

# Paediatric Intensive Care Audit Network

## National Paediatric Critical Care Audit State of the Nations Report 2025



## Summary Report

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## Report resources

We have a range of [resources](#) to accompany this report online.

- An [Infographic](#) for a quick view of the report's key findings.
- [Interactive charts](#) with their underlying data to explore topic areas and in-depth mortality and data quality tables charts.
- The [Appendices](#) contain background information and methodology about the audit.
- [Organisation Key](#)
- New this year, we look back at how the [key metric results have changed over time](#).

We provide a range of [Quality Improvement Resources](#) for participating organisations and the [PICANet Data Dashboard](#) is refreshed and updated monthly.

The National Paediatric Critical Care Audit is commissioned by the [Healthcare Quality Improvement Partnership](#) (HQIP) and funded by NHS England as part of the [National Clinical Audit and Patient Outcomes Programme](#). Funding for participation also comes from the NHS Wales Joint Commissioning Committee, NHS Lothian and NHS Greater Glasgow and Clyde, the Royal Belfast Hospital for Sick Children, the National Office of Clinical Audit (NOCA) for the Republic of Ireland and HCA Healthcare UK.

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# Introduction

The State of the Nations Report 2025 represents the 22<sup>nd</sup> PICANet annual clinical audit report summarising paediatric critical care activity within designated Level 3 paediatric intensive care units (PICU) and Paediatric Critical Care Transport Services in the United Kingdom (UK) and Republic of Ireland (ROI) between 2022 and 2024.

The report describes key metrics and outcomes related to transport and admission events in order to monitor the delivery and quality of care against agreed standards and evaluate clinical outcomes to inform national policy in paediatric critical care.

The report presents three national recommendations that highlight the evolving landscape of paediatric critical care, shifting from treating children with acute, short-term sickness to supporting a growing number living with lifelong conditions.

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With support from the PICANet Steering Group and Clinical Advisory Group

## Key Messages

### Characteristics of children admitted to PICU



- There were 18,021 admissions to paediatric intensive care units (PICUs) in 2024; around 50 per day.
- The total number of bed days of care delivered in PICU declined from 145,294 in 2022 to 141,060 in 2024.
- The percentage of admissions from ethnic minorities (children of Asian, Black, Mixed or Other ethnicity) increased from 26.4% in 2022 to 29.7% in 2024. Children from ethnic minorities continue to be over-represented in PICU relative to the general population, with admission rates per 100,000 population for Asian and Black children at 162.0 and 170.5 respectively, compared to 124.6 overall.
- The percentage of admissions which recorded ethnicity as “unknown/not stated” increased from 9.5% in 2023 to 11.0% in 2024. This comes after a decline in missing data in the years prior to this annual reporting period.
- Children living in the highest areas of deprivation were more likely to be admitted to a PICU than children from the least deprived areas.



### Characteristics of children admitted to PICU

- The most common primary diagnosis group and reason for admission continues to be Respiratory conditions, accounting for 29.9% of all admissions across the 2022-2024 reporting period. However, this percentage has declined over time, falling to 28.5% in 2024, from 30.9% in 2022 and 30.2% in 2023.
- The percentage of admissions for cardiovascular conditions increased from 24.5% in 2022 to 27.4% in 2024.



## Key metrics



- Case ascertainment in 2024 was estimated to be 100%.
- In 2024, 81.8% of all PICU admission records were submitted to PICANet within two months. 78.3% of all transport events records were submitted within two months.
- Fewer non-elective transport events occurred in 2024 (4,059) compared to 2023 (4,188) and 2022 (4,552).



- In 2024, 68.7% of known transport journeys were started within 30 minutes of a clinical decision whereas 3.3% of the journeys were started more than 3 hours after a clinical decision.



- The percentage of emergency readmissions within 48 hours of discharge remained steady at 1.6% throughout the reporting period.
- Unplanned extubation rates declined from 4.6 per 1,000 days of ventilation in 2022 and 2023, to 4.2 in 2024.
- In 2024, 3.8% of children admitted to PICUs did not survive and this has remained relatively consistent over the last three years.
- No units were identified as a statistical outlier for mortality, i.e. having a higher or lower mortality rate than we would have expected given the children they cared for.

## National Recommendations

### New recommendations for this year

**1.** Develop a clear and measurable definition of children with medical complexity that can be consistently identified using routine data sources.

**Action:** Paediatric Critical Care Society special interest group, National Institute for Health and Care Research

**Why this recommendation?** This group of children are increasing in number but as yet we have no clear definition which we can use to audit the care provided to them compared to other groups.

**2.** Review the place of death for children who die in PICU to assess whether it was the most appropriate setting for the child and their family/carers.

**Action:** National Child Mortality Database and equivalent bodies in other nations

**Why this recommendation?** As mortality rates have reduced over time, and in more recent years have plateaued, it is important to consider the appropriate place that children who die should be cared for in the end stages of their life.

### Recommendation extended from last year

**3.** Continue to monitor reasons for admission to PICU and assess how changes to the respiratory syncytial virus (RSV) vaccination programme affect paediatric critical care services.

**Action:** UK Health Security Agency (UKHSA), National Institute for Health and Care Research, Paediatric Critical Care Society Study Group

**Why this recommendation?** The maternal RSV vaccination programme is expected to have its full impact on infant critical care admissions in the 2025-26 season, after launching close to the beginning of the 2024-25 season. Additionally, NHS England announced in July 2025 that [the nirsevimab immunisation will be rolled out to high-risk babies and very preterm infants](#), potentially impacting on respiratory admissions. We have observed a small decline in the percentage of admissions due to respiratory reasons in recent years which should be explored more into the future.

## Characteristics of children admitted to paediatric intensive care units

Table 1a: Admissions to PICU across the UK & Republic of Ireland by socio-demographic characteristics and year of admission.

		Year			
		2022 n (%)	2023 n (%)	2024 n (%)	2022-2024 n (%)
<b>Total</b>		<b>18,532 (33.7%)</b>	<b>18,509 (33.6%)</b>	<b>18,021 (32.7%)</b>	<b>55,062 (100.0%)</b>
Sex	Male	10,509 (56.7%)	10,371 (56.0%)	10,178 (56.5%)	31,058 (56.4%)
	Female	8,023 (43.3%)	8,138 (44.0%)	7,843 (43.5%)	24,004 (43.6%)
Age group (years)	<1 year	7,751 (41.8%)	7,554 (40.8%)	7,350 (40.8%)	22,655 (41.1%)
	1-4 years	4,589 (24.8%)	4,662 (25.2%)	4,289 (23.8%)	13,540 (24.6%)
	5-10 years	3,088 (16.7%)	3,193 (17.3%)	3,162 (17.5%)	9,443 (17.1%)
	11-15 years	3,104 (16.7%)	3,100 (16.7%)	3,220 (17.9%)	9,424 (17.1%)
Ethnicity	Asian	2,187 (11.8%)	2,298 (12.4%)	2,437 (13.5%)	6,922 (12.6%)
	Black	1,004 (5.4%)	1,102 (6.0%)	1,212 (6.7%)	3,318 (6.0%)
	Mixed	685 (3.7%)	688 (3.7%)	729 (4.0%)	2,102 (3.8%)
	White	11,517 (62.1%)	11,492 (62.1%)	10,663 (59.2%)	33,672 (61.2%)
	Other	1,028 (5.5%)	1,164 (6.3%)	995 (5.5%)	3,187 (5.8%)
	Unknown/not stated	2,111 (11.4%)	1,765 (9.5%)	1,985 (11.0%)	5,861 (10.6%)
Deprivation	1 (most deprived)	4,797 (30.0%)	4,639 (29.0%)	4,590 (29.6%)	14,026 (29.5%)
	2	3,569 (22.3%)	3,711 (23.2%)	3,408 (22.0%)	10,687 (22.5%)
	3	2,948 (18.5%)	2,746 (17.2%)	2,838 (18.3%)	8,530 (18.0%)
	4	2,498 (15.6%)	2,417 (15.1%)	2,395 (15.4%)	7,310 (15.4%)
	5 (least deprived)	2,108 (13.2%)	2,339 (14.6%)	2,162 (13.9%)	6,609 (13.9%)
	Missing	51 (0.3%)	132 (0.8%)	123 (0.8%)	306 (0.6%)
Country	England (NHS)	14,287 (77.1%)	14,264 (77.1%)	13,891 (77.1%)	42,442 (77.1%)
	England (non-NHS)	279 (1.5%)	255 (1.4%)	228 (1.3%)	762 (1.4%)
	Wales	397 (2.1%)	403 (2.2%)	426 (2.4%)	1,226 (2.2%)
	Scotland	1,509 (8.1%)	1,500 (8.1%)	1,434 (8.0%)	4,443 (8.1%)
	Northern Ireland	425 (2.3%)	395 (2.1%)	349 (1.9%)	1,169 (2.1%)
	Republic of Ireland	1,635 (8.8%)	1,692 (9.1%)	1,693 (9.4%)	5,020 (9.1%)

Percentages are calculated within category by column, except for the total row. Deprivation scores were calculated for residents of England, Wales and Scotland admitted to a PICU in those nations. Deprivation score was based on the location of residence of the child using 2021 Townsend scores. Deprivation categories are equalised to contain equal populations. Where a child's

address was unknown these were added to the 'Missing' row. Ethnicity categories were defined using Office for National Statistics definitions (Ethnic group, national identity, and religion). 'Country' refers to the location of the PICU at admission rather than residence of the child.

Total paediatric intensive care unit (PICU) admissions decreased in 2024 (18,021) compared to 2023 (18,509) and 2022 (18,532) ([Table 1a](#)). This reduction corresponds with a reduction in bed days, from 145,294 in 2022 to 141,060 in 2024, representing the number of days of care delivered in PICU. The reduction in admissions occurred in England, Scotland and Northern Ireland, although increased slightly in Wales and the ROI.

There were more male admissions (56.4%) to PICU than female (43.6%) overall, although in 2023 the proportion of male admissions decreased slightly to 56.0%. 41.1% of all admissions were for children under one year of age. There was a slight increase in the proportion of admissions within the two oldest age categories, from 33.4% in 2022 to 35.4% in 2024, and a corresponding reduction in the two youngest age categories. This may represent an increase of admissions from children living with medical complexity or lifelong conditions who are growing older or may partly reflect changes in the population distribution. However, this is not possible to quantify as currently there is no agreed definition for this group of children. More than twice as many admissions came from the most deprived group compared to the least deprived.

The percentage of admissions recorded as White ethnicity fell to 59.2% in 2024 compared to 62.1% between 2022 and 2023 ([Table 1a](#)). The percentage of admissions from Asian, Black and Mixed ethnicities all increased across the three years. The percentage of admissions recorded as 'Other' ethnicity declined in 2024 compared to 2023 (from 6.3% to 5.5%), whereas the percentage of admissions with an unknown ethnicity rose in 2024 to 11.0% from 9.5% in the previous year. This reverses a long-term trend of reducing percentages of 'Unknown' ethnicity being recorded.

**Table 1b: Admission rate per 100,000 population by ethnicity (England only)**

Ethnicity	Admission rate	Average annual admissions 2022-2024 n (%)	Child population 2021 n (%)
Asian	162.0	2093 (16.0)	1,291,980 (12.3)
Black	170.5	1,005 (7.7)	589,435 (5.6)
Mixed	135.9	994 (7.6)	731,180 (7.0)
White	105.0	7,973 (61.1)	7,591,975 (72.4)
Other	356.9	994 (7.6)	278,505 (2.7)
<b>Total</b>	<b>124.6</b>	<b>13,059</b>	<b>10,483,075</b>

Admission rate is calculated per 100,000 population per year. Admissions are the mean average for the three-year reporting period and exclude admissions that had ethnicity recorded as 'unknown' or 'not stated'. The child population estimates within each ethnic group were calculated using data from the 2021 census.

Table 1b shows that 61.1% of admissions to PICU in England were for children of White ethnic origin, compared to 72.4% in the general childhood population. The admission rate for White ethnic group was 105.0 per 100,000 population per year. This remains substantively lower than the Black and Asian admission rates of 170.5 and 162.0 per 100,000 population respectively.

**Table 2: Total admissions by primary diagnostic group and year of admission**

Primary diagnosis	2022 n (%)	2023 n (%)	2024 n (%)	2022-2024 n (%)
Respiratory	5,732 (30.9)	5,590 (30.2)	5,135 (28.5)	16,457 (29.9)
Cardiovascular	4,549 (24.5)	4,843 (26.2)	4,938 (27.4)	14,330 (26.0)
Neurological	2,177 (11.7)	2,248 (12.1)	2,158 (12.0)	6,583 (12.0)
Other	1,590 (8.6)	1,611 (8.7)	1,611 (8.9)	4,812 (8.7)
Gastrointestinal	1,103 (6.0)	1,119 (6.0)	1,020 (5.7)	3,242 (5.9)
Infection	994 (5.4)	896 (4.8)	782 (4.3)	2,672 (4.9)
Musculoskeletal	792 (4.3)	792 (4.3)	753 (4.2)	2,337 (4.2)
Endocrine/metabolic	773 (4.2)	639 (3.5)	597 (3.3)	2,009 (3.6)
Oncology	716 (3.9)	656 (3.5)	564 (3.1)	1,936 (3.5)
Unknown	106 (0.6)	115 (0.6)	463 (2.6)	684 (1.2)

Diagnosis groups represented by 'Other' were: Blood/lymphatic, Body wall and cavities, Trauma, Multisystem, and Other.

The most common reason for admission to PICU across the 2022-2024 reporting period was a respiratory diagnosis (29.9%), followed by a cardiovascular condition (26.0%) (Table 2). The percentage of respiratory admissions has declined over time, falling to 28.5% in 2024 from 30.9% in 2022. The percentage of admissions for cardiovascular conditions increased from 24.5% in 2022 to 27.4% in 2024. The percentage of admissions with an Endocrine/metabolic primary diagnosis declined from 4.2% to 3.3% between 2022 and 2024, whilst those with an Oncology primary diagnosis declined from 3.9% to 3.1% over the same period (Table 2).

## Mortality within paediatric intensive care units

**Table 3a: Percentage of deaths in PICU of all admissions, by country and year of admission**

Country of admission	2022 n (%)	2023 n (%)	2024 n (%)	2022-2024 n (%)
England	609 (4.2)	582 (4.0)	569 (4.0)	1,760 (4.1)
Wales	14 (3.5)	12 (3.0)	14 (3.3)	40 (3.3)
Scotland	32 (2.1)	41 (2.7)	39 (2.7)	112 (2.5)
Northern Ireland	17 (4.0)	8 (2.0)	11 (3.2)	36 (3.1)
Republic of Ireland	55 (3.4)	44 (2.6)	56 (3.3)	155 (3.1)
<b>Total</b>	<b>727 (3.9)</b>	<b>687 (3.7)</b>	<b>689 (3.8)</b>	<b>2,103 (3.8)</b>

Overall, 96.2% of all admissions to PICU were discharged alive (Table 3a). The percentage of deaths in PICU was 3.8% in 2024 which remained steady over the three-year period. Mortality in England was the highest of all nations (4.1%). In the other four nations, mortality ranged from 2.5% (Scotland) to 3.3% (Wales).

**Table 3b: Percentage of deaths in PICUs of all children's deaths in the population: UK and Republic of Ireland**

Country of admission	2022	2023	2024	2022-2024
England and Wales	17.8% (n=623)	16.2% (n=594)	16.0% (n=583)	16.7% (n=1,800)
Scotland	13.2% (n=32)	14.6% (n=41)	15.9% (n=39)	14.6% (n=112)
Northern Ireland	14.4% (n=17)	9.2% (n=8)	12.8% (n=11)	12.4% (n=36)
Republic of Ireland	19.2% (n=55)	18.1% (n=44)	20.0% (n=56)	19.2% (n=155)
<b>Total</b>	<b>17.6% (n=727)</b>	<b>16.1% (n=687)</b>	<b>16.2% (n=689)</b>	<b>16.6% (n=2,103)</b>

In England and Wales, 16.7% of all childhood deaths occurred within a PICU ([Table 3b](#)). This percentage decreased between 2022 and 2024. In Scotland, Northern Ireland and the ROI, the overall percentage of childhood deaths occurring within PICU was 14.6%, 12.4% and 19.2% respectively ([Table 3b](#)).

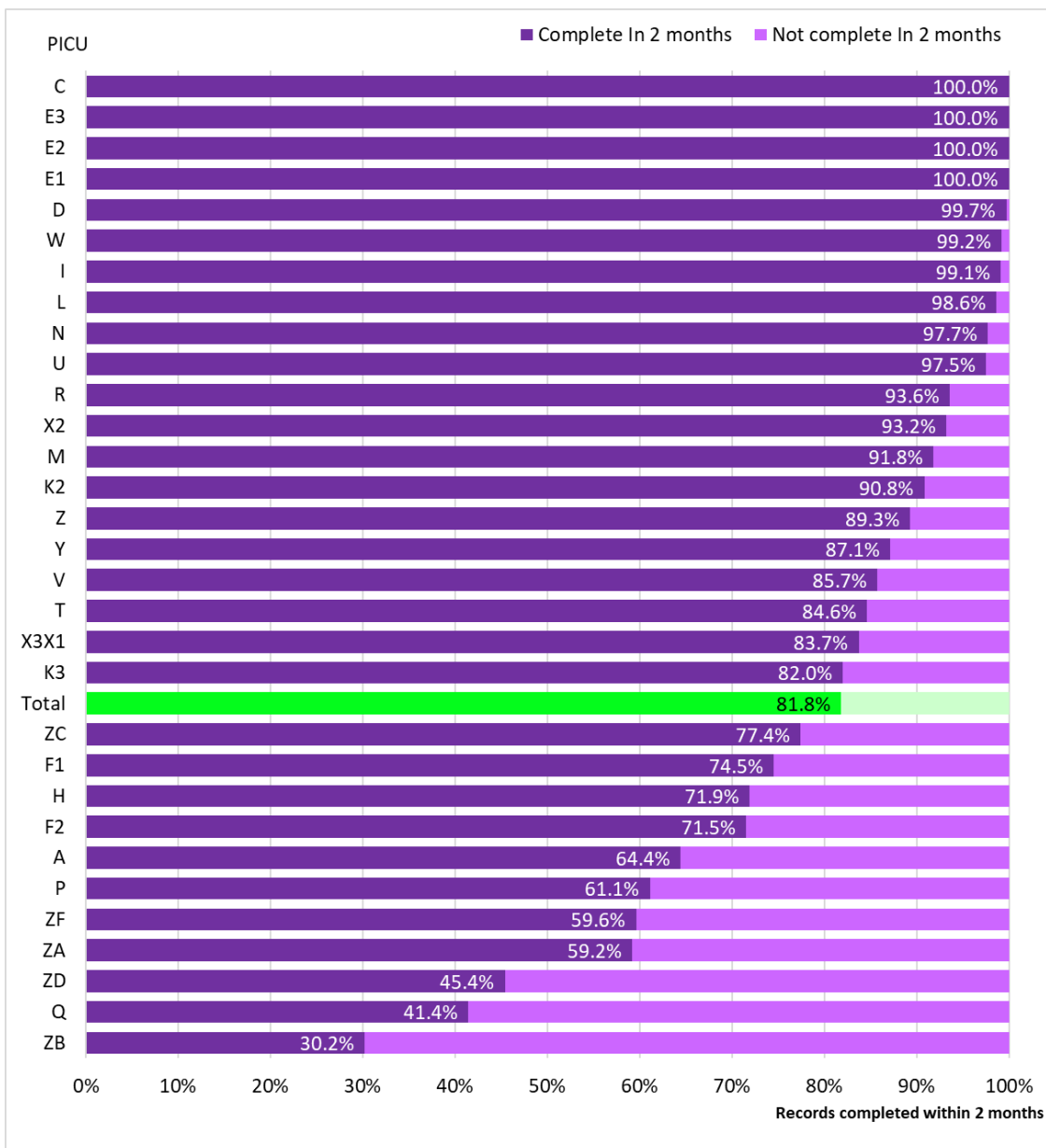
## Key Metrics

### Metric 1: Case ascertainment and timeliness of data submission for 2024

Case ascertainment checks were conducted at all PICUs on four occasions in 2024. Each covered a period of two out of three months within a quarter thus the case ascertainment metric covers eight out of the twelve months in 2024. Units were given the opportunity to resolve initial discrepancies identified on the PICANet database. In 2024, case ascertainment for all units was 100%.

A similar process was undertaken and reported for the first time for the 13 Transport Organisations. In 2024, case ascertainment for these organisations was also 100%.

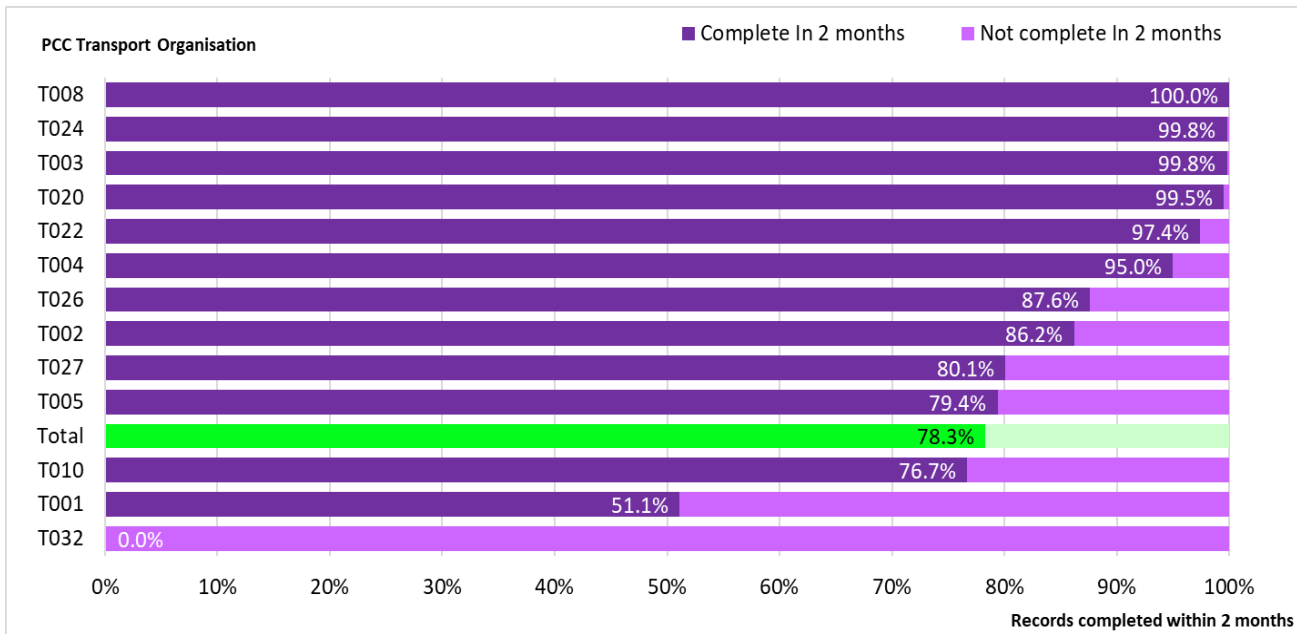
**Figure 1a: Percentage of admission records completed within two months of discharge from PICU, 2024**



[Organisation Key](#)

The overall percentage of PICU admissions completed within two months of discharge in 2024 was 81.8% (Figure 1a). 20 units (out of 31 in total) performed better than this overall figure, with four units achieving 100% complete records within two months. Of the 11 units performing below the overall figure, three had fewer than 50% of their records completed within two months of the child's discharge (Figure 1a).

**Figure 1b: Percentage of transport records completed within two months after the transfer, 2024**

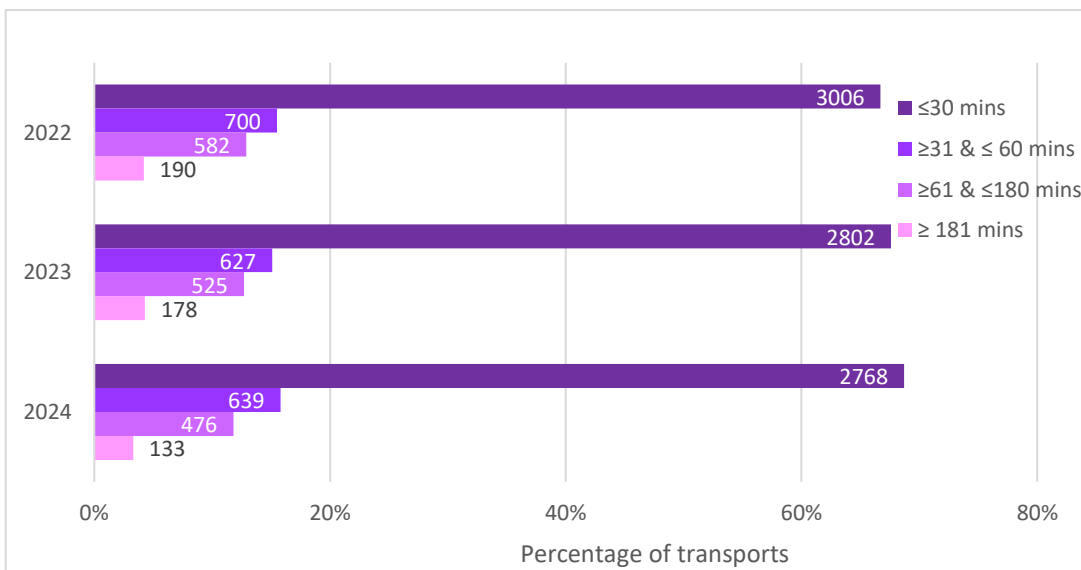


[Organisation Key](#)

This is the first time we have reported timeliness for the transport teams, with over three quarters of transport events (78.3%) completed within the two-month target (Figure 1b). Whilst 10 of the 13 teams performed above this overall figure (including one Team with 100% of records completed within two months), one transport team did not complete any of its records within the two-month target<sup>1</sup>.

## Metric 2: Transport team mobilisation times

**Figure 2: Number of non-elective transports to PICU by time to mobilisation and year: UK and Republic of Ireland**



These figures exclude transports where base unit collection time was not applicable (47 in 2022, 46 in 2023, and 31 in 2024) or missing (27 in 2022, 10 in 2023, and 12 in 2024).

<sup>1</sup> This was due to clinical and administrative staffing vacancies and turnover

The total number of non-elective transports undertaken by a paediatric critical care transport team to a PICU was 4,059 in 2024, lower than those undertaken in 2022 (4,552) and 2023 (4,188). In 2024, excluding those where base unit collection time was not applicable, 99.7% of all transports had a known mobilisation time and 68.7% of these (Figure 2) began within 30 minutes of the clinical decision being made. This is an improvement on 2022 and 2023, where the percentage of known mobilisation times under 30 minutes was 66.7% and 67.6% respectively. The percentage of non-elective transports mobilising in over three hours has improved over the three years, from 4.2% and 4.3% in 2022 and 2023 respectively, to 3.3% in 2024.

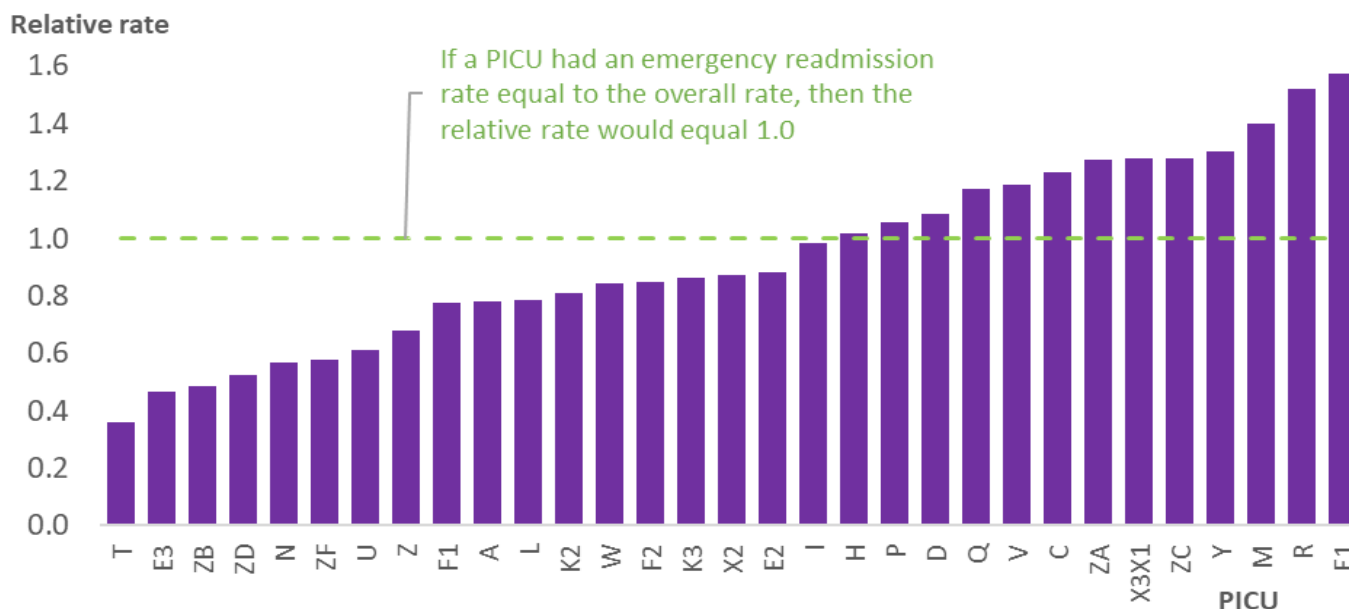
### Metric 3: Emergency readmissions within 48 hours

**Table 4: Emergency readmission within 48 hours of discharge by country of admission<sup>2</sup>**

Country of admission	2022 n (%)	2023 n (%)	2024 n (%)	2022-2024 n (%)
England	219 (1.5)	227 (1.6)	224 (1.6)	670 (1.6)
Wales	5 (1.3)	8 (2.0)	11 (2.6)	24 (2.0)
Scotland	31 (2.1)	31 (2.1)	29 (2.0)	91 (2.0)
Northern Ireland	3 (0.7)	4 (1.0)	2 (0.6)	9 (0.8)
Republic of Ireland	25 (1.5)	31 (1.8)	26 (1.5)	82 (1.6)
<b>Total</b>	<b>283 (1.5)</b>	<b>301 (1.6)</b>	<b>292 (1.6)</b>	<b>876 (1.6)</b>

In 2024, emergency readmissions within 48 hours of discharge to the same PICU were 1.6% of all admissions, and represented a similar percentage compared to 2023 (1.6%) and 2022 (1.5%) (Table 4). In 2024 the percentage of emergency readmissions was highest in Scotland and Wales, similar to 2023. The proportion in Northern Ireland was consistently lower than other nations.

**Figure 3: Relative rate of emergency readmission within 48 hours of discharge by PICU, 2022-2024**



[Organisation Key](#)

Figure 3 shows the relative rate of emergency readmissions by unit, which is calculated as the rate for each unit divided by the overall rate of 1.59. The relative rate of emergency readmissions ranged from 0.36 (lowest) to 1.57 (highest).

<sup>2</sup> Emergency readmissions are not adjusted for case-mix due to small numbers of events preventing meaningful adjustment.

## Metric 4: Unplanned extubations in PICU

**Table 5: Unplanned extubation rates per 1,000 days of invasive ventilation by country and year**

Country of admission	2022		2023		2024		2022-2024	
	n	rate	n	rate	n	rate	n	rate
England	241	4.3	225	4.2	202	3.8	668	4.1
Wales	2	1.8	6	3.9	14	11.2	22	5.7
Scotland	26	7.1	23	7.0	17	4.4	66	6.1
Northern Ireland	9	7.0	4	4.1	2	2.4	15	4.8
Republic of Ireland	33	6.6	38	6.5	32	6.3	103	6.5
<b>Total</b>	<b>311</b>	<b>4.6</b>	<b>296</b>	<b>4.6</b>	<b>267</b>	<b>4.2</b>	<b>874</b>	<b>4.5</b>

The overall three-year rate of unplanned extubation was 4.5 per 1,000 days of invasive ventilation (Table 5). In 2024 this was 4.2 which was a reduction from 4.6 in 2022 and 2023. In all three years, this was below the standard of five per 1,000. Reductions in unplanned extubation rates over time were seen across all nations except for Wales where rates increased from 1.8 to 11.2 in 2024, albeit based on low numbers as shown in Table 5.

**Figure 4: Unplanned extubation rates per 1,000 days of invasive ventilation by PICU, 2022-2024**

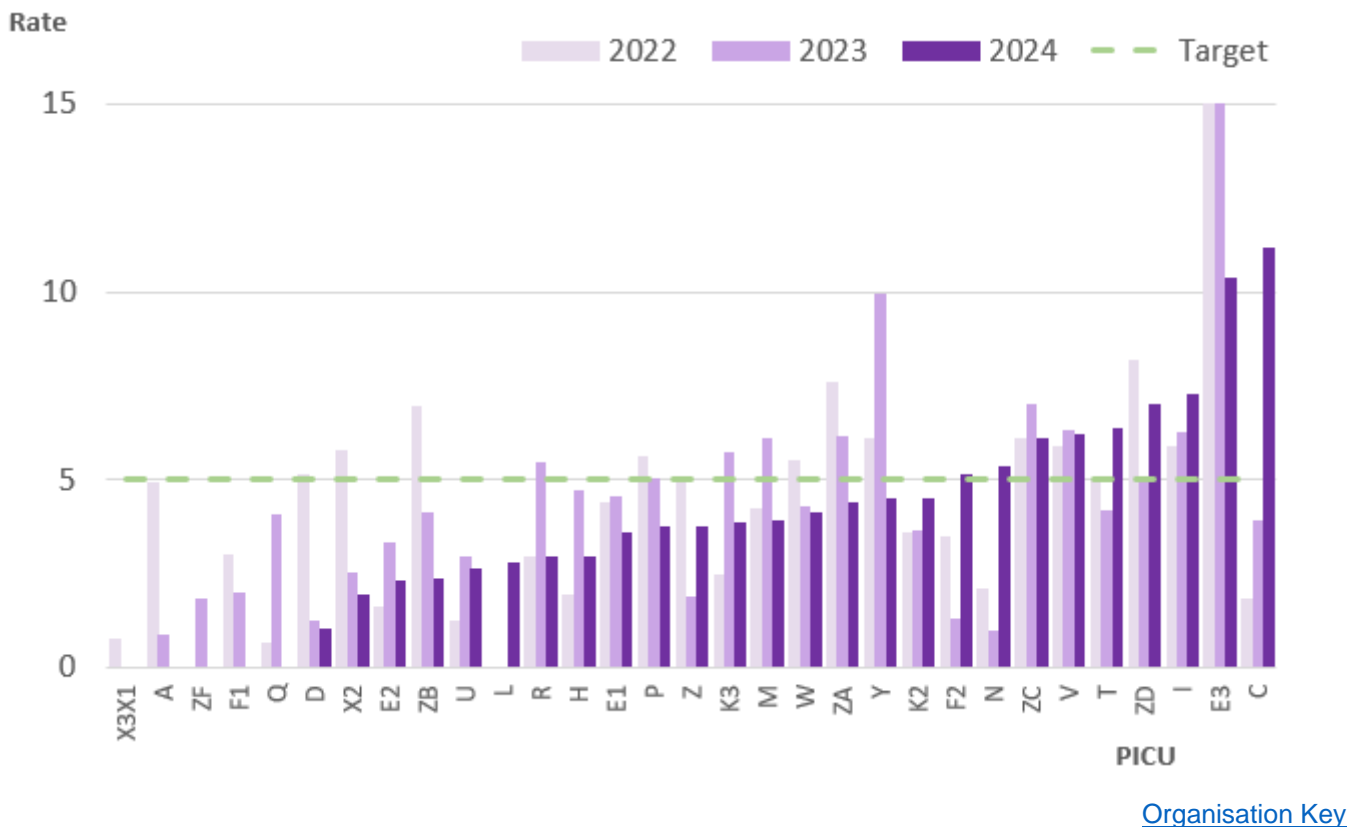
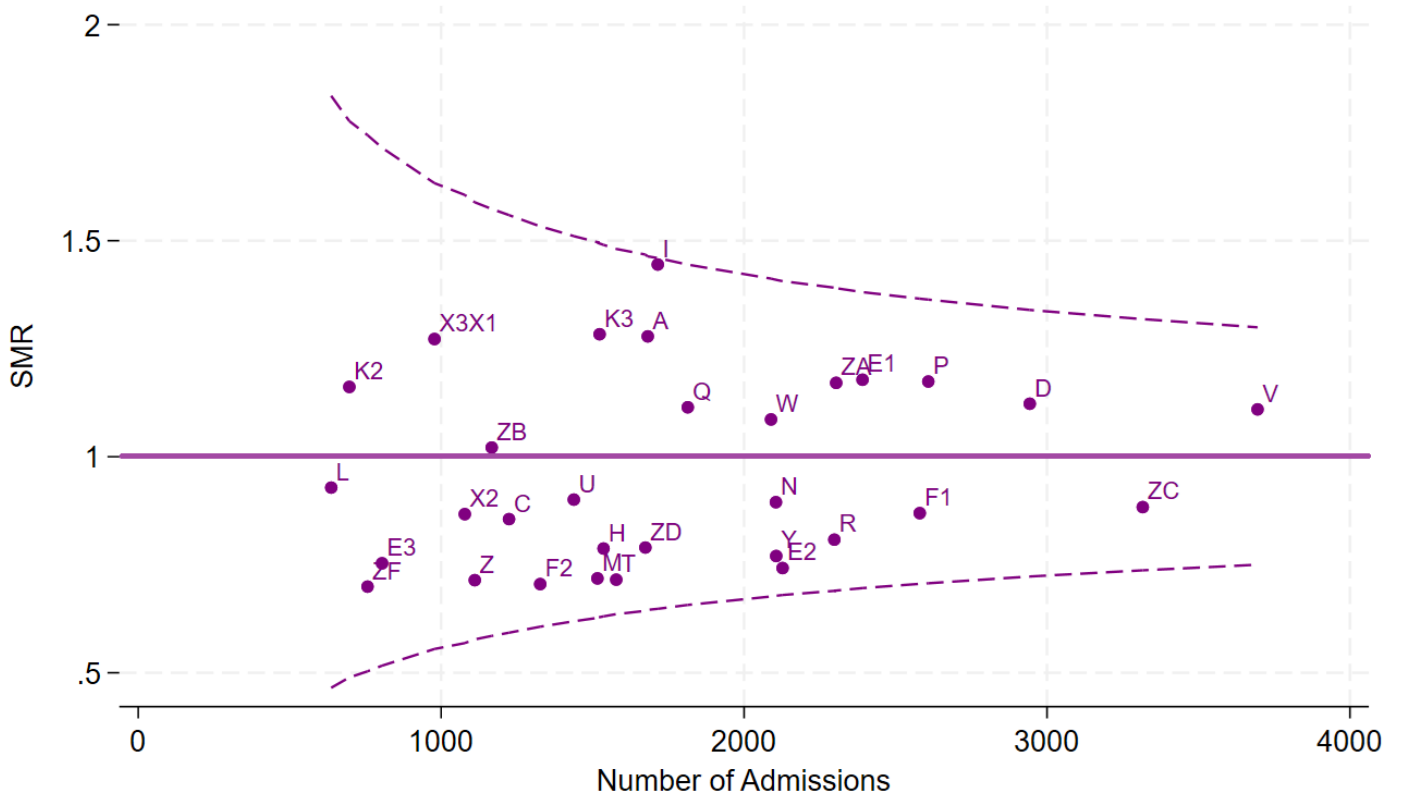


Figure 4 shows that in 2024, 22 out of 31 units (70.0%) met the NHS England target (PIC08a) of a rate of unplanned extubations below 5.0 per 1,000 invasive ventilation days.

Metric 5: Risk adjusted in-PICU mortality

Figure 5: Risk adjusted Standardised Mortality Ratio (SMR) by health organisation, 2022 – 2024



Key

- SMR = 1 (expected deaths are equal to observed deaths)
- - - 99.9% control limits<sup>3</sup>

[Organisation Key](#)

No units were identified as having a higher or lower mortality rate than we would have expected given the children admitted to PICU over the three-year reporting period, so none were classified as “statistical outliers”. This can be seen in Figure 5, where none of the unit-specific SMR estimates were above the upper control limit or below the lower control limit.

<sup>3</sup> For more information please see the [PICANet Outlier Policy](#).

## Organisation Key

<b>A</b>	Addenbrooke's Hospital, Cambridge
<b>C</b>	Noah's Ark Children's Hospital for Wales, Cardiff
<b>D</b>	Royal Manchester Children's Hospital
<b>E1</b>	Great Ormond Street Hospital, London (PICU)
<b>E2</b>	Great Ormond Street Hospital, London (CICU)
<b>E3</b>	Great Ormond Street Hospital, London (NICU)
<b>F1</b>	Evelina London Children's Hospital (previously F)
<b>F2</b>	Royal Brompton Hospital, London (previously O)
<b>H</b>	King's College Hospital, London
<b>I</b>	Leeds Children's Hospital
<b>K2</b>	Freeman Hospital, Newcastle upon Tyne
<b>K3</b>	Great North Children's Hospital, Newcastle upon Tyne
<b>L</b>	Royal Stoke University Hospital
<b>M</b>	Nottingham Children's Hospital, Queens Medical Centre, Nottingham
<b>N</b>	John Radcliffe Hospital, Oxford
<b>P</b>	Alder Hey Children's Hospital, Liverpool
<b>Q</b>	Sheffield Children's Hospital
<b>R</b>	Southampton Children's Hospital
<b>T</b>	St George's Hospital, London
<b>U</b>	St Mary's Hospital, London
<b>V</b>	Birmingham Children's Hospital
<b>W</b>	Bristol Royal Hospital for Children
<b>X2</b>	Leicester Royal Infirmary CICU
<b>X3X1</b>	Leicester Royal Infirmary CPICU (previously known as Glenfield Hospital, Leicester)
<b>Y</b>	Royal Hospital for Children and Young People, Edinburgh
<b>Z</b>	The Royal London Hospital
<b>ZA</b>	Royal Hospital for Children, Glasgow
<b>ZB</b>	Royal Belfast Hospital for Sick Children
<b>ZC</b>	Children's Health, Ireland, Crumlin formerly Our Lady's Children's Hospital, Crumlin, Dublin
<b>ZD</b>	Children's Health, Ireland, Temple Street, formerly Temple Street Children's University Hospital, Dublin
<b>ZF</b>	The Portland Hospital, London
<b>T001</b>	Children's Acute Transport Service (CATS)
<b>T002</b>	Embrace: Yorkshire & Humber Infant & Children's Transport Service
<b>T003</b>	North West and North Wales Paediatric Transport Service (NWTS)
<b>T004</b>	South Thames Retrieval Service (STRS)
<b>T005</b>	KIDS Intensive Care and Decision Support
<b>T008</b>	Southampton Oxford Retrieval Team (SORT)
<b>T010</b>	Northern Ireland Specialist Transport and Retrieval (NISTAR) Paediatric
<b>T020</b>	Scottish Specialist Transport and Retrieval (ScotSTAR)
<b>T022</b>	Irish Paediatric Acute Transport Service (IPATS)
<b>T024</b>	Wales and West Acute Transport for Children (WATCh)
<b>T026</b>	North East Children's Transport and Retrieval Service (NECTAR)
<b>T027</b>	Children's Medical Emergency Transport Service (CoMET)
<b>T028</b>	<i>Heart Link ECMO Children's Service (included in the SoN Tables only)</i>
<b>T032</b>	Paediatric and Neonatal Decision Support and Retrieval Service (PaNDR)

**Celebrating 22 years of data**  
**Thank you to all of the PICU and transport teams for making this possible**