Forensic Mental Health Services' Response to the COVID-19 Pandemic

C-19 Response and Learning Short-Life Working Group

September 2021

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1. INTRODUCTION

In January 2020, the World Health Organisation declared a public health emergency of international concern (PHEIC) with regard to Coronavirus (COVID-19). The first case of COVID-19 was reported in Scotland on 1st March 2020 and within weeks, mental health hospitals were preparing to adapt their services in order to continue to deliver safe and effective care in the face of significant national restrictions. The first 'lockdown' period in Scotland lasted between 24th March 2020 and 11th May 2020. From this point, restrictions were gradually eased over the summer months and then tightened again from September 2020, initially on a local/regional basis and then nationally from January 2021 to April 2021.

The COVID-19 pandemic has had an unprecedented impact on mental health service delivery. In particular, it has presented secure inpatient services with significant challenges and posed a number of practical and ethical questions in relation to patient care. From March 2020, all services adapted their models of care and implemented new strategies to ensure the continuous delivery of care for forensic patients, to overcome any barriers in patient flow and to manage and prevent the risk of virus transmission.

In order to facilitate the remobilisation, recovery and transition of forensic mental health services following the pandemic, these changes to practice and any new strategies and measures need to be examined and reviewed in order to inform future policies and practices. This aligns with Action 17.1 within Scottish Government's '*Mental Health – Scotland's Transition and Recovery*'[1] document, published in October 2020, which outlined their commitment to take forward lessons from changes to practice in relation to the oversight of Restricted Patients.

In March 2021, Scottish Government requested that the Forensic Network form a short-life working group to examine the response of forensic mental health services to COVID-19. This report aims to set out an assessment of service responses to COVID-19 and to outline any areas of learning or improvement that may be sustained over the longer term. The recommendations contained within will seek to inform policy decisions in relation to the remobilisation, recovery and transition of services after the pandemic and the future delivery of care to forensic patients.

1.1 Membership

Name	Job Title	Organisation
Professor Lindsay Thomson	Director (Chair)	Forensic Network
Dr Duncan Alcock	Associate Medical Director	The State Hospital
Dr Daniel Bennett	Consultant Psychiatrist	NHS Grampian, Blair Unit
Zara Borthwick	Head of Nursing, Low Secure	NHS Tayside, Rohallion
Dr Jo Brown	Clinical Director	NHS Lothian, Orchard Clinic
Rebecca Carr	Manager	Patients Advocacy Service
Martin Cassidy	Clinical Nurse Specialist	Surehaven
Dr Ian Dewar	Principal Medical Officer	Scottish Government
Dr Jacqueline Drummond	Consultant Psychiatrist	NHS Fife
Dr Robert Gibb	Consultant Psychiatrist	NHS Lanarkshire

[1] https://www.gov.scot/publications/mental-health-scotlands-transition-recovery/

Dr Rona Gow	Clinical Director	NHS GG&C, Rowanbank
Michael Hughes	Team Leader, Forensic CFMHT	NHS Lanarkshire
Caroline Kelly	Network Manager	Forensic Network
Jacqueline McQueen	Lead Nurse / RCN Rep	RCN
Lesley Peter	Acting Head of Nursing (Med)	NHS Tayside, Rohallion
Alex Stannard	Team Lead	Restricted Patients Team
Colin Walker	MH Advocate – Secure Care	NHS Tayside, Advocacy

1.2 Meeting dates

The working group met on four occasions over the course of the project. Given national restrictions in place due to COVID-19, meetings were held remotely via use of Microsoft Teams on the following dates:

- Friday 28th May 2021
- Friday 18th June 2021
- Friday 30th July 2021
- Tuesday 31st August 2021

1.3 Methodology

Prior to the request for the group being received from Scottish Government, the Forensic Network had provided officials with a draft service questionnaire that could be circulated across the forensic mental health estate which would seek to capture learning from COVID-19 and to collate information on how services were progressing in terms of remobilisation, recovery and transition of services after the pandemic. After discussion with Scottish Government colleagues, it was agreed that this would be distributed to all secure services and would form the basis of the group's work. The questionnaire was distributed to all secure forensic mental health services in Scotland in April 2021.

In order to fully capture experiences and learning from COVID-19 within forensic mental health services, the group adopted a multi-pronged approach to information gathering. A further questionnaire was developed to capture the patient experience and was distributed via advocacy colleagues across the estate. Additionally, the Forensic Network Carer Co-ordinators group were contacted and asked to collate feedback from carers, friends and families with regard to their views on service responses to the COVID-19 pandemic.

Views were also sought from organisations and professions who were unable to directly contribute to the short-life working group through regular membership (e.g. The Mental Welfare Commission and Social Work).

The group would like to extend their thanks to services, patients and carers who shared their views and experiences to inform this report.

2. TERMS OF REFERENCE

In order to facilitate the remobilisation, recovery and transition of forensic mental health services following the pandemic as effectively as possible, changes to practice and any new measures and strategies introduced during the pandemic need to be examined and reviewed to inform future policies and practices.

The overarching aim of this work was to review the service response across the forensic mental health system, as well as to consider any learning from service delivery during the COVID-19 pandemic. The project will consider all secure mental health services and not just the experience of Restricted Patients.

As per the request from Scottish Government, the following issues were considered within the group:

- any new strategies, measures and developments or changes in practices that have been introduced in response to the pandemic since March 2020 across the forensic estate;
- the use of pre-transfer virtual visits and whether and how this could be continued post-pandemic;
- the effects and impact of any new strategies, measures and changes on service delivery and patient experience;
- any areas in the delivery of care and patient flow that have been improved during the pandemic due to the implementation of new measures and strategies or due to the introduction of changes in established practices;
- any areas in the transition from hospital services to the community that have similarly been improved during the pandemic;
- how the learning experience from the COVID-19 response could be used to inform future policy and practices; and
- whether and how any of the identified strategies/measures/practices/changes should be continued post-pandemic.

The work sought to identify examples of good practice; changes or developments that drove forward improvement; and any learning experience and measures that could be continued post pandemic. The group also sought to capture and consider suggestions for future changes in measures, strategies or practices that have not been tested due to constraints such as legislation or resources.

The work of the group covers the period between March 2020 – August 2021.

Reporting Arrangements
This completed report will be submitted to the Unit Head, Forensic Mental Health Unit and will be used to inform policy and guidance in relation to the remobilisation, recovery and transition of forensic mental health services following the pandemic.

3. ASSESSMENT

This section aims to provide an overview of the questionnaires and engagement exercises conducted by the group in order to ascertain how COVID-19 impacted on forensic mental health services across Scotland. It will outline information relating to the incidence of COVID-19, ways in which services adapted their delivery of patient care, improvements noted and the challenges faced by services. This section also provides an overview of patient and carer feedback on how services responded to the pandemic.

Questionnaires were distributed to all forensic mental health services across high, medium and low secure care. Responses were received covering all but one low secure (intellectual disability) service. Services who have close links with their community forensic mental health teams also encouraged submission of the questionnaire for these teams, or incorporated it within an overall Health Board submission. Responses for community forensic mental health teams were received for services in NHS Greater Glasgow & Clyde, NHS Lothian, NHS Ayrshire & Arran, NHS Forth Valley, NHS Lanarkshire & NHS Fife.

3.1 Infection rates across the Forensic Estate

As part of the Service Questionnaire, the group asked for data regarding the incidence of COVID-19 within each service between March 2020 and August 2021.

Responses indicate that there have been approximately 60 positive cases across the forensic secure estate during the course of the pandemic (High Secure = 14; Medium Secure = 38; Low Secure = 24; approximately 1 in 10 patients testing positive). There have been three patient deaths at medium secure during this same period (5% of total positive cases). This number corresponds with information on incidence rate gathered through the fortnightly Scottish Government Stakeholder call.

In relation to staff infection rate, responses indicated that there had been approximately 181 positive staff cases across the forensic estate. Some services advised that they were unable to provide accurate figures for staff infection rates due to these being recorded as part of wider Health Board figures.

From the data received relating to community forensic mental health teams, there have been two community forensic patients who tested positive, one of whom subsequently died. There are also five positive staff cases recorded. As not all community forensic services were formally requested to submit information for this report, these figures should not be taken as an accurate representation of infection rate within community forensic mental health services.

3.2 Forensic Mental Health Service Response to COVID-19

All services commented to a degree on the unprecedented impact that the COVID-19 pandemic has had, and in some cases continues to have, on service delivery. Services provided varying levels of detail regarding the measures that they have implemented in order to continue to deliver safe and effective care in line with restrictions and national guidance. However, there were a number of common themes and strategies identified across all responses.

There are five key areas in which service delivery was noted to have changed within forensic mental health services:

1. Infection Control

Services detailed the measures that were taken from March 2020 to reduce the risk of nosocomial infection including social distancing, use of personal protective equipment (PPE), amended uniform policies, reduced movement of staff and frequent handwashing. Liaison and collaborative working with Infection Control colleagues from acute hospital settings was noted and many services developed individual patient physical health summaries to assist care and treatment in the event that a patient contracted COVID-19.

Several services implemented new interim models of care in response to the pandemic and developed policies and guidance to accompany these. The high secure service within The State Hospital (TSH) implemented an Interim Clinical and Support Services Operational Policy. Under this model, patients were initially restricted to their ensuite bedrooms for all but two 30 minute periods per day unless they were deemed unable to tolerate this. It was acknowledged that this model is contrary to the usual model of care within TSH which is concerned with engagement and meaningful activity for patients. Over time, this Interim Policy has been adapted in line with national restrictions in order to become less restrictive, but was noted to be crucial in balancing the risk to the physical health of patients against risks to their mental health.

Similarly, the Orchard Clinic medium secure service noted that with the emergence of COVID-19 internationally, they revisited and updated their 'flu pandemic' plan in February 2020 and subsequently adapted this in line with government and national guidance as the pandemic progressed. All services who responded made reference to the development and implementation of policies to support changes in service delivery and patient care to minimise infection risk to patients.

In some cases, services established COVID-19 specific quarantine areas or wards in order to reduce the risk of infection spread. The State Hospital noted the creation of a six bed general medical ward which was equipped for patients who required enhanced care for symptoms of COVID-19, but this was never used. Similarly, Woodland View noted the reconfiguration of beds within their forensic and adult services in order to create a 'red zone' ward to support COVID-19 patients.

Several services did note that the physical infrastructure and environment of their unit was not compatible with the infection control measures required and where this impacted on their ability to isolate patients or implement social distancing between staff and patients appropriately. This was particularly problematic for services which do not offer single room accommodation. A lack of outdoor spaces available to some units also limited the opportunity for access to recreation, exercise and therapeutic activities during the pandemic.

2. Communication

As new ways of working were implemented and associated guidance was developed to support changes, services noted the importance of regular and effective communication with staff, patients and carers. Many services noted an increase in communication with staff regarding COVID-19 guidance and the establishment of daily 'COVID calls', briefings, team huddles and frequent email communication. Opportunities to briefly discuss and check-in with colleagues were noted to be helpful in keeping all staff up to date with changes to service delivery, but also as forums for problem solving (e.g. staffing/cover) and peer support.

Services who noted specific efforts to engage with patients to support their understanding of the changes being made at ward-level reported positive attitudes and resilience amongst their patient

groups. The Orchard Clinic detailed the use of COVID-19 Update Boards within their ward areas on a weekly basis that allowed information to be given to patients and provide them with the opportunity to ask questions anonymously. Similarly, many services increased their contact with carers through regular 1:1 telephone calls to promote sharing of information about changes within the service and reassure carers that steps were being taken to reduce the risk of infection within the inpatient setting.

At a national level, the regular stakeholder teleconference established by Scottish Government Mental Health Directorate was noted to be helpful as a forum for sharing good practice, identifying solutions to issues (e.g. access to PPE/vaccines), mapping the incidence of infections across the estate and providing liaison with Scottish Government on any amended practices required for Restricted Patients. The Forensic Network liaised with several low secure services for the purpose of this meeting and highlighted any issues that arose on their behalf.

3. Transitions, leave and discharge processes

During the initial months of the pandemic patient movement across the forensic estate was limited and this remained the case until August 2020 when patient transfers resumed. Despite a cessation in patient transfers across the estate, services continued to admit patients where possible during this time. Patient flow was able to be re-established through an agreement amongst services and Scottish Government on COVID-19 testing and transfer criteria and liaison on any amended practices required for Restricted Patients.

Within the questionnaire, services across medium and low secure detailed the significant impact that restrictions had on their ability to progress patient transfers and discharges, particularly in the early stages of the pandemic. For those who had access to the community as part of their care plan this was reduced or ceased for significant periods of time. However, practice varied across services with some Health Boards taking the decision to continue to support patients to access the community if they were at an advanced stage of the discharge planning process.

Similarly, patients who attended regular community placements with third sector or voluntary organisations were restricted due to changes within those services. Group work activities were also put on hold across all services which led to potential delays in accessing psychological treatment for some patients; this was primarily related to a lack of rooms with sufficient space to allow for social distancing.

Services highlighted that discharge planning was further impacted by national guidance not being tailored to forensic mental health services and there appeared to be a lack of acknowledgement of the specialist nature of secure environment. In addition to this, supported accommodation providers operated under care home guidance which included specific guidance on requirements for self-isolation; this had a significant impact on the ability of services to support patients to access supported accommodation and progress their discharge.

As services progressed with remobilisation and recovery planning, access to community placements and supported accommodation continued to present a challenge due to continually changing guidance regarding the easing of restrictions; this was particularly difficult for services supporting discharge for patients who reside in different health board areas or in health boards that contain several Local Authorities, due to variations in local lockdown restrictions.

4. Digital Access

All services who responded noted an increased reliance upon technology in order to deliver patient care, for example, through the introduction of virtual visiting when restrictions were first put in place in March 2020 and the move to online healthcare appointments. To facilitate this many services invested in tablets, laptops and platforms such as Microsoft Teams, Attend Anywhere or Near Me. The introduction of technology has allowed patients to continue to engage with their friends and families, but also professionals such as their Mental Health Officer or advocacy worker.

For those working with patients in the community, digital exclusion was highlighted as a barrier to engagement. It was also noted that variations across Health Boards with regard to information governance policies and procedures impacted on patient and carer access to virtual meetings.

Several services detailed innovative ways in which technology has allowed them to continue to support patient care such as Rowanbank Clinic delivering adult literacy and education sessions remotely to ensure patients have continued opportunities for learning. Beckford Lodge within NHS Lanarkshire noted that they had successfully supported patients to access religious services online to allow them to continue practising their faith. There have also been efforts to provide patients with psychological therapy remotely whilst restrictions were in place.

Services highlighted a drive to improve IT capabilities to support increased levels of home-working for staff, with many adopting Microsoft Teams for Clinical Team meetings, business meetings and training. The use of remote technology has been noted as providing staff with more time within the service as they no longer have to travel to meetings or conferences. However, some difficulties were noted initially with communication between staff working on-site and those working from home; as a result, some services developed rotas detailing available members of staff and how to contact them. Despite the desire to improve IT capabilities, many services continue to highlight difficulties in relation to digital infrastructure and the limitations this places on their ability to widen digital access within their service, for both staff and patients.

5. Staff Support & Wellbeing

Many services detailed the impact that changes to service delivery had on staff directly such as the introduction of home-working, the wearing of PPE and changing shift patterns. National restrictions and guidance on shielding and testing contributed to significant staff shortages in the initial months of the pandemic. Some services showed creativity in responding to these shortages and sourced additional staffing from nursing students or other allied health professionals (e.g. Occupational Therapists being re-deployed to the ward). Whilst in some cases this led to an increase in ward-based activities for patients; some services noted concerns over the potential 'blurring of roles' and the need for professionals to maintain competencies in their own profession.

As the pandemic progressed and frequent changes were made to national guidance, the need to keep up-to-date with processes and changes to practice was noted to have created further challenges for staff during an already demanding period. Within most areas, all training and development activities were initially put on hold in order to focus on delivery of patient care and only restarted if training could be delivered remotely. In addition to this, staff access to reflective practice was also reduced or moved online in many services; a lack of access to this service during the initial stages of the pandemic may have benefitted staff who were potentially spending more time 1:1 with patients or dealing with patients in acute distress.

In response to the challenges faced by staff, many services noted an increased focus on staff well-being and the creation of 'well-being' areas within the service. This included the creation of relaxation zones, mindfulness sessions and opportunities for staff to meet with others for peer support.

3.3 Patient Views

A questionnaire was developed which was similar in structure to the service questionnaire and sought to ascertain what patients felt worked well, what didn't work so well and what strategies or measures they would like to continue post-pandemic. Given the ongoing requirement for social distancing, it was considered that it would be difficult to survey patients directly for their views. In order to gather feedback, advocacy services were contacted and asked to support patients within their service to complete the questionnaire; either individually or as a group. An invitation was also placed within the national Advocacy Bulletin which is widely disseminated, inviting patient feedback on changes to service delivery as a result of COVID-19.

In total, there were 18 responses covering high (1), medium (10) and low (6) secure settings and community (1). Fourteen of these responses were from individuals, and four were sent on behalf of groups (e.g. Patient Partnership Group within high secure). Several advocacy representatives across the estate also provided an overview of feedback they have received from patients during the pandemic.

Although patients and carers will have had a range of experiences over how services managed during the COVID-19 crisis, a number of priorities and key themes can be drawn from the feedback provided:

- **Activity Levels:** Respondents from all levels of security noted that there had been interruption in their ability to engage in meaningful activity. Reduced staffing and clinical capacity meant that fewer patient activities could be undertaken or facilitated. Group work activities across all services were suspended to minimise the risk of virus transmission and this negatively impacted on Occupational Therapy and Psychology interventions in particular. Many patients commented that this meant they had to spend more time in their bedrooms and this led to greater feelings of boredom and isolation. Only one patient provided feedback that they had enjoyed the reduction in organised activities as this allowed them more time to spend in their room engaging in independent hobbies.

  Respondents from low secure noted that activities facilitated by external partners were put on hold; again leading to frustration, boredom and a sense of confinement. In contrast to this, some respondents within inpatient settings did note that staff made efforts to increase ward-based activities whilst adhering to social distancing measures and this was appreciated.

- **Digital Access:** The introduction of technology within secure settings received a largely positive response from patients (e.g. introduction of tablets, laptops, mobile phones). The implementation of video-visiting technology in all services and increased access to mobile phones (for some low secure patients) was noted to have facilitated contact with friends and family and there was a clear preference for this to continue where possible. However, it was noted that this should be considered as an alternative to face-to-face contact and not a replacement for in-person visits.

  Some respondents stated that they experienced some frustration when using technology due to poor internet connection, a lack of familiarity with the technology being used and the limited time given to use it. Respondents also highlighted that in some cases they were limited to ten

minutes of phone calls per day; this had a negative impact on those who speak to multiple friends and family who say they felt they had to choose who to call.

Patients highlighted a number of drawbacks to the use of technology being used in delivery of their care. Privacy during telephone based meetings proved challenging at times and patients did not like the inability to see the faces of professionals during tribunal meetings and reviews. There were also limits on support that could be given by advocacy staff in some services due to poor communication regarding online meetings, or a lack of space in rooms due to social distancing.

- **Infection Control**: Half of those who responded indicated that they felt safe within their service during the pandemic. Some felt anxious initially but this decreased over time as services implemented social distancing and visible infection control measures (e.g. use of face masks and other PPE). Those who noted feeling safe highlighted the increased cleaning, early access to vaccinations, hand hygiene, social distancing and keeping windows open as reasons for this. In high secure, some patients reported feeling positive about being offered the vaccine; however, some felt that there was not enough information provided.

  Respondents who did not feel safe indicated increased levels of anxiety regarding their loved ones in the community, inconsistent use of face masks and the national news reporting on the pandemic as being unhelpful and contributing to this. Some respondents noted that they found the use of face masks intimidating and there were concerns over the impact mask-wearing can have on communication with staff.

- **Transitions, leave and discharge processes**: Throughout all responses, the impact of the pandemic on patient transfers, leave and discharge processes was noted to cause frustration, anxiety and distress. Several respondents noted delays in being able to progress with their rehabilitation plans and the perceived impact this had on their progression from services. Patients reported frustration at Suspension of Detention (SUS) plans being put on hold and their inability to evidence their progress as quickly as they would have liked. Respondents from high secure noted that they were unable to get out on rehab outings which they believed delayed their transfer to conditions of medium security. Some patients from medium secure had their transfer date repeatedly changed and proposed transfers were highlighted as being delayed at all levels of security. Additionally, patients expressed frustration with the length of time it took some psychology services to restart delivery of therapeutic interventions and expressed their belief that they will now remain in hospital longer than necessary as a result.

- **Meal provision:** When asked for feedback on how changes in service delivery impacted on care, respondents noted changes to the way in which they received meals within inpatient settings. Within the high secure setting, patients being given meals in their bedrooms with plastic cutlery was noted as negative.

  For respondents at other levels of security, some had previously been self-catering but had to return to the hospital menu and this was listed as being difficult to cope with. Those who had more autonomy over cooking their own food reported feeling less frustrated with changes to this aspect of receiving care in an inpatient setting.

Across all services respondents highlighted how grateful they were to staff within services who they believed made additional efforts to address the problems caused by the pandemic and national restrictions. Patients appeared to value the support and kindness shown by staff and appreciated the efforts being taken to keep them safe and well. It appears that models of care which promote individualised approaches, positive therapeutic relationships and staff having the skills to work effectively to support patients to be autonomous ensured that safe and effective care was maintained throughout the pandemic.

3.4 Carer, Friends & Families Views

In order to collate views, feedback was sought through the Forensic Network Carer Co-ordinator group. This group is comprised of representatives from each Health Board who as part of their professional role, provide support to carers of patients accessing their services. The group also has representation from Support in Mind Scotland and The Carers Trust.

The Forensic Network Manager discussed the request for feedback at a meeting of the Carer Co-ordinator group on 7th June 2021. Those present provided an overview of feedback that they had received from carers across the last 12-15 months; this covered 7 low secure services. In recognition that some members were not in attendance, an email requesting feedback was circulated to all members of the group covering all levels of security; this asked for feedback by Monday 12th July. Additionally, the Person Centred Improvement Team (PCIT) within The State Hospital were contacted directly in order to gather feedback from carers of patients receiving care in a high secure service.

Feedback received covered 7 low secure services; 2 medium secure units and the high secure service. Responses suggested that on the whole, carers have been fairly positive regarding the ways in which services responded to COVID-19, though have understandably been concerned for the patient they are caring for given the reduced contact they have had.

From looking at feedback received to date, there are 5 key themes that can be highlighted:

- **Shared decision making** – many carers raised concerns over the restrictions placed upon patients and whether their ability to be involved in aspects of their care has been disrupted. Some services noted that queries were raised regarding patient involvement in CPA meetings when these were held virtually and the level of support given to patients to engage effectively in these.

- **Quality of life** – carers were keen to understand how services were responding to national restrictions on visiting and sought reassurance that they could still have meaningful contact with their loved ones. Feedback indicated that some carers enjoyed having the opportunity for frequent video visits and in one case a carer fed back that they are spending less money which has been helpful as they feel obliged to bring gifts or snacks for the patient when they are visiting face to face.

- **Activity levels:** concerns were highlighted to several services over the time patients were being given outwith their room and their ability to take part in social and recreational activities. Some carers also expressed anxiety over the potential impact on relationships between patients and staff if patients were restricted in their movements and not participating in regular activities with staff; it was suggested that these relationships are viewed by carers as critical in a service providing effective care and treatment.

- **Infection Control**: - some noted queries from carers regarding the steps being taken to keep patients safe from COVID-19 such as infection control procedures, use of PPE and social distancing from staff. Carers were noted to appreciate reassurance that procedures were being followed diligently and in being provided with clear and up-to-date information on infection rates within the service.

- **Appreciation:** - almost all services we spoke to noted that they have had positive feedback from carers regarding the steps taken by their service during the pandemic, particularly at the start when guidance and restrictions were changing at a rapid pace.

Only two services noted that they had contact from carers who were concerned over the potential impact of restrictions on patient transfers (TSH and Ayr Clinic) and reassurance was sought in relation to these.

Many services adapted their method of engagement with carers and took a more proactive approach by calling or emailing carers regularly in order to keep them up to date with changes in the service. This was noted to be very well received.

Overall, the feedback that has been received highlights that carers have largely responded positively to the response of forensic mental health services – with concerns raised and reassurance sought in the areas discussed, particularly around safety, quality of life and shared decision making.

3.5 Use of Pre-Transfer Virtual Familiarisation Visits

Prior to the pandemic, pre-transfer visits were a standard component of managing transition to another service for Restricted Patients. This allowed patients to familiarise themselves with the new service and environment and to meet staff within their new care team. During the pandemic, infection control procedures and national restrictions created a number of challenges for services in facilitating such visits.

In October 2020, Scottish Government advised that in cases where the clinical assessment was that a transfer could be effected without physical pre-transfer visits, services should put in place virtual familiarisation arrangements that would allow the patient and receiving care team to meet, accompanied by video or other visual aids that would help the patient to get used to their new ward or service. This was initially agreed until January 2021 and was subsequently extended until the end of March 2021.

The patient questionnaire asked respondents who were eligible for transfer between services during the pandemic whether they experienced delays and whether they had access to virtual pre-transfer visits. There were limited responses provided to this question; only one respondent indicated that they had been offered virtual pre-transfer visits and that these were “okay”. Advocacy colleagues provided feedback that virtual pre-transfer visits which took place without prior use of the VC technology was problematic as it felt the equipment hindered the process. Those who had previously used VC for other purposes found it to be an effective initial step to seeing the environment they would be moving to whilst in a safe space, supported by staff who know them well. It was noted that patients continue to express a preference for ‘in-person’ visits and would perhaps benefit from the opportunity to do both.

Upon the introduction of virtual familiarisation visits, The Mental Welfare Commission agreed to monitor these in the short-term, following a request from Scottish Government Restricted Patients team. A report on this monitoring process noted that during the period of 19/10/21 – 15/03/21 the Commission were notified of twelve patient transfers; of which nine were 'virtual familiarisation transfers' (Mental Welfare Commission, 2021). The report contains feedback from Responsible Medical Officers (RMO) and patients involved. They noted the importance of support for patients to aid them in thinking about questions they might like to ask and in taking notes of what was discussed. The report also highlights the need for all hospitals to have the ability to provide some form of virtual tour of the unit, taking cognisance of security issues and confidentiality of current patients. It recommended that development of a 'welcome pack' and written information would be helpful for patients and their carers. In conclusion, the Mental Welfare Commission stated that virtual familiarisation appears to have been successful in enabling transfers to go ahead during the pandemic and was well received by patients and their care teams.

3.6 Challenges and barriers faced by services during the COVID-19 pandemic

From the outset of the pandemic, services were required to respond to and incorporate rapidly changing guidance at both national and local levels. Often there was short notice given of upcoming changes and this impacted on services' ability to adequately prepare their response. It was felt that there was a lack of recognition that forensic secure services are unique environments and cannot simply adopt guidance for use in acute hospital settings. This led to problems with the application of national guidance in practice and ensuring consistency across services. As the pandemic progressed, Scottish Government and NHS local health board policies were noted to move at a different pace which was considered by some services to have had a negative impact on patients and led to them being treated differently to the general public; this was a particular concern with regard to accessing vaccines for forensic patients. As the pandemic progressed, linkage of service remobilisation plans with Scottish Government stages and lockdown levels helped to alleviate some of these difficulties and promoted a more consistent approach.

Changes in working practices were also a challenge for most services who were often running at reduced capacity due to staff sickness, shielding requirements and isolation rules. The requirement for services to introduce social distancing and PPE contributed to difficulties in supporting and accommodating staff who required to be at work but who could not wear face masks, or pregnant staff who were unable to work beyond 28 weeks. In addition to this, training and development courses for staff were initially put on hold and since resuming, there have been difficulties in accommodating large groups due to social distancing restrictions. Given the introduction of technology there have been difficulties in services not having adequate IT infrastructure to cope with the increased demand. The reliance on Microsoft Teams required staff to have access to a private space to participate in clinical meetings which had moved online and this was noted to be difficult in a busy inpatient environment.

There are two independently provided services within Scotland – The Ayr Clinic and Surehaven. These services highlighted that they faced unique barriers at the start of the pandemic in gaining adequate supplies of PPE, agreeing testing for staff and patients and accessing vaccinations in the same way that NHS services did. In order to address these issues, staff from within these services sought assistance at the weekly Scottish Government Stakeholder call and relied upon the collaboration and support of other forensic service providers. This highlights the importance of professional networks and services working collaboratively across the forensic estate. The subsequent creation of PPE Hubs and easier ordering systems were also noted to be helpful for all services in ensuring adequate supplies of PPE.

Whilst many services commented on the resilience of their patient group during the pandemic, one service identified that they experienced a brief increase in threats towards nursing staff as patients were frustrated with lockdown restrictions and were struggling to cope with this. The clinical team involved provided a significant level of education and support to patients to help them to understand how the pandemic had impacted on service delivery and to explain the measures they had implemented and reasons for these.

Finally, as noted previously, many services noted difficulties in supporting patients to progress with rehabilitation and discharge plans, particularly where community access was a significant part of plans. In order to support patients where possible, services have provided detail on the innovative ways they have tried to overcome these barriers. In NHS Forth Valley, low secure patients were supported to live independently by spending time in bungalows on site or were supported on home visits by staff members. Similarly, restrictions on the use of public transport whilst in the community led to AHP staff within NHS Greater Glasgow & Clyde low secure service securing funding for bicycles for patient use. These adaptations sought to minimise disruption to patients and support them to continue with their rehabilitation.

3.7 Strategies yet to be tested

Services did not identify any specific measures or strategies that were yet to be tested or that could not be implemented due to legislation or restrictions.

4. DISCUSSION

4.1 Learning from the COVID-19 pandemic

Over the past 18 months, forensic mental health services have transformed the way in which they deliver care in order to maintain safe and effective service provision, whilst responding to the significant challenges presented by the COVID-19 pandemic. As detailed within this report, services have been quick to adapt and to try innovative methods in order to combat the barriers faced in the initial outbreak. Existing networks between services have been strengthened through collaborative working and the wider challenges facing forensic mental health services have been further highlighted over the course of the pandemic.

The disruption caused by the pandemic and the learning from this experience, alongside the recent publication of the Independent Review into the Delivery of Forensic Mental Health Services[2], provides a unique opportunity to focus on how secure services are delivered in Scotland. As the NHS navigates the next phase of its response to COVID-19, there are a number of positive measures that can be continued and developed in future models of care. The following areas have been highlighted by services, patients and carers as key areas in which to move forward.

Pandemic and business continuity planning

Health Boards need to be able to plan for and respond to a wide range of major incidents that could affect the smooth running of NHS Scotland and patient care. Boards have a responsibility to develop resilience plans to support services to continue to provide safe and effective care in the face of a major incident or service interruption (e.g. adverse weather or major disease outbreak). Feedback indicated that services who had revised their 'flu pandemic' policies and engaged in emergency preparedness exercises in the months prior to the initial outbreak were well-placed to respond to the challenges that arose.

Whether forensic services follow a Health Board wide pandemic policy, or adapt policies for their own specific unit, it is crucial that clear plans are formed regarding how to best manage resources in adverse circumstances and where flexibility can be given to allow services to respond to sudden changes. The pandemic has provided an opportunity for services to work innovatively and to develop adaptable plans to maintain a constant state of readiness. The experiences gained from maintaining services during the pandemic period should be reviewed and incorporated into all business continuity plans (e.g. safe staffing and adverse weather plans).

Recommendation 1: All forensic mental health units should engage in pandemic planning. Services should consider development of local, unit specific plans in conjunction with their health-board wide plan.

Recommendation 2: Services should review lessons learned and incorporate these into existing business continuity plans order to avoid service disruption during major incidents or adverse weather.

[2] https://www.gov.scot/publications/independent-forensic-mental-health-review-final-report/

Specialist nature of Forensic Mental Health Services

Throughout the course of the pandemic, services faced a number of challenges in having to use guidance that was not specifically designed with secure environments in mind. There appeared to be a lack of appreciation of the needs of the specialist population and of the remit of services which is to provide care, treatment and rehabilitation for forensic patients.

Services who sought to support patients to access supported accommodation packages as part of their discharge plans were hindered by supported accommodation units being treated as care homes for the purposes of COVID-19 planning. The requirement for patients to self-isolate upon return was a significant barrier and it was noted that the needs of forensic patients were being overlooked in this area. Whilst national guidance provides a helpful framework, it is vital that service providers are afforded flexibility to make decisions that work for their specific population if this is not clearly taken account of.

Recommendation 3: National guidance should acknowledge the unique remit of forensic mental health services and should contain a degree of flexibility to allow service providers to accurately meet the needs of the forensic population.

Co-ordination and Collaboration

Over the course of the pandemic, services have noted the benefits of working in a co-ordinated and collaborative manner. Information sharing across the forensic estate has been helpful, both on an informal and formal manner. The Scottish Government Stakeholder Call has been a useful forum in bringing together representatives from across the estate to monitor the progression of the pandemic and to overcome obstacles specific to forensic services. Co-ordination of PPE and vaccine supplies was particularly beneficial for independent sector services who faced significant problems in sourcing these at the start of the pandemic period.

Despite the urgency of the situation, collaboration across Health Boards allowed for services to share good practice and learn from each other with the aim of maintaining consistent delivery in forensic services. This experience has highlighted the importance of local networks and the benefits of regular peer engagement and there have been some excellent examples of innovation and teamwork within forensic mental health services during this time.

Recommendation 4: Scottish Government should develop a formal mechanism to create a forum for stakeholders across the forensic mental health estate during relevant national incidents. Representation should be sought from NHS service providers at all levels of security, independent providers, and other key stakeholders including the Mental Welfare Commission. The aim of the forum should be to co-ordinate responses to the situation, share good practice, promote consistency and identify solutions to problems and should be time-limited.

Patient Flow & Capacity within the Forensic Estate

Whilst patient flow was resumed fairly quickly within forensic mental health services, the pandemic has continued to highlight existing issues with regard to bed availability and capacity across the forensic estate. The Independent Review into the Delivery of Forensic Mental Health services noted the impact that delayed transitions can have on capacity and on patient care and suggested that ideally, forensic services should operate at around 80% capacity. This would allow the system to adapt flexibly and accommodate delays in transfer or emergency admissions and support the needs of those already in their care.

The pressures faced by services in relation to COVID-19 have further highlighted that capacity within the estate is a significant problem that requires addressing in the short-term.

Recommendation 5: Forensic mental health services should aim to operate at no more than 80% capacity in order to enable clinical responsiveness and resilience in the event of disruptions to patient flow.

Communication

Clear and effective communication has been crucial throughout the pandemic, from sharing information regarding the impact and transmission of the virus, to communicating frequent changes in national guidance relating to testing and vaccination. Regular communication has been key in supporting patients and their families through the pandemic and in reassuring those in the care of forensic services that they were not forgotten.

Adaptations to the ways in which services routinely communicate with patients and their families have been well received (e.g. the use of message boards in wards, or frequent 1:1 contact with carers). This should continue where possible to ensure patients and their families are kept fully informed regarding any changes to service provision and facilitate understanding of how this may impact on their journey through forensic services.

Recommendation 6: Services should continue to provide clear and accurate information to staff, patients and carers regarding the impact of the pandemic or restrictions on the service.

The use of PPE has been a necessity over the pandemic in order to keep staff and patients safe from the risk of COVID-19 transmission. Feedback has indicated that some patients within secure mental health services have found this difficult and felt that it impacted negatively on their ability to communicate with staff. As the use of PPE is likely to remain in place whilst services continue with remobilisation, services should take cognisance of this feedback and make efforts to ensure that PPE use does not negatively impact on patient care.

Recommendation 7: Efforts should be made to ensure that the wearing of PPE does not interfere with communication or intimidate patients who may be experiencing poor mental health. Strategies such as the use of clear masks should be considered where appropriate.

Digital Innovation

Services have reported largely positive experiences from increasing their use of digital technologies, including better use of staff time and increased opportunity to support patients to maintain contact with their friends and family. Virtual familiarisation visits appeared to be received well for those who engaged with them and enabled the safe transfer of patients to continue during the peak stages of the pandemic. Given the increasing reliance on technology within wider society, forensic services should continue to make use of digital technologies where available post-pandemic. This would include the continuation of virtual familiarisation visits as an addition or alternative, to in-person visits. The development of pre-transfer virtual tours and packs would also support patients in their transfer between services. These changes were enabled by staff within services rapidly changing how they worked and sharing their learning and good practice along the way.

As services progress with remobilisation and recovery post-pandemic, it will be important to review and evaluate the continued use of digital technologies within forensic services. With some services reporting

a move to the online delivery of therapeutic interventions, it will be important to consider ways in which services could work collaboratively to deliver interventions across the forensic population.

Whilst many services have expressed their intention to continue to use technology in the longer term, there are still significant barriers to be overcome, including inconsistent IT infrastructure across the estate, digital accessibility and exclusion, information governance issues and the appropriateness of delivering certain therapeutic interventions online. It will be important to explore how these changes in ways of working and accessing care impact on both staff and patients, including potential adverse consequences.

Recommendation 8: Virtual Familiarisation Visits should continue to be offered to patients' post-pandemic as an addition, or alternative, to in-person visits. An individualised approach should be taken as to which method is most appropriate.

Recommendation 9: All services should be supported to develop pre-transfer virtual tours and packs. Consideration should be given as to how to standardise these across all forensic mental health services to ensure quality and consistency in the information and experience provided.

Recommendation 10: Services should be supported to access funding to support necessary eHealth upgrades that will enable access to technology and equitable IT infrastructure across the estate.

Staff Wellbeing

There have been clear efforts to ensure that forensic mental health services remain open where possible, despite significant workforce constraints and pressures. Whilst there have been some creative solutions identified to staffing challenges (e.g. sharing of staff across Health Boards or creation of quarantine wards), these are not sustainable in the long term without appropriate consultation or policy changes. Several services identified measures or changes to be implemented, however noted that the success of these related to staff availability. Cognisance should be given to ensuring that models of care are not dependent on the recruitment of staff that do not exist in the current numbers.

Staff have demonstrated remarkable resilience and dedication to continuing to deliver the best possible care for patients, however the impact on wellbeing should not be underestimated. Whilst there is an appetite to reap the benefits of the innovation prompted by the pandemic, services are mindful of the impact that the pandemic has had on the workforce and efforts continue to support staff wellbeing, recovery and resilience.

Recommendation 11: All services should continue to invest in and embed positive health and wellbeing approaches in order to support staff to feel supported, safe and secure at work. Efforts should continue to prioritise re-establishment of training and development for staff where appropriate and to consider alternative methods of delivering training (e.g. remotely) where possible.

5. CONCLUSION

The COVID-19 pandemic has had a significant impact on all aspects of mental health service delivery and has posed unique challenges for secure environments. However, forensic mental health services have demonstrated creativity and resilience in their response to the pandemic. The rapid mobilisation of services demonstrated that models of care could be adapted and redesigned in a quick and flexible manner, but with continued clear decision making and governance processes.

This report sets out the key learning from the experience of forensic mental health services over the course of the pandemic, identifying where lessons can be learned and improvements made to ensure long-lasting changes in service delivery. The introduction of new measures such as virtual pre-transfer familiarisation visits have been evaluated and recommended for continued use and the effects of strategies on service delivery and patient experience are detailed. A number of positive measures have been highlighted and these can be further developed in future models of care within forensic services.

As services move forward with remobilisation and recovery and pressures to return to normal increase, it will be important to incorporate the learning from the pandemic in order to inform policy and improve service provision, or there is a risk that the innovative measures developed during this time will be lost.

6. RECOMMENDATIONS

Recommendation 1: All forensic mental health units should engage in pandemic planning. Services should consider development of local, unit specific plans in conjunction with their health-board wide plan.

Recommendation 2: Services should review lessons learned and incorporate these into existing business continuity plans order to avoid service disruption during major incidents or adverse weather.

Recommendation 3: National guidance should acknowledge the unique remit of forensic mental health services and should contain a degree of flexibility to allow service providers to accurately meet the needs of the forensic population.

Recommendation 4: Scottish Government should develop a formal mechanism to create a forum for stakeholders across the forensic mental health estate during relevant national incidents. Representation should be sought from NHS service providers at all levels of security, independent providers, and other key stakeholders including the Mental Welfare Commission. The aim of the forum should be to co-ordinate responses to the situation, share good practice, promote consistency and identify solutions to problems.

Recommendation 5: Forensic mental health services should aim to operate at no more than 80% capacity in order to enable clinical responsiveness and resilience in the event of disruptions to patient flow.

Recommendation 6: Services should continue to provide clear and accurate information to staff, patients and carers regarding the impact of the pandemic or restrictions on the service.

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Recommendation 8: Virtual Familiarisation Visits should continue to be offered to patients' post-pandemic as an addition, or alternative, to in-person visits. An individualised approach should be taken as to which method is most appropriate.

Recommendation 9: All services should be supported to develop pre-transfer virtual tours and packs. Consideration should be given as to how to standardise these across all forensic mental health services to ensure quality and consistency in the information and experience provided.

Recommendation 10: Services should be supported to access funding to support necessary eHealth upgrades that will enable access to technology and equitable IT infrastructure across the estate.

Recommendation 11: All services should continue to invest in and embed preventative health and wellbeing approaches in order to support staff to feel supported, safe and secure at work. Efforts should continue to prioritise re-establishment of training and development for staff where appropriate and to consider alternative methods of delivering training (e.g. remotely) where possible.

7. REFERENCES

Mental Welfare Commission (2021) Virtual Familiarisation Monitoring – Restricted Patients. Report prepared for Scottish Government Restricted Patients Team.

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