



**MENTAL WELFARE COMMISSION FOR SCOTLAND
MEETING OF THE BOARD
HELD ON 25 AUGUST 2026
10.00AM (Via TEAMS)**

Present:

David Hall (Chair)
Kathy Henwood
Beth-Anne McDowall
Cindy Mackie
Alison White (AWh)
Alan Wright (AWr)

In attendance:

Julie Paterson, Chief Executive
Suzanne McGuinness, Executive Director (Social Work)
Claire Lamza, Executive Director (Nursing)
John Crichton, Executive Director (Medical)
Julie O'Neill, Business Change and Improvement Manager
Ashley Dee, Head of Culture and Corporate Services

Observing:

Lesley Paterson, Senior Manager

Secretary: Katrina Thomson

AGENDA

1. Welcome and Apologies

Apologies were received from Sandy Riddell and Nichola Brown

2. Board Declarations and Register of Interests

There were no Declarations or Register of Interests.

3. Chair Update

On behalf of Sandy Riddell, DH provided the following Chair update.

DH said the Chair is attending the Board interviews today adding that 51 applications had been received, with 10 being interviewed and is a strong pool of candidates.

He also mentioned that the Chair has his meeting with Donna Bell from the sponsor department for his annual appraisal and will take the opportunity to mention our progress over the past year and our plans and priorities moving forward and playing our part in public services reform.

The Chair also referred to the Advisory Committee meeting on Friday that he will be chairing in NB's absence, and to remind board members that they are welcome to attend.

SR also said that he and JP are meeting with the Minister, Maree Todd, on Friday 18 September, and that she is very positive on the work by the Commission and has confirmed her attendance at the National event day on 3 November. DH said that planning for this event is well underway.

4. CEO Update

JP carried on confirming that the event on 3 November will be held from 9am-1pm at Dynamic Earth. She noted that the intention is to answer the 'So What?' question, what impact is the Commission making?

JP also reminded Board members of the discussion held in February 2026 regarding the Public (Accountability) Bill, that is, following an approach by the Law Society of Scotland, we agreed to the proposal to include our inquiries and investigations under the MH Act in the Bill. We agreed that our investigations should be subject to the same duty of candour as analogous enquiries. JP updated that the Bill has its second reading in the House of Lords on 1 September 2026.

JP noted that the Scottish Government has now confirmed, in writing, an additional £350k to undertake up to four enhanced visits this year.

5. (a) Minutes of Board meeting held on 30 June 2026

JP said that SR had asked her to ask the Board if anyone had put any ideas forward for the next Advisory Committee agenda, following discussion at the last meeting. It was noted that no items had been put forward.

AWr referred to Page 7, paragraph 2 under the Business Continuity paper. He said that the point he was making was in terms of business continuity considering single points of failure would help in continuity planning, rather than continuity planning being the single point of failure, as noted in the minutes.

The minutes of the meeting held on 30 June 2026 were approved subject to clarification on the above comment.

(b) Action Register

JP said that there are two actions outstanding and noted that both are progressing.

CM referred to the suicide protocol and requested an update. JON said that this had been raised in the staff focus groups following the Staff Survey, adding that she will

be meeting with the casework managers to discuss the key points raised by the casework team. She will also meet with SM and CL to discuss further as this will not just affect the casework officers, but also the practitioners, and will also look at what additional support will be required for the casework officers. CM asked if there is a timeline in place for the protocol. JON said there is a current protocol in place, but it is hoped to have a revised protocol by the end of September 2026, and an update can be provided at the Board in October. CM welcomed this and said that this is important as it was raised under Wellbeing and we need to take note of that under our duty of care.

Action Register will be updated for the next meeting.

6. Advisory Committee Update

JP said that the next meeting is on Friday of this week. She said that herself and JON had met with some of the members of the Advisory Committee to discuss and seek advice on implementation of the Option 2 Appraisal paper agreed by the Board. She explained that stakeholders are clear on the need for the Advisory Committee to give direction in relation to strengthening 'lived and carer experience input'. It cannot simply be a 'chat' without focus. This links into the Chair's suggestion that the Advisory Committee should have direction from the Board in terms of what to look at.

BM asked if we are being asked for strategic items for discussion for the meeting this week or the next one. JP said the agenda has been completed for this week's meeting, and that we are asking for items for the following meeting saying we should be looking at the role and purpose of the Advisory Committee via the Board to make attendance and outputs meaningful.

BM suggested board members discuss this at their debrief meeting later today.

7. Items for discussion and/or approval

7.1 SBAR EDC/MHO Project Report

7.1(i) Statistical Monitoring as at 12.8.2026

7.1(ii) Draft IIA EDC MHO as at 30.07.2026

JP confirmed that the Commission monitors MHA data and reports annually. There have been long standing concerns about MHO consent in relation to emergency detention certificates and the Commission was keen to not simply report but to take action. Additional resource was sourced to therefore allow further analysis, with particular focus on Greater Glasgow and Clyde (GG&C) and Dumfries and Galloway (D&G), the mainland outliers.

JP advised members that the version presented today has since been updated with 2025 MHO data which was published by SSSC last week. There has also been a breakdown in data in relation to Inverclyde Hospital at GG&C's request, they asked for

Langhill Clinic data to be separated off, and this has been done. JP confirmed that both GG&C and D&G have seen the report and raised no factual inaccuracies.

There was full discussion on the content of the report and welcome challenge of some of the myths. CM suggested stronger wording in relation to recommendation 2 for GG&G; rather than analyse but should report on. This was agreed.

JP said the Commission will pursue action plans and ensure progress is made or will escalate.

The report was approved subject to amendment suggested by CM.

JP confirmed that the report will be published next month.

7.2 SBAR Secure Care Joint Report

7.2(i) Secure Care Joint Report

SM referred to the Joint Secure Care Report noting that that graphics are still to be added by the Care Inspectorate (CI) as the lead agency. SM spoke positively about the collaboration with CI noting the specific focus of the Commission during these visits was on restrictive practices. SM carried on to say that the key recommendations identified are around accessible information regarding rights and expectations and a formal network of sharing of good practice including for physical health checks post restraint. SM said it has taken time to get to agreed recommendations as both organisations had different approaches and priorities.

CM asked what would have been the difference in the recommendations to the Board had agreement not necessarily been required. SM said the Commission is focused on individuals and is increasingly sharper in terms of recommendations we make. The CI, as the lead agency, have a different approach on looking at the 4 secure units as they are factoring in the impact across 400 registered services that they have a responsibility for. CM said this is a good report and as a Board we have a strong interest in young people and this is reassuring that we are safeguarding the interests of young people. CM also asked if in Recommendation 3 the sentence 'Assurance on the physical health of the young person should be confirmed' could be amended to 'must be confirmed'. SM said this conversation did take place with CI but she was happy to return to CI to revisit based on the Board's feedback.

BM said that she has a keen interest in this area and agrees it is a good report. BM said she is disappointed though as you can back track some of the recommendations and testimonies to 20 plus years ago. BM said she appreciated that the Secure Care pathways and standards were mentioned and said although the Commission is not the lead organisation can we suggest more prominence. Secondly, referring to recommendation 2 that looks at establishing a formal network BM said there has been

a lot of policy work and legislative work around secure care over the years, and there is already a group called the Secure Care Group so felt that recommendation 2 is a bit empty.

SM said that there is a plan for the standards to be more explicit in the graphics and there will also be an easy read version of the report for children and young people following discussion on resources etc and the CI are taking the lead on that. In terms of the Secure Care Group and recommendation 2, the SM explained that the CI is involved with all these groups. Each recommendation has been tightly worded and thought about based on what is and is not working recognising the broader remit of the CI. SM explained that the broader reimagining of secure care is something that the CI is committed to and the Commission's focus was more about restrictive practices.

SM said the next steps will be to produce the final report post Board today. As this is essentially a CI report, we will not progress a closure report but will write to CI seeking progress updates after 12 months on how the recommendations are being delivered upon.

KH added that this is a good report and said that it would be good to know from the CI the number of young people who end up in secure care that have mental health issues and should be in hospital.

The Board approved the Report.

7.3 SBAR Annual Visit Recommendations Report

7.3(i) Local Visit Recommendations report for 2025 to 2026

CL presented the report which is the annual overview of the recommendations that arise from our local visit programme to services across Scotland from April 2025 to March 2026.

CL highlighted the enhanced visits with children and young people undertaken this year in response to the BBC documentary and how this approach ensured more time on site and opportunity to hear from more people, their relatives, mental health officers and advocacy services. CL said this approach builds on feedback from our strategic planning about Commission visibility and understanding of the work that we do.

AWr thought it was a strong report in the way it was laid out with the content and examples used. One question AWr had was in relation to the key findings where it said in the absence of additional powers, we will consider an enhanced approach, and asked CL how this is decided upon. CL explained the review of all recommendations made over the past three years by ELT and the resultant RAG status which informs whether enhanced is indicated, together with other intelligence gathering.

CM said she echoes what AWR said in relation to the report and welcomed the reference to RAG status etc. Referring to paragraph 4, CM said it talks about if a recommendation is particularly serious or urgent we will reduce the timescale accordingly. CM asked if this could be made stronger highlighting where a recommendation is serious or urgent action is taken to escalate. CL said there are several measures in place and will include them in the report to make this stronger.

The Chair said it was an excellent report that really shows what the Commission does and evidence how important the visits are.

The Board approved the report.

7.4 GPG Registered Nurses and use of MHA

CL said the intention surrounding the Good Practice Guide arose from the CCTO report which highlighted a gap in learning for mental health and learning disability nurses in relation to the mental health act. CL explained that this work is delayed but is in the process of being consulted on. The good practice guide will now come to the Board in October with a webinar booked for November.

The Chair said this is a key group to engage with and thanked CL for preparing this and looks forward to it coming to the next Board meeting.

7.5 SBAR Whistleblowing Q1 2026/27 Report

AD explained that the Commission is under a duty to provide quarterly reports to the Independent National Whistleblowing Office (INWO). These must be approved by the Board prior to submission. He presented the latest quarterly report showing a nil return with update on activity to date and on next steps.

CM thanked AD for all his work on this and noted it will be tested once bedded in and noted that AD has communicated this throughout the organisation. Asked if there is succession planning for CM departing it was confirmed that KH will be the next Whistleblowing/Wellbeing Champion and that CM, KH and AD will be meeting in October.

The Chair thanked CM for her involvement in this.

The Board approved the contents of the report.

7.6 SBAR HR Policy Updates

7.6(i) HR-POL-24 Disciplinary Policy & Procedure

7.6(ii) HR-POL- 26 Secondment Policy

7.6(iii) HR-POL-20 Domestic Abuse Policy

7.6(iv) HR-POL-29 Disclosures, Rehabilitation of Offenders and Protection of Vulnerable Groups Policy

AD said the SBAR provides information on the amendments made to two existing policies and the other two are new for Board approval adding that all have been approved by ELT.

CM referred to the Disciplinary Policy and said it is really well laid out and is now really strong. Referring to the Domestic Abuse Policy she suggested consideration be given to awareness training for first line managers with organisations that are engaged with Domestic victims so that we do not miss anything. CM also suggested that where there is a section on perpetrators of abuse that we report to regulators. AD said happy to update.

The Chair said the policies are well thought out and agreed with the recommendation of inviting an agency to come and talk to first line managers.

The Board approved all the policies subject to the above comments.

8.1 SBAR Budget Update Report

8.1(i) Summary of Spend to Date as at 30.06.2026

JP referred to the paper produced by the outgoing finance manager and appendix 1 in particular which provides a summary of core spend to date for the three months to the end of June 2026 compared to core budget. JP confirmed that there is now a new finance officer in place (part time) and a finance manager from an agency pending recruitment to this post on a permanent basis.

JP acknowledged the underspend but updated members that it was not felt appropriate, given the current financial climate, to undertake and pay for a rebranding exercise as agreed by the board. As accountable officer, JP felt this was a 'nice to have' but not essential.

The paper was noted by the Board.

8.2 SBAR LEO Update

8.2(i) Appendix 1 IMS Board Project Status Report

SM said the SBAR reflects the point reached last week and said she was very pleased to say that the forms are live on the system, and work is ongoing at pace. SM said she will have data for the next board meeting on the number of forms going through and how quickly this is being completed.

The current main work is on the forms but there is other work in terms of improvements required. SM said there will be a workshop in September where the

team will look at different ways to end the project by 31 March 2027, ensuring that CDS deliver on the contractual arrangements.

The Chair acknowledged that SM is leading from the front and thanked her for doing so.

8.3 SBAR Progress Report on E&P Strategy

8.3(i) Engagement & Participation Progress Report

CL presented the E&P progress report setting out the actions and activities that have been met, partially met or not met in progressing the four commitments as set out in the original strategy which covered the period 2023 to 2026.

CL provided some context and acknowledged SM who first set out this strategy with the E&P team. She noted that there have been challenges and consideration of the need for a more sustainable E&P model with the pace of progress not as hoped as a result. That said, there has been progress which will be built on.

The Chair provided comments from SR that said he acknowledged the challenges and feels that the report identifies and clarifies the position, and it is good to see the number of actions in progress. There were no further comments.

The Board noted the contents of the report.

8.4 SBAR Staff Survey Proposal

JON presented the proposal for this year's iMatter based staff survey noting that the decision has been taken not to add equality questions. This was due to concerns that this process involves our data research officers and equalities information recording should sit with our people and OD team. JON added that we do have a system in place for the monitoring questions on our You Manage system and the intention is to encourage completion via this route.

CM thanked JON for the work on this and noted that a lot of organisations do not have this level of work. CM asked if there are action plans. JON confirmed that focus groups were team based last year rather than whole commission based as previously and each team drafts an action plan based on the top three areas they wish to see improve and one area, they wish to celebrate. JON explained that any organisational issues will be fed back to the ELT team for escalation; ELT members are linked into each team area.

The Chair welcomed this work noting the frequency and importance of doing so.

The Board noted the contents of the paper.

8.5 SBAR DMP Audit Report (Papers)

8.5(i) T3 audit report 2022-2025

JC reminded the Board of the important statutory duty the Commission holds under Part 16 of the mental health act. He noted that the audit undertaken reviewed the work of 68 DMPs and issues arising are detailed in the appendix. JC also reminded members of the annual seminar and other measures in place to make sure the standard remains high for this key statutory duty.

CM asked about assurances if someone does not perform in their duties, how do you confirm their competence and ability in the role? JC said that he had inherited a list of DMPs which were inactive. The bar had been set very low in terms of activity. He has since also ensured that checks are in place to confirm that everyone is registered and licenced to practice, as well as having a Responsible Officer and a designated body. He noted that low activity for some may relate to the need for specialist DMPs and geographical issues, so, for example, we need a process in place for people under 18 who require a child specialist involved in the Part 16 safeguards. We also have other sub-groups for areas such as ECT and artificial nutrition with that expertise. If no visits are undertaken within 12 months and a DMP wants to return to DMP practice, then JC explained that they must do a refresher by way of training recordings as well as attend the annual seminar. This refresher system is also used where errors are identified relating to DMPs; this is also helpful for their appraisal training. CM thanked JC for providing good assurance on checks and balance in place.

The Chair asked if there is a time limit on post-retirement. JC said the course of retirement has changed but what is being looked for is for people who are fully registered with a designated body even if they are picking up part of their pension but not fully retired.

KH referred to the age categorisation where health talks about young people being under age 18 whilst the Promise expands aftercare up to age 26. KH asked if this has any impact. JC said that under the safeguards for children there is the issue of consent and various complexities with all requiring to understand UNCRC and statutory age limits. JC carried on to explain that Part 16 of the 2003 MH Act where a child specialist is involved considers a child to be under 18 but in other areas of health-related work, other age cut offs will be determined by the question in hand. KH said this leaves a bit of a void on where the Promise sits and some questions relating to the different age groups.

With no further questions, the Chair said this was a good piece of work and was good to see the trainees involved.

The Board noted the contents of the paper.

8.6 SBAR Response to Criminal Justice Consultation

8.6(i) Response to Criminal Justice Consultation

JC explained that this consultation links to plans to reduce the prison population and to the NPM, which we are part of. He said it has provided an opportunity to highlight some things that we want Government to be aware of such as the Barron recommendation about having a national system for psychiatric reports and also about how some services might integrate and come together.

The Chair said this was a very comprehensive and well written response.

The Board noted the contents of the paper.

9. Board Agenda Planning –

The Board noted the contents of the paper.

10. Any Other Business

No other business was discussed.

11. Next Board Meeting – Tuesday 20 October 2026 – (IN Person, Thistle House)