	ly patient's information	
2.Please suppl	ly patient ECT consent f	orm
3.Please suppl	ly any ECT reports/inve	stigations
4.How many E	CT in 2023?	
5.What propo	rtion of patients were n	nen/women?
6.How old we	re they?	
	rtion of patients were c munities ("POC / BAME	lassified people of the global majority c
	• •	quality act received ECT ?
9.How many p	people were offered tall	king therapy prior to ECT ?
10.How many	were receiving ECT for	the first time?
11.How many	patients consented to I	ECT?
12.How many	ECT complaints were in	nvestigated outside the NHS and CCG?
-	patients died during or ot ECT was considered t	1 month after ECT and what was the cathe cause)?
-	patients died within 6 r ot ECT was considered t	months after ECT and what was the cau the cause)?
-	patients died by suicide s considered the cause)	e within 6 months of receiving ECT (whe ?
16.How many were those co	•	complications during and after ECT and

Plea	17.Have there been any formal complaints from patients/relatives about ECT?
	18.If so, what was their concerns?
	19.How many patients report memory loss/loss of cognitive function?
	20.What tests are used to assess memory loss/loss of cognitive function?
	21.Have MRI or CT scans been used before and after ECT?
	22.If so, what was the conclusion?
	23.How does the Trust plan to prevent ECT in the future?
	1.Please supply any Restraints/investigations
	2.How many RESTRAINTS in 2023?
	3.What proportion of patients were men/women?
	4.How old were they?
estions	5.What proportion of patients were classified people of the global majority or racialised communities ("POC / BAME")?
nb S	6.How many people covered by the equality act were restrained?
ving	7.How many RESTRAINTS were investigated outside the NHS and CCG?
act to the follov	8.How many patients died during or 1 month after RESTRAINTS and what was the cause (whether or not RESTRAINTS was considered the cause)?
under the FOI a	9.How many patients died within 6 months after RESTRAINTS and what was the cause (whether or not RESTRAINTS was considered the cause)?
aints information under the FOI act to the following questi	10.How many patients died by suicide within 6 months of receiving RESTRAINTS (whether or not RESTRAINTS was considered the cause)?
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11.How many patients have suffered complications during and after RESTRAINTS and what were those complications?

12.Have there been any formal complaints from patients/relatives about RESTRAINTS?

13.If so, what was their concerns?

14.Are counts of forced injections available?

15. How does the Trust plan to reduce restraints in the future?

1.Please supply any SECLUSION reports/investigations

2.How many SECLUSIONS in 2023?

3. What proportion of patients were men/women?

SECLUSION information under the FOI act to the following questions

4.How old were they?

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

6. How many people covered by the Equality Act were secluded ?

7. How many SECLUSIONS were investigated outside the NHS and CCG?

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

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

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

11.How many patients have suffered complications during and after SECLUSION and what were those complications?

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

13.If so, what was their concerns?

14. How does the Trust plan to reduce SECLUSIONS in the future?

1.Please supply any MEDICATION ERRORS reports/investigations

2.How many MEDICATION ERRORS in 2023?

3. What proportion of patients were men/women?

4.How old were they?

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

6. How many people covered by the equality act endured medication errors?

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

8.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)?

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

10.How many patients died by suicide within 6 months of receiving MEDICATION ERRORS (whether or not MEDICATION ERRORS was considered the cause)?

Please provide	11.How many patients have suffered complications during and after MEDICATION ERRORS and what were those complications?
4	12.Have there been any formal complaints from patients/relatives about MEDICATION ERRORS?
	13.If so, what was their concerns?
	14.How does the Trust plan to prevent MEDICATION ERRORS in the future?

Response	
Please find attached	
Please find attached	

476
Male - 130
Female - 346
70+ - 174
40-69 - 233
0-39 - 69
9.05%

Everyone is covered under the Equality Act due to protected characteristics

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)

192

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Due to the low numbers involved in the response to your request I would like to confirm that we are unable to release the information, in full. 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 the figures are significantly low enough that identification of those involved could be made, and would therefore contravene the first Data Protection 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) The tests regarding cognition and memory loss are completed pre and post treatment and are the mini mental state exam and the Montgomery and Ashberg Depression Rating Scale (MADRS).

No N/A

ECT is only provided as and when the treatment is clinically indicated. There is a current business case submitted for the provision of rTMS and if successful this would provide an alternative and less invasive 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)

966
Male - 379
Female - 585
70+ - 54
40-69 - 408
0-39 - 501
Not specified - 3
13.60%

Everyone is covered under the Equality Act due to protected characteristics

0

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Yes

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No Our commitment to reduce incidents of challenging and harmful behaviours that occur within our services, including the use of restrictive and coercive practices is highlighted in our Trust-wide strategy 2023-26, our reducing restrictive practices plan 2023026, as well as policies and training programmes; all founded with a Human Rights and person-centred approach. We will continue to embed evidence-based preventative initiatives and strategies, work collaboratively with service users, carers and families and other stakeholders; 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)

225
Male - 183
Female - 41
70+ - 0
40-69 - 75
0-39 - 150
21.70%
Everyone is covered under the Equality Act due to protected characteristics
0

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		· · ·
	634	
	Male - 294	
	Female -	
	No individual involved - 121	
	70+ - 63	
	40-69 - 293	
	0-39 - 177	
	No individual involved - 121	
	9.05%	
Everyone is cove	ered under the Equality Act due to protected characteristic	CS
	0	

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Yes

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