Reference:	FOI.1055.19
Subject:	Duty of candour
Date of Request:	26 July 2019

Requested

We aim to look at the year from 1st April 2017-31st March 2018 and request that you share the following data:

The number of restrictive practices that have occurred in your trust in this time frame so as to better understand:

- How many of those caused physical or psychological harm of a moderate or severe nature (as defined in Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 20, see definition and link below-1)
- 2. How many incidents of restraint required the organisation to follow **duty of candour** procedures due to the nature or degree of harm caused (as defined in regulation 20)
- 3. How many of the above resulted in **safeguarding referrals**.

If possible we request that you provide information broken down by type of restrictive practice such as:

- Physical restraint (Physical restraint refers to: 'any direct physical contact where the intervener's intention is to prevent, restrict, or subdue movement of the body, or part of the body of another person'.)
- Chemical restraint (Chemical restraint refers to: 'The use of medication which is
 prescribed, and administered for the purpose of controlling or subduing
 disturbed/violent behaviour, where it is not prescribed for the treatment of a formally
 identified physical or mental illness'.)
- Mechanical restraint (Mechanical restraint refers to: 'the use of a device to prevent, restrict or subdue movement of a person's body, or part of the body, for the primary purpose of behavioural control'.)
- Seclusion (Seclusion refers to: 'The supervised confinement and isolation of a person, away from other users of services, in an area from which the person is prevented from leaving.').
- Long-term segregation (Long-term segregation refers to: a situation where, in order to
 reduce a sustained risk of harm posed by the patient to others, which is a constant
 feature of their presentation, a multi-disciplinary review and a representative from the
 responsible commissioning authority determines that a patient should not be allowed to
 mix freely with other patients on the ward or unit on a long-term basis.)
- Situations which were later considered to be 'not the least restrictive option' in a debrief, investigation or other post incident discussion or process.

Please use the Excel data sheet provided if this would support the collation of the data. We are happy to receive data in which ever format is most practical.

Response:

Hywel Dda University Health Board (UHB) is unable to provide you with all of the information requested, as it is estimated that the cost of answering your request would exceed the "appropriate level", as stated in the Freedom of Information (Fees and Appropriate Limit) Regulations 2004. The "appropriate level" represents the estimated cost of one person spending 18 hours, or (2½ working days), in determining whether the UHB holds the information, and locating, retrieving and extracting the information.

In order to provide you with the information being requested, the UHB would need to conduct a manual search of each of the records recorded within Datix, the UHB's incident reporting system.

The UHB is therefore applying an exemption under Section 12 of the Freedom of Information Act 2000 (FOIA), which provides an exemption from a public authority's obligation to comply with a request for information where the cost of compliance is estimated to exceed the appropriate limit.

Under section 16 of the FOIA, we are required, as a public authority, to provide advice and assistance so far as it is reasonable, to individuals who have made a request under the FOI Act and therefore can provide you with some of the information requested.

The UHB does not hold the information exactly as requested. The UHB has therefore provided the information for the calendar year 2018 as was held at the time of your request in the attached Excel spreadsheet, Attachment 1, as requested.