

Information Governance

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14 April 2021

Our reference: FOI DA3739

I am responding to your request for information received 22 March 2021. This has been treated as a request under the Freedom of Information Act 2000.

I am now enclosing a response which is attached to the end of this letter. Please do not hesitate to contact me on the contact details above if you have any further queries.

Yours sincerely,



Keshia Harvey
Information Governance Manager

If you are dissatisfied with the Trust's response to your FOIA request then you should contact us and we will arrange for an internal review of this decision.

If you remain dissatisfied with the decision following our response to your complaint, you may write to the Information Commissioner for a decision under Section 50 of the Freedom of Information Act 2000. The Information Commissioner can be contacted at:

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

Tel: 0303 123 1113
Web: www.ico.org.uk

Please note that the data supplied is not allowed to be re-used and/or published without the explicit consent of East London NHS Foundation Trust. Please contact the signatory to request permission if this is your intention

Chair: Mark Lam

Chief Executive: Paul Calaminus

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Request:

Hi,

Please can you tell me how many deaths among patients with learning disabilities the trust has recorded in the following years - 2016/17, 2017/18, 2018/19, 2019/20, 2020/21.

Please can you tell me how many of these deaths among patients with learning disabilities were categorised as Serious Incidents. Please provide the total number for each year.

Answer: Please see the table below:

Year	No. of deaths	No. of SIs
2016/2017	1	0
2017/2018	31	1
2018/2019	18	1
2019/2020	12	1
2020/2021	30	0

If possible, please provide the outcome of each of these Serious Incidents.

Clarification

As in, what conclusion was reached i.e. what were the learnings for the trust and if anything was changed as a result

Answer: Please see below:

2017/2018

Trust actions

- The LD Interim Service Director arranged a meeting between the LD Safeguarding Lead at XXX health and the ELFT LD team to explore how capacity decisions for LD patients admitted to the acute hospital can be conducted jointly.
- This included a process for resolving any areas of disagreement around capacity.
- The LD Interim Service Director reviewed its internal processes for high risk clients with physical health needs.
- The LD Interim Service Director produced a pathway to better support staff managing such complex cases.
- The pathway identified when it is appropriate for managers to intervene and an effective means to escalate issues between services.
- The Service Manager now ensures that the work of the LD service is incorporated into the Directorate's Induction programme for its staff.

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2018/2019

This was a joint SI with the Trust responsible for care in ED, also a joint review with LeDeR.

ELFT and LeDeR Recommendations

- All assessing ED nursing staff must be assessed as competent in the interpretation of observations, the implementation of PEWS and undertake observations in accordance with department policy.
- All ED staff must be aware and apply Sepsis 6 Criteria Guidelines to ensure early recognition and the appropriate management of septic shock. All staff should be assessed as competent.

2019/2020

Trust Actions

- ELFT and Beds Adult Learning Disability Team met and agree shared protocol for joint management of IST patients requiring depot injections.
- Directorate meeting was arranged with all relevant stakeholders to review service structure.
- Discussions of feasibility of developing a separate RiO (electronic patient system) caseload which can be created for IST depot patients.
- Liaison with ELFT RiO team to explore options for generating new patient caseload in RiO.
- All patients on IST caseload to have updated risk assessment uploaded into RiO.
- All risk assessments have been reviewed and uploaded into RiO.
- Reporting Services will be reviewed on a quarterly basis to ensure IST caseload has risk assessment.
- Random samples of patients will be audited on a quarterly basis to ensure completion and quality.
- All clinical decisions and discussions to be documented in RiO contemporaneously. Shared findings with IST and discussions of recommendations.
- Clinical decision and discussions is now documented in RiO with emails from GP included.
- All ICD-10 diagnoses are entered into RiO. Team- All medical staff are informed of the need to ensure ICD-10 diagnosis are included in RiO as well as clinical letters.
- Quarterly audits of caseload via Reporting Services to be undertaken to ensure compliance.