

Freedom of Information Request

Reference Number: [EPUT.FOI.23.3164](#)
Date Received: [29th of September 2023](#)

Information requested:

The purpose of this request is to provide Mind, the mental health charity, with information on the provision of mental health care and services immediately before and during the Covid-19 pandemic under the Freedom of Information Act 2000.

If you have any questions relating to this request, require clarification or if the request is deemed too wide or unclear, I would be grateful if you could contact me in advance of issuing a formal response.

Between March 2020 and July 2021, the UK government implemented national and regional restrictions in an attempt to slow the spread of Covid-19. Please see a brief chronology below:

- * First UK-wide lockdown: March 2020- July 2020. On 23 March 2020, people were ordered to stay at home, and only leave for essential purposes and daily exercise. From May 2020, the laws were slowly relaxed.
- * Between July 4 2020, and September 2020, most lockdown restrictions were lifted. Gatherings of up to thirty people were permitted.
- * Local 'tier system' of restrictions introduced: Sep 2020- Nov 2020.
- * Second national lockdown: 5 Nov 2020- 2 Dec 2020.
- * Tiered system reintroduced: 2 Dec 2020.
- * Third national lockdown: 6 Jan 2021 to March 2021.
- * On 8 March 2021, England began a phased exit from lockdown.

Please see attached a spreadsheet, for you to complete with the information that you hold. Mind would like to request the following information in relation to the above:

Mental health service contacts

1) **Contacts by consultation medium for adults**

a) Please provide the total number of contacts you have had with adults accessing help for their mental health, in the community and in A &E, broken down by the consultation medium. Please provide a monthly breakdown between November 2020 and June 2022. Kindly complete the spreadsheet attached, on the tab called "contacts by medium for adults"

b) If possible, please provide a breakdown of the above information by ethnicity. We have included ethnicity group categories in our table on the spreadsheet. However, if you use different categories, please provide these instead.

[Please see attached spreadsheet](#)

[Please note that the trust's policy is not to provide patient or staff numbers, where the response is less than or equal to five \(\$\leq 5\$ \) as it would potentially allow identification of the individual patient/staff and would therefore be personal data.](#)

The trust considers that release of that information would breach GDPR/DPA18 principles on the grounds that it would not be fair in all the circumstances. This information is therefore exempt under section 40 of the FOI Act 2000.

2) Contacts by consultation medium for children (under 18)

a) Please provide the total number of contacts you have had with children accessing help for their mental health in the community and in A & E broken down by consultation medium. Please provide a monthly breakdown between November 2020 and June 2022. Kindly complete the spreadsheet attached, on the tab called "contacts by medium for children".

b) If possible, please provide a breakdown of the above information by ethnicity. We have included ethnicity group categories in our table on the spreadsheet. However, if you use different categories, please provide these instead.

[Please see response to question 1](#)

3) IAPT contacts by consultation medium for adults

a) Please provide the number of contacts you have had with adults accessing Improving Access to Psychological Therapies (IAPT) services broken down by consultation medium. Please provide a monthly breakdown between November 2020 and June 2022. Kindly complete the spreadsheet attached, on the tab called "IAPT by medium for adults".

b) If possible, please provide a breakdown of the above information by ethnicity. We have included ethnicity group categories in our table on the spreadsheet. However, if you use different categories, please provide these instead.

[Please see response to question 1](#)

4) IAPT contacts by consultation medium for children (under 18)

a) Please provide the number of contacts you have had with children (aged under 18) accessing Improving Access to Psychological Therapies (IAPT) services broken down by consultation medium. Please provide a monthly breakdown between November 2020 and June 2022. Kindly complete the spreadsheet attached, on the tab called "IAPT by medium for children".

b) If possible, please provide a breakdown of the above information by ethnicity. We have included ethnicity group categories in our table on the spreadsheet. However, if you use different categories, please provide these instead.

[Please see response to question 1](#)

5) Types of Community Mental Health Team contacts, by team and medium.

a) Please provide the number of contacts you have had with patients supported by Community Mental Health Teams broken down by consultation medium and the team they were seen by. Please provide a monthly breakdown between November 2020 and June 2022. Kindly complete the spreadsheet attached, on the tab called "Types of CMHT contact".

[Please see response to question 1](#)

6) **Depot Injections given between Jan 2020 and June 2022**

a) Please provide the number of depot injections given to patients broken down by location. Please provide a monthly breakdown between March 2020 and June 2022. Kindly complete the spreadsheet attached, on the tab called "Depot injections given".

b) If possible, please provide a breakdown of the above information by ethnicity. We have included ethnicity group categories in our table on the spreadsheet. However, if you use different categories, please provide these instead.

[Please see response to question 1](#)

7) **Alternative arrangements**

a) If a patient could not access a remote appointment, what was the Trust's offer to access care?

b) If home visits or depot clinic were withdrawn for people needing depot injections, what were the alternative arrangements?

[Please see response to question 1](#)

Inpatient Admissions and Discharge Numbers between January 2020 and June 2022

8) a) Please set out your admission and discharge numbers between March 2020 and June 2022. Please break these down by Formal, Informal and by ethnicity. Kindly complete the spreadsheet attached, on the tab called "Inpatient admission discharge 1". We have included ethnicity group categories in our table on the spreadsheet. However, if you use different categories, please provide these instead.

b) Please set out your admission and discharge numbers between March 2020 and June 2022. Please break these down by Formal, Informal and by age group and gender. Kindly complete the spreadsheet attached, on the tab called "Inpatient admission discharge 2". We have included ethnicity group categories in our table on the spreadsheet. However, if you use different categories, please provide these instead

[Please see response to question 1](#)

Management of Covid in Psychiatric Wards between March 2020 and June 2022

9) **Staffing levels**

a) How many mental health staff were redeployed to covid wards or over to the general side between March 2020 and June 2022?

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b) What proportion of shifts or what number were covered by agency staff? Please provide a monthly breakdown between March 2020 and June 2022. Kindly complete the spreadsheet on the tab called "other" in the row "Percentage of shifts covered by agency staff" and/or the row "Number of shifts covered by agency staff per month".

[Please see response to question 1](#)

	Qualified	HCA
Total 936		
Apr-20	88	47
May-20	79	28
Jun-20	42	6
Jul-20	1	
Aug-20		
Sep-20		
Oct-20		
Nov-20	3	14
Dec-20	75	106
Jan-21	121	177
Feb-21	50	89
Mar-21		10

c) How much did your Trust spend on agency workers? Please provide a monthly breakdown between March 2020 and June 2022. Kindly complete the spreadsheet on the tab called "other" in the row "Amount spent on agency workers per month"

FY	Period	£'000
2020	March	1,294
2021	April	1,543
2021	May	1,222
2021	June	1,195
2021	July	1,014
2021	August	980
2021	September	925
2021	October	1,265
2021	November	1,068
2021	December	1,246
2021	January	1,281
2021	February	1,064
2021	March	978
2022	April	1,548
2022	May	1,869
2022	June	2,095
*Please note this is Reported Agency Spend		

d) What were the reasons for any critical incidents reported between March 2020 and June 2022?

During the period between March 2020 and June 2022, the Trust did not declare any critical incidents. However, the NHS as a whole remained in a national critical incident level 3.

e) Did you shut any services in whole or in part or stop taking patients into a service or on a waiting list during lockdown. If yes, could you explain the reason that decision was taken.

The Trust did not shut any service, in whole or part or stop taking patients into a service or on a waiting list during lockdown. We may have periodically closed services to admission during periods they would have reached the outbreak criteria. However, patients would

have been admitted elsewhere within the Trust/Out of area/Private/managed in the community as required.

10) Managing Covid

a) Did you have any safeguards in place to seek to prevent isolation creating further deterioration in mental health, and if so, what were they?

Patients were assessed for therapeutic engagement specifically whilst in isolation to ensure that they had access to activities which were individualised and they were provided with isolation packs.

The Trust followed national guidelines in relation to the isolation of patients during the pandemic. These were updated as national guidelines were changed.

b) When patients were in isolation for infection control purposes, where were they isolated? What access was there to bathroom and washing facilities?

If patients required isolating for Infection Prevention Control purposes this was done when able by isolating them in their room.

Many inpatient services have ensuite bathrooms. Use of bathrooms and washing facilities was not restricted when there was no ensuite bathroom to use Clinical teams were asked to carry out individual risk assessments relating to isolation if they deemed isolation to be detrimental to a patient mental health.

Clinical teams made the decision as to what actions to take to reduce the risk of deterioration with the support of the Infection Prevention Control Team when required.

11) Visits to wards

a) Did you change your policy to restrict visits from friends and family to patients on the wards during this time (Between March 2020 and June 2022)?

b) Did any policies or rules for visits vary for different age groups and groups of patients?

c) If visits were restricted, did you put on additional methods for patients to keep in touch with friends and family such as extra phones for the wards or setting up video calls?

d) If yes, what date(s) did you provide extra facilities?

Visiting guidelines were updated each time national guidelines were changed.

Access to virtual visiting was made via the use of video calls when restrictions were in place.

Other methods to reduce risk were discussed with the Infection Prevention Control Team when needed and include use of a specific room for visiting with pre planned visits taking place, cleaning after each use and PPE for visitors and patients when able to tolerate

12) Access to outdoors

a) Did you have any policies on access to outdoors/ fresh air for patients?

b) Did these policies change during lock down, and if so please specify dates that any fresh air policies changed.

Risk assessments for individual patients according to Covid guidance on isolation was in place.

Access to fresh air remained available to patients in garden etc. Risk assessments were completed for shared spaces to ensure there was no cross contaminations.

If wards had outbreaks local systems were put in place to ensure patients from affected wards were not accessing shared outdoor spaces at the same time as patients from other wards.

13) **S17 Leave**

a) Did you have any updated policies and procedures on s17 leave during this time? For example, was s17 leave routinely cancelled?

No changes to policies were made, however individual risk assessment were completed and section 17 leave was according to government guidelines and with support of Infection Prevention Control Team when required.

Clinical teams were advised to clearly document when risk assessments and decisions had been made and the rationale behind those decisions

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>