

		Response
atment (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	All information requested is not routinely collected outside normal record keeping of a clinical record. The requested information is not held centrally and is contained within the individual clinical records and archive systems which can not be extracted as a stand alone piece of data. In order to extract the requested information and collate the results would require a manual exercise to identify and review clinical records and would exceed the appropriate time limits, as per the Freedom of Information Act 2000 section 12(1) which 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.
	4.How many ECT in 2024?	518
	5.What proportion of patients were men/women?	Female - 315 Male - 203
	6.How old were they?	18-30 - 11 31-39 - 14 40-49- 38 50-59 - 83 60-69 - 103 70-79 - 241 80AndOver - 28
	7.What proportion of patients were classified people of the global majority or racialised communities ("POC / BAME")?	ASIAN - ASIAN BRITISH - 49 BLACK - BLACK BRITISH - 30 MIXED - 7
	8.How many people covered by the equality act received ECT ?	All clients are covered under the Equality Act as it covers sex and age aswell as ethnicity
	9.How many people were offered talking therapy prior to ECT ?	All information requested is not routinely collected outside normal record keeping of a clinical record. The requested information is not held centrally and is contained within the individual clinical records and archive systems which can not be extracted as a stand alone piece of data. In order to extract the requested information and collate the results would require a manual exercise to identify and review clinical records and would exceed the appropriate time limits, as per the Freedom of Information Act 2000 section 12(1) which 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.
	10.How many were receiving ECT for the first time?	240
	11.How many patients consented to ECT?	46 - Please note that the consent to ECT treatment box is not routinely completed within our clinical records, this data is recorded within a consent form which is uploaded to the record as a document. The information is therefore not held centrally and is contained within the individual clinical records and cannot be extracted as a standalone piece of data, this means we have provided the figure of the number of clients who have had the above box ticked but this is not a true reflection of how many clients have consented to ECT treatment.
	12.How many ECT complaints were investigated outside the NHS and CCG?	0
	13.How many patients died during or 1 month after ECT and what was the cause (whether or not ECT was considered the cause)?	All information requested is not routinely collected outside normal record keeping of a clinical record. The requested information is not held centrally and is contained within the individual clinical records and archive systems which can not be extracted as a stand alone piece of data. In order to extract the requested information and collate the results would require a manual exercise to identify and review clinical records and would exceed the appropriate time limits, as per the Freedom of Information Act 2000 section 12(1) which 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.
	14.How many patients died within 6 months after ECT and what was the cause (whether or not ECT was considered the cause)?	All information requested is not routinely collected outside normal record keeping of a clinical record. The requested information is not held centrally and is contained within the individual clinical records and archive systems which can not be extracted as a stand alone piece of data. In order to extract the requested information and collate the results would require a manual exercise to identify and review clinical records and would exceed the appropriate time limits, as per the Freedom of Information Act 2000 section 12(1) which 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.

Please provide Electro Convulsive Tre	15.How many patients died by suicide within 6 months of receiving ECT (whether or not ECT was considered the cause)?	All information requested is not routinely collected outside normal record keeping of a clinical record. The requested information is not held centrally and is contained within the individual clinical records and archive systems which can not be extracted as a stand alone piece of data. In order to extract the requested information and collate the results would require a manual exercise to identify and review clinical records and would exceed the appropriate time limits, as per the Freedom of Information Act 2000 section 12(1) which 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.
	16.How many patients have suffered complications during and after ECT and what were those complications?	All information requested is not routinely collected outside normal record keeping of a clinical record. The requested information is not held centrally and is contained within the individual clinical records and archive systems which can not be extracted as a stand alone piece of data. In order to extract the requested information and collate the results would require a manual exercise to identify and review clinical records and would exceed the appropriate time limits, as per the Freedom of Information Act 2000 section 12(1) which 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.
	17.Have there been any formal complaints from patients/relatives about ECT?	Fewer than 5
	18.If so, what was their concerns?	All information requested is not routinely collected outside normal record keeping of a clinical record. The requested information is not held centrally and is contained within the individual clinical records and archive systems which can not be extracted as a stand alone piece of data. In order to extract the requested information and collate the results would require a manual exercise to identify and review clinical records and would exceed the appropriate time limits, as per the Freedom of Information Act 2000 section 12(1) which 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.
	19.How many patients report memory loss/loss of cognitive function?	All information requested is not routinely collected outside normal record keeping of a clinical record. The requested information is not held centrally and is contained within the individual clinical records and archive systems which can not be extracted as a stand alone piece of data. In order to extract the requested information and collate the results would require a manual exercise to identify and review clinical records and would exceed the appropriate time limits, as per the Freedom of Information Act 2000 section 12(1) which 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.
	20.What tests are used to assess memory loss/loss of cognitive function?	MMSE
	21.Have MRI or CT scans been used before and after ECT?	Brain Imaging is not routinely used before and after ECT unless there is a specific indication for this
	22.If so, what was the conclusion?	All information requested is not routinely collected outside normal record keeping of a clinical record. The requested information is not held centrally and is contained within the individual clinical records and archive systems which can not be extracted as a stand alone piece of data. In order to extract the requested information and collate the results would require a manual exercise to identify and review clinical records and would exceed the appropriate time limits, as per the Freedom of Information Act 2000 section 12(1) which 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.
	23.How does the Trust plan to prevent ECT in the future?	The trust strictly adheres to NICE guidelines so that ECT is not used as 1st line treatment, when possible we would always attempt to gain informed consent so that patients who have capacity can refuse ECT. In most cases it is only used as a last resort in a patient who is deteriorating rapidly.
	24.Please supply any Restraints/investigations	All information requested is not routinely collected outside normal record keeping of a clinical record. The requested information is not held centrally and is contained within the individual clinical records and archive systems which can not be extracted as a stand alone piece of data. In order to extract the requested information and collate the results would require a manual exercise to identify and review clinical records and would exceed the appropriate time limits, as per the Freedom of Information Act 2000 section 12(1) which 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.
	25.How many RESTRAINTS in 2024?	1015
	26.What proportion of patients were men/women?	Female = 524 Male = 421 Not Stated = 70

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

27.How old were they?	100+ - 0 90-99 - fewer than 5 80-89 - 15 70 to 79 - 144 60 to 69 - 83 50 to 59 - 162 40 to 49 - 63 30 to 39 - 140 20 to 29 - 387 10 to 19 - 19 unknown - 1
28.What proportion of patients were classified people of the global majority or racialised communities ("POC / BAME")?	8.95%
29.How many people covered by the equality act were restrained?	ASIAN - ASIAN BRITISH - 20 BLACK - BLACK BRITISH - 97 MIXED -43
30.How many RESTRAINTS were investigated outside the NHS and CCG?	0
31.How many patients died during or 1 month after RESTRAINTS and what was the cause (whether or not RESTRAINTS was considered the cause)?	All information requested is not routinely collected outside normal record keeping of a clinical record. The requested information is not held centrally and is contained within the individual clinical records and archive systems which can not be extracted as a stand alone piece of data. In order to extract the requested information and collate the results would require a manual exercise to identify and review clinical records and would exceed the appropriate time limits, as per the Freedom of Information Act 2000 section 12(1) which 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.
32.How many patients died within 6 months after RESTRAINTS and what was the cause (whether or not RESTRAINTS was considered the cause)?	All information requested is not routinely collected outside normal record keeping of a clinical record. The requested information is not held centrally and is contained within the individual clinical records and archive systems which can not be extracted as a stand alone piece of data. In order to extract the requested information and collate the results would require a manual exercise to identify and review clinical records and would exceed the appropriate time limits, as per the Freedom of Information Act 2000 section 12(1) which 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.
33.How many patients died by suicide within 6 months of receiving RESTRAINTS (whether or not RESTRAINTS was considered the cause)?	All information requested is not routinely collected outside normal record keeping of a clinical record. The requested information is not held centrally and is contained within the individual clinical records and archive systems which can not be extracted as a stand alone piece of data. In order to extract the requested information and collate the results would require a manual exercise to identify and review clinical records and would exceed the appropriate time limits, as per the Freedom of Information Act 2000 section 12(1) which 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.
34.How many patients have suffered complications during and after RESTRAINTS and what were those complications?	All information requested is not routinely collected outside normal record keeping of a clinical record. The requested information is not held centrally and is contained within the individual clinical records and archive systems which can not be extracted as a stand alone piece of data. In order to extract the requested information and collate the results would require a manual exercise to identify and review clinical records and would exceed the appropriate time limits, as per the Freedom of Information Act 2000 section 12(1) which 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.
35.Have there been any formal complaints from patients/relatives about RESTRAINTS?	6
36.If so, what was their concerns?	All information requested is not routinely collected outside normal record keeping of a clinical record. The requested information is not held centrally and is contained within the individual clinical records and archive systems which can not be extracted as a stand alone piece of data. In order to extract the requested information and collate the results would require a manual exercise to identify and review clinical records and would exceed the appropriate time limits, as per the Freedom of Information Act 2000 section 12(1) which 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.
37.Are counts of forced injections available?	No

CLUSION information under the FOI act to the following questions	38.How does the Trust plan to reduce restraints in the future?	The Promoting Safe Services plan's (2024-2027) vision and aims are to reduce incidences of challenging and harmful behaviours by implementing a multi-faceted, evidence-based approach underpinned by a Human Rights framework and KMPT's values. Working on the success of the previous PSS strategy (2019-2022,) we will continue to make prevention the primary drive. This promotes a culture that recognises personal factors, environments and unnecessary restrictions are all causal factors to challenging behaviours, which then leads to the use of restrictive interventions in practice. KMPT has developed this plan to work side by side with our Trust Strategy 2023-2026 priorities of reducing aggression and violence including the use of restrictive practices in inpatient care settings and improving the quality of care provided to our service users.
	39.Please supply any SECLUSION reports/investigations	All information requested is not routinely collected outside normal record keeping of a clinical record. The requested information is not held centrally and is contained within the individual clinical records and archive systems which can not be extracted as a stand alone piece of data. In order to extract the requested information and collate the results would require a manual exercise to identify and review clinical records and would exceed the appropriate time limits, as per the Freedom of Information Act 2000 section 12(1) which 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.
	40.How many SECLUSIONS in 2024?	291
	41.What proportion of patients were men/women?	Female - 61 Male - 212 Not Stated - 18
	42.How old were they?	100+ - 0 90-99 - 0 80-89 - 0 70 to 79 - fewer than 5 60 to 69 - 34 50 to 59 - 37 40 to 49 - 20 30 to 39 - 78 20 to 29 - 112 10 to 19 - 5 unknown - 1
	43.What proportion of patients were classified people of the global majority or racialised communities ("POC / BAME")?	8.95%
	44.How many people covered by the Equality Act were secluded ?	ASIAN - ASIAN BRITISH - 9 BLACK - BLACK BRITISH - 32 MIXED -Fewer than 5
	45.How many SECLUSIONS were investigated outside the NHS and CCG?	0
	46.How many patients died during or 1 month after SECLUSION and what was the cause (whether or not SECLUSION was considered the cause)?	All information requested is not routinely collected outside normal record keeping of a clinical record. The requested information is not held centrally and is contained within the individual clinical records and archive systems which can not be extracted as a stand alone piece of data. In order to extract the requested information and collate the results would require a manual exercise to identify and review clinical records and would exceed the appropriate time limits, as per the Freedom of Information Act 2000 section 12(1) which 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.
	47.How many patients died within 6 months after SECLUSION and what was the cause (whether or not SECLUSION was considered the cause)?	All information requested is not routinely collected outside normal record keeping of a clinical record. The requested information is not held centrally and is contained within the individual clinical records and archive systems which can not be extracted as a stand alone piece of data. In order to extract the requested information and collate the results would require a manual exercise to identify and review clinical records and would exceed the appropriate time limits, as per the Freedom of Information Act 2000 section 12(1) which 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.

Please provide SE	48.How many patients died by suicide within 6 months of receiving SECLUSION (whether or not SECLUSION was considered the cause)?	All information requested is not routinely collected outside normal record keeping of a clinical record. The requested information is not held centrally and is contained within the individual clinical records and archive systems which can not be extracted as a stand alone piece of data. In order to extract the requested information and collate the results would require a manual exercise to identify and review clinical records and would exceed the appropriate time limits, as per the Freedom of Information Act 2000 section 12(1) which 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.
	49.How many patients have suffered complications during and after SECLUSION and what were those complications?	All information requested is not routinely collected outside normal record keeping of a clinical record. The requested information is not held centrally and is contained within the individual clinical records and archive systems which can not be extracted as a stand alone piece of data. In order to extract the requested information and collate the results would require a manual exercise to identify and review clinical records and would exceed the appropriate time limits, as per the Freedom of Information Act 2000 section 12(1) which 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.
	50.Have there been any formal complaints from patients/relatives about SECLUSION?	fewer than 5
	51.If so, what was their concerns?	All information requested is not routinely collected outside normal record keeping of a clinical record. The requested information is not held centrally and is contained within the individual clinical records and archive systems which can not be extracted as a stand alone piece of data. In order to extract the requested information and collate the results would require a manual exercise to identify and review clinical records and would exceed the appropriate time limits, as per the Freedom of Information Act 2000 section 12(1) which 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.
	52.How does the Trust plan to reduce SECLUSIONS in the future?	The Promoting Safe Services plan's (2024-2027) vision and aims are to reduce incidences of challenging and harmful behaviours by implementing a multi-faceted, evidence-based approach underpinned by a Human Rights framework and KMPT's values. Working on the success of the previous PSS strategy (2019-2022,) we will continue to make prevention the primary drive. This promotes a culture that recognises personal factors, environments and unnecessary restrictions are all causal factors to challenging behaviours, which then leads to the use of restrictive interventions in practice. KMPT has developed this plan to work side by side with our Trust Strategy 2023-2026 priorities of reducing aggression and violence including the use of restrictive practices in inpatient care settings and improving the quality of care provided to our service users.
act to the following questions	53.Please supply any MEDICATION ERRORS reports/investigations	All information requested is not routinely collected outside normal record keeping of a clinical record. The requested information is not held centrally and is contained within the individual clinical records and archive systems which can not be extracted as a stand alone piece of data. In order to extract the requested information and collate the results would require a manual exercise to identify and review clinical records and would exceed the appropriate time limits, as per the Freedom of Information Act 2000 section 12(1) which 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.
	54.How many MEDICATION ERRORS in 2024?	563
	55.What proportion of patients were men/women?	Female - 228 Male - 205 Not Stated - 1 Not Applicable - 129
	56.How old were they?	100+ - 0 90 - 99 - fewer than 5 80 - 89 - 20 70 - 79 - 65 60 - 69 - 69 50 - 59 - 73 40 - 49 - 54 30 - 39 - 76 20 - 29 - 71 10 - 19 - fewer than 5 Unknown - 129
	57.What proportion of patients were classified people of the global majority or racialised communities ("POC / BAME")?	8.95%

Please provide MEDICATION ERRORS information under the FC	58.How many people covered by the equality act endured medication errors ?	ASIAN - ASIAN BRITISH - fewer than 5 BLACK - BLACK BRITISH - 5 MIXED - 6
	59.How many MEDICATION ERRORS were investigated outside the NHS and CCG?	0
	60.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)?	All information requested is not routinely collected outside normal record keeping of a clinical record. The requested information is not held centrally and is contained within the individual clinical records and archive systems which can not be extracted as a stand alone piece of data. In order to extract the requested information and collate the results would require a manual exercise to identify and review clinical records and would exceed the appropriate time limits, as per the Freedom of Information Act 2000 section 12(1) which 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.
	61.How many patients died within 6 months after MEDICATION ERRORS and what was the cause (whether or not MEDICATION ERRORS was considered the cause)?	All information requested is not routinely collected outside normal record keeping of a clinical record. The requested information is not held centrally and is contained within the individual clinical records and archive systems which can not be extracted as a stand alone piece of data. In order to extract the requested information and collate the results would require a manual exercise to identify and review clinical records and would exceed the appropriate time limits, as per the Freedom of Information Act 2000 section 12(1) which 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.
	62.How many patients died by suicide within 6 months of receiving MEDICATION ERRORS (whether or not MEDICATION ERRORS was considered the cause)?	All information requested is not routinely collected outside normal record keeping of a clinical record. The requested information is not held centrally and is contained within the individual clinical records and archive systems which can not be extracted as a stand alone piece of data. In order to extract the requested information and collate the results would require a manual exercise to identify and review clinical records and would exceed the appropriate time limits, as per the Freedom of Information Act 2000 section 12(1) which 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.
	63.How many patients have suffered complications during and after MEDICATION ERRORS and what were those complications?	All information requested is not routinely collected outside normal record keeping of a clinical record. The requested information is not held centrally and is contained within the individual clinical records and archive systems which can not be extracted as a stand alone piece of data. In order to extract the requested information and collate the results would require a manual exercise to identify and review clinical records and would exceed the appropriate time limits, as per the Freedom of Information Act 2000 section 12(1) which 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.
	64.Have there been any formal complaints from patients/relatives about MEDICATION ERRORS?	15
	65.If so, what was their concerns?	All information requested is not routinely collected outside normal record keeping of a clinical record. The requested information is not held centrally and is contained within the individual clinical records and archive systems which can not be extracted as a stand alone piece of data. In order to extract the requested information and collate the results would require a manual exercise to identify and review clinical records and would exceed the appropriate time limits, as per the Freedom of Information Act 2000 section 12(1) which 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.
	66.How does the Trust plan to prevent MEDICATION ERRORS in the future?	The Medication Safety Group has been established to analyse all medication-related incidents and share learning across the Trust to help prevent future occurrences. The group meets every two months