Equalities Outcomes and Mainstreaming Report 2021/25 including Annual Update 2023/24

The State Hospitals Board for Scotland

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NHS SCOTLAND

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Equalities Outcomes and Mainstreaming Report 2021/25
including Annual Update 2023/24

1. Introduction

Our organisational values are at the very heart of care delivery within the State Hospital, we strive to deliver the highest standard of Safe, Effective, Person-centre care for all our patients to promote recovery of their physical and mental health. As an employer we aim to create the conditions to ensure that staff feel supported, valued and enabled to realise their full potential.

1.1 Aims of the Report

This interim update report aims to highlight the progress made to date regarding the priority areas previously identified, as well as demonstrating how we adhere to all equality legislation. It provides an understanding of the unique setting at the state hospital and describes governance in place within the State Hospital Board.

1.2 Why we need to mainstream and have equality outcomes

Mainstreaming equality is a specific requirement for public bodies in Scotland, laid out by The Scottish Government. It is a means of ensuring equality is woven into all aspects of what we do and by the development of specific equality outcomes every 4 years, provides focus on specific areas we have identified as requiring improvement. The equality outcomes outlined in the 2021–2025 plan do not account for all our actions but provide detail on specific areas of focus for the organisation and actions taken to achieve the outcomes and evidence of compliance with the legislative requirements of the Equality Act 2010.

The Equality Outcomes for 2017-21 have also been included with updates for reference in (Appendix 1).

The State Hospitals Board (the Board) is committed to ensuring that service delivery is informed by the experience of those who are impacted. Due to the nature of the care environment, service commissioners cannot personally experience the impact of outputs. The Board therefore invests significantly in its structures to support patients and carers to share the experience of local and national drivers, which impact on care. In addition to quantitative data, qualitative data is considered imperative to highlighting and acting on experiences, which indicate inequalities of experience within the protected characteristic groups.

1.3 The Legislation

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 (as amended) require listed authorities, including TSH, to publish equality outcomes at intervals of not more than four years and to publish a report on the progress within every two years. Previously, when undertaking this piece of work, TSH initiated engagement via stakeholder events, with smaller groups coming together to work up individual outcomes. However, restrictions relating to the need to mitigate the risk of Covid-19 resulted in a very different approach during the past two years.

Whilst no longer in a pandemic phase, Covid-19 is still a very real concern and therefore some practices adopted during the pandemic remain. With restrictions on in-person events and patient use of virtual platforms, in addition to environmental challenges, TSH has required to develop different ways of engaging key stakeholders, to support development of the updated suite of equality outcomes.

The Public Sector Equality Duty (general duty) requires public authorities to:

- Eliminate discrimination.
- Advance equality of opportunity.
- Foster good relations for relevant protected characteristic groups (age, disability, gender, gender reassignment, pregnancy/maternity, marriage & civil partnership, race & ethnicity, religion & belief, sexual orientation).

2. About the State Hospital

Although The State Hospital (TSH) shares the same values, aims and challenges as the rest of NHS Scotland, it has the unique, dual responsibility of caring for very ill, detained patients as well as protecting everyone from harm. The hospital, located in Lanarkshire, provides high secure care for a maximum of 140 male patients as a national service for Scotland and Northern Ireland.

2.1 Patient Profile

An audit is undertaken at least once every year to identify any trends and better understand where there may be commonalities of inequitable experience within the patient group:

- Age: range: 21-80.
  Individual ages: '20's' x 20, '30's' x 41, '40's' x 22, '50's' x 15, '60's' x 4, '70's' & '80s'
  (number too low to disclose due to risk of patients being identified.)
- Disability: 4 patients identified as having a physical disability.
- Gender reassignment: 0 patients.
- Marriage / Civil Partnership Status: 94 patients identify as being single, – other patients are married/divorced/separated however numbers are too low to disclose.
- Race / Ethnicity: the majority of patients identify as white (BAME numbers too low to disclose due to risk of patients being identified).
- Religion and / or Belief: 27 patients describe themselves as Protestant, 22 as Roman Catholic with other faiths including Muslim (Islam), Buddhism, Romanian Orthodox, and Jehovah's Witness were also identified (numbers too low to disclose due to risk of patients being identified).
- Sexual orientation: this data has not previously been routinely gathered. Processes are now in place to support patients to disclose their sexual orientation, where they feel able to do so incorporated within pre-admission data gathering.

The September 2023 audit relates to a total patient population of 104 at that time. In comparison to an aging population within the community, TSH patient group is predominantly less than 50 years of age.

TSH provides psychiatric care limited to in-patient male patients who are detained in conditions of maximum security as they are deemed to pose a risk to themselves and / or others. Due to the complexity of caring for patients with a range of mental health conditions who are protected by the Mental Health (Scotland) Act 2015, 'gender' is not a straightforward characteristic to navigate as the processing skills required to identify with gender may be impacted by a patient's wider mental health issues, which may be fluid in nature.

Average duration of stay in TSH is 5 years, however there are of course some patients whose journey is more rapid and some who remain in the care of TSH for a considerably longer period of time.

2.2 Stakeholder engagement

'Public involvement' mechanisms differ from stakeholder engagement approaches adopted by other public authorities, due to the nature of the very limited and specialist patient group. TSH works closely with external regulatory and supporting organisations, third sector partners, carers, volunteers, independent partners and Forensic Network colleagues to ensure that local practice is reflective of community services, where this is possible.

2.3 Governance and Reporting

Responsibility for monitoring progress to Equality Outcomes is detailed within each outcome. Update reports will be analysed by the Director of Nursing and Operations and scrutinised by the Person Centred Improvement Group bi-annually. The Organisational Management Team will include the annual progress report within the group work plan for March of each year. Annual updates are published via TSH website in April of each year.

2.4 How we are embedding equality

Equality Outcomes: evidence based, targeted improvements relating to identified inequalities impacting on Protected Characteristic groups.

Equality Impact Assessments: all policies/protocols, service change initiatives are informed by Equality Impact Assessments (EQIA).

Patient Pre-Admission Specific Needs Assessment: prior to admission, patient needs highlighted and reasonable adjustments assessed to prioritise human rights and support continuity of equitable access to all aspects of service delivery.

Patient Equalities Monitoring: TSH Person Centred Improvement Group monitor patient profiles to inform the need for service change.

Staff Equalities Monitoring: reports from a staff perspective regarding workforce and staff governance.

3 Equality Outcomes

TSH equality outcomes must represent marked improvements to service delivery, which have a positive impact on improving the experience of those who experience discrimination and disadvantage. Relevant local equality evidence, linked to societal inequality evidence ensures a wider lens is applied to the marginalised TSH patient group and has been considered in the prioritisation of those included within the 2021-25 plan.

3.1 Development Process

A wide range of internal data was scrutinised to inform priority of inequalities selected for inclusion in the new TSH Equality Outcomes. This information was considered in conjunction with external evidence, where this was helpful given the unique nature of the setting, to support a more robust approach to ensuring that societal comparisons were given due consideration.

Following stakeholder consultation, a total of 13 highlighted inequalities were considered for inclusion within TSH Equality Outcomes. When scrutinising the supporting evidence, it was agreed that three related to linked inequalities which should be combined to form one and a further two were very similar and could also be merged. This resulted in a total of 10 equality outcomes of which 7 have been prioritised, which were considered to be achievable, and creating tangible opportunities to make a difference to the experience of protected characteristic groups.

Three inequalities have not been included within the revised outcomes:

- Inequity of financial support for patients – result of legislation which differentiates between patients admitted to the State Hospital via the Criminal Justice System and those transferred through the Mental Health system.
- Supporting staff to work longer – existing national work stream.
- Inequalities of access to enable all staff to meaningfully engage in virtual training – already sighted on this issue. Support plan in place to ensure all staff can benefit from training / career development programmes which rely on electronic engagement.

3.2 Understanding the Impact

Outcome Leads are responsible for improving stakeholder experience, focussing on tangible, experiential change.

3.3 The State Hospital's Prioritised Equality Outcomes

EQUALITY OUTCOME NO 1

The outcome of every TSH CPA review process will evidence a collaboratively developed, individually tailored care and treatment plan.

Issue
Generic document used to guide the CPA process. Feedback highlights inequalities relating to the ability of patients / carers to equitably engage in the process, specifically those who are 'hard to reach' as result of barriers to communication including sensory impairment, Dementia, Autism, Intellectual Disability and / or positive symptoms relating to mental health condition.

Supporting evidence
- TSH patient, staff, carer and Named Person feedback (ongoing).
- Scottish Government: Patient rights and responsibilities charter (2019).
- Scottish Government: Realising Realistic Medicine (2016).
- Scottish Government: 'What Matters to You?' initiative (2016).
- Barron Report: Independent Review into the Delivery of Forensic Mental Health Services (2021).
- Scottish Government: Carers (Scotland) Act (2016).
- Drennan & Woolridge: Making Recovery a Reality in Forensic Settings (2014).
- TSH Triangle of Care engagement process (2020).

Update
CPA document and processes redevelopment work

The Mental Health Practice Steering Group was tasked with redeveloping the CPA document and process at TSH in 2019. This work was placed on hiatus during the pandemic but since 2021 has been revitalised. Extensive consultation with clinicians, patient advocacy and patients themselves has taken place in relation to this work. A particular focus has been to place the patient at the heart of the CPA document and processes. Feedback from the PPG and PCIT has been positive, in part because of their being an implicit focus on equality, readability and access by making the document less technical and more relevant to patients.

A first draft of the new document has been produced post-consultation and the MHPSG is going back to the relevant groups of staff and patients to implement the changes suggested by the consultation.

Alongside this, a Standard Operating Procedure is being developed to allow everyone who inputs into the CPA – including patients – to be able to make best use of the CPA process. The CPA document is now significantly shorter and more patient-focussed.

The next step is for the revised CPA document to be shared early in 2024 with external stakeholders including the Restricted Patients Team, MWC and MHTS.

Relevant protected characteristic groups
Age, Disability, Race and Ethnicity, Religion and Belief.

Responsible for development of action plan, including outcome measures, ongoing monitoring and annual reporting
Executive Lead(s): Medical Director
Implementation Lead(s): Consultant Psychiatrist

EQUALITY OUTCOME NO 2

Practice, supported by policy, is embedded to ensure that all TSH patients who experience increased emotional distress are cared for adopting a consistent, least- restrictive, person-centred, trauma-informed approach.

Issue
Inconsistent approach to supporting patients whose mental health deteriorates to continue to engage in activities, which are of value to them.

Supporting evidence
- Mental Welfare Commission: Rights, Risks and Limits to Freedom (2021)
- Healthcare Improvement Scotland: From Observation to Intervention: A proactive, responsive and personalised care and treatment framework for acutely unwell people in mental health care (2019).
- Scottish Government: Mental Health – Scotland's Transition and Recovery (2020).
- Scottish Patient Safety Programme: Mental Health (2012).
- TSH patient, carer and Named Person feedback (ongoing).
- Scottish Government Mental Health Strategy 2017-2027.
- Scottish Government: Mental Health (Scotland) Act 2015.
- Scottish Government: Realising Realistic Medicine (2016).
- TSH Review of Safety Data (2018).
- TSH Clinical Pause Project (2018).

Update
The hospital has worked on a number of organisational priorities to improve upon our approaches to person-centred care that is trauma-informed in its approach and guided by individualised patient formulation.

In 2023 the hospital introduced a new clinical model, which is underpinned by the ethos that every patient should receive the right care by the right team at the right stage in their journey (i.e. care should develop around the individual as opposed to the individual fit the care system). Within the new model care is delivered across four areas: Admissions, Treatment and Recovery, Transitions and a dedicated Intellectual Disabilities service. The risk management thresholds within each of these services is tailored to the specific service, meaning that as each patient progresses through their care journey they can expect to see and experience progress towards lower, tailored security measures.

In addition to a re-designed care delivery system, the hospital has also developed a new Clinical Care policy, which is founded on the principles of the Improving Observation Practice framework (Health improvement Scotland, 2019). The policy sets out the expectation that all patients should have individualised care, treatment and risk management care plans in place to support therapeutic intervention at all times. The policy has been now received formal approval and work is underway to ensure there are robust monitoring and governance systems in place to monitor the success of its implementation.

Relevant protected characteristic groups
Age, Disability, Race, and Ethnicity, Religion and Belief.

Responsible for development of action plan, including outcome measures, ongoing monitoring and annual reporting
Executive Lead: Director of Nursing and Operations
Implementation Lead: Practice Development Nurse

EQUALITY OUTCOME NO 3

All TSH patients are supported to participate in a level of physical activity which reciprocates national recommendations, introduced as part of health and wellbeing preventative guidelines.

Issue
86% of TSH patients have a BMI of 25kg/m2 or more (defined as living with overweight, including obesity): this is comparison to 70% of men in Scotland within the general population. Body weight and physical activity behaviour are complex and multifaceted that are influenced by a number of interacting factors.

Biological factors such as genetics and side effects of anti-psychotic medication can influence both eating and activity behaviour, as can psychological factors such as experienced of trauma and low self-efficacy, both of which can influence motivation for change, as well as social factors such as environmental restrictions and, choice of activities, all of which impact on equitable engagement in physical activity. An individually tailored approach to supporting physical activity is required to mitigate health inequalities.

Supporting evidence
- Scottish Government: Scottish health survey (2022).
- World Health Organisation: Guidelines on Physical Activity and Sedentary Behaviour (2020).
- TSH physical health audit (2019).
- Observatory for Sport in Scotland: Exercise halved obesity levels in new research (2020).
- Public Health Scotland: Physical activity overview (2021).
- NHS Scotland: Physical activity guidelines (2019).

Update
A range of staff and services at TSH support the opportunity, capability and motivation of patients to engage in physical activity. All patients have the opportunity to be physically active, whether this is on the ward, in the hub, in the grounds or at the Skye Centre. However, we recognise that due to the complex range of factors biological, psychological and social factors that influence exercise behaviour that we cannot solely place the expectation on individual patients to utilise the opportunity to exercise and we as a hospital must work to creating environment and culture that embeds activity and exercise in the ward and hospital daily routine and culture.

The Supporting Healthy Choices Group have developed practice guidance “Moving Towards Healthier State Hospital” that is embedded in a behavioural science evidence base and adopts a whole system approach: within this practice guidance, examples of services, staff and projects that already support equitable access to activity are highlighted, as well as a number of objectives and actions we aim to take to improve this moving forward.

As of February 2024, the action plan for the implementation of the practice guidance is being finalised and there is a specific focus on how actions appropriate to each stage of the clinical model can be taken forward. This action plan will be implemented collaboratively, with a working group in place that is represented by a range of disciplines across the hospital.

Relevant protected characteristic groups
Age, Disability, Race and Ethnicity.

Responsible for development of action plan, including outcome measures, ongoing monitoring and annual reporting
Executive Lead(s): Medical Director
Implementation Lead(s): Consultant Psychiatrist

EQUALITY OUTCOME NO 4

All TSH patients are cared for in ward cohorts which reflect the patient's current stage of recovery, enabling a person-centred model of care which delivers least restrictive practice.

Issue
Current mixed ward model results in inequalities relating to freedom of movement, choice and impacts on quality of life for patients whose mental health supports a less restrictive approach.

Supporting evidence
- TSH Clinical Service Delivery Model stakeholder consultation (2018).
- TSH patient, staff and carer feedback (ongoing).
- Mental Welfare Commission feedback.
- What Matters to You? Initiative (2018).
- The State Hospital Annual Review (2015).

Update
In 2023 the hospital introduced a new clinical model, which is underpinned by the ethos that every patient should receive the right care by the right team at the right stage in their journey (i.e. care should develop around the individual as opposed to the individual fit the care system). Within the new model care is delivered across four services: Admission and Assessment, Treatment and Recovery, Transitions and a dedicated Intellectual Disabilities service.

The clinical model has a recovery-focused approach, with a progression for patients experiencing major mental illness to move through the 3 services of Admission and Assessment, Treatment and Recovery and Transitions. The risk management thresholds within each of these services is tailored to the specific service, meaning that as each patient progresses through their care journey they can expect to see and experience progress towards lower, tailored security measures. The clinical model oversight group have overview of patients across the service. As the clinical model embeds in 2024, the progression of patients will be reviewed to ensure that patients move through the services when they are ready to. The tailoring of security measures for Transitions patients is in development with the Transitions Service Leadership Team tasked with taking this forward. Progress will be monitored to understand how this is being implemented.

Relevant protected characteristic groups
Age, Disability, Religion and Belief.

Responsible for development of action plan, including outcome measures, ongoing monitoring and annual reporting
Executive Lead(s): Director of Nursing and Operations, Medical Director
Implementation Lead: Head of Corporate Planning and Business Support

EQUALITY OUTCOME NO 5

TSH will introduce use of digital platforms, enabling patients to communicate safely, effecting reciprocity of access with people who experience mental health.

Issue
The majority of TSH patients currently have no access to virtual technology and many lack the skills to engage in this way. Those who have skills in this respect, with prolonged lack of use, are likely to become de-skilled and will therefore be disadvantaged when leaving TSH. Increasing use of virtual platforms to engage in physical health appointments with external organisations, engage in Mental Health Tribunals, attend Court proceedings and maintain contact with family and friends has highlighted this gap in access and skills.

Supporting evidence
- Forensic Network Communications Review process (2021).
- Scottish Government: Digital health & care in Scotland (2018).
- Inspiring Scotland: Digital exclusion in Scotland (2020)
- Carnegie UK: Learning from lockdown (2020).
- 'What Matters to You?' initiative (2018).
- TSH Patient, carer, staff and volunteer feedback (ongoing).
- Inspiring Scotland (2020).
- Urban Big Data Centre (2020).
- Care In The Digital Age (2021)
- Care In The Digital Age – Delivery Plan 2023 - 24.
- TSH - Patient Digital Inclusion Options Appraisal Report (2023)
- TSH – Roadmap for a Digitally Included Transformation for Patients (2023)

Update
An Options Appraisal was commissioned by the Director of Finance and Digital and the Head of eHealth to assess the relative merits of alternative models for the delivery of Patient Digital Inclusion. Following extensive consultation with stakeholders, the Project Team produced and then held consultation events to discuss the Patient Digital Inclusion Options Appraisal Report and agree the preferred Roadmap.

- A 3-hour, dedicated workshop session involving a wide range of staff stakeholders (50 staff in 8 groups).
- Two consultation sessions with the Patient Partnership Group supported by Person-Centred Improvement Team to establish patient preferences.

These consultation sessions demonstrated a consensus between staff and patient stakeholders on the future end state for Patient Digital Inclusion. The Project Team have been transparent about complexity and associated costs throughout. This vision has been captured in our Roadmap for a Digitally Included Transformation for Patients.

This Roadmap aims to provide our patients with access to the digital information, tools and services they need to help maintain and improve their health and wellbeing in accordance with the Digital Health and Care Strategy and the Care in the Digital Age Delivery Plan 2023-24. As well as an analysis of system functionality and cost, this must include an analysis of the pace at which TSH can take on this programme and the resources required to support it. This will be a transformational change programme with many individual projects. The scale of the programme means that it will involve most parts of the service at some point in the journey.

This is new territory, essentially we are committing to building a digital ecosystem for patients with all the risks that our high secure environment presents. This is a whole Hospital transformational change programme and we must understand the magnitude of the challenge and the resources needed to make it happen. As soon as a device is put in the hands of a patient it needs a complex environment in place to deliver it safely and successfully.

Based on the draft Road Map and available funding for software solutions, devices and staffing consideration has to be given to consider if an acceptable business case is emerging. The available Road Map and projects dossier can be adjusted in terms of time, cost, risk and benefits once available funding is clarified.

Relevant protected characteristic groups
Age, disability, Religion and Belief, Race and Ethnicity.

Responsible for development of action plan, including outcome measures, ongoing monitoring and annual reporting
Executive Lead(s): Director of Finance and e-Health
Implementation Lead(s): Skye Centre Manager

EQUALITY OUTCOME NO 6

Tailored processes, adopting a least restrictive approach are in place to support reciprocity of access to TSH physical environment for all patients.

Issue
Some areas of TSH environment are not accessible to all patients (particularly those with complex needs) as a result of mental / physical health presentation, location, security restrictions. Work is required to review policies which influence decision making in this respect and reasonable adjustments made to support equitable access where it is safe to do so.

Supporting evidence
- TSH Clinical Service Delivery Model stakeholder consultation (2018).
- TSH Staff, patient and carer feedback (ongoing).
- 'What Matters to You?' initiative (2018).
- Mental Health Act (Scotland) (2015).
- The Human Rights Act (1998).
- TSH Patient Partnership Group feedback (2018).
- Barron Report: Independent Review into the Delivery of Forensic Mental Health Services (2021).

Update
The General Access policy has been developed, just awaiting ratification before the policy goes live. The introduction of the new clinical model has provided an opportunity for clinical teams to tailor approaches to care and ensure practicing in a least restrictive manner. The Service leadership teams are gathering data to enable them to understand the varying risk thresholds and explore were variation in current practice can be safely introduced.

The intellectual disabilities service has sustained a good level of activity for their patient group and are currently focusing how they can support their patients to attain and retain grounds access. They are also looking at how they can use their environment more effectively for their patient population.

Relevant protected characteristic groups
Age, Disability.

Responsible for development of action plan, including outcome measures, ongoing monitoring and annual reporting
Executive Lead(s): Director of Security, Estates and Facilities
Implementation Lead(s): Clinical Security Liaison Manager (ID ward(s))

EQUALITY OUTCOME NO 7

Every member of staff and volunteer will be signposted to and have access to informal, independent, individually tailored Pastoral Support which reflects a holistic approach to staff wellbeing.

Issue
To help provide support to our employees we offer a number of different networks, to aid mutual support, provide a collective voice and ensure appropriate representation and inclusion. This service is currently based within NHS Lanarkshire but is open to our employees here at the state hospital. Peer support can be vital, having the opportunity to chat to someone else around issues they are currently facing or even share positive experiences.

Supporting evidence
- TSH Staff Sickness Absence Data (2020).
- NHS Scotland Staff Sickness Absence Data (2020). TSH staff feedback (ongoing).
- TSH Wellbeing Survey (2020).
- TSH i-Matter Pulse Survey data (2020).

Update
Our current employee networks include:
EMEN: Ethnic minority employee network
LGBT+: Lesbian, Gay, Bisexual, Transgender Plus DAWEN: Disability and Wellbeing Employee Network

The Staff Care Specialist service provision remains in place via a SLA with NHS Lanarkshire (NHSL). Two Staff Care Specialists each provide holistic support for one day per week for staff on a 121 basis. This can be self-referred or supported through line management referral.

The Peer Support Network was also officially launched on 18 September 2023 with 23 peer supporters being trained, and a framework to support monitoring and evaluation of this initiative is currently being developed.

In addition to the above, plans are currently being put in place to undertake an evaluation of the Staff and Volunteer Wellbeing Strategy. Evaluation activities will be carried out during the period from December 2023 to April 2024 and aim to assess the outputs and impact of the Strategy.

The Wellbeing Centre continues to be available for all staff to access 24/7, as and when required (including before, during or after shift). There is dedicated support available within the Centre Monday– Friday, 9am-5pm, and a wide range of wellbeing activities offered including Relaxation and Mindfulness sessions

Relevant protected characteristic groups
All

Responsible for development of action plan, including outcome measures, ongoing monitoring and annual reporting
Executive Lead(s): HR Director
Implementation Lead(s): Associate Director of Nursing

4. Workforce Monitoring

Under The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012, public bodies are required to produce an annual Workforce Monitoring Report which outlines their ongoing commitment to meeting the regulations contained therein. As a public body, the State Hospital is compelled to produce such a report, which must include details of:

- The number of staff and their relevant protected characteristics.
- Information on the recruitment, development and retention of employees, in terms of their protected characteristics.
- Details of the progress the public body has made to gather and use the above information to enable it to better perform the equality duty.
- Workforce Monitoring for 2023 has been provided in a separate report, alongside 2022/23 Gender Pay Gap reporting (both available in the TSH website).

5. Gender Representation

The Gender Representation on Public Boards (GRPB) 2018 Act requires that 50% of public board's non-executive members are women, detailed as the Gender Representation Objective (GRO) for the boards of listed Scottish public authorities. Appointing persons and public authorities are required to take steps towards achieving the GRO. The GBRP Act encourages public bodies to take positive action measures intended to address the disadvantage experienced by groups sharing a protected characteristic. The legislation requires public bodies to report on progress during the period 29 May 2020 – 30 April 2021 in relation to meeting the requirements of the GBRP Act.

The Scottish Government Public Appointments Team is responsible for all appointments that are regulated by the Ethical Standards Commissioner, including the appointment of non- executive members of The State Hospitals Board for Scotland.

Throughout recruitment processes, positive action measures have been taken to encourage applications from women through positive advertising, underlining the value of different experience and points of view. Advertising aspired to realise applications from a wide range of talented people, irrespective of their religion or belief, sex, age, gender identity, disability, sexual orientation, ethnic origin, political belief, relationship status or caring responsibilities. It has been highlighted that applications would be particularly welcome from people with protected characteristics who are under-represented, such as women, disabled people, LGBTI+ people, those from Black, Asian and Minority Ethnic communities and people aged under 50.

During 2023/24, one vacancy arose within the Board's non-executive membership, and this was for the Board Chair. The existing Board Chair came to the end of their two-year term, and was re-appointed for a further two-year term.

Currently, non-executive membership overall is 57% male and 43% female. This includes the appointment of the Employee Director as a stakeholder member. Within the remainder of the non-executive cohort, membership is 50% male and 50% female. Female non-executives chair two of the three standing committees.

6. Summary

Considerable progress has been made over the past few years in relation to further embedding the equalities agenda. Previous work in relation to our Equality Impact Assessment process, has matured and is now standard practice. This continues to ensure that equality is considered in relation to everything we currently do and a focus when considering new policies and service change proposals.

There are a wide range of TSH feedback methods in place to ensure that, regardless of barriers to communication, all patients and carers are enabled to share their experience. This commitment supports a wider understanding of the impact of service delivery decisions for those with 'lived experience', highlighting inequalities which may appear minimal in nature however, are significant in impact.

We remain committed to ensuring the voices of patients and carers inform equality of care, through shared decision-making. This approach is evident in the recent implementation of the TSH Clinical Service Model. Through experiencing this approach, it will hopefully encourage continued involvement as we strive to improve the physical health and well-being of patients and focus on delivery of clinical care in a safe, least restrictive way.

We also recognise that supporting staff is imperative to delivery of high quality, person centred care and treatment, therefore prioritising equality of access to additional staff support is a well-merited outcome.

Within this period, TSH Equality Outcomes will contribute to informing changes across the Forensic Network estate, which may come about as a result of the Barron Recommendations. TSH will work closely with external partners to ensure continuity and consistent approach to deliverables in relation to equalities practice.

TSH welcomes feedback and / or suggestions / queries which may be helpful to inform future iterations of this dynamic document. Please contact the Person Centred Improvement Team via tsh.personcentredimprovementteam@nhs.scot.

Appendix 1 - Equality Outcomes 2017-21

Equality Outcome No 1

Aim: The State Hospital will ensure the needs of vulnerable patients with a mental health diagnosis are protected by embedding implementation of section 22 of the Mental Health (Scotland) Act 2015.

Objective: All patients within the State Hospital are advised of their right to have a Named Person, who is informed of the responsibilities of this role.

Update: Evidence to support process in place to ensure that all patients are advised of their right to have a Named Person. Named Persons provided with information explaining the role and support available where there are any challenges.

*Experiential Impact:

"I wasn't too sure about taking this on as my son can be quite difficult but I was able to discuss my worries and feel I can do this now".

"My mum knows what I need more than anyone else, cos she's my Named Person. They listen to her when I'm not well. I wouldn't have known she could speak for me if the Hospital hadn't made sure I gave her name".

"I've needed a lot of help to be a Named Person as I don't like speaking out but the Hospital made sure I knew where I could get help to do a good job for my grandson".

"No one told me before I came here anything about a Named Person. I know he's got my back".

Evolving improvements: Now included within the Mental Health Practice Steering Group work plan to monitor uptake and work closely with the locally based independent Patient Advocacy Service to support a proactive approach to engaging patients in this right.

Equality Outcome No 2

Aim: The State Hospital will implement individually tailored healthy lifestyle plans which support the physical health and wellbeing of all patients within the Hospital.

Objective: Healthy lifestyle plans are in place, which engage patients, carers and staff in supporting a holistic approach to physical health and wellbeing, contributing to patient weight loss.

Update: Healthy lifestyle plans now in place and continue to evolve.

Impact:

Year of admission	Average % weight gain one year after admission
2016/17	21.7
2017/18	13.1
2018/19	18.1
2019/20	10.3

Having a plan makes you think a bit more about how much sweets you're buying and I guess I wouldn't have as much to spend on goodies if I was paying rent and stuff."

"I don't really like talking about my weight but I don't have much money and I had no clothes for a while because I couldn't fit into the clothes I had when I came in. My key worker helped me to understand why we need to have healthy plans – I wouldn't do it if it was left up to me."

"Glad to see they're doing something about my brother's weight. Didn't recognise him when I saw him for the first time a few months after he was admitted he was so big."

"No other places have ever bothered to care enough about my son to do this which makes him really think about what might happen because he's so heavy."

Equality Outcome No 3

Aim: The State Hospital will deliver services which enable all patients within the Hospital to benefit from equitable access to care and treatment.

Objective: Individual patient Care and Treatment Plans are explicit in terms of identifying and making provision for needs which may impact on a patient's ability to meaningfully engage in care and treatment processes and contribute to the review of progress.

Update: Pilot Care Programme Approach (CPA) documents developed to support more meaningful engagement of patients with an Intellectual Disability has informed a more tailored approach to the CPA process for this patient group. The Mental Health Practice Steering Group has highlighted this piece of work as a priority, embedded within implementation plans for the refreshed Clinical Service Delivery Model, with a view to introducing Care and Treatment Plans which are reflective of the stage of the recovery journey in terms of supporting meaningful engagement. This project has been delayed as a result of the impact of Covid-19.

2023 Update: There are established systems of recording and monitoring physical activity uptake across the hospital for our patients. Staff record periods of physical activity within RiO (EPR) which is noted within the individual patient timetables. This data is available to multidisciplinary staff via the individual patient dashboards within RiO and supports weekly discussions within the Clinical Team Meetings. The master indicator data is also reviewed on a monthly basis and is fed back to Service Leadership Teams. Should any concerns arise during the review period then Senior Charge Nurses are contacted directly. In addition, the Supporting Healthy Choices project is in early stages of engagement though has initiated some work in relation to Admission patients through an activity booklet advising and guiding patients around how they can maintain a level of physical fitness which in turn, may help to improve aspects of their mental health.

Future plans: This piece of work will continue under the auspices of the refreshed Clinical Service Delivery Model project and will therefore evolve, responding to inequalities within protected characteristic groups (age, disability and race & ethnicity, religion & belief), therefore improving the experience, for those with:

- Sensory impairments.
- Dementia.
- Autism.
- Language barriers.
- Spiritual care needs.

This piece of work has also been incorporated within TSH Realistic Medicine Action Plan: Shared Decision-Making principle.
The scope of this piece of work has been extended to ensure that inequalities relating to meaningful involvement of carers within the CPA process results in improved experience for this group also.

2023 Update

ID and Transition Service patients – discussions around bespoke arrangements for the facilitation of grounds access to contribute towards physical activity.

Development of links between Physical Health Steering Group, Activity Oversight Group and Supporting Healthy Choices will aid further development of the physical activity remit across TSH.