Maidstone and Tunbridge Wells NHS Trust

Ref: FOI/GS/ID 3797

Please reply to:
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Freedom of Information Act 2000

I am writing in response to your request for information made under the Freedom of Information Act 2000 in relation to Paediatric scrotal pain.

Please accept my apologies for the lengthy delay in responding to your request.

You asked:
1.) Please provide the following general hospital information:
Name of hospital
Name of Trust
What is the population size of your hospital's catchment area?
What is the specialty of the individual advising upon the majority of the clinical information of this form?
Does your hospital have a casualty/emergency department?
Does your hospital have a separate paediatric casualty/emergency department on site?
Is there a 'scrotal pain' or 'suspected testicular torsion' pathway or Standard Operating Procedure (SOP) relating to this issue for paediatric patients in place at your site?
2.) At your hospital, which speciality and grade of doctor or surgeon most commonly makes the initial assessment of a paediatric patient with a suspected testicular torsion, other than A&E staff? Please provide an answer for each of the following time slots provided.
3.) If a paediatric suspected testicular torsion required emergency scrotal exploration, would the operation take place at your site? Please answer the appropriate column of questions according to whether your answer is A, B or C.
3.A.) Table A
Which grade and specialty of surgeon most commonly operates during normal working hours?
Which grade and specialty surgeon most commonly operates outside of normal working hours on weekdays?

Which grade and specialty surgeon most commonly operates on the weekend?
3.B.) Table B
Which grade and specialty surgeon most commonly operates during normal working hours?
On weekdays outside of normal working hours, do emergency scrotal explorations take place at your hospital? If yes please specify the grade and speciality of the surgeon that most commonly operates.
On weekends, do emergency scrotal explorations take place at your hospital?
Do any surgeons travel from a separate hospital to any of the sites in your Trust to undertake emergency paediatric scrotal exploration surgery rather than transfer the patient?
3.C.) Table C
To which hospital(s) do you transfer patients, for emergency scrotal exploration?
4.) Please answer the following questions, with separate answers for the years 2013, 2014 and 2015.
How many emergency scrotal explorations on paediatric patients to exclude testicular torsion were carried out at your site?
How many emergency scrotal explorations on paediatric patients resulted in finding an unsalvageable or infarcted testis, resulting in orchidectomy?
5.) Please provide the following information about audits into paediatric testicular torsions.
At your hospital, has there been an audit or review conducted into the length of time taken, for a paediatric patient with a suspected testicular torsion, to arrive in the operating theatre from initial triage in the emergency department?
6.) How many cases presenting as paediatric scrotal pain or paediatric suspected testicular torsion resulted in incident reports, serious untoward incidents or legal proceedings in 2013, 2014, 2015?
Please attach an anonymised copy of all incident reports, and root cause analysis reports with outcomes identified in this question.
7.) In your organisation, who will be the most senior clinician to review this FOI request before submission?

Trust response:

1.) Please provide the following general hospital information:	
Name of hospital	Maidstone/Pembury
Name of Trust	Maidstone & Tunbridge Wells NHS Trust
What is the population size of your hospital's catchment area?	Around 560,000 people living in the south of West Kent and the north of East Sussex.
What is the specialty of the individual advising upon the majority of the clinical information of this form?	(delete as appropriate) Urology General Surgery Paediatric Surgery Other (please state) Senior Paediatric Sister A&E
Does your hospital have a casualty/emergency department?	Yes If Yes is this manned 24 hrs a day in the week and weekends? Yes

Does your hospital have a separate paediatric casualty/emergency department on site?	Yes There is a separate Children's Emergency Dept at Tunbridge Wells Hospital 7days a week between 8am and 00:30 hrs If Yes is this manned 24 hrs a day in the week and weekends? No
Is there a 'scrotal pain' or 'suspected testicular torsion' pathway or Standard Operating Procedure (SOP) relating to this issue for paediatric patients in place at your site?	Yes Standards Operating Policy for Surgical Care in Children in Maidstone and Tunbridge Wells Hospital
If yes, please attach the pathway or SOP and provide the date in which it was put in place, and the date for review.	Please attach to your returning email. Date put in place: 24/6/2015 Date for review: 24/6/18

2.) At your hospital, which *speciality* and *grade* of doctor or surgeon most commonly makes the initial assessment of a paediatric patient with a suspected testicular torsion, other than A&E staff? Please provide an answer for each of the following time slots provided.

	Speciality	Grade
Monday to Friday, during normal working hours	Gen/Emergency Surgery	Registrar
Monday to Friday, outside of normal working hours	Gen/Emergency Surgery	Registrar
At weekends	Gen/Emergency Surgery	Registrar

3.) If a paediatric suspected testicular torsion required emergency scrotal exploration, would the operation take place at your site? Please answer the appropriate column of questions according to whether your answer is A, B or C.

	Yes / No	
A: Yes, 24 hours a day, 7 days a week	Yes at Tunbridge wells torsion is treated 24/7	If yes, please answer the questions in **Table A**. Ignore table B and C.
B: Yes, within normal working hours only	Occasional cases might take place after arriving at A&E at Maidstone if theatre team and paediatrics available but more usually cases would be transferred to Pembury	If yes, please answer the questions in **Table B**. Ignore table A and C.
C: No, the operation would not take place at this site		If yes, please answer the questions in **Table C**. Ignore table A and B.

3.A.) Table A	
Which grade and specialty of surgeon most commonly operates during normal working hours?	Registrar in General Surgery – If support needed this would be provided by a consultant urologist on call
Which grade and specialty surgeon most commonly operates outside of normal working hours on weekdays?	Registrar in General Surgery – support as above

Which grade and specialty surgeon most commonly operates on the weekend?	Registrar in General Surgery – support as above

3.B.) Table B	
Which grade and specialty surgeon most commonly operates during normal working hours?	Registrar or Consultant in Urology
On weekdays outside of normal working hours, do emergency scrotal explorations take place at your hospital? If yes please specify the grade and speciality of the surgeon that most commonly operates.	
On weekends, do emergency scrotal explorations take place at your hospital? i.) If yes please specify the grade and speciality of the surgeon that most commonly operates.	No
When emergency paediatric scrotal explorations are **not** performed at your site, which hospital(s) are patients transferred to for emergency scrotal exploration?	Pembury Hospital
Do any surgeons travel from a separate hospital to any of the sites in your Trust to undertake emergency paediatric scrotal exploration surgery rather than transfer the patient? i.) If yes, please specify the grade and speciality of the surgeon that most commonly travels. ii.) Please specify which hospital(s) are travelled to, and which hospital(s) are travelled from, and when this happens (normal working hours, weekdays out of hours and/or weekends).	Not usually – exceptions would be i.) Consultant urologist might attend Pembury or Maidstone hospital from the other site to expedite surgery or to support a more junior surgeon ii.) Maidstone ward not open except above so unlikely to occur outside 08-19.30 weekdays

3.C.) Table C	
To which hospital(s) do you transfer patients, for emergency scrotal exploration?	N/A – except if so complex they could not be anaesthetised at MTW

4.)

Please see the following tables.

How many emergency scrotal explorations on paediatric patients to exclude testicular torsion were carried out at your site?

The OPCS code for exploration of scrotum is N03.4.

Count of Casenote	**Column Labels**			
Row Labels	**2013**	**2014**	**2015**	**Grand Total**
16 & under	5	1	11	17
Grand Total	**5**	**1**	**11**	**17**

How many emergency scrotal explorations on paediatric patients resulted in finding an unsalvageable or infarcted testis, resulting in orchidectomy?

The OPCS codes for orchidectomy range from N05.1 to N06.9.

i.e. the following are of those in the table above, how many also had a procedure code N05.1-N06.1

Count of Code N05-N06	**Column Labels**			
Row Labels	**2013**	**2014**	**2015**	**Grand Total**
16 & under			2	2
Grand Total			**2**	**2**

5.) Please provide the following information about audits into paediatric testicular torsions.	
At your hospital, has there been an audit or review conducted into the length of time taken, for a paediatric patient with a suspected testicular torsion, to arrive in the operating theatre from initial triage in the emergency department?	An audit has been recently registered with the Audit office by one of the surgical middle grades.
If yes, when were the audit(s) conducted?	Hopefully will report in the next Month
If yes, what was the average time taken for a paediatric patient with a suspected testicular torsion, to arrive in the operating theatre from initial triage in the emergency department?	Results pending

6) How many cases presenting as paediatric scrotal pain or paediatric suspected testicular torsion resulted in incident reports, serious untoward incidents or legal proceedings in 2013, 2014, 2015?

	Incident Report /Datix	SUI (Serious Untoward Incident)	Legal proceedings
Number of cases in the year:			
2013	1	0	1
2014	1	0	0
2015	4	0	0

Please attach an anonymised copy of all incident reports, and root cause analysis reports with outcomes identified in this question.

Please see the following tables.

Type	Incident type	Description	Defence costs	Damages	Total payments	Receipts	This years reserve	Next year's reserves	Total reserves	Claim date	Outcome	Probability	ID	Last stage	Claimant's costs	Payments/ Balance	Total claim (est)	Last stage	Our share %	Consequence	Likelihood of recurrence	Grade
CNST Claim	Failure to diagnose/ delay in diagnosis	Failure to diagnose testicular torsion led to removal of child's testicle. There is no evidence in the records that the genitalia was examined.	937	20000	26221.3	0	-26221.3	0	0	1-Apr-2003	Payment before proceedings served	High	299	S2	5284.3	26221.3	13500	Settled Out of Court	100	Serious	Possible /May recur occasionally	MOD

Adverse event	Type	Severity	Description	Action taken	Result	Outcome (Investigation)	Action taken (Investigation)	Consequence	Likelihood of recurrence	Grade	Lessons learned
Failure/delay to order correct tests, image etc	Patient Incidents	No Harm	The patient attended A+E at Pembury with testicular torsion. He was taken to theatres from A+E. He was not swabbed for MRSA by A+E staff prior to go to theatre which is a breach of trust policy.	The patient was swabbed as soon as they came to SAU from theatre/recovery.	No Obvious Harm	Memo to staff	A&E staff prepared patient as an emergency and during the rush to get patient to theatre did not consider taking MRSA swabs. Patient in dept less than two hours, taking into consideration triage time, ultrasound and time to diagnosis then liaison with theatres etc.	Minor	Unlikely /Do not expect it to happen again but it is possible	VLOW	Memo sent out to all staff reminding them of the need for MRSA swabs prior to theatre.

Other incident to do with assessment	Patient Incidents	No Harm	Incorrect pathway The paediatric registrar accepted a two year old child with ? torsion of testes. I informed the registrar that this is not the correct pathway of care for a surgical child. On arrival the paediatric registrar phoned the urology team to review the child. They refused to review saying that the child needed to be transferred to Evelina Hospital in London. The paediatric consultant reviewed the child and the child was transferred to the Evelina childrens hospital by ambulance without any surgical review at maidstone. The family were not aware that the surgeons had refused to come to review at maidstone and appreciated that they had to be transferred for specialist care because of his age to London for emergency surgery/review.	Emergency ambulance booked for transfer ward manager informed	No Obvious Harm	Policy/Procedure	There is no information as to why the doctors would not review the child and the doctors are no longer working in the Trust. The pathway of sending the child to the Evelina is correct.	None	Possible /May recur occasionally	VLOW	The paediatric pathway has been reviewed and standards have been written by the Paediatric clinical director.
Transfer - delay/failure	Patient Incidents	No Harm	Patient brought up from a&e as awaiting transport to st thomas's hospital and breaching in a&e. Patient with mother from 22.00-24.00 in a&e and from 24.00-05.00 on hedgehog ward waiting for transport.Patient had ?torsion and his mum is 5 months pregnant and exhausted. When private transport arrived to take patient and mum, mum collapsed in corridor.	Secamb called at midnight to see how long transport would be. Secamb said they could not send anyone at that time. Clinical site manager telephoned at 0330 to inform of situation. Clincal site manager sent private ambulance at 0500 as still no sign of transport. Mum given medical attention required. Patient and mum sent on their way.	No Obvious Harm	Action to be taken at local staff meetings	Child waiting for transport to London hospital was sent to Hedgehog to wait for ambulance. Ambulance did not come and private transport was arranged and arrived at 05.00hrs. Child had been on the ward for 5 hours under the A&E consultant and there was no referral over to the paeds medical staff so ward staff did not undertake ongoing care as thought transport would arrive at any time.	Minor	Unlikely /Do not expect it to happen again but it is possible	VLOW	Unsafe pathway. Children cannot wait in CDU as not appropriate so should be sent to paediatric ward while waiting for transport / results if likely to be longer than four hours, but should be handed over to the paediatricians for ongoing observation and care while waiting on the ward. To be discussed with the paediatric and A&E clincal directors and a clear pathway decided to ensure the safe observation of children who transferred to paediatrics to wait and prevent breaching in A&E.

Access, admission, transfer, discharge other	Patient Incidents	No Harm	Patient attended A/E at Maidstone , referred to surgical team at TWH re Testicular Torsion. No documentation sent with patient ? observations/ pain score if appropiate to transfer by car.	Triaged on arrival Sureons notified of patients arrival.	Near miss	No Further Action required	Spoke to the nursing team on nights. The charge nurse asked the patient to book in and asked a DR to see him to check for testicle torsion. Dr saw patient and the nurse undertook his transfer came back to undertake the observations of the child and could not find the child or mother. Nurse then went to find DR who infomred the charge nurse he had spoke to the surgical team who advised A&E at TWAP so he sent them. All the DRS where locum that were on duty as in period of dr change over. The nurse asked dr about the documentation who stated he was just going to write them. Drs on duty were all then informed of the correct procedure regarding the transfer policy and that the nurse in charge needs to be informed to ensure correct and safe discharge. Spoken to staff bank that put together the locum packs who will add a little flow chart for discharge of patients so they are aware to inform the nurse in charge. No harm caused the child and was treated quickly at TWAP.	Moderate	Possible /May recur occasionally	LOW	Change over period of drs is difficult as all locums so information needs to be added to the pack which is in hand for the future locums.

Other incident to do with assessment	Patient Incidents	No Harm	A nurse practitioner telephoned from a gp surgery asking the paediatric registrar to accept a two year old boy with a suspected torsion of testis. The registrar informed the nurse practitioner that this was a surgical emergency and she should contact the urology team or the surgical team straight away for the child to be seen. A short while later the nurse practitioner telephoned the ward back and spoke to the registrar and said that she has spoken to the surgical and urology teams and they are refusing to accept the child stating that they do not see children under 5 years of age	For the safety of the child the paediatric registrar accepted the referral. On arrival the child was seen by the paediatric consultant and sho and emergency arrangements made for the child to be assessed at evelina childrens hospital for surgery. Ambulance transfer	No Obvious Harm	Action to be taken at local staff meetings	pathway not followed, again discussed with surgeon. all testicular swelling should be seen by surgeon/ urologist	Moderate	Possible /May recur occasionally	LOW	pathway presented in surgical CG meeting
Delay in diagnosis for no specified reason	Patient Incidents	Minor	Patient arrived on the unit at 12:00 via acceptance from surgical SpR from GP with testicular pain. Surigcal team contacted and informed us that urology would see patient at 12:30. At 14.05 patient still not seen, urology then say that patient to be seen by surgical team instead. Surgical team came to the ward at 16:00. Patient was taken to theatre at 16:40 with torsion, mum informed that it was a possibility that testicle would have to be removed. Returned from theatre having had right torsion corrected. Patient brought back to the ward but mum not informed but any of the theatre team of outcome of operation and was unsure if testicle had been removed until nurse read and explained notes from theatre.	Repeated attempts made for someone to see patient as documented in patients notes. Ward manager aware of situation. Patients Mum kept up to date on what was happening.	Unknown	Policy/Procedure required and action taken	Lack of communication between Urology, General Surgery & Paediatrics and ultimately the parents of the patient. Paediatric staff updated the parents regularly so parents were aware.	Minor	Possible /May recur occasionally	LOW	Surgical paediatric pathways have been revised and all staff are now aware of Standard Operating Procedures and policies when a child under surgery or urology is admitted to the paediatric wards.

Lack of clinical or risk assessment	Patient Incidents	Serious	patient was referred by general practitioner with testicular pain. He was seen in A&E by the urology sho who felt he probably did not have a torsion of the testis but was not sure.At 13.45 i as the A&E consultant became aware of the situation.I phoned the urology doctor and asked him to come and see the patient.I was concerned that an ultrasound had been arranged for 14.30. Mr... said he would come.At 14.00 he had not come so i phoned him again.He said he had brought the ultrasound forward and the child could go immediately. The child was found to have a possible torsion on ultrasound .	As i still felt that in fact Mr... should have come at 13.30 when his sho was not certain it was not a torsion at 13.30 and felt he should have come when i phoned him at 13.45 i spoke to Mr..... the urology consultant.	Serious harm/permanent harm over 16 days increased stay	No Further Action required	Child in A&E with suspected torsion of testes. Reviewed by urology SHO who suspected it wasn't a torsion. A&E Consultant intervened and requested a senior review, The staff grade did not attend A&E straight away due to being in clinic although he organised for a scan to be brought forward. Consultant escalated appropriately and also contacted the Urology Consultant on call.	Serious	Unlikely /Do not expect it to happen again but it is possible	LOW	This incident needed to be investigated and dealt with at the time. The child was operated on straight away as an emergency and testicle saved. Escalation was appropriate.

7.) In your organisation, who will be the most senior clinician to review this FOI request before submission?		
Hospital title	Area of responsibility	Speciality
Urology Consultant		Urology