

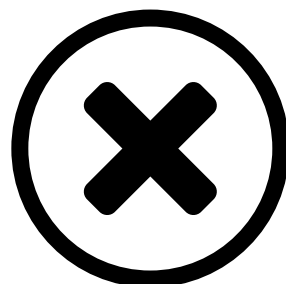
BTS NATIONAL PLEURAL SERVICES AUDIT 2021

ORGANISATIONAL LEVEL DATA ACROSS 111 INSTITUTIONS WITHIN 85 TRUSTS

THE AUDIT HAS FOUND SIGNIFICANT CONCERNS RELATING TO: PATIENT SAFETY AND CLINICAL GOVERNANCE



62% of sites report a patient safety incident related to thoracic ultrasound and/or pleural procedures within the last 3 years (from 1st April 2021)



33% of patient safety incidents were level 4 harm incidents (severe harm) and 20% were level 5 incidents (catastrophic harm / death)



9% of sites have had both a level 4 and level 5 incident in the last 3 years

POSSIBLE CONTRIBUTING FACTORS

OUT OF HOURS CARE



63% of sites do not have out of hours pleural disease management pathways to access appropriately trained thoracic ultrasound and pleural procedure operators

PLEURAL NURSING



Only 6% of sites were compliant with the number of specialist pleural nurses recommended by the National Respiratory GIRFT report

SERVICE DELIVERY

- 36% 36% of sites had Dedicated Administrative Support
- 32% 32% of sites had Specific Telephone Line For Pleural Referrals
- 47% 47% of sites had Dedicated Email For Pleural Referrals
- 48% 48% of sites had an Admission Avoidance Pleural Pathway
- 12% Only 12% of sites were compliant with the number of medical sessions for size of service recommended by the National Respiratory GIRFT report

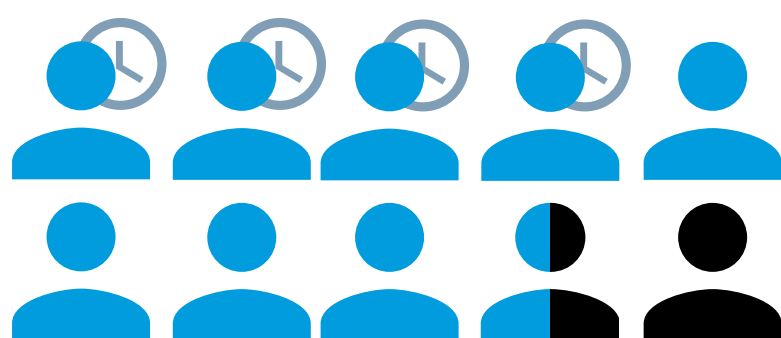


53% of sites do not have access to an emergency level thoracic ultrasound operator

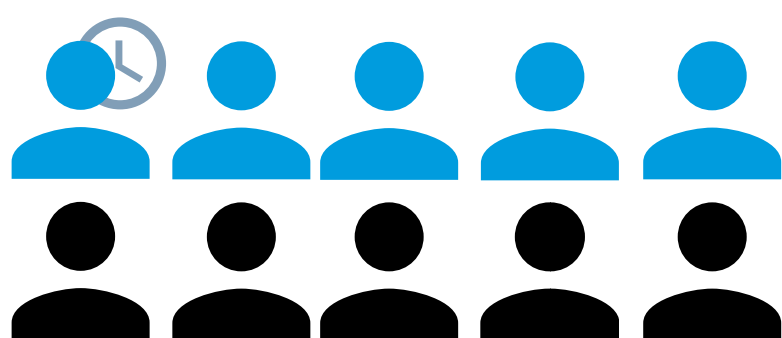


70% of sites do not have any pleural specialist nurses as part of their pleural service

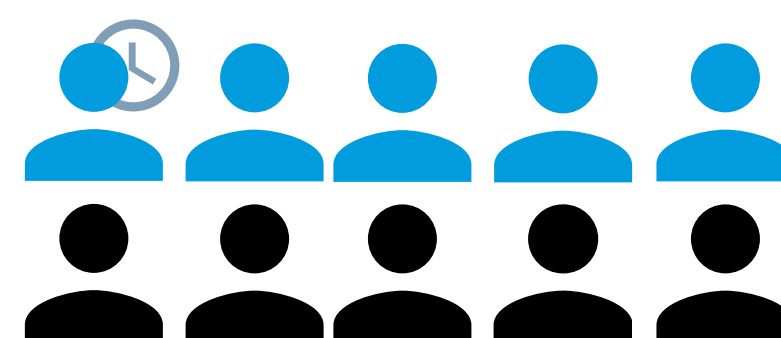
MEDICAL LEADERSHIP



87% of sites have a nominated Pleural Service Lead, in which only 32% had dedicated time within job plan



52% of sites have a Thoracic Ultrasound Mentor, in which only 13% had dedicated time within job plan



52% of sites have a Pleural Procedure Training Lead, in which only 14% had dedicated time within job plan

NATIONAL IMPROVEMENT OBJECTIVES: TO BE COMPLETED BY APRIL 2024

TARGET: 100%

- Hospitals should have an agreed out of hours protocol to access appropriately trained thoracic ultrasound and pleural procedural operators
- Trusts/Health Boards should identify nominated Thoracic ultrasound mentors & pleural procedure training leads.
- Nominated thoracic ultrasound mentors and training leads should have recognised time within job plans to deliver these leadership roles

TARGET: 95%

- Hospitals should set in place admission avoidance pathways and appropriate infrastructure to reduce hospital length of stay and maximise generation of the Best Practice Tariff for Pleural Effusion (in England)

TARGET: 70%

- Hospitals should urgently appoint a pleural nurse where there are none, and all should work towards achieving the recommended nursing complement (1 band 6 nurse/300 pleural procedures)