



**British Thoracic Society
National Pleural Services Organisational Audit 2021
Protocol and Instructions
May 2021**

Aims and Objectives

The aim of the BTS audit programme is to drive improvements in the quality of care and services provided for patients with respiratory conditions across the UK.

The aim of the 2021 National Pleural Services Organisational Audit is to gather benchmark data across NHS hospitals in the UK on use and access of Pleural Services within each hospital. The results will highlight areas of service provision and patient safety that need improvement and support nationally through patient safety / quality improvement initiatives promoted by BTS.

Organisational Audit period and scope

National Organisational Audit period: 1 April 2021

Data entry period: 1 April 2021- 30 June 2021

PART 1: Background information

One response per hospital site is required. Data entry is open from 1 April – 30 June 2021. Please provide information for your hospital at 1 April 2021, and where figures are required for the 12 month period, please provide data for the previous 12 months, or the last available 12 months period.

Answers will provide benchmarking data on where pleural services in the UK are positioned in relation to recently published BTS Thoracic Ultrasound Training Standard and previously published aspirational standards for pleural services written by UK pleural clinicians.

Children only hospitals will be excluded from this audit, and data should be included from adult services only within each hospital.

Method of data collection

Data can be entered onto the online data collection tool via the BTS audit system (user registration required – log in details should not be shared): <https://audits.brit-thoracic.org.uk/>

The audit should be overseen by a consultant respiratory physician. Delegates may be added via registration form.

Each site will require a signed registration form from a chosen audit lead before audit access can be granted. Blank registration forms can be found alongside the protocol and other documents online at the audit website under each audit or the main BTS website.

The Pleural Services National Organisational Audit appears under the list of adult audit tools. Click on the Period name “01/04/2021-30/06/2021 (National Audit)” and then click “Add record” to access the data entry screens.

You can save the record you are working on and return to it at any point. When you have completed data entry you will need to click “Commit” to submit your data to the database. At this point you can see the record but will not be able to edit the contents further.

Analysis and Reporting

Audit participants can generate local reports from the audit system which present that institution’s data as a comparison to the national dataset, and reports comparing data from different audit periods. Click the ‘Reports’ link on the audit system home page, then select the type of report and the relevant audit period(s) from the links at the bottom of the reports page.

Standards

The standards used in this audit are set out in Appendix 1.

References

Contacts

Any queries should be referred to audittools@brit-thoracic.org.uk or 020 7831 8778.

Appendix 1

Quality Standards to be assessed by this audit & source of the standard

1. Pleural Procedures are only inserted by staff with relevant competencies (NPSA 2008, NATSSIP)
2. Clinical guidelines are implemented for out of hours pleural disease management (NPSA 2008)
3. Appropriately trained thoracic ultrasound operators are immediately available for emergency out of hours pleural procedures (NPSA 2008, BMJORR 2018, BMJORR 2020)
4. A pleural procedure training lead is identified and provided with appropriate time within job plan to deliver pleural procedure training for of all staff involved in chest drain insertion (NPSA 2008, BMJORR 2018)
5. A thoracic ultrasound (TUS) mentor is appointed within every trust to lead the training programmes for TUS (BMJORR 2018, BMJORR 2020)
6. Pleural procedure safety checklists and written evidence of consent for pleural procedures should be implemented in accordance with published National Safety Standards for Invasive Procedures (NPSA 2008, BMJORR 2018, GIRFT 2020, NATSSIP).
7. Local incident data relating to pleural procedures is reviewed to understand learning and actions required to mitigate risk (NPSA 2008, NATSSIP)
8. 3x medical sessions are required per 300 patients with pleural disease to provide pleural interventions on a Monday, Friday and mid-week with more than one consultant providing the service (GIRFT 2020)
9. Specialist pleural nurses are required to support pleural services – recommended at 1x band 6 per 300 pleural procedures (GIRFT 2020)
10. Dedicated administrative staff are required to support a pleural service, including a dedicated maned telephone line for pleural referrals (GIRFT 2020)
11. A dedicated pleural procedure venue is required for pleural services (GIRFT 2020, NATSSIP)
12. All hospitals should have a dedicated pleural lead with dedicated time within job plan for service development (BMJORR 2018, GIRFT 2020)
13. All hospitals require a dedicated thoracic ultrasound machine, to the required specification and mobile, for bedside ultrasound
14. Pleural procedure equipment should be standardised across, and made available in dedicated packs (BMJORR 2018, GIRFT 2020)
15. Ensure a diagnostic and therapeutic ambulatory pleural service is available for all cancer patients, accessible within 5 working days, 52 weeks of the year (GRIFT lung cancer 2021)

Q number	Question	Source	Standard
Section 1: Workforce			
1.1	Does your trust have more than one site with either acute or general in-patient medical/surgical /oncology services (i.e. not including solely psychiatric/maternity/rehabilitation units)?	N/A	Baseline information
1.2	Are services identical across all sites?	N/A	Baseline information
1.3	Approximately how many non-general anaesthetic assisted pleural procedures are performed at your hospital within the last year (please provide a figure for the 12 months leading up to 1 April 2021 or the last available 12 month period)?	N/A	Baseline information
1.4	Approximately how many inpatients with pleural disease (pleural effusion, pneumothorax, empyema) does your hospital provide care within the last year (please provide a figure for the 12 months leading up to 1 April 2021 or the last available 12 month period)?	N/A	Baseline information
1.5	What is the total number of medical sessions (PAs) provided by the respiratory/medicine department dedicated to pleural disease management per week (if this has changed within the past year, please use within the last week as a reference point)?		
1.6	How many consultants deliver these sessions?	N/A	Baseline information
1.7	Does your hospital have a nominated pleural lead?	BMJORR 2018, GIRFT 2020	All hospitals should have a dedicated pleural lead with dedicated time within job plan for service development (Standard 12)
1.8	If yes, does the pleural lead have dedicated time within their job plan for service development?	BMJORR 2018, GIRFT 2020	All hospitals should have a dedicated pleural lead with dedicated time within job plan for service development (Standard 12)

1.9	Does your hospital have a nominated thoracic ultrasound mentor?	BMJORR 2018, BMJORR 2020	A thoracic ultrasound (TUS) mentor is appointed within every trust to lead the training programmes for TUS (Standard 5)
1.10	If yes, does the TUS have dedicated time within their job plan for training oversight & delivery?	BMJORR 2018, BMJORR 2020	A thoracic ultrasound (TUS) mentor is appointed within every trust to lead the training programmes for TUS (Standard 5)
1.11	Does your hospital have a nominated pleural procedures training lead?	NPSA 2008, BMJORR 2018	A pleural procedure training lead is identified and provided with appropriate time within job plan to deliver pleural procedure training for of all staff involved in chest drain insertion (Standard 4)
1.12	If yes, does the chest drain lead have dedicated time within their job plan for training oversight & delivery?	NPSA 2008, BMJORR 2018	A pleural procedure training lead is identified and provided with appropriate time within job plan to deliver pleural procedure training for of all staff involved in chest drain insertion (Standard 4)
1.13	How many WTE pleural specialist nurses work at your hospital?	GIRFT 2020	Specialist pleural nurses are required to support pleural services – recommended at 1x band 6 per 300 pleural procedures (Standard 5)
1.14	What banding are the specialist pleural nurses?	GIRFT 2020	Specialist pleural nurses are required to support pleural services – recommended at 1x band 6 per 300 pleural procedures (Standard 5)
1.15	Does your hospital have dedicated administrative staff to support the pleural service?	GIRFT 2020	Dedicated administrative staff are required to support a pleural service, including a dedicated maned telephone line for pleural referrals (Standard 10)
Section 2: Infrastructure & protocols			
2.1	Does your hospital run a dedicated op pleural clinic?	GIRFT 2020, NATSSIP	A dedicated pleural procedure venue is required for pleural services (Standard 11)
2.2	Does your hospital have a dedicated room for pleural procedures (clearly defined and reliably available when needed)?	GIRFT 2020, NATSSIP	A dedicated pleural procedure venue is required for pleural services (Standard 11)
2.3	Does your hospital use a dedicated safety checklist for pleural procedures?	NPSA 2008, BMJORR 2018, GIRFT 2020, NATSSIP	Pleural procedure safety checklists and written evidence of consent for pleural procedures should be implemented in accordance with published National Safety Standards for Invasive Procedures (Standard 6)
2.4	If you have a pleural checklist, is it employed by all departments	NPSA 2008,	Pleural procedure safety checklists and written evidence of consent for

	undertaking pleural procedures?	BMJORR 2018, GIRFT 2020, NATSSIP	pleural procedures should be implemented in accordance with published National Safety Standards for Invasive Procedures (Standard 6)
2.5	Is pleural procedure equipment made available in a single accessible location e.g. standardised packs / equipment trolleys?	BMJORR 2018, GIRFT 2020	Pleural procedure equipment should be standardised across, and made available in dedicated packs (Standard 14)
2.6	Is pleural procedure kit standardised across all areas of the hospital?	BMJORR 2018, GIRFT 2020	Pleural procedure equipment should be standardised across, and made available in dedicated packs (Standard 14)
2.7	Does your hospital have an appropriate data capture system to achieve the NHS pleural effusion Best Practice Tariff (day-case, respiratory clinician-led, ultrasound guided pleural effusion interventions)		
2.8	Does your pleural service offer a dedicated pleural in-reach inpatient review system including bedside thoracic ultrasound?		
2.9	Are the ultrasound images taken by members of the physician-led pleural service uploaded to the hospital radiology system (e.g. PACS)		
2.10	Does your hospital have a dedicated pleural service telephone line for pleural referrals?	GIRFT 2020	Dedicated administrative staff are required to support a pleural service, including a dedicated maned telephone line for pleural referrals (Standard 10)
2.11	Does your hospital have a dedicated email for pleural referrals?		
2.12	Does your hospital have a dedicated admission avoidance pathway for patients with pleural disease?		
2.13a	How frequently does your hospital offer the following pleural interventions within 5 working days of referral/decision for patients with suspected malignant disease? Please give estimates for the following: Pleural aspiration, Indwelling pleural catheter insertion, Thorascopy	GRIFT (lung cancer 2021)	Ensure a diagnostic and therapeutic ambulatory pleural service is available for all lung cancer patients, accessible within 5 working days, 52 weeks of the year.

Section 3: Out of Hours Pleural Disease Management			
3.1	Does your hospital have a protocol for out of hours pleural disease management including an agreed pathways to access appropriately trained & competent thoracic ultrasound & pleural procedure operators?	NPSA 2008	Clinical guidelines are implemented for out of hours pleural disease management (Standard 2)
3.2	During out of hours (excluding Monday-Friday 9am-5pm) does your hospital provide reliable (consistently available at all times) access to competent operators (able to perform the procedure independently and manage any potential complications) in the following procedures: Thoracic USS operator: At least CiP level 4 Emergency Operator (As detailed in BTS TUS training standard)/ Pleural operator: pleural aspiration/ Pleural operator: Seldinger chest drain insertion/ Pleural operator: blunt dissection large bore chest drain insertion	NPSA 2008, BMJORR 2018, BMJORR 2020	Appropriately trained thoracic ultrasound operators are immediately available for emergency out of hours pleural procedures (Standard 3)
Section 4: Patient Safety			
4.1	Have there been any patient safety incidents in relation to thoracic ultrasound / pleural procedures within your hospital in the last 3 years?	NPSA 2008, NATSSIP	Local incident data relating to pleural procedures is reviewed to understand learning and actions required to mitigate risk (Standard 7)
4.2a	Were any of these incidents classified as level 4 (Severe) for patient harm?		
4.2b	Were any of these incidents classified as level 5 (Death) for patient harm?		
3	Is the provision of thoracic ultrasound or pleural procedures currently listed on a directorate, divisional or hospital risk register?		