

Ref. No: 2619
Date: 10/06/26
Subject: Post-operative complications

REQUEST

I am requesting the following information for the most recent 3 years for which data is readily available in electronic or coded form:

The total number of hysterectomy procedures performed by the Trust.

The number of patients who experienced post-operative complications requiring escalation of care, including (where recorded):

readmission to hospital

return to theatre or further surgical intervention

interventional radiology or other non-surgical procedures

admission to high dependency or intensive care

A breakdown of the recorded clinical reasons for these complications, where held (for example: haemorrhage, infection, injury to surrounding organs, prolapse, or other complications).

The number of patients referred or transferred to another hospital or specialist unit following hysterectomy due to post-operative complications.

Any available internal audit reports, governance summaries, or routinely produced statistical reports relating to hysterectomy outcomes and post-operative complications during this period.

If some of the information is not held in a readily extractable format for the full 3-year period, please provide what is available within cost limits under the Freedom of Information Act.

I confirm that this request is for aggregated statistical and governance information only and does not require patient-identifiable data.

I would prefer to receive the information electronically.

Clarification of scope and intent:

This request is made in good faith and is intended to obtain aggregated, routinely recorded clinical governance data relating to hysterectomy outcomes and post-operative complications over a defined time period. It is not a repeat of previous requests but a broader request for outcome data across standard escalation pathways, including readmission, return to theatre, and other forms of post-operative complication. I have limited the request to information expected to be held in coded or routinely extractable form and within cost limits.

RESPONSE

The Trust has carefully considered your request alongside a number of previous requests submitted by you on the same subject matter, specifically relating to hysterectomy procedures and associated complications.

While we note your statement that this request is broader in scope, the Trust considers that it forms part of an ongoing and repeated series of requests that seek substantially similar information, often framed in slightly different ways. These requests collectively relate to the same underlying theme of hysterectomy outcomes and complications.

The Trust has previously responded to requests of this nature and has set out the position regarding the availability and extraction of this information.

In particular:

- The information requested is not held in a single, readily extractable, coded dataset
- Responding to requests of this nature requires manual interpretation and clinical review
- This work must be undertaken by senior clinical staff, as the data is not routinely collated in the format requested

Our Business Intelligence team has confirmed that the Trust does not centrally code or routinely report the level of detailed breakdown requested (for example, escalation pathways, clinical reasons for complications, or inter-provider transfers in the context described).

The Directorate Lead for Obstetrics & Gynaecology has previously confirmed:

“We have received several requests for the same information, worded differently. Each request has to be reviewed by a clinician, which is taking up a disproportionate amount of their time. This is impacting both the clinical team and taking the operational team away from their day duties.”

When considered individually, each request may appear reasonable. However, when considered cumulatively, the volume, frequency, and overlap of requests submitted over a short period has resulted in a disproportionate and unjustified burden on clinical and operational staff.

The Trust must prioritise its core functions of delivering safe and effective patient care. Continuing to process repeated requests of this nature would impact those duties.

Section 14(1) Vexatious Requests

The Trust considers that the cumulative impact of the number, frequency and similarity of requests submitted by you has reached a level where compliance would impose a disproportionate burden on the Trust. The request is therefore considered vexatious under Section 14(1) of the Freedom of Information Act 2000.

Repeated Requests

In addition, this request substantially overlaps with information previously requested and addressed. As no reasonable interval has passed and the information requested has not materially changed, the Trust also considers this request to be repeated under Section 14(2) of the Act.

For these reasons, the Trust will not be taking this request further.

The Trust will also not respond to further requests from you on this subject matter unless they are materially different in scope and clearly demonstrate that the information requested is both new and held in a readily extractable format.

If you are dissatisfied with this response, you may raise the issue with the ICO.