

Paediatric Intensive Care Audit Network

Annual Report 2020



Appendices

**Data Collection Period January 2017 –
December 2019**



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A Participating Organisation & Unit Characteristics 2019

NHS Trust / Organisation	Participating Hospital	Unit / Ward	Number of IC beds	Number of HD beds	Type of unit
Barts Health NHS Trust	The Royal London Hospital	PCCU	2	4	General
Birmingham Women's and Children's Hospital NHS Foundation Trust	Birmingham Children's Hospital	PICU	30	0	General including cardiac, liver, neurosurgical, ECLS, ENT, oncology, metabolic and spinal
Cambridge University Hospitals NHS Foundation Trust	Addenbrooke's Hospital	PICU	9	4	General
Cardiff & Vale University Health Board	The Noah's Ark Children's Hospital for Wales	PCCU	6	4	General
Manchester University NHS Foundation Trust	Royal Manchester Children's Hospital	PICU	15	12	General
Great Ormond Street Hospital for Children NHS Trust	Great Ormond Street Hospital for Children	CCCU	19	0	Cardiac
		PICU	19	0	General
		NICU	9	0	Neonatal
Guy's & St. Thomas' NHS Foundation Trust	Evelina London Children's Hospital	PICU	19	0	General & Cardiac
HSE (Health Service Executive)	Children's Health Ireland at Temple Street, Dublin	PICU	9	0	General
	Children's Health Ireland at Crumlin, Dublin	PICU	18	5	General & Cardiac
King's College Hospital NHS Foundation Trust	King's College Hospital	PICU	7	8	General, Hepatic & Neurosurgical
The Leeds Teaching Hospitals NHS Trust	Leeds General Infirmary	PICU	16	0	General & Cardiac
Newcastle upon Tyne Hospitals NHS Foundation Trust	Great North Children's Hospital	PICU	11	2	General & Surgical ICU
	Freeman Hospital	CICU	12	0	Cardiothoracic surgery, heart failure, ECMO & ENT
NHS Lothian	Royal Hospital for Sick Children, Edinburgh	PICU	10	9	General, Neurosurgical & Spinal
NHS Greater Glasgow and Clyde	Royal Hospital for Children, Glasgow	PICU	17	3	General, Neurosurgical Cardiac & ECMO
Oxford University Hospitals NHS Foundation Trust	The John Radcliffe Hospital	PCCU	8	9	General including neurosurgical, craniofacial and major trauma

NHS Trust / Organisation	Participating Hospital	Unit / Ward	Number of IC beds	Number of HD beds	Type of unit
Nottingham University Hospitals NHS Trust	Nottingham Children's Hospital	PICU	8 ¹	6	General (plus regional oncology, major trauma, ENT, paediatric surgery, regional neurosurgical, spinal, supraregional renal service and cleft lip & palate services)
Royal Brompton & Harefield NHS Foundation Trust	Royal Brompton Hospital	PICU	16	4	Cardiac & Respiratory
Alder Hey Children's NHS Foundation Trust	Alder Hey Children's Hospital	PICU	21	0	General & Cardiac
Sheffield Children's NHS Foundation Trust	Sheffield Children's Hospital	PCCU	9	8	General (plus major trauma, neurosurgery, ENT, oncology, metabolic, paediatric surgery, spinal)
University Hospitals Southampton NHS Foundation Trust	Southampton Children's Hospital	PICU	14	0	General, Cardiac & Neurosurgery
South Tees Hospitals NHS Foundation Trust	The James Cook University Hospital	PICU	0	6 ²	General
St. George's University Hospitals NHS Foundation Trust	St. George's Hospital	PICU	6	6	General, Neurosurgical, Oncology & Paediatric Surgery
Imperial College Healthcare NHS Trust	St. Mary's Hospital	PICU	9	4	General
Belfast Health and Social Care Trust	Royal Belfast Hospital for Sick Children	PICU	12 ³	0	General
University Hospitals Bristol NHS Foundation Trust	Bristol Royal Hospital for Children	PICU	18	0	General, Cardiac, Neurosurgery, Burns and Major Trauma
University Hospitals of Leicester NHS Trust	Leicester Royal Infirmary	CICU	6 ²	0	General
	Glenfield Hospital	PICU	7	0	Cardiac & ECMO
University Hospitals of North Midlands NHS Trust	Royal Stoke University Hospital	PICU	6	1	General
HCA Healthcare UK (non NHS)	The Harley Street Clinic	PICU	13	5	General & Cardiac
	The Portland Hospital	PICU	9	9	General

1. IC/ HD beds are used flexibly if required.
2. The James Cook University Hospital, Middlesbrough were redesignated as a Level II unit in 2019.
3. PICU Royal Belfast Hospital for Sick Children routinely admit children up to 14 years of age.

For a list of all participating organisations including transport services please see our website. A list of included units and PIC / centralised Transport Services contributing data for this reporting period is published in the front of the PICANet Annual Report Tables and Figures 2020
The above information was recorded in November 2019.

B Clinical Advisory Group Membership 2017 - 2019

Name	Position	NHS Trust / Hospital	Period served
Dr Rachel Agbeko	Paediatric Intensivist	Newcastle upon Tyne Hospitals NHS Foundation Trust Great North Children's Hospital	2012 - Ongoing
Dr John Alexander	Consultant in Paediatric Intensive Care	University Hospitals of North Midlands NHS Trust Royal Stoke University Hospital	2012 - Ongoing
Simon Chiles	Advanced Nurse Practitioner	University Hospitals of Leicester NHS Trust Glenfield Hospital	2014 - Ongoing
Kathryn Claydon – Smith (representing Transport Organisations)	Clinical Research Nurse Specialist	North West and North Wales Paediatric Transport Service (NWTS)	2009 - Ongoing
Dr Peter Davis (Chair)	Consultant in Paediatric Intensive Care	University Hospitals Bristol NHS Foundation Trust Bristol Royal Hospital for Children	2006 - Ongoing
Dr Andrew Durward	Consultant in Paediatric Intensive Care	Guy's & St Thomas' NHS Foundation Trust Evelina Children's Hospital	2002 - 2018
Judith Gray (representing Nursing)	Sister	Newcastle upon Tyne Hospitals NHS Foundation Trust Newcastle Freeman Hospital	2015 - Ongoing
Dr Hilary Klonin	Consultant in Paediatric Intensive Care	Hull & East Yorkshire Hospitals NHS Trust Hull Royal Infirmary	2002 - 2018
Dr Hari Krishnan	Consultant Paediatric Intensivist	Birmingham Women's and Children's NHS Foundation Trust Birmingham Children's Hospital	2018 - Ongoing
Dr Paula Lister	Consultant Paediatric Intensivist	Great Ormond Street Hospital for Children NHS Trust Great Ormond Street Hospital for Sick Children	2012 - 2018
Lesley Molony	Information Officer	Southampton Universities Hospital NHS Trust Southampton Children's Hospital	2013 - Ongoing
Dr Andrew Nyman	Consultant in Paediatric Intensive care	Guy's and St Thomas' Foundation Trust Evelina Children's Hospital, South Thames Retrieval service (STRS)	2019- Ongoing
Dr Roddy O'Donnell	Consultant in Paediatric Intensive Care	Cambridge University Hospitals NHS Foundation Trust Addenbrooke's Hospital	2002 - Ongoing
Dr John Pappachan	Anaesthetics and Paediatric Intensive Care Medicine	University Hospitals Southampton NHS Foundation Trust Southampton Children's Hospital	2012 - Ongoing
Prof Mark Peters	Clinical Unit Chair	Great Ormond Street Hospital for Children NHS Trust Great Ormond Street Hospital for Children	2018 - Ongoing
Dr Adrian Plunkett	Consultant Paediatric Intensivist	Birmingham Children's Hospital NHS Trust Birmingham Children's Hospital	2012 - 2018
Dr Padmanabhan Ramnarayan (representing Transport Organisations)	Consultant	Great Ormond Street Hospital NHS Trust Children's Acute Transport Service	2012 - Ongoing

Name	Position	NHS Trust / Hospital	Period served
Dr Mark Terris (representing Northern Ireland)	Consultant Anaesthetist	Belfast Health and Social Care Trust Royal Belfast Hospital for Sick Children	2014 - Ongoing
Dr Shane Tibby	Consultant in Paediatric Intensive care	Guy's and St Thomas' Foundation Trust Evelina Children's Hospital	2011 - 2019
Dr Alistair Turner (representing Scotland)	Consultant in Paediatric Intensive Care	NHS Greater Glasgow and Clyde Royal Hospital for Children, Glasgow	2016 - Ongoing
Dr Allan Wardhaugh (representing Wales)	Consultant in Paediatric Intensive Care	Cardiff and Vale University Health Board The Noah's Ark Children's Hospital for Wales	2004 - 2018
Dr Peter Wilson	PICU Consultant	University Hospitals Southampton NHS Foundation Trust Southampton Children's Hospital	2011- 2019

Ongoing relates to as at 31st December 2019. The above membership covers the period of 2017-2019.

C Steering Group Membership 2017 - 2019

Name	Position	Organisation	Representation	Period Served
Christopher Coslett	Directorate Manager for Cardiothoracic Services and Critical Care	University Hospital of Wales	Wales	2016 - 2018
Dr Peter Davis	Consultant in Paediatric Intensive Care	University Hospitals Bristol NHS Foundation Trust Bristol Royal Hospital for Children	Chair of PICANet Clinical Advisory Group	2011 - Ongoing
Louise Dewsbury	Senior Nurse	Guy's and St Thomas' NHS Foundation Trust Evelina London Children's Hospital	PICS Nurse Managers Group	2017 - Ongoing
Andrew Fleming	National Clinical Audit Manager	Intensive Care National Audit & Research Centre (ICNARC)	Intensive Care National Audit & Research Centre (ICNARC)	2017 - Ongoing
Peter-Marc Fortune	Consultant Paediatric Intensivist Associate Clinical Head	Manchester University NHS Foundation Trust Royal Manchester Children's Hospital	Paediatric Intensive Care Society President (2016-2019)	2016 - 2019
James Fraser	Consultant Paediatrician	University Hospitals Bristol NHS Foundation Trust Bristol Royal Hospital for Children	Paediatric Intensive Care Society President (2019 -)	2019- Ongoing
Sam Harper	HQIP PICANet Project Manager	Healthcare Quality Improvement Partnership (HQIP)	Commissioning and funding body (England)	2018- Ongoing
Sasha Hewitt	Associate Director for Quality and Development and Data Protection Officer	Healthcare Quality Improvement Partnership (HQIP)	Commissioning and funding body (England)	2017 - Ongoing
Tasneem Hoosain	HQIP PICANet Project Manager	Healthcare Quality Improvement Partnership (HQIP)	Commissioning and funding body (England)	2015 - 2017
Rachel Lundy	Senior Commissioning Manager	NHS England & NHS Improvement	National Commissioner for Paediatric Intensive Care Clinical Reference Group	2016 - Ongoing
Dr Michael Marsh (Chair)	Regional Medical Director & CCIO Higher Level Responsible Officer South West Region	NHS England & NHS Improvement	Royal College of Paediatrics and Child Health National Commissioner for Paediatric Intensive Care Clinical Reference Group	2002 - Ongoing
Dr Jillian McFadzean	Clinical Lead	NHS Lothian, Royal Hospital for Sick Children, Edinburgh	Scotland	2005 - Ongoing

Name	Position	Organisation	Representation	Period Served
Dr Gale Pearson	Consultant in Paediatric Intensive care	Birmingham Women's and Children's NHS Foundation Trust Birmingham Children's Hospital	Chair of Paediatric Intensive Care Clinical Reference Group	2015 - Ongoing
Dr Barney Scholefield	Consultant Intensivist	Birmingham Childrens Hospital	Chair of Paediatric Intensive Care Study Group	2016 - Ongoing
Vivien Seagrove	HQIP PICANet Project Manager	Healthcare Quality Improvement Partnership	Commissioning and funding body (England)	2017 - 2018
Dr Mark Terris	Consultant Anaesthetist	Belfast Health and Social Care Trust Royal Belfast Hospital for Sick Children	Northern Ireland	2012 - Ongoing
Heather Wardle	Matron PICU & Cardiac Children's Services	Leeds Teaching hospital	PICS Nurse Managers Group	2016 - 2017
Lucy Wheeler	Parent	N/A	Parents and Carers Representation	2011 - Ongoing

Ongoing relates to as at 31st December 2019. The above membership covers the period of 2017-2019.

PIM2/PIM3

This applies to observations recorded between the first face-to-face contact with ICU doctor until one hour after admission. Always use the first recorded measurement during this time period.

Elective admission

Tick if this is an elective admission

Main reason for PICU admission

- Asthma
- Bronchiolitis
- Croup
- Obstructive sleep apnoea
- Recovery from surgery →
 - Bypass cardiac procedure
 - Non-bypass cardiac procedure
 - Elective liver transplant
 - Other procedure
- Diabetic ketoacidosis
- Seizure disorder
- Other (none of the above)

Is evidence available to assess past medical history?

Yes No

If yes, tick all that apply

- Cardiac arrest before ICU admission
- Cardiac arrest OUT of hospital
- Cardiomyopathy or myocarditis
- Severe combined immune deficiency
- Hypoplastic left heart syndrome
- Leukaemia or lymphoma after first induction
- Liver failure main reason for ICU admission
- Acute NEC main reason for ICU admission
- Spontaneous cerebral haemorrhage
- Neurodegenerative disorder
- Human Immunodeficiency Virus (HIV)
- Bone marrow transplant recipient

Systolic blood pressure

mmHg

Blood gas measured?

Yes No

Arterial PaO₂

. kPa

Arterial PaO₂

mmHg

FiO₂

.

Intubation?

Yes No

At the time of arterial PaO₂ sample

Headbox?

Yes No

Base excess (specify source)

. mmol/l

- Arterial
- Capillary
- Venous

Lactate (specify source)

. mmol/l

- Arterial
- Capillary
- Venous

Mechanical ventilation?

Yes No

CPAP? (include mask, nasal, and negative pressure ventilation)

Yes No

Pupil reaction

- Both fixed and dilated
- Other reaction
- Unknown

Diagnoses and procedures

Primary diagnosis for this admission

Other reasons for this admission

Operations and procedures performed during and prior to this admission

Co-morbidity

Was a tracheostomy performed during this admission?

Yes No

Daily Interventions

Please record all interventions given on each day of admission using a cross unless otherwise specified.
If no interventions given, select **No defined critical care activity**.

Admission date: _____

		Day	0	1	2	3	4	5	6	7	8	9	10	11	12	13	
Basic	No defined critical care activity	Code 99															
	Continuous ECG monitoring	50															
	Continuous pulse oximetry	73															
Airway and ventilatory	Invasive ventilation via endotracheal tube	51															
	Invasive ventilation via tracheostomy tube	52															
	Non-invasive ventilatory support	53															
	Advanced ventilatory support (jet ventilation)	56															
	Advanced ventilatory support (oscillatory ventilation)	56															
	Nasopharyngeal airway	55															
	Tracheostomy cared for by nursing staff	13															
	Supplemental oxygen therapy (irrespective of ventilatory state)	09															
	High flow nasal cannula therapy (record maximum daily flow in l/min)	88															
	Upper airway obstruction requiring nebulised adrenaline (epinephrine)	57															
	Apnoea requiring intervention (>3 in 24 hours or need for bag-mask ventilation)	58															
Acute severe asthma requiring IV bronchodilator therapy or continuous nebuliser	59																
Unplanned extubation (record number of unplanned extubations)	90																
Cardio-vascular	Arterial line monitoring	60															
	External pacing	61															
	Central venous pressure monitoring	62															
	Continuous infusion of inotrope, vasodilator or prostaglandin	06															
	Bolus IV fluids (>80 ml/kg/day) in addition to maintenance IV fluids	63															
	Cardio-pulmonary resuscitation	64															
	Extracorporeal membrane oxygenation (ECMO)	65															
	Ventricular assist device (VAD)	65															
	Aortic balloon pump	65															
Arrhythmia requiring intravenous anti-arrhythmic therapy	94																
Renal	Peritoneal dialysis	05															
	Haemofiltration	16															
	Haemodialysis	66															
	Plasma filtration	67															
	Plasma exchange	67															
Neuro-logical	ICP-intracranial pressure monitoring	68															
	Intraventricular catheter or external ventricular drain	69															
	Status epilepticus requiring treatment with continuous infusion of anti-epileptic drugs	97															
	Reduced conscious level (GCS ≤ 12) AND hourly (or more frequent) GCS monitoring	95															
Analgesia/sedation	Epidural catheter in situ	85															
	Continuous intravenous infusion of a sedative agent	96															
Metabolic	Diabetic ketoacidosis (DKA) requiring continuous infusion of insulin	70															
Other	Exchange transfusion	04															
	Intravenous thrombolysis	71															
	Extracorporeal liver support using molecular absorbent recirculating system (MARS)	72															
	Patient nursed in single occupancy cubicle (state reason for isolation below)	74															
High cost drugs	Medical gases Band 1 - nitric oxide	X841															
	Surfactant	X842															

Reason for isolation (if patient nursed in single occupancy cubicle)

E Data Collection Form – Referral 2019



Paediatric Intensive Care Audit Network · Data Collection Form

Referral

Please complete this form for all requests for transport within the PIC service and/or a PICU admission when clinicians agree that the patient requires PIC transport and/or a PICU bed

Patient details (or hospital label)	
Family name <input type="text"/> First name <input type="text"/> Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	NHS/CHI/H&C number <input type="text"/> <input type="checkbox"/> Tick if patient is not eligible for number Date of birth (dd/mm/yyyy) <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Indicate if date of birth is <input type="checkbox"/> Estimated <input type="checkbox"/> Anonymised <input type="checkbox"/> Unknown Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Ambiguous <input type="checkbox"/> Unknown
Referral details (complete only when clinicians agree that the patient requires PIC transport and/or a PICU bed)	
Date and time when clinicians agreed that the patient required PIC transport and/or a PICU bed <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> Referral number <input type="text"/> <input type="text"/> Referring unit (from where the patient was transferred) <input type="text"/> Referring area <input type="checkbox"/> X-ray/endoscopy/CT scanner <input type="checkbox"/> ICU <input type="checkbox"/> Recovery only <input type="checkbox"/> PICU <input type="checkbox"/> HDU (step up/step down unit) <input type="checkbox"/> NICU <input type="checkbox"/> Other intermediate care area <input type="checkbox"/> Ward <input type="checkbox"/> Theatre and recovery <input type="checkbox"/> A & E <input type="checkbox"/> Other transport service Referring speciality <input type="text"/> Grade of referring doctor or nurse <input type="checkbox"/> Consultant / Associate Specialist / Staff Grade <input type="checkbox"/> ST 4 – 8 <input type="checkbox"/> ST 1 – 3 <input type="checkbox"/> F1 / F2 <input type="checkbox"/> GP <input type="checkbox"/> Nurse practitioner <input type="checkbox"/> Nurse <input type="checkbox"/> Unknown	Was the patient receiving invasive ventilation (by ET tube, laryngeal mask or tracheostomy) at time of referral call? <input type="checkbox"/> Yes <input type="checkbox"/> No – not indicated <input type="checkbox"/> No – advised to intubate <input type="checkbox"/> Unknown Outcome of this referral event <i>Record the outcomes for both transport and admission; if either not requested of your organisation, tick "not requested"</i> Transport outcome <input type="checkbox"/> Accepted for PIC transport <input type="checkbox"/> Refused – no transport team available <input type="checkbox"/> Refused – time critical transfer <input type="checkbox"/> Refused – out of scope of care <input type="checkbox"/> PIC transport not requested Admission outcome <input type="checkbox"/> Accepted for PICU admission <input type="checkbox"/> Refused – no staffed bed available <input type="checkbox"/> Refused – out of scope of care <input type="checkbox"/> PICU admission not requested Transport team <input type="text"/> Destination unit (or location) <input type="text"/> <i>If transport and/or admission outcome is refused, record the name of the transport team and/or destination unit who refused this referral.</i>
Comments <input type="text"/>	Form completed by <input type="text"/> Contact us · picanet@leeds.ac.uk General enquiries Data collection queries 0113 343 8125 0116 252 5414 For dataset manuals and guidance, go to www.picanet.org.uk/Documentation/Guidance/

Transport times

BASE TO COLLECTION UNIT	PATIENT JOURNEY	DESTINATION UNIT TO BASE
<input type="checkbox"/> Tick if this section of the trip is not applicable	<input type="checkbox"/> Tick if this section of the trip is not applicable	<input type="checkbox"/> Tick if this section of the trip is not applicable
Mode of transport (tick all that apply) <input type="checkbox"/> Dedicated ambulance <input type="checkbox"/> RRV <input type="checkbox"/> Taxi <input type="checkbox"/> Other ambulance <input type="checkbox"/> Air → <input type="checkbox"/> Other	Mode of transport (tick all that apply) <input type="checkbox"/> Dedicated ambulance <input type="checkbox"/> RRV <input type="checkbox"/> Taxi <input type="checkbox"/> Other ambulance <input type="checkbox"/> Air → <input type="checkbox"/> Other	Mode of transport (tick all that apply) <input type="checkbox"/> Dedicated ambulance <input type="checkbox"/> RRV <input type="checkbox"/> Taxi <input type="checkbox"/> Other ambulance <input type="checkbox"/> Air → <input type="checkbox"/> Other
Depart base (dd/mm/yyyy hh:mm) <input type="text"/> / <input type="text"/> / <input type="text"/> 20 <input type="text"/> : <input type="text"/>	Depart collection unit (or location) <input type="text"/> / <input type="text"/> / <input type="text"/> 20 <input type="text"/> : <input type="text"/>	Depart destination unit (or location) <input type="text"/> / <input type="text"/> / <input type="text"/> 20 <input type="text"/> : <input type="text"/>
→ Arrive base airport <input type="text"/> / <input type="text"/> / <input type="text"/> 20 <input type="text"/> : <input type="text"/>	→ Arrive collection airport <input type="text"/> / <input type="text"/> / <input type="text"/> 20 <input type="text"/> : <input type="text"/>	→ Arrive destination airport <input type="text"/> / <input type="text"/> / <input type="text"/> 20 <input type="text"/> : <input type="text"/>
→ Aircraft type <input type="checkbox"/> Unpressurised fixed-wing <input type="checkbox"/> Dedicated helicopter <input type="checkbox"/> Pressurised fixed-wing <input type="checkbox"/> Other helicopter	→ Aircraft type <input type="checkbox"/> Unpressurised fixed-wing <input type="checkbox"/> Dedicated helicopter <input type="checkbox"/> Pressurised fixed-wing <input type="checkbox"/> Other helicopter	→ Aircraft type <input type="checkbox"/> Unpressurised fixed-wing <input type="checkbox"/> Dedicated helicopter <input type="checkbox"/> Pressurised fixed-wing <input type="checkbox"/> Other helicopter
→ Takeoff base airport <input type="text"/> / <input type="text"/> / <input type="text"/> 20 <input type="text"/> : <input type="text"/>	→ Takeoff collection airport <input type="text"/> / <input type="text"/> / <input type="text"/> 20 <input type="text"/> : <input type="text"/>	→ Takeoff destination airport <input type="text"/> / <input type="text"/> / <input type="text"/> 20 <input type="text"/> : <input type="text"/>
→ Land collection airport <input type="text"/> / <input type="text"/> / <input type="text"/> 20 <input type="text"/> : <input type="text"/>	→ Land destination airport <input type="text"/> / <input type="text"/> / <input type="text"/> 20 <input type="text"/> : <input type="text"/>	→ Land base airport <input type="text"/> / <input type="text"/> / <input type="text"/> 20 <input type="text"/> : <input type="text"/>
→ Depart collection airport <input type="text"/> / <input type="text"/> / <input type="text"/> 20 <input type="text"/> : <input type="text"/>	→ Depart destination airport <input type="text"/> / <input type="text"/> / <input type="text"/> 20 <input type="text"/> : <input type="text"/>	→ Depart base airport <input type="text"/> / <input type="text"/> / <input type="text"/> 20 <input type="text"/> : <input type="text"/>
Arrive collection unit (or location) <input type="text"/> / <input type="text"/> / <input type="text"/> 20 <input type="text"/> : <input type="text"/>	Arrive destination unit (or location) <input type="text"/> / <input type="text"/> / <input type="text"/> 20 <input type="text"/> : <input type="text"/>	Arrive base <input type="text"/> / <input type="text"/> / <input type="text"/> 20 <input type="text"/> : <input type="text"/>
Blue light or siren used or requested <input type="checkbox"/> Yes <input type="checkbox"/> No	Blue light or siren used or requested <input type="checkbox"/> Yes <input type="checkbox"/> No	Blue light or siren used or requested <input type="checkbox"/> Yes <input type="checkbox"/> No
Organisational delay <input type="checkbox"/> None <input type="checkbox"/> Team out <input type="checkbox"/> Staffing <input type="checkbox"/> Vehicle	Organisational delay <input type="checkbox"/> None <input type="checkbox"/> Team out <input type="checkbox"/> Staffing <input type="checkbox"/> Vehicle	Organisational delay <input type="checkbox"/> None <input type="checkbox"/> Team busy <input type="checkbox"/> Staffing <input type="checkbox"/> Vehicle
Vehicle incident <input type="checkbox"/> None <input type="checkbox"/> Vehicle accident <input type="checkbox"/> Vehicle breakdown	Vehicle incident <input type="checkbox"/> None <input type="checkbox"/> Vehicle accident <input type="checkbox"/> Vehicle breakdown	Vehicle incident <input type="checkbox"/> None <input type="checkbox"/> Vehicle accident <input type="checkbox"/> Vehicle breakdown

Interventions (retrievals only)

Interventions by local team prior to arrival of transport team (tick all that apply)

Primary intubation *apply*

Re-intubation

Other airway

Non-invasive ventilation

High flow nasal cannula therapy

Primary central venous access

Additional central venous access

Arterial access

Inotrope or vasopressor infusion

Prostaglandin infusion

Primary intraosseus access

Additional intraosseus access

Chest drain insertion

ICP monitoring

ECMO

Interventions while transport team in attendance (tick all that apply)

Primary intubation

Re-intubation

Other airway

Non-invasive ventilation

High flow nasal cannula therapy

Primary central venous access

Additional central venous access

Arterial access

Inotrope or vasopressor infusion

Prostaglandin infusion

Primary intraosseus access

Additional intraosseus access

Chest drain insertion

ICP monitoring

ECMO

PIM2/PIM3 (retrievals only)

This applies to observations recorded in the first hour after first face-to-face contact with transport team doctor

Elective admission
 Tick if this is an elective admission

Main reason for admission

Asthma

Bronchiolitis

Croup

Obstructive sleep apnoea

Recovery from surgery → Bypass cardiac proc.
 Diabetic ketoacidosis Non-bypass cardiac proc.
 Seizure disorder Elective liver transpl't
 Other (none of the above) Other procedure

Is evidence available to assess past medical history?
 Yes No

If yes, tick all that apply

Cardiac arrest before admission

Cardiac arrest OUT of hospital

Cardiomyopathy or myocarditis

Severe combined immune deficiency

Hypoplastic left heart syndrome

Leukaemia or lymphoma after first induction

Liver failure main reason for ICU admission

Acute NEC main reason for ICU admission

Spontaneous cerebral haemorrhage

Neurodegenerative disorder

Human Immunodeficiency Virus (HIV)

Bone marrow transplant recipient

Systolic blood pressure
 mmHg

Blood gas measured
 Yes No

Arterial PaO₂ or Arterial PaO₂
 kPa mmHg

FiO₂

Intubation
 Yes No

Headbox
 Yes No

Base excess
 mmol/l → Arterial
 Capillary
 Venous

Lactate
 mmol/l → Arterial
 Capillary
 Venous

Mechanical ventilation
 Yes No

CPAP
 Yes No

Pupil reaction
 Both fixed and dilated
 Other reaction
 Unknown

At the time of PaO₂ sample

G PICANet Information Leaflets for Families and Carers

If you would like to know more about PICANet you can:

Talk to the **Doctors and Nurses**

Email picanet@leeds.ac.uk

Visit our website at www.picanet.org.uk

Or

Call our **Research Nurse**,
Caroline Lamming on

0116 252 5414

Or write to Caroline at:
cr14@leicester.ac.uk

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Paediatric Intensive Care Audit Network



Information Leaflet for families and
carers of children admitted to
paediatric intensive care.

What does PICANet do?

PICANet collects information on all children who are admitted to a paediatric (childrens) intensive care service. You don't need to do anything for your child to be included.

Why is PICANet important?

The information that we collect for PICANet is helping to find out the best ways to treat and care for children who are very ill, so that intensive care services can be better planned for and provided in the future.

How is PICANet funded?

Funding is provided by the National Clinical Audit & Patient Outcomes Programme administered by the Healthcare Quality Improvement Partnership (HQIP) for England, Welsh Health Specialised Services Committee, NHS Lothian – University Hospitals Division, The Royal Belfast Hospital for Sick Children, National Office of Clinical Audit Ireland (NOCA) and HCA International.

How is information collected?

A member of staff records details about your child's condition or illness from information in their medical notes. This information is then entered onto a computer, sent to the University of Leeds and kept securely there on a computer.

What information is needed?

PICANet collects exactly the same information on all children cared for in paediatric intensive care units and by the specialist paediatric intensive care transport services.

Personal details, like name and date of birth, help us to follow your child's progress if they are moved to another paediatric intensive care unit. Information about your child's care, treatment and condition is also collected. We can use your postcode to help plan future paediatric intensive care services in your area.

What will the information be used for?

We use the information to help us write reports and to decide what further information on childrens intensive care is needed to help hospitals plan for the future. Because we collect a lot of information, it means that we can look at what is happening all over the country and not just in this hospital.

We have also linked up with the other databases; so that we can see how your child's health is after they have left the intensive care unit.

Will the information be safe?

We send all information in a very safe way and keep it stored confidentially on a main computer, which is kept in a secure room. No-one can see the information, unless it is their job to do so.

There is no way at all that your child can be identified in any of our reports.

What have we found out so far?

During the past few years, we have shown that over 19,000 children are admitted to the paediatric intensive care service in the United Kingdom and Ireland each year. Almost half of these children are less than one year old.

This type of information is useful, because it helps the hospitals and the people who plan health services to know what to expect and to be better prepared.

Does my child have to be included?

If you do not want information which would identify your child included in PICANet, please tell the nurse or doctor caring for your child. Alternatively, please contact PICANet by telephone or email (details provided overleaf) and we will ensure that your child's personal data is removed from the database. You are free to withdraw at any time and any decision to withdraw will not alter the care your child receive in this or any other hospital.



H PICANet Information Leaflet for Children

If you would like to know more about PICANet you can:

Talk to your **nurse or doctor**

Send us an email us at **picanet@leeds.ac.uk**

Visit our website at **www.picanet.org.uk**

Or

Call our **Research Nurse**,
Caroline Lamming on

0116 252 5414

Or write to Caroline at:

crl4@leicester.ac.uk

Or by post at:

PICANet
Department of Health Sciences,
College of Medicine, Biological Sciences and
Psychology,
University of Leicester, Centre for Medicine,
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0113 343 4856

www.picanet.org.uk

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PICANet

Paediatric Intensive Care Audit Network



Information leaflet for children
admitted to paediatric intensive care.



What is a paediatric intensive care unit?

This is a children's hospital ward where very poorly children are looked after by lots of special doctors and nurses who work together to help every child. It can also be called a children's intensive care unit.

What is PICANet?

PICANet is a project, paid for by the Government and hospitals, run by the Universities of Leeds and Leicester.

What does PICANet do?

PICANet collects lots of information about how children are looked after in children's intensive care units in England, Wales, Scotland, Northern Ireland and the Republic of Ireland. We also collect information if you are moved to a different children's intensive care unit.

Why is PICANet important?

We need this information, so that we can try and help to improve the care of all children who are looked after in children's intensive care.

What information is needed?

Information about you, such as your name, your birthday and your hospital number, helps us to follow your progress whilst you are being looked after in children's intensive care. We also collect information about why you are in hospital and how you are looked after.

How is information collected?

Doctors and nurses put information from your hospital notes onto a computer in the hospital and send it to the University of Leeds, where it is kept on a main computer.

PICANet collects the same information on all children who are looked after in children's intensive care. We get information on a lot of children, over 19,000 each year. This means that we can look at what is happening across the whole country and not just in your hospital.

What happens to my information?

The information is used to write reports which help doctors and nurses to decide the best way to look after children who need intensive care.

No-one will be able to tell that your details are in the report, because we do not use any names or details that could identify you.

Will the information be safe?

All information is kept in a safe room on a computer. No-one can see the information, unless it is their job to look.

Do I have to be included?

If you do not want information that would identify you included in PICANet, please tell the nurse or doctor caring for you. If you want, you can contact PICANet by telephone or email (details provided below) and we will ensure that your personal data is taken off the database. You are free to withdraw at any time and any decision to withdraw will not alter the care you receive in this or any other hospital.



Parents and Carer and Children's information leaflets are also available for Welsh and Irish patients and families. The leaflets above are those used at the latest date of the reporting period- 31st December 2019.

I PICANet Privacy and Fair Processing Statement

This statement explains how we use any personal information we collect about you (child / young person) or the child you care for

What data are being collected?

PICANet collects data on every child and young person referred or admitted to a Paediatric Intensive Care Unit (PICU) in the UK and the Republic of Ireland. The data are sent to us over a very secure web application by each PICU or specialist transport team on a regular basis. Data are collected for each individual for the whole period of their PICU stay and also about what happened to them if they had a critical care transport (this means a specialist team of nurses and doctors travelled in an ambulance to pick them up and take them to a PICU). PICANet has permission to also collect personal identifiers of children or young people admitted to or referred for Paediatric Intensive Care without taking explicit (written) consent from the children or their carers. This was granted by the NHS Health Research Authority Confidentiality Advisory Group. A summary of the entry for PICANet is available on the register of approvals on the HRA website (PICANet was first approved in 2002 and its reference is: PIAG 4-07(c)/2002). The personal identifiers include name, address, date of birth and health record identifier number (e.g. NHS number)*.

* We don't receive name, address or health record identifier number for the Republic of Ireland or Latvia

What are the data being used for?

We collect this data for clinical audit, research and service evaluation and planning to improve the care given to children and young people admitted to PICU. Each year we produce a report on activity and outcomes for paediatric intensive care in the UK and Ireland. No personal information will ever be made public in any report or publication.

Where are the data held and for how long?

All of the data is held at the University of Leeds in a highly secure environment. As we are an audit, we keep this data permanently so we can check on what has happened in the past. We do remove personal identifiers from our data base once an individual is older than 18 years and has not been in PICU for the last five years.

Sharing data with other organisations

PICANet may share data held on its database with researchers, other audits or other healthcare providers in order to help improve patient care. We will NOT share personal identifiers (such as name, address, date of birth or NHS number) with anyone else unless the appropriate legal, ethical and security arrangements are in place to keep your personal details safe and secure. Very occasionally, personal data may be processed by an authorised third party such as NHS Digital, again, only with the necessary regulatory permissions. They have very high levels of security and will keep these data very safe.

We have a rigorous process of assessing the merit of requests for data and information and publish details of these requests each year in our annual report. Data collected in English NHS paediatric intensive care units and specialist transport teams are controlled by the Healthcare Quality Improvement Partnership and all requests go through their Data Access Request Group. More details about the HQIP data request process can be found at: <http://www.hqip.org.uk/national-programmes/a-z-of-nca/audits-and-data-gov-uk/>.

What if I don't want information about me or about the child I care for included?

If you do not want information that would identify you or the child you care for included in PICANet, please tell the nurse or doctor in the paediatric intensive care unit. Alternatively, you can contact PICANet by telephone or email (details provided below) and we will ensure that your personal

identifiers are taken off the database. You are free to request this at any time and any decision request removal of your or your child's identifiers will not alter the care you receive in this or any other hospital. You also have the right to request access to and to request to rectify information held about you or the child you care for.

Richard Feltbower

Senior Lecturer in Epidemiology

Leeds Institute of Cardiovascular and Metabolic
Medicine

School of Medicine

University of Leeds

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LS2 9JT, UK

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Elizabeth S Draper

**Professor of Perinatal & Paediatric
Epidemiology**

Department of Health Sciences
College of Medicine, Biological Sciences and
Psychology
University of Leicester

George Davies Centre

University Road, Leicester

LE1 7RH, UK

Email: picanet@leeds.ac.uk

Who is responsible for the data?

The **Data Controller** for data collected in English NHS PICUs and transport teams is:

Healthcare Quality Improvement Partnership

Dawson House

5 Jewry Street

London

EC3N 2EX

(Charity Reg No. 1127049)

Data Protection Officer: Sasha Hewitt (E: data.protection@hqip.org.uk)

Data controller registration number provided by the Information Commissioner's Office: Z1780946

The **Data Controller** for data collected in private PICUs and PICUs and transport teams in Scotland, Wales, Northern Ireland and the Republic of Ireland is:

University of Leeds

Leeds

LS2 9JT

Data Protection Officer: David Wardle (T: +44(0)113 343 4452, E: d.wardle@adm.leeds.ac.uk)

Data controller registration number provided by the Information Commissioner's Office: Z553814X

Who processes the data?

The **Data Processors** for all data are:

University of Leeds

Leeds

LS2 9JT

Data Protection Officer: David Wardle

T: +44(0)113 343 4452

E: d.wardle@adm.leeds.ac.uk

Leicester, LE1 7RH

University of Leicester

University Road

Leicester, LE1 7RH

Data Protection Officer: Parmjit Gill

T: +44(0)116 229 7945

E: pg170@le.ac.uk

What is the legal basis for processing the data?

The data are needed to carry out a task in the public interest to ensure high standards of quality and safety of healthcare. *

What if I have concerns about the way the personal data are processed?

If you wish to raise a complaint about how we have handled your or your child's personal data, please contact the Data Protection Officers (above) who will investigate the matter. If you are not satisfied with our response or believe we are processing the data in a way that is not lawful you can complain to the Information Commissioner's Office (ICO).

<https://ico.org.uk/>

* General Data Protection Regulation:

Article 6 (1) (e) processing is necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in the controller.

Article 9 (2) (i) processing is necessary for reasons of public interest in the area of public health, such as protecting against serious cross-border threats to health or ensuring high standards of quality and safety of health care and of medicinal products or medical devices, on the basis of Union or Member State law which provides for suitable and specific measures to safeguard the rights and freedoms of the data subject, in particular professional secrecy.

J Data Validation Form



PICANet Admission data validation audit

PICU name Visited by Date of visit / / 20

Variable	Visit value	Discrepancy
Event		
Case note number	<input type="text"/>	
Event ID	<input type="text"/>	
Admission details		
Date of admission	<input type="text"/> / <input type="text"/> / 20 <input type="text"/> <input type="text"/>	
Time of admission	<input type="text"/> : <input type="text"/> ± 30 minutes is acceptable	
Type of admission to unit	<input type="checkbox"/> Planned – following surgery <input type="checkbox"/> Unplanned – following surgery <input type="checkbox"/> Planned – other <input type="checkbox"/> Unplanned – other	
Previous ICU admission	<input type="checkbox"/> ICU <input type="checkbox"/> PICU <input type="checkbox"/> NICU <input type="checkbox"/> None <input type="checkbox"/> Unknown	
Care area admitted from	<input type="checkbox"/> X-ray / endoscopy / CT scanner <input type="checkbox"/> Recovery only <input type="checkbox"/> HDU (step up / step down unit) <input type="checkbox"/> Other intermediate care area <input type="checkbox"/> ICU / PICU / NICU <input type="checkbox"/> Ward <input type="checkbox"/> Theatre and recovery <input type="checkbox"/> A & E	
Retrieval / transfer	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Type of transport team	<input type="checkbox"/> PICU <input type="checkbox"/> Centralised transport service (PIC) <input type="checkbox"/> Transport team from neonates <input type="checkbox"/> Other specialist team <input type="checkbox"/> Other non-specialist team <input type="checkbox"/> Unknown	
Transport team [name]	<input type="text"/>	
Collection unit [name]	<input type="text"/>	
PIM		
Elective admission	<input type="checkbox"/> Yes [Ticked] <input type="checkbox"/> No [Unticked]	
Main reason for admission	<input type="checkbox"/> Asthma <input type="checkbox"/> Bronchiolitis <input type="checkbox"/> Croup <input type="checkbox"/> Obstructive sleep apnoea <input type="checkbox"/> Recovery from surgery <input type="checkbox"/> Diabetic ketoacidosis <input type="checkbox"/> Seizure disorder <input type="checkbox"/> Other (none of the above)	
Surgical procedure	<input type="checkbox"/> Bypass cardiac procedure <input type="checkbox"/> Non-bypass cardiac procedure <input type="checkbox"/> Elective liver transplant <input type="checkbox"/> Other procedure	

Continued over...

	Variable	Visit value	Discrepancy
PIM (continued)	Systolic blood pressure	<input type="text"/> <input type="text"/> <input type="text"/> mmHg ± 5 mmHg is acceptable	
	Blood gas measured	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Arterial PaO ₂	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> kPa OR <input type="text"/> <input type="text"/> <input type="text"/> mmHg	
	FiO ₂	<input type="text"/> . <input type="text"/> <input type="text"/>	
	Intubation	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Headbox	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Base excess	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> mmol/l	
	Base excess source	<input type="checkbox"/> Arterial <input type="checkbox"/> Capillary <input type="checkbox"/> Venous	
	Lactate	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> mmol/l	
	Lactate source	<input type="checkbox"/> Arterial <input type="checkbox"/> Capillary <input type="checkbox"/> Venous	
	Mechanical ventilation	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	CPAP	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Pupil reaction	<input type="checkbox"/> Both fixed and dilated <input type="checkbox"/> Other reaction <input type="checkbox"/> Unknown	
	Diagnoses	Primary diagnosis for this admission	<input type="text"/> <input type="text"/>
Daily interventions	Invasive ventilation days	<input type="text"/> <input type="text"/> <input type="text"/> Start date: <input type="text"/> / <input type="text"/> / 20 <input type="text"/> <input type="text"/> Stop date: <input type="text"/> / <input type="text"/> / 20 <input type="text"/> <input type="text"/>	
	Non-invasive ventilation days	<input type="text"/> <input type="text"/> <input type="text"/> Start date: <input type="text"/> / <input type="text"/> / 20 <input type="text"/> <input type="text"/> Stop date: <input type="text"/> / <input type="text"/> / 20 <input type="text"/> <input type="text"/>	
	High flow nasal cannula therapy days	<input type="text"/> <input type="text"/> <input type="text"/> Start date: <input type="text"/> / <input type="text"/> / 20 <input type="text"/> <input type="text"/> Stop date: <input type="text"/> / <input type="text"/> / 20 <input type="text"/> <input type="text"/>	
Discharge	Date of discharge	<input type="text"/> / <input type="text"/> / 20 <input type="text"/> <input type="text"/>	
	Time of discharge	<input type="text"/> : <input type="text"/> ± 30 minutes is acceptable	

K Data Validation Report

This is a sample validation report, these real-time reports along with many others, can be produced by individual organisations through PICANet Web.

Validation Report Core Dataset

London General Hospital

The following events have outstanding validation issues. If you need to query any of these issues with the PICANet team please quote the EventID of the record. The RuleID is a unique identifier for each rule used by the PICANet team.

EventID:				
Event Type	Event Date	Local ID	Record Number	Case Note No
Admission	14/01/2014		2571	55598
Rule ID	Rule Title		Rule Message	
4306	Address line 1		Missing value	

EventID:				
Event Type	Event Date	Local ID	Record Number	Case Note No
Admission	29/01/2014		258	555
Rule ID	Rule Title		Rule Message	
4306	Address line 1		Missing value	

EventID:				
Event Type	Event Date	Local ID	Record Number	Case Note No
Admission	30/01/2014		25	5567
Rule ID	Rule Title		Rule Message	
4308	NHS/CHI/H&C number		Missing value	

EventID:				
Event Type	Event Date	Local ID	Record Number	Case Note No
Admission	16/04/2014		20140178	2437
Rule ID	Rule Title		Rule Message	
3072	Status at 30 days post-discharge from your unit		Missing value	

L Publications, Abstracts & Presentations 2017-2019

L1 Publications

Journal	Title	Authors
Palliative Medicine (2017); 32(2), 337-346	Changing place of death in children who died after discharge from paediatric intensive care units: A national, data linkage study.	Fraser, L. K., Fleming, S., & Parslow, R.
Archives of Disease in Childhood (2017); 102:496-502.	Ethnic and socioeconomic variation in incidence of congenital heart defects.	Knowles, R.L., Ridout, D., Crowe, S., et al
JAMA Pediatrics (2017); 171(7), 678-686	Association of Short Antenatal Corticosteroid Administration-to-Birth Intervals With Survival and Morbidity Among Very Preterm Infants Results From the EPICE Cohort.	Norman, M., Piedvache, A., Borch, K., Huusom, L. D., Bonamy, A. -K. E., Howell, E. A., Draper, E.S., Zeitlin, J.
J Pediatr Hematol Oncol. (2017) May;39(4):293-295. doi: 10.1097/MPH.0000000000000772.	Vocal Cord Palsy in Children With Cancer: A 10-Year Analysis of UK Pediatric Intensive Care Admissions	Capsomidis, A., Hall, A., Daya, H., Round, J., Lancaster, D., Bate, J.
Archives of Disease in Childhood (2018); 103:540-547	Children with life-limiting conditions in paediatric intensive care units: a national cohort, data linkage study	Fraser, L.K., & Parslow, R.
BMJ Open Respiratory Research (2018) 5 (1): e000297.	Impact of the introduction of a universal childhood influenza vaccination programme on influenza-related admissions to paediatric intensive care units in England	Hardelid, P., Kapetanstrataki, M., Norman, L., Fleming, S.J., Lister, P., Gilbert, R., & Parslow, R.C.
Respiratory Medicine (2018). 137: 23-29	Characteristics and mortality risk of children with life-threatening influenza infection admitted to paediatric intensive care in England 2003-2015	Hardelid, P., Kapetanstrataki, M., Norman, L., Fleming, S.J., Lister, P., Gilbert, R., & Parslow, R.C.
Pediatric Critical Care Medicine (2018). 19 (3): 210-217	Renal Replacement Therapy in the Critically Ill Child	Westrope, C.A., Fleming, S., Kapetanstrataki, M., Parslow, R.C. & Morris, K.P.
Pediatric Infectious Disease Journal (2018). 36 (3): 339-342.	Intensive Care Admissions for Children With Enterovirus and Human Parechovirus Infections in the United Kingdom and The Republic of Ireland, 2010-2014	Braccio S., Kapetanstrataki M., Sharland M., & Ladhani S.N.
Critical Care Medicine (2018), 45(6), 1045-1053. doi:10.1097/CCM.0000000000002369	Outcomes for Children Receiving Non-invasive Ventilation as the First-Line Mode of Mechanical Ventilation at Intensive Care Admission: A Propensity Score-Matched Cohort Study.	Morris, J. V., Ramnarayan, P., Parslow, R. C., & Fleming, S. J.
BMJ-British Medical Journal, (2018) 361, k1936	Rising infant mortality rates in England and Wales-we need to understand gestation specific mortality	Davis, P. J., Fenton, A. C., Stutchfield, C. J., & Draper, E. S.

Journal	Title	Authors
Pediatric Critical Care Medicine, (2018); 19(6) e300-311 doi: 10.1097/PCC.0000000000001506	Interhospital Transport of Critically Ill Children to PICUs in the United Kingdom and Republic of Ireland: Analysis of an International Dataset.	Ramnarayan, P., Dimitriades, K., Freeburn, L., Kashyap, A., Dixon, M., Barry, P. W., Draper, E. S.
Archives of Disease in Childhood, (2018); 103(4), 341-345	Increasing admissions to paediatric intensive care units in England and Wales: more than just rising a birth rate.	Davis, P., Stutchfield, C., Evans, T. A., & Draper, E.
Acta Medica Lituanica (2019); 26(1), 64-71 doi: 10.6001/actamedica.v26i1.3957	Prospective paediatric intensive care registry in Latvia: one year outcomes.	Veģeris, I., Daukšte, I., Bārzdiņa, A., Parslow R. C., Balmaks, R.
Journal of Clinical Virology (2019); 112, 15-19 doi: 10.1016/j.jcv.2019.01.006.	Human metapneumovirus in paediatric intensive care unit (PICU) admissions in the United Kingdom (UK) 2006-2014.	Barr, R., McGalliard, R., Drysdale, S. B.

L2 Abstracts

Abstract	Title	Authors
9 th Congress of the World Federation of Pediatric Intensive & Critical Care Societies 9-13 June 2018	Use of Continuous Renal Replacement Therapy By Paediatric Intensive Care Units in the UK and the Republic of Ireland	Westrope, C.; Kapetanstrataki, M.; Parslow, R.; Morris
9 th Congress of the World Federation of Pediatric Intensive & Critical Care Societies 9-13 June 2018	Prognostic factors for survival post cardiac arrest in kids the NETPACK-2 Audit. Pediatric Critical Care Medicine	Evans, S.; Martin, J.; Kapetanstrataki, M.; Parslow, R.C.; Scholefield

L3 Presentations and Posters

Meeting/Conference	Venue	Date	Presentation/Poster Title	PICANet Team Attendees
Paediatric Critical Care Network Annual Conference	Alder Hey, Liverpool	08/03/2017	Is Mortality a Useful Measure of PICU Outcome?	Roger Parslow
9 th Congress of the World Federation of Pediatric Intensivist & Critical Care Societies	Singapore	9-13/06/2018	The Relationship Between Lactate, Base Excess and Mortality in Paediatric Intensive Care	Melpo Kapetanstrataki
9 th Congress of the World Federation of Pediatric Intensivist & Critical Care Societies	Singapore	9-13/06/2018	Improving Mortality Prediction Using Acid/Base Parameters in PIM2	Melpo Kapetanstrataki

M Staffing Study Data Collection Forms



Medical Log A

- Please complete at **12 noon** on **Wednesday 13/11/2019**
- See notes for completion overleaf

Grades of Medical Staff				12 noon		
				No. of persons on duty and present	No of persons on call	No. of persons off sick
Consultant	Primary clinical responsibility to PICU*	Consultant Paediatric Intensivists	Paediatricians			
			Anaesthetists			
		Non-PICM consultants				
	Clinical availability but not primary responsibility**	Consultant Paediatric Intensivists	Paediatricians			
Anaesthetists						
Non-PICM consultants						
Associate specialist/staff						
Senior trainee - ST 4-8 or equivalent						
Junior trainee – ST 1-3 or equivalent						
Foundation Year 1-2						
ANP on the medical rota						
Physician Assistant on the medical rota						
Any other staff working on the medical rota at specified time	State speciality & grade					
	1.					
	2.					
	3.					

PLEASE COMPLETE:-	Site ID _____
Hospital	_____
Unit	_____
Form completed by: (print name)	_____
Contact tel. no:	_____
Email address:	_____

<p>Please return in FREEPOST envelope to:-</p> <p>FREEPOST RTHU-ZYYG-BXRT PICANet (0593), F.A.O: Caroline Lamming, PICANet Research Nurse University of Leicester, Dept. of Health Sciences, University Road, LEICESTER, LE1 7RH</p> <p>by Monday 02/12/2019</p>



PICU Staffing Study

November 2019

HOW TO FILL IN THE Medical Log

This form applies to the **designated paediatric intensive care unit and where applicable the PICU based retrieval service** in your hospital.

Only count HDU if located in the same unit and staffed by the PICU shift staffing roster.

The form collects information on both *numbers of STAFF and skill mix* by **actual counts on the unit at the specified time:-noon and midnight**

Please **complete every section** at the time specified, insert zero if no staff at this grade

COUNTING STAFF

Count the number of staff who are on the medical rota, on duty and physically present on the PICU or on retrieval at the specified time.

Count the number of staff who are on the medical rota for PICU, on-call and able to attend the hospital within 30 minutes but not physically present on the PICU or on retrieval at the specified time.

SICKNESS

Count the number of staff rostered for duty but off sick at the specified time.

A Consultant Paediatric Intensivist is defined as one who has undertaken relevant training in paediatric intensive care medicine as described by the Intercollegiate Committee for Training in Paediatric Intensive Care Medicine (ICTPICM) or an equivalent national organisation, including at least two years of L3 PCCU training and a period of anaesthesia training (paediatric trainee) or paediatric training (anaesthesia trainee).

*Consultants with primary clinical responsibility to the PICU will include first on call as well as consultant support roles; provided the primary clinical responsibility is to the PICU.

**Consultants with primary responsibility to an allied service (e.g. transport service) may offer clinical time to the PICU if available.

If you have any additional queries please contact: Caroline Lamming *tel: 0116 252 5414 or email: crl4@leicester.ac.uk*

Using the FREEPOST envelope supplied, please return the completed forms by **Monday 2nd December 2019** to:

**FREEPOST RTHJ-ZYYG-BXRT PICANet (0593),
F.A.O: Caroline Lamming, PICANet Research Nurse,
University of Leicester, Dept. of Health Sciences, University Road, LEICESTER, LE1 7RH.**



Medical Log B

- Please complete at **12 midnight** on **Wednesday 13/11/2019**
- See notes for completion overleaf



Grades of Medical Staff				12 midnight		
				No. of persons on duty and present	No of persons on call	No. of persons off sick
Consultant	Primary clinical responsibility to PICU*	Consultant Paediatric Intensivists	Paediatricians			
			Anaesthetists			
		Non-PICM consultants				
	Clinical availability but not primary responsibility**	Consultant Paediatric Intensivists	Paediatricians			
Anaesthetists						
Non-PICM consultants						
Associate specialist/staff						
Senior trainee - ST 4-8 or equivalent						
Junior trainee – ST 1-3 or equivalent						
Foundation Year 1-2						
ANP on the medical rota						
Physician Assistant on the medical rota						
Any other staff working on the medical rota at specified time	<i>State speciality & grade</i>					
	1.					
	2.					
	3.					

PLEASE COMPLETE:-

Site ID _____

Hospital _____

Unit _____

Form completed by: _____
(print name)

Contact tel. no: _____

Email address: _____

Please return in **FREEPOST envelope** to:-

FREEPOST RTHJ-ZYYG-BXRT
PICANet (0593),
F.A.O: Caroline Lamming, PICANet
Research Nurse
University of Leicester, Dept. of Health
Sciences,
University Road, LEICESTER, LE1 7RH

by Monday 02/12/2019



PICU Staffing Study

November 2019

HOW TO FILL IN THE Medical Log

This form applies to the **designated paediatric intensive care unit and where applicable the PICU based retrieval service** in your hospital.

Only count HDU if located in the same unit and staffed by the PICU shift staffing roster.

The form collects information on both *numbers of STAFF and skill mix* by **actual counts on the unit at the specified time:-noon and midnight**

Please **complete every section** at the time specified, insert zero if no staff at this grade

COUNTING STAFF

Count the number of staff who are on the medical rota, on duty and physically present on the PICU or on retrieval at the specified time.

Count the number of staff who are on the medical rota for PICU, on-call but not physically present on the PICU or on retrieval at the specified time.

SICKNESS

Count the number of staff rostered for duty but off sick at the specified time.

A Consultant Paediatric Intensivist is defined as one who has undertaken relevant training in paediatric intensive care medicine as described by the Intercollegiate Committee for Training in Paediatric Intensive Care Medicine (ICTPICM) or an equivalent national organisation, including at least two years of L3 PCCU training and a period of anaesthesia training (paediatric trainee) or paediatric training (anaesthesia trainee).

*Consultants with primary clinical responsibility to the PICU will include first on call as well as consultant support roles; provided the primary clinical responsibility is to the PICU.

**Consultants with primary responsibility to an allied service (e.g. transport service) may offer clinical time to the PICU if available.

If you have any additional queries please contact: Caroline Lamming *tel: 0116 252 5414 or email:crl4@leicester.ac.uk*

Using the FREEPOST envelope supplied, please return the completed forms by **Monday 2nd December 2019** to:
FREEPOST RTHJ-ZYYG-BXRT PICANet (0593), F.A.O: Caroline Lamming, PICANet Research Nurse, University of Leicester, Dept. of Health Sciences, University Road, LEICESTER, LE1 7RH.



Medical Log C

- Please complete at **12 noon** on **Sunday 17/11/2019**
- See notes for completion overleaf



Grades of Medical Staff				12 noon		
				No. of persons on duty and present	No of persons on call	No. of persons off sick
Consultant	Primary clinical responsibility to PICU*	Consultant Paediatric Intensivists	Paediatricians			
			Anaesthetists			
		Non-PICM consultants				
	Clinical availability but not primary responsibility**	Consultant Paediatric Intensivists	Paediatricians			
			Anaesthetists			
		Non-PICM consultants				
Associate specialist/staff						
Senior trainee - ST 4-8 or equivalent						
Junior trainee – ST 1-3 or equivalent						
Foundation Year 1-2						
ANP on the medical rota						
Physician Assistant on the medical rota						
Any other staff working on the medical rota at specified time	State speciality & grade					
	1.					
	2.					
	3.					

PLEASE COMPLETE:-

Site ID _____

Hospital _____

Unit _____

Form completed by: _____
(print name)

Contact tel. no: _____

Email address: _____

Please return in **FREEPOST envelope** to:-
FREEPOST RTHJ-ZYYG-BXRT
PICANet (0593),
F.A.O: Caroline Lamming, PICANet
Research Nurse
University of Leicester, Dept. of Health
Sciences,
University Road, LEICESTER, LE1 7RH

by Monday 02/12/2019



PICU Staffing Study

November 2019

HOW TO FILL IN THE Medical Log

This form applies to the **designated paediatric intensive care unit and where applicable the PICU based retrieval service** in your hospital.

Only count HDU if located in the same unit and staffed by the PICU shift staffing roster.

The form collects information on both *numbers of STAFF and skill mix* by **actual counts on the unit at the specified time:-noon and midnight**

Please **complete every section** at the time specified, insert zero if no staff at this grade

COUNTING STAFF

Count the number of staff who are on the medical rota, on duty and physically present on the PICU or on retrieval at the specified time.

Count the number of staff who are on the medical rota for PICU, on-call but not physically present on the PICU or on retrieval at the specified time.

SICKNESS

Count the number of staff rostered for duty but off sick at the specified time.

A Consultant Paediatric Intensivist is defined as one who has undertaken relevant training in paediatric intensive care medicine as described by the Intercollegiate Committee for Training in Paediatric Intensive Care Medicine (ICTPICM) or an equivalent national organisation, including at least two years of L3 PCCU training and a period of anaesthesia training (paediatric trainee) or paediatric training (anaesthesia trainee).

*Consultants with primary clinical responsibility to the PICU will include first on call as well as consultant support roles; provided the primary clinical responsibility is to the PICU.

**Consultants with primary responsibility to an allied service (e.g. transport service) may offer clinical time to the PICU if available.

If you have any additional queries please contact: Caroline Lamming tel: 0116 252 5414 or email: crl4@leicester.ac.uk

Using the FREEPOST envelope supplied, please return the completed forms by **Monday 2nd December 2019** to:
FREEPOST RTHJ-ZYUG-BXRT PICANet (0593), F.A.O: Caroline Lamming, PICANet Research Nurse, University of Leicester, Dept. of Health Sciences, University Road, LEICESTER, LE1 7RH.



Medical Log D

- Please complete at **12 midnight** on **Sunday 17/11/2019**
- See notes for completion overleaf

Grades of Medical Staff				12 midnight		
				No. of persons on duty and present	No of persons on call	No. of persons off sick
Consultant	Primary clinical responsibility to PICU*	Consultant Paediatric Intensivists	Paediatricians			
			Anaesthetists			
		Non-PICM consultants				
	Clinical availability but not primary responsibility**	Consultant Paediatric Intensivists	Paediatricians			
			Anaesthetists			
		Non-PICM consultants				
Associate specialist/staff						
Senior trainee - ST 4-8 or equivalent						
Junior trainee – ST 1-3 or equivalent						
Foundation Year 1-2						
ANP on the medical rota						
Physician Assistant on the medical rota						
Any other staff working on the medical rota at specified time	State speciality & grade					
	1.					
	2.					
	3.					

PLEASE COMPLETE:-

Site ID _____

Hospital _____

Unit _____

Form completed by: _____
(print name)

Contact tel. no: _____

Email address: _____

Please return in **FREEPOST** envelope to:-

FREEPOST RTHJ-ZYYG-BXRT
PICANet (0593),
F.A.O: Caroline Lamming, PICANet
Research Nurse
University of Leicester, Dept. of Health
Sciences,
University Road, LEICESTER, LE1 7RH

by Monday 02/12/2019



PICU Staffing Study

November 2019

HOW TO FILL IN THE Medical Log

This form applies to the **designated paediatric intensive care unit and where applicable the PICU based retrieval service** in your hospital.

Only count HDU if located in the same unit and staffed by the PICU shift staffing roster.

The form collects information on both *numbers of STAFF and skill mix* by **actual counts on the unit at the specified time:-noon and midnight**

Please **complete every section** at the time specified, insert zero if no staff at this grade

COUNTING STAFF

Count the number of staff who are on the medical rota, on duty and physically present on the PICU or on retrieval at the specified time.

Count the number of staff who are on the medical rota for PICU, on-call but not physically present on the PICU or on retrieval at the specified time.

SICKNESS

Count the number of staff rostered for duty but off sick at the specified time.

A Consultant Paediatric Intensivist is defined as one who has undertaken relevant training in paediatric intensive care medicine as described by the Intercollegiate Committee for Training in Paediatric Intensive Care Medicine (ICTPICM) or an equivalent national organisation, including at least two years of L3 PCCU training and a period of anaesthesia training (paediatric trainee) or paediatric training (anaesthesia trainee).

*Consultants with primary clinical responsibility to the PICU will include first on call as well as consultant support roles; provided the primary clinical responsibility is to the PICU.

**Consultants with primary responsibility to an allied service (e.g. transport service) may offer clinical time to the PICU if available.

If you have any additional queries please contact: Caroline Lamming *tel: 0116 252 5414 or email: crl4@leicester.ac.uk*

Using the FREEPOST envelope supplied, please return the completed forms by **Monday 2nd December 2019** to:
FREEPOST RTHJ-ZYYG-BXRT PICANet (0593), F.A.O: Caroline Lamming, PICANet Research Nurse, University of Leicester, Dept. of Health Sciences, University Road, LEICESTER, LE1 7RH.

WEEK COMMENCING
11th November 2019



PICU Staffing Study 2019

A study of occupancy, nursing and medical staffing provision

Medical Establishment Information

- Please see attached instructions
- Complete part 1 and part 2
- Please complete every column, insert zero if no staff at this grade

PLEASE COMPLETE:- Site ID _____

Hospital _____

Unit _____

Form completed by: _____

(print name)

Medical Establishment Information:

Part 1a

Consultant grade			Number of staff in post		Number of vacant posts		DCC PAs per week of funded staff in post			DCC PAs per week of funded vacant posts		
			ICU	Transport	ICU	Transport	ICU	Transport	Other clinical care	ICU	Transport	Other clinical care
Consultant Paediatric Intensivists	Paediatricians	substantive										
		locum										
	Anaesthetists	substantive										
		locum										
Non-PICM consultants	substantive											
	locum											
Associate specialists/staff grade	substantive											
	locum											

**Medical establishment information
Part 1b**

			Number of staff in post		Number of vacant posts		Combined total WTE of medical establishment in post		Combined total WTE of vacant posts	
			ICU	Transport	ICU	Transport	ICU	Transport	ICU	Transport
Training grade	ST 4-8 UK training scheme	Paediatrics								
		Anaesthesia								
		Other <i>[please specify]</i>								
	ST 4-8 equivalent, not on UK training scheme									
	ST 1-3 UK training scheme	Paediatrics								
		Anaesthesia								
		Other <i>[please specify]</i>								
	ST 1-3 equivalent, not on UK training scheme									
	Foundation year 1-2									
	Other staff			Number of staff in post		Number of vacant posts		Total hours per week on medical rota		
		ICU	Transport	ICU	Transport	ICU	Transport			
ANPs on medical establishment										
Physician Associates										

Part 2 Trainee Rota

1. Are the trainees on a full shift rota? <i>[tick yes or no]</i>		YES	NO
<i>Definition: Shifts are usually of eight to 13 hours' duration and the doctors on duty are expected to spend virtually all of the duty period, except for natural breaks, working or being immediately available for work. Any working arrangement that does not allow four hours' continuous rest overnight on more than 75% of occasions is of full-shift intensity. All hours in the shift are counted as actual work for the purposes of banding</i>			
If not on a full shift rota, what rota pattern are the trainees on?		Please tick appropriate box	
		Partial shift	On call
		YES	YES
2. What banding supplements do the trainee posts attract?		Please tick appropriate box	
Band 1 (40-48 hours/week)	A - most antisocial hours		
	B - moderate antisocial hours		
	C - least antisocial hours -		
Band 2 (48-56 hours/week)	A - most antisocial hours		
	B - least antisocial hours		
Band 3 (>56 hours/week or non-compliance with New Deal regulations)			

If you have any additional queries please contact: *Caroline Lamming* tel: 0116 252 5414 or email: cr14@leicester.ac.uk

Please ensure all information recorded is confirmed by the Lead Clinician/Clinical Director prior to return

You are advised to retain a photocopy of the completed form.

Using the FREEPOST envelope supplied, please return the completed forms by **MONDAY 2nd DECEMBER 2019** to:

FREEPOST RTHJ-ZYYG-BXRT PICANet (0593),
 F.A.O: Caroline Lamming, PICANet Research Nurse University of Leicester,
 Dept. of Health Sciences, University Road, LEICESTER, LE1 7RH



HOW TO FILL IN THE Medical Establishment Part 1 and 2

This form applies to the **designated paediatric intensive care unit**.

Each PICU should complete one copy of this form. Every section should be completed once on the first day of the staffing study (Please enter zeros to show you have not missed a column).

The form is collecting data on the total establishment required to deliver the wider service (PART 1) and the trainee (PART 2). These are measured in different ways for different grades. Please complete all sections.

For consultant specialist staff:

1. A Consultant Paediatric Intensivist is defined as one who has undertaken relevant training in paediatric intensive care medicine as described by the Intercollegiate Committee for Training in Paediatric Intensive Care Medicine (ICTPICM) or an equivalent national organisation, including at least two years of L3 PCCU training and a period of anaesthesia training (paediatric trainee) or paediatric training (anaesthesia trainee).
2. Contractual commitments are measured in Programmed Activities (PA's); each PA having a timetabled value of 4 hours (or 3 hours if the PA is undertaken in premium time - defined as 19:00- 07.00hrs Monday to Friday and all day on weekends and bank holidays).
3. PA's are classified as Direct Clinical Care (DCC) if it involves working with patients or named-patient related activity. **Do not include SPA's – Supporting Professional Activity** which do not involve direct or named-patient clinical care.
4. If **high dependency** is located **in the same unit** and staffed by the PICU shift staffing roster record all DCC's as **ICU**. If high dependency is **outside PICU** and patient admission event data **is not** submitted to PICANet record DCC's as **Other clinical care**. This will also include general paediatric cover.
5. For PICU Consultants with allocated shifts for PIC transport record the DCC PAs as **Transport**.
6. Some consultants may be employed across 2 units or divisions (e.g. anaesthesia and PICU). DCC's that are flexibly worked across 2 units or divisions should be averaged.

For trainee medical staff:

UK training schemes include those managed by the GMC.

If you have any additional queries please contact: Caroline Lamming tel: 0116 252 5414 or email: crl4@leicester.ac.uk

Please return in **FREEPOST** envelope to:-

FREEPOST RTHJ-ZYYG-BXRT PICANet (0593),
F.A.O: Caroline Lamming, PICANet Research Nurse
University of Leicester, Dept. of Health Sciences,
University Road, LEICESTER, LE1 7RH

by Monday 02/12/2019



Nursing & Occupancy Log A

- Please complete at **12 noon** on **Wednesday 13/11/2019**
- Please see notes for completion overleaf

Bands of Nurses, Nursing Assistants/ Associates	1 No. on duty at 12 noon	2 No. with PIC qualification	3 No. of nurses with other intensive care qualification <i>e.g. AIC NIC</i>	4 No. of registered children's nurses	5 No. of registered nurses with recognised paediatric specific course	6&7 No. with Paediatric Resus & Life Support competencies		8 No. of persons off sick	9 No. on duty available for retrieval
						Basic	Advanced		
Band 2									
Band 3									
Band 4									
Band 5									
Band 6									
Band 7									
Band 8									
Other please specify details- i.e. Agency or Bank or Trust bank, record band of staff									
1.									
2.									
3.									

Additional information to be collected at 12 noon.

Number of beds on PICU	No. of funded beds	No. of Beds			Reason for closure <i>i.e. sickness, infection, staff shortage</i>
		Open & occupied	Open & empty	Closed	
IC designated					
HD designated					

Total number of children in the unit.	No. Level III	No. Level II	No Level I

PLEASE COMPLETE:- Hospital _____ Unit _____ Form completed by: _____ <i>(print name)</i> Contact tel. no: _____ Email address: _____	Site ID _____
---	---------------

Please return in FREEPOST envelope to:- FREEPOST RTHJ-ZYYG-BXRT PICANet (0593), F.A.O: Caroline Lamming, PICANet Research Nurse University of Leicester, Dept. of Health Sciences, University Road, LEICESTER, LE1 7RH by Monday 02/12/2019



PICU Staffing Study

November 2019

HOW TO FILL IN THE Nursing and Occupancy Log

This form applies to the designated paediatric intensive care unit in your hospital. Only count HDU if located in the same unit and staffed by the PICU shift staffing roster. The form collects information on both *STAFF and skill mix and OCCUPANCY and illness severity* by actual counts on the unit at the time specified (noon and midnight) EVERY section of the form should be completed by the nurse in charge of the unit at the time and date specified Please complete every column, insert zero if no staff at this grade

COUNTING STAFF - DIFFERENT GROUPS OF STAFF

NURSING STAFF

Only count the qualified nurses, nursing assistants/associates (with appropriate competencies) included in the establishment to deliver clinical care to patients. EXCLUDE administrative, data and IT staff, housekeepers, Advanced Practice Practitioner's (APP's) and Trainee APP's unless the APP's are working in a nursing role.

1. The overall total number of nurses and nursing assistants/associates on duty at this time to deliver clinical care. Include any nurses in training but only if not supernumerary.
2. The number of nurses with a paediatric intensive care qualification on duty at this time to give clinical care. Include all specialist nurses in PIC with appropriate level competencies in paediatric critical care assessed through a validated accredited education and training programme.
3. The number of nurses with other intensive care qualifications currently in post. Include all specialist nurses with appropriate level competencies in adult and neonatal intensive care assessed through a validated accredited education and training programme.
4. The number of registered children's nurses on duty at this time to give clinical care. Include all nurses with an RSCN or degree or diploma in children's branch nursing recognised by the NMC.
5. The number of registered nurses who have completed a recognised paediatric specific course currently in post to deliver clinical care. Include all nurses who have completed an in-house course moderated through PICS.
6. The number of nurses on duty at this time with valid Basic Life Support or equivalent mandatory training.
7. The number of nurses on duty at this time with valid Advanced Paediatric Resuscitation training or equivalent. e.g. APLS or EPLS.
8. SICKNESS - count the number of staff who were rostered for duty but off sick at specified time.
9. The number of nurses on duty and rostered for retrieval. Only complete where the retrieval service is integrated into the PICU and nurses(s) have clinical duties required for retrieval.

NOTE only count YOUR CLINICAL NURSE MANAGER for example, if on the unit at noon or midnight giving clinical care.

COUNTING INFANTS/CHILDREN – DIFFERENT GROUPS OF CHILDREN

Count the overall total children on your unit at this time. INCLUDE any children being retrieved in or transferred out from your unit at this time by nursing staff from your shift roster. Count the number of children receiving each Level of Care 1 to 3 (adhere to the PICS Quality Standards 5th edition 2015 levels of care and dependency). If you have any additional queries please contact: Caroline Lamming *tel: 0116 252 5414* or *email: crl4@leicester.ac.uk*

Using the FREEPOST envelope supplied, please return the completed forms by **Monday 2nd December 2019** to:
FREEPOST RTHJ-ZYYG-BXRT PICANet (0593),
F.A.O: Caroline Lamming, PICANet Research Nurse,
University of Leicester, Dept. of Health Sciences, University Road, LEICESTER, LE1 7RH.



Nursing & Occupancy Log B

- Please complete at **12 midnight** on **Wednesday 13/11/2019**
- Please see notes for completion overleaf

Bands of Nurses, Nursing Assistants/ Associates	1 No. on duty at 12 midnight	2 No. with PIC qualification	3 No. of nurses with other intensive care qualification <i>e.g. AIC NIC</i>	4 No. of registered children's nurses	5 No. of registered nurses with recognised paediatric specific course	6&7 No. with Paediatric Resus & Life Support competencies		8 No. of persons off sick	9 No. on duty available for retrieval
						Basic	Advanced		
Band 2									
Band 3									
Band 4									
Band 5									
Band 6									
Band 7									
Band 8									
Other please specify details: <i>i.e. Agency or Bank inc. Trust bank, record band of staff</i>									
1.									
2.									
3.									

Additional information to be collected at 12 midnight.

Number of beds on PICU	No. of funded beds	No. of Beds			Reason for closure <i>i.e. sickness, infection, staff shortage</i>
		Open & occupied	Open & empty	Closed	
IC designated					
HD designated					

Total number of children in the unit.	No. Level III	No. Level II	No Level I

PLEASE COMPLETE:- Hospital _____ Unit _____ Form completed by: _____ <i>(print name)</i> Contact tel. no: _____ Email address: _____	Site ID _____
---	---------------

Please return in FREEPOST envelope to:- FREEPOST RTHJ-ZYYG-BXRT PICANet (0593), F.A.O: Caroline Lamming, PICANet Research Nurse University of Leicester, Dept. of Health Sciences, University Road, LEICESTER, LE1 7RH by Monday 02/12/2019
--



PICU Staffing Study

November 2019

HOW TO FILL IN THE *Nursing and Occupancy Log*

This form applies to the designated paediatric intensive care unit in your hospital. Only count HDU if located in the same unit and staffed by the PICU shift staffing roster. The form collects information on both *STAFF and skill mix* and *OCCUPANCY and illness severity* by actual counts on the unit at the time specified (noon and midnight) EVERY section of the form should be completed by the nurse in charge of the unit at the time and date specified Please complete every column, insert zero if no staff at this grade

COUNTING STAFF - DIFFERENT GROUPS OF STAFF

NURSING STAFF

Only count the qualified nurses, nursing assistants/associates (with appropriate competencies) included in the establishment to deliver clinical care to patients. EXCLUDE administrative, data and IT staff, housekeepers, Advanced Practice Practitioner's (APP's) and Trainee APP's unless the APP's are working in a nursing role.

1. The overall total number of nurses and nursing assistants/associates on duty at this time to deliver clinical care. Include any nurses in training but only if not supernumerary.
2. The number of nurses with a paediatric intensive care qualification on duty at this time to give clinical care. Include all specialist nurses in PIC with appropriate level competencies in paediatric critical care assessed through a validated accredited education and training programme.
3. The number of nurses with other intensive care qualifications currently in post. Include all specialist nurses with appropriate level competencies in adult and neonatal intensive care assessed through a validated accredited education and training programme.
4. The number of registered children's nurses on duty at this time to give clinical care. Include all nurses with an RSCN or degree or diploma in children's branch nursing recognised by the NMC.
5. The number of registered nurses who have completed a recognised paediatric specific course currently in post to deliver clinical care. Include all nurses who have completed an in-house course moderated through PICS.
6. The number of nurses on duty at this time with valid Basic Life Support or equivalent mandatory training.
7. The number of nurses on duty at this time with valid Advanced Paediatric Resuscitation training or equivalent. e.g. APLS or EPLS.
8. **SICKNESS** - count the number of staff who were rostered for duty but off sick at specified time.
9. The number of nurses on duty and rostered for retrieval. Only complete where the retrieval service is integrated into the PICU and nurses(s) have clinical duties required for retrieval.

NOTE only count YOUR CLINICAL NURSE MANAGER for example, if on the unit at noon or midnight giving clinical care.

COUNTING INFANTS/CHILDREN – DIFFERENT GROUPS OF CHILDREN

Count the overall total children on your unit at this time. INCLUDE any children being retrieved in or transferred out from your unit at this time by nursing staff from your shift roster. Count the number of children receiving each Level of Care 1 to 3 (adhere to the PICS Quality Standards 5th edition 2015 levels of care and dependency). If you have any additional queries please contact: Caroline Lamming *tel: 0116 252 5414* or *email: crl4@leicester.ac.uk*

Using the FREEPOST envelope supplied, please return the completed forms by Monday 2nd December 2019 to:
FREEPOST RTHJ-ZYYG-BXRT PICANet (0593),
F.A.O: Caroline Lamming, PICANet Research Nurse,
University of Leicester, Dept. of Health Sciences, University Road, LEICESTER, LE1 7RH.



Nursing & Occupancy Log C

- Please complete at **12 noon** on **Sunday 17/11/2019**
- Please see notes for completion overleaf

Bands of Nurses, Nursing Assistants/ Associates	1 No. on duty at 12 noon	2 No. with PIC qualification	3 No. of nurses with other intensive care qualification <i>e.g. AIC NIC</i>	4 No. of registered children's nurses	5 No. of registered nurses with recognised paediatric specific course	6&7 No. with Paediatric Resus & Life Support competencies		8 No. of persons off sick	9 No. on duty available for retrieval
						Basic	Advanced		
Band 2									
Band 3									
Band 4									
Band 5									
Band 6									
Band 7									
Band 8									
Other please specify details- <i>i.e. Agency or Bank inc. Trust bank, record band of staff</i>									
1.									
2.									
3.									

Additional information to be collected at 12 noon.

Number of beds on PICU	No. of funded beds	No. of Beds			Reason for closure <i>i.e. sickness, infection, staff shortage</i>
		Open & occupied	Open & empty	Closed	
IC designated					
HD designated					

Total number of children in the unit.	No. Level III	No. Level II	No Level I

PLEASE COMPLETE:-	Site ID _____
Hospital	_____
Unit	_____
Form completed by:	_____
<i>(print name)</i>	
Contact tel. no:	_____
Email address:	_____

Please return in **FREEPOST envelope** to:-
 FREEPOST RTHJ-ZYYG-BXRT
 PICA Net (0593),
 F.A.O: Caroline Lamming, PICA Net
 Research Nurse
 University of Leicester, Dept. of Health Sciences,
 University Road, LEICESTER, LE1 7RH
by Monday 02/12/2019



PICU Staffing Study

November 2019

HOW TO FILL IN THE Nursing and Occupancy Log

This form applies to the **designated paediatric intensive care unit** in your hospital. **Only count HDU** if located in the same unit and staffed by the PICU shift staffing roster. The form collects information on both *STAFF and skill mix* and *OCCUPANCY and illness severity* by actual counts on the unit at the time specified (**noon and midnight**) EVERY section of the form should be completed by the nurse in charge of the unit at the time and date specified **Please complete every column, insert zero if no staff at this grade**

COUNTING STAFF - DIFFERENT GROUPS OF STAFF

NURSING STAFF

Only count the qualified nurses, nursing assistants/associates (with appropriate competencies) included in the establishment to deliver clinical care to patients. **EXCLUDE** administrative, data and IT staff, housekeepers, Advanced Practice Practitioner's (APP's) and Trainee APP's unless the APP's are working in a nursing role.

- 1. The overall total number of nurses and nursing assistants/associates on duty at this time to deliver clinical care.** Include any nurses in training but only if not supernumerary.
 - 2. The number of nurses with a paediatric intensive care qualification on duty at this time to give clinical care.** Include all specialist nurses in PIC with appropriate level competencies in paediatric critical care assessed through a validated accredited education and training programme.
 - 3. The number of nurses with other intensive care qualifications currently in post.** Include all specialist nurses with appropriate level competencies in adult and neonatal intensive care assessed through a validated accredited education and training programme.
 - 4. The number of registered children's nurses on duty at this time to give clinical care.** Include all nurses with an RSCN or degree or diploma in children's branch nursing recognised by the NMC.
 - 5. The number of registered nurses who have completed a recognised paediatric specific course currently in post to deliver clinical care.** Include all nurses who have completed an in-house course moderated through PICS.
 - 6. The number of nurses on duty at this time with valid Basic Life Support or equivalent mandatory training.**
 - 7. The number of nurses on duty at this time with valid Advanced Paediatric Resuscitation training or equivalent.** e.g. APLS or EPLS.
 - 8. SICKNESS** - count the number of staff who were rostered for duty but off sick at specified time.
 - 9. The number of nurses on duty and rostered for retrieval.** Only complete where the retrieval service is integrated into the PICU and nurses(s) have clinical duties required for retrieval.
- NOTE** only count YOUR CLINICAL NURSE MANAGER for example, if on the unit at noon or midnight giving clinical care.

COUNTING INFANTS/CHILDREN – DIFFERENT GROUPS OF CHILDREN

Count the overall total children on your unit **at this time**. **INCLUDE** any children being retrieved in or transferred out from your unit at this time **by nursing staff from your shift roster**. Count the number of children receiving each Level of Care 1 to 3 (adhere to the PICS Quality Standards 5th edition 2015 levels of care and dependency). If you have any additional queries please contact: Caroline Lamming **tel: 0116 252 5414** or email: cr14@leicester.ac.uk

Using the FREEPOST envelope supplied, please return the completed forms by **Monday 2nd December 2019** to:

FREEPOST RTHJ-ZYYG-BXRT PICANet (0593),

F.A.O: Caroline Lamming, PICANet Research Nurse,

University of Leicester, Dept. of Health Sciences, University Road, LEICESTER, LE1 7RH.



Nursing & Occupancy Log D

• Please complete at **12 midnight** on **Sunday 17/11/2019**

• Please see notes for completion overleaf

Bands of Nurses, Nursing Assistants/ Associates	1 No. on duty at 12 midnight	2 No. with PIC qualification	3 No. of nurses with other intensive care qualification <i>e.g. AIC NIC</i>	4 No. of registered children's nurses	5 No. of registered nurses with recognised paediatric specific course	6&7 No. with Paediatric Resus & Life Support competencies		8 No. of persons off sick	9 No. on duty available for retrieval
						Basic	Advanced		
Band 2									
Band 3									
Band 4									
Band 5									
Band 6									
Band 7									
Band 8									
Other please specify details- <i>i.e. Agency or Bank inc. Trust bank, record band of staff</i>									
1.									
2.									
3.									

Additional information to be collected at 12 midnight.

Number of beds on PICU	No. of funded beds	No. of Beds			Reason for closure <i>i.e. sickness, infection, staff shortage</i>
		Open & occupied	Open & empty	Closed	
IC designated					
HD designated					

Total number of children in the unit.	No. Level III	No. Level II	No Level I

PLEASE COMPLETE:- Site ID _____

Hospital _____

Unit _____

Form completed by: _____
(print name)

Contact tel. no: _____

Email address: _____

Please return in **FREEPOST envelope** to:-
FREEPOST RTHJ-ZYYG-BXRT
 PICA Net (0593),
 F.A.O: Caroline Lamming, PICA Net
 Research Nurse
 University of Leicester, Dept. of Health Sciences,
 University Road, LEICESTER, LE1 7RH
by Monday 02/12/2019



PICU Staffing Study

November 2019

HOW TO FILL IN THE Nursing and Occupancy Log

This form applies to the **designated paediatric intensive care unit** in your hospital. **Only count HDU** if located in the same unit and staffed by the PICU shift staffing roster. The form collects information on both *STAFF and skill mix* and *OCCUPANCY and illness severity* by actual counts on the unit at the time specified (**noon and midnight**) EVERY section of the form should be completed by the nurse in charge of the unit at the time and date specified **Please complete every column, insert zero if no staff at this grade**

COUNTING STAFF - DIFFERENT GROUPS OF STAFF

NURSING STAFF

Only count the qualified nurses, nursing assistants/associates (with appropriate competencies) included in the establishment to deliver clinical care to patients. **EXCLUDE** administrative, data and IT staff, housekeepers, Advanced Practice Practitioner's (APP's) and Trainee APP's unless the APP's are working in a nursing role.

- 1. The overall total number of nurses and nursing assistants/associates on duty at this time to deliver clinical care.** Include any nurses in training but only if not supernumerary.
 - 2. The number of nurses with a paediatric intensive care qualification on duty at this time to give clinical care.** Include all specialist nurses in PIC with appropriate level competencies in paediatric critical care assessed through a validated accredited education and training programme.
 - 3. The number of nurses with other intensive care qualifications currently in post.** Include all specialist nurses with appropriate level competencies in adult and neonatal intensive care assessed through a validated accredited education and training programme.
 - 4. The number of registered children's nurses on duty at this time to give clinical care.** Include all nurses with an RSCN or degree or diploma in children's branch nursing recognised by the NMC.
 - 5. The number of registered nurses who have completed a recognised paediatric specific course currently in post to deliver clinical care.** Include all nurses who have completed an in-house course moderated through PICS.
 - 6. The number of nurses on duty at this time with valid Basic Life Support or equivalent mandatory training.**
 - 7. The number of nurses on duty at this time with valid Advanced Paediatric Resuscitation training or equivalent.** e.g. APLS or EPLS.
 - 8. SICKNESS - count the number of staff who were rostered for duty but off sick at specified time.**
 - 9. The number of nurses on duty and rostered for retrieval.** Only complete where the retrieval service is integrated into the PICU and nurses(s) have clinical duties required for retrieval.
- NOTE** only count YOUR CLINICAL NURSE MANAGER for example, if on the unit at noon or midnight giving clinical care.

COUNTING INFANTS/CHILDREN – DIFFERENT GROUPS OF CHILDREN

Count the overall total children on your unit **at this time**. **INCLUDE** any children being retrieved in or transferred out from your unit at this time **by nursing staff from your shift roster**. Count the number of children receiving each Level of Care 1 to 3 (adhere to the PICS Quality Standards 5th edition 2015 levels of care and dependency). If you have any additional queries please contact: Caroline Lamming **tel: 0116 252 5414** or email: crl4@leicester.ac.uk

Using the FREEPOST envelope supplied, please return the completed forms by **Monday 2nd December 2019** to:
FREEPOST RTHJ-ZYYG-BXRT PICANet (0593),
F.A.O: Caroline Lamming, PICANet Research Nurse,
University of Leicester, Dept. of Health Sciences, University Road, LEICESTER, LE1 7RH.

WEEK COMMENCING –
11th November 2019



PICU Staffing Study 2019

A study of occupancy & nurse staffing provision

Nursing Establishment and Staffing Information

PLEASE COMPLETE:- Site ID _____

Hospital _____

Unit _____

Form completed by: _____

(print name) _____

- Please see attached instructions
- Complete part 1 and 2
- Please complete every column, insert zero if no staff at this grade

Part 1 Nurse Establishment Information

Bands of Nurses, Nursing Assistants/ Associates	1 Funded Nursing establishment W.T.E.	2 Actual Vacancies in Nurse establishment W.T.E.	3 No. of actual persons currently in post (record in whole numbers)	4 No. of nurses with paediatric intensive care qualification	5 No. of nurses with other intensive care qualification <i>e.g. AIC or NIC</i>	6 No. of registered nurses with RSCN or degree/diploma recognised by NMC in children's branch of nursing	7 No. of registered nurses with recognised paediatric specific course	8 No. with Valid Basic Paediatric Resuscitation and Life Support Competencies	9 No. with Valid Advanced Paediatric Resuscitation and Life Support Competencies	10 No. of registered nurses less than 2 years qualified.
Band 2										
Band 3										
Band 4										
Band 5										
Band 6										
Band 7										
Band 8										
Other:	<i>Include other nursing staff who work regularly with PIC and have a Trust bank contract</i>									
1.										
2.										

Complete Part 2 overleaf

Part 2 Dedicated Roles

Does your unit have the following persons in post:		Circle response		Record the band and W.T.E of persons in post to deliver this role.
1	Family Support Nurses and Assistants	Yes	No	
2	Educator for training, education and continuing professional development of staff	Yes	No	
3	Educator for families of children with complex and/ or equipment needs going home.	Yes	No	
4	Advanced Paediatric Resuscitation Trainers	Yes	No	
5	Discharge Co-ordinator responsible for managing the discharge of children with complex care needs	Yes	No	

If NO tick one box below:



Who has responsibility for discharge planning?	a) Named PIC nurse		
	b) Named PIC team		
	c) Specialist team providing care for specific condition i.e. long term ventilation		
	d) Hospital wide discharge planning team		

If you have any additional queries please contact: Caroline Lamming *tel: 0116 252 5414 or email:crl4@leicester.ac.uk*

We advise you to retain a photocopy of the completed form.

Using the FREEPOST envelope supplied, please return the completed forms by **Monday 2nd December 2019** to:
FREEPOST RTHJ-ZYYG-BXRT PICANet (0593), F.A.O: Caroline Lamming, PICANet Research Nurse, University of Leicester, Dept. of Health Sciences, University Road, LEICESTER, LE1 7RH.

HOW TO FILL IN THE Nursing Establishment and Staffing Information Form

This form applies to the **designated paediatric intensive care unit** and where applicable the **PICU based retrieval service in your hospital**

Only count high dependency if located in the same unit and staffed by the PICU shift staffing roster. The form collects information about the **qualified nurses and nursing assistants/associates** and the **skill mix** required to allow the PICU to admit and care for sick children.

Each PICU should complete one copy of this form. Every section should be completed once on the first day of the staffing study (Please enter zeros to show you have not missed a column).

COUNTING STAFF - DIFFERENT GROUPS OF STAFF

Only count the qualified nurses, nursing assistants/associates (with appropriate competencies) included in the establishment to deliver clinical care to patients. EXCLUDE administrative, data and IT staff, housekeepers, Advanced Practice Practitioner's (APP's) and Trainee APP's.

- 1. The current combined, whole time equivalent, funded nursing establishment of persons working at this grade to deliver clinical care.** Include all clinical nursing staff, nursing assistants/associates, any link nurses employed to give clinical care, any learners or nurses in training **but only if not supernumerary.**
- 2. The actual, whole time equivalent, vacancies in nurse establishment at the specified grade.**
- 3. The overall total number of persons on your PICU currently in post at this grade.** Record in whole numbers.
- 4. The number of nurses with a paediatric intensive care qualification currently in post.** Include all specialist nurses in PIC with appropriate level competencies in paediatric critical care assessed through a validated accredited education and training programme. Record in whole numbers.
- 5. The number of nurses with other intensive care qualifications currently in post.** Include all specialist nurses with appropriate level competencies in neonatal and adult intensive care assessed through a validated accredited education and training programme. Record in whole numbers.
- 6. The number of registered children's nurses currently in post to deliver clinical care.** Include all nurses with an RSCN or degree or diploma in children's branch nursing recognised by the NMC. Record in whole numbers.
- 7. The number of registered nurses who have completed a recognised paediatric specific course currently in post to deliver clinical care.** Include all nurses who have completed an in-house course moderated through PICS. Record in whole numbers.
- 8. The number of nurses currently in post with valid Basic Life Support or equivalent mandatory training.**
Record in whole numbers.
- 9. The number of nurses currently in post with valid Advanced Paediatric Resuscitation training e.g. APLS or EPLS or equivalent.** Record in whole numbers.
- 10. The number of registered nurses who qualified within the previous two years.** Record in whole numbers.

If you have any additional queries please contact:

Caroline Lamming tel: 0116 252 5414 or email: cr14@leicester.ac.uk

We advise you to retain a photocopy of the completed form.

PICANet Staffing Study 2019 Nursing Establishment & Staffing Info v 1.8 11.10.2019

Please return in *FREEPOST*
envelope to:-
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Research Nurse
University of Leicester, Dept. of Health
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University Road, LEICESTER, LE1
7RH
by Monday 02/12/2019



PICU Staffing Study 2019
A study of occupancy & nursing and medical staffing provision

Other Professionals Survey Form

- Applies to the designated PICU in your hospital
- Please complete every column, tick the boxes below if your PICU has the following staff available
- If you have any queries please contact Caroline Lamming 0116 252 5414 or email crl4@leicester.ac.uk

1. Type of Staff	2. With time allocated/available to work on your unit.	3. On call 24hr / 7 day Access
Do you have the following staff available at least 5 days per week?		
Pharmacist - with competencies in paediatric critical care		
Paediatric Physiotherapist		
Dietetic staff		
Play - Appropriately qualified staff to provide support for play and distraction during procedures available EVERY DAY – Sunday to Saturday incl.		
Psychological Support for Families		
Psychological Support for Staff		
Health Care Scientist or other technical support for the management of equipment.		
Operating Department Practitioner or equivalent with competences in assisting with advanced airway interventions.		
Any other staff group working on PICU:		
1.		
2.		
Please tick the boxes below if your PICU has the following support services available:-		
5. Type of Service	6. Access to service in hospital	7. Time dedicated to PICU
Interfaith and spiritual support		
Social Workers		
Interpreters		
Bereavement Support		
Patient Advice and Advocacy Service		
Dedicated PICA Net Data Collection staff		

Site ID _____ Hospital _____

Unit _____

Form completed by: _____

Tel no: _____

Email address _____

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N Data Access Requests Fulfilled January 2019-December 2019

Reference number	Name, Position and Place of work/study:	Data Request:	Level of Request
P038 HQIP 261	Rob Trubey Research Associate University of Cardiff	PUMA Study: To establish the impact of a Paediatric Early Warning System intervention on the incidence of adverse in four paediatric units using an interrupted Time Series analysis.	De-identified Individual Level Data
P001 HQIP 276	Ramesh Kumar Consultant Paediatric Intensivist Leeds Teaching Hospital Trust	A study of survival rates after cardiac arrests between PICUs with and without local cardiac surgery or ECMO services.	De-identified Individual Level Data
IS018	David Inwald PIC Consultant Imperial College Healthcare NHS Trust	Data request to support application for NIHR funding for a pilot RCT investigating different blood pressure targets in PICU	Summary information
P014 IS016	Lyvonne Tume Associate Professor in Child Health Bristol Children's Hospital and University of the West of England	To determine the impact of not measuring gastric residual volume on clinical outcomes in mechanically ventilated infants and children receiving enteral feeding as part of a UK-wide clinical trial	Summary information
P008 IS010	Frank Sandmann Senior Health Economist Public Health England	A retrospective evaluation of the maternal pertussis vaccination programme after its introduction in October 2012, and compare the results to the situation without the vaccination programme.	Summary information
P009 IS014	Jason Powell NIHR Clinical Lecturer in Otolaryngology Newcastle upon Tyne Hospitals	Investigate recent trends in paediatric tracheostomy in the UK and ROI and outcomes.	Summary information

Reference number	Name, Position and Place of work/study:	Data Request:	Level of Request
HQIP 199	Elizabeth Draper Professor of Perinatal and Paediatric Epidemiology University of Leicester	The DEPICT Study: Critically ill children and young people: national Differences in access to Emergency Paediatric Intensive Care and care during Transport affect clinical outcomes and patient experience	Identifiable Individual Level Data
P002 HQIP 263	Christina Pagel Reader in Operational Research University College London	LAUNCHES QI: Linking AUdit and National datasets in Congenital HEart Services for Quality Improvement. To improve services for congenital heart disease (CHD) and provide a template for other lifelong conditions by linking five national datasets	Identifiable Individual Level Data
P013 IS017	Robin Marlow Academic Clinical Lecturer University Hospital Bristol NHS Foundation Trust	Trends in the number of non-accidental head injury PICU admissions and resulting bed days in the UK.	Summary information
P007 HQIP 274	Sarah Seaton Medical Statistician University of Leicester	Investigate the changing demographic of admissions to paediatric care from preterm born children, and to consider the impact on workload and services.	De-identified individual Level Data

*If you require further details of the Data Requests made to PICANet please contact the team by email.

www.picanet.org.uk

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