Kent and Medway
NHS and Social Care Partnership Trust
Information Governance Department
St Michaels House
St Michaels Road
Sittingbourne
Kent
ME10 3DW

Tel: 01795 514525

Email: kmpt.ig@nhs.net
Website: www.kmpt.nhs.uk

Our Reference:
Your Reference:

<<Insert Date>>

Insert Address

Dear [redacted]

**Request for Information**

I write further to your request FOI ID 31853 under the Freedom of Information Act 2000 regarding:-

Various Subjects

Your request is set out below:

1. *Please supply patient's information ECT leaflet.*

   **Please find attached ECT leaflet as requested**

2. *Please supply patient ECT consent form*

   **Please find attached ECT consent form as requested.**

3. *Please supply any ECT reports/investigations*

   **I would like to confirm that we are unable to release the information. 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 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**

4. *How many ECT in 2021?*

   **316**

5. *What proportion of patients were men/women?*

| Gender | Total |
|---|---|
| **Male** | 88 |
| **Female** | 208 |

6. *How old were they?*

| Age Bracket | Total |
|---|---|
| **40-49** | 47 |
| **50-59** | 46 |
| **60-69** | 61 |
| **70+** | 162 |

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

   **17**

8. *How many were receiving ECT for the first time?*

   **148**

9. *How many patients consented to ECT?*

   **Exempt**

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

    **0**

11. *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.**

12. *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.**

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 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 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.**

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

    **5**

16. *If so, what was their concerns?*

    **I would like to confirm that we are unable to release the information. 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 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**

17. *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.**

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

    **Mini mental state examination (MMSE)**

19. *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**

20. *If so, what was the conclusion?*

    **N/A**

21. *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.**

22. *Please supply any serious incident reports/investigations?*

    **I would like to confirm that we are unable to release the information. 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 principle, therefore section 40 (2) is engaged.**
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23. *How many SERIOUS INCIDENT REPORTS in 2021?*

    **156**

24. *What proportion of patients were men/women?*

| **Gender** | **Total** |
|---|---|
| **Male** | 121 |
| **Female** | 99 |
| **Not stated** | Fewer than 5 |

25. *How old were they?*

| **Age Bracket** | **Total** |
|---|---|
| **Not stated** | 21 |
| **10-19** | 5 |
| **20-29** | 39 |
| **30-39** | 41 |
| **40-49** | 35 |
| **50-59** | 37 |

| | |
|---|---|
| **60-69** | 20 |
| **70+** | 30 |

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

    **31**

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

    **0**

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 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.**

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 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.**

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 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.**

31. *How many patients have suffered complications during and after SERIOUS INCIDENT REPORTS 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.**

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

**0**

33. *If so, what was their concerns?*

**N/A**

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

**There is a new patient safety strategy including the new patient safety incident response framework which KMPT will be implementing, which includes the patient safety incident response framework. All staff will have training in patient safety. The Trust will be introducing human factors training to clinicians. The Trust implemented a central investigation team (CIT) in 2021 after a successful pilot. This allows for a more holistic review of Serious Incidents, as well as better gathered knowledge about individual teams. It also allows for a more objective approach to Serious Incidents. The CIT now has an action plan meeting to assist teams/the care groups/the Trust to look more deeply at what actions need to be implemented to improve patient safety (previously it was often individual teams). The corporate patient safety team has recently taken over learning events to help the organisation have new knowledge from Serious incidents across the Trust in a different format. The Trust has recently introduced Schwartz rounds, which has helped make occasional changes to approaches to serious incidents in other organisations. A new post of Deputy Medical Director for Patient Safety commencing in May 2022 to enhance the medical integration of patient safety. The Trust has recently developed Clinical Director posts, within each clinical care group, with a remit around patient safety. The Trust has worked to increase the level of lower level incident reporting. All clinical care groups are reviewing lower level incidents daily to support the highlighting of themes, to ensure action is taken that may reduce the incidence of serious incidents. Recruitment drive in the Trust for demand and capacity issues. Local level and teams learning processes in addition to care group governance systems in place as an ongoing approach to learning. Introduction of patient safety partners to patient safety related meetings to ensure the service users' voice is heard within the patient safety forum to support learning linked to patient safety strategy. Identification of Patient Safety Specialists as a shared role for the organisation to support the implementation of the strategy. A new learning role is being recruited within the patient safety team, who will lead on learning. Quality improvement projects ongoing to address specific learning issues identified.**

35. *Please supply any Restraints/investigations?*

**I would like to confirm that we are unable to release the information. 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 principle, therefore section 40 (2) is engaged.**

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36. *How many RESTRAINTS in 2021?*

**1238**

37. *What proportion of patients were men/women?*

| Gender | Total |
|---|---|
| **Male** | 212 |
| **Female** | 180 |

38. *How old were they?*

| Age | Total |
|---|---|
| **10-19** | 21 |
| **20-29** | 103 |
| **30-39** | 63 |
| **40-49** | 66 |
| **50-59** | 71 |
| **60-69** | 28 |
| **70 +** | 40 |

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

**82**

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

**0**

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 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.**

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 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.**

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 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.**

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 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.**

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

**Fewer than 5**

46. *If so, what was their concerns?*

**I would like to confirm that we are unable to release the information. 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 principle, therefore section 40 (2) is engaged.**
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47. Are counts of forced injections available?

**No**

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

**KMPTs 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, policies and training programmes; all founded with a Human Rights and person-centred approach to ensure that dignity and respect are central to the care we provide. The restrictive practice training course has been awarded the national Restraint Reduction Network Standards Accreditation which focusses on prevention.**
**Over the last two years, the Trust has prioritised reducing restrictive practices and through several Quality Improvement projects have demonstrated a 30% reduction in restraints.**
**KMPT will continue to embed evidence-based preventative initiatives and strategies, work collaboratively with service users, carers and families, the Care Quality Commission (CQC) and other stakeholders; learn from incidents and hold learning events to further develop a culture of recovery through open and therapeutic relationships.**

49. *Please supply any SECLUSION reports/investigations*

**I would like to confirm that we are unable to release the information. 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 principle, therefore section 40 (2) is engaged.**
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50. *How many SECLUSIONS in 2021?*

**294**

51. *What proportion of patients were men/women?*

| **Gender** | **Total** |
|---|---|
| **Male** | 76 |
| **Female** | 38 |

52. *How old were they?*

| **Age** | **Total** |
|---|---|
| **10-19** | 6 |
| **20-29** | 41 |
| **30-39** | 25 |
| **40-49** | 19 |
| **50-59** | 20 |
| **60-69** | Fewer than 5 |
| **70 +** | Fewer than 5 |

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

    34

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

    **0**

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 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.**

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 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.**

57. *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.**

58. *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.**

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

**Fewer than 5**

60. *If so, what was their concerns?*

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

**KMPT are committed to reducing the use of restrictive practices and recognise the use of these can create further challenging and harmful behaviours, which have significant and diverse outcomes for all involved.**
**We have a reduction strategy, policies and staff training aimed at understanding, recognising and preventing situations occurring and through the use of Quality Improvement projects have implemented initiatives resulting in a 20% reduction in seclusions across the last two years. We will continue to embed preventative, evidence-based strategies in further reducing uses of seclusion.**
**We work collaboratively with service users, carers and families, the Care Quality Commission (CQC) and other stakeholders; learn from incidents and hold learning events to further develop a culture of recovery through open and therapeutic relationships.**

62. *Please supply any MEDICATION ERRORS reports/investigations*

**I would like to confirm that we are unable to release the information. 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 principle, therefore section 40 (2) is engaged.**
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63. *How many MEDICATION ERRORS in 2021?*

**466**

64. *What proportion of patients were men/women?*

| **Gender** | **Total** |
|---|---|
| **Male** | 268 |
| **Female** | 188 |

65. *How old were they?*

| Age | Total |
|---|---|
| **10-19** | 13 |
| **20-29** | 80 |
| **30-39** | 86 |
| **40-49** | 95 |
| **50-59** | 81 |
| **60-69** | 40 |
| **70 +** | 61 |

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

    75

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

    **0**

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 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.**

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)?*

    **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.**

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 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.**

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 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.**

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

**Fewer than 5**

73. *If so, what was their concerns?*

**I would like to confirm that we are unable to release the information. 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 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**

I confirm that the information above/attached 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