Kent and Medway
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Sent via email

Dear [redacted]

Request for Information

I write further to your request FOI ID 51979 under the Freedom of Information Act 2000 regarding: -

Patient deaths

Your request is set out below:

1. The total number of deaths of patients under the care of Kent and Medway NHS and Social Care Partnership Trust, whether in hospital, a trust facility, or in the community, between 1 August 2020 and 1 August 2025.

   8036

a. Please provide the data as a monthly breakdown (number of deaths per month) across this period.

   The data provided includes all patients who have been referred to our services and received care from our trust during the five-year period.

   It also includes patients who have been discharged and who died within 12 months from their discharge. Please note that the figures do not reflect the cause of death.

   Of the 8036 deaths reported in this 5 year period, 5172 patients were known to (including open to services and discharged) the older adult community team/ memory assessment service, and were over the age of 65 years at the time of their death. Although we do not routinely receive information on cause of death, information available shows that the majority of this patient cohort died from an expected or natural cause.

   The number of deaths reported in this reporting period, does not mean that the patient deaths were related to their mental health and each death is reviewed by the trust, in line with NHS learning from deaths guidance and our local mortality review governance. Any gaps in care highlighted are actioned accordingly and thoroughly investigated.

   Prior to the introduction of PSRIF in September 2024, the trust investigated 319 patient deaths under the Serious Incident Framework (2015), largely due to there being gaps in care identified at the point of initial review, however this does not mean that the patient's death was as a result of health or care delivery problems. As a whole, this means that the majority of patient deaths are not deemed as attributable to care or service provision.

Since the change over of incident reporting system in March 2023 from Datix to InPhase, the trust have been able to capture death categories in a more succinct way. As evidenced in the table below:

	2023	2024	2025	Total
Death Category				
Accidental death	5	7	1	13
Cause of death unknown	826	708	388	1922
Drug / alcohol related death	3	3	3	9
Homicide	0	3	1	4
Natural Causes/ expected death including end of life / palliative care	626	873	541	2041
Suspected or actual suicide	71	56	38	165
Total	**1531**	**1650**	**972**	**4154**

It's essential to note that, due to governance by other healthcare providers, we are often not informed of the cause of death in most situations, which is significant when interpreting the data.

2020	**812**
Aug	150
Sep	131
Oct	142
Nov	154
Dec	235
2021	**1489**
Jan	250
Feb	129
Mar	119
Apr	112
May	95
Jun	96
Jul	112
Aug	105
Sep	113
Oct	132
Nov	97
Dec	129
2022	**1401**
Jan	131
Feb	108
Mar	138
Apr	149
May	74
Jun	76
Jul	83
Aug	79

Sep	123
Oct	148
Nov	130
Dec	162
2023	**1712**
Jan	178
Feb	143
Mar	139
Apr	131
May	147
Jun	120
Jul	122
Aug	141
Sep	135
Oct	140
Nov	143
Dec	172
2024	**1649**
Jan	179
Feb	153
Mar	143
Apr	127
May	133
Jun	137
Jul	118
Aug	122
Sep	118
Oct	143
Nov	127
Dec	148
2025	**953**
Jan	169
Feb	161
Mar	172
Apr	125
May	127
Jun	117
Jul	98
Aug	4

b. If recorded, please also provide a breakdown by:
   i. Inpatient deaths (patients admitted to a KMPT ward or facility at the time of death)
   ii. Community patient deaths (patients open to KMPT services but not admitted at the time of death)

Based on the breakdown of data into the requested categories, I would like to confirm that we are unable to release the information in full due to the low numbers involved in the response to your

request. Under Section 40(2) of the Freedom of Information Act, we are not obliged to provide information that is personal information of another person if releasing it would contravene any provisions of the Data Protection Act 2018. In this case, we believe that the figures are sufficiently low that individuals could be identified, which would violate the first principle of the Data Protection Act. Therefore, Section 40(2) applies.

The terms of this exemption mean that we do not have to consider whether releasing the information would be in the public interest.

c. Where available, please include the recorded cause of death (for example: natural causes, suicide, overdose, accident, medical condition, other) or the categorisation used by the trust in its mortality surveillance.

We are generally not informed by the cause of death from GPs, acute trusts, or other sources.

In order to extract the requested information and collate the results, this would require a manual exercise, which 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.

It is also possible, that due to the low numbers involved in response to your request, the figures would be low enough that individuals could potentially be identified, which would violate the first principle of the Data Protection Act. Therefore, Section 40(2) applies.

The terms of this exemption under the Freedom of Information Act mean that we do not need to consider whether it would be in the public interest for you to have this information.

d. If the trust holds any Serious Incident (SI) reviews or mortality surveillance summaries relating to these deaths, please provide the total number of such reports created within this period

The data presented includes serious incident reviews completed under the Serious Incident Framework, as well as investigations conducted under the Patient Safety Incident Response Framework (PSIRF), which was implemented in September 2024. From 2020 to 2024, we conducted root cause analyses of serious incidents within the Serious Incident Framework.

The total number of investigations from August 2020 to August 2025, including those for inpatient and community services, as well as pre- and post-PSIRF, is 336.

I confirm that the information above completes your request under the Freedom of Information Act 2000. I am also pleased to confirm that no charge will be made for this request.

If you have any questions or concerns or are unhappy with the response provided or the service you have received you can write to the Head of Information Governance at the address on top of this letter. If you are not content with the outcome of your complaint, you may apply directly to the Information Commissioner for a decision.

Yours Sincerely
On Behalf of
The Information Governance Department