



## Medical and Surgical Clinical Outcome Review Programme

<b>UPCARE: 0.01</b> <b>Programme name -</b> <b>please do not change</b> <b>this field.*</b>	Medical and Surgical Clinical Outcome Review Programme
<b>0.02 Workstream name</b> <b>(if applicable) - please</b> <b>do not change this</b> <b>field.*</b>	Pleural Procedures
<b>0.1 Contract status</b>	Ongoing
<b>0.2 Audit or non-audit</b>	Non-audit
<b>0.3 HQIP</b> <b>commissioned*</b>	Yes
<b>0.41 HQIP AD</b>	DS
<b>0.42 HQIP PM</b>	SB
<b>1.0 Included in current</b> <b>NHS Quality Accounts*</b>	Yes
<b>1.1a Geographical</b> <b>coverage - HQIP</b> <b>agreement*</b>	England; Wales; Northern Ireland; Jersey
<b>1.2a Topic - please</b> <b>select which ONE of</b> <b>the following best</b> <b>describes the topic</b> <b>area for the</b> <b>programme or</b> <b>workstream. If more</b> <b>than one apply, please</b> <b>select 'Other' and add</b> <b>comment to the next</b> <b>question.*</b>	Respiratory
<b>1.3a Healthcare</b> <b>setting*</b>	NHS secondary or tertiary care
<b>1.4a Does your patient</b> <b>cohort include the</b> <b>following?*</b>	Adults (18 and older)
<b>1.4b Inclusion and</b> <b>exclusion criteria*</b>	Patients aged 18 and older who were admitted to hospital between 01/01/2024 and 31/12/2024 and had a chest drain inserted/ pleural procedure (OPCS code T12.0-T12.9) during their hospital stay

Trauma patients will be excluded (case by case basis) as there is a different pathway and covered by the upcoming NCEPOD study on Rib fractures

<b>1.5 Methods of data submission*</b>	Extraction from existing data source(s); Bespoke data submission by healthcare provider
<b>1.6a 2023/24 data submission closes - please indicate date, series of dates or frequency.*</b>	N/A
<b>1.6b 2024/25 data submission closes - please indicate date, series of dates or frequency.*</b>	N/A
<b>1.6c 2025/26 data submission closes - please indicate date, series of dates or frequency.*</b>	N/A
<b>1.6d 2026/27 data submission closes - please indicate date, series of dates or frequency.*</b>	30th April 2026
<b>1.7 Data flow diagram</b>	<a href="#">Data flow 2024.pdf</a>
<b>1.8 Data quality &amp; analysis plan</b>	<p>Quantitative data will be checked to ensure no erroneous data have been added, to assess missing data, and to make sure that the data are sensible. Any absent data will be classified as 'not answered'.</p> <ul style="list-style-type: none"><li>- Qualitative data collected from the case reviewers' opinions and free-text answers in the clinician questionnaires will be coded, where applicable, according to content to allow quantitative analysis.</li><li>- Descriptive data summaries will be produced supported by tables and graphs.</li><li>- Anonymised case studies will be used to illustrate the themes with examples of good and poor care.</li></ul> <p>Data analysis rules</p> <ul style="list-style-type: none"><li>- Small numbers will be suppressed if they risk identifying an individual. This is usually five or fewer but will vary depending on the dataset.</li><li>- Any percentage under 1% will be presented in the report as &lt;1%.</li><li>- Percentages are not calculated if the denominator was less than 100 so as not to inflate the findings, unless to compare groups within the same analysis.</li><li>- There will be variation in the denominator for different data sources and for each individual question as it is based on the number of answers given.</li><li>- The sampling method of this enquiry, unlike an audit, means that data cannot be displayed at a hospital/trust/health board/regional level.</li></ul>

The findings will be reviewed three times prior to publication by the SAG, case reviewers and the NCEPOD Steering Group, which includes clinical co-ordinators, trustees, and lay representatives.

<b>1.9a Link to the outlier policy*</b>	N/A
<b>1.9b Link to the cause for concern policy*</b>	<a href="#">Microsoft Word - Cause for concern policy.docx</a>
<b>2.1 Outcome measures</b>	N/A
<b>2.2 Process measures</b>	N/A
<b>2.3 Organisational measures</b>	N/A
<b>2.4 Patient reported outcome measures</b>	N/A
<b>2.5 Patient reported experience measures</b>	N/A
<b>2.6a Do measures align with any of the following sources of evidence (select all that apply)</b>	Other (please describe in next question)
<b>2.6b Evidence supplemental information</b>	CORPS ALWAYS ALIGN WITH NICE WHERE RELEVANT
<b>3.1 Results visualisation</b>	Other
<b>3.2a Levels of reporting*</b>	National
<b>3.3 Timeliness of results feedback</b>	Within 2 years
<b>3.4 Link to dynamic reporting*</b>	http://N/A
<b>4.03 2025/26 Dataset covers the period FROM/TO (within financial year 01/04 to 31/03)*</b>	08/08/2025 - 31/03/2026

<b>4.04 2026/27 Dataset covers the period FROM/TO (within financial year 01/04 to 31/03)*</b>	01/04/2026 08:00 - 30/04/2026 08:00
<b>4.10 Dataset #1 name</b>	Pleural Procedures Clinician Questionnaire
<b>4.11 Dataset #1 type</b>	Questionnaire
<b>4.12 Dataset #1 population coverage*</b>	Sample of eligible patients
<b>4.13 Dataset #1 items collected (n)</b>	216
<b>4.14 Dataset #1 items from existing national datasets (n)</b>	0
<b>4.15 Dataset #1 use of existing national datasets</b>	N/A
<b>4.16 Dataset #1 specification</b>	<a href="#">Pleural Procedures - Clinician Questionnaire.pdf</a>
<b>4.20 Dataset #2 name</b>	Pleural Procedures Reviewer Assessment Form
<b>4.21 Dataset #2 type</b>	Questionnaire; Case note review
<b>4.22 Dataset #2 population coverage*</b>	Sample of eligible patients
<b>4.23 Dataset #2 items collected (n)</b>	193
<b>4.24 Dataset #2 items from existing national datasets (n)</b>	N/A
<b>4.25 Dataset #2 use of existing national datasets</b>	N/A
<b>4.26 Dataset #2 specification</b>	To be added post publication
<b>4.30 Dataset #3 name</b>	Pleural Procedures Organisational Questionnaire
<b>4.31 Dataset #3 type</b>	Questionnaire; Organisational audit; Clinical audit

<b>4.33 Dataset #3 items collected (n)</b>	80
<b>4.34 Dataset #3 items from existing national datasets (n)</b>	N/A
<b>4.35 Dataset #3 use of existing national datasets</b>	N/A
<b>4.36 Dataset #3 specification</b>	To add when finalised
<b>4.40 Dataset #4 name</b>	Patient/ Carer survey
<b>4.41 Dataset #4 type</b>	Survey (carer and/or staff); Patient reported experience measure
<b>4.43 Dataset #4 items collected (n)</b>	25
<b>4.45 Dataset #4 use of existing national datasets</b>	N/A
<b>4.46 Dataset #4 specification</b>	to add when finalised
<b>5.00 When was your healthcare quality improvement plan (referred to as a QI Plan) last reviewed? Please upload under 'Files' below using the HQIP naming convention (click on response to see pop-up help text).</b>	10/07/2025
<b>5.23 Planned national report publication date (within calendar year 01/01 - 31/12/2026)*</b>	November/December 2026
<b>5.24 Planned national report publication date (within calendar year 01/01 - 31/12/2027)*</b>	12/11/2026
<b>6.0 Please add the most recent date that you have reviewed and</b>	13/02/2026

**updated an online  
version of UPCARE  
Workstream section(s)  
on your project's  
website (click into the  
response to see pop-  
up guidance).**

**Files** [20250710\\_Medical\\_Surgical\\_Programme\\_Pleural\\_Procedures\\_QI\\_plan.pdf](#)