Oxford Health NHS
NHS Foundation Trust

Information Governance
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4 April 2019
Reference no.18190465

Dear

Request for Information: Freedom of Information Act

Thank you for your email of 8th March making a request for information under the Freedom of Information Act. You requested the following information and the Trust is able to provide the information below in response:

Request:

1) the number of deaths of patients with a learning disability that occurred in the last three years (by financial year eg 1/4/16 - 31/3/17, 1/4/17 - 31/3/18, 1/4/18 to present).

2) the number of deaths of patients with a learning disability reported as an incident on the National Reporting and Learning System (NLRS) in the last three years (defined as above)

3) the number of deaths of patients with a learning disability reported as an incident on the Strategic Executive Information System (STEIS) in the last three years (defined as above)

Response:

Information is from 1st July 2017 when OHFT took over the provision of learning disability services in Oxfordshire. It only includes the deaths of patients who were open to the learning disability service at the time of their death. We are only providing data up to Dec 2018 as this is the point the information has had trust-wide review and scrutiny from the mortality review group.

All learning disability deaths are reviewed by the Trust and an initial review completed. In addition the death of every person with a learning disability is reviewed externally through an independent multi-agency group chaired by the commissioner.

Definitions;

NHS Improvement's definition of a patient safety incident reported on NRLS is "Patient safety incidents are any unintended or unexpected incident which could have, or did, lead to harm for one or more patients receiving healthcare."

NHS England's broad definition of a serious incident reported on STEIS is "acts or omissions in care that resulted in unexpected or avoidable death" the national serious incident framework provides more detail.

Date Range	Number of deaths	Deaths reported as a patient safety incident and reported on the NRLS reporting system	Deaths reported as an incident on STEIS reporting system (identified as an SI)
July 2017 - March 2018 (9 months)	10	0	0
April 2018 - December 2018 (9 months)	14	0 (1 reported initially and reviewed as SI and then downgraded by commissioner)	0 (1 was but then downgraded by the commissioner)

If you are unhappy with the service you have received in relation to your request and wish to make a complaint or request a review of our decision, you should write to me and I will ensure the decision is reviewed. The Trust will consider undertaking a review if requested to do so within 40 working days of the date the response is received by the applicant, and will apply discretion if a longer period of time has passed.

Should you wish to make a complaint as a result of the outcome of such a review, you may apply directly to the Information Commissioner's Office (ICO) for a decision.

Generally, the ICO cannot make a decision unless you have exhausted the complaints procedure provided by the Trust for FoI Act matters.

The ICO can be contacted at:

The Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF

Please contact me if there are any further queries.

Kind regards,

Yours sincerely,

Mark Underwood

Head of Information Governance