

NOVEMBER 2017 ANNUAL REPORT

Paediatric Intensive Care Audit Network



Appendices

Data Collection Period January 2014- December 2016

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Paediatric Intensive Care Audit Network Annual Report 2017 (published November 2017): Universities of Leeds and Leicester.

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A. PARTICIPATING ORGANISATION & HOSPITAL CHARACTERISTICS

NHS TRUST / ORGANISATION	PARTICIPATING HOSPITAL	UNIT	FUNDED PIC BEDS	FUNDED HD BEDS	TYPE OF UNIT
BARTS HEALTH NHS TRUST	THE ROYAL LONDON HOSPITAL	PCCU	2	4 ¹	GENERAL
BIRMINGHAM WOMEN'S AND CHILDREN'S NHS FOUNDATION TRUST	BIRMINGHAM CHILDREN'S HOSPITAL	PICU	29.5	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 INCLUDING NEUROSURGERY AND MAJOR TRAUMA
CARDIFF AND VALE UNIVERSITY HEALTH BOARD	UNIVERSITY HOSPITAL OF WALES	PCCI	6	4	GENERAL
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	ROYAL MANCHESTER CHILDREN'S HOSPITAL	PICU	15	0	GENERAL
GREAT ORMOND STREET HOSPITAL FOR CHILDREN NHS FOUNDATION TRUST	GREAT ORMOND STREET HOSPITAL	CCCU	19	0	CARDIAC
		PICU	15	0	GENERAL
		NICU	9	0	NEONATAL UNIT
GUY'S & ST. THOMAS' NHS FOUNDATION TRUST	EVELINA LONDON CHILDREN'S HOSPITAL	PICU	19	0	GENERAL & CARDIAC
HSE (HEALTH SERVICES EXECUTIVE)	TEMPLE STREET CHILDREN'S UNIVERSITY HOSPITAL, DUBLIN	PICU	9	0	GENERAL, NEUROSURGICAL (UP TO 6 YEARS OF AGE), CRANIOFACIAL & SURGICAL NEONATAL.
	OUR LADY'S CHILDREN'S HOSPITAL, CRUMLIN	PICU	18	5	GENERAL & CARDIAC
HULL & EAST YORKSHIRE HOSPITALS NHS TRUST	HULL ROYAL INFIRMARY	AICU	2	0	2 DESIGNATED PIC BEDS
KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	KING'S COLLEGE HOSPITAL	PICU	7	8 ¹	GENERAL & HEPATIC & NEUROSURGICAL
LEEDS TEACHING HOSPITALS NHS TRUST	LEEDS CHILDREN'S HOSPITAL	PICU	16	0	GENERAL, NEUROSURGERY, LIVER & CARDIAC
NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	THE GREAT NORTH CHILDREN'S HOSPITAL	PICU	11	0	GENERAL & SURGICAL ICU
	FREEMAN HOSPITAL	CICU	12	0	CARDIOTHORACIC SURGERY, HEART FAILURE, ECMO
NHS Lothian – UNIVERSITY HOSPITALS DIVISION	ROYAL HOSPITAL FOR SICK CHILDREN, EDINBURGH	PICU	10	9	GENERAL (PLUS NEUROSURGICAL AND SPINAL)
NHS GREATER GLASGOW AND CLYDE – WOMEN AND CHILDREN'S DIVISION	ROYAL HOSPITAL FOR CHILDREN	PICU	20	2	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	FUNDED PIC BEDS	FUNDED HD BEDS	TYPE OF UNIT
NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	NOTTINGHAM CHILDREN'S HOSPITAL	PICU	6	8	GENERAL (PLUS REGIONAL ONCOLOGY, MAJOR TRAUMA, ENT, PAEDIATRIC SURGERY, 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 HOSPITAL 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	4	0	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	8	0	GENERAL
BELFAST HEALTH AND SOCIAL CARE TRUST	ROYAL BELFAST HOSPITAL FOR SICK CHILDREN	PICU	12 ²	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	0	GENERAL
	GLENFIELD HOSPITAL	PICU	7	0	CARDIAC & ECMO
UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	ROYAL STOKE UNIVERSITY HOSPITAL	PICU	8	0	GENERAL
HCA HEALTHCARE (NON NHS)	THE HARLEY STREET CLINIC	PICU	13	5	GENERAL & CARDIAC
	THE PORTLAND HOSPITAL FOR WOMEN AND CHILDREN	PICU	10	0	GENERAL

1 ITU/HDU BEDS ARE USED FLEXIBLY IF REQUIRED

2 BELFAST ROUTINELY ADMITS PATIENTS UNDER 14 YEARS ONLY

* The above information was recorded in November 2016

B. CLINICAL ADVISORY GROUP MEMBERSHIP

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 - PRESENT
DR JOHN ALEXANDER	CONSULTANT IN PAEDIATRIC INTENSIVE CARE	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST ROYAL STOKE UNIVERSITY HOSPITAL	2012 - PRESENT
SIMON CHILES	SENIOR CHARGE NURSE	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST LEICESTER ROYAL INFIRMARY	2014 - PRESENT
KATHRYN CLAYDON - SMITH	CLINICAL NURSE SPECIALIST	CENTRAL MANCHESTER & MANCHESTER CHILDREN'S UNIVERSITY HOSPITALS NHS TRUST ROYAL MANCHESTER CHILDREN'S HOSPITAL	2009 - PRESENT
DR PETER DAVIS (CHAIR)	CONSULTANT IN PAEDIATRIC INTENSIVE CARE	UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST ROYAL HOSPITAL FOR CHILDREN	2006 - PRESENT
LOUISE DEWSBURY	PICU MATRON	GUY'S & ST THOMAS' NHS FOUNDATION TRUST EVELINA CHILDREN'S HOSPITAL	2017 - PRESENT
DR ANDREW DURWARD (SHARING WITH DR SHANE TIBBY)	CONSULTANT IN PAEDIATRIC INTENSIVE CARE	GUY'S & ST THOMAS' NHS FOUNDATION TRUST EVELINA CHILDREN'S HOSPITAL	2002 - 2017
JUDITH GRAY	SISTER	NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST NEWCASTLE FREEMAN HOSPITAL	2015 - PRESENT
DR HILARY KLONIN	CONSULTANT IN PAEDIATRIC INTENSIVE CARE	HULL & EAST YORKSHIRE HOSPITALS NHS TRUST HULL ROYAL INFIRMARY	2002 - PRESENT
DR JILLIAN MCFADZEAN (REPRESENTING SCOTLAND)	CONSULTANT IN PAEDIATRIC INTENSIVE CARE	NHS Lothian – UNIVERSITY HOSPITALS DIVISION EDINBURGH ROYAL HOSPITAL FOR SICK CHILDREN	2005 - 2015
DR CATHY McMAHON	CONSULTANT IN PAEDIATRIC INTENSIVE CARE	OUR LADY'S CHILDREN'S HOSPITAL, CRUMLIN, DUBLIN & THE CHILDREN'S UNIVERSITY HOSPITAL, DUBLIN	2011 - 2016
LESLEY MOLONY	INFORMATION OFFICER	SOUTHAMPTON UNIVERSITIES HOSPITAL NHS TRUST SOUTHAMPTON CHILDREN'S HOSPITAL	2013 - PRESENT
DR RODDY O'DONNELL	CONSULTANT IN PAEDIATRIC INTENSIVE CARE	CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST ADDENBROOKE'S HOSPITAL	2002 - PRESENT
DR PAULA LISTER	CONSULTANT PAEDIATRIC INTENSIVIST	GREAT ORMOND STREET HOSPITAL FOR CHILDREN NHS TRUST GREAT ORMOND STREET HOSPITAL FOR SICK CHILDREN	2012 - 2017
DR JOHN PAPPACHAN (SHARED WITH PETER WILSON)	ANAESTHETICS AND PAEDIATRIC INTENSIVE CARE MEDICINE	SOUTHAMPTON UNIVERSITIES HOSPITAL NHS TRUST SOUTHAMPTON CHILDREN'S HOSPITAL	2012 - PRESENT
DR NAZIMA PATHAN (SHARED WITH RODDY O'DONNELL)	CONSULTANT IN PAEDIATRIC INTENSIVE CARE	CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST ADDENBROOKE'S HOSPITAL	2012 - PRESENT
DR ADRIAN PLUNKETT	CONSULTANT PAEDIATRIC INTENSIVIST	BIRMINGHAM CHILDREN'S HOSPITAL NHS TRUST BIRMINGHAM CHILDREN'S HOSPITAL	2012 - 2017

NAME	POSITION	NHS TRUST / HOSPITAL	PERIOD SERVED
DR PADMANABHAN RAMNARAYAN	CONSULTANT	GREAT ORMOND STREET HOSPITAL NHS TRUST CHILDREN'S ACUTE TRANSPORT SERVICE	2012 - PRESENT
DR KAY RUSHFORTH	SENIOR SISTER	LEEDS TEACHING HOSPITALS NHS TRUST LEEDS GENERAL INFIRMARY	2012 - 2015
DR MARK TERRIS (REPRESENTING NORTHERN IRELAND)	CONSULTANT ANAESTHETIST	BELFAST HEALTH AND SOCIAL CARE TRUST ROYAL BELFAST HOSPITAL FOR SICK CHILDREN	2014 - PRESENT
DR SHANE TIBBY (SHARED WITH DR ANDREW DURWARD)	CONSULTANT IN PAEDIATRIC INTENSIVE CARE	GUY'S AND ST THOMAS' FOUNDATION TRUST EVELINA CHILDREN'S HOSPITAL	2011 - PRESENT
DR ALISTAIR TURNER	CONSULTANT IN PAEDIATRIC INTENSIVE CARE	ROYAL HOSPITAL FOR CHILDREN, GLASGOW	2016 - PRESENT
DR ALLAN WARDHAUGH (REPRESENTING WALES)	CONSULTANT IN PAEDIATRIC INTENSIVE CARE	CARDIFF AND VALE UNIVERSITY HEALTH BOARD UNIVERSITY HOSPITAL OF WALES	2004 - PRESENT
DR PETER WILSON (SHARED WITH JOHN PAPPACHAN)	PICU CONSULTANT	UNIVERSITY HOSPITAL SOUTHAMPTON NHS FOUNDATION TRUST SOUTHAMPTON CHILDREN'S HOSPITAL	2011- PRESENT

*Recorded in July 2017

** Membership recorded that spans the period of the report only.

C. STEERING GROUP MEMBERSHIP

NAME	POSITION	ORGANISATION	REPRESENTATION	PERIOD SERVED
CHRISTOPHER COSLETT	DIRECTORATE MANAGER FOR CARDIOTHORACIC SERVICES AND CRITICAL CARE	UNIVERSITY HOSPITAL OF WALES	WALES	2016 - PRESENT
DR MARK DAROWSKI	CONSULTANT PAEDIATRIC ANAESTHETIST	LEEDS TEACHING HOSPITALS NHS TRUST LEEDS GENERAL INFIRMARY PICU	ROYAL COLLEGE OF ANAESTHETISTS	2002 - 2015
DR PETER DAVIS	CONSULTANT IN PAEDIATRIC INTENSIVE CARE	UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST BRISTOL ROYAL HOSPITAL FOR CHILDREN	CHAIR OF PICANet CAG	2011 - PRESENT
LOUISE DEWSBURY	MATRON PICU	EVELINA LONDON CHILDREN'S HOSPITAL	PICS NURSE MANAGEMENT GROUP	2017 - PRESENT
CHARLIE EVANS	CASE MIX PROGRAMME MANAGER	INTENSIVE CARE NATIONAL AUDIT & RESEARCH CENTRE (ICNARC)	INTENSIVE CARE NATIONAL AUDIT & RESEARCH CENTRE (ICNARC)	2015 - 2016
ANDREW FLEMING	NATIONAL CLINICAL AUDIT MANAGER	INTENSIVE CARE NATIONAL AUDIT & RESEARCH CENTRE (ICNARC)	INTENSIVE CARE NATIONAL AUDIT & RESEARCH CENTRE (ICNARC)	2017 - PRESENT
PETER-MARC FORTUNE	CONSULTANT PAEDIATRIC INTENSIVIST ASSOCIATE CLINICAL HEAD	ROYAL MANCHESTER CHILDREN'S HOSPITAL	PAEDIATRIC INTENSIVE CARE SOCIETY PRESIDENT (OCTOBER 2016)	2016 - PRESENT
JULIA GRACE	NATIONAL COMMISSIONER	NHS ENGLAND	NATIONAL COMMISSIONER FOR PIC CRG	2013 - 2016
SASHA HEWITT	HQIP PICANet COORDINATOR	HEALTHCARE QUALITY IMPROVEMENT PARTNERSHIP (HQIP)	COMMISSIONING AND FUNDING BODY	2017 - PRESENT
TASNEEM HOOSAIN	HQIP PICANet COORDINATOR	HEALTHCARE QUALITY IMPROVEMENT PARTNERSHIP (HQIP)	COMMISSIONING AND FUNDING BODY	2015 - 2017
RACHEL LUNDY	NATIONAL COMMISSIONER	NHS ENGLAND	NATIONAL COMMISSIONER FOR PIC CRG	2016 - PRESENT
DR MICHAEL MARSH (CHAIR)	CONSULTANT IN PAEDIATRIC INTENSIVE CARE	SOUTHAMPTON UNIVERSITY HOSPITALS NHS TRUST SOUTHAMPTON CHILDREN'S HOSPITAL PICU	ROYAL COLLEGE OF PAEDIATRICS AND CHILD HEALTH	2002 - PRESENT
DR JILLIAN MCFADZEAN	CONSULTANT IN ANAESTHESIA & INTENSIVE CARE / PA	NHS Lothian – UNIVERSITY HOSPITALS DIVISION EDINBURGH ROYAL HOSPITAL FOR SICK CHILDREN	EDINBURGH ROYAL HOSPITAL FOR SICK CHILDREN, SCOTLAND	2005 - PRESENT
JENNY MOONEY	DIRECTOR OF OPERATIONS	HEALTHCARE QUALITY IMPROVEMENT PARTNERSHIP	COMMISSIONING AND FUNDING BODY	2015 - 2016
DR KEVIN MORRIS	CONSULTANT IN PAEDIATRIC INTENSIVE CARE	BIRMINGHAM WOMEN'S AND CHILDREN'S NHS FOUNDATION TRUST BIRMINGHAM CHILDREN'S HOSPITAL PICU	IMMEDIATE PAST PRESIDENT OF THE PAEDIATRIC INTENSIVE CARE SOCIETY	2006 - 2016
PROFESSOR JOHN NEWTON	REGIONAL DIRECTOR OF PUBLIC HEALTH	SOUTH CENTRAL STRATEGIC HEALTH AUTHORITY	PUBLIC HEALTH ENGLAND	2009 - 2015
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 - PRESENT

NAME	POSITION	ORGANISATION	REPRESENTATION	PERIOD SERVED
DR MARK PETERS	CLINICAL UNIT CHAIR	GREAT ORMOND STREET HOSPITAL FOR CHILDREN GREAT ORMOND STREET HOSPITAL, LONDON	CHAIR OF PAEDIATRIC INTENSIVE CARE SOCIETY STUDY GROUP	2008 - 2016
LAURA REEKIE	DATA MANAGER	NHS Lothian – University Hospitals Division Edinburgh Royal Hospital for Sick Children	DATABASE REPRESENTATIVE	2005 - 2016
DR BARNEY SCOLEFIELD	CONSULTANT INTENSIVIST	BIRMINGHAM CHILDRENS HOSPITAL	CHAIR OF PAEDIATRIC INTENSIVE CARE STUDY GROUP	2016 - PRESENT
LUCY LLOYD SCOTT	CASEMIX PROGRAMME MANAGER	INTENSIVE CARE NATIONAL AUDIT & RESEARCH CENTRE (ICNARC)	INTENSIVE CARE NATIONAL AUDIT & RESEARCH CENTRE (ICNARC)	2002 - 2015
VIVIENNE SEAGROVE	HQIP PICANet COORDINATOR	HEALTHCARE QUALITY IMPROVEMENT PARTNERSHIP	COMMISSIONING AND FUNDING BODY	2017 - PRESENT
DR MARK TERRIS	CONSULTANT ANAESTHETIST	BELFAST HEALTH AND SOCIAL CARE TRUST ROYAL BELFAST HOSPITAL FOR SICK CHILDREN	NORTHERN IRELAND	2012 - PRESENT
HEATHER WARDLE	MATRON PICU & CARDIAC CHILDREN'S SERVICES	LEEDS TEACHING HOSPITAL	PICS NURSE MANAGEMENT GROUP	2016 - 2017
DOMINIQUE GRAY WILLIAMS	AUDIT CO-ORDINATOR	WELSH HEALTH SPECIALISED SERVICES COMMITTEE	WELSH HEALTH SPECIALISED SERVICES COMMITTEE	2003 - 2016
LUCY WHEELER	PARENT	N/A	PARENT REPRESENTATION	2011 - PRESENT
DR PETER WILSON	CLINICAL DIRECTOR FOR CHILD HEALTH	SOUTHAMPTON CHILDREN'S HOSPITAL	PAEDIATRIC INTENSIVE CARE SOCIETY PRESIDENT	2011 - 2016

D. PIC FAMILIES GROUP MEMBERSHIP

NAME	POSITION	ORGANISATION	PERIOD SERVED
DR JOHN ALEXANDER	CONSULTANT IN PAEDIATRIC INTENSIVE CARE	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST ROYAL STOKE UNIVERSITY HOSPITAL	2010 - 2013 RE-JOINED 2015 - PRESENT
FIONA BICKELL	RETRIEVAL NURSE PRACTITIONER	SOUTH THAMES RETRIEVAL SERVICE	2010 - PRESENT
SALLY BOLSOVER	CRITICAL CARE SISTER	SHEFFIELD CHILDREN'S NHS FOUNDATION TRUST SHEFFIELD CHILDREN'S HOSPITAL	2011 - 2015
KATHY BRENNAN	MATRON	KING'S COLLEGE HOSPITAL NHS TRUST THOMAS COOK CHILDREN'S CRITICAL CARE UNIT	2016 - PRESENT
SARAH BUNDY	FAMILY LIAISON SISTER	BIRMINGHAM WOMEN'S AND CHILDREN'S NHS FOUNDATION TRUST BIRMINGHAM CHILDREN'S HOSPITAL PICU	2010 - PRESENT
DR MARIA CLARE	SPECIALIST CLINICAL PSYCHOLOGIST	UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST BRISTOL ROYAL HOSPITAL FOR CHILDREN	2016 - PRESENT
DR GILLIAN COLVILLE	CLINICAL PSYCHOLOGIST	ST GEORGE'S HEALTHCARE NHS TRUST ST GEORGE'S HOSPITAL	2009 - PRESENT
HELENE CRADDOCK	SENIOR STAFF NURSE	UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST BRISTOL ROYAL HOSPITAL FOR CHILDREN	2011 - PRESENT
ANGELA DANJELO	LAY REPRESENTATIVE	N/A	2013 - 2016
PROFESSOR ELIZABETH DRAPER	PRINCIPLE INVESTIGATOR	PICANET	2009 - PRESENT
DEBRA EHALA	SISTER	NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST GREAT NORTH CHILDREN'S HOSPITAL	2009 - PRESENT
KATE FODEN	SISTER	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST ROYAL STOKE UNIVERSITY HOSPITAL	2013 - 2016
CLAIRE GREEN	FAMILY LIAISON SISTER	SHEFFIELD CHILDREN'S NHS FOUNDATION TRUST SHEFFIELD CHILDREN'S HOSPITAL	2015 - 2016
PHILLIP HUDNOTT	AUDIT NURSE	CENTRAL MANCHESTER & MANCHESTER CHILDREN'S UNIVERSITY HOSPITALS NHS TRUST ROYAL MANCHESTER CHILDREN'S HOSPITAL	2011 - 2014
DR HILARY KLONIN	CONSULTANT IN PAEDIATRIC INTENSIVE CARE	HULL & EAST YORKSHIRE HOSPITALS NHS TRUST HULL ROYAL INFIRMARY	2009 - PRESENT
CAROLINE LAMMING	RESEARCH NURSE	PICANET	2009 - PRESENT
SHELLEY MARSH	LAY REPRESENTATIVE	N/A	2011 - PRESENT

NAME	POSITION	ORGANISATION	PERIOD SERVED
TINA MCCLELLAND	AUDIT SISTER	ALDER HEY CHILDREN'S NHS FOUNDATION TRUST ALDER HEY CHILDREN'S HOSPITAL	2009 - 2014
CLAIRE RYAN	MATRON	CENTRAL MANCHESTER & MANCHESTER CHILDREN'S UNIVERSITY HOSPITALS NHS TRUST ROYAL MANCHESTER CHILDREN'S HOSPITAL	2014 - PRESENT

PICA Net						Paediatric Intensive Care Audit Network - Data Collection Form								Admission	
Patient details (or hospital label)															
Family name <input type="text"/>								NHS/CHI/H&C number <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Tick if patient is not eligible for number							
First name <input type="text"/>								Case note number <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"/> <input type="text"/>							
Address <input type="text"/>								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"/>							
Postcode <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							
Ethnic category <input type="checkbox"/> White British <input type="checkbox"/> Asian Bangladeshi <input type="checkbox"/> White Irish <input type="checkbox"/> Asian other (specify below) <input type="checkbox"/> White other (specify below) <input type="checkbox"/> Black Caribbean <input type="checkbox"/> Mixed White and Black Caribbean <input type="checkbox"/> Black African <input type="checkbox"/> Mixed White and Black African <input type="checkbox"/> Black other (specify below) <input type="checkbox"/> Mixed White and Asian <input type="checkbox"/> Chinese <input type="checkbox"/> Mixed other (specify below) <input type="checkbox"/> Other (specify below) <input type="checkbox"/> Asian Indian <input type="checkbox"/> Not stated (declined) <input type="checkbox"/> Asian Pakistani <input type="checkbox"/> Unknown								Gestational age at delivery (if patient is under 2 years old) <input type="text"/> <input type="text"/> weeks Birth order Multiplicity <input type="text"/> of <input type="text"/> GP practice code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>							
Other ethnic category <input type="text"/>															
Admission details															
Date and time of admission to unit (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"/>								Source of admission <input type="checkbox"/> Same hospital <input type="checkbox"/> Clinic <input type="checkbox"/> Other hospital <input type="checkbox"/> Home							
Admission number <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"/> <input type="text"/>								Care area admitted from (includes transfers in) <input type="checkbox"/> X-ray/endoscopy/CT scanner <input type="checkbox"/> ICU/PICU/NICU <input type="checkbox"/> Recovery only <input type="checkbox"/> Ward <input type="checkbox"/> HDU (step up/step down unit) <input type="checkbox"/> Theatre and recovery <input type="checkbox"/> Other intermediate care area <input type="checkbox"/> A & E							
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								Retrieval / transfer? <input type="checkbox"/> Yes → <input type="checkbox"/> No							
Previous ICU admission (during current hospital stay) <input type="checkbox"/> ICU <input type="checkbox"/> PICU <input type="checkbox"/> NICU <input type="checkbox"/> None <input type="checkbox"/> Unknown								Type of transport team <input type="checkbox"/> PICU <input type="checkbox"/> Other specialist team <input type="checkbox"/> Centralised transport service (PIC) <input type="checkbox"/> Other non-specialist team <input type="checkbox"/> Transport team from neonates <input type="checkbox"/> Unknown Transport team <input type="text"/>							
Contact us: picanet@leeds.ac.uk															
Sophie Butler Project Office (0113) 343 8125 s.butler1@leeds.ac.uk				Lee Norman Database Manager (0113) 343 8125 l.j.norman@leeds.ac.uk				Caroline Lamming Research Nurse (0116) 252 5414 crl4@leicester.ac.uk				Melpo Kapetanstrataki Research Statistician (0113) 343 8125 m.kapetanstrataki@leeds.ac.uk			

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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
☐ Diabetic ketoacidosis → ☐ Non-bypass cardiac procedure
☐ Seizure disorder → ☐ Elective liver transplant
☐ 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 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 OR 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


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**.

↓

[illegible]

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

Clinical trial (if required by your unit) Is the patient on a clinical trial? <input type="checkbox"/> Yes (specify name of trial) <input type="checkbox"/> No Name of trial <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Follow-up 30 days post-discharge from your unit Status <input type="checkbox"/> Alive <input type="checkbox"/> Dead <input type="checkbox"/> Unknown Date of death (dd/mm/yyyy) <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px; text-align: center;">20</div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> </div>
Growth measurements (if required by your unit) Height <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="margin: 0 5px;">.</div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="margin: 0 5px;">cm</div> </div> Weight <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="margin: 0 5px;">.</div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="margin: 0 5px;">kg</div> </div> Abdominal circumference <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="margin: 0 5px;">.</div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="margin: 0 5px;">cm</div> </div>	Location <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Normal residence <input type="checkbox"/> Hospice </div> <div> <input type="checkbox"/> Same hospital <input type="checkbox"/> Other hospital </div> </div> <div style="margin-left: 150px;"> <div style="display: flex; align-items: center;"> <div style="margin-right: 5px;">}</div> <div style="margin-right: 5px;">→</div> <div style="border-left: 1px solid black; padding-left: 5px;"> <input type="checkbox"/> ICU <input type="checkbox"/> PICU <input type="checkbox"/> NICU <input type="checkbox"/> HDU <input type="checkbox"/> SCBU <input type="checkbox"/> Ward <input type="checkbox"/> Other </div> </div> </div>
Discharge information Status at discharge from your unit <input type="checkbox"/> Alive <input type="checkbox"/> Dead Discharged for palliative care? <input type="checkbox"/> Yes <input type="checkbox"/> No Date and time of discharge (dd/mm/yyyy hh:mm) <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px; text-align: center;">20</div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="margin: 0 5px;">:</div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> </div> Date and time of death (dd/mm/yyyy hh:mm) <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px; text-align: center;">20</div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="margin: 0 5px;">:</div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> </div> Destination following discharge from your unit <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Normal residence <input type="checkbox"/> Hospice </div> <div> <input type="checkbox"/> Same hospital <input type="checkbox"/> Other hospital </div> </div> <div style="margin-left: 150px;"> <div style="display: flex; align-items: center;"> <div style="margin-right: 5px;">}</div> <div style="margin-right: 5px;">→</div> <div style="border-left: 1px solid black; padding-left: 5px;"> <input type="checkbox"/> ICU <input type="checkbox"/> PICU <input type="checkbox"/> NICU <input type="checkbox"/> HDU <input type="checkbox"/> SCBU <input type="checkbox"/> Ward <input type="checkbox"/> Other </div> </div> </div>	Comments <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
Form completed by <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
Customised data collection (for local use) <div style="border: 1px solid black; height: 200px; width: 100%;"></div>	



Paediatric Intensive Care Audit Network - Data Collection Form
Referral

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

Patient details (or hospital label)

Family name

First name

Postcode

NHS/CHI/H&C number

Date of birth (dd/mm/yyyy)

Indicate if date of birth is

Sex

Referral details (complete only when clinicians agree that PIC transport and/or PICU admission is necessary)

Date and time of referral call when clinicians agreed that PIC transport and/or PICU admission was necessary

Referral number

Referring unit (from where patient was transferred)

Referring speciality

Grade of referring doctor or nurse

Was the patient receiving invasive ventilation (by ET tube, laryngeal mask or tracheostomy) at time of referral call?

Outcome of this referral event

Transport outcome

Admission outcome

Transport team

Destination unit (or location)

If transport and/or admission outcome is refused, record the name of the transport team and/or destination unit who refused this referral.

Comments

Form completed by

Contact us - picanet@leeds.ac.uk

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Project officer
(0113) 343 8125
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PICANet Team
General enquiries
(0113) 343 8125
picanet@leeds.ac.uk

G. DATA COLLECTION FORM – TRANSPORT

Paediatric Intensive Care Audit Network - Data Collection Form		Transport												
Patient details (or hospital label)														
<p>Family name <input style="width: 100%;" type="text"/></p> <p>First name <input style="width: 100%;" type="text"/></p> <p>Address <input style="width: 100%; height: 40px;" type="text"/></p> <p>Postcode <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> </p>	<p>NHS/CHI/H&C number <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input type="checkbox"/> Tick if patient is not eligible for number </p> <p>Case note number (destination PICU) <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> </p> <p>Date of birth (dd/mm/yyyy) <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> </p> <p>Indicate if date of birth is <input type="checkbox"/> Estimated <input type="checkbox"/> Anonymised <input type="checkbox"/> Unknown </p> <p>Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Ambiguous <input type="checkbox"/> Unknown </p>													
Transport details														
<p>Date and time accepted for transport <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> </p> <p>Transport number <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> </p> <p>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 </p> <p>Transport team <input style="width: 100%; height: 20px;" type="text"/> </p> <p>Grade of clinical team leader <input type="checkbox"/> Consultant/Associate Specialist/Staff Grade <input type="checkbox"/> ST 4 – 8 <input type="checkbox"/> ST 1 – 3 <input type="checkbox"/> Nurse practitioner </p> <p>Speciality of clinical team leader <input style="width: 100%; height: 20px;" type="text"/> </p> <p>Grade of most senior nurse <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> Nurse not present </p>	<p>Collection 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 </p> <p>Collection unit (or location) <input style="width: 100%; height: 20px;" type="text"/> </p> <p>Most senior member of medical staff present at collection unit <input type="checkbox"/> Consultant/Associate Specialist/Staff Grade <input type="checkbox"/> ST 4 – 8 <input type="checkbox"/> ST 1 – 3 <input type="checkbox"/> None </p> <p>Did a medical technician accompany the patient? <input type="checkbox"/> Yes <input type="checkbox"/> No </p> <p>Did a parent accompany the patient? <input type="checkbox"/> Yes <input type="checkbox"/> No – parent not present <input type="checkbox"/> No – parent declined to accompany <input type="checkbox"/> No – parent not permitted to accompany </p>	<p>Outcome of this transport event <input type="checkbox"/> Patient transported <input type="checkbox"/> Not transported – condition improved <input type="checkbox"/> Not transported – condition deteriorated <input type="checkbox"/> Not transported – other reason <input type="checkbox"/> Patient died before transport team arrived <input type="checkbox"/> Patient died while transport team present <input type="checkbox"/> Patient died during transit </p> <p>Destination type <input type="checkbox"/> PICU <input type="checkbox"/> NICU <input type="checkbox"/> ICU <input type="checkbox"/> HDU <input type="checkbox"/> Ward <input type="checkbox"/> Theatre <input type="checkbox"/> Other transport service <input type="checkbox"/> Normal residence <input type="checkbox"/> Hospice </p> <p>Destination unit (or location) <input style="width: 100%; height: 20px;" type="text"/> </p>												
Critical incidents														
<p>Identify all critical incidents while transport team in attendance (tick all that apply)</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> No critical incidents</td> <td><input type="checkbox"/> Loss of medical gas supply</td> <td><input type="checkbox"/> Equipment failure or incompatibility impacting on patient care</td> </tr> <tr> <td><input type="checkbox"/> Accidental extubation</td> <td><input type="checkbox"/> Loss of all IV access</td> <td><input type="checkbox"/> Other critical incident (specify)</td> </tr> <tr> <td><input type="checkbox"/> Required intubation in transit</td> <td><input type="checkbox"/> Cardiac arrest</td> <td><input style="width: 100%; height: 20px;" type="text"/></td> </tr> <tr> <td><input type="checkbox"/> Complete ventilator failure</td> <td><input type="checkbox"/> Medication administration error</td> <td></td> </tr> </table>			<input type="checkbox"/> No critical incidents	<input type="checkbox"/> Loss of medical gas supply	<input type="checkbox"/> Equipment failure or incompatibility impacting on patient care	<input type="checkbox"/> Accidental extubation	<input type="checkbox"/> Loss of all IV access	<input type="checkbox"/> Other critical incident (specify)	<input type="checkbox"/> Required intubation in transit	<input type="checkbox"/> Cardiac arrest	<input style="width: 100%; height: 20px;" type="text"/>	<input type="checkbox"/> Complete ventilator failure	<input type="checkbox"/> Medication administration error	
<input type="checkbox"/> No critical incidents	<input type="checkbox"/> Loss of medical gas supply	<input type="checkbox"/> Equipment failure or incompatibility impacting on patient care												
<input type="checkbox"/> Accidental extubation	<input type="checkbox"/> Loss of all IV access	<input type="checkbox"/> Other critical incident (specify)												
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<input type="checkbox"/> Complete ventilator failure	<input type="checkbox"/> Medication administration error													
Comments		Form completed by												
Contact us - picanet@leeds.ac.uk														
Sophie Butler Project officer (0113) 343 8125 s.butler1@leeds.ac.uk	Lee Norman Database manager (0113) 343 8125 l.j.norman@leeds.ac.uk	Caroline Lamming Research nurse (0116) 252 5414 cri4@leicester.ac.uk												
Melpo Kapetanstrataki Research Statistician (0113) 343 4878 m.kapetanstrataki@leeds.ac.uk														

Transport times

BASE TO COLLECTION UNIT

☐ Tick if this section of the trip is not applicable

Mode of transport (tick all that apply)

☐ Dedicated ambulance ☐ RRV ☐ Taxi
☐ Other ambulance ☐ Air ☐ Other

Depart base (dd/mm/yyyy hh:mm)

□□/□□/20□□ □□:□□

→ Arrive base airport

□□/□□/20□□ □□:□□

→ Aircraft type

☐ Unpressurised fixed-wing ☐ Dedicated helicopter
☐ Pressurised fixed-wing ☐ Other helicopter

→ Takeoff base airport

□□/□□/20□□ □□:□□

→ Land collection airport

□□/□□/20□□ □□:□□

→ Depart collection airport

□□/□□/20□□ □□:□□

Arrive collection unit (or location)

□□/□□/20□□ □□:□□

Blue light or siren used or requested

☐ Yes ☐ No

Organisational delay

☐ None ☐ Team out ☐ Staffing ☐ Vehicle

Vehicle incident

☐ None ☐ Vehicle accident ☐ Vehicle breakdown

PATIENT JOURNEY

☐ Tick if this section of the trip is not applicable

Mode of transport (tick all that apply)

☐ Dedicated ambulance ☐ RRV ☐ Taxi
☐ Other ambulance ☐ Air ☐ Other

Depart collection unit (or location)

□□/□□/20□□ □□:□□

→ Arrive collection airport

□□/□□/20□□ □□:□□

→ Aircraft type

☐ Unpressurised fixed-wing ☐ Dedicated helicopter
☐ Pressurised fixed-wing ☐ Other helicopter

→ Takeoff collection airport

□□/□□/20□□ □□:□□

→ Land destination airport

□□/□□/20□□ □□:□□

→ Depart destination airport

□□/□□/20□□ □□:□□

Arrive destination unit (or location)

□□/□□/20□□ □□:□□

Blue light or siren used or requested

☐ Yes ☐ No

Organisational delay

☐ None ☐ Team out ☐ Staffing ☐ Vehicle

Vehicle incident

☐ None ☐ Vehicle accident ☐ Vehicle breakdown

DESTINATION UNIT TO BASE

☐ Tick if this section of the trip is not applicable

Mode of transport (tick all that apply)

☐ Dedicated ambulance ☐ RRV ☐ Taxi
☐ Other ambulance ☐ Air ☐ Other

Depart destination unit (or location)

□□/□□/20□□ □□:□□

→ Arrive destination airport

□□/□□/20□□ □□:□□

→ Aircraft type

☐ Unpressurised fixed-wing ☐ Dedicated helicopter
☐ Pressurised fixed-wing ☐ Other helicopter

→ Takeoff destination airport

□□/□□/20□□ □□:□□

→ Land base airport

□□/□□/20□□ □□:□□

→ Depart base airport

□□/□□/20□□ □□:□□

Arrive base

□□/□□/20□□ □□:□□

Blue light or siren used or requested

☐ Yes ☐ No

Organisational delay

☐ None ☐ Team busy ☐ Staffing ☐ Vehicle

Vehicle incident

☐ None ☐ Vehicle accident ☐ Vehicle breakdown

Interventions (retrievals only)

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

☐ Primary intubation
☐ Re-intubation
☐ Other airway
☐ Non-invasive ventilation
☐ Primary central venous access
☐ Additional central venous access
☐ Arterial access
☐ Inotrope or vasopressor infusion
☐ Prostaglandin infusion
☐ Primary intraosseous access
☐ Additional intraosseous 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
☐ Primary central venous access
☐ Additional central venous access
☐ Arterial access
☐ Inotrope or vasopressor infusion
☐ Prostaglandin infusion
☐ Primary intraosseous access
☐ Additional intraosseous 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.
☐ 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 →

Lactate

□□ . □□ mmol/l →

Mechanical ventilation

☐ Yes ☐ No

CPAP

☐ Yes ☐ No

Pupil reaction

☐ Both fixed and dilated
☐ Other reaction
☐ Unknown

*These forms in appendices F-H refer to versions at time of publication. Regular reviews and updates may alter these in the future.

H. INFORMATION LEAFLET – FAMILIES AND CARERS

If you would like to know more about PICA Net 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

Or by post at:

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www.picanet.org.uk

Version 6.3 December 2016
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PICA Net 

**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.



I. INFORMATION LEAFLET – 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:
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Version 6.3 October 2016
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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.

J. DATA VALIDATION FORM



PICANet Admission data validation audit

PICU name

Visited by

Date of visit

 / /

Variable

Visit value

Discrepancy

Variable	Visit value	Discrepancy
Event Case note number	<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"/> <input type="text"/>	
Event ID	<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"/> <input type="text"/>	
Admission details Date of admission	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Time of admission	<input type="text"/> <input type="text"/> : <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"/>	
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...

PICANet Admission data validation audit data collection form - Version 2.0 - 8 January 2015

	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"/> <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"/> <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	
	Daily interventions	Primary diagnosis for this admission	<div><input type="text"/></div> <div><input type="text"/></div>
Invasive ventilation days		<input type="text"/> <input type="text"/> <input type="text"/> Start date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / 20 <input type="text"/> <input type="text"/> Stop date <input type="text"/> <input type="text"/> / <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"/> / <input type="text"/> <input type="text"/> / 20 <input type="text"/> <input type="text"/> Stop date <input type="text"/> <input type="text"/> / <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"/> / <input type="text"/> <input type="text"/> / 20 <input type="text"/> <input type="text"/> Stop date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / 20 <input type="text"/> <input type="text"/>	
Discharge	Date of discharge	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / 20 <input type="text"/> <input type="text"/>	
	Time of discharge	<input type="text"/> <input type="text"/> : <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 2014-2016

PUBLICATIONS

JOURNAL	TITLE	AUTHORS
N ENGL J MED 2014;370(2): 107-18	A RANDOMIZED TRIAL OF HYPERGLYCAEMIC CONTROL IN PAEDIATRIC INTENSIVE CARE.	MACRAE D, GRIEVE R, ALLEN E, SADIQUE Z, MORRIS K, PAPPACHAN J, PARSLow R, TASKER RC, ELBOURNE D
HEALTH TECHNOLOGY ASSESSMENT 2014; 18 (26): 1-209	A CLINICAL AND ECONOMIC EVALUATION OF CONTROL OF HYPERGLYCAEMIA IN PAEDIATRIC INTENSIVE CARE (CHIP): A RANDOMISED CONTROLLED TRIAL.	DUNCAN MACRAE, RICHARD GRIEVE, ELIZABETH ALLEN, ZIA SADIQUE, HELEN BETTS, KEVIN MORRIS, VITHAYATHIL JOHN PAPPACHAN, ROGER PARSLow, ROBERT C TASKER, PAUL BAINES, MICHAEL BROADHEAD, MARK L DUTHIE, PETER-MARC FORTUNE, DAVID INWALD, PADDY McMASTER, MARK J PETERS, MARGRID SCHINDLER, CARLA GUERRIERO, DEBORAH PIERCY, ZDENEK SLAVIK, CLAIRE SNOWDON, LAURA VAN DYCK AND DIANA ELBOURNE
INTENSIVE CARE MEDICINE 2014; 40 (12): 1916-23	RISK OF BLOODSTREAM INFECTION IN CHILDREN ADMITTED TO PAEDIATRIC INTENSIVE CARE UNITS IN ENGLAND AND WALES FOLLOWING EMERGENCY INTER-HOSPITAL TRANSFER.	KATIE HARRON, QUEN MOK, ROGER PARSLow, BERIT MULLER PEBODY, RUTH GILBERT AND PADMANABHAN RAMNARAYAN.
BMJ OPEN 2014;4(11): E006647	ESTIMATING THE INCIDENCE, PREVALENCE AND TRUE COST OF ASTHMA IN THE UK: SECONDARY ANALYSIS OF NATIONAL STAND-ALONE AND LINKED DATABASES IN ENGLAND, NORTHERN IRELAND, SCOTLAND AND WALES-A STUDY PROTOCOL.	MUKHERJEE M, GUPTA R, FARR A, HEAVEN M, STODDART A, NWARU BI, FITZSIMMONS D, CHAMBERLAIN G, BANDYOPADHYAY A, FISCHBACHER C, DIBBEN C, SHIELDS M, PHILLIPS C, STRACHAN D, DAVIES G, MCKINSTRY B, SHEIKH A, MCCLELLAND K, HAMILTON K, BURGESS K, STEWART R, McVEIGH S, MURRAY P, GINGLES J, MAGUIRE J, KENNEDY C, MYERS J, DOOLE C, ROSATO M, BRUNTON C, WALSH C, McKEOWN N, FITZPATRICK S, McLoughlin R, VITTY A, COPYRIGHT C, BATCHELOR J, McSHANE P, FLEMING S, PARSLow R, ROBINSON E, HICKFORD D, DINGLE H, LLOYD-SCOTT L, HARRISON D, MARTIN P, HUSSEY L, AGIUS R, PRICE D, VON ZIEGENWEIDT J, CARTER V, SKINNER D, HUTTON C, BATHIE E, CHISOLM A, BEEN J, KOTZ D, PAYNE R, JULIOUS S, GOODACRE S, DEVEREUX G, STEINER M, WEIR C, PARKER R, FENG Z, McALLISTER D, CARTER R, MAY L, LIMB E, VIDAL-DIEZ A, CAREY I, DICKIE C, MALLOY A, MILLIGAN D, BARCLAY K, HO D, ALEXANDER M, BURNS G, McANAW J, HOURCASTAGNÉ P, RALPH L, SMITH A, WALKER C, MIKOLAJCZAK D, BRIGGS R, HOPKINS L, WILSON L, BELL M, QUIRK S, MORRIS C, SIMPSON M, SISK R, HADDOW C, NOWELL S, HAIR D, DUFFY A, ROBERTSON I, PRITCHARD A, PEACOCK J, FLEMING M, KIRBY B, CLARK D, CALDWELL J, YOUNG C, BAILEY A, MELROSE C, MORRICE L, DOUGLAS A,

JOURNAL	TITLE	AUTHORS
		BROMLEY C, CAMPBELL R, WIERZUCH A.
BMJ QUALITY & SAFETY 2014; 23 (9): 782-8	DIFFERENCES IN CASE-MIX CAN INFLUENCE THE COMPARISON OF STANDARDISED MORTALITY RATIOS EVEN WITH OPTIMAL RISK ADJUSTMENT: AN ANALYSIS OF DATA FROM PAEDIATRIC INTENSIVE CARE.	MANKTELOW BN, TA EVANS, AND ES DRAPER.
CRITICAL CARE MEDICINE 2015;43(5):1070-78	MONITORING QUALITY OF CARE THROUGH LINKAGE OF ADMINISTRATIVE DATA: NATIONAL TRENDS IN BLOODSTREAM INFECTION IN U.K. PICUS 2003-2012.	HARRON K, PARSLAW R, MOK Q, TIBBY SM, WADE A, MULLER-PEBODY B, GILBERT R.
BMJ OPEN 2015; 5 (8): e008118	DATA LINKAGE ERRORS IN HOSPITAL ADMINISTRATIVE DATA WHEN APPLYING A PSEUDONYMISATION ALGORITHM TO PAEDIATRIC INTENSIVE CARE RECORDS.	HAGGER-JOHNSON G, K HARRON, T FLEMING, R GILBERT, H GOLDSTEIN, R LANDY, RC PARSLAW
RESUSCITATION 2015; 97: 122-128	OBSERVATIONAL STUDY OF CHILDREN ADMITTED TO UNITED KINGDOM AND REPUBLIC OF IRELAND PAEDIATRIC INTENSIVE CARE UNITS AFTER OUT-OF-HOSPITAL CARDIAC ARREST.	SCHOLEFIELD, B.R., F. GAO, H.P. DUNCAN, R.C. TASKER, R.C. PARSLAW, E.S. DRAPER, P. MCSHANE, P. DAVIES, K.P. MORRIS
SEIZURE: EUROPEAN JOURNAL OF EPILEPSY 2015; 29: 153-161	ADMISSIONS TO PAEDIATRIC INTENSIVE CARE UNITS (PICU) WITH REFRACTORY CONVULSIVE STATUS EPILEPTICUS (RCSE): A TWO-YEAR MULTI-CENTRE STUDY.	TULLY, I., E.S. DRAPER, C.R. LAMMING, D. MATTISON, C. THOMAS, T. MARTLAND, R. APPLETON
PEDIATRIC INFECTIOUS DISEASE JOURNAL (2017). 36 (3): 339-342.	INTENSIVE CARE ADMISSIONS FOR CHILDREN WITH ENTEROVIRUS AND HUMAN PARACHOVIRUS INFECTIONS IN THE UNITED KINGDOM AND THE REPUBLIC OF IRELAND, 2010-2014	BRACCIO S., KAPETANSTRATAKI M., SHARLAND M., & LADHANIL S.N.
CRITICAL CARE MEDICINE (2017), 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., PARSLAW, R. C., & FLEMING, S. J.
ARCHIVES OF DISEASE IN CHILDHOOD (2016). 101 (9): 798-802.	IS IT TAKING LONGER TO DIE IN PAEDIATRIC INTENSIVE CARE IN ENGLAND AND WALES?.	PLUNKETT, A., & PARSLAW, R. C.
JOURNAL OF THE AMERICAN HEART ASSOCIATION (2016). 5 (5): e003369.	DEATH AND EMERGENCY READMISSION OF INFANTS DISCHARGED AFTER INTERVENTIONS FOR CONGENITAL HEART DISEASE: A NATIONAL STUDY OF 7643 INFANTS TO INFORM SERVICE IMPROVEMENT.	SONYA CROWE, DEBORAH A RIDOUT, RACHEL KNOWLES, JENIFER TREGAY, JO WRAY, DAVID J BARRON, DAVID CUNNINGHAM, ROGER C PARSLAW, MARTIN UTLEY, RODNEY FRANKLIN, CATHERINE BULL, KATHERINE L BROWN
PLOS ONE (2016). 11 (3): e0151348	GENERALISABILITY AND COST-IMPACT OF ANTIBIOTIC-IMPREGNATED CENTRAL VENOUS CATHETERS FOR REDUCING RISK OF BLOODSTREAM INFECTION IN PAEDIATRIC INTENSIVE CARE UNITS IN ENGLAND.	HARRON, K., MOK, Q., HUGHES, D., MULLER-PEBODY, B., PARSLAW, R., RAMNARAYAN, P., & GILBERT, R.
ARCHIVES OF DISEASE IN CHILDHOOD (2016). 101 (2): 140-146.	ADMISSION TO HOSPITAL FOR BRONCHIOLITIS IN ENGLAND: TRENDS OVER FIVE DECADES,	C A GREEN; D YEATES; A GOLDACRE; C SANDE; R C PARSLAW; P MCSHANE; A J

JOURNAL	TITLE	AUTHORS
	GEOGRAPHICAL VARIATION AND ASSOCIATION WITH PERINATAL CHARACTERISTICS AND SUBSEQUENT ASTHMA.	POLLARD; M J GOLDACRE

ABSTRACTS

ABSTRACT	TITLE	AUTHORS
24 TH ESPNIC ANNUAL MEETING, ROTTERDAM, 12 TH -15 TH JUNE 2013 (ORAL PRESENTATION)	WEIGHT-FOR-AGE DISTRIBUTION AND CASE-MIX ADJUSTED OUTCOMES OF 14,205 CRITICALLY ILL CHILDREN	N.J. PRINCE, K. BROWN, R.C. PARSLow, M.J. PETERS
PICS 2015 CONFERENCE, 14 TH -16 TH SEPTEMBER 2015	DESCRIPTIVE EPIDEMIOLOGY OF ADMISSIONS TO PICU OF CHILDREN LESS THAN 2 YEARS OLD WHO WERE BORN POST-TERM IN THE UK AND THE REPUBLIC OF IRELAND, 2003-2014	M. KAPETANSTRATAKI, S.J. FLEMING, E. S. DRAPER, K. JOHNSON, R. C. PARSLow
SURVIVAL ANALYSIS FOR JUNIOR RESEARCHERS CONFERENCE, 13-14 APRIL 2016	SURVIVAL IN PAEDIATRIC INTENSIVE CARE UNITS (PICU) AND BEYOND, ENGLAND AND WALES, 2004 -2014	KAPETANSTRATAKI M, FLEMING SJ, PARSLow RC

PRESENTATIONS

MEETING/CONFERENCE	VENUE	DATE	PRESENTATION TITLE	PICANET TEAM ATTENDEES
PIC DIRECTORS MEETING	LONDON	25/03/2014	CAPACITY IN PIC	LIZ DRAPER
EAST MIDLANDS PIC COMMISSIONERS	NEC BIRMINGHAM	04/2014	TEN YEAR TRENDS IN PIC	LIZ DRAPER
PICANET AGM	MANCHESTER	05/11/2014	PRESENTATION ON NATIONAL REPORT	PICANET TEAM
HQIP CLINICAL AUDIT & QI AWARDS. JUNIOR DOCTORS FINALS DAY	LEICESTER	19/11/2014	NATIONAL CLINICAL AUDIT UPDATE - PICANET	LIZ DRAPER
ROYAL COLLEGE OF PAEDIATRICS AND CHILD HEALTH ANNUAL CONFERENCE 2015	ICC, BIRMINGHAM	29/04/2015	PROLONGED INVASIVE VENTILATION IN PAEDIATRIC INTENSIVE CARE: CHILDREN RESIDENT IN ENGLAND AND WALES, 2004-2013	S FLEMING, K MORRIS, C LAMMING, A EVANS, R PARSLow, E DRAPER
29 TH ANNUAL PICS CONFERENCE	ICC, BIRMINGHAM	14-16/09/2015	SURVIVAL IN PICU AND BEYOND	ROGER PARSLow, SARAH FLEMING, MELPO KAPETANSTRATAKI
ANNUAL TIPNET MEETING	MILAN	10/2016	PICANET – NATIONAL PIC AUDIT IN THE UK	LIZ DRAPER
PICANET AGM	ROYAL COLLEGE OF NURSING, LONDON	04/11/2015	PRESENTATION ON NATIONAL REPORT	PICANET TEAM
PICANET AGM	BIRMINGHAM	02/11/2016	PRESENTATION ON NATIONAL REPORT	ROGER PARSLow, MELPO KAPETANSTRATAKI
PAEDIATRIC CRITICAL CARE NETWORK ANNUAL CONFERENCE	ALDER HEY, LIVERPOOL	08/03/2017	IS MORTALITY A USEFUL MEASURE OF PICU OUTCOME?	ROGER PARSLow

M. STAFFING STUDY DATA COLLECTION FORMS 2016

<p>WEEK COMMENCING – 21st November 2016</p>	<p>PICU Staffing Study 2016 A study of occupancy & nurse staffing provision</p> <p>Nursing Establishment and staffing Information</p> <ul style="list-style-type: none"> • Please see attached instructions • Complete part 1 and 2 • Please complete every column, insert zero if no staff at this grade 	<p>PLEASE COMPLETE:- Site ID _____</p> <p>Hospital _____</p> <p>Unit _____</p> <p>Form completed by: _____ (print name)</p>
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Part 1 Nurse Establishment Information

	1. Nursing establishment W.T.E. <i>Exclude supernumerary student nurses, receptionists, audit staff/ data clerks, housekeepers</i>	2. Vacancies in Nurse establishment WTE	3. No. of persons currently in post	4. No. of specialist nurses with paediatric intensive care qualification	5. No. of registered children's nurses <i>RSCN or degree or diploma recognised by NMC in children's branch of nursing</i>	6. No. with Valid Basic Paediatric Resuscitation and Life Support Competencies	7. No. with Valid Advanced Paediatric Resuscitation and Life Support Competencies
Band 2 - 3							
Band 4							
Band 5							
Band 6							
Band 7							
Band 8							
Band 9							
Other please specify details- i.e. Agency / Bank (state Band)							
1.							
2.							
3.							
4.							

Complete Part 2 overleaf

PICANet Staffing Study 2016 Nursing Establishment & Staffing Info v1.5 03/11/2016

Part 2 Dedicated Roles

Does your unit have the following persons in post: (please tick appropriate box)					No. in post
1. Family Care Sister	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. 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 Friday 2nd December 2016 to:
FREEPOST RTHJ-ZVYG-BXRT PICANet (0593), F.A.O: Caroline Lamming, PICANet Research Nurse, University of Leicester, Dept. of Health Sciences, University Road, LEICESTER, LE1 7RH.

PICANet Staffing Study 2016 Nursing Establishment & Staffing Info v1.5 03/11/2016

PICU Staffing Study 2016

Week commencing 21st November 2016



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 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*.

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 staff included in the establishment to deliver clinical care to patients. EXCLUDE clerical staff, research and audit staff/data clerks, receptionists, housekeepers and supernumerary student nurses

1. The current combined, whole time equivalent, funded nursing establishment of persons working at this grade to give clinical care. Include all clinical nursing staff, any link nurses employed to give clinical care, any learners or nurses in training but only if not supernumerary.
2. The current, 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.
4. The combined whole time equivalents of staff currently in post at this grade i.e. a nurse working part time may only be 0.5 WTE.
5. The number of nurses with appropriate level competencies in paediatric critical care currently in post. Include all specialist nurses in PIC with critical appropriate level competencies in paediatric critical care assessed through a validated accredited education and training programme.
6. The number of registered children's nurses currently in post to give clinical care. Include all nurses with an RSCN or degree or diploma in children's branch nursing recognised by the NMC.
7. The number of nurses currently in post with valid Basic Paediatric Resuscitation training or equivalent.
8. The number of nurses currently in post with valid Advanced Paediatric Resuscitation training or equivalent.

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.

PICANet Staffing Study 2016 Nursing Establishment & Staffing Info v1.5 03/11/2016

Please return in **FREEPOST** envelope to:-
FREEPOST RTHJ-ZYTG-BXRT
PICANet (0593),
F.A.O. Caroline Lamming, PICANet
Research Nurse
University of Leicester, Dept. of Health
Sciences,
University Road, LEICESTER, LE1
7RH
by Friday 02/12/2016

WEEK COMMENCING -
21st November 2016



PICU Staffing Study 2016

A study of occupancy, nursing and medical staffing provision

Medical Establishment Information

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

What is the model of service in your Hospital?

(please circle): Standalone PICU Combined PICU and retrieval service

PLEASE COMPLETE- Site ID _____

Hospital _____

Unit _____

Form completed by: _____

(print name)

Part 1 Medical Establishment Information:

				Number of staff in post		Number of vacant posts		Combined total DCC PAs of funded staff in post		Combined total DCC PA's vacant posts	
				ICU	Transport	ICU	Transport	ICU	Transport	ICU	Transport
Consultant grade	Consultant Paediatric Intensivists	Paediatricians	substantive locum								
		Anaesthetists	substantive locum								
	Non-PICU consultants		substantive locum								
	Associate specialists/staff grade		substantive locum								
Training grade				Number of staff in post		Number of vacant posts		Combined total WTE of medical establishment		Combined total WTE of vacant posts	
				ICU	Transport	ICU	Transport	ICU	Transport	ICU	Transport
	ST 4-8 UK training scheme	Paediatrics									
		Anaesthesia									
		Other (please specify)									
	ST 4-8 equivalent, not on UK training scheme										
	ST 1-3 UK training scheme	Paediatrics									
		Anaesthesia									
		Other (please specify)									
Other staff	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 rota										
Physician Associates											

PICANet Staffing Study 2016 Medical Establishment v1.1 12.10.2016

Part 2 Trainee Rota

Are the trainees on a full shift rota? (tick yes or no)		YES	NO
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.			
If not on a full shift rota, what rota pattern are the trainees on?		Please tick appropriate box	
		Partial shift	On call
		YES	YES
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

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

Using the FREEPOST envelope supplied, please return the completed forms by **FRIDAY 2nd DECEMBER 2016** 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

PICANet Staffing Study 2016 Medical Establishment v1.1 12.10.2016

PICU Staffing Study 2016

Week commencing 21st November 2016



HOW TO FILL IN THE Medical Establishment Part 1 and 2

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.

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 both 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 POCU 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. 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: cr14@leicester.ac.uk

PICANet Staffing Study 2016 Medical Establishment v1.1 12.10.2016

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 Friday 02/12/2016

WEEK COMMENCING – 21st November 2016	PICU Staffing Study 2016 A study of occupancy, nursing and medical staffing provision Advanced Practice Practitioner (APP) Establishment Information	PLEASE COMPLETE:- Site ID _____ Hospital _____ Unit _____ Form completed by: _____ (print name)
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- Please see instructions overleaf
- Please complete every column, insert zero if no staff at this grade
- If your unit DOES NOT employ Advanced Practice Practitioners please tick this box ☐ and return the form

Bands of Advance Practitioners	1. A.P.P establishment W.T.E.	2. Number of persons currently in post	3. Combined w.t.e. of persons currently in post	4. Number educated to Masters level	5. Number currently in training	6. Proportion of w.t.e. attributed to nursing/medical or research rota			7. Is/are person(s) included on Nursing (N) or Medical (M) establishment? Please insert N or M or both	8. No. with Valid Advanced Paediatric Resuscitation Training or equivalent
						Nursing	Medical	Research		
Band 8										
Band 7										
Band 6										
Other (please state Band)										

Additional information:- Do you include the w.t.e. for the A.P.P.s in your calculation for the number of qualified nurses per funded bed? (please tick box) Any additional comments:	(Please tick appropriate box) YES	NO	Please return in FREEPOST envelope supplied to:- FREEPOST RTHJ-ZYVG-BXRT PICANet (0593), F.A.O: Caroline Lamming, PICANet Research Nurse University of Leicester, Dept. of Health Sciences, University Road, LEICESTER, LE1 7RH by 02/12/2016
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PICANet Staffing Study 2016 APP Establishment & Staffing Info v1.4_12/10/2016

PICU Staffing Study 2016 	<u>Week commencing 21st November 2016</u>
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HOW TO COMPLETE THE Advanced Practice Practitioner Establishment Form

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*.

- If your unit DOES NOT employ APP's please tick the box on the form and return.

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 This is a separate count of Advanced Practice Practitioners (APPs) who will also be recorded on the nursing or medical establishment form to reflect funding source
--

- The current combined, whole time equivalent, funded establishment of persons working at this grade to give clinical care. Include APPs who are qualified and those in training but only if not supernumerary.
- The overall total number of persons on your PICU currently in post at this grade.
- The combined whole time equivalents of staff currently in post at this grade i.e. an APP employed part time may be 0.5 wte.
- The number of APPs who have attained a Master's degree.
- The number of APPs currently in training.
- Proportion of w.t.e.'s attributed to the nursing or medical rota.
- Identifies whether APPs are included in the nursing or medical establishment, insert N(nursing) or M(medical) or both if applicable.
- The number of APPs currently in post with valid Advanced Paediatric Life Support, European Paediatric Life Support or equivalent.

If you have any additional queries please contact: Caroline Lamming tel: 0116 252 5414 or email: cr14@leicester.ac.uk
 You are advised to retain a photocopy of the completed form.

Using the FREEPOST envelope supplied, please return the completed forms by FRIDAY 2nd December 2016 to:-

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

PICANet Staffing Study 2016 APP Establishment & Staffing Info v1.4_12/10/2016

WEEK COMMENCING –
21st November 2016



PICU Staffing Study 2016

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 cr14@leicester.ac.uk

1. Type of Staff	2. With time allocated 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 competencies 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: _____		
Please return in FREEPOST envelope to:- FREEPOST RTHJ-ZYVG-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 Friday 02/12/2016		

PICANet Staffing Study 2016 Other Professionals Survey Form v1.6 03.11.2016



PICU Staffing Study

November 2016

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 staff on duty to deliver CLINICAL CARE to patients. INCLUDE nurse in charge and runner EXCLUDE clerical staff, receptionists, housekeepers and supernumerary student nurses

1. The overall total number of nurses and non registered health care staff on duty at this time to give clinical care. Include all clinical nursing staff, any link nurse present giving clinical care and non registered health care staff, any learners or nurses in training but only if not supernumerary.
2. The number of nurses with appropriate level competencies in paediatric critical care 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 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.
4. The number of nurses on duty at this time with valid Basic Paediatric Resuscitation training or equivalent.
5. The number of nurses on duty at this time with valid Advanced Paediatric Resuscitation training or equivalent.
5. SICKNESS - count the number of staff who were rostered for duty but off sick at specified time.
6. The number of nurses on duty and available for retrieval. Only complete where the retrieval service is integrated into the PICU and nurses(s) have clinical duties required for retrieval.
7. NOTE only count YOUR CLINICAL NURSE MANAGER for example, if on the unit at noon or midnight giving clinical care (includes on ward round).

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 FICS 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 Friday 2nd December 2016 to:
 FREEPOST RTHJ-ZYVG-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.

PICANet Staffing Study 2016/Nursing Daily Log A v1.6 03.11.2016

Nursing & Occupancy Log A



- Please complete at 12 noon on Wednesday 23/11/2016
- Please see notes for completion overview

Bands of Nursing staff	No. on duty at 12 noon	Total no. with PIC competencies	No. of registered children's nurses	No. with Paediatric Resus & Life support competencies		No. of persons off sick	No. on duty available for retrieval
				Basic	Advanced		
Band 2-3							
Band 4							
Band 5							
Band 6							
Band 7							
Band 8							
Band 9							
Other please specify details:- (i.e. Agency/ Bank incl. Band)							
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.e. sickness, infection, staff shortage)
		Open & occupied	Open & empty	
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: _____
 (print name)
 Contact tel. no: _____
 Email address: _____

Please return in FREEPOST envelope to:-
 FREEPOST RTHJ-ZYVG-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 Friday 02/12/2016

PICANet Staffing Study 2016/Nursing Daily Log A v1.6 03.11.2016

Nursing & Occupancy Log B



- Please complete at 12 midnight on Wednesday 23/11/2016
- Please see notes for completion overview

Bands of Nursing staff	No. on duty at 12 midnight	Total no. with PIC competencies	No. of registered children's nurses	No. with Paediatric Resus & Life support competencies		No. of persons off sick	No. on duty available for retrieval
				Basic	Advanced		
Band 2-3							
Band 4							
Band 5							
Band 6							
Band 7							
Band 8							
Band 9							
Other please specify details:- (i.e. Agency/ Bank incl. Band)							
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.e. sickness, infection, staff shortage)
		Open & occupied	Open & empty	
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: _____
 (print name)
 Contact tel. no: _____
 Email address: _____

Please return in FREEPOST envelope to:-
 FREEPOST RTHJ-ZYVG-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 Friday 02/12/2016

PICANet Staffing Study 2016/Nursing Daily Log B v1.6 03.11.2016



Nursing & Occupancy Log C

- Please complete at 12 noon on Sunday 27/11/2016
- Please see notes for completion overleaf

Bands of Nursing staff	No. on duty at 12 noon	Total no. with PIC competencies	No. of registered children's nurses	No. with Paediatric Resus & Life support competencies		No. of persons off sick	No. on duty available for retrieval
				Basic	Advanced		
Band 2 - 3							
Band 4							
Band 5							
Band 6							
Band 7							
Band 8							
Band 9							
Other please specify details - (i.e. Agency / Bank incl. band)							
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.e. sickness, infection, staff shortage
		Open & occupied	Open & empty	
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 Friday 02/12/2016

PICANet Staffing Study 2016/6 Nursing Daily Log C v1.6 03/11/2016



Nursing & Occupancy Log D

- Please complete at 12 midnight on Sunday 27/11/2016
- Please see notes for completion overleaf

Bands of Nursing staff	No. on duty at 12 midnight	Total no. with PIC competencies	No. of registered children's nurses	No. with Paediatric Resus & Life support competencies		No. of persons off sick	No. on duty available for retrieval
				Basic	Advanced		
Band 2 - 3							
Band 4							
Band 5							
Band 6							
Band 7							
Band 8							
Band 9							
Other please specify details - (i.e. Agency / Bank incl. band)							
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.e. sickness, infection, staff shortage
		Open & occupied	Open & empty	
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 Friday 02/12/2016

PICANet Staffing Study 2016/6 Nursing Daily Log D v1.6 03/11/2016



PICU Staffing Study

November 2016

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: cert4@leicester.ac.uk

Using the FREEPOST envelope supplied, please return the completed forms by Friday 2nd December 2016 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.

PICANet Staffing Study 2016/6 Medical Daily Log A v1.1 03/11/2016



Medical Log A

- Please complete at 12 noon on Wednesday 23/11/2016
- 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 times	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
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 Friday 02/12/2016

PICANet Staffing Study 2016/6 Medical Daily Log A v1.1 03/11/2016



Medical Log B

- Please complete at 12 midnight on Wed 23/11/2016
- See notes for completion overleaf

Grades of Medical Staff				12 midnight		
Consultant	Primary clinical responsibility to PICU*	Consultant Paediatric Intensivists	Paediatricians	No. of persons on duty and present	No. of persons on call	No. of persons off sick
		Anaesthetists				
		Non-PICU consultants				
	Clinical availability but not primary responsibility**	Consultant Paediatric Intensivists	Paediatricians			
				Anaesthetists		
				Non-PICU 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 specialty & 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 RTH-ZYVG-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 Friday 02/12/2016



Medical Log C

- Please complete at 12 noon on Sunday 27/11/2016
- See notes for completion overleaf

Grades of Medical Staff				12 noon		
Consultant	Primary clinical responsibility to PICU*	Consultant Paediatric Intensivists	Paediatricians	No. of persons on duty and present	No. of persons on call	No. of persons off sick
		Anaesthetists				
		Non-PICU consultants				
	Clinical availability but not primary responsibility**	Consultant Paediatric Intensivists	Paediatricians			
				Anaesthetists		
				Non-PICU 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 specialty & 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 RTH-ZYVG-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 Friday 02/12/2016

PICA Net Staffing Study 2016/Medical Daily Log B v1.1 03/11/2016

PICA Net Staffing Study 2016/Medical Daily Log C v1.1 03/11/2016



Medical Log D

- Please complete at 12 midnight on Sunday 27/11/2016
- See notes for completion overleaf

Grades of Medical Staff				12 midnight		
Consultant	Primary clinical responsibility to PICU*	Consultant Paediatric Intensivists	Paediatricians	No. of persons on duty and present	No. of persons on call	No. of persons off sick
		Anaesthetists				
		Non-PICU consultants				
	Clinical availability but not primary responsibility**	Consultant Paediatric Intensivists	Paediatricians			
				Anaesthetists		
				Non-PICU 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 specialty & 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 RTH-ZYVG-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 Friday 02/12/2016

PICA Net Staffing Study 2016/Medical Daily Log D v1.1 03/11/2016

N. DATA REQUESTS DECEMBER 2015 – DECEMBER 2016

*If you require further details of the Data Requests made to PICANet for English or non-English data please contact the team by email.

REQUEST DATE:	NAME, POSITION AND PLACE OF WORK/STUDY:	AIM OF DATA REQUEST:	DATA PROVIDED?	DATA PROVIDED BY:	REQUEST CLOSED?
21/12/2016	MARK PETERS, PROFESSOR OF PAEDIATRIC INTENSIVE CARE, ICNARC/PICS SG/UCL GREAT ORMOND ST ICH	FEVER OBSERVATIONAL STUDY: FOR UK BETWEEN 1/2/17 AND 1/8/2017 TO INFORM THE FEASIBILITY OF CONDUCTING A STUDY TO TEST DIFFERENT TEMPERATURE THRESHOLDS AT WHICH CLINICIANS DELIVER ANTIPYRETIC INTERVENTION IN CRITICALLY ILL CHILDREN WITH FEVER DUE TO INFECTION.	No	MELPO KAPETANSTRATAKI	Yes
07/12/2016	AHMED OSMAN, PICU REGISTRAR, UNIVERSITY HOSPITAL SOUTHAMPTON NHS FOUNDATION TRUST	CHANGES IN THE BURDEN OF OBESITY-RELATED CONDITIONS PRESENTING TO PAEDIATRIC INTENSIVE CARE: DATA FROM ALL UNITS REPORTING TO PICANET (I.E. ENGLAND, WALES, SCOTLAND, NORTHERN IRELAND, REPUBLIC OF IRELAND BETWEEN JANUARY 2002 AND DECEMBER 2016 TO ASSESS WHETHER THE INCIDENCE OF OBESITY-RELATED ILLNESSES PRESENTING TO PAEDIATRIC INTENSIVE CARE IS INCREASING OVER TIME, AND WHETHER CHILDHOOD OBESITY IS BECOMING MORE COMMON IN PATIENTS PRESENTING TO PAEDIATRIC INTENSIVE CARE.	~	MELPO KAPETANSTRATAKI	ONGOING
01/12/2016	GRACE RAHMAN, STUDENT, KINGS COLLEGE LONDON	NATIONAL GEOGRAPHICAL SCOPE BETWEEN 29/08/2014 AND 29/08/2015, WHAT FACTORS INFLUENCE A PARENT'S DECISION TO DONATE THEIR CHILD'S ORGANS IN A CRITICAL CARE SETTING?	No	MELPO KAPETANSTRATAKI	No

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30/11/2016	UMA VARMA, ST 7 PAEDIATRIC NEUROLOGY GRID TRAINEE, ROYAL MANCHESTER CHILDREN'S HOSPITAL	"SUPER REFRACTORY STATUS EPILEPTICUS IS DEFINED AS STATUS EPILEPTICUS THAT CONTINUES OR RECURS 24 HOURS OR MORE AFTER THE USE OF ANAESTHETIC AGENTS INCLUDING THOSE CASES WHERE STATUS EPILEPTICUS RECURS ON THE WITHDRAWAL OF ANAESTHESIA (SHORVON 2011). THIS CAN RESULT IN SIGNIFICANT MORTALITY AND MORBIDITY. THERE ARE ONLY A FEW STUDIES LOOKING AT SUPER REFRACTORY STATUS EPILEPTICUS IN BOTH ADULTS AND CHILDREN HENCE THE EXACT FREQUENCY IS NOT CLEAR. THERE IS LACK OF DATA IN THE INCIDENCE, THERAPIES USED AND THE OUTCOME IN CHILDREN WITH SUPER REFRACTORY STATUS EPILEPTICUS. THE AIMS OF THE STUDY ARE:- - TO GATHER DATA ON CHILDREN ADMITTED WITH SUPER REFRACTORY SEIZURES THROUGH THE BPNSU PORTAL IN THE UK AND IRELAND FOR A PERIOD OF ONE YEAR WITH THE HELP OF QUESTIONNAIRE TO CLINICIANS DIRECTLY INVOLVED IN CLINICAL CARE. - TO ADD INFORMATION TO ENABLE BETTER UNDERSTANDING OF THIS SERIOUS CONDITION AND THE OUTCOMES OF VARIOUS THERAPIES TO HELP OPTIMISE TREATMENT STRATEGIES. " FOR THE UK BETWEEN DATES 1/1/17 AND 1/1/2018	No	MELPO KAPETANSTRATAKI	YES
22/11/2016	RITA FARIA, RESEARCH FELLOW, UNIVERSITY OF YORK	FOR ENGLAND BETWEEN 1/8/2015 AND 31/7/2017. THE PREVAIL STUDY IS A RANDOMISED CONTROLLED TRIAL TO DETERMINE THE CLINICAL AND COST-EFFECTIVENESS OF USING ANTIMICROBIAL AND ANTIFUNGAL IMPREGNATED VERSUS STANDARD PERIPHERALLY INSERTED CENTRAL VENOUS CATHETERS IN VERY PRETERM BABIES.	No	MELPO KAPETANSTRATAKI	UNKNOWN

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29/09/2016	KATHRYN PARKINS, LEAD CONSULTANT FOR NORTH WEST & NORTH WALES PAEDIATRIC TRANSPORT SERVICE- NWTS	FOR ALL PATIENTS WHOSE HOME POSTCODE IS FROM NORTH WEST (ENGLAND) & NORTH WALES REGIONS REQUIRED TO HELP FUTURE PLANNING FOR ECMO TRANSPORT PROVISION IN REGION. NWTS REQUESTED TO TRANSFER PATIENTS TO/FROM ECMO CENTRES (NEONATES & PAEDIATRIC AGE GROUP), BUT AWARE THAT SOME REQUESTS ALSO ARE SENT DIRECTLY TO TEAMS BASED AT ECMO CENTRES, WHO MAY ALREADY BE BUSY TRANSFERRING OTHER PATIENTS. IN ADDITION NWTS CURRENTLY STRUGGLE TO PROVIDE A TEAM TO REPATRIATE PATIENTS TO REGION (POST-ECMO) AS ONLY SINGLE TEAM SERVICE, BUT HAVE BEEN ASKED TO PLAN FOR FUTURE. DATA FROM 1/4/14 AND 9/1/2016	~	MELPO KAPETANSTRATAKI	UNKNOWN
22/08/2016	OFRAN ALMOSSAWI, MSc STUDENT, MEDICAL STATISTICS, LSHTM AND IMPERIAL NHS TRUST	DATA FROM 2015-2015 FOR ALL OF THE UK. TO INVESTIGATE THE POTENTIAL CAUSES OF DIFFERENCES IN MORTALITY BETWEEN GENDERS IN CHILDREN UP TO 1 YEAR OF AGE AND ADMITTED WITH AN INFECTIVE AETIOLOGY.	05/09/2016	MELPO KAPETANSTRATAKI	YES
29/07/2016	SARAH MOGAN, TRANSPORT NURSE, WATCH TRANSPORT SERVICE	TO ASSESS THE PREPAREDNESS OF ADULT ITU'S IN OUR CATCHMENT AREA FOR ADMITTING PAEDIATRIC PATIENTS AS PER PICS 2015 STANDARDS. FOR SOUTH WALES AND THE SOUTH WEST BETWEEN 1/8/2015 AND 31/7/2016	No	LEE NORMAN	YES
08/07/2016	PADMANABHAN RAMNARAYAN, CONSULTANT, CHILDREN'S ACUTE TRANSPORT SERVICE, GREAT ORMOND STREET HOSPITAL	TO DO A DESCRIPTIVE ANALYSIS OF CURRENT PIC TRANSPORTS IN THE UK. THERE ARE NO NATIONAL DATA AVAILABLE ON THIS TOPIC. AVAILABILITY OF AGE, DIAGNOSIS AND PIM SCORE WILL ALLOW MORE DETAILED DESCRIPTIONS OF SUBGROUPS OF PATIENTS. FOR UNITED KINGDOM AND IRELAND DURING 2014-2015	Yes	LEE NORMAN	YES

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17/06/2016	WANTONG ZHAO, STUDENT, UNIVERSITY OF LEEDS	I INTEND TO MODEL THE EFFECT OF A TRIAGE SYSTEM ON MORTALITY IN THE PAEDIATRIC INTENSIVE CARE SETTING TO DETERMINE THE BEST USE OF PICU RESOURCES. I WILL USE SIMULATED DATA TO GENERATE DIFFERENT LEVELS OF ADMISSION DEMAND ON THE PIC SERVICE AND TEST THE EFFECTIVENESS OF A TRIAGE SYSTEM IN RELATION TO MORTALITY. TO COVER UK AND IRELAND 2009 TO 2015.	29/06/2016	MELPO KAPETANSTRATAKI	YES
17/06/2016	YIZHAO JIANG, STUDENT, UNIVERSITY OF LEEDS	EXPLORE THE EFFECT OF MISSING AND INCORRECT DATA ON PIM2 MORTALITY PREDICTION BY SIMULATING DIFFERENT LEVELS OF MISSING AND INCORRECT DATA IN THE PIM2 MORTALITY PREDICTION MODEL. I WILL USE THIS SIMULATED DATA TO GENERATE SMRs AND FUNNEL PLOTS TO EXAMINE WHAT EFFECT POOR DATA QUALITY HAS ON THE INTERPRETATION OF SMRs AND ASSESSMENT OF INSTITUTIONAL PERFORMANCE. FOR THE UK AND IRELAND BETWEEN 2004 AND 2015.	30/06/2016	LEE NORMAN	YES
25/05/2016	ROB TRUBEY, RESEARCH ASSOCIATE, CENTRE FOR TRIALS RESEARCH, CARDIFF	AS ABOVE- THE STUDY AIMS TO ASSESS THE IMPACT OF A PAEDIATRIC EARLY WARNING SYSTEM INTERVENTION ON THE INCIDENCE OF ADVERSE EVENTS (MORTALITY, CARDIAC/RESPIRATORY ARRESTS, ADMISSIONS TO PHDU, ADMISSIONS TO PICU) IN FOUR PAEDIATRIC UNITS (TWO DGH, TWO TERTIARY CENTRES), USING AN INTERRUPTED TIME SERIES ANALYSIS. ALDER HEY AND CARDIFF PICU DATA ONLY FOR MAY 2015 TO MAY 2017	07/07/2016	MELPO KAPETANSTRATAKI	YES
20/05/2016	GERRI SEFTON, ADVANCED NURSE PRACTITIONER PICU, ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	LOOKING AT SERIOUS ILLNESS/DETERIORATION IN HOSPITALISED CHILDREN AND THE USE OF PAEDIATRIC EARLY WARNING SCORES/SYSTEMS • THE IMPACT OF PEWS ON EMERGENCY TRANSFERS TO PICU PRE-POST IMPLEMENTATION • LONGITUDINAL IMPACT OF PEWS ON EMERGENCY TRANSFERS TO PICU • WHAT PATIENT FACTORS INCREASE THE RISK FOR SERIOUS DETERIORATION IN HOSPITAL. FOR ALL SITES RETURNING DATA TO PICANet BETWEEN 2004 AND 2015	02/09/2016	MELPO KAPETANSTRATAKI	YES

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18/05/2016	STEVEN McVEA, ST4 PAEDIATRICS, ROYAL BELFAST HOSPITAL FOR SICK CHILDREN	TO QUANTIFY FREQUENCY THAT EXCHANGE TRANSFUSION IS CARRIED OUT IN PICU SETTING. TO IDENTIFY DIAGNOSES REQUIRING EXCHANGE TRANSFUSION. TO INFORM DEVELOPMENT OF EXCHANGE TRANSFUSION GUIDELINE FOR USE IN A QUALITY IMPROVEMENT PROJECT. POSSIBILITY FOR POSTER PRESENTATION OR PUBLICATION IF SUCCESSFULLY DEVELOPED INTO QUALITY IMPROVEMENT PROJECT. NATIONALLY BETWEEN JANUARY 2005 AND PRESENT (MAY 2016)	29/06/2016	ROGER PARSLow	Yes
12/05/2016	BRIAN MUMFORD, MSc STUDENT, SCHOOL OF COMPUTING, UNIVERSITY OF LEEDS	MACHINE LEARNING FOR IMPROVED MORALITY PREDICTIONS: DATA WERE SOUGHT INITIALLY BY Ms OMNIA AMINAS (AS PART OF HER MSc PROJECT) TO UNDERTAKE PRELIMINARY/PILOT WORK ON METHODS DEVELOPMENT WITH A VIEW THAT SUCH WORK WOULD FORM THE BASIS OF A GRANT PROPOSAL TO GO TO EXTERNAL FUNDING BODIES, FOR WHICH THIS (FOLLOW-ON) ACCESS TO DATA REQUEST WOULD BE MADE. UNFORTUNATELY, Ms AMINA'S WITHDREW FROM THIS PROJECT AND THERE WAS NO PROGRESS MADE ON THE PROPOSED PRELIMINARY WORK BY HER. IT IS THEREFORE PROPOSED THAT THE PRELIMINARY/PILOT WORK IS INSTEAD UNDERTAKEN BY THE NOW NAMED APPLICANT (PROF MARK S GILTHORPE) AND HIS MAIN METHODOLOGICAL COLLABORATOR (DR MARC DE KAMPS). PRELIMINARY INVESTIGATION OF NEW METHODS DEVELOPMENT WILL FORM THE BASIS OF A GRANT PROPOSAL TO BE SUBMITTED LATE 2015 OR SOMETIME IN 2016, DEPENDING UPON PROGRESS OF THE PILOT WORK. THE TARGET EXTERNAL FUNDING BODY WILL BE INITIALLY THE MRC (METHODOLOGY PANEL), AS THE INTENDED PROPOSAL WILL BE LINKED TO THE ESTABLISHED MRC CENTRE FOR MEDICAL BIOINFORMATICS BASED AT THE UNIVERSITY OF LEEDS. THE PRELIMINARY/PILOT WORK WILL EXPLORE THE FEASIBILITY OF DEVELOPING NEW METHODS AND NOVEL APPLICATIONS OF EXISTING METHODS TO ASSESS OUTCOMES IN PAEDIATRIC INTENSIVE CARE, SPECIFICALLY TO: A) HELP IDENTIFY, WITH IMPROVED PRECISION, FACTORS ASSOCIATED WITH BETTER PATIENT OUTCOMES B) IDENTIFY PATIENT SUBGROUPS AT GREATEST RISK OF DEATH OR SPECIFIC MORBIDITIES WHO MIGHT THEREFORE BE SUITABLE FOR ENTRY INTO CLINICAL TRIALS THAT SEEK TO EVALUATE NOVEL INTERVENTIONS OR IMPROVED PATIENT CARE C) ELUCIDATE POTENTIAL CAUSAL FACTORS FROM NON-CAUSAL FACTORS AMONGST THE RELATIONSHIPS IDENTIFIED	Yes	ROGER PARSLow	Yes

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		<p>AS HIGHLY PREDICTIVE OF PATIENT OUTCOMES D) ASSESS THE PERFORMANCE OF THESE NEW METHODOLOGIES THROUGH THE RE-ANALYSIS OF EARLIER PUBLISHED STUDIES FROM THIS WORK IT IS HOPED THAT METHODOLOGIES DEVELOPED CAN BE APPLIED TO THE EXPLORATION OF COMPLEX ROUTINELY COLLECTED HEALTHCARE DATA (OFTEN CALLED 'BIG DATA') BEYOND THE PAEDIATRIC INTENSIVE CARE SETTING WE WILL APPLY CONVENTIONAL STATISTICAL METHODS SUCH AS GENERALISED LINEAR AND MIXED MODELLING ALONG WITH BAYESIAN NETWORKS TO MODEL THE PATIENT JOURNEY THROUGH THE PAEDIATRIC INTENSIVE CARE SYSTEM TO ADDRESS A), B) AND C) ABOVE. MOREOVER, WE INTEND TO INVESTIGATE THE VIABILITY OF SO-CALLED DEEP LEARNING ARCHITECTURES TO CAPTURE HIDDEN REGULARITIES IN THESE PATIENT JOURNEYS. SCIENTIFIC OUTPUTS (E.G. ABSTRACTS, JOURNAL PUBLICATIONS, FUNDING PROPOSALS) ARISING FROM THIS WORK WILL INVOLVE COLLABORATORS LISTED BELOW ACCORDING TO APPROPRIATE LEVELS OF INPUT, BUT ALWAYS SPECIFICALLY INFORMED BY THE LEAD COLLABORATOR, DR ROGER PARSLow. A KEY OUTCOME WILL BE THE IDENTIFICATION OF POTENTIAL NEW METHODS OR APPLICATIONS OF EXISTING METHODS THAT WOULD IMPROVE THE ASSESSMENT OF OUTCOMES IN PAEDIATRIC INTENSIVE CARE, FOLLOWED BY THE SUBMISSION OF AT LEAST ONE GRANT FOR EXTERNAL FUNDING TO DEVELOP THESE IDEAS FURTHER. THE RESEARCH TEAM WILL OFFER A SEMINAR AND/OR WORKSHOP ON METHODS DEVELOPED, ONCE COMPLETE, FOR DISSEMINATION AT APPROPRIATE VENUES SUCH AS PICANet AFFILIATED DEPARTMENTS OR AT RELEVANT CONFERENCES. WE UNDERSTAND THAT WE SEEK ACCESS TO AN UNUSUALLY LARGE AMOUNT OF DATA, BUT ACCESS WILL BE LIMITED TO THE RESEARCH TEAM, DATA WILL BE STORED ON A SECURE SERVER AT THE UNIVERSITY OF LEEDS WITH THE SAME SECURITY ARRANGEMENTS AS THE MAIN PICANet SERVER, AND DR PARSLow, A MEMBER OF THE RESEARCH TEAM AND CO-PI FOR PICANet, WILL HAVE DIRECT INVOLVEMENT IN AND OVERSIGHT OF HOW THE DATA ARE ANALYSED. DATA PERIOD: 12/05/2016 TO 29/09/2016 FOR ENGLAND AND WALES</p>			

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11/05/2016	MARIANNE JEFFRIES, PICU DATA MANAGER, PAEDIATRIC INTENSIVE CARE UNIT, BRISTOL ROYAL HOSPITAL FOR CHILDREN	DATES 1/1/2012 TO 31/12/2014 FOR SOUTH WEST AREAS.	13/05/2016	MELPO KAPETANSTRATAKI	YES
15/04/2016	SANTOSH SUNDARARAJAN, CONSULTANT IN PAEDIATRIC INTENSIVE CARE, LEEDS TEACHING HOSPITALS	THIS IS NOT A RESEARCH STUDY. PATIENTS WITH A YORKSHIRE DOMESTIC POSTCODE (YO, HU, DN, S, HD, HX, WF, LS, HG AND BD) BETWEEN 01/01/2011 AND 31/12/2015	29/04/2016	MELPO KAPETANSTRATAKI	YES
15/04/2016	CHARLOTTE GOEDVOLK, CONSULTANT PAEDIATRIC INTENSIVIST, NUH	01/01/2015-31/12/2015 OWN UNIT (NOTTINGHAM)	21/09/2016	LEE NORMAN	YES
16/03/2016	M A DOULAH, CONSULTANT, LEEDS CHILDREN'S HOSPITAL	AUDIT ONLY FOR LEEDS PICU ADMISSIONS 01/01/2010 TO END OF DECEMBER 2010	11/04/2016	MELPO KAPETANSTRATAKI	YES

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29/02/2016	JENNY MORRIS, FOURTH YEAR MEDICAL STUDENT, UNIVERSITY OF LEEDS	<p>FOR DATA BETWEEN DATES 01/01/2007 AND 31/12/2014 IN ENGLAND AND WALES. WE AIM TO CARRY OUT A RETROSPECTIVE OBSERVATIONAL COHORT STUDY AND CROSS-SECTIONAL SURVEY, TO SHOW HOW THE ATTITUDES OF CLINICIANS CORRESPOND TO ACTUAL DATA COLLECTED ON NIV USE THROUGHOUT THE UK (PICANET DATA FROM JAN 2007 TO DEC 2014). A PILOT SURVEY HAS ALREADY BEEN DISTRIBUTED TO CLINICIANS AT THE LEEDS GENERAL INFIRMARY PICU AND WE AIM TO DISTRIBUTE AN AMENDED VERSION OF THIS SURVEY NATIONWIDE FOLLOWING FEEDBACK ON THE PILOT.</p> <p>OUR OBJECTIVES AND QUESTIONS WE WISH TO ADDRESS INCLUDE:</p> <ol style="list-style-type: none"> 1. HOW DO CLINICIANS' PERCEIVED USAGE OF NIV, AS A STEP-DOWN THERAPY FOLLOWING A PERIOD OF IV, COMPARE TO HOW OFTEN IT IS ACTUALLY USED IN PICU'S IN THE UK? <ol style="list-style-type: none"> A. ARE THERE DISCREPANCIES IN THE CLINICIANS' DEFINITIONS OF NIV? B. HOW MANY UNITS USE A FIXED PROTOCOL FOR NIV STEP-DOWN USAGE? 2. WHICH PATIENT CHARACTERISTICS INFLUENCE THE USE OF NIV AS A STEP-DOWN THERAPY ACCORDING TO (A) CLINICIANS AND (B) PICANET AUDIT DATA? 3. HOW DOES NIV USAGE, AS A STEP-DOWN THERAPY, VARY ACROSS PICUS ACCORDING TO PICANET DATA? 4. FOLLOWING WITHDRAWAL OF INVASIVE VENTILATION, WHICH FORM OF ADDITIONAL VENTILATOR SUPPORT WOULD CLINICIANS BE MOST LIKELY TO USE? 	29/02/2016	ROGER PARSLow	YES

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22/02/2016	MARIE-CLAIRE LOBO, CONSULTANT IN PUBLIC HEALTH MEDICINE, HAMPSHIRE COUNTY COUNCIL	TO INFORM A COMMISSIONING STRATEGY FOR CHILDREN AND YOUNG PEOPLE WITH SPECIAL EDUCATION NEEDS/DISABILITY (SEN/D) ACROSS HAMPSHIRE. DATA REQUESTED FOR HAMPSHIRE. PLEASE EXCLUDE THE THREE UNITARY AUTHORITIES – PORTSMOUTH, SOUTHAMPTON AND THE ISLE OF WIGHT IN JANUARY 2013 – DECEMBER 2015 BUT IF NOT AVAILABLE, JANUARY 2012-DECEMBER 2014, • ANNUAL ADMISSIONS OVER THE PAST TEN YEARS (FOR TRENDS) I.E. FIGURES BETWEEN JANUARY 2005 AND DECEMBER 2015, BUT IF NOT AVAILABLE, JANUARY 2004 TO DECEMBER 2014, TO UNDERSTAND THE YEAR ON YEAR INCREASE IN RATE OF ACTIVITY/GROWTH	04/03/2016	MELPO KAPETANSTRATAKI	YES
22/02/2016	TIM HAYWOOD, HAMPSHIRE COUNTY COUNCIL, LEEDS TEACHING HOSPITALS	WE ARE LOOKING TO DO AN AUDIT - LOOKING AT BLOODS ON ADMISSION AND OUTCOME- JUST PATIENTS ADMITTED TO LTHT IN THE FIRST INSTANCE - <19 YEARS OF AGE BETWEEN 01/01/2005 AND 01/01/2016.	03/03/2016	MELPO KAPETANSTRATAKI	YES
04/02/2016	ANDREW CUMELLA, POLICY ANALYST, ASTHMA UK	I. THE PURPOSE OF THIS DATA IS TO SUPPLY THE CHARITY, ASTHMA UK, WITH DATA ON INTENSIVE CARE EPISODES THAT WILL ALLOW US TO TRACK TRENDS IN THIS INDICATOR. II. THE DATA WILL FEED INTO OUR ONGOING MONITORING AND CAMPAIGNS EFFORTS TO IMPROVE THE LIVES OF PEOPLE WITH ASTHMA IN THE UK.(UK (WITH NATIONS BREAKDOWN)) DATED RANGE 01/04/2012 - 31/02/2015	02/03/2016	MELPO KAPETANSTRATAKI	YES
14/01/2016	JOHN PAPPACHAN, CONSULTANT, SOUTHAMPTON CHILDREN'S HOSPITAL	HTA APPLICATION (22ND JANUARY)SOUTHAMPTON ADDENBROOKES GOS PICU ALDER HAY ST. MARY'S BETWEEN 2010 AND 2015	14/01/2016	MELPO KAPETANSTRATAKI	YES

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17/12/2015	ALISON KEMP, PROFESSOR OF CHILD HEALTH, CARDIFF UNIVERSITY	TO COVER GEOGRAPHICAL REGIONS OF ENGLAND, SCOTLAND, WALES AND NORTHERN IRELAND BETWEEN 01/01/2004 AND 31/12/2014. THIS NATIONAL PROGRAMME CONTINUES THE WORK OF THE CONFIDENTIAL ENQUIRY INTO CHILD HEALTH (CMACE) AND MORE RECENTLY THE CHILD HEALTH REVIEWS – UK UNDERTAKEN BY THE ROYAL COLLEGE OF PAEDIATRICS AND CHILD HEALTH. THIS NEW PROGRAMME WILL BE UNDERTAKEN IN PARTNERSHIP WITH SWANSEA UNIVERSITY AND WILL ADD TO THE PREVIOUS WORK TO DEFINE THE FULL PATHWAY OF CARE AND ACCESS TO SERVICES FOR CHILDREN. THE PROGRAMME WILL LOOK AT ROUTINELY COLLECTED DATASETS (E.G. PICANET). WHERE WE CAN, WE WILL LINK ADMINISTRATIVE HEALTH CARE DATA, WHICH OFFERS A SOURCE OF DATA TO PROVIDE A POPULATION BASED OVERVIEW OF ADOLESCENT MENTAL HEALTH AND CHILDHOOD NEURODISABILITY (WE DO NOT INTEND TO LINK PICANET DATA WITH ANY OTHER ROUTINELY COLLECTED DATA HOWEVER) . THE DATA REQUESTED IN THIS FORM IS FOR THE CHILD NEURODISABILITY ASPECT OF THE PROJECT, AND WILL EXPLORE ROUTINELY COLLECTED ADMINISTRATIVE HEALTHCARE DATA. CEREBRAL PALSY HAS BEEN SELECTED AS AN INDEX CONDITION FOR CHRONIC NEURODISABILITY.	30/11/2016	MELPO KAPETANSTRATAKI	Yes

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16/12/2015	ANN JOHN, ASSOCIATE PROFESSOR, SWANSEA UNIVERSITY (FARR INSTITUTE)	TO INCLUDE DATA FOR ENGLAND, WALES, SCOTLAND AND IRELAND 2004-2014. THIS NATIONAL PROGRAMME CONTINUES THE WORK OF THE CONFIDENTIAL ENQUIRY INTO CHILD HEALTH (CMACE) AND MORE RECENTLY THE CHILD HEALTH REVIEWS – UK UNDERTAKEN BY THE ROYAL COLLEGE OF PAEDIATRICS AND CHILD HEALTH. THIS NEW PROGRAMME WILL BE UNDERTAKEN IN PARTNERSHIP WITH CARDIFF UNIVERSITY AND WILL ADD TO THE PREVIOUS WORK TO DEFINE THE FULL PATHWAY OF CARE AND ACCESS TO SERVICES FOR CHILDREN. THE PROGRAMME WILL LINK ADMINISTRATIVE HEALTH CARE DATA, WHICH OFFERS A SOURCE OF DATA TO PROVIDE A POPULATION BASED OVERVIEW OF ADOLESCENT MENTAL HEALTH AND CHILDHOOD NEURODISABILITY, WITH CONFIDENTIAL CASE NOTE REVIEWS, WHICH ARE DETAILED ENOUGH TO EXPLORE COMPLEX PATHWAYS OF CARE, BETWEEN PRIMARY AND SECONDARY CARE, HEALTH AND SOCIAL CARE, AND ACCESS TO EDUCATIONAL NEEDS. IN ADDITION TO THIS TWO SURVEYS WILL BE UNDERTAKEN: ONE TO LOOK AT THE ORGANISATION OF CARE AND ONE TO GAIN THE VIEWS OF PATIENTS, RELATIVES AND ASSOCIATED GROUPS. THE DATA REQUESTED IN THIS FORM IS FOR THE ADOLESCENT MENTAL HEALTH ASPECT OF THE PROJECT, AND WILL EXPLORE ROUTINELY COLLECTED ADMINISTRATIVE HEALTHCARE DATA.	30/11/2016	MELPO KAPETANSTRATAKI	YES
15/12/2015	PATRICK DAVIES, CONSULTANT PICU, NOTTINGHAM UNIVERSITY HOSPITALS	NATIONALLY BETWEEN THE DATES 01/01/2010 AND 31/12/2014: To INVESTIGATE THE OUTCOME OF THESE BABIES AND TRY TO WORK OUT WHAT THEIR PATHWAYS ARE	26/01/2016	MELPO KAPETANSTRATAKI	YES
25/11/2015	P RAMNARAYAN, CONSULTANT IN PICU/RETRIEVAL, CATS, GREAT ORMOND STREET HOSPITAL	TO DESCRIBE CHANGES OVER THE PAST DECADE IN CLINICAL OUTCOMES (MORTALITY, LOS, LOV, VFD-28, ICU FREE DAYS AT 28 DAYS) FOR THE 3 MAIN TYPES OF PICU ADMISSIONS (PLANNED, UNPLANNED FROM SAME HOSPITAL AND UNPLANNED FROM OTHER HOSPITAL), INCLUDING CHANGES IN THE PIM-2 SCORE BETWEEN THE GROUPS OVER THE PAST DECADE. 01/01/2005-31/12/2014 ENGLAND & WALES - NHS PICUs ONLY	04/12/2015	MELPO KAPETANSTRATAKI	YES

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