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| Reference: | FOI.2651.20 |
| Subject: | Cysts and pseudo cysts of the pancreas |
| Date of Request: | 27 February 2020 |

Requested:

1. What percentages of patients that suffer an acute pancreatitis and decline gall bladder removal never have a repeat attack of pancreatitis?
2. What percentages of patients that suffer an acute pancreatitis and undergo gall bladder have a repeat attack of pancreatitis?
3. Would HDUHB Medical Directorate confirm/deny that all surgical procedures at Witybush general Hospital must be reported to and then sanctioned by the Hospital Management Team?

Response:

Questions 1 and 2

Hywel Dda University Health Board (UHB) is unable to provide you with the information requested for questions 1 and 2, 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 this information, the UHB would need to manually scrutinise all patient records to identify which patients underwent and declined gall bladder removal. The number of patients admitted with pancreatitis in 2019 was 238; therefore, conducting the search would far exceed the ‘appropriate level’, costing the UHB the following:

238 @ 15 minutes per patient record = 59.5 hours
59.5 hours @ £25 per hours = £1,487.50

Therefore, for questions 1 and 2, the UHB is applying an exemption under Section 12 of the Freedom of Information Act 2000, 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.

Question 3

The UHB confirms that the Hospital Management Team has overall responsibility for the running of the site, but do not individually sanction surgical procedures. The Scheduled Care Management Team and clinical teams co-ordinate surgical procedures.

Hospital General Managers and the Planned Care Service Delivery Manager would discuss and agree any cancellation of planned surgery, where patients will require an inpatient bed. All other cancellations are discussed and agreed by the Planned Care Team.