Essex Partnership University
NHS Foundation Trust

Freedom of Information Request

Reference Number: EPUT.FOI.23.2945
Date Received: 26th of April 2023

Information Requested:

Please provide ECT information under the FOI act to the following questions: -

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

2. Please supply patient ECT consent form
   Please find attached.

3. Please supply any ECT reports/investigations
   The Trust can confirm that there are no report/investigations.

4. How many ECT in 2022?
   636 treatments.

5. What proportion of patients were men/women?

	Male	Female
Gender	43%	57%

6. How old were they?

	0-17	18-65	65+
Age	N/A	43	30

7. What proportion of patients were classified people of the global majority or racialised communities ("POC / BAME")?
   5

8. How many were receiving ECT for the first time?
   30

9. How many patients consented to ECT?
   26
   *In some circumstances, it is necessary to treat patients in the absence of consent if their condition is deemed to be life threatening or that the patient lacks capacity at the time to make an informed decision. In these circumstances the patient is assessed by two medical consultants independently to confirm if treatment is necessary and the decision is taken in the best interests of the patient.

10. How many ECT complaints were investigated outside the NHS and CCG?
    There are no (zero) complaints investigated outside of the NHS and CCG.

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

12. How many patients died within 6 months after ECT and what was the cause (whether or not ECT was considered the cause)?
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 (≤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.

13. How many patients died by suicide within 6 months of receiving ECT (whether or not ECT was considered the cause)?
There are no (zero) patients deaths by suicide within 6 months of receiving ECT.

14. How many patients have suffered complications during and after ECT and what were those complications?
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 (≤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.

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?
12

18. What tests are used to assess memory loss/loss of cognitive function?
Mini-Ace,
CPRS,
MADRS
Moca

** Please note that either the Mini- Ace or Moca can used for cognitive assessment*

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

20. If so, what was the conclusion?
Not Applicable

21. How does the Trust plan to prevent ECT in the future?
The Neuromodulation treatment service, which includes Esketamine, Repetitive Transcranial Magnetic Stimulation and Vagus Nerve Stimulation. ECT is only considered as a last resort modality.

Please provide SERIOUS INCIDENT information under the FOI act to the following questions: -

1. Please supply any serious incident reports/investigations?
The Trust is unable to provide this information. This is because the information Provided in these reports could potentially make the individuals identifiable. The Trust is therefore applying Section 41 (Information Provided in Confidence).

2. How many SERIOUS INCIDENT REPORTS in 2022?
In 2021, the Trust implemented the Patient Safety Incident Response Framework (PSIRF) as an early adopter which has replaced the Serious Incident Framework.
Therefore, we have provided the number of serious incidents and those incidents reported under the new framework.

125

3. What proportion of patients were men/women?

	Male	Female	Other
Gender	54%	46%	1%

4. How old were they?
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 (≤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.

	0-17	18-65	65+
Age	≤5	98	26

5. What proportion of patients were classified people of the global majority or racialised communities ("POC / BAME")?
6%

6. How many SERIOUS INCIDENT REPORTS were investigated outside the NHS and CCG?
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 (≤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.

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 does not hold this data centrally, to determine this would require a manual trawl of each individual serious incident reports and relating patient records, therefore the Trust is unable to provide all of the information requested as 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 does not hold this data centrally, to determine this would require a manual trawl of each individual serious incident reports and relating patient records, therefore the Trust is unable to provide all of the information requested as 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 does not hold this data centrally, to determine this would require a manual trawl of each individual serious incident reports and relating patient records, therefore the Trust is unable to provide all of the information requested as 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 does not hold this data centrally, to determine this would require a manual trawl of each individual serious incident reports and relating patient records, therefore the Trust is unable to provide all of the information requested as 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?
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 (≤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.

12. If so, what was their concerns?
Details of the areas of concerns that were raised are as follows:
Concern about level of communication from Patient Safety Investigator/Team
Concern about information sharing
Concerns about content of Patient Safety Investigation report

Concerns regarding staff involved with the PSI investigation
Time taken to complete Patient Safety Investigation (PSI)

13. How does the Trust plan to prevent SERIOUS INCIDENTS in the future?

Essex Partnership University NHS Foundation Trust has focussed on putting safety at the heart of everything we do - establishing a three year safety strategy "Safety First, Safety Always". We're now in the third year of this strategy and refreshed priorities were agreed by EPUT Board in March 23. Over the last 2 years we have focussed on a huge range of activities, including reducing ligature risk on our sites, creating more therapeutic and safe environments for our patients, an emphasis on supportive engagement and observations, a recruitment drive so that we have the right staff with the right skills, early adopter of Patient Safety Incident Response Framework, enhanced training and investment in technology.

In May 2021, the Trust implemented the Patient Safety Incident Response Framework (PSIRF) as an early adopter.
The Trust has a Patient Safety Incident Response plan however whilst this is not currently published it will be in the near future. The Trust is therefore applying exemption Section 22 of the Freedom of Information act, this exemptions is for information that is intended to be published in the future.

Please provide restraints information under the FOI act to the following questions: -

1. Please supply any Restraints/investigations?

The Trust does not hold this data centrally, to determine this would require a manual trawl of each individual restraint incident and relating patient records, therefore the Trust is unable to provide all of the information requested as 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.

2. How many RESTRAINTS in 2022?

2365

3. What proportion of patients were men/women?

	Male	Female	Other	Not Stated
Gender	24%	72%	5%	0%

*Other is an available option on the internal form that can be chosen

4. How old were they?

Of those where ages were recorded please see below table

	0-17	18-65	65+
Age	982	1320	149

5. What proportion of patients were classified people of the global majority or racialised communities ("POC / BAME")?

21%

6. How many RESTRAINTS were investigated outside the NHS and CCG?
CCG.
There are no (zero) complaints investigated outside of the NHS and CCG.

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 does not hold this data centrally, to determine this would require a manual trawl of each individual restraint incident and relating patient records, therefore the Trust is unable to provide all of the information requested as 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 does not hold this data centrally, to determine this would require a manual trawl of each individual restraint incident and relating patient records, therefore the Trust is unable to provide all of the information requested as 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 does not hold this data centrally, to determine this would require a manual trawl of each individual restraint incident and relating patient records, therefore the Trust is unable to provide all of the information requested as 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 does not hold this data centrally, to determine this would require a manual trawl of each individual restraint incident and relating patient records, therefore the Trust is unable to provide all of the information requested as 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?
Yes

12. If so, what was their concerns?
Details of the areas of concerns that were raised are as follows:

Inappropriate restraints
Concerns regarding staff professionalism

13. Are counts of forced injections available?
Counts of Rapid Tranquillisation are kept.

14. How does the Trust plan to reduce restraints in the future?
The Trust has a Reducing Restrictive Practice Strategy which is overseen by the Reducing Restrictive Practice Steering Group. This Group also monitors restraint incidents and advises wards on appropriate actions.. The Trust are engaged in the

National Quality Improvement Collaborative with NHS England/ Improvement and University College London partners with an ambition to reduce restraints / seclusions by 25% over the following 12 months.
This is the extract from the Safety Strategy update that went to Board in March:
At the end of year 1 of the strategy, we reported an 88% reduction in the use of prone restraints since January 2020. Taking into account data up to November 2022, use of prone restraints has now decreased by almost 95%. There was no use of prone restraints across the Trust in September and November 2022

Please provide SECLUSION information under the FOI act to the following questions: -

1. Please supply any SECLUSION reports/investigations
   The Trust does not hold this data centrally, to determine this would require a manual trawl of each individual seclusion incident and relating patient records, therefore the Trust is unable to provide all of the information requested as 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.

1. How many SECLUSIONS in 2022?
   229

2. What proportion of patients were men/women?

	Male	Female	Other	Not Stated
Gender	52%	40%	2%	7%

*Other is an available option on the internal form that can be chosen

3. How old were they?
   Of those where ages were recorded please see below table

	0-17	18-65	65+
Age	51	175	0

4. What proportion of patients were classified people of the global majority or racialised communities ("POC / BAME")?
   24%

5. How many SECLUSIONS were investigated outside the NHS and CCG?
   There are no (zero) complaints investigated outside of the NHS and CCG.

6. 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 does not hold this data centrally, to determine this would require a manual trawl of each individual Seclusion/LTS incident and relating patient records, therefore the Trust is unable to provide all of the information requested as 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.

7. How many patients died within 6 months after SECLUSION and what was the cause (whether or not SECLUSION was considered the cause)?
   The Trust does not hold this data centrally, to determine this would require a manual trawl of each individual Seclusion/LTS incident and relating patient records,

therefore the Trust is unable to provide all of the information requested as 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 by suicide within 6 months of receiving SECLUSION (whether or not SECLUSION was considered the cause)?
The Trust does not hold this data centrally, to determine this would require a manual trawl of each individual Seclusion/LTS incident and relating patient records, therefore the Trust is unable to provide all of the information requested as 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 have suffered complications during and after SECLUSION and what were those complications?
The Trust does not hold this data centrally, to determine this would require a manual trawl of each individual Seclusion/LTS incident and relating patient records, therefore the Trust is unable to provide all of the information requested as 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. Have there been any formal complaints from patients/relatives about SECLUSION?
Yes

11. If so, what was their concerns?
Staff attitude and behaviour

12. How does the Trust plan to reduce SECLUSIONS in the future?
The Trust has a Reducing Restrictive Practice Strategy which is overseen by the Reducing Restrictive Practice Steering Group. This Group also monitors seclusion incidents and advises wards on appropriate actions. The Trust are engaged in the National Quality Improvement Collaborative with NHS England and University College London partners with an ambition to reduce restraints / seclusions by 25% over the following 12 months

Please provide MEDICATION ERRORS information under the FOI act to the following questions: -

1 Please supply any MEDICATION ERRORS reports/investigations
The Trust does not hold this data centrally, to determine this would require a manual trawl of individual records for every patient who had a reported medication error of any type. The Trust is therefore applying Section 12 of the Act (where cost of compliance exceeds appropriate limit).

2. How many MEDICATION ERRORS in 2022?
801

3. What proportion of patients were men/women?

	Male	Female	Other
Gender	44%	53%	3%

4. How old were they?

	0-17	18-65	65+

Age	65	416	307

* Please be advised not all medication errors are involving patients

5. What proportion of patients were classified people of the global majority or racialised communities ("POC / BAME")?
9%

6. How many MEDICATION ERRORS were investigated outside the NHS and CCG?
There are no (zero) complaints investigated outside of the NHS and CCG.

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 does not hold this data centrally, to determine this would require a manual trawl of individual records for every patient who had a reported medication error of any type. 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 does not hold this data centrally, to determine this would require a manual trawl of individual records for every patient who had a reported medication error of any type. 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 does not hold this data centrally, to determine this would require a manual trawl of individual records for every patient who had a reported medication error of any type. 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 does not hold this data centrally, to determine this would require a manual trawl of individual records for every patient who had a reported medication error of any type. 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?
Yes

12. If so, what was their concerns?
Prescribing errors
Overprescribing
Administration error

13. How does the Trust plan to prevent MEDICATION ERRORS in the future?
Medication incidents reported via the Trust adverse event reporting system (DATIX) are analysed to identify lessons learned to inform clinical practice
Improvements. These are discussed at the Medication Management Group and Medication Safety Group.

12. If so, what was their concerns?
Prescribing errors
Overprescribing
Administering error

Applied Exemptions

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.

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 22 (provides an exemption for information that is intended to be published in the future.)

(1) Information is exempt information if—

(a) the information is held by the public authority with a view to its publication, by the authority or any other person, at some future date (whether determined or not),

(b) the information was already held with a view to such publication at the time when the request for information was made, and

(c) it is reasonable in all the circumstances that the information should be withheld from disclosure until the date referred to in paragraph (a).

(2) The duty to confirm or deny does not arise if, or to the extent that, compliance with section 1(1)(a) would involve the disclosure of any information (whether or not already recorded) which falls within subsection (1).

(3) Future publication

(a) For the exemption in section 22 to apply, the public authority must, at the time of the request, hold the information and intend that it or 'any other person' will publish it in future. This means that it must have a settled expectation that the information will be published at some future date

(b) In this exemption 'any other person' means an individual or a body corporate; a public authority or a private organisation.

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