Essex Partnership University
NHS Foundation Trust

Freedom of Information Request

Reference Number: EPUT.FOI.21.1970
Date Received: 25 April 2021

Information Requested:

ECT Information:

1. Please supply patient's information ECT leaflet
   Please see attached

2. Please supply patient ECT consent form
   Please see attached

3. Please supply any ECT reports/investigations
   Please see attached NICE guidelines

4. How many ECT in 2020?
   - Basildon – 217 Treatments
   - Colchester – 123 Treatments
   - The Linden Centre – 210 Treatments

5. What proportion of patients were men/women?
   - Basildon – 8 men and 22 women
   - Colchester – Numbers less than five have been withheld as The Trust believes this could be personally identifiable put together with other information. The Trust considers that this is exempt under Section 40 (Personal Information) of the Act
   - The Linden Centre - 8 men and 14 women

6. How old were they?
   - Basildon – Between 18 and 82
   - Colchester – Between 20 and 83
   - The Linden Centre - Between 26 and 81

   Please note that the Trust has provided age ranges as it believes that providing specific ages could be personally identifiable put together with other information. The Trust considers that this is exempt under Section 40 (Personal Information) of the Act

7. What proportion of patients were classified BAME?
   The Trust is unable to provide this information as it believes that numbers less than five could be personally identifiable put together with other information. The Trust considers that this is exempt under Section 40 (Personal Information) of the Act

8. How many were receiving ECT for the first time?

- Basildon – 10
- Colchester - 9
- The Linden Centre - 21

9. How many patients consented to ECT?
   - Basildon – 16
   - Colchester - 6
   - The Linden Centre - All

10. How many ECT complaints were investigated outside the NHS and CCG?
    0

11. How many patients died during or 1 month after ECT and what was the cause (whether or not ECT was considered the cause)?
    0

12. How many patients died within 6 months after ECT and what was the cause (whether or not ECT was considered the cause)?
    The Trust is unable to provide this information as it believes that numbers less than five could be personally identifiable put together with other information. The Trust considers that this is exempt under Section 40 (Personal Information) of the Act

13. How many patients died by suicide within 6 months of receiving ECT (whether or not ECT was considered the cause)?
    0

14. How many patients have suffered complications during and after ECT and what were those complications?
    None

15. Have there been any formal complaints from patients/relatives about ECT?
    No

16. If so, what was their concerns?
    N/A

17. How many patients report memory loss/loss of cognitive function?
    None

18. What tests are used to assess memory loss/loss of cognitive function?
    MOCA (Montreal Cognitive Assessment)
    CPRS (Comprehensive Psychopathological Rating scale)
    MMSE (Mini Mental State Examination)
    MADRS (Montgomery-Asberg Depression Rating Scale)
    Mini ACE (Mini Addenbrooke's Cognitive Examination)

19. Have MRI or CT scans been used before and after ECT?
    No

20. If so what was the conclusion?
    N/A

21. How does the Trust plan to prevent ECT in the future?
    To use ECT as a treatment of last resort

Serious Incident Information:

1. Please supply any serious incident reports/investigations
   The Trust is unable to provide completed SI reports as they contain person identifiable information which is exempt under Section 40 (Personal Information) of the Act

2. How many SERIOUS INCIDENT REPORTS in 2020?
   85 serious incidents were reported in 2020

3. What proportion of patients were men/women?
   28 female
   57 male

4. How old were they?

Under 25yrs	7
26-40yrs	24
41-65yrs	41
Over 65yrs	13

5. What proportion of patients were classified BAME?
   The Trust is unable to provide this information as it is not recorded centrally. To collate this information would require a manual trawl of each patient Record. This would exceed the time and cost limits as set out in the Act. The Trust is therefore applying Section 12 of the Act (where cost of compliance exceeds appropriate limit)

6. How many SERIOUS INCIDENT REPORTS were investigated outside the NHS and CCG?
   1 investigation commissioned by EPUT to be investigated by an external provider

7. How many patients died during or 1 month after SERIOUS INCIDENT REPORTS and what was the cause (whether or not SERIOUS INCIDENT REPORTS was considered the cause)?
   The Trust is unable to provide this information as it is not recorded centrally. To collate this information would require a manual trawl of each patient record. This would exceed the time and cost limits as set out in the Act. The Trust is therefore applying Section 12 of the Act (where cost of compliance exceeds appropriate limit)

8. How many patients died within 6 months after SERIOUS INCIDENT REPORTS and what was the cause (whether or not SERIOUS INCIDENT REPORTS was considered the cause)?
   The Trust is unable to provide this information as it is not recorded centrally. To collate this information would require a manual trawl of each patient record. This would exceed the time and cost limits as set out in the Act. The Trust is therefore applying Section 12 of the Act (where cost of compliance exceeds appropriate limit)

9. How many patients died by suicide within 6 months of receiving SERIOUS INCIDENT REPORTS (whether or not SERIOUS INCIDENT REPORTS was considered the cause)?
   The Trust is unable to provide this information as it is not recorded centrally. To collate this information would require a manual trawl of each patient record. This would exceed the time and cost limits as set out in the Act. The Trust is therefore applying Section 12 of the Act (where cost of compliance exceeds appropriate limit)

10. How many patients have suffered complications during and after SERIOUS INCIDENT REPORTS and what were those complications?
    The Trust is unable to provide this information as it is not recorded centrally. To collate this information would require a manual trawl of each patient record. This would exceed the time and cost limits as set out in the Act. The Trust is therefore applying Section 12 of the Act (where cost of compliance exceeds appropriate limit)

11. Have there been any formal complaints from patients/relatives about SERIOUS INCIDENT REPORTS?
    None

12. If so, what was their concerns?
    N/A

13. How does the Trust plan to prevent SERIOUS INCIDENTS in the future?
    The Trust is an early adopter of the new NHS Patient Safety Incident Response Framework (PSIRF) which is replacing the Serious Incident Framework. The new framework provides a new approach to incident management which supports a systematic, compassionate and proficient response to patient safety incidents. The main principles of the framework are openness, fair accountability, learning and continuous improvement.

    In adopting PSIRF, the Trust will move to a proactive approach to learning from patient safety incidents with the aim of reducing incidents in the future.

Restraints and Seclusion Information:

1. Please supply any Restraints/investigations
   All incidents reported which involve restraint or seclusion are subject to a review by local management, which will be escalated where appropriate. However there has been no single investigation/review into either type of restrictive practice being utilised

2. How many RESTRAINTS in 2020?
   2331

3. What proportion of patients were men/women?

Gender	Total
Female	1662
Male	603
Other (not stated)	66

4. How old were they

Age Group	Total
0-16	878
17-35	935
36-65	361
66-100	157

Please note that the Trust has provided age ranges as it believes that providing specific ages could be personally identifiable put together with other information. The Trust considers that this is exempt under Section 40 (Personal Information) of the Act

5. What proportion of patients were classified BAME?
181

6. How many RESTRAINTS were investigated outside the NHS and CCG?
The Trust does not record this information

7. How many patients died during or 1 month after RESTRAINTS and what was the cause (whether or not RESTRAINTS was considered the cause)?
The Trust is unable to provide this information as it is not recorded centrally. To collate this information would require a manual trawl of each patient record. This would exceed the time and cost limits as set out in the Act. The Trust is therefore applying Section 12 of the Act (where cost of compliance exceeds appropriate limit)

8. How many patients died within 6 months after RESTRAINTS and what was the cause (whether or not RESTRAINTS was considered the cause)?
The Trust is unable to provide this information as it is not recorded centrally. To collate this information would require a manual trawl of each patient record. This would exceed the time and cost limits as set out in the Act. The Trust is therefore applying Section 12 of the Act (where cost of compliance exceeds appropriate limit)

9. How many patients died by suicide within 6 months of receiving RESTRAINTS (whether or not RESTRAINTS was considered the cause)?
The Trust is unable to provide this information as it is not recorded centrally. To collate this information would require a manual trawl of each patient record. This would exceed the time and cost limits as set out in the Act. The Trust is therefore applying Section 12 of the Act (where cost of compliance exceeds appropriate limit)

10. How many patients have suffered complications during and after RESTRAINTS and what were those complications?
The Trust is unable to provide this information as it is not recorded centrally. To collate this information would require a manual trawl of each patient record. This would exceed the time and cost limits as set out in the Act. The Trust is therefore applying Section 12 of the Act (where cost of compliance exceeds appropriate limit)

11. Have there been any formal complaints from patients/relatives about RESTRAINTS?
1

12. If so, what was their concerns?
    Patient reported they were being threatened by another patient and became distressed. Patient was physically restrained

13. Are counts of forced injections available?
    The number of IM injections is recorded however; these are not necessarily 'forced' Rapid Tranquilisation given - 76

14. How does the Trust plan to reduce restraints in the future?
    The Trust has a patient safety strategy and restrictive practices of all forms will continue to be rigorously monitored. Prone restraints continue to be regarded as critical incidents and each incident is subject to scrutiny and actions are taken where appropriate. The trust has reviewed its training in relation to restraint against new national guidance. The training places greater emphasis on de escalation of incidents and the principles of No Force First. The Trust is committed to reducing the number of restraint incidents and will continue to implement national guidance and best practice

15. Please supply any SECLUSION reports/investigations
    All incidents reported which involve restraint or seclusion are subject to a review by local management, which will be escalated where appropriate. However there has been no single investigation/review into either type of restrictive practice being utilised

16. How many SECLUSIONS in 2020?
    409

17. What proportion of patients were men/women?

Gender	Total
Female	218
Male	183
Other (Not Stated)	8

18. How old were they?

Age Group	Total
0-16	118
17-35	196
36-65	90
66-100	5

19. What proportion of patients were classified BAME?
    50

20. How many SECLUSIONS were investigated outside the NHS and CCG?
    The Trust does not hold this information

21. How many patients died during or 1 month after SECLUSION and what was the cause (whether or not SECLUSION was considered the cause)?
    The Trust is unable to provide this information as it is not recorded centrally. To collate this information would require a manual trawl of each patient record. This would exceed the time and cost limits as set out in the Act. The Trust is therefore applying Section 12 of the Act (where cost of compliance exceeds appropriate limit)

22. How many patients died within 6 months after SECLUSION and what was the cause (whether or not SECLUSION was considered the cause)?
    The Trust is unable to provide this information as it is not recorded centrally. To collate this information would require a manual trawl of each patient record. This would exceed the time and cost limits as set out in the Act. The Trust is therefore applying Section 12 of the Act (where cost of compliance exceeds appropriate limit)

23. How many patients died by suicide within 6 months of receiving SECLUSION (whether or not SECLUSION was considered the cause)?
    The Trust is unable to provide this information as it is not recorded centrally. To collate this information would require a manual trawl of each patient record. This would exceed the time and cost limits as set out in the Act. The Trust is therefore applying Section 12 of the Act (where cost of compliance exceeds appropriate limit)

24. How many patients have suffered complications during and after SECLUSION and what were those complications?
    The Trust is unable to provide this information as it is not recorded centrally. To collate this information would require a manual trawl of each patient record. This would exceed the time and cost limits as set out in the Act. The Trust is therefore applying Section 12 of the Act (where cost of compliance exceeds appropriate limit)

25. Have there been any formal complaints from patients/relatives about SECLUSION?
    None

26. If so, what was their concerns?
    N/A

Medication Errors Information:

1. Please supply any MEDICATION ERRORS reports/investigations
   There have been no investigations into specific individual medication errors in 2020

2. How many MEDICATION ERRORS in 2020?
   1020

3. What proportion of patients were men/women?
   Unknown (the information processed is anonymised for patient-specific identifiers)

4. How old were they?
   Unknown (the information processed is anonymised for patient-specific identifiers)

5. What proportion of patients were classified BAME?
   Unknown (the information processed is anonymised for patient-specific identifiers)

6. How many MEDICATION ERRORS were investigated outside the NHS and CCG?
   Unknown. EPUT does not receive this information

7. How many patients died during or 1 month after MEDICATION ERRORS and what was the cause (whether or not MEDICATION ERRORS was considered the cause)?
   The Trust is unable to provide this information as it is not recorded centrally. To collate this information would require a manual trawl of each patient record. This would exceed the time and cost limits as set out in the Act. The Trust is therefore applying Section 12 of the Act (where cost of compliance exceeds appropriate limit)

8. How many patients died within 6 months after MEDICATION ERRORS and what was the cause (whether or not MEDICATION ERRORS was considered the cause)?
   The Trust is unable to provide this information as it is not recorded centrally. To collate this information would require a manual trawl of each patient record. This would exceed the time and cost limits as set out in the Act. The Trust is therefore applying Section 12 of the Act (where cost of compliance exceeds appropriate limit)

9. How many patients died by suicide within 6 months of receiving MEDICATION ERRORS (whether or not MEDICATION ERRORS was considered the cause)?
   The Trust is unable to provide this information as it is not recorded centrally. To collate this information would require a manual trawl of each patient record. This would exceed the time and cost limits as set out in the Act. The Trust is therefore applying Section 12 of the Act (where cost of compliance exceeds appropriate limit)

10. How many patients have suffered complications during and after MEDICATION ERRORS and what were those complications?
    The Trust is unable to provide this information as it is not recorded centrally. To collate this information would require a manual trawl of each patient record. This would exceed the time and cost limits as set out in the Act. The Trust is therefore applying Section 12 of the Act (where cost of compliance exceeds appropriate limit)

11. Have there been any formal complaints from patients/relatives about MEDICATION ERRORS?
    1

12. If so, what was their concerns?
    Change in medication regime prescribed by Dr not properly supervised by a Psychiatrist

13. How does the Trust plan to prevent MEDICATION ERRORS in the future?
    Delivering high quality and safe care is EPUT's top priority. Our Safety First, Safety Always Strategy (as attached) sets out our approach to ensuring Safety First, Safety Always. Our ambition is that EPUT will be recognised as one of the leading Trusts nationally for safety

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Applied Exemption:

Section 12 (Exemption where cost of compliance exceeds appropriate limit):

(1) Section 1(1) does not oblige a public authority to comply with a request for information if the authority estimates that the cost of complying with the request would exceed the appropriate limit.

(2) Subsection (1) does not exempt the public authority from its obligation to comply with paragraph (a) of section 1(1) unless the estimated cost of complying with that paragraph alone would exceed the appropriate limit.

(3) In subsections (1) and (2) "the appropriate limit" means such amount as may be prescribed, and different amounts may be prescribed in relation to different cases.

(4) The Secretary of State may by regulations provide that, in such circumstances as may be prescribed, where two or more requests for information are made to a public authority—

(a) by one person, or

(b) by different persons who appear to the public authority to be acting in concert or in pursuance of a campaign, the estimated cost of complying with any of the requests is to be taken to be the estimated total cost of complying with all of them

(5) The Secretary of State may by regulations make provision for the purposes of this section as to the costs to be estimated and as to the manner in which they are to be estimated

Section 40 (Personal information):

(1) Any information to which a request for information relates is exempt information if it constitutes personal data of which the applicant is the data subject.

(2) Any information to which a request for information relates is also exempt information if—

(a) it constitutes personal data which do not fall within subsection (1), and

(b) either the first or the second condition below is satisfied.

(3) The first condition is—

(a) in a case where the information falls within any of paragraphs (a) to (d) of the definition of "data" in section 1(1) of the Data Protection Act 2018, that the disclosure of the information to a member of the public otherwise than under this Act would contravene—

(i) any of the data protection principles, or

(ii) section 10 of that Act (right to prevent processing likely to cause damage or distress), and

(b) in any other case, that the disclosure of the information to a member of the public otherwise than under this Act would contravene any of the data protection principles if the exemptions in section 33A(1) of the Data Protection Act 2018 (which relate to manual data held by public authorities) were disregarded.

(4) The second condition is that by virtue of any provision of Part IV of the Data Protection Act 2018 the information is exempt from section 7(1)(c) of that Act (data subject's right of access to personal data).

(5) The duty to confirm or deny—

(a) does not arise in relation to information which is (or if it were held by the public authority would be) exempt information by virtue of subsection (1), and

(b) does not arise in relation to other information if or to the extent that either—

(i) the giving to a member of the public of the confirmation or denial that would have to be given to comply with section 1(1)(a) would (apart from this Act) contravene any of the data protection principles or section 10 of the Data Protection Act 2018 or would do so if the exemptions in section 33A(1) of that Act were disregarded, or

(ii) by virtue of any provision of Part IV of the Data Protection Act 2018 the information is exempt from section 7(1)(a) of that Act (data subject's right to be informed whether personal data being processed).

(6) In determining for the purposes of this section whether anything done before 24th October 2007 would contravene any of the data protection principles, the exemptions in Part III of Schedule 8 to the Data Protection Act 2018 shall be disregarded.

(7) In this section— "the data protection principles" means the principles set out in Part I of Schedule 1 to the Data Protection Act 2018, as read subject to Part II of that Schedule and section 27(1) of that Act;

- "data subject" has the same meaning as in section 1(1) of that Act;
- "personal data" has the same meaning as in section 1(1) of that Act

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Publication Scheme:

As part of the Freedom of Information Act all public organisations are required to proactively publish certain classes of information on a Publication Scheme. A publication scheme is a guide to the information that is held by the organisation. EPUT's Publication Scheme is located on its Website at the following link https://eput.nhs.uk