



Kent and Medway

NHS and Social Care Partnership Trust

Information Governance & Records Management Department

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Dear [REDACTED]

Request for Information

I write further to your request FOI ID OP109 under the Freedom of Information Act 2000 regarding:-

Trust Incidents

Your request is set out below:

- 1 Please supply patient's information ECT leaflet.

Please find attached patient's information ECT Leaflet as requested

- 2 Please supply patient ECT consent form

Please find attached patient's ECT consent form as requested

- 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 cannot 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 2022?

There were 365 ECT treatments in 2022

- 5 What proportion of patients were men/women?

Female	73.4%
Male	26.6%

We are proud to be smoke free

Trust Chair – Dr Jackie Craissati
Chief Executive – Helen Greateorex

6 How old were they?

Age range	Total
0 – 20	0
21 – 30	12
31 – 40	15
41 – 50	23
51 – 60	66
61 +	249

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

0% of patients were classified people of the global majority or racialised communities (POC/BAME)

8 How many were receiving ECT for the first time?

179 patients were receiving ECT for the first time

9 How many patients consented to ECT?

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10 How many ECT complaints were investigated outside the NHS and CCG?

No complaints were 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)?

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

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incident records and archive systems which cannot 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.

- 13 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 an incident record. The requested information is not held centrally and is contained within the individual incident records and archive systems which cannot 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 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 cannot 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.

- 15 Have there been any formal complaints from patients/relatives about ECT?

All information requested is not routinely collected outside normal record keeping of a complaint record. The requested information is not held centrally and is contained within the individual complaint records and archive systems which cannot 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 complaint 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 If so, what was their concerns?

All information requested is not routinely collected outside normal record keeping of a complaint record. The requested information is not held centrally and is contained within the individual complaint records and archive systems which cannot 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 complaint 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 How many patients report memory loss/loss of cognitive function?

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18 What tests are used to assess memory loss/loss of cognitive function?

Montgomery-Asberg Depression Rating Scale (MADRS) and a Clinical Global Impressions Scale (CGI) and the Mini Mental State Examination (MMSE) tests are used to assess memory loss/ loss of cognitive function.

19 Have MRI or CT scans been used before and after ECT?

Yes, if an MRI or CT scan is required it can be used

20 If so, what was the conclusion?

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21 How does the Trust plan to prevent ECT in the future?

KMPT provides a range of psychiatric interventions and treatments, which includes ECT. This treatment remains an essential tool for treatment resistant mental disorders. ECT is considered if there has been no response to multiple drug and psychological treatments.

22 Please supply any serious incident reports/investigations?

We are not obliged, under section 40 (2) FOIA to provide information that is personal information of another person if releasing would contravene any of the provisions of the Data Protection Act 2018. In this instance we believe that releasing a copy of a serious incidents would identify those involved, and would therefore contravene the first Data Protection principle, therefore section 40 (2) is engaged.

The terms of this exemption in the freedom of information act mean that we do not have to consider whether or not it would be in the public interest for you to have the information

23 How many SERIOUS INCIDENT REPORTS in 2022?

198 serious incident reports in 2022

24 What proportion of patients were men/women?

Male	119
Female	102

25 How old were they?

Age range	Total
10 - 19	10
20 – 29	44
30 – 39	38
40 – 49	40
50 – 59	38
60+	51

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

13 patients were classified people of the global majority or racialised communities ("POC / BAME")?

27 How many SERIOUS INCIDENT REPORTS were investigated outside the NHS and CCG?

No Serious incidents were investigated outside the NHS and CCG

28 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)?

All information requested is not routinely collected outside normal record keeping of an incident record. The requested information is not held centrally and is contained within the individual incident records and archive systems which cannot 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.

29 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)?

All information requested is not routinely collected outside normal record keeping of an incident record. The requested information is not held centrally and is contained within the individual incident records and archive systems which cannot 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.

- 30 How many patients died by suicide within 6 months of receiving SERIOUS INCIDENT REPORTS (whether or not SERIOUS INCIDENT REPORTS was considered the cause)?

All information requested is not routinely collected outside normal record keeping of an incident record. The requested information is not held centrally and is contained within the individual incident records and archive systems which cannot 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.

- 31 How many patients have suffered complications during and after SERIOUS INCIDENT REPORTS and what were those complications?

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- 32 Have there been any formal complaints from patients/relatives about SERIOUS INCIDENT REPORTS?

There has been fewer than 5 formal complaints from relatives/ patients about serious incident reports.

- 33 If so, what was their concerns?

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- 34 How does the Trust plan to prevent SERIOUS INCIDENTS in the future?

Serious Incidents have been reported across the NHS since 2009 and the numbers of reporting remains static. NHS England is moving to a different approach which KMPT will be implementing in the autumn. This is called Patient Safety Incident Response Framework (PSIRF). Under PSIRF, there is a different style of learning by multiple methods. This means that there will be fewer direct investigations, and the use of other styles of learning such as after action reviews. This will automatically reduce the number.

Serious Incidents cannot be fully prevented due to human errors.

KMPT is looking at reducing Serious Incidents by improved action planning involving more senior directorate input, thereby having a more system led approach to improvement. KMPT are also planning more learning events for staff. After action reviews will also take place for wider staff learning.

35 Please supply any Restraints/investigations?

We are not obliged, under section 40 (2) FOIA to provide information that is personal information of another person if releasing would contravene any of the provisions of the Data Protection Act 2018. In this instance we believe that releasing a copy of an investigation records would identify those involved, and would therefore contravene the first Data Protection principle, therefore section 40 (2) is engaged.

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36 How many RESTRAINTS in 2022?

1120 restraints reported in 2022

37 What proportion of patients were men/women?

Male	185
Female	186

38 How old were they?

Age range	Total
10 - 19	20
20 – 29	99
30 – 39	78
40 – 49	53
50 – 59	49
60+	69

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

46 patients were classified people of the global majority or racialised communities ("POC / BAME")

40 How many RESTRAINTS were investigated outside the NHS and CCG?

No restraints were investigated outside the NHS and CCG

41 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 an incident record. The requested information is not held centrally and is contained within the individual incident records and archive systems which cannot 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.

- 42 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 an incident record. The requested information is not held centrally and is contained within the individual incident records and archive systems which cannot 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.

- 43 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 an incident record. The requested information is not held centrally and is contained within the individual incident records and archive systems which cannot 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.

- 44 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 an incident record. The requested information is not held centrally and is contained within the individual incident records and archive systems which cannot 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.

- 45 Have there been any formal complaints from patients/relatives about RESTRAINTS?

Fewer than 5 formal complaints have been received from patients/ relatives about restraints

- 46 If so, what was their concerns?

All information requested is not routinely collected outside normal record keeping of a complaint record. The requested information is not held centrally and is contained within the individual complaint records and archive systems which cannot 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 complaint records and would exceed the appropriate time limits, as per the

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47 Are counts of forced injections available?

Counts of rapid tranquilisation are available, for the year 2022 there have been 259 reports of rapid tranquilisation

48 How does the Trust plan to reduce restraints in the future?

KMPT's Promoting Safe Services Strategy – reducing violence, aggression and restrictive practices, is currently being reviewed and updated ready to be relaunched in July 2023. Following on from the successes of the last three-year strategy in which various quality improvements projects resulted in reductions in the number of restraints and seclusions, we hope to accomplish further reductions by continuing to embed evidence-based preventative initiatives and strategies. This will be achieved through continuous quality improvement work with wider engagement and collaboration with service users, carers and families and expanding on inclusion of lived experience stakeholders within all areas of review, identification for change and implementation. Using a trauma-informed lens we will focus on reviewing and reducing the use of any blanket restrictions to create environments that feel safe for both patients and staff. KMPT is committed to minimising all uses of restrictive practices and improve the quality of care and experience of our patients and as such, this crucial area of work is a quality account priority for KMPT.

49 Please supply any SECLUSION reports/investigations

We are not obliged, under section 40 (2) FOIA to provide information that is personal information of another person if releasing would contravene any of the provisions of the Data Protection Act 2018. In this instance we believe that releasing a copy of a seclusion record would identify those involved, and would therefore contravene the first Data Protection principle, therefore section 40 (2) is engaged.

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50 How many SECLUSIONS in 2022?

208 seclusions reported in 2022

51 What proportion of patients were men/women?

Male	75
Female	28

52 How old were they?

Age range	Total
10 - 19	10
20 – 29	39
30 – 39	22
40 – 49	12

50 – 59	13
60+	7

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

22 patients were classified people of the global majority or racialised communities ("POC / BAME")?

- 54 How many SECLUSIONS were investigated outside the NHS and CCG?

No seclusions were investigated outside the NHS and CCG

- 55 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 an incident record. The requested information is not held centrally and is contained within the individual incident records and archive systems which cannot 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.

- 56 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 an incident record. The requested information is not held centrally and is contained within the individual incident records and archive systems which cannot 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.

- 57 How many patients died by suicide within 6 months of receiving SECLUSION (whether or not SECLUSION was considered the cause)?

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- 58 How many patients have suffered complications during and after SECLUSION and what were those complications?

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59 Have there been any formal complaints from patients/relatives about SECLUSION?

No formal complaints have been received from patients/ relatives about seclusion.

60 If so, what was their concerns?

We are not obliged, under section 40 (2) FOIA to provide information that is personal information of another person if releasing would contravene any of the provisions of the Data Protection Act 2018. In this instance we believe that releasing a copy of a complaint record would identify those involved, and would therefore contravene the first Data Protection principle, therefore section 40 (2) is engaged.

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61 How does the Trust plan to reduce SECLUSIONS in the future?

KMPT's Promoting Safe Services Strategy – reducing violence, aggression and restrictive practices, is currently being reviewed and updated ready to be relaunched in July 2023. Following on from the successes of the last three-year strategy in which various quality improvements projects resulted in reductions in the number of restraints and seclusions, we hope to accomplish further reductions by continuing to embed evidence-based preventative initiatives and strategies. This will be achieved through continuous quality improvement work with wider engagement and collaboration with service users, carers and families and expanding on inclusion of lived experience stakeholders within all areas of review, identification for change and implementation. Using a trauma-informed lens we will focus on reviewing and reducing the use of any blanket restrictions to create environments that feel safe for both patients and staff. KMPT is committed to minimising all uses of restrictive practices and improve the quality of care and experience of our patients and as such, this crucial area of work is a quality account priority for KMPT.

62 Please supply any MEDICATION ERRORS reports/investigations

We are not obliged, under section 40 (2) FOIA to provide information that is personal information of another person if releasing would contravene any of the provisions of the Data Protection Act 2018. In this instance we believe that releasing a copy of an investigation record would identify those involved, and would therefore contravene the first Data Protection principle, therefore section 40 (2) is engaged.

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63 How many MEDICATION ERRORS in 2022?

791 medication errors reported in 2022, 82 of these were organisational incidents where there was no patient involved/affected.

64 What proportion of patients were men/women?

Male	414
Female	294
Unknown	Fewer than 5

65 How old were they?

Age range	Total
10 - 19	15
20 – 29	118
30 – 39	129
40 – 49	142
50 – 59	141
60+	165

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

39 patients were classified people of the global majority or racialised communities ("POC / BAME")

67 How many MEDICATION ERRORS were investigated outside the NHS and CCG?

No medication errors were investigated outside the NHS and CCG

68 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 an incident record. The requested information is not held centrally and is contained within the individual incident records and archive systems which cannot 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.

69 How many patients died within 6 months after MEDICATION ERRORS and what was the cause (whether or not MEDICATION ERRORS was considered the cause)?

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- 70 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 an incident record. The requested information is not held centrally and is contained within the individual incident records and archive systems which cannot 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.

- 71 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 cannot 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.

- 72 Have there been any formal complaints from patients/relatives about MEDICATION ERRORS?

There have been no formal complaints from patients/ relatives about medication errors

- 73 If so, what was their concerns?

We are not obliged, under section 40 (2) FOIA to provide information that is personal information of another person if releasing would contravene any of the provisions of the Data Protection Act 2018. In this instance we believe that releasing a copy of a complaint record would identify those involved, and would therefore contravene the first Data Protection principle, therefore section 40 (2) is engaged.

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- 74 How does the Trust plan to prevent MEDICATION ERRORS in the future?

All medication errors are reviewed by the medicines safety officer and learning is shared with all directorates across the Trust via the Medicines Safety Group, bi-monthly reports sent to all patient safety leads and the Drugs and Therapeutics Group. By sharing learning we can reduce the chances of medication errors being repeated, however there will always be the chance of an incident due to human error.

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