



**Electroconvulsive Therapy (ECT) Suite  
Mater Hospital  
Belfast Health and Social Care Trust**

**Date of Inspection 7 July 2016**

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## 1.0 Summary of this Inspection

This report provides information on the findings of RQIA following the inspection of Electroconvulsive Therapy (ECT) in Mater Hospital on 7 July 2016. Mater Hospital was selected as it is not ECTAS accredited.

For patients who reside in the Belfast Trust, ECT is carried out in the Day Procedures Unit, Mater Hospital. The ECT suite was last inspected on 28 November 2013. The review was based on ECT Accreditation Service (ECTAS) standards which are recognised and endorsed by the Royal College of Psychiatrists. The purpose of ECTAS standards is to assure and improve the quality of the administration of ECT. The trust forwarded an ECTAS self assessment prior to the inspection visit which enabled the trust to benchmark against the agreed standards.

Prior to the inspection ECTAS standards were cross referenced to the four domains used by RQIA in inspections in 2016-17 and this report highlights the levels of compliance in relation to safe, effective, compassionate and well led care. RQIA noted a high level of conformity with the ECTAS standards.

The trust has achieved a high level of compliance in relation to ECTAS standards and has applied apply for ECTAS accreditation.

The views of service users who have experienced ECT are obtained separately. At the time of inspection no service user was available for interview.

We would like to thank all staff involved in returning information on ECT to RQIA and those who participated in the inspection process.

This inspection focused on the theme of **Person Centred Care**. This means that patients are treated as individuals, and the care and treatment provided to them is based around their specific needs and choices.

## 2.0 Inspection Methodology

RQIA agreed a number of Inspection standards based on ECT Accreditation Service (ECTAS) standards.

The standards selected were as follows:

- Policies and Procedures
- Staff induction, training records and rotas
- Review of patient notes and ECT records
- ECT pathway
- Maintenance of equipment records
- Incident records
- Patient experience/ feedback
- Environmental assessment
- Quality of environment
- Patient experience questionnaire

On 10 May 2016 RQIA informed the Belfast Trust of the inspection date of 7 July 2016 and forwarded the associated inspection documentation, to enable the trust to complete a self-assessment against the agreed standards. Return of this self-assessment questionnaire to RQIA was requested by 7 June 2016.

The inspection process included an analysis of the trust's self-assessment documentation, other associated information, and discussions with key staff. These staff included lead consultant, lead consultant anaesthetist, the administering doctor and nurses involved in the administration of ECT. A range of multi-disciplinary records were also examined as part of the inspection process.

The individual's right to privacy, dignity and autonomy, and the patient experience, is central to the work of the MHLD Directorate. Although patients were not interviewed as part of this review, RQIA sought the views of patients by using an amended ECTAS patient questionnaire which was distributed by the trust to patients following their course of ECT. A separate batch of 40 questionnaires was given to WHSCT for onward

distribution to all patients post ECT treatment from April 2016. There was no requirement by RQIA to observe ECT being carried out in each suite.

**What the inspectors did:**

- Reviewed self assessment documentation sent to RQIA prior to the inspection
- Talked to staff
- Reviewed other documentation on the days of the inspection
- Reviewed the progress made in the administration of ECT since the last inspection

### 3.0 ECT Introduction

ECT is a medical procedure in which an electric current is passed briefly through the brain, via electrodes applied to the scalp, to induce generalised seizure activity. The person receiving the treatment is placed under general anaesthetic and muscle relaxants are given to prevent muscle spasms. Repeated treatments induce several molecular and cellular changes in the brain that are believed to stimulate antidepressant mechanisms. Normally ECT is given twice a week up to a maximum of 12 treatments per course of ECT.

ECT is usually provided to patients who have not responded to other treatments and for whom there are no other effective treatments. It is often a life-saving treatment for those who are actively suicidal or refusing food and fluids or who are physically debilitated by depression. Guidelines produced by NICE advises that ECT should be used when other treatments have failed, or in emergency situations.

Depressive disorders continue to be indicated as the diagnostic group who require the majority of ECT courses: treatment resistant mania and, in some circumstances, schizophrenia are occasional indications for treatment with ECT.

There is robust scientific evidence that ECT is medically safe and effective. It is most commonly prescribed for severe depression. Many patients receiving ECT do so voluntarily and provide fully informed consent, based on an understanding of the treatment, the reasons why it is being offered and possible risks and side effects.

In cases where this is not possible, a second opinion of a Part IV doctor is sought from RQIA.

## 4.0 Follow up on Previous Recommendations

### **Key areas requiring review by BHSCT following inspection on 28 November 2013**

Following the previous inspection on 28 November 2013 the Belfast HSC Trust were asked to review the following issues in relation to the administration of ECT:

- the identification of a designated budget for ECT including training
- the development of training and development plans for all ECT staff
- consideration should be given to dedicated sessional time for all staff involved in the management and administration of ECT
- an ECT Care Pathway requires to be developed further and implemented
- the methodology for data collection requires to be reviewed in relation to the compilation of accurate ECT statistics for RQIA every quarter
- consideration should be given to improve the pathway from the wards to the ECT suite in order to maintain privacy and dignity of patients
- the trust should strive to achieve ECTAS accreditation

### **Action taken by the trust since 28 November 2013**

#### **The identification of a designated budget for ECT including training**

There is not an designated budget presently for ECT however there is no difficulty in attending ECT training. The budget is currently being negotiated. All staff have attended up to date ECT training. Both consultants and senior trainees have completed London ECT course.

#### **The development of training and development plans for all ECT staff**

Training and development plans are in place for all staff involved in the administration of ECT. While there is no designated budget for training there is currently no restriction on staff attending ECT training. There are four psychiatrists with full competency in ECT.

**Consideration should be given to dedicated sessional time for all staff involved in the management and administration of ECT**

There is dedicated sessional time for staff. There is a lead consultant and lead nurse and there is a named consultant anaesthetist with dedicated sessional time devoted to direct clinical care in the provision of anaesthesia for ECT.

**An ECT Care Pathway requires to be developed further and implemented**

The ECT Integrated Care Pathway has been developed and fully implemented. There is an ECT Policy which details and outlines individual roles and responsibilities for each member of the MDT involved in the administration of ECT.

**The methodology for data collection requires to be reviewed in relation to the compilation of accurate ECT statistics for RQIA every quarter**

The methodology for data collection has been reviewed and ECT statistics are sent to RQIA on a quarterly basis.

**Consideration should be given to improve the pathway from the wards to the ECT suite in order to maintain privacy and dignity of patients**

All efforts are made to maintain privacy and dignity of patients and consideration was given to covered walkway and there are proposals to incorporate an ECT suite into the new inpatient facility.

**The trust should strive to achieve ECTAS accreditation**

The trust had applied for ECTAS accreditation and were to receive a visit in June 2016, however this was postponed until September 2016. RQIA would suggest that the trust is in a state of readiness for ECTAS accreditation as the ECTAS standards selected by RQIA for this inspection have been adhered to regarding the administration of ECT.



## 5.0 The Four Stakeholder Outcomes, and What We Found

### 5.1 Is Care Safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

#### Examples of Evidence:

- ✓ The ECT treatment area is of an adequate size for its purpose has easy access to a telephone and speech from the treatment area cannot be heard in the waiting area.
- ✓ All clinic staff involved in the administration of ECT have appropriate induction and training including basic life support techniques.
- ✓ Up to date protocols for the management of cardiac arrest, anaphylaxis and malignant hyperthermia are prominently displayed.
- ✓ There is a fully equipped emergency trolley with resuscitation equipment, drugs as agreed with the ECT anaesthetist or pharmacy and a defibrillator.
- ✓ The recovery area has a doorway large enough to admit a trolley from the treatment room.
- ✓ The lead ECT nurse has dedicated sessional time and has attended RCP accredited training. She has appropriate ECT and clinical experience and is trained in Immediate Life Support
- ✓ There is a lead theatre nurse who along with the lead ECT nurse assumes overall responsibility for the management of the ECT clinic and care of the patient.
- ✓ There is a named consultant anaesthetist who has dedicated sessional time devoted to direct clinical care in the provision of anaesthesia for ECT and ensures that appropriate audits are undertaken.
- ✓ Anaesthesia is administered by either a consultant anaesthetist, or by a non-consultant career grade or trainee under the supervision of a named consultant anaesthetist. The supervising consultant anaesthetist attends the clinic regularly.
- ✓ There are at least one trained nurse in the treatment room, at least one trained nurse in the recovery area, one experienced anaesthetist present during treatment and recovery and at least one suitably trained psychiatrist present during treatment.

- ✓ There were no adverse incidents reported since the last inspection in 2013.

**Area(s) for Improvement:** None identified

## 5.2 Is Care Effective?

The right care, at the right time in the right place with the best outcome.

### Examples of Evidence:

- ✓ An ECT nurse is responsible for ensuring that the machine function and maintenance is undertaken and recorded at least annually and ensures that the clinic is properly prepared.
- ✓ The ECT machine is capable of providing stimuli according to the current guidelines and has stimulus settings that may be altered easily and quickly. There are two channel EEG monitoring facilities available.
- ✓ The consultant psychiatrist who leads ECT has dedicated sessional time specified in their job plan and completes annual appraisal. He has been assessed as competent to carry out the required role and has completed the RCP competency course to the required level.
- ✓ The lead psychiatrist is covered in their absence by a suitably competent psychiatrist. ECT is administered by a small cohort of experienced psychiatrists who regularly attend the ECT clinic.
- ✓ There is a line management structure with clear lines of accountability within the clinic and definition of roles and responsibilities.
- ✓ The same team work in the ECT clinic every week for the purposes of continuity.
- ✓ ECT is only administered by a psychiatrist with formal training. There is direct supervision and thorough examination of treatment charts at least once per week whilst administering ECT.
- ✓ The patient's orientation and memory is assessed before, after the first ECT treatment and re-assessed at intervals throughout the course of ECT using a standardised cognitive assessment tool.

**Area(s) for Improvement:** None identified

### 5.3 Is Care Compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

#### Examples of Evidence:

- ✓ The ECT waiting room is comfortable and large enough to accommodate the throughput of patients. It has access to toilet facilities and patients waiting for ECT cannot see into the treatment area whilst treatment is taking place. Patients waiting for treatment are not in the same area as patients in post recovery.
- ✓ The post ECT waiting area has provisions for refreshments for patients and provides a relaxed environment and the patient is offered something to drink and eat before they are discharged from the ECT suite.

**Area(s) for Improvement:** None identified

#### 5.4 Is The Service Well Led?

Effective leadership, management and governance which creates a culture focused on the needs and experiences of patients in order to deliver safe, effective and compassionate care.

##### Examples of Evidence:

- ✓ The training needs of ECT clinic staff are formally assessed however there is no defined budget for training related to ECT. There is evidence that staff keep up to date with best practice and latest information, and ECT staff attend appropriate training and conference events. There is evidence that such training is incorporated into their continuing professional development plans.
- ✓ The ECT consultant/ ECT lead nurse ensures that patients receive the Patient Experience Questionnaire following their course of ECT and requests that the patient returns it to RQIA.
- ✓ The ECT consultant has a standard procedure for accurately recording information on the administration of ECT for prompt onward transmission to RQIA on a quarterly basis.
- ✓ Policies relating to ECT are reviewed at least once every two years.
- ✓ There are regular meetings between the lead consultant, lead nurse and lead anaesthetist to discuss the ECT service.
- ✓ There are regular meetings between the ECT Team and senior management within the Trust to address the budget issues, training needs, development of the service, quality improvement, safety issues and adverse incidents/near misses.
- ✓ Academic teaching and training sessions are held regularly for all ECT clinical staff and the referring clinical teams to attend.
- ✓ Regular audits have been commenced which will inform service improvement.

##### Area(s) for Improvement:

- ✗ It is recommended that a training budget for all staff involved in the administration of ECT is identified and ring fenced.

## 6.0 Conclusion and Next Steps

This is a report on the findings of RQIA following an inspection of ECT suite, Day Procedures Unit Mater Hospital on 7 July 2016. The following areas of improvement was identified;

- It is recommended that a training budget for all staff involved in the administration of ECT is identified and ring fenced.

This report is sent to the trust for factual accuracy and the trust is requested to return this within 28 days. The report will be published on RQIA website.

RQIA will:

- provide the trust with the individual inspection report
- include the findings of this inspection report on the RQIA website
- encourage the trust to sign up to ECTAS
- continue to gather the return of information quarterly on the administration of ECT from the trusts in order to monitor trends and any emerging issues or themes
- facilitate patients with a copy of the RQIA patient experience questionnaire and accompanying guidance to complete and return to RQIA in the SAE following their period of treatment so that RQIA can monitor the quality of the patient experience
- provide a separate report of findings of patient experience from analysis of questionnaires