Freedom of Information Request: Our Reference CTMUHB_169_24

You asked:

Nationally Reportable Incidents; Death of a Patient known to Mental Health Services

Could you please provide The Annual figures your HB has reported for the above NRI.

I am not sure how easy it is to go back further but from FY 2014 if that is possible.

If any years have less than 5 cases could you combine with the following years figures so we have an accurate total at the end .

Our response:

Please see provided in the table below a breakdown of Nationally Reportable Incidents submitted relating to the Death of a Patient known to Mental Health Services:

Year	Total
2014	15
2015	16
2016	14
2017	31
2018	15
2019	18
2020	39
2021	7
2022	8
2023	
2024	
Total	163

It should be noted that the criteria for reporting Nationally Reportable Incidents (previously referred to as Serious Incidents) relating to the death of a patient known to Mental Health Services changed on the 14.06.21.

After this date medically unexpected deaths in the community of patients who have been in contact with Mental Health and/or Learning Disability Services in the last year are retrospectively reported. These incidents require reporting as a Nationally Reported Incident where the local investigation has identified a causal or contributory factor in line with the definitions set out in the **National Policy on Patient Safety Incident Reporting and Management**

Prior to this date all suspected suicide / unexpected death of mental health patient (including community and in-patient services) were reported as serious incidents to the Welsh Government in line with Putting Things Right.