

Reference:	FOI.19874.26
Subject:	Magnetic Resonance Imaging (MRI) safety incidents
Date of Request:	10 March 2026

Requested:

I am seeking aggregated data relating to MRI-related adverse events or safety incidents recorded within your Trust.

To minimise the administrative burden of this request, please provide information already recorded in existing reports, incident management systems, or summaries where available, and only where it can be retrieved within the cost limit.

Please provide the following information for the most recent five financial years available, or the maximum period available if five years is not readily retrievable.

1. Total number of reported MRI-related adverse events or safety incidents within your Trust.
2. Where recorded, a breakdown of incidents by category.
If available, examples may include:
 - Patient burns during MRI scanning
 - Projectile incidents involving ferromagnetic objects
 - Non-MRI compatible equipment taken into the MRI scanner room (Zone IV)
 - Damage to the MRI scanner or associated equipment
 - MRI quench events
 - Adverse events related to implants or devices
 - Patient injury or near-miss incidents relating to MRI safety

If incidents are recorded using different or broader internal categories, please provide those categories instead.

3. Where recorded, please indicate:
 - The number of incidents per year
 - Whether the incident was classified as harm, no harm, or near miss
4. If available within existing records, please indicate whether incidents involved:
 - Ferromagnetic equipment or objects entering the MRI scanner room
 - Non-MRI compatible equipment brought into the MRI scanner room
 - Damage to the MRI scanner
5. Operational impact, where recorded:
 - Estimated scanner downtime resulting from incidents (hours or days, if recorded)
 - Whether the scanner required service intervention or repair
 - Number of MRI scans cancelled due to incidents
 - Number of patients rescheduled due to incidents
6. Financial impact, where recorded:
 - Any estimated cost of repair, servicing, or replacement
 - Any estimated operational cost associated with scanner downtime

7. If recorded, please indicate the incident reporting system used (for example Datix or other internal incident reporting systems).

If possible, please could data be provided in spreadsheet format, such as Excel or CSV.

Response:

Hywel Dda University Health Board (UHB) is unable to provide you with all the information requested, as it is estimated that the cost of answering your request would exceed the “appropriate limit” as stated in the Freedom of Information Act 2000 and the Data Protection (Appropriate Limit and Fees) Regulations 2004. The “appropriate limit” 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.

The UHB’s Datix Incident and Risk Reporting System does not capture the type of equipment used when an incident is reported. Therefore, in order to provide you with the data requested for five (5) financial years for questions 1 to 4, the UHB would need to undertake a manual trawl of each incident recorded relating to the Radiology service and scrutinise each record to identify any information that would fulfil your request, as the information requested is not easily identifiable.

The UHB can confirm that upon searching its Datix Incident and Risk Reporting System one hundred and twenty-eight (128) incidents were identified, for the 2020/21 to 2024/25 financial years. It is estimated that a manual search of these records would exceed the 18 hours stipulated within the Freedom of Information Act 2000 (FoIA). Based on the number of records identified, conducting a search, taking a minimum of ten (10) minutes per record, would exceed the ‘appropriate limit’, costing the UHB the following:

128 @ 10 minutes per record = 21 hours and 23 minutes
21 hours and 23 minutes @ £25 per hour = £534.58

The UHB is therefore applying an exemption under Section 12 of the 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.

However, 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 FoIA, this can include assisting a requestor to further refine their request.

The UHB suggests that you may refine your request by reducing the timeframe requested to a six or twelve month period e.g the 2021 calendar year. However, the UHB would still be required to undertake a manual trawl of all incident reports for the Radiology service to identify the information required to fulfil your request, therefore, the outcome would be dependent on the number of incidents identified within a shorter time period.

Under Section 16, the UHB has identified that there have been incidents recorded which relate to questions 1 to 3 of your request, during the 2023, 2024 and 2025 calendar years. However, the UHB is unable to provide you with the number of patients, due to the low number of cases (less than 5), as there is a potential risk of identifying individuals if this was disclosed. Therefore, the UHB is withholding these details under Section 40(2) of the Freedom of Information Act 2000 (FoIA).

This information is protected by the Data Protection Act 2018 (DPA)/UK General Data Protection Regulations (UK GDPR), as its disclosure would constitute unfair and unlawful processing and would be contrary to the principles and articles of the UK GDPR. This exemption is absolute and therefore, there is no requirement to apply the public interest test.

In reaching this decision, the DPA and UK GDPR define personal data as data that relates to a living individual who can be identified solely from that data or from that data and other information, which is in the possession of the data controller.

The UHB provides below, the accessible information it holds for questions 4 to 6, for the 2022 to 2025 calendar years.

4. The UHB can confirm that during the 2023 to 2025 calendar years, none of the incidents identified involved Ferromagnetic equipment or objects entering the MRI scanner rooms, non-MRI compatible equipment brought into the MRI scanner rooms or damage to the MRI scanner.
5. & 6. The UHB confirms there was no operational or financial impact as a result of the incidents reported during the 2023 to 2025 calendar year.
7. The UHB confirms that the system used to record its incidents is the Datix Incident and Risk Reporting System.