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| <b>Reference:</b>       | FOI.910.19            |
| <b>Subject:</b>         | Acute bowel ischaemia |
| <b>Date of Request:</b> | 10 July 2019          |

**Requested**

1. Various incident and mortality rates for acute bowel ischemia for each year over the period 2007 - 2018 (the table to be completed is attached).
  - a. Number of incidences of acute bowel ischaemia by any cause
  - b. Mortality rate for acute bowel ischaemia by any cause
  - c. Number of incidences of death during an extended hemicolectomy by open surgery
  - d. All mortality rates during an extended hemicolectomy by open surgery
  - e. Number of incidences of death during an extended hemicolectomy by lapriscopic surgery
  - f. All mortality rates during an extended hemicolectomy by lapriscopic surgery
  - g. Number of incidences of developing acute bowel ischaemia following extended hemicolectomy by open surgery
  - h. Rate of developing acute bowel ischaemia following extended hemicolectomy by open surgery
  - i. Number of incidences of developing acute bowel ischaemia following extended hemicolectomy by laproscopic surgery
  - j. Rate of developing acute bowel ischaemia following extended hemicolectomy by laproscopic surgery
  - k. Number of incidences of death from acute bowel ischaemia following extended hemicolectomy by open surgery
  - l. Mortality rate from acute bowel ischaemia following extended hemicolectomy by open surgery
  - m. Number of incidences of acute bowel ischaemia following extended hemicolectomy by laproscopic surgery
  - n. Number of incidences of death from acute bowel ischaemia following any surgery to the bowel by open surgery
  - o. Mortality rate from acute bowel ischaemia following any surgery to the bowel by open surgery
  - p. Number of incidences of death from acute bowel ischaemia following any surgery to the bowel by laproscopic surgery
  - q. Mortality rate from acute bowel ischaemia following any surgery to the bowel by laproscopic surgery
2. An explanation of how the rates have been calculated.
3. Details of the formal processes, procedures, pathways and other means of diagnosing acute bowel ischemia used by the hospital and its health professionals (including but not limited to those used by the surgical team, nurses, radiologists, intensive care)?
4. Details of any informal processes, procedures, pathways and other means of diagnosing acute bowel ischemia used by the hospital and its health professionals (including but not limited to those used by the surgical team, nurses, radiologists, intensive care)?

The information should be provided for each hospital rather than for each Board.

**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 (2 ½ working days) in determining whether the UHB holds the information, and locating, retrieving and extracting the information.

In order to provide you with the requested information the UHB would need to manually scrutinise all patient records for the years 2007 to 2018 to identify any information that fulfils your request.

The UHB is therefore applying an exemption under Section 12 of the Freedom of Information Act 2000 (FOI), 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 provides within an Excel spreadsheet, the number of inpatient admissions with the diagnosis of acute vascular disorders of the intestine and the number of mortalities although acute bowel ischaemia may not have been the actual cause of death, Attachment 1.

Where the figures in the tables have been replaced with an asterisk (\*), the UHB is unable to provide you with the exact number of patients due to the low numbers of cases (5 and under), as there is a potential risk of identifying individuals if this was disclosed. The UHB has also replaced totals which could be used to calculate the redacted figure with a double asterisk (\*\*). The UHB is therefore withholding this detail under Section 40(2) of the Freedom of Information Act 2000. This information is protected by the Data Protection Act 2018/ General Data Protection Regulations 2016 (GDPR), as its disclosure would constitute unfair and unlawful processing and would be contrary to the principles and articles 6 and 9 of the GDPR. This exemption is absolute and therefore there is no requirement to apply the public interest test.

In reaching this decision, the Data Protection Act 2018/General Data Protection Regulations 2016 defines personal data as data which 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.