to detain	Executive Director Nursing	31/07/2026
	NEW The role of mental health nurses (inc care plans, medication administration etc)	Executive Director Nursing	31/07/2026
	No 34 Responding to violence in mental health or learning disability settings	Executive Director Medical	31/03/2027
	No 24 Use of seclusion	Executive Director Medical	31/03/2027
	No 35 Human Rights in Mental Health Services	Executive Director Nursing	31/12/2026
<b>7</b>	<b>ENGAGEMENT AND PARTICIPATION</b>		
7.1	To embed our duties on children’s rights through implementation of our corporate parent plan / UNCRC implementation plan.	Executive Director Social Work	
7.2	To deliver on the Commission’s agreed engagement and participation strategy 2023-2026.	Executive Director Nursing	30/08/2026
7.3	Equalities Plan (1) To consider the current equalities outcomes and review these. (2) Publish the new equalities outcomes for the next four years with an associated action plan. Consider actions by business year- report on annual basis to ELT and the Board	Business Change & Improvement Manager	30/06/2026
7.4	Equalities Plan 2026-2030 Action plan monitoring report will be submitted to the executive leadership team (ELT) every 6 months.	Business Change & Improvement Manager	31/03/2027

7.5	To collaborate with partners to ensure we learn from their expertise and build on this at the Commission e.g. VOX, advocacy services and also extend this learning to Health and Social Care Partnerships/Local Authorities/Health Boards.	All Executive Directors	31/03/2027
7.6	To work with advocacy partners to consider how best to jointly deliver related SMHLR recommendations.	Chief Executive Business Change & Improvement Manager	31/03/2027
7.7	We will conclude the review of the membership of the Commission's advisory committee to ensure the sector is fully represented, e.g. stakeholders who represent people with lived experience, carers, marginalised groups including minority groups.	Chief Executive Business Change & Improvement Manager	31/03/2027
7.8	To consider the impact of the Commission's advisory committee and how the work/activities of this group can be disseminated more broadly through the different networks established by the Commission's engagement and participation team.	Chief Executive Business Change & Improvement Manager	31/03/2027
7.9	To review the events that the Commission has attended and develop a timetable that aligns with the communications strategic plan for key dates, for example, carers week/mental health week, etc to ensure there is Commission presence, either jointly or by the Commission with their own materials.	All Executive Directors	31/03/2027
<b>8</b>	<b>DIGITAL TRANSFORMATION</b>		
8.1	To continue to take action to give assurance regarding IT security.	Head of Culture & Corporate Services	30/08/2026
8.2	To complete the delivery of our new information management project new in 2026. We will embed the system, digitalisation and enhancements and realise the benefits through supplier relationship/contractual performance management.	Executive Director Social Work / Head of Culture & Corporate Services	31/03/2027

8.3	To ensure our processes will be streamlined, efficient and become 'business as usual'	Executive Director Social Work / Head of Culture & Corporate Services	31/03/2027
<b>9</b>	<b>WORKFORCE</b>		
9.1	To undertake an annual staff survey	Business Change & Improvement Manager	30/09/2026
9.2	To collectively deliver on Your Opinion Matters! Staff Survey Action Plan	Chief Executive / All Executive Directors/All managers	31/03/2027
9.3	To continue to support Commission staff to be the best that they can be and provide training opportunities enabling their professional development.	Head of Culture & Corporate Services	31/03/2027
9.4	To review our first internal communications plan which was published in 2025.	Head of Culture & Corporate Services	31/03/2027
9.5	To continue to promote staff wellbeing through the development of HR policies and develop new 1:1 processes and documentation.	Head of Culture & Corporate Services	31/03/2027
9.6	To lead and deliver high quality learning opportunities linked to our work, for example, published reports, Adults with Incapacity (Scotland) 2000 project with Public Services Delivery Scotland to support continuous training and development across all staff groups and other parties interested in mental health law, care and treatment.	All Executive Directors	31/03/2027
<b>10</b>	<b>CORPORATE</b>		
10.1	To complete the self-assessment of the operation of the Board and Audit Performance and Risk Committee	Chief Executive	30/06/2026
10.2	To produce the annual report for laying in Parliament	Chief Executive	31/10/2026

10.3	To develop a communications analysis report	Head of Culture & Corporate Services	31/03/2027
10.4	To continue to review our ongoing financial sustainability	Chief Executive	31/03/2027
10.5	To continue to review and embed our Corporate Quality & Performance Framework across the organisation	Business Change & Improvement Manager	31/03/2027
10.6	To continue to review and implement the strategic risk register	Business Change & Improvement Manager	31/03/2027

## Appendix 2: Performance measures

<b>1.</b>	<b>Strategic priorities</b>
1.1	Consistent and clear communication and profiling of the role of the Commission's leadership role in relation to human rights, mental health and incapacity law together with clarity regarding what the Commission does and does not do.
1.2	Collaboration with stakeholders collectively promoting positive change, including the delivery of the SMHLR recommendations.
<b>2.</b>	<b>Influencing and empowering</b>
2.1	High profile communications: various approaches and mediums (in a range of community languages) to ensure visibility and clarity regarding what we do and what we do not do. Creative opportunities to share our work in accessible formats locally and nationally. Key stakeholders will have full understanding of our roles and responsibilities.
2.2	Delivery on various recommendations made by the SMHLR noting that some do not require legislative change.
2.3	A stronger focus on human rights in practice. The outcome will be that practitioners and individuals both understand what human rights realisation means in practice, for example, right not be institutionalised; right to work; right to a reasonable standard of living; right to health and so on.
<b>3.</b>	<b>Visiting</b>
3.1	Undertake 25%- 50% of visits on an unannounced basis.
3.2	Embrace the implementation of recommendations made by the SMHLR to extend and strengthen the Commission's role and powers thus improving our influence, impact and outcomes for individuals. Receive action plans from services which will be quality assured and will deliver on Commission recommendations timeously. Repeat recommendations will reduce in number and where they do happen, they will be highlighted as a concern and escalated.

<b>4.</b>	<b>Monitoring of the acts</b>
4.1	To develop ways to analyse reports to ensure and our reports engage mixed background readers (professionals, lived experience, carers) who rate monitoring outputs as clear/useful.
4.2	Well-developed annual dashboards provided to Health and Social Care Partnerships for discussion and improvement planning published with trends and outliers highlighted.
4.3	Further exploration of data (e.g. % MHO consent; % SCR completion within 28 days) and trends improving as a result.
4.4	DMP demand met with timely allocation and quality assurance.
<b>5.</b>	<b>Investigations</b>
5.1	Agreed and resourced Commission led investigations including focus on deaths in detention and homicides as per the SMHLR recommendations.
5.2	Accessible investigation reports for a variety of audiences.
5.3	Established ways of working with key partners in terms of investigations, specifically with the Scottish Human Rights Commission/Children & Young People's Commissioner Scotland/Crown Office and Procurator Fiscal Service.
<b>6.</b>	<b>Information &amp; advice</b>
6.1	Deliver roadshows, events, webinars which are well attended by audiences who have clarity on the purpose and knowledge of the Commission's roles and responsibilities.
6.2	Have a responsive telephone advice line with increased contacts (3500+ per year) and will reshape or otherwise based on consistent opportunities to receive feedback from those who use it.

6.3	Have more people who know who the Mental Welfare Commission is and what we do.
<b>7.</b>	<b>Engagement &amp; participation</b>
7.1	The Commission's advisory committee, a formal committee of the Commission's board, will have representation across the sector.
7.2	Collaboration with key partners will ensure the voices of people with experience and those who are underrepresented are strengthened and the roles of key services are understood and valued, for example, independent collective advocacy.
<b>8.</b>	<b>Digital &amp; transformation</b>
8.1	Our new information management system will be efficient and effective and in place from 2026.
8.2	The supplier of our new information management system will meet key performance indicators and service levels.
<b>9.</b>	<b>Workforce</b>
9.1	We will have reviewed our internal communications plan and responded to feedback from internal staff via our annual staff survey.
9.2	70%+ of our staff will engage in our annual staff survey.
9.3	95% of our staff will complete all core training.
9.4	Staff turnover will be low for substantive staff.