



INFORMATION REQUESTS

Request date	Name	Position & Place of work	Information required	Date approved	Date info provided	Info supplied by
30/06/10	Carla Hayes	PICU Audit Clerk, Nottingham University Hospitals.	<p>RENAL INTERVENTIONS</p> <p>Could we please have the case note numbers of all of our patients who have received renal interventions and which Renal Interventions, since January 2010. Also the number of days they were with us.</p>			Pending with Phil McShane
17/06/10	Carla Hayes	PICU Audit Clerk, Nottingham University Hospitals.	<p>UNPLANNED ADMISSION</p> <p>We need all the unplanned admission to PICU from The Nottingham University Hospitals Wards? Not A&E or Theatres for 2009.</p> <p>We will need the time and date of admission, age & gender, any interventions received and primary diagnosis. Also the length of stay and the outcome at 30 days.</p>	17/06/10	21/06/10	Phil McShane
08/06/10	Pradip Thakker	Consultant Paediatrician / Special Interest Cardiology, Queens Medical Nottingham	<p>POST SCOLIOSIS SURGERY</p> <p>All patients who have been admitted post scoliosis surgery that have got underlying diagnosis of Duchennes Muscular Dystrophy over last 10 years.</p> <p>Any deaths in this group over last 10 years? What treatment patient was on and what cardiac function was documented prior to surgery?</p>			Pending with Phil McShane
08/06/10	Hannah Baird	Medical Student, Central Manchester Foundation Trust	<p>CHRONIC / LONG TERM VENTILATED PATIENTS</p> <p>The number of beds used by chronic / long term ventilated patients in PICU's.</p>	08/06/10	01/07/10	Phil McShane

25/05/10	Stephanie Stanwick	Programme manager - Safe and Sustainable Paediatric neurosurgery, London National Specialised Commissioning Group	<p>5 YEARS PICANET DATA</p> <ul style="list-style-type: none"> To extract 5 Years of data from PICANET, PICU data is required for the 11 Centres that currently undertake Paediatric cardiac surgery and the 15 centres that currently provide Neurosurgery only, PICU activity is to be extracted for the selected groups of diagnoses or procedures specified. Produce some analysis of number of episodes by various factors (SHA, Age Group, Procedure type, bed days). <p>In particular:</p> <ul style="list-style-type: none"> Numbers of occupied bed days across all the PICU dependency categories showing cardiac surgery and neurosurgery procedures as attached. % of OBDs for cardiac surgery patients % of OBDs for transplant/bridge to cardio-thoracic transplantation and respiratory ECMO cases. % of OBDs for neurosurgery patients and key neurosurgical procedures requests for admission to the PICU refused by specialty admissions/OBDs from outside the hospital 			Pending with Phil McShane
19/05/10	Maureen O'Reilly	Administrative Secretary, Royal Belfast Hospital for Sick Children	<p>DOWN'S SYNDROME</p> <p>Patient name, Children's Hosp no, date of admission, date of discharge, Diagnosis and outcome for patients admitted to the Paediatric Intensive Care Unit during 2009 that have Down's Syndrome.</p>	19/05/10	27/05/10	Phil McShane
17/05/10	Carla Hayes	PICU Audit Clerk, Nottingham University Hospitals.	<p>PAEDIATRIC NEUROSURGERY</p> <p>Information on Paediatric Neurosurgery patients from the 1st April 2008 to 1st April 2009: Number of Elective admission's? Number of emergency admission's?</p>	17/05/10	14/06/10	Phil McShane
14/05/10	Anand Wagh	Speciality trainee – Paediatrics, Newcastle Freeman Hospital	<p>PICU ADMISSIONS</p> <ul style="list-style-type: none"> All the PICU admissions at Freeman Hospital & Newcastle General Hospital Time scale: January 2005 – December 2009 Post op Paediatric scoliosis Surgery patients (0 -18 yrs) PICU stay Diagnosis (on admission & discharge) PICU stay (days; if possible in hours) 	14/05/10	14/05/10	Phil McShane

			<ul style="list-style-type: none"> • Ventilation (days: if possible in hours) • Discharge ventilation (self ventilating, non invasive ventilation, trache) • Cardiovascular support (inotropes) • Complications (neurological/ sepsis/ renal failure) • Previous PICU admissions / readmission 			
28/04/10	Jenny Longden	Advanced Practitioner, Royal Manchester Children's Hospital	<p>MORTALITY IN PICU</p> <p>How many children were admitted to PICU's within the UK between 2007-2008 and 2008-2009 Overall mortality during 2007-2008/2008-2009 Diagnostic groups of deaths (if available) Ages of deaths (if available)</p>	28/04/2010	28/04/2010	Phil McShane – information held in National Report
23/03/10	Dr. John Alexander	PICU Director, University Hospital of North Staffordshire	<p>SMR OUTCOME</p> <p>SMR Outcome data for Stoke PICU from 2003 onwards Statistical analysis of whether the outcome is better than predicted. Run chart of SMR to understand if there are any periods of higher than expected mortality</p>	23/03/2010	29/03/2010	Phil McShane
18/03/10	Carla Hayes	PICU Audit Clerk, Nottingham University Hospitals.	<p>NEUROSURGICAL PATIENTS</p> <p>Information on Paediatric Neurosurgery patients from the 1st April 2008 to 1st April 2009 : Number of Admissions to PIC? Number of Admissions of Which number of patients intubated? Number of Admissions of Which Elective? Number of Admissions of Which emergency? Average Length of stay in PIC of all admissions? Number of un-planned PICU admissions of all patients (during same spell)? Average length of stay of unplanned PIC admissions of all PIC patients in this time spell? How many paediatric neurosurgical referrals did we receive in this time spell outside of our catchment area?</p>	19/03/2010	22/03/2010	Phil McShane
16/03/10	Maria MacDonald	Research and audit Nurse, Royal Manchester Children's Hospital	<p>POMPE'S DISEASE</p> <p>I require info on all children admitted to RMCH with Pompe's disease.</p>	16/03/2010	N/A	Request Cancelled
12/03/10	Claire Magner	Clinical Audit and Research Nurse, Our Lady's Children's Hospital, Crumlin.	<p>OUTCOMES OF CARDIAC SURGICAL POPULATION</p> <p>We would like to know the outcomes (survivors' vs non-survivors) of our cardiac surgical population since commencement of data collection. More specifically the numbers of and outcomes for:</p>	12/03/2010	22/03/2010	Phil McShane

			<p>TGA Hypoplastic Left Heart Syndrome Hypoplastic Right Heart Syndrome Norwood Procedure, BT shunt (+/- modified), Sano shunt, Glenn Shunt (+/- Bidirectional) Fontan Type Operation Arterial Switch Operation We would also like to know what percentage of our population have Trisomy 21, given the increased incidence of cardiac defects in this population.</p>			
01/03/10	Alison Gibbs	Network and commissioning manager- Yorkshire and Humber	<p>PIC ADMITTANCE FOR YORKS AND HUMBER</p> <p>For Sub region of Yorkshire PCTs i.e. Hull, East Riding of Yorks, N Yorks and York, Leeds, Wakefield, Kirklees, Calderdale, & Bradford and Airedale. Years 2008 & 2009. For each PCT numbers of those who needed PIC and where they received it. To include for: out of area by intervention, diagnostic group and admission type. For sub region of PCTs for Barnsley, Doncaster, Rotherham, Sheffield, Bassetlaw and North Derbyshire- the same information please. Leeds PICU identify for same year those who were on PICU for >1/12, 3/12, 6/12, 9/12 & 12/12 by ventilated and non-ventilated. Hull PICU for 2009 numbers admitted for Head injury by age i.e. <5, 5 and over and Hull PCT, non Hull PCT & admission type.</p>	01/03/2010	18/03/2010	Phil McShane
19/02/10	Claire Magner	Clinical Audit and Research Nurse, Our Lady's Children's Hospital, Crumlin.	<p>INCIDENCE OF MENINGITIS</p> <p>We would like to know incidence of Meningitis, including pneumococcal, meningococcal admitted to our unit.</p>	19/02/10	28/02/10	Phil McShane
11/01/10	Angela Norcup	PICU Secretary, University Hospital of North Staffordshire	<p>SMR FIGURES</p> <p>We need the SMR figures month by month for as far back as PICANet data goes.</p>	11/01/10	18/01/10	Phil McShane/ Adrian Ashley
11/01/10	Tina McClelland	PICANet Audit Nurse, Alder Hey Hospital, Liverpool	<p>SEVERE NEURODISABILITY</p> <p>Admissions to PICU of those with severe neurodisability over last five years Reason for admission Length of stay Outcome of admission</p>	11/01/10	26/03/10	Phil McShane

07/01/10	Dr Mary Slack	Consultant Microbiologist, Health Protection Agency	<p>PNEUMOCOCCAL INFECTION</p> <p>Data on children admitted to paediatric intensive care units with any pneumococcal infection between July 2004 and June 2009 (i.e. any child with documented “pneumoco*” or “streptococcus pneumoniae” in the admission log.</p> <p>Age in months; month and year of admission; town of child; gender ; previous ICU admissions ; source of admission ; diagnoses and procedures ; co-morbidity ; daily interventions with number of days (basic, airway & ventilation, cardiovascular, renal, neurological, other) ; PIM1/PIM2 – Medical history ; PIM1/PIM2 – Physiology (systolic blood pressure, base excess, pupil reaction) ; Status at discharge ; duration of stay (days); follow-up information</p>	07/01/10	01/04/10	Phil McShane
17/12/09	Carla Hayes	Audit Clerk, Nottingham Queen’s Medical Centre	<p>INVASIVE VENTILATION AND HAEMOFILTRATION</p> <p>How many of our patients received invasive ventilation in 2009? And how many received haemofiltration in 2009?</p>	17/12/09	22/12/09	Phil McShane
16/12/09	Claire Magner	Clinical Audit and Research Nurse, Our Lady’s Children’s Hospital, Crumlin.	<p>INCIDENCE OF RSV</p> <p>We would like to know incidence of RSV, trends and co-morbid illness. We would like to benchmark this data with other centres. This information will provide an insight into the effectiveness of our RSV prophylaxis programme in Crumlin.</p>	18/12/09	25/01/10	Phil McShane
16/12/09	Ryan Watkins	Consultant and Clinical Director, Royal Sussex County Hospital.	<p>PICU ACTIVITY</p> <p>I would like to establish the activity undertaken in PICUs for children living in postcodes in East Sussex, West Sussex and Brighton and Hove. Also for Kent. Also for Surrey.</p>	16/12/09	15/01/10	Phil McShane
17/11/09	Alison Kemp	Professor of Child Health, University Hospital of Wales	<p>NUMBER OF CHILDREN WHO HAVE CPR</p> <p>Age range of children (DOB/DOA/date of CPR) Any outcome data post CPR (mortality/survival) Underlying reason for admission to PICU</p>	18/11/09	15/01/10	Phil McShane
06/11/09	David Inwald	Consultant in PICU, St Mary’s Hospital, London	<p>PNEUMOCOCCAL DIAGNOSIS</p> <p>Numbers of cases with the following diagnoses admitted (per year) 2005, 2006, 2007, 2008 and 2009. Any diagnosis containing the word “pneumococcal” with a breakdown of the numbers of different diagnoses logged Haemolytic uremic syndrome WHEN there is also a diagnosis containing the word “pneumococcal”</p>	06/11/09	26/11/09	Phil McShane

04/11/09	Claire Magner	Clinical Audit and Research Nurse, Our Lady's Children's Hospital, Crumlin.	<p>PIM SCORE FOR PICU PATIENTS</p> <p>We require average PIM score for our PICU patients, crude SMR and PIM2 adjusted SMR. This will be presented at a Paediatric Conference in Dublin and will provide an insight into the severity of illness of the patients seen at Crumlin.</p>	04/11/09	16/12/09	Phil McShane
30/10/09	Nitin Verma	ST6 Paediatrics Newcastle General Hospital	<p>TRACHEOSTOMY IN PICU</p> <p>1) Children intubated for > 7 days in PICU –individual names/ total number. (invasive ventilation) 2)a - Children who had tracheostomy in PICU – individual names/ total number b - were all of them intubated for >7 days - yes/no (invasive ventilation) c) - if No, then how many - number 3) How long was the stay in PICU for kids intubated >7 days(invasive ventilation) if you could kindly give me the days or if possible the number of hours that each kid was intubated. 4) How long was the stay in PICU for kids who had tracheostomy in PICU(who were initially ventilated for >7 days) if you could kindly give me the days or if possible the number of hours that each kid stayed in PICU</p>	30/10/09	17/12/09	Phil McShane
28/10/09	Amber Young	Consultant Paediatric Anaesthetist, Dept of Anaesthesia Frenchay Hospital	<p>CHILDREN IN PICU WITH HYDROCEPHALUS OR BLOCKED VP SHUNT</p> <p>1) Number of children and ventilation status admitted to PICU with hydrocephalus or blocked VP shunt over last 5 years (2003-2008 if possible) - per unit (anonymised) and total 2) a) Causes of hydrocephalus if possible (tumour, bleed, blocked VP shunt etc) - per unit (anonymised) and total 3) Mortality of children admitted with hydrocephalus - total over 5 years as in 1) - per unit (anonymised) and total 4) PIM2 score for above cases 5) Differentiating units (in anonymous way) into those with paediatric neurosurgical presence or not – see enclosed table)</p>	28/10/09	25/11/09	Phil McShane
20/10/09	Christophe Eich	Consultant Paediatric Anaesthetist and Emergency Physician, University Medical Centre Göttingen, Germany	<p>INSTANCES OF CPR IN PICUS</p> <p>Incidence of cardiopulmonary resuscitation (CPR; main entry criterion: chest compressions) on PICUs in the UK & Ireland, in correlation to size of unit (number of beds), annual number of cases/admissions, and Regular care for cardiac children (paediatric cardiology/cardiac</p>	21/10/09	24/11/09	Pending with Adrian Ashley

			surgery – yes/no).			
21/09/09	Roddy O'Donnell	PICU Consultant Addenbrookes and PICS Hon Secretary	<p>CEREBRAL PALSY & DOWN'S SYNDROME ADMISSIONS</p> <p>How many admissions of patients to PICU where cerebral palsy or Down's syndrome are recorded as a co-morbidity by Read Code on admission to PICU? Approached by MENCAP at the start of their "Death by Indifference campaign".</p>	21/09/09	03/11/09	Adrian Ashley
26/08/09	Sally Abbott	Senior Operational Research Analyst, Department of Health	<p>SWINE FLU AND BED CAPACITY</p> <p>(2006 – 2008) Total number of bed days for children aged between 0-15 yrs Of these, total number of bed days used by non-elective admissions Average daily bed occupancy Could I have this data at both national and regional level? We are currently building a critical care model to assess the impact of swine flu on bed capacity. We need this data to calculate the average proportion of occupied beds used by emergency admissions.</p>	27/08/09	01/10/09	Phil McShane
31/07/09	Geralyn Oldham	Information Support Manager - Great Ormond Street Hospital for Sick Children	<p>UNIT REPORT BREAKDOWN BY UNIT TYPE</p> <p>We would like to receive our Annual PICANet reports broken down by Unit Type at GOSH so more relevant and meaningful for clinicians. E1 – PIC Unit E2 – Cardiac Unit</p>	22/07/09	11/10/09	Adrian Ashley
08/07/09	Amber Young	Consultant Paediatric Neuro-anaesthetist – North Bristol NHS Trust	<p>HEAD INJURY/ TRAUMATIC BRAIN INJURY</p> <p>1) Number of children and ventilation status admitted to PICU with head injuries / traumatic brain injury over last 5 years (2003-2008 if possible) - per unit (anonomised) and total 2) a) Number of children admitted with head injuries with ICP monitor - over 5 years as in 1) - per unit (anonomised) and total b) Number of children admitted with head injuries with inotropic support - over 5 years as in 1) - per unit (anonomised) and total c) Number of children admitted with head injuries with length of stay > 2 weeks - over 5 years as in 1) - per unit (anonomised) and total 3) Mortality of children admitted with head injuries - total over 5 years as in 1) - per unit (anonomised) and total 4) Mortality in head injuries with ICP monitors - per unit</p>	29/07/09	29/07/09	Phil McShane

			(anonomised) and total 5) Mortality in head injuries requiring inotropic support - per unit (anonomised) and total 6) % of PIC admissions with neurosurgical diagnoses including tumours, hydrocephalus, cerebral bleeds, traumatic brain injury etc and ventilated / non-ventilated status			
29/04/09	Jose Panisello	Clinical Director	THAMES VALLEY ADMISSIONS Number of patients belonging to the Thames Valley (old boundaries) have been admitted nationally (2006,2007,2008) How many of those patients were admitted in Oxford for the same years PCOs for the remaining patients admitted in oxford for the same years In addition to number of patients, can you provide the number of bed days used for each group	11/05/09	11/05/09	Roger Parslow
23/03/09	Peter Davis	Consultant Paediatric Intensivist - Bristol Royal Hospital for Children	TRAUMATIC BRAIN INJURY On all children admitted to PICUs in England & Wales over 4 years (2004-2007) with traumatic head injury: ADMISSION MONTH LENGTH OF STAY (TO DISCHARGE OR DEATH) OUTCOME (ALIVE/DEAD) ICP MONITORING Y/N PUPIL REACTION (FROM PIM) DIAGNOSIS OTHER DIAGNOSES (to pick up multi-trauma) The list of diagnoses used to filter traumatic head injury.	23/03/09	24/03/09	Roger Parslow
21/03/09	Saul Faust	Senior Lecturer in Paediatric Immunology and Infectious diseases – University of Southampton	MENINGOCOCCAL AND PNEUMOCOCCAL SEPSIS The meningococcal and pneumococcal sepsis admitted numbers for the winters 2005-6, 2006-7, 2008-09 (this year so far) Oct-Mar each year, if not summarized by calendar year will be fine (if there is a monthly breakdown this would be even better). The “overall sepsis” numbers available for these time periods as well.	23/03/09	23/03/09	Roger Parslow
19/02/09	Catherine Penrose	PICU Consultant – Leeds General Infirmary	PROVISION OF PALLIATIVE CARE Looking at provision of palliative care in Leeds and UK and the provision for end of life care outside of the PICU environment	19/02/09	19/02/09	Roger Parslow

05/12/08	Alison Bali	Specialised Commissioning Project Manager – North West Commissioning team	<p>BED DAYS</p> <p>The number of bed days occupied by North West patients <u>outside</u> of the North West Region in <u>2007</u> (North West area based on SHA boundary)</p> <p>What is the national average?</p>	05/12/08	05/12/08	Tom Fleming
28/10/08	Will Woodward	Consultant in Anaesthesia & Intensive Care – Royal Cornwall Hospital	<p>PICU/ ICU COMPARISON</p> <p>Length of stay, intervention, and outcome data for children retrieved to</p> <p>a) all PICU's nationally, and</p> <p>b) Bristol Children's Hospital from southwest DGH's</p>	29/10/08	29/10/08	Tom Fleming
22/09/08	Simon Whiteley	PICU Consultant, St James's Hospital, Leeds	<p>ASTHMA</p> <p>1. How many patients are admitted to PICU with a diagnosis of asthma / year (2004-7)</p> <p>2. Number ventilated / no days ventilated / duration of stay / outcome / number of deaths / number other adverse outcomes recorded e.g. brain injury (if any).</p> <p>3. Number suffer a cardio- respiratory arrest prior to admission (if any) details of outcome</p> <p>4. Denominator values total number admissions</p>	07/10/08	07/10/08	Tom Fleming
08/08/08	Christine Mckerness	Senior Sister Newcastle General Hospital	<p>BABIES/ WORKFORCE PLANNING</p> <p>Number of babies admitted to RVI in 2005, 2006 and 2007 in order to plan and manage workforce and numbers of babies admitted to RVI PICU with primary diagnosis of NEC / necrotizing enterocolitis for the years 2005, 2006, 2007 for same reason</p>	11/09/08	11/09/08	Newcastle-Internal data only needed
04/04/2008	Ruth Gilbert	Professor of Clinical Epidemiology	<p>PICU ADMISSIONS ACROSS 9 LARGEST PICU'S</p> <p>Numbers of PICU admissions in 2006 for 9 of the largest PICUs, according to duration of stay, operative status, source of patient and diagnostic group. We will use the information to help design a randomized controlled trial of impregnated central venous catheters to prevent bacteraemia in children admitted to PICU. We need to have a break-down of patient groups according to duration of stay in order to estimate the sample size available. We will use estimates of baseline risk of bacteraemia in relation to duration of stay to estimate sample size according to patient group</p>	04/04/2008	07/04/08	Tom Fleming

13/02/2008	Alison Oliver	Regional Education Nurse	<p>ACCIDENTAL EXTUBATIONS</p> <p>I am currently auditing our rate of accidental extubations. Two study periods are complete and I would like to benchmark with other units throughout the UK</p>	Not Approved		
05/02/2008	Quen Mok	Consultant Intensivist, Great Ormond Street Hospital	<p>HEAD INJURIES</p> <p>Numbers of patients admitted with moderate and/or severe traumatic brain injury/head injury per year to each PICANET unit in the last 5 years.</p>	05/02/2008	17/03/08	Tom Fleming
25/01/2008	Stuart Rowe	Lead Commissioner - Pan Thames, Hammersmith and Fulham PCT	<p>PAN THAMES</p> <p>Admissions, bed days and retrievals for:</p> <p>I) Non-Pan Thames residents to Pan Thames units II) Pan Thames residents to Pan Thames units</p>	25/01/2008	25/01/08	Tom Fleming
14/01/2008	Peter Phillips	Solution Architect, Cerner Millennium	<p>DATASETS</p> <p>I am working on the national programme for IT London and Southern cluster projects. We are looking at reporting requirements for our clinical teams (critical care) and need to design our system to allow trusts to provide PICANet submissions where appt. Please could you forward the current datasets required by trusts to complete, showing the response code values required by PICANet.</p>	14/01/2008	15/01/2008	Tom Fleming
10/01/2008	Saul Faust	Senior Lecturer in Paediatric Infectious Diseases, Southampton University	<p>MENINGOCOCCAL</p> <p>Current data available that we could quote as a “personal communication” that indicate the approximate current meningococcal disease mortality across the combined UK PICU network. RP has suggested “the numbers of admissions and deaths by year, ageband and sex for 2004-2006 inclusive (3 whole years), excluding Scotland” – which sounds ideal.</p>	11/01/2008	15/01/08	Tom Fleming
04/12/2007	Ranjit Khular	Commissioning Manager, West Midlands Specialised Commissioning Team	<p>ACTIVITY</p> <p>Activity information on all PIC services nationally accessed by residents of the 17 West Midlands PCTs, on a monthly basis</p>	11/12/2007	06/02/08	Tom Fleming
30/11/2007	Tony Dinning	Manager, Trent Paediatric Critical Care Network, Nottingham City PCT, Nottingham,	<p>OUT OF NETWORK TRANSFERS</p> <p>April 2006 to September 2007 A breakdown per Network PCT of admissions to PICU outside of Network. To include primary diagnosis to exclude appropriate</p>	30/11/2007	11/12/07	Tom Fleming

			clinical transfer for Lincolnshire Teaching PCT Nottingham City PCT Nottinghamshire County Teaching PCT Derbyshire County PCT Derbyshire City PCT			
02/11/2007	Tamsin Ford	Senior clinical lecturer in child and adolescent psychiatry, Peninsula Medical School, Exeter	SELF HARM I would like to know how many children were admitted to PICU in 2004-2006 with deliberate self harm by any method. If possible I would like to know about kids whose primary diagnosis may relate to the injury sustained (ie head injury or poisoning) but where deliberate self harm was suspected.	02/11/2007	12/11/07	Tom Fleming
08/10/2007	Kate Brown	Consultant Intensivist, Great Ormond Street Hospital	24 HOUR STUDY A list of children who died within 24 hours of admission to a UK PICU. No patient or unit identifier is required. The list to contain: the PIM score, the primary diagnosis, date and time of admission, date and time of death. The data is requested over the longest possible / feasible time period.	08/10/2007	25/10/07	Tom Fleming
20/08/2007	Phil Wilson	Retrieval Coordinator, Birmingham Children's Hospital	WEST MIDLANDS No. of patients from the following PCTs admitted to BCH, UHNS, UHL & 'out of region' PICUs. Names of OOR PICUs not needed. Pan Birmingham Black Country Coventry and Warwickshire Herefordshire Worcestershire Shropshire Telford & Wrekin Stoke-On-Trent North Staffordshire South Staffordshire	20/08/2007	03/09/07	Tom Fleming
26/07/2007	Gavin Rudge	Data scientist, University of Birmingham	WEST MIDLANDS ADMISSIONS Counts of all admissions to neo-natal intensive care or paediatric intensive care, of all children resident in the Government Office Region of the West Midlands, under two years old at date of admission for the latest three whole financial year for which data are available.	26/07/2007	06/08/07	Tom Fleming

05/07/2007	Shane Tibby	Consultant PICU, Evelina Children's Hospital, Guy's & St Thomas' NHS Foundation Trust	RESPIRATORY ADMISSIONS All respiratory admissions to PICU including the differentiation between RSV and non-RSV bronchiolitis, for the period 2004 – 2006. If possible, this would ideally include data from early 2007 (up until March), to encompass the most recent RSV season. We would like these data to include the length of PICU stay, length of ventilation and mortality.	06/07/2007	11/07/07	Tom Fleming
11/06/2007	Paul Baines	Consultant PICU, Royal Liverpool Children's Hospital	SDD For all children admitted to PICU and ventilated for at least 2 days (could I have it for all children who are ventilated as well):- 1) Numbers split by (anonymised) units 2) Age/sex overall 3) VFDs overall at 30 days (summary stats - mean min etc + grouped) 4) LOS overall (summary stats - mean min etc + grouped) 5) Duration of ventilation (although linked to VFDs) 6) ICU Mortality (died yes/no) 7) Inotropes (yes/no in stay) 8) Diagnostic group overall	11/06/2007	11/06/07	Tom Fleming
06/06/2007	Elizabeth Bream	Specialist Registrar in Public Health, Scottish Executive Health Department, Edinburgh	BURNS Numbers of children treated in PICU for burn injuries in England. Time period 2004, 2005, 2006 if possible. Numbers by age band if possible. Outcome (i.e. survival) if possible. Length of stay if possible.	11/06/2007	18/06/07	Tom Fleming
06/06/2007	Paul Chumas	Consultant paediatric neurosurgeon, Leeds General Infirmary	NEUROLOGICAL 1) Number of children and ventilation status of those admitted to PICU with head injuries (we'll give breakdown of invasive/non-invasive etc) 2) Number of children admitted with head injuries who have an ICP bolt 3) Number of children admitted to adult ICU with head injuries (we have limited data for 2004/2005 for England)- may not be able to identify it as head injury but just 'neurological' 4) Number of children admitted to PICU with CNS tumour and ventilation status 5) Number of children admitted to PICU with Hydrocephalous and ventilation status Information from all UK & Eire if possible	11/06/2007	18/06/07	Tom Fleming

21/05/2007	David Inwald	Consultant in PICU, St Mary's Hospital	<p>ST. MARY'S DATA</p> <p>Numbers of children admitted to St Mary's PICU receiving invasive ventilation, non-invasive ventilation, both or neither by primary care organization between 01/04/2006 and 31/03/2007. Also required, total number of occupied bed days in each category and total bed days measured to a fraction of a day. In addition, number of invasive ventilation days and non-invasive ventilation days by PCO (this may differ from OBD as length of stay longer than duration of ventilation)</p>	21/05/2007	22/05/07	Tom Fleming
10/05/2007	Peter Davis	Consultant Paediatric Intensivist, Bristol Royal Hospital for Children	<p>SWACIC UPDATE 2007</p> <p>For period April 2003 – March 2006:</p> <ol style="list-style-type: none"> 1. A breakdown by PCT for numbers of admissions to Bristol per PCT only including those PCTs from the South West (i.e not all our South Wales admissions etc.) 2. A breakdown by diagnostic groups of admissions to Bristol for the South West PCTs. 3. If possible a breakdown by both diagnostic group & PCT of admissions to Bristol from South West PCTs. 4. PIM breakdown and adjusted SMR for admissions to Bristol from South West PCTs. 	10/05/2007	21/05/07	Tom Fleming & Roger Parslow
18/04/2007	Mark Peters	Clinical Unit Chair, P/NICU, Great Ormond Street Hospital.	<p>a) RESPIRATORY FAILURE</p> <p>Age / gestation / LOS / outcome / PIM score and diagnostic coding for all cases of respiratory failure</p> <p>b) SUPPLEMENTARY INFORMATION</p> <p>Can you provide gender data on these same cases and can you rerun the query with any diagnostic code that includes 'influenza'</p>	<p>a) 18/04/2007</p> <p>b) 21/05/2007</p>	<p>a) 30/04/07</p> <p>b) 22/05/07</p>	Tom Fleming
16/04/2007	Michelle Milner	Network Manager / Lead Nurse Paediatric Critical Care Network, Leeds PCT	<p>OUT OF REGION TRANSFERS</p> <p>Ideally, I require information on all out of region transfers by PCT to Leeds and Sheffield by date, time of transfer, and type of transfer. However, this will not be possible as it has the potential to identify individual patients. Therefore my adjusted request is as follows:-</p> <p>Please supply me with information on transfers from within the Yorkshire and the Humber region, grouped into Sheffield patients and Leeds patients.</p> <p>Sheffield patients being the following PCT's:- Barnsley, Sheffield West, North Sheffield, Sheffield South West, South East Sheffield,</p>	16/04/2007	30/04/07	Tom Fleming

			<p>Rotherham, Doncaster West, Doncaster Central, Doncaster East, North Lincolnshire, North East Lincolnshire</p> <p>Leeds patients from the following PCT's:- Hambleton and Richmondshire, Craven Harrogate and Rural District, Scarborough Whitby and Ryedale, Selby and York, Yorkshire Wolds and Coast, East Yorkshire, Western Hull Teaching, Eastern Hull Teaching, Airedale, Bradford South and West, North Bradford, Bradford City Teaching, Calderdale, Leeds North West, Leeds West, Leeds North East, East Leeds, South Leeds, Huddersfield Central, South Huddersfield, North Kirklees, Wakefield West, Eastern Wakefield).</p> <p>Please supply this information by date of transfer, time of transfer, care area, retrieval (Y or N) retrieved by (own team other specialist team etc), and admitting PICU.</p> <p>Please note:- I already have the information on children transferred from Leeds PICU to Sheffield PICU and Sheffield PICU to Leeds (Supplied by the individual PICU's) therefore please exclude these patients from the information supplied.</p>			
30/11/2006	Melanie Maxwell	Consultant in Public Health Medicine, Wirral NHS Trust	<p>NORTH WEST DATA</p> <p>All data requested relate to 2003-2005, annual data for each of the two units (Royal Manchester Children's Hospital and Royal Liverpool Children's Hospital) and the UK average if possible:</p> <p>The median age with the interquartile ranges The data are much skewed and there are concerns that changing patterns are being obscured.</p> <p>The total bed days by month There are concerns expressed that admission numbers alone do not reflect how busy the units are and we need to explore fluctuations over time in occupancy.</p> <p>PIMs score - numbers in score group by age group numbers in score group by admission type numbers in score group by discharge status</p> <p>There appears to be a significant difference to this between the two units that we would like to explore further.</p> <p>LOS data - mean, median and ranges by age group and admission type We have the mean for 2005 and in planning terms it is useful to have this information. However, we recognize that the data are</p>	Approved	12/2006	Roger Parslow

			<p>very skewed by Long Term Ventilator patients. We also need to explore the impact of the changing casemix of the units.</p> <p>Discharge status by admission type To further explore the changes in crude death rate over time</p> <p>Diagnostic group by admission type To further explore the differences in casemix between the two units</p> <p>For 2003-2005, annually can you state:</p> <p>How many North West residents were admitted to a unit outside the North West?</p> <p style="padding-left: 40px;">Numbers Total bed days Admissions by Diagnostic groups Admissions by region (or unit)</p> <p>How many non North - West residents were admitted to one of the North West Units?</p> <p style="padding-left: 40px;">Numbers Total bed days Admissions by Diagnostic groups Admissions by region (or unit)</p> <p>These data will provide some information about flows of patients in and out of the Region and will help to identify some unmet need.</p> <p>We also wish to explore whether children with spinal muscular atrophy using PIC services are increasing. Would it be possible for you to search on this diagnosis to examine national trends (as far back as possible) as well as our two local services? The data would be:</p> <p style="padding-left: 40px;">Numbers of admissions by year Total bed days by year Discharge status Numbers of readmissions (using 2003 as the base population, how many times have people been readmitted in the next 2 years i.e. a 2*2 table number of readmissions within 2 years (1,2,3 etc) by number of patients.</p>			
22/11/2006	David Inwald	Consultant in PICU, St Mary's Hospital	<p>ST MARY'S ADMISSIONS</p> <p>Admissions</p> <ol style="list-style-type: none"> 1. Total Admissions (November 05- November 06) 2. Total intubated 	22/11/2006	29/11/06	Krish Thiru

			<ol style="list-style-type: none"> 3. Percentage with an endotracheal tube receiving ventilation 4. for up to 6 hours 5. more than 6 hours up to 12 hours 6. More than 12 hours 7. Total retrieved 8. Total presenting from A&E 9. Total post-surgery by specialty 10. Total numbers according to types of medical conditions 11. Breakdown of patient numbers according to age <ol style="list-style-type: none"> a. Preterm - please give numbers and specific gestational ages b. Birth to 30 days c. 31 days to one year d. > 1 year to 2 years e. > 1 year to 2 years f. > 2 years to 5 years g. > 5 years to 10 years h. >10 years to 15 years i. > 15 years to 18 years j. > 18 years 12. Mean length of PICU admission (nights) 13. Median length of PICU admission (nights) Outcome: 14. Mortality (total number) 15. Mortality (percentage of total admissions) 			
03/10/2006	Charles Stack/ Jo Knutton	ICU Director/Audit Nurse, PICU, Sheffield Children's Hospital	<p>SHEFFIELD OCCUPANCY/IV</p> <p>Total number of calendar days that patients received invasive ventilation on our unit between 01.01.05 (including those already occupying a bed) and the 31.012.05 (inclusive)</p> <p>AND</p> <p>The total number of calendar days that patients were occupying beds, again from 01.01.05 until 31.12.05 inclusive.</p> <p>' i.e. a way of calculating the number of days each patient was admitted to give a grand overall number of days, hence if a patient was discharged and another one admitted in to that bed it would count as 2 separate days.</p>	Approved	02/11/06	Roger Parslow
17/08/2006	Noel Durkin	Department of Health	<p>CARDIAC</p> <p>Essentially we are looking for the following data</p> <ul style="list-style-type: none"> - activity by cardiac procedure code - broken down by new PCT (if possible) but more importantly by known paediatric cardiac centre - broken down also by age groups (Neonates [1-30 days], infants [31 -365 days], children [1 -16], adult [16+]) 	Approved	13/09/06	Roger Parslow

			- in a form which will enable us to look at patient flows to known centres, including for specific conditions - Most recent data available 2004 and 2005 (and 2006 if available).			
01/08/2006	Heather Titcombe	Specialist Commissioner for Children's Tertiary Services, Jubilee House, South Central SHA, Oxford (host South West SHA)	SOUTH WEST I would like the following : 1. The total number of bed days and the percentage paediatric specialty split, for the following hospitals, using the DH Clinical Terminology Coding System : - United Bristol Hospital Trust - Bristol Royal Infirmary - Oxford Radcliffe - Southampton General 2. How many children are refused admission to the hospitals outlined above, what is the reason for the refusal and if possible where did the child then end up?	Approved	05/10/06	Roger Parslow
30/07/2006	David Pedley	Consultant in Emergency Medicine, James Cook University Hospital	LEVEL OF CARE I need information on the level of care in each PICU in England and Wales. In particular I need to establish which units are staffed by full time intensivists and the access to neurosurgical advise / expertise. I was hoping to use levels of care defined by Rosenberg et al in the following paper. Rosenberg et al (Guidelines and levels of care for paediatric intensive care units) Crit Care Med 2004 vol.32 no10. If this is not the classification used by your database is there a UK equivalent and could you supply these criteria?	Not Approved		
11/07/2006	Tina McClelland	Audit Nurse, PICU, Alder Hey, Liverpool	SMR STUDY The SMR for Alder Hey is high. Would like to investigate possible reasons for this. Require: Total deaths, ventilation rate, mortality rate and PIM predicted SMR by year (2003, 2004, 2005) Exclude patients who were dead on admission Look at whether the SMRs might be related to missing PIM data: reanalyze SMR (across the years 2003/04/05) in three groups 1) all patients 2) those where one or more of the PIM physiological variables are missing (PaO2 Bxs, systolic BP) 3) those where all the PIM physiological variables are missing (PaO2 Bxs, systolic BP) Also start to look at whether the SMRs might be related to the case-mix seen at Alder Hey.	13/07/2006	02/10/06	Roger Parslow
27/06/2006	Peter Davis	Consultant Paediatric	SOUTHWEST AUDIT OF CRITICALLY ILL CHILDREN	27/06/2006	04/01/07	Roger Parslow

		Intensivist, Bristol Royal Hospital for Children	All children admitted from April 2003 – March 2006 with a postcode starting with one of the following (BA, BS, EX, GL, PL, SN, TA, TQ, TR) to a unit other than Bristol Royal Hospital for Children. Information required: PICU (NHS Trust) admitted (code); First 3-4 characters of postcode (e.g. BS16); Date of admission; Age; Elective or non-elective admission; Retrieval type (if appropriate); Primary diagnosis (+ read code); Length of stay; Discharge outcome			
01/03/2006	James Fraser	Consultant in Paediatric Intensive Care, Bristol Children's Hospital	PICU ACTIVITY The number of admissions and number of bed days by PCT (a) for Bristol admissions and (b) for all PICU admissions	01/03/2006	01/03/06	Sam Jones & Tim Chater
16/01/2006	Sian Thomas	Project Manager, Welsh Assembly Government	WELSH TBI Admissions to PICU (outside Cardiff) with a Welsh postcode, aged under 16 years with a primary diagnosis of traumatic brain injury. Time period: June 2003 – May 2005	16/01/2006	26/01/06	Sam Jones & Tim Chater
12/01/2006	Nour Hassan	Clinical Fellow, Newcastle General Hospital	NGH RVI ONCOLOGY The following information on oncology admissions to NGH and the RVI: Non-invasive ventilation: Yes/No (if yes, number of days) Invasive ventilation: Yes/No (if yes, number of days) Inotropes: Yes/No	12/01/2006	16/01/06	Sam Jones & Tim Chater
08/12/2005	Parviz Habibi	Consultant, St Mary's Hospital	BRONCHIOLITIS – MORTALITY Annual death rate from bronchiolitis 2004	08/12/2005	13/12/05	Roger Parslow
08/12/2005	Nadeem Moghal	Consultant Paediatric Intensive Care, Nephrology, RVI Newcastle	RENAL FAILURE Epidemiology of acute renal failure in PICU setting, nationally – CVVH, HD, PD etc	08/12/2005	03/01/06	Sam Jones & Tim Chater

06/12/2005	Corinne Camilleri-Ferrante	Consultant in Public Health Medicine, TrentCOM	<p>TRENT BED OCCUPANCY</p> <p>More information on the bed days in Nottingham (QMC), Sheffield and Leicester, particularly the split in Sheffield between PIC and neonatal surgery beds. The data as they currently appear do not seem logical and I understand that might be the problem.</p>	12/01/2006 ?	03/01/06 ?	Sam Jones & Tim Chater
26/10/2005	Peter Davis	Consultant Paediatric Intensivist, Bristol Royal Hospital for Children	<p>BRISTOL CPR</p> <p>Numbers of both in-hospital and out-of hospital arrests for 2003-4 admitted to PICU, their ages, admission diagnosis and their ultimate outcome (survival / non-survival). Also their pupillary reaction.</p>	26/10/2005	03/11/05	Sam Jones & Tim Chater
20/10/2005	Zoey Taylor	Audit Clerk, University Hospital of Wales	<p>CARDIFF MENINGITIS</p> <p>Number of patients admitted to Cardiff's PICU with a diagnosis of meningococcal disease (by month / age / admission source).</p>	20/10/2005	25/10/05	Sam Jones & Tim Chater
10/10/2005	Sophie Lusby	Project Manager - Children's Services Barts and the London NHS Trust	<p>SUPPLEMENTARY REQUEST</p> <p>Supplementary data to that in the report recently provided.</p> <p>Split LOS into <24 hrs, 24 to <48 hrs, 48 hrs plus Look at number of days ventilated Look at diagnosis</p>	11/10/2005	12/10/05	Sam Jones & Tim Chater
06/10/2005	David Cremonesini	Registrar, John Radcliffe Hospital, Oxford	<p>OXFORD NIV</p> <p>All children admitted to the PICU in Oxford who have received non-invasive ventilation: Admission number Casenote number Name DOB Admission date Discharge status Discharge date Non-invasive ventilation Number of days of non-invasive ventilation Invasive ventilation Number of days of invasive ventilation (if applicable) Tracheostomy Primary diagnosis</p>	11/10/2005	11/10/05	Sam Jones & Tim Chater

22/08/2005	Iain MacIntosh	Consultant in PICU, Southampton General Hospital	SOUTHAMPTON RESPIRATORY Number of patients admitted with a respiratory diagnosis. This information divided into bronchiolitis / asthma / pneumonia. We need to then divide the patients into those over one year old and those under one year old	22/08/2005	24/08/05	Sam Jones & Tim Chater
16/08/2005	Kevin Morris	Consultant in PICU, Birmingham Children's Hospital	NEURO MONITORING Information about children admitted to PICU with a diagnosis of meningitis or encephalitis and the use of neuro-monitoring in these patients eg ICP monitoring	16/08/2005	15/09/05	Sam Jones, Tim Chater & Roger Parslow
03/08/2005	Kevin Morris	Consultant in PICU, Birmingham Children's Hospital	WEST MIDLANDS BURNS Numbers, severity (%), length of stay, mortality (and time to death).	03/08/2005	13/09/05	Roger Parslow & Sam Jones
29/07/2005	Duncan Macrae	PICU Director, Royal Brompton Hospital	GLYCAEMIA CONTROL INTERVENTION TRIAL Numbers of admissions of children invasively ventilated Numbers given inotropes Whether they received cardiac surgery or not Length of stay Mortality at discharge.	29/07/2005	29/07/05	Roger Parslow
21/06/2005	Noel Durkin	Child Health Services Directorate, Department of Health	CASELOAD PRESSURES Department of Health provided their draft ' National Paediatric Intensive Care Capacity Stock take ' proforma and requested PICANet completed the data fields where possible. (Data was requested for 2001 - 2005). 1. Current bed numbers by unit (separated by High Dependency and Intensive Care). 2. Number of these beds which are currently fully staffed and at what WTE per bed. 3. Information on current workload by unit (including number of patients admitted and their average length of stay). 4. Any information on refusals. 5. Number of retrievals by unit. 6. Average bed occupancy by unit and further separated by High Dependency and Intensive Care.	21/06/2005	01/07/05	Roger Parslow
13/06/2005	Stuart Rowe	Lead Commissioner - Pan Thames, Hammersmith and Fulham PCT	PAN THAMES COMMISSIONERS' REQUEST All data will relate to residents with a postcode in the Pan Thames region and will cover the periods 2003/4 (April – March) and 2004/5 (April – March).	13/06/2005	20/07/05	Sam Jones & Tim Chater

			<p>DATA BY YEAR AND BY SHA</p> <p>PICU admissions by month</p> <p>PICU admissions by gender</p> <p>PICU admissions by age:</p> <p>Age groups: ≤28 days, 29 days to <1 year, 1 to <2 years, 2 to <5 years, 5 to <10 years, 10 years plus.</p> <p>PICU admissions by diagnosis on admission.</p> <p>Diagnostic groups: Accidents & poisoning, Blood/lymphatic, Cardiovascular, Congenital, Endocrine/metabolic, Gastrointestinal, Infection, Musculoskeletal, Neurological, Oncology, Perinatal, Respiratory, Trauma, Urological, Other.</p> <p>PICU admissions by intervention received:</p> <p>Invasive ventilation, Non-invasive ventilation, ECMO, IV vasoactive drug therapy, LVAD, ICP device, Renal support.</p> <p>PICU admissions by length of stay</p> <p>In hours: <1, 1 to <4, 4 to <12, 12 to <24, 24 plus.</p> <p>In days: <1, 1 to <3, 3 to <7, 7 to <14, 14 to <28, 28 plus.</p> <p>PICU admissions by days of invasive ventilation</p> <p>In days: <1, 1 to 2, 3 to 5, 6 to 10, 11 plus.</p> <p>PICU admissions by unit discharge status</p> <p>Status: Alive or dead.</p> <p>PICU admissions by unit discharge destination</p> <p>Destination groups: Home, Same hospital, Other hospital.</p> <p>Number of retrievals by team type</p> <p>Team type: Own team, Other specialist team (PICU), Other specialist team (non-PICU), Non-specialist team.</p> <p>The above can all be done by month for an aggregated Pan Thames dataset.</p> <p>UNIT LEVEL DATA BY YEAR AND BY PCT</p> <p>PICU admissions by treating unit (*anonymised until agreement received).</p> <p>*Responsibility of Pan Thames to gain agreement from lead clinician.</p> <p>The above can all be done by month for an aggregated Pan Thames dataset.</p>			
13/06/2005	Stuart Rowe	Lead Commissioner - Pan Thames, Hammersmith and Fulham PCT	<p>SUPPLEMENTARY REQUEST:</p> <p>All data will relate to residents with a postcode in the Pan Thames region and will cover the periods 2003/4 (April – March) and 2004/5 (April – March).</p> <p>DATA BY YEAR AND BY SHA</p> <p>Number of retrievals by primary diagnostic group</p> <p>Diagnostic groups: Accidents & poisoning, Blood/lymphatic, Cardiovascular, Congenital, Endocrine/metabolic, Gastrointestinal,</p>	13/06/2005	20/07/05	Sam Jones & Tim Chater

			Infection, Musculoskeletal, Neurological, Oncology, Perinatal, Respiratory, Trauma, Urological, Other ? More details for neurological LTV patients ? Define LTV ? Data ?Ethnicity / Mortality / Illness severity			
19/04/2005	Sophie Lusby	Project Manager - Children's Services Barts and the London NHS Trust	NORTH EAST LONDON REQUEST For North East London residents ONLY, for 2003/4 and 2004/5 as far as possible and all queries split by period: How many children treated in PIC? Numbers/percentages by sex Numbers/percentages by age, splitting the ages into under 28 days, under 1 year, under 2 years, and above What were the diagnoses of these children on admission? (numbers/percentages of different diagnoses) And of these please specify single/multi system failure (numbers/percentages of either) Length of stay, in hours Length of intubation, in hours (if not intubated please specify also) Name of treating PIC (numbers and percentages) LESS IMPORTANTLY BUT STILL REQUISITE: Numbers by age, as above, but also 2-5 yrs, 5-10, 10 and above Retrieval/Transfer – type Other reasons for admission Co-morbidities Discharge destination Diagnosis on discharge Any information on readmission	29/04/2005	10/05/05	Sam Jones & Tim Chater
10/01/2005	Peter Davis	Consultant Paediatric Intensivist, Bristol Royal Hospital for Children	BURNS STUDY All children admitted to PICUs in UK with burns. Breakdown of numbers per unit, with identification of units if possible First portion of postcode to identify geographical location of home address of all PICU burn admissions	12/01/2005	14/01/05	Tim Chater

23/12/2004	Roz Jones	Specialised Services Commissioning Manager, Specialised Services Commissioning Team, Cheshire West PCT	NORTH WEST RSV Number and length of stay in days of children with bronchiolitis, RSV-positive bronchiolitis and RSV-negative infection in children admitted to Royal Liverpool Children's Hospital and Royal Manchester Children's Hospital for the period of March 2003 and February 2004	23/12/2004	10/01/05	Roger Parslow
07/12/2004	Mark Campbell	SHO, Anaesthetics, Derriford Hospital, Plymouth	TEENAGERS IN PICU Epidemiology of critical care in teenagers:- A) % and numbers of admissions of 13 to 19 year olds (inclusive) B) diagnostic case-mix by broad category C) male:female ratio D) length of stay and invasive or non-invasive ventilation (mean, median and IQR please) E) outcome F) Could we have the same figures for those admitted from another hospital or from an intensive care unit	Not approved		
30/11/2004	Ulf Theilen	Locum Consultant, Royal Hospital for Sick Children, Edinburgh	PERTUSSIS Number of admissions to PICUs in 2003 and 2004 with diagnosis pertussis Number of deaths of these children Of these children, age at time of death Use of inotropes (yes/no) Level of max. mean airway pressure (if available)	21/12/2004	23/12/04	Roger Parslow & Sam Jones
18/11/2004	Andrew Magnay	Consultant in Paediatric Intensive Care, University of North Staffordshire NHS Trust	NORTH STAFFS ADMISSIONS Quarterly or 4 monthly report by fiscal year time frames of the following population data, specifically, patients admitted to PICU, University Hospital of North Staffordshire: 1. Number of Admissions by PCT during report time window. 2.a. Number of episodes which completed (=discharge or death) during the report time window by PCT, and b. Number of days of PICU care associated with these discharges/ deaths by PCT; 3. Number of admissions by Health authority; 4. a. Number of episodes which completed (=discharge or death) during the report time window by Health Authority and b. Number of days of PICU care associated with these discharges / deaths by Health Authority	25/01/2005	01/09/05	Sam Jones & Tim Chater

06/10/2004	Simon Nadel	Consultant in Paediatric Intensive Care, St Mary's Hospital London	RSV STUDY Number of children admitted to UK PICUs with a diagnosis of acute viral bronchiolitis, and/or (if possible) a diagnosis of RSV infection.	08/10/2004	12/10/04	Roger Parslow
04/10/2004	Charles Stack	Director ICU, Sheffield Children's Hospital	PREVALENCE RATES OF ADMISSION Prevalence rate of admissions per 1000 children per year in PICANet recording area for the last full year.	04/10/2004	05/10/04	Roger Parslow
24/09/2004	Mark Darowski	Clinical Director, Leeds Teaching Hospitals Trust	LEEDS SMRs 1. SMR for each of the 3 elements of our service (as up-to-date as possible). 2. If the data suggest that SJUH PICU has a high SMR, please can I have an SMR (with CI) for oncology patients admitted to SJUH as compared to a national aggregate score for oncology patients.	08/11/2004	15/11/04	Roger Parslow