

Equalities
Outcomes and
Mainstreaming
Report 2025/29

The State Hospitals Board for Scotland

Introduction

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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 report aims to summarise our progress within this area and allow for greater focus on the areas in which we can improve: - this will highlight the progress made to date regarding priority areas, as well as demonstrating how we adhere to all equality legislation. It will also provide 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 2025–2029 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.

A final update for the Equality Outcomes for 2021-25 has also been included within this report demonstrating the excellent progress made against the previous identified priorities. (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.

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

The State Hospital is the national high secure forensic mental health care provider for Scotland and Northern Ireland. The organisation currently provides specialist individualised assessment, treatment and care in conditions of high security for male patients with major mental disorders and intellectual disabilities. As noted in this year's outcomes, the State hospital is moving towards providing a high secure provision for female patients. This will be reflected in our equality outcomes going forward. The patients, because of their dangerous violent or criminal propensities cannot be cared for in any other setting. Working closely with partners in the Forensic Network for Scotland the organisation is recognised for high standards of care, treatment, research and education. TSH leads on the delivery of exceptional and innovative care, treatment and risk management to support patients in their recovery journey and improve their mental health. TSH aims to support patients to actively participate in their treatment, experience improved overall health and well-being whilst ensuring public safety within a high secure environment.

TSH has 120 beds available for patients, 108 beds for patients with Major Mental Illness and 12 beds for patients with Intellectual Disabilities. TSH site also has protected patient space on site as a resilience and contingency measure if patients were required to move from the current wards.

TSH is one of the 22 NHS Boards that make up NHS Scotland. It is a national board with responsibility for the provision of high secure Forensic Mental Health Services for men in Scotland and Northern Ireland, working from a single site in Carstairs, South Lanarkshire.

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 last Equality Outcomes report focused on specific areas of work and ensured that equality and diversity considerations were woven within these. This time round there was a consensus that the focus should be related to the size and unique nature of this board and how this provides both opportunities and challenges regarding key aspects of compliance with the Equalities Act and embed equality outcomes within the fabric of the organisation. We also recognised that regardless of whether you are a patient or a staff member the standard you should expect apply across both, the difference is in how they are at times delivered. Given the size the board there was also a risk that any work in relation to equality and diversity was the remit of a very small number of staff. Not only is there a risk when work is person dependant but also if fails to reinforce the duties and responsibilities of all staff within the organisation. Therefore, we are considering the appropriate forum to meet all Equality and Diversity needs within the State Hospital.

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: 18 - 65.
Individual ages: 20s - 21, 30s - 38, 40s - 20, 50s - 19, (teens and over 60s, numbers too low to disclose due to risk of patients being identified.)
- Disability: several patients identified as having a physical disability.
- Gender reassignment: zero patients.
- Marriage / Civil Partnership Status: 92 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: 33 patients have no religion, 17 are Roman Catholic, 14 Church of Scotland, 13 not known and other faiths (Protestant, Muslim, Buddhist, Agnostic, Atheist, Mormon, Jehovah's Witness, Orthodox Catholic Church and Russian Orthodox Church were also identified (numbers too low to disclose due to risk of patients being identified). Sexual orientation: 'This data is collected from patients but not currently available to statistical purposes'.

The December 2024 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 and carer 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.

Alongside this approach, the establishment of our Workforce Equalities Group will allow a live and continuous link with key stakeholders in terms of our workforce. Greater focus will move to the experiences of our workforce, the review of relevant data relating to equalities and ensuring that we learn and develop from 'Lived Experiences.'

2.3 Monitoring, Governance and Reporting

Responsibility for monitoring progress to Equality Outcomes is detailed within each outcome.

However, there will be two key streams in terms of monitoring:-

Workforce Equalities Group

The ongoing monitoring of delivery of Equality Outcomes will now be monitored by the Workforce Equalities Group, who will meet five times throughout the year and will assess progress in terms of equality outcomes and our own Equalities Annual Action Plan. The Workforce Equalities Group will report bi-monthly to the Workforce Governance Group and quarterly to Staff Governance Committee.

Person-Centred Improvement Group (PCIG)

The Person-Centred Improvement Group (PCIG) meets monthly, this group ensures the organisation is compliant with legislative requirements and responds appropriately to national drivers relating to person centred care and equality related to patient care and treatment. The group operates to an agreed annual workplan to support the delivery of the above objectives. The PCIG are tasked with reporting annually to the Hospital Board and six monthly to Clinical Governance Group/Committee.

2.4 How we are embedding equality

The strengthening of the governance support delivery of equality within TSH is a key mechanism to ensuring this is embedded into the fabric of the organisation.

The group will be responsible for ensuring the following existing practises remain fit for purpose and completed as required:

- 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.
- Understanding, directly, 'lived experience of both the workforce and the patients and seeking to make necessary improvements in conjunction with relevant stakeholders.

3 Equality Outcomes for 2025-29

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 staff & patient groups and has been considered in the prioritisation of those outcomes included within the 2025-29 plan.

3.1 Development Process

We developed a focus group who reviewed a wide range of data and national drivers were scrutinised to identify priority areas for inclusion in this report. On reflecting the group considered the specialist nature and size of the board and considered what the board are able to provide independently and identified areas where external support would be required. The group also recognised the significant change the introduction of a women's service would bring and have also included this as a key priority.

One inequality has 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.

3.2 The State Hospital's Prioritised Equality Outcomes 2025-29

EQUALITY OUTCOME ONE

The establishment of a Workforce Equalities Group which will focus on both workforce and patient issues, developing annual improvement plans. Promoting an inclusive work environment and to monitor and report on progress, as part of the Boards formal Governance framework.

Relevant protected characteristic groups - ALL

Rationale (this will include any supporting evidence/ risk consequence of failure to address)

The establishment of a Workforce Equalities Group will highlight a revised approach to Equalities within TSH. This group will be key in:-

- Acting as monitoring conduit in the Governance Framework for Equalities in TSH
- Monitoring and assessing progress against annual improvement plans and our Equalities outcomes.
- Provide a safe forum for all staff to highlight their thoughts and concerns on the building of truly inclusive work environment.
- Opportunity to learn from 'Lived Experience' and to review relevant workforce data which relates to equalities.
- Liaising with the Patient Group to ensure Patient Equality issues are also fully considered

Actions and milestones (how much by when)

By April 2025, the group will have developed their first Improvement Plan.

Bimonthly updates will be provided to Workforce Governance Group and Quarterly updates to Staff Governance Forum on Equalities.

Annual update will be provided on progress against Equalities Outcomes and also local improvement plans.

Measures demonstrating progress

- TOR
- Minutes
- Workplan
- Outline structure
- Quarterly/6 Monthly/ Annual Reports

Update (Same time frames as Group reports and annually and publish bi-annually)

Responsible for development of action plan, including outcome measures, ongoing monitoring and annual reporting

Executive Lead(s): Stephen Wallace

Delivery Forum: Workforce Governance group

EQUALITY OUTCOME NO 2

Ensure that the State Hospital are compliant with Equalities legislation and national drivers and reestablish links with National Equality Groups

Relevant Protected Characteristics - ALL

Rationale

- Ensure that the Board are proactive in responding to the evolving nature of this agenda and that we respond and communicate such changes.
- By ensuring appropriate links with relevant national groups, this will support a more proactive approach to Equalities

Actions and Milestones

- Ensure identified reps to national groups and appropriate feedback forums
- Review communication strategy surrounding equalities to ensure that equalities update is front and centre.

Measures

- Minutes of WEG and PCIG to reflect national input and changes
- Increased communications

Updates

Regular reporting from WEG and PCIG

Responsible Leads

Executive Lead(s): Stephen Wallace/ Karen McCaffrey

Delivery Forum: WEG/ PCIG

EQUALITY OUTCOME NO 3

Ensure Equality and diversity considerations are factored into the scoping of a women's service

Relevant Protected Characteristics - ALL

Rationale

Ongoing review of the Project Plan and the implementation of the women's service as the project develops.

Actions and Milestones

Key reviews at:

- Development of Project Plan
- Implementation
- Project Review
- Identify Training and development needs
- Identify policy and procedural reviews required to incorporate the needs of a women's service.

Measures

Standing item as part of Project Group Meetings

Updates

Equality considerations should be included in updates to the Board on the progress of the Project.

Responsible Lead for development of action plan, including outcome measures, ongoing monitoring and annual reporting

Executive Lead(s): Project Lead

Delivery Forum: Women's Service Project Group

EQUALITY OUTCOME NO 4

Understand what we are able to achieve internally regarding Equality and Diversity and where we require external support

Relevant Protected Characteristics

There is a recognition that due to the size of the board we may not have the ability to provide the same support services which ensure anonymity is protected. It is also acknowledged that we may not have access to certain areas of expertise and there may be a requirement to seek collaboration across other Boards.

Focus on how we ensure that external sources support feedback into the organisation so we can make any necessary changes from lessons learned or feedback provided.

Rationale

The board has limited resources and the small scale also affects the ability to anonymise, therefore we require to consider if we can collaborate more effectively with other boards. A good example would be minority forums within NHS Lanarkshire, which are an excellent resource for other staff, but ensure that learning from these groups is fed back to our main groups (WEG and PCIG)

Actions and Milestones

- Embed into WEG and PCIG Agendas.
- Ensure that where collaboration is used, feedback is included in our own learning.

Measures

Review use of external organisations and collaborations with other services in the development of our approach to Equalities. Where gaps are identified seek external support from neighbouring boards.

Updates

As part of summary updates to the Board.

Responsible Lead for development of action plan, including outcome measures, ongoing monitoring and annual reporting

Executive Lead(s): Stephen Wallace/ Karen McCaffrey

Delivery Forum: WEG/ PCIG

EQUALITY OUTCOME NO 5

Ensuring we are able as an organisation to hear from those with lived experience (patients, Staff and Carers).

Relevant Protected Characteristics - ALL

Rationale

As a listening organisation, we need to take the opportunities to listen attentively and learn from the experiences of those involved with our services (Workforce, Patients, and Carers). We need to build on our existing mechanisms to ensure that we have multiple forums and means of engaging with key stakeholders and providing feedback. Whilst we have effective general mechanisms for concerns being raised, we need to consider how we support sensitive issues and concerns regarding equality being raised.

Actions and Milestones

- Provide assurance of a safe space to report equality concerns.
- Ensure regular awareness of opportunities for all to provide feedback
- Review how we respond to these concerns
- Develop 'Lessons Learned' sessions to address broader organisational learning.

Measures

- Feedback directly through the Workforce Equalities Group or PCIG
- Review of Incident related information for patients and staff
- Development of a Speak Up Culture

Updates

- Embedded as part of the regular updates by the relevant lead group.

Responsible Lead for development of action plan, including outcome measures, ongoing monitoring and annual reporting

Executive Lead(s): Director of Workforce/Director of Nursing

Delivery Forum: WEG/ PCIG

EQUALITY OUTCOME NO 6

To review our approach to and to implement different ways to deliver equality and inclusion training, both as Statutory and Mandatory Training and as additional lead on training.

We should also consider the requirement for bespoke Equality and Inclusion Training for TSH and our unique environment.

Relevant Protected Characteristics - ALL

Rationale

- A full review of our current approach to Equalities and Diversity Training, with a focus on induction and Statutory and Mandatory Training.
- Ensure appropriate systems to review and monitor compliance.
- Develop refresher training which is bespoke to TSH and provides greater awareness of other follow on training through NES and TURAS.

Actions and Milestones

- Align progress to current Protected Learning Time work undertaken nationally, which should align approach to Statutory and Mandatory Training, with review annually
- Review Compliance position for the Board.
- Assess impact of bespoke training

Measures

- Compliance Reports
- Greater staff awareness
- Reduction in Equality related incidents.

Updates

Annual.

Responsible Lead for development of action plan, including outcome measures, ongoing monitoring and annual reporting

Executive Lead(s): Director of Workforce

Implementation Lead(s): Workforce Team

Delivery Forum: WEG

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 2024 has been provided in a separate report, alongside 2023/24 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 GRPB Act encourages public bodies to take positive action measures intended to address the disadvantage experienced by groups sharing a protected characteristic.

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.

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

This equality outcomes report highlights the progress we have made to date, it seeks to build on this progress and strengthen the governance structures to support delivery across both workforce and patient groups. There are robust practices in place to ensure the equality is embedded into everything we do. However, we do recognise the limitations that come with being a small specialist board and the challenge to create safe anonymous spaces for those who need them whether it is for support guidance or help shape the culture of the organisation as the equality issues evolve.

Whilst there are very good mechanisms in place to gather feedback from staff patients and carers, we do recognise that there is little feedback regarding equality issues. In improving both our feedback methods and forums with equality in mind, we hope that this will encourage greater contributions. We remain committed to listening attentively and responding quickly to all concerns.

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 or our Workforce Team on TSH.HRenquiries@nhs.scot

Appendix 1 - Equality Outcomes 2017-21

Final report

Equality Outcome 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.

Since the submission of the last report, the new CPA document has been finalised. This was after a lengthy and substantive consultation process with internal and external stakeholders. This included the MWC, MHTS, Restricted Patients Team at The Scottish Government and The Risk Management Authority. Internally, all disciplines including the advocacy service at TSH, the PPG and PCIT were involved in discussions leading up to the document being completed. Feedback has been that the document is now more user-friendly and patient-focussed with an emphasis on more approachable patient-centred language.

With the completion of the document, the MHPSPG has been developing a new set of procedures that will aim to increase the efficiency of the CPA process more generally and integrate it more fully with TSH's electronic patient record. The CPA meetings themselves will now have a greater degree of patient feedback about their treatment plan alongside a shift in emphasis towards ensuring care is recovery focussed.

There has been a test of the system in Summer 2024 with a further live test planned for the end of November 2024. All being well, the new document and associated processes should be embedded in TSH by end of financial Q4 24-25.

Status: Closed.

Equality Outcome 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.

Status: Closed.

Equality Outcome 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: 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 this is escalated to the Senior Charge Nurses.

Status: Superseded (Service Leadership Teams review patient data; Activity Oversight Group monitor activity levels across all services).

Equality Outcome 4

Aim: 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.

Objective: 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.

Update: The Clinical Model project was closed in July 2023 with patient moves completed in May 2024. Clinical Guidance was completed and passed to newly established leadership group.

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 three 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, 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.

Status: Closed.

Equality Outcome 5

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

Objective: 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.

Update: Ongoing as part of the overall digital programme, subject to resourcing.

Status: Closed.

Equality Outcome 6

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

Objective: 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.

Update: Some of the work that has been completed within Iona Hub are the mural artwork, which is now complete. Status: Closed.

ID service were involved in the new grounds access policy, so least restrictive for our ID patients. Status: Closed.

Sensory boxes are being used for a select group of our patients. **Status:** Closed.

A garden or gardening group currently **superseded by** The ID service are currently working on their Medium term plan with a sensory room currently being worked on for Iona 1, if this is successful we will look at doing this in Iona 2 & 3. **Status:** Superseded.

The service has most recently discussed an iPad with Makaton to be able to communicate with one specific patient. **Status:** Ongoing.

Equality Outcome 7

Aim: 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.

Objective: 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.

Update: This is covered in detail in the Induction and the services are advertised within the Wellbeing Centre and on an ongoing basis throughout the year by Staff Brief.

Status: Closed.