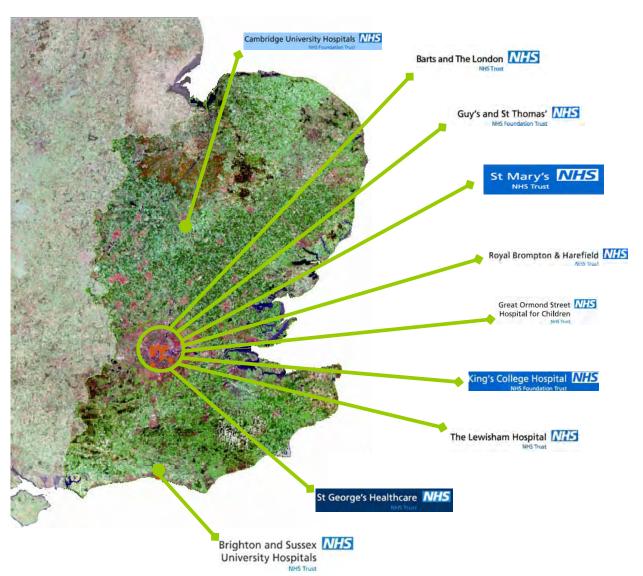


Pan Thames Report of the Paediatric Intensive Care Audit Network

January 2005 – December 2007



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KEY FOR PAN THAMES UNITS

NHS Trust	Participating Hospital	Trust ID	Unit N°
Cambridge University Hospitals NHS Foundation Trust	Addenbrooke's Hospital	А	4
Brighton & Sussex University Hospitals NHS Trust	Royal Alexandra Hospital for Sick Children	В	2
Great Ormond Street Hospital NHS Trust	Great Ormond Street Hospital for Children	Е	11
Guy's & St. Thomas' NHS Foundation Trust	Evelina Children's Hospital	F	12
King's College Hospital NHS Trust	King's College Hospital	Н	13
Royal Brompton & Harefield NHS Trust	Royal Brompton Hospital	0	14
St. George's Healthcare NHS Trust	St. George's Hospital	Т	15
St. Mary's NHS Trust	St. Mary's Hospital	U	16
The Lewisham Hospital NHS Trust	University Hospital, Lewisham	J	17
Barts and Royal London NHS Trust	The Royal London Hospital, Whitechapel	Z	32

1 CONTENTS

	(EY FOR PAN THAMES UNITS2
<u>1</u>	CONTENTS
<u>2</u>	ACKNOWLEDGEMENTS1
<u>3</u>	FOREWORD12
<u>4</u>	EXECUTIVE SUMMARY13
<u>5</u>	ORIENTATING YOURSELF AROUND THE REPORT1
5.1	A report of the PICANet data (January 2005 - December 2007) for the Pan Thames region15
<u>6</u>	OVERALL AIM OF THIS REPORT10
6.1	Aims and objectives of PICANet16
<u>7</u>	THE PICANET DATASET17
<u>8</u>	DATASET DEFINITIONS FOR THIS REPORT18
<u>9</u>	ADMISSIONS DATA20
9.1	Admissions by Strategic Health Authority (SHA) / Health Board (HB)20
9.2	Admissions by mortality risk category22
9.3	Admissions by admission type22
9.4	Admissions by primary diagnostic group22
9.5	References22
<u>10</u>	RETRIEVAL DATA24
<u>11</u>	INTERVENTION DATA2

<u>12</u>		BED ACTIVITY AND LENGTH OF STAY	<u>26</u>
<u>13</u>		OUTCOME DATA	27
13. ⁻	1	References	27
<u>14</u>		DATA ON INDIVIDUAL CHILDREN	<u>29</u>
<u>15</u>		PREVALENCE FOR ADMISSION	30
15. ⁻	1	References	30
<u>16</u>		DATA QUALITY	31
16. ⁻	1	Introduction	31
16.2	2	Completeness of PICANet data	31
	Table I	DQ1 Data completeness in Pan Thames PICUs	
16.3		Data items needing improvements in Pan Thames DQ1: Percentage of none valid (exception or blank) values in the PICANe	
	Ū	· · · · · · · · · · · · · · · · · · ·	
	datase	t	33
	Figure	DQ2 Data completeness for 30-day follow-up information	34
	Table I	DQ2 Data completeness by year (all variables)	34
	Table I	DQ3 Data completeness by PICU for 3 year period	35
	Table I	DQ4 Data completeness for NHS Number by NHS trust	35
	Figure	DQ3 Data completeness for NHS Number	36
	Figure	DQ4 Percentage collection of valid NHS Number collection by year by PIC	CU 36
<u>17</u>		USES AND DISSEMINATION OF PICANET DATA AND PAN THAMES WORKSTREAM RESULTS	
<u>18</u>		TABLES AND FIGURES	
	Table '	1: Admissions by age and sex, 2005 - 2007	39
	Figure	1 Admissions by age and sex, 2005 - 2007	39
	Table 2	2: Admissions by age (<1) and sex, 2005 - 2007	40

Figure 2: Admissions by age (<1) and sex, 2005 - 20074	0
Table 3 Admissions by age by NHS trust, 2005 - 20074	1
Table 4 Admissions by age (<1) by NHS trust, 2005 - 20074	2
Table 5 Admissions by age (16+) by NHS trust, 2005 - 20074	3
Table 6 Admissions by month and age, 2005 - 20074	4
Figure 6 Admissions by month and age, 2005 - 20074	4
Table 7 Admissions by month and primary diagnostic group, 2005 - 20074	-5
Figure 7 Admissions by month and primary diagnostic group, 2005 - 20074	5
Table 8 Respiratory admissions by month and age, 2005 - 20074	6
Figure 8 Respiratory admissions by month and age, 2005 - 20074	-6
Table 9 Admissions by month by NHS trust, 2005 - 20074	7
Table 10 Admissions by SHA / HB and year, 2005 - 20074	8
Figure 10 Map showing PCO boundaries within SHA boundaries4	9
Table 10a Admissions showing UK and non UK status based postal address by year	.,
2005 - 2007 (Pan Thames and non-Pan Thames admissions)	50
Table 10b Inflow and outflow (admissions) to/from the Pan Thames region by month,	,
2005 - 20075	51
Table 10c Inflow (admissions) to the Pan Thames region by NHS trust, 2005 – 2007	
5	2
Table 10d Outflow (admissions) from the Pan Thames region by NHS trust, 2005 -	
20075	3
Table 11 Admissions by mortality risk group by NHS trust, 2005 - 20075	i 4
Table 12 Admissions by admission type and age, 2005 - 20075	5
Figure 12 Admissions by admission type, 2005 - 20075	5
Table 13 Admissions by admission type by NHS trust, 2005 - 20075	6
Table 14 Admissions by source of admission (admission type 'unplanned - other') by	,
NHS trust, 2005 - 20075	57
Table 15 Admissions by care area admitted from (admission type 'unplanned - other'	,
admitted from hospital) by NHS trust, 2005 - 20075	8

Table 16 Admissions by primary diagnostic group and age, 2005 - 20075	9
Figure 16 Admissions by primary diagnostic group, 2005 - 20075	9
Table 17 Admissions by primary diagnostic group and age (16+), 2005 - 20076	0
Figure 17 Admissions by primary diagnostic group (16+), 2005 - 200760	0
Table 18 Admissions by primary diagnostic group by NHS trust, 2005 - 20076	1
Table 19 Admissions by primary diagnostic group (planned - following surgery) by	
NHS trust, 2005 - 20076	2
Table 20 Admissions by primary diagnostic group (unplanned - following surgery) by	
NHS trust, 2005 - 20076	3
Table 21 Admissions by primary diagnostic group (planned - other) by NHS trust,	
2005 - 20076	4
Table 22 Admissions by primary diagnostic group (unplanned - other) by NHS trust,	
2005 - 20076	5
Table 23 Most commonly returned Read Codes for primary reason for admission,	
2005 - 20076	6
Table 24 Most commonly returned Read Codes for primary reason for 'unplanned -	
following surgery' admissions, 2005 - 20076	7
Table 25 Most commonly returned Read Codes for primary reason for 'unplanned -	
other' admission, 2005 – 20076	8
Table 26 Retrievals by team type and age, 2005 – 200769	
Table 26 Retrievals by team type and age, 2005 – 200769 Figure 26 Retrievals by team type, 2005 - 200769	9
	9
Figure 26 Retrievals by team type, 2005 - 200769	9 9 0
Figure 26 Retrievals by team type, 2005 - 200769 Table 27 'Non-specialist team' retrievals by diagnostic group and age, 2005 - 2007.79	9 9 0
Figure 26 Retrievals by team type, 2005 - 200769 Table 27 'Non-specialist team' retrievals by diagnostic group and age, 2005 - 2007.70 Table 28 Retrievals by retrieval type by NHS trust, 2005 - 2007	9 0 1
Figure 26 Retrievals by team type, 2005 - 2007	9 9 0 1 2
Figure 26 Retrievals by team type, 2005 - 2007	9 9 0 1 2

Figure 31b Percentage of children receiving invasive ventilation by PCO in Pan	
Thames, 2006 -2007	76
Table 32 Bed days by age and sex, 2005 - 2007	77
Figure 32 Bed days by age and sex, 2005 - 2007	77
Table 33 Bed days by age by NHS trust, 2005 - 2007	78
Table 34 Bed census by month, 2005 - 2007	79
Figure 34 Bed census by month, 2005 - 2007	79
Table 35 Bed census by NHS trust, 2005 - 2007	80
Figure 35a Bed census by NHS trust, 2005	80
Figure 35b Bed census by NHS trust, 2006	80
Figure 35c Bed census by NHS trust, 20067	80
Table 36 Bed activity by month, 2005 - 2007	81
Figure 36 Bed activity by month, 2005 - 2007	81
Table 37 Bed activity by NHS trust, 2005 - 2007	82
Figure 37a Bed activity by NHS trust, 2005	82
Figure 37b Bed activity by NHS trust, 2006	82
Figure 37c Bed activity by NHS trust, 2007	82
Table 38 Length of stay by age and NHS trust, 2005 - 2007	83
Table 39 Length of stay by primary diagnostic group and NHS trust, 2005 - 2007	84
Table 40 Admissions by length of stay by NHS trust, 2005 - 2007	85
Table 40a Admissions by length of stay (days) by NHS trust, 2005 - 2007	86
Table 40b Total invasive ventilation days by length of stay (days) by NHS trust, 200	5
- 2007	87
Table 40c Mean invasive ventilation days by length of stay (days) by NHS trust, 200)5
- 2007	88
Table 40d Admissions by length of stay (days) by primary diagnostic group, 2005 -	
2007	89
Table 40e Total invasive ventilation days by length of stay (days) by primary	
diagnostic group, 2005 – 2007	90

Table 40f Mean invasive ventilation days by length of stay (days) by primary
diagnostic group, 2005 - 200791
Table 41 Admissions by unit discharge status and age, 2005 - 200792
Table 42 Admissions by unit discharge status and age (<1), 2005 - 200793
Table 43 Admissions by unit discharge status and sex, 2005 - 200794
Table 44 Admissions by unit discharge status and sex (age <1), 2005 - 200795
Table 45 Admissions by unit discharge status by NHS trust, 2005 - 200796
Table 46 Admissions by unit discharge destination and age, 2005 - 200797
Table 47 Standardised mortality ratios by trust, 2005
Figure 47a PICU Standardised mortality ratios by NHS trust with 99.9% control limits,
2005: unadjusted98
Figure 47b PICU Standardised mortality ratios by NHS trust with 99.9% control limits,
2005: risk adjusted (PIM)98
Table 48 Standardised mortality ratios by trust, 200699
Figure 48a PICU Standardised mortality ratios by NHS trust with 99.9% control limits,
2006: unadjusted99
Figure 48b PICU Standardised mortality ratios by NHS trust with 99.9% control limits,
2006: risk adjusted (PIM)99
Table 49 Standardised mortality ratios by trust, 2007100
Figure 49a PICU Standardised mortality ratios by NHS trust with 99.9% control limits,
2007: unadjusted
Figure 49b PICU Standardised mortality ratios by NHS trust with 99.9% control limits,
2007: risk adjusted (PIM)100
Figure 49c PICU Standardised mortality ratios by NHS trust with 99.9% control limits,
2007: risk adjusted (PIM2)100
Table 50 Standardised mortality ratios combined by trust, 2005 - 2007101
Figure 50a PICU Standardised mortality ratios by NHS trust with 99.9% control limits,
2005 - 2007 combined: unadjusted

Figure 50b PICU Standardised mortality ratios by NHS trust with 99.9% control limits,
2005 - 2007 combined: risk adjusted (PIM)101
Figure 50c Risk adjusted mortality (PIM) by SHA / HB in Pan Thames, 2005 - 2007
102
Table 51 Admissions by follow-up status and age, 2005 - 2007103
Table 52 Admissions by follow-up status and age (<1), 2005 - 2007104
Table 53 Admissions by follow-up status and sex, 2005 - 2007105
Table 54 Admissions by follow-up status and sex (age<1), 2005 - 2007106
Table 55 Admissions by follow-up status by NHS trust, 2005 - 2007107
Table 56 Re-admissions by NHS trust and source of previous admission, 2005 - 2007
108
Table 57 Number of admissions of individual children by their NHS trust of first
admission, 2005 - 2007109
Table 58 Number of individual children by NHS trust and diagnostic group of first
admission, 2005 - 2007110
Table 59 Individual child admissions by diagnostic group and re-admission status,
2005 - 2007
Table 60 Age specific prevalence (per 100,000 per year) for admission to paediatric
intensive care in the Pan Thames region, 2005 - 2007112
Table 61 Age-sex standardised prevalence (per 100,000 per year) for admissions to
paediatric intensive care by SHA in Pan Thames, 2005 - 2007113
Figure 61a Age-Sex standardised prevalence (per 100,000 per year) for admissions
to paediatric intensive care by SHA in Pan Thames, 2005 - 2007114
Figure 61b Age-Sex standardised prevalence (per 100,000 per year) for admissions
to paediatric intensive care by SHA in England and Wales, 2005 - 2007115
Figure 61c Age-Sex standardised prevalence (per 100,000 per year) for admissions
to paediatric intensive care by PCO in England and Wales, 2005 - 2007116

<u>19</u>

APPENDIX A PARTICIPATING NHS TRUSTS AND HOSPITAL

CHARAC	CTERISTICS	117
APPENDIX B	CLINICAL ADVISORY GROUP MEMBERSHIP	119
APPENDIX C	STEERING GROUP MEMBERSHIP	120
APPENDIX D	DATA/INFORMATION REQUESTS RECEIVED TO DATE	122
APPENDIX E	DATA COLLECTION FORM	135
APPENDIX F	INFORMATION LEAFLET	139
APPENDIX G	DATA VALIDATION REPORT	140
APPENDIX H	MONTHLY ADMISSIONS REPORT	141
APPENDIX I	DATA STATUS REPORT	142
APPENDIX J	POLICY FOR UNITS FALLING OUTSIDE THE CONTROL I	LIMITS
	143	
APPENDIX K	PUBLICATIONS/PRESENTATIONS	146
APPENDIX I	GLOSSARY	147

2 ACKNOWLEDGEMENTS

This report would not have been possible without the commitment and effort of members of the ten Pan Thames paediatric intensive care unit (PICU) teams in contributing data to the Paediatric Intensive Care Audit Network (PICANet) (Appendix A). This year we have the pleasure in including The Royal London Hospital, part of Barts and Royal London NHS Trust who have opened a new paediatric stabilisation unit in Whitechapel, London. We are very grateful to all audit clerks, managers, secretaries, nurses and doctors for their contribution in helping making this report feasible.

PICANet is funded by the Healthcare Quality Improvement Partnership, Health Commission Wales Specialist Services, NHS Lothian/ National Service Division, NHS Scotland and the Royal Belfast Hospital for Sick Children. The Pan Thames PICU Commissioning Consortium fund the Pan Thames PICANet co-ordinator post. This post is now accommodated by Great Ormond Street Hospital of Children and the Centre for Health Informatics, City University. We are grateful to these organisations for their continued support.

The Paediatric Intensive Care Society (PICS), the PICANet Clinical Advisory Group (CAG) [Appendix B], and the PICANet Steering Group (SG) [Appendix C] are thanked for their continued support, advice and direction in developing PICANet. Sarah Skinner, a newly appointed member of PICANet (University of Leeds) is thanked for her administrative support and Martin Perkins (University of Leicester) for PICANet software development and maintenance. We would also like to thank Thomas Fleming (Database Manager) for managing and reporting on the data regularly and promptly for both this report and for the numerous data requests made by Pan Thames data users. The principle investigators Prof Patricia McKinney, Prof Elizabeth Draper and Dr Roger Parslow are thanked for their guidance and management of the over all project.

3 FOREWORD

As a Principal Investigator of PICANet since its establishment in 2002, it is with great pleasure that I can report the successful outcome of a bid to the Healthcare Quality Improvement Partnership (HQIP) for continued funding for PICANet for a period of two years. PICANet is now formally recognised as a national audit under this new NHS configuration which is revitalising clinical audit. HQIP was established in April 2008 to promote quality for better health services and in particular to increase the impact that clinical audit has on healthcare quality in England and Wales. It is led by a consortium of the Academy of Royal Colleges, the Royal College of Nursing and the Long Term Conditions Alliance.

From the beginning, the Pan Thames commissioners have been integral to the successful development of PICANet and they have ensured the local feedback of information to clinical teams in their Paediatric Intensive Care Units. The Pan Thames PICANet Report provides an overview of paediatric intensive care activity, with a level of detail and information that is not available to many paediatric specialities. However, the commitment of clinicians and their staff is the cornerstone of PICANet and all within pan Thames are to be congratulated on much improved data quality. We can now look forward to a period of stable development and new initiatives in PICANet.

Best wishes from Tricia McKinney on behalf of the PICANet team.

4 EXECUTIVE SUMMARY

PICANet data

- 1. This is the Fourth Annual Report from the Pan Thames consortium of the Paediatric Intensive Care Network (PICANet), fulfilling the aims and objectives of PICANet, the Pan Thames PICU Commissioning Consortium and the regional PICU Health Informatics Groups (PHiG).
- 2. PICANet is a clinical audit of paediatric intensive care (PIC) activity in England and Wales. The specific objectives of PICANet are to identify best practice, monitor supply and demand, monitor and review outcomes of treatment episodes, facilitate strategic health care planning, quantify resource requirements and study the epidemiology of critical illness in children.
- PICANet aggregates a core dataset from all member PICUs on a secure server in Leeds. Rigorous data quality procedures, incorporating iterative feedback loops between PICANet and participating Paediatric Intensive Care Units (PICUs) continue to ensure the dataset is of the highest quality.
- 4. PICANet is developing and expanding the core dataset in response to changes in the infrastructure and funding streams of the NHS. PICANet has provided customised software for PICUs to record the Paediatric Critical Care Minimum Dataset (PCCMDS) to support the Paediatric Critical Care Healthcare Resource Groups (HRGs) and Payment by Results (PbR).
- 5. Identification of individual General Practices by GP Practice Code is included, as requested by the Pan Thames Commissioners.
- 6. Ten out of the 32 PICUs contributing data to PICANet fall within the Pan Thames region.
- 7. Although Pan Thames PICUs have made considerable improvements in managing their PICANet data, a small number of units continue to have difficulties in managing the process due to staff allocation and training. In these units, there remains substantial room for improvement in the data submission frequency and data recording levels particularly of some physiological measurements and NHS Number.
- 8. Two groups of Pan Thames patients are identified: (1) patients who attend Pan Thames PICUs and (2) patients who live in the Pan Thames region, but who attend other PICUs within the UK. This report focuses on patients who were treated in Pan Thames PICUs.
- 9. The Primary Care Trust and Strategic Health Authority (SHA) of the patients' residence at time of admission is determined via their residential postcode. Prevalence of admissions to paediatric intensive care by SHA is mapped using population counts from the 2001 UK Census.
- 10. Data are presented on 16,021 admissions to the 10 Pan Thames PICUs for the period 2005-2007. Of these, 15,786 admissions were for children under the age of 16 years. Pan Thames admitted 37% (15,786 /43,841) of all admissions aged under 16 years reported to PICANet.
- 11. Analysis of the 15,786 admissions to the Pan Thames PICU units over the three year period indicate that while overall numbers remain relatively stable at between 5160 and 5372 per annum. This report further details inflow (2161) and outflow (471)

- of admissions between Pan Thames and Non Pan Thames regions. 13.5% (2161/16021) of Pan Thames admissions were of outer regional patients.
- 12. Children under 1 year comprise 50% of all admissions, with an overall excess of boys (57%) compared to girls (43%).
- 13. The majority of admissions (59%) are unplanned.
- 14. Retrieval of 78% of children is by specialist paediatric intensive care teams.
- 15. Invasive ventilation procedures are recorded for 67% of admissions but this varies by trust between 6% and 88% over the three years.
- 16. A total of 88,049 bed days were delivered between 2005 and 2007 within Pan Thames. This represents 35% (88,049/ 253,554) of all bed days recorded in PICANet during the same period.
- 17. Length of stay (LoS) and Grouped LoS changes, have been calculated to the minute and presented as numbers of admissions by LoS category and diagnostic group. Length of stay ranges from less than an hour (0.2% of admissions) to 7 days or longer (16% of admissions).
- 18. This report describes admission characteristics by length of stay groups (<14 days, 14 <28, 28 <90 and 90+ days.
- 19. Ninety five percent of children admitted to PICU are discharged alive. This figure has remained unchanged since the last report. For 2005 2007 combined, no individual unit showed any excess risk-adjusted mortality.
- 20. The 15,786 admissions to Pan Thames PICUs during 2005 2007 were made for 11,529 children. Over 73% of these children were admitted on one occasion only. 0.8% percent of children have had more than 8 admissions.

5 ORIENTATING YOURSELF AROUND THE REPORT

This report focuses on reporting Pan Thames PICANet data for the period January 2005 - December 2007.

5.1 A report of the PICANet data (January 2005 - December 2007) for the Pan Thames region

An overview of the data contained in the tables and figures is provided in this section. The hyperlinks should be used to view the relevant data sections in the appendices.

In the web document, the hyperlink will take you to an Excel spreadsheet that contains links to all the tables and figures in the section. The data, diagrams and graphs are freely available for you to download.

The PICANet dataset is dynamic as units continually submit new data. This means that overall figures for 2005 and 2007 may have changed since the publication of the previous Pan Thames report. The data in this report are those supplied to PICANet up to June 2nd, 2007 for the reporting period January 2005 to December 2007.

Readers of this report are directed to the <u>PICANet National Report 2005 - 2007</u> which gives a picture of national PIC activity and provides national benchmarks for comparison. To facilitate cross referencing, where ever possible, the Pan Thames report follows the same structure as the national PICANet Report.

ⁱ Paediatric Intensive Care Audit Network National Report 2005 - 2007 (published June 2008) Universities of Leeds and Leicester ISBN 978 0 85316 275 9

6 OVERALL AIM OF THIS REPORT

This report aims to:

- Provide descriptive information, tailored to the local needs of clinical teams, healthcare planners and commissioners.
- Allow comparison of PICU activity within the Pan Thames region.
- Allow comparison of PICU activity out with the Pan Thames region.
- Identify regional issues associated with data management and data quality.
- Provide supporting data for the Pan Thames Consortium Annual Report: Project Workstreams 2008.

6.1 Aims and objectives of PICANet

Please follow the links for further information on the groups.

- 1) **PICANet** remains committed to achieving its principle objectives:
- To identify best practice.
- To monitor supply and demand.
- To monitor and review outcomes of treatment episodes.
- To facilitate strategic healthcare planning and quantify resource requirements.
- To study the epidemiology of critical illness in children.

7 THE PICANET DATASET

During the course of the last 3 years, the PICANet dataset has undergone considerable change and development. Since these changes were applied to all PICANet units across the country, readers are directed to the <u>PICANet National Report 2005 – 2007</u> for a full description of changes.

The dataset chapter of the PICANet National Report covers the following topics:

- Development and description of the current dataset
- The Paediatric Critical Care Minimum Dataset
- Retrievals dataset
- Data collection and validation
- Clinical coding
- Confidentiality
- Data transmission

Please use the link below to access the dataset chapter on the PICANet National Report (2005 - 2007).

http://www.picanet.org.uk/Documents/General/Annual_Report_2008/PICANet%20Nationalw20Report%202005%20-%202007.htm#C6

The PICANet proforma is provided in <u>Appendix E</u>, while details of information requested by Pan Thames from PICANet, based on this dataset, are outlined in <u>Appendix D</u>.

8 DATASET DEFINITIONS FOR THIS REPORT

This report covers the three year period, January 2005 - December 2007. During this time, there were 16, 021 admissions to Pan Thames PICUs. This represents 35.7% (16,021/44,836) of all admissions registered on the PICANet database from 33 units across the UK for the same period.

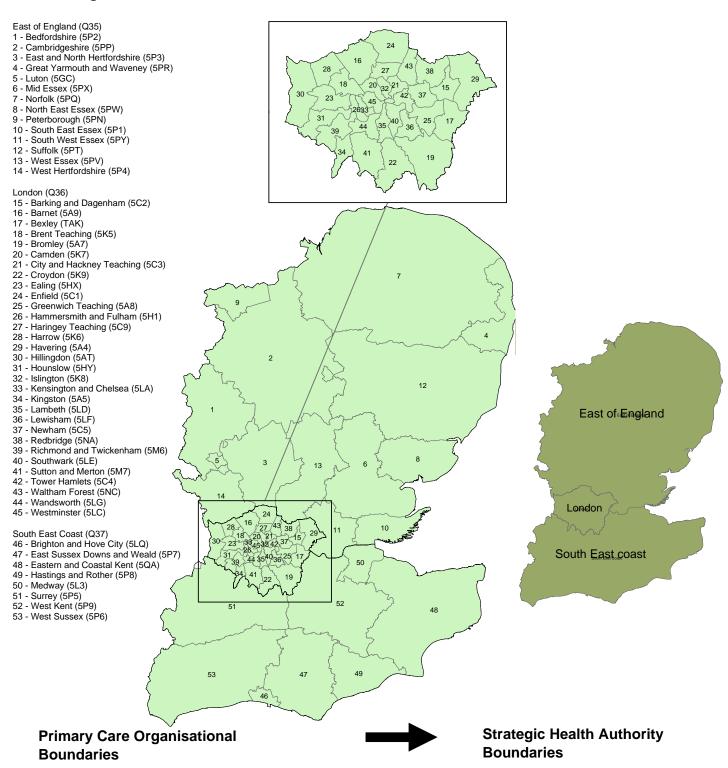
Ten Pan Thames NHS trusts now contributed to this report. Bart's and the London Children's Hospital's new paediatric critical care unit became operational in February 2007 and as such contributed data for only part of the reported period.

The 10 Pan Thames PIC units/ Trusts are identified with agreement from all participating trusts' Chief Executives. A key is provided on <u>page 2</u>.

Validated home address postcode of children admitted to PICU was linked to the Strategic Health Authority (SHA) or Primary Care Organisation (PCO) via the National Statistics Postcode Directory (NSPD). (http://www.statistics.gov.uk/geography/nspd.asp).

In this report data are presented in line with Primary Care Organisation (PCO) boundaries (as defined by patient's home address) and their equivalent Strategic Health Authority boundaries, (Figure DS 1).

Figure DS1 The Pan Thames geographical areas as defined by Primary Care Organisations and Strategic Health Authorities



- © Crown Copyright/database right 2007. An Ordnance Survey/ONS supplied service.
- The report is primarily concerned with admissions aged 0 15 years, of which there
 were a total of 15,786 over the 3 year period. There were 235 admissions aged 16
 years and above.
- 2) Unless stated otherwise, the proportions in tables throughout the report are row percentages, except in the total column where they are column percentages.
- 3) The term 'unknown' includes cases where the units have specifically recorded 'not known' and also cases where a required value has been left blank.

9 ADMISSIONS DATA

The number of admissions by month and the PICANet data quality index are provided in Appendices <u>H</u> and <u>I.</u>

<u>Tables 1 to 9</u> detail admission numbers by age, sex, month and year of admission, NHS trust and diagnostic group.

During the period January 2005 to December 2007, there were 43,841 admissions to all 33 participating PICANet PICUs under the age of 16 years.

15,786 admissions were to Pan Thames PICUs. This represents 36% of all admissions <16years of age recorded by PICANet. The distribution and characteristics of these patients are detailed below.

Nationally, 2.2% (995/44,836) of all admissions to PICUs were over the age of 16 years. Within Pan Thames, 1.4% (235/16,021) of patients attending its PICUs are over 16 years of age. These proportions have remained unchanged since the last report.

The primary diagnosis for admissions has been categorised into 13 diagnostic groups to enable simple comparison between NHS trusts. The classification is primarily based on Clinical Terms Version 3 diagnostics categories, with minor modifications. The groups are mutually exclusive:

- Infection excludes any respiratory or gastrointestinal infection but includes meningitis
- Neurological disorders include neurovascular complications
- Oncology includes neuro-oncology (brain tumours)
- Other includes those diagnoses not covered by the other 12 groups.

Details of the diagnostic group classifications are available from PICANet.

Clinical Terms background and structure are available from the <u>Connecting for Health</u> web site dedicated to clinical coding.

9.1 Admissions by Strategic Health Authority (SHA) / Health Board (HB)

<u>Table 10</u> provide the numbers of admissions by SHA / HB. These tables present column percentages.

For all UK PICANet admissions, 96.8% had addresses which were validated. The remaining 3.2% included foreign addresses (n=864, 2.0%) and missing addresses (n=522, 1.2%).

In Pan Thames, 772 patients were recorded as non UK residents. This represents 89% (772/864) of all non UK resident children recorded in the PICANet database.

<u>Figures 10</u> names the 53 Primary Care Organisations within Pan Thames' 3 Strategic Heath Authorities

39 children did not have resident addresses recorded in the Pan Thames region. This represents 7 % (39/522) of the UK population of paediatric admissions without an address on the PICANet database.

Table 10 details admissions by SHA / HB and year, 2005 – 2007

Table 10a details admissions showing UK and non-UK status based on postal address by year, 2005 - 2007 (Pan Thames and non-Pan Thames admissions)

Table 10 a-d summarise the inflow and outflow of patients between Pan Thames and non-Pan Thames regions.

9.2 Admissions by mortality risk category

<u>Table 11</u> gives numbers of admissions by mortality risk group by NHS trust. The expected probability of mortality was estimated using the paediatric index of mortality (PIM)¹, using recalibrated coefficients supplied by UK PICOS². The categorization into <1%, 1-<5%, 5%-<15%, 15-<30% and 30% plus expected probability of mortality reflects those used by the <u>Australian and New Zealand Intensive Care Society (ANZPICS)</u>³

9.3 Admissions by admission type

<u>Tables 12 – 15</u> present numbers by admission type (planned and non planned)

The following definitions for type of admission are used:

- An admission that is 'planned following surgery' is one that the unit is aware of before the surgery begins and one that could have been delayed for 24 hours without risk (e.g. spinal surgery).
- An admission that is 'unplanned following surgery' is one that the unit was not aware of before surgery began and one that could not have been delayed without risk (e.g. bleeding tonsillectomy).
- A 'planned other' admission is any other planned admission that is not an emergency (e.g. liver biopsy).
- An 'unplanned other' admission is one that the unit was not expecting and is therefore an emergency admission (e.g. status epilepticus).

NB: Surgery is defined as undergoing all or part of a procedure or anaesthesia for a procedure in an operating theatre or anaesthetic room. Patients admitted from the operating theatre where surgery is not the main reason for admission (e.g. a patient with a head injury who is admitted from theatre after insertion of an ICP monitor) are not included here. In such patients the main reason for admission is head injury and thus the admission type would be 'unplanned - other'.

9.4 Admissions by primary diagnostic group

<u>Tables 16 - 25</u> present a breakdown of admissions by diagnostic group and primary reason for admission.

The level of coding precision varies across units but according to their needs. This allows reliable aggregation of data only at the diagnostic group level for regional purposes.

9.5 References

1) Shann F, Pearson G, Slater A, Wilkinson K, Paediatric index of mortality (PIM): a mortality prediction model for children in intensive care. Intensive Care Med 1997; 23:201-207.

- 2) Brady AR, Harrison D, Black S, Jones S, Rowan K, Pearson G, Ratcliffe J, Parry GJ, on behalf of the UK PICOS Study Group. Assessment and Optimization of Mortality Prediction Tools for Admissions to Pediatric Intensive Care in the United Kingdom. Pediatrics 2006; 117: 733-742.
- 3) Australian and New Zealand Intensive Care Society. Report of the Australian and New Zealand Paediatric Intensive Care Registry 2005. ISBN: 1876980184 [Online] [Accessed 23/02/2007] Available from the World Wide Web at http://www.anzics.com.au/uploads/2005ANZPICRReport.pdf.

10 RETRIEVAL DATA

Tables 26-28 present data on patient retrievals.

Data are collected on whether or not a child was retrieved or transferred into the PICU. The following definitions are used:

- 'Own team' identifies that your own team collected the child from the referring hospital.
- 'Other specialist team (PICU)' identifies that another PICU retrieval team transferred the child to your unit.
- 'Other specialist team (non PICU)' identifies that another transport team, not a PICU team (e.g. Accident and Emergency Department (A&E), theatre teams or neonatal teams), transferred the child to your unit.
- 'Non-specialist team' identifies that a non-PICU, non-specialist team transported the child to your unit (e.g. ward staff).

Within London, there are two specific transport teams, the <u>Children's Acute Transfer Service (CATS)</u> and the South Thames Retrieval Team. CATS is based at Great Ormond Street Hospital (GOSH), and is staffed separately from the intensive care units at GOSH. For the purposes of recording data for PICANet, any child retrieved by CATS into a PICU at GOSH is recorded as 'other specialist team (PICU)'.

The South Thames Retrieval Service (STRS) is based at <u>Evelina Children's Hospital</u> and is staffed by doctors and nurses from within the PICU. For PICANet data collection purposes, any child retrieved by STRS into the PICU at Evelina Children's Hospital is classed as 'own team'.

11 INTERVENTION DATA

<u>Tables 29-31</u> relate to specific interventional procedures carried out on PICU.

<u>Figures 31a and b</u> shows the percentage of children receiving invasive ventilation by SHA / HB and PCO in Great Britain respectively for 2006 and 2007.

Some specialist services such as extra corporeal membrane oxygenation (ECMO) or left ventricular assist device to support cardiac function (LVAD) are only available in a PICU where invasive cardiac procedures are routinely performed.

Length of ventilation was calculated in whole days. Any ventilation during the period midnight to midnight was counted as one complete day of ventilation (e.g. a child intubated and ventilated at 23.45 on 7 March, and extubated at 02.30 on 8 March, would count as two days of ventilation). The proportion of children invasively ventilated can be used as a very rough proxy for level of care.

12 BED ACTIVITY AND LENGTH OF STAY

Tables 32 – 40 present data on total bed days delivered and length of stay

A bed is counted as occupied if a child was present on a unit for any part of a day. The total number of bed days delivered is calculated as the sum of children receiving intensive care in a PICU each day.

Bed activity is described in terms of the total number of bed days delivered using summary statistics (median and inter-quartile range (IQR)) on the number of children occupying a bed on any day, aggregated by year and month or trust and length of stay. Median daily bed activity by month and year, and by NHS trust, is plotted using a box and whisker graph. This type of graph indicates the median by a line within the coloured box, the ends of which give the IQR. The 'whiskers' indicate values beyond the IQRs, although extreme outside values are not plotted. Children admitted prior to the report period, but discharged during it, are counted from 00:00 on 1 January 2005 until their discharge (or until 24:00 on 31 December 2007 if not discharged). Children admitted during the report period but discharged in 2008 (or who are still on the PICU) are counted from their admission date until 24:00 on 31 December 2007.

The maximum number of beds in each NHS trust is based on a survey carried out in 2005 and reconfirmed with PICU lead clinicians in 2006. These figures provide a very crude denominator to estimate overall 'occupancy', by comparing bed activity with available beds; they do not take account of periods when individual beds (or even units) are closed.

<u>Tables 34-35</u> and their associated figures present summary data by year and month and by trust and year on a 'bed census': the number of children present in a PICU bed at 10 minutes past midnight.

<u>Tables 36 – 37</u> present data described as 'bed activity' by month and by trust, where a bed is counted as occupied if a child was present on a unit for any part of a day. This inevitably results in higher figures than the bed census data, as a bed may have more than one child occupying it in any one day.

<u>Tables 38-39</u> present summary data on length of stay by trust and age group and trust and diagnostic group.

<u>Table 40</u> groups the number of admissions by length of stay by trust, calculated to the minute in categories ranging from less than 1 hour to over 1 week.

<u>Tables 40a – f</u> detail the characteristics of admissions based on length of stay grouping (<14 days, 14 day to <28 days, 28 days to <90 days, 90 days+). Characteristics assessed include; trust, total and mean invasive ventilation length and diagnostic groupings.

13 OUTCOME DATA

<u>Tables 41 – 55</u> detail mortality levels and follow-up outcome of regional patients.

Paediatric intensive care unit mortality data are described in this chapter in terms of crude mortality by age and sex for England, Wales and Edinburgh combined, and by trust, using unadjusted and risk-adjusted standardised mortality ratios (SMRs).

Unadjusted SMRs are calculated by dividing the expected number of deaths based on the national data by the observed number of deaths in each trust. Risk-adjusted SMRs are calculated by dividing the expected number of deaths (predicted by PIMⁱⁱ) by the observed number of deaths in each trust. The original version of PIM was used, with revised coefficients supplied by UK PICOSⁱⁱⁱ that provide a recalibration of the model based on more recent data. We have also produced SMR using PIM 2^{iv} for 2006 and 2007 (figures 47a to 49c respectively).

PICU mortality funnel plots are presented for 2005, 2006, 2007 and combined years to provide a visual means of comparing unadjusted and adjusted SMRs between trusts.

The SMRs are plotted on the y-axis against the number of admissions to the trust on the x-axis. Higher mortality rates are represented by points plotted above the line of unity, with those appearing outside the upper control limit indicating an unusually high mortality. Lower mortality rates are represented by points plotted below the line of unity and those falling below the lower control limit indicate unusually low mortality. The funnel plots are drawn in such a way, that there is an approximately 5% chance of a unit falling outside the control limits if the distribution of SMRs is random^v

The PICANet policy for units falling outside the control limits are detailed in **Appendix J**.

Figures 50a and b show unadjusted and risk adjusted SMR (PIM) by Trust

Figures 50c – 50d show risk adjusted SMR (PIM) by SHA in Great Britain.

Risk-adjusted SMRs by SHA have been produced by allocating children to the SHA in which they were living, based on their home address at admission. These ratios have then been expressed as a percentage and mapped to illustrate the range of variability in SMRs between SHAs. It should be noted that these ratios have not been subject to any spatial smoothing and confidence intervals are relatively wide in areas of low population.

<u>Tables 51 – 55</u> Describe the follow-up of regional PICU admissions by age, sex and mortality.

13.1 References

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ii Shann F, Pearson G, Slater A, Wilkinson K, Paediatric index of mortality (PIM): a mortality prediction model

for children in intensive care. Intensive Care Med 1997; 23:201-207

^{III} Brady AR, Harrison D, Black S, Jones S, Rowan K, Pearson G, Ratcliffe J, Parry GJ, on behalf of the UK PICOS Study Group. Assessment and Optimization of Mortality Prediction Tools for Admissions to Pediatric Intensive Care in the United Kingdom. Pediatrics 2006; 117: 733-742.

^{iv} Shann F, Slater A, Pearson G. PIM 2: a revised version of the Paediatric Index of mortality. Intensive Care Med 2003; 29:278-285

^v Spiegelhalter D. Funnel plots for institutional comparison. Quality and Safety in Health Care 2002;11(4):390-391.

14 DATA ON INDIVIDUAL CHILDREN

<u>Tables 56 - 59</u> describe readmission characteristics of regional patients, including variation by diagnostic groups.

In this chapter, the unit of analysis is the patient, as opposed to the admission. Patient linking is conducted primarily by NHS Number. Other variables used in linking patients are names, date of birth and sex, post code, gestational age and case numbers.

This chapter describes the PICU activity concerning individual patients and their patterns of care within the PICUs and gives a picture of the burden of disease on individual children, as well as its impact on service delivery.

Special attention is given to re-admissions in relation to age, diagnostic group and NHS trust. In the Pan Thames region, there were 15,786 admissions for children under the age of 15 years during 2005 – 2007. These admissions were made by 11,529 children.

15 PREVALENCE FOR ADMISSION

<u>Tables 60 – 61</u> present age-specific prevalence for Pan Thames PICU admission (crude and standardised).

<u>Figures 61a – 61b</u> map regional age sex standardised prevalence by SHA and PCO respectively.

Age and sex-specific prevalence for admission to PICUs have been calculated with 95% Poisson confidence intervals, using population counts from the 2001 Census^{vi}.

Children were allocated to an SHA / HB using their residential address at admission. Patients' home addresses were validated using the All Fields Directory (AFD) address validation software to obtain a correct postcode vii. Using the National Statistics Postcode Directory (http://www.statistics.gov.uk/geography/nspd.asp), the postcodes were then linked to SHA / HB.

15.1 References

vi Office for National Statistics. 2001 Census: Census Area Statistics (England and Wales) [computer file]. ESRC/JISC Census Programme, Census Dissemination Unit, MIMAS (University of Manchester)

vii AFD Refiner Q.2/07. AFD Software Ltd, Lough House, Approach Road, Ramsey, ISLE OF MAN, IM8 1RG, UK, 2007.

16 DATA QUALITY

16.1 Introduction

Data quality continues to be of paramount importance to PICANet as we expand our data collection to include the Paediatric Critical Care Minimum Dataset (PCCMDS). Considerable emphasis has been place by both PICANet and PICU leads in ensuring that data quality issues are addressed in repeated quality assurance cycles.

During the last 4 years, Pan Thames units have made considerable improvements to their data management processes. This chapter details the current quality of regional PICANet data and the improvements that have been achieved. Attention is also drawn to data items that continue to require attention and also to new items of data that require particular attention in the future.

Full details of the processes through which data quality is controlled and assured in PICANet are available from the data quality chapter of the PICANet National Report 2004 – 2006.

The results are presented by unit as well as by NHS Trust to acknowledge the importance of unit level data management.

16.2 Completeness of PICANet data

The completeness level for all data items collected by Pan Thames units is given in <u>Table DQ1</u>, showing 94.7% completeness of the data items. <u>Table DQ2</u> details the completeness of the data by month and by year for the last 3 years, while <u>Table DQ3</u> provides a breakdown by individual unit for the combined 3 years.

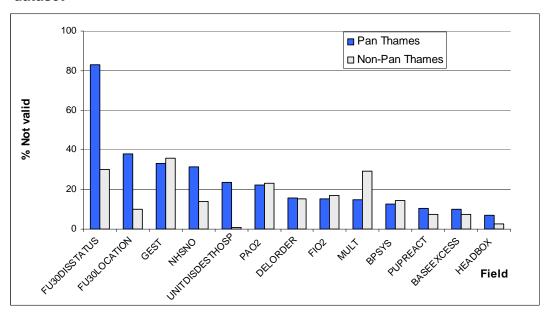
It is found that the non-Pan Thames PICANet dataset contained 3.8% of exception values (i.e. data collected as 'not recorded' or 'not known') while Pan Thames units have 4.8% of such data). This equates to 36597 out of a total 768325 data items not having data recorded. In total, 0.4% and 0.6% variables were left blank in the respective groups of units.

Table DQ1 Data completeness in Pan Thames PICUs

		Complete							Inc				
FIELD	Eligible	Val	•	tions	Tot	al	Inva		nk	Total			
	3	n	%	n	%	n	%	n	%	n	%	n	%
ADDATE	16021	16021	(100.0)	0	(0.0)	16021	(100.0)	0	(0.0)	0	(0.0)	0	(0.0)
ADDRESS1	16021	16008	(99.9)	0	(0.0)	16008	(99.9)	0	(0.0)	13	(0.1)	13	(0.1)
ADNO	16021	16021	(100.0)	0	(0.0)	16021	(100.0)	0	(0.0)	0	(0.0)	0	(0.0)
ADTIME	16021	16021	(100.0)	0	(0.0)	16021	(100.0)	0	(0.0)	0	(0.0)	0	(0.0)
ADTYPE	16021	16005	(99.9)	16	(0.1)	16021	(100.0)	0	(0.0)	0	(0.0)	0	(0.0)
APDIAG	16021	16021	(100.0)	0	(0.0)	16021	(100.0)	0	(0.0)	0	(0.0)	0	(0.0)
BASEEXCESS	11460	10312	(90.0)	1146	(10.0)	11458	(100.0)	0	(0.0)	2	(0.0)	2	(0.0)
BGFIRSTHR	14270	14205	(99.5)	64	(0.4)	14269	(100.0)	0	(0.0)	1	(0.0)	1	(0.0)
BPSYS	16021	13974	(87.2)	2047	(12.8)	16021	(100.0)	0	(0.0)	0	(0.0)	0	(0.0)
CAREAREAAD	15826	14844	(93.8)	982	(6.2)	15826	(100.0)	0	(0.0)	0	(0.0)	0	(0.0)
CASENO	16021	16021	(100.0)	0	(0.0)	16021	(100.0)	0	(0.0)	0	(0.0)	0	(0.0)
DELORDER	563	474	(84.2)	89	(15.8)	563	(100.0)	0	(0.0)	0	(0.0)	0	(0.0)
DISPALCARE	15253	14895	(97.7)	358	(2.3)	15253	(100.0)	0	(0.0)	0	(0.0)	0	(0.0)
DOB	16021	16021	(100.0)	0	(0.0)	16021	(100.0)	0	(0.0)	0	(0.0)	0	(0.0)
DOBEST	16021	16021	(100.0)	0	(0.0)	16021	(100.0)	0	(0.0)	0	(0.0)	0	(0.0)
DOD	854	845	(98.9)	0	(0.0)	845	(98.9)	0	(0.0)	9	(1.1)	9	(1.1)
ECMO	16021	15971	(99.7)	50	(0.3)	16021	(100.0)	0	(0.0)	0	(0.0)	0	(0.0)
ETHNIC	16021	16021	(100.0)	0	(0.0)	16021	(100.0)	0	(0.0)	0	(0.0)	0	(0.0)
FAMILYNAME	16021	16020	(100.0)	0	(0.0)	16020	(100.0)	0	(0.0)	1	(0.0)	1	(0.0)
FIO2	11460	9693	(84.6)	1758	(15.3)	11451	(99.9)	0	(0.0)	9	(0.1)	9	(0.1)
FIRSTNAME	16021 14554	16019	(100.0)	12057	(0.0)	16019	(100.0)	0	(0.0)	<u>2</u> 9	(0.0)	2 9	(0.0)
FU30DISSTATUS FU30LOCATION	2513	2488 1554	(17.1) (61.8)	12057 957	(82.8)	14545 2511	(99.9) (99.9)	0	(0.0)	2	(0.1)	<u>9</u> 2	(0.1)
FU30LOCHOSP	313	308	(98.4)	3	(1.0)	311	(99.4)	0	(0.0)	2	(0.1)	2	(0.6)
GEST	9535	6385	(67.0)	3150	(33.0)	9535	(100.0)	0	(0.0)	0	(0.0)	0	(0.0)
HEADBOX	11460	10676	(93.2)	777	(6.8)	11453	(99.9)	0	(0.0)	7	(0.1)	7	(0.1)
ICPDEVICE	14270	14226	(99.7)	44	(0.3)	14270	(100.0)	0	(0.0)	0	(0.0)	0	(0.0)
INTTRACHEOSTOMY	16021	15979	(99.7)	42	(0.3)	16021	(100.0)	0	(0.0)	0	(0.0)	0	(0.0)
INTUBATION	11460	11247	(98.1)	207	(1.8)	11454	(99.9)	0	(0.0)	6	(0.1)	6	(0.1)
INTUBEVER	16021	16021	(100.0)	0	(0.0)	16021	(100.0)	0	(0.0)	0	(0.0)	0	(0.0)
INVVENT	16021	15988	(99.8)	32	(0.2)	16020	(100.0)	0	(0.0)	1	(0.0)	1	(0.0)
INVVENTDAY	10757	10703	(99.5)	52	(0.5)	10755	(100.0)	0	(0.0)	2	(0.0)	2	(0.0)
LVAD	16021	15969	(99.7)	52	(0.3)	16021	(100.0)	0	(0.0)	0	(0.0)	0	(0.0)
MECHVENT	16021	15867	(99.0)	154	(1.0)	16021	(100.0)	0	(0.0)	0	(0.0)	0	(0.0)
MEDHISTEVID	16021	15683	(97.9)	338	(2.1)	16021	(100.0)	0	(0.0)	0	(0.0)	0	(0.0)
MULT	16021	13635	(85.1)	2385	(14.9)	16020	(100.0)	0	(0.0)	1	(0.0)	1	(0.0)
NHSNO	16021	10968	(68.5)	755	(4.7)	11723	(73.2)	0	(0.0)	4298	(26.8)	4298	(26.8)
NONINVVENT	16021	15939	(99.5)	81	(0.5)	16020	(100.0)	0	(0.0)	1	(0.0)	1	(0.0)
NONINVVENTDAY	2104	2060	(97.9)	43	(2.0)	2103	(100.0)	0	(0.0)	1	(0.0)	1	(0.0)
PAO2	11460	8896	(77.6)	2537	(22.1)	11433	(99.8)	0	(0.0)	27	(0.2)	27	(0.2)
POSTCODE	16021	15998	(99.9)	0	(0.0)	15998	(99.9)	0	(0.0)	23	(0.1)	23	(0.1)
PREVICUAD	16021	15834	(98.8)	187	(1.2)	16021	(100.0)	0	(0.0)	0	(0.0)	0	(0.0)
PRIMDIAG	16021	15974	(99.7)	0 537	(0.0)	15974	(99.7)	45 0	(0.3)	2	(0.0)	<u>47</u> 1	(0.3)
PRIMREASON PUPREACT	14270 16021	13732 14369	(96.2)		(3.8)	14269 16021	(100.0)	0	(0.0)	1 0	(0.0)	0	(0.0)
RENALSUPPORT	14270	14240	(89.7)	1652 29	(10.3)	14269	(100.0)	0	(0.0)	1	(0.0)	1	(0.0)
RETRIEVAL	16021	15949	(99.6)	71	(0.4)	16020	(100.0)	0	(0.0)	1	(0.0)	1	(0.0)
RETRIEVALBY	6248	6036	(96.6)	212	(3.4)	6248	(100.0)	0	(0.0)	0	(0.0)	0	(0.0)
SEX	16021	15999	(99.9)	22	(0.1)	16021	(100.0)	0	(0.0)	0	(0.0)	0	(0.0)
SOURCEAD	16021	15997	(99.9)	24	(0.1)	16021	(100.0)	0	(0.0)	0	(0.0)	0	(0.0)
TIMEDTH	768	768	(100.0)	0	(0.0)	768	(100.0)	0	(0.0)	0	(0.0)	0	(0.0)
UNITDISDATE	16021	16021	(100.0)	0	(0.0)	16021	(100.0)	0	(0.0)	0	(0.0)	0	(0.0)
UNITDISDEST	15253	15059	(98.7)	193	(1.3)	15252	(100.0)	0	(0.0)	1	(0.0)	1	(0.0)
UNITDISDESTHOSP	14690	11235	(76.5)	3455	(23.5)	14690	(100.0)	0	(0.0)	0	(0.0)	0	(0.0)
UNITDISSTATUS	16021	16021	(100.0)	0	(0.0)	16021	(100.0)	0	(0.0)	0	(0.0)	0	(0.0)
UNITDISTIME	16021	16018	(100.0)	0	(0.0)	16018	(100.0)	0	(0.0)	3	(0.0)	3	(0.0)
VASOACTIVE	16021	15982	(99.8)	39	(0.2)	16021	(100.0)	0	(0.0)	0	(0.0)	0	(0.0)
Total	768325	727257	(94.7)	36597	(4.8)	763854	(99.4)	45	(0.0)	4426	(0.6)	4471	(0.6)

16.3 Data items needing improvements in Pan Thames

Figure DQ1: Percentage of none valid (exception or blank) values in the PICANet dataset

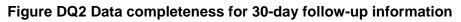


Note: A full description of variables is provided in the PICANet Data Definitions Manual. (Exception = 'not recorded' or 'not known').

<u>Figure DQ1</u> highlights data items found to have the largest number of exception or blank values within the Pan Thames dataset. The recording levels in non-Pan Thames units are provided for comparison. A number of these data items are used in the calculation of the Paediatric Index of Mortality (PIM) 2. PICANet is investigating the impact of missing data on this risk adjustment index.

Thirty-day follow-up status is a standard, but somewhat crude, patient care outcome measure used across the NHS^{viii}. The distribution of 30 day follow-up data collection across Pan Thames units is detailed in <u>Figure DQ2</u> below. In PICANet as a whole, the 30 day follow-up data is 99% complete; however, 49% of this data is recorded as 'not known'. A closer inspection of the recording levels of this variable within non-Pan Thames units and Pan Thames units shows that 30% and 83% of admissions respectively do not have this data.

viii http://www.performance.doh.gov.uk/nhsperformanceindicators/hlpi2000/c1150s.html



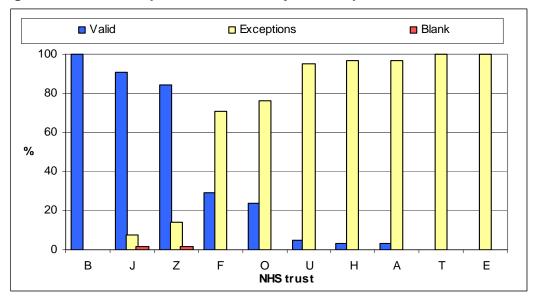


Table DQ2 Data completeness by year (all variables)

								Comple	etion						
			Complete Incomplete												
Year	Month	Eligible	Valid	d	Exceptions		Total		Inval	id	Blank		Tota	al	
		-	n	%	n	%	n	%	n	%	n	%	n	%	
2005		21332	19873	(93.2)	1232	(5.8)	21105	(98.9)	0	(0.0)	227	(1.1)	227	(1.1)	
	2	17878	16648	(93.1)	1073	(6.0)	17721	(99.1)	0	(0.0)	157	(0.9)	157	(0.9)	
	3	20513	19070	(93.0)	1275	(6.2)	20345	(99.2)	0	(0.0)	168	(8.0)	168	(0.8)	
	4	18791	17507	(93.2)	1122	(6.0)	18629	(99.1)	0	(0.0)	162	(0.9)	162	(0.9)	
	5	19396	18101	(93.3)	1167	(6.0)	19268	(99.3)	0	(0.0)	128	(0.7)	128	(0.7)	
	6	21030	19691	(93.6)	1184	(5.6)	20875	(99.3)	1	(0.0)	154	(0.7)	155	(0.7)	
	7	23474	21957	(93.5)	1332	(5.7)	23289	(99.2)	0	(0.0)	185	(8.0)	185	(0.8)	
	8	19860	18604	(93.7)	1099	(5.5)	19703	(99.2)	0	(0.0)	157	(8.0)	157	(0.8)	
	9	19171	17970	(93.7)	1062	(5.5)	19032	(99.3)	0	(0.0)	139	(0.7)	139	(0.7)	
	10	20141	18968	(94.2)	1040	(5.2)	20008	(99.3)	0	(0.0)	133	(0.7)	133	(0.7)	
	11	22634	21401	(94.6)	1085	(4.8)	22486	(99.3)	0	(0.0)	148	(0.7)	148	(0.7)	
	12	23058	21802	(94.6)	1125	(4.9)	22927	(99.4)	1	(0.0)	130	(0.6)	131	(0.6)	
2005	Total	247278	231592	(93.7)	13796	(5.6)	245388	(99.2)	2	(0.0)	1888	(0.8)	1890	(0.8)	
0000	1 41	04050	000.10	(05.4)	0.15	(4.0)	04055	(00.0)	•	(0.0)		(0.4)		(0.4)	
2006		21953	20940	(95.4)	915	(4.2)	21855	(99.6)	0	(0.0)	98	(0.4)	98	(0.4)	
	2	21431	20406	(95.2)	938	(4.4)	21344	(99.6)	1	(0.0)	86	(0.4)	87	(0.4)	
	3	21888	20880	(95.4)	914	(4.2)	21794	(99.6)	4	(0.0)	90	(0.4)	94	(0.4)	
	4 5	19929 22062	18978 21004	(95.2)	835	(4.2)	19813 21950	(99.4)	2	(0.0)	114	(0.6)	116 112	(0.6)	
	6	20530	19520	(95.2) (95.1)	946	(4.3)	20420	(99.5) (99.5)	0	(0.0)	110 110	(0.5)	110	(0.5) (0.5)	
	7	21330	20304	(95.1)	916	(4.4)	21220	(99.5)	0	(0.0)	110	(0.5)	110	(0.5)	
	8	20948	19948	(95.2)	890	(4.2)	20838	(99.5)	0	(0.0)	110	(0.5)	110	(0.5)	
	9	20907	19908	(95.2)	880	(4.2)	20788	(99.4)	2	(0.0)	117	(0.6)	119	(0.6)	
	10	21208	20118	(94.9)	979	(4.6)	21097	(99.5)	3	(0.0)	108	(0.5)	111	(0.5)	
	11	22099	21006	(95.1)	963	(4.4)	21969	(99.4)	0	(0.0)	130	(0.6)	130	(0.6)	
	12	21872	20689	(94.6)	1052	(4.8)	21741	(99.4)	0	(0.0)	131	(0.6)	131	(0.6)	
2006		256157	243701	(95.1)	11128	(4.3)	254829	(99.5)	14	(0.0)	1314	(0.5)	1328	(0.5)	
				(00.1)		()		(00.0)		(0.0)		(0.0)		(0.0)	
2007	1	22189	21142	(95.3)	960	(4.3)	22102	(99.6)	0	(0.0)	87	(0.4)	87	(0.4)	
	2	19480	18494	(94.9)	901	(4.6)	19395	(99.6)	3	(0.0)	82	(0.4)	85	(0.4)	
	3	22836	21701	(95.0)	1047	(4.6)	22748	(99.6)	3	(0.0)	85	(0.4)	88	(0.4)	
	4	21989	20938	(95.2)	960	(4.4)	21898	(99.6)	3	(0.0)	88	(0.4)	91	(0.4)	
	5	23480	22326	(95.1)	1045	(4.5)	23371	(99.5)	4	(0.0)	105	(0.4)	109	(0.5)	
	6	22015	20989	(95.3)	924	(4.2)	21913	(99.5)	1	(0.0)	101	(0.5)	102	(0.5)	
	7	22709	21655	(95.4)	944	(4.2)	22599	(99.5)	2	(0.0)	108	(0.5)	110	(0.5)	
	8	19440	18480	(95.1)	869	(4.5)	19349	(99.5)	4	(0.0)	87	(0.4)	91	(0.5)	
	9	20910	19811	(94.7)	973	(4.7)	20784	(99.4)	1	(0.0)	125	(0.6)	126	(0.6)	
	10	23567	22469	(95.3)	987	(4.2)	23456	(99.5)	1	(0.0)	110	(0.5)	111	(0.5)	
	11	24290	23098	(95.1)	1062	(4.4)	24160	(99.5)	5	(0.0)	125	(0.5)	130	(0.5)	
	12	21985	20861	(94.9)	1001	(4.6)	21862	(99.4)	2	(0.0)	121	(0.6)	123	(0.6)	
2007	ıotal	264890	251964	(95.1)	11673	(4.4)	263637	(99.5)	29	(0.0)	1224	(0.5)	1253	(0.5)	
T-4-1		700005	707057	(0.4.7)	20507	(4.0)	700054	(00.4)	45	(0.0)	4400	(0.0)	4474	(0.0)	
Total		768325	727257	(94.7)	36597	(4.8)	763854	(99.4)	45	(0.0)	4426	(0.6)	4471	(0.6)	

Table DQ3 Data completeness by PICU for 3 year period

		Complete						Incom					
PICU	Eligible	Valid	d	Except	tions	Tota	al	Inva	lid	Blar	ık	Tota	al
		n	%	n	%	n	%	n	%	n	%	n	%
F	165671	156901	(94.7)	7660	(4.6)	164561	(99.3)	45	(0.0)	1065	(0.6)	1110	(0.7)
Α	64777	59049	(91.2)	5590	(8.6)	64639	(99.8)	0	(0.0)	138	(0.2)	138	(0.2)
Н	46287	42719	(92.3)	2971	(6.4)	45690	(98.7)	0	(0.0)	597	(1.3)	597	(1.3)
Z	16984	16057	(94.5)	904	(5.3)	16961	(99.9)	0	(0.0)	23	(0.1)	23	(0.1)
0	94258	88901	(94.3)	4757	(5.0)	93658	(99.4)	0	(0.0)	600	(0.6)	600	(0.6)
J	13709	12929	(94.3)	589	(4.3)	13518	(98.6)	0	(0.0)	191	(1.4)	191	(1.4)
В	29357	28307	(96.4)	980	(3.3)	29287	(99.8)	0	(0.0)	70	(0.2)	70	(0.2)
Е	221383	213428	(96.4)	7008	(3.2)	220436	(99.6)	0	(0.0)	947	(0.4)	947	(0.4)
Т	59201	55461	(93.7)	3362	(5.7)	58823	(99.4)	0	(0.0)	378	(0.6)	378	(0.6)
U	56698	53505	(94.4)	2776	(4.9)	56281	(99.3)	0	(0.0)	417	(0.7)	417	(0.7)
Total	768325	727257	(94.7)	36597	(4.8)	763854	(99.4)	45	(0.0)	4426	(0.6)	4471	(0.6)

The Number is a unique patient identifier that provides a common link between patient records across the NHS. The number can be used by trust Patient Administration Systems (PAS) or Patient Information Systems to easily and reliably link to the PICANet dataset.

The distribution of NHS Number recording within the PICANet database for Pan Thames units is detailed in <u>Table DQ4</u> and in <u>Figure DQ3</u> below. Although 20.4% of patients within PICANet as a whole do not have NHS Numbers, 10 units around the country have almost 100% NHS Number recording. This shows the complete recording of this data is possible.

31.5% of Pan Thames PICU admissions do not have an NHS Number; the respective figure for non-Pan Thames units is only 14.0%. Although there has been a 10% increase in NHS Number recording in the region since the last Pan Thames report, several units in this region continue to have low NHS Number recording in the PICANet database as a whole.

Table DQ4 Data completeness for NHS Number by NHS trust

NHS trust	Eligible	Valid		Exceptions		Invalid		Blank	
		n	%	n	%	n	%	n	%
E	4580	3633	(79.3)	0	(0.0)	0	(0.0)	947	(20.7)
0	1914	1318	(68.9)	0	(0.0)	0	(0.0)	596	(31.1)
U	1149	768	(66.8)	0	(0.0)	0	(0.0)	381	(33.2)
F	3440	2418	(70.3)	0	(0.0)	0	(0.0)	1022	(29.7)
В	644	576	(89.4)	0	(0.0)	0	(0.0)	68	(10.6)
н	966	373	(38.6)	0	(0.0)	0	(0.0)	593	(61.4)
J	291	119	(40.9)	2	(0.7)	0	(0.0)	170	(58.4)
Z	364	358	(98.4)	0	(0.0)	0	(0.0)	6	(1.6)
Т	1270	892	(70.2)	0	(0.0)	0	(0.0)	378	(29.8)
Α	1403	513	(36.6)	753	(53.7)	0	(0.0)	137	(9.8)
Total	16021	10968	(68.5)	755	(4.7)	0	(0.0)	4298	(26.8)

Valid ■ Exceptions Invalid □ Blank 100 80 60 40 20 0 Z В F 0 U **NHS** trust

Figure DQ3 Data completeness for NHS Number

Although overall proportion of Pan Thames admissions have low level NHS Number collection, closer inspection of recording patterns shows that recent year's data collection is much higher (figure DQ 4). In 2005 only 2/9 units (22%) had NHS Number recording levels of 80% and over. In 2006 this increased to 3/9 units (33%). During 2007, 7 /10 units (70%) have achieved the target set last year of 80%+ NHS Number recording. One unit however is performing particularly poorly in achieving the set targets.

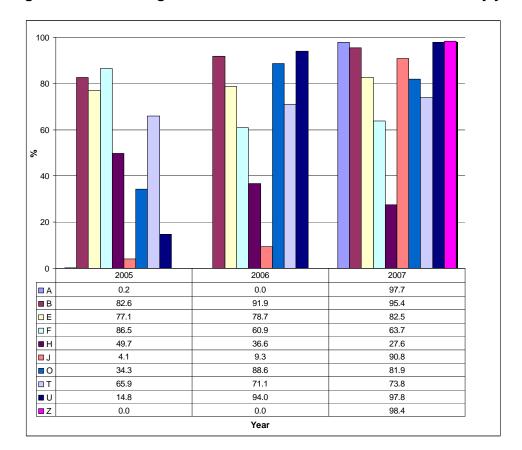


Figure DQ4 Percentage collection of valid NHS Number collection by year by PICU

In the absence of the NHS Number, it is difficult to definitively link patients with external datasets such as death registrations. PICANet is acquiring a set of hospital admissions data on PICANet patients from the <u>Hospital Episode Statistics data</u>. The linkage between PICANet and HES data is dependent on the presence of an NHS number. Without this

number, assessment of long-term follow-up and outcomes will also be difficult and the potential uses of the PICANet data for a variety of linkage studies will be reduced. In addition, in the absence of the NHS Number, patient follow-up in Pan Thames will be poorer than outside the region and so likely to impair the regions ability to provide effective care.

Over the coming year, paediatric intensive care units will be implementing the collection of the Paediatric Critical Care Minimum Dataset (PCCMDS). In Pan Thames, many units will rely heavily on their local Patient Administration Systems / Patient Information Systems to collect this data (please refer to Chapter 18). In order for data linkage between the PICANet dataset and the PCCMDS to be effective, NHS Number recording will be crucial.

With the introduction of the PCCMDS a range of new variables are being collected for commissioning purposed. One variable of significance introduced into the data set is General Practice Code (GP Code). It is a 6 character code assigned to General Practices. This data is available via your local Patient Administration System (PAS) or Patient Information Management System (PIM). GP Practice Code will be of particular importance for accurate commissioning in the future and as a result future Pan Thames reports will report on its recording levels.

Good quality data is crucial for PICANet's continued success. Standards for measuring data quality will have to change as the uses to which the data are put change. The guiding definition for data quality within PICANet remains 'fitness for purpose'.

In closing, huge improvements in data quality have been achieved during recent years. Where there remains a need for improvements in data quality (i.e. 30 day follow-up) Pan Thames should aim to be at least on par with national standards of data collection in PICANet.

17 USES AND DISSEMINATION OF PICANET DATA AND PAN THAMES WORKSTREAM RESULTS

Details of information requested from PICANet by Pan Thames collaborators are listed in Appendix D

The procedure for accessing PICANet data is described in the <u>PICANet National Report</u> 2004-2006

Details of presentations and publications are detailed in Appendix K

18 TABLES AND FIGURES

Table 1 Admissions by age and sex, 2005 - 2007

Table I Admis				Sex	(
Age (Years)	Ma	ıle	Fen	nale	Ambig	uous	Unkn	own	Tot	al
	n	%	n	%	n	%	n	%	n	%
0	4,519	(59)	3,161	(41)	3	(0)	13	(0)	7,696	(48.8)
1	995	547 (55)		(46)	2	(0)	3	(0)	1,838	(11.6)
2	547			(45)	0	(0)	2	(0)	997	(6.3)
3	446	(57)	333	(43)	0	(0)	1	(0)	780	(4.9)
4	317	(58)	230	(42)	0	(0)	0	(0)	547	(3.5)
5	247	(55)	201	(45)	0	(0)	1	(0)	449	(2.8)
6	190	(53)	168	(47)	0	(0)	1	(0)	359	(2.3)
7	193	(54)	164	(46)	0	(0)	0	(0)	357	(2.3)
8	149	(55)	119	(44)	1	(0)	0	(0)	269	(1.7)
9	192	(59)	134	(41)	0	(0)	0	(0)	326	(2.1)
10	169	(51)	164	(49)	0	(0)	0	(0)	333	(2.1)
11	144	(51)	136	(49)	0	(0)	0	(0)	280	(1.8)
12	180	(52)	169	(48)	0	(0)	0	(0)	349	(2.2)
13	200	(54)	172	(46)	0	(0)	1	(0)	373	(2.4)
14	234	(54)	201	(46)	0	(0)	0	(0)	435	(2.8)
15	195	(49)	203	(51)	0	(0)	0	(0)	398	(2.5)
Total	8,917	(56.5)	6,841	(43.3)	6	(0.0)	22	(0.1)	15,786	

Figure 1 Admissions by age and sex, 2005 - 2007

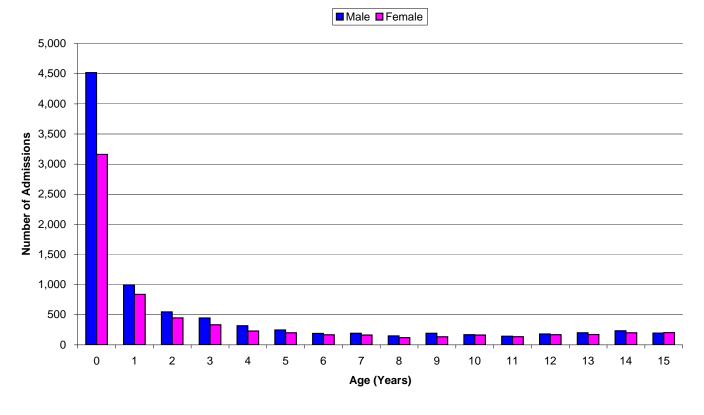


Table 2 Admissions by age (<1) and sex, 2005 - 2007

Table 2 Hamileon				Sex	(
Age (Months)	Ma	ile	Fen	nale	Ambig	uous	Unkn	own	То	tal
	n	%	n	%	n	%	n	%	n	%
0	1,586	(59)	1,087	(41)	2	(0)	4	(0)	2,679	(34.8)
1	666	(63)	388	(37)	0	(0)	0	(0)	1,054	(13.7)
2	387	(55)	320	(45)	0	(0)	1	(0)	708	(9.2)
3	317	(55)	253	(44)	0	(0)	2	(0)	572	(7.4)
4	299	(61)	192	(39)	0	(0)	1	(0)	492	(6.4)
5	278	(61)	175	(39)	1	(0)	0	(0)	454	(5.9)
6	196	(55)	161	(45)	0	(0)	0	(0)	357	(4.6)
7	178	(56)	142	(44)	0	(0)	0	(0)	320	(4.2)
8	158	(58)	114	(42)	0	(0)	1	(0)	273	(3.5)
9	173	(58)	122	(41)	0	(0)	1	(0)	296	(3.8)
10	144	(55)	117	(45)	0	(0)	1	(0)	262	(3.4)
11	137	(60)	90	(39)	0	(0)	2	(1)	229	(3.0)
Total	4,519	(58.7)	3,161	(41.1)	3	(0.0)	13	(0.2)	7,696	

Figure 2 Admissions by age (<1) and sex, 2005 - 2007

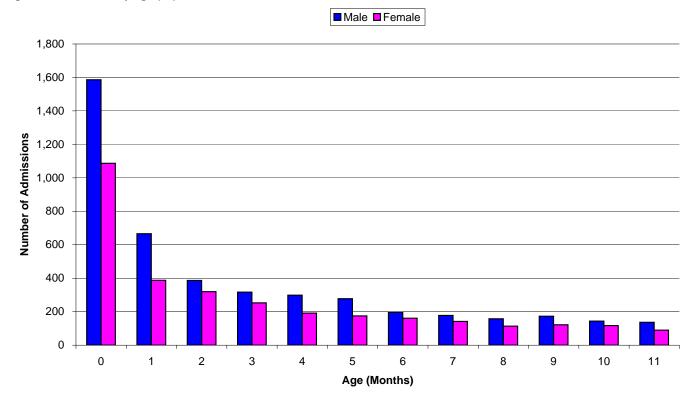


Table 3 Admissions by age by NHS trust, 2005 - 2007

	Aumssions	<u> </u>			ge Grou		s)				
Year	NHS Trust	<	1	1-	· 4	5- ⁻	10	11-	-15	Tot	al
		n	%	n	%	n	%	n	%	n	%
2005	Α	138	(33)	99	(24)	111	(26)	72	(17)	420	(8.1)
	В	107	(46)	64	(28)	27	(12)	34	(15)	232	(4.5)
	E	833	(55)	333	(22)	194	(13)	155	(10)	1,515	(29.3)
	F	655	(58)	273	(24)	107	(10)	88	(8)	1,123	(21.7)
	Н	114	(33)	113	(33)	56	(16)	64	(18)	347	(6.7)
	J	48	(50)	24	(25)	13	(14)	11	(11)	96	(1.9)
	0	363	(59)	139	(23)	71	(12)	40	(7)	613	(11.9)
	T	105	(25)	157	(38)	89	(22)	62	(15)	413	(8.0)
	U	160	(39)	146	(36)	71	(17)	31	(8)	408	(7.9)
2005 T	otal	2,523	(48.8)	1,348	(26.1)	739	(14.3)	557	(10.8)	5,167	
2006	Α	166	(37)	103	(23)	94	(21)	86	(19)	449	(8.6)
	В	81	(36)	57	(25)	31	(14)	57	(25)	226	(4.3)
	E	911	(57)	360	(23)	174	(11)	154	(10)	1,599	(30.7)
	F	585	(54)	286	(26)	96	(9)	120	(11)	1,087	(20.8)
	Н	100	(32)	117	(37)	52	(17)	46	(15)	315	(6.0)
	J	41	(55)	21	(28)	6	(8)	6	(8)	74	(1.4)
	0	388	(59)	150	(23)	73	(11)	45	(7)	656	(12.6)
	T	140	(32)	149	(34)	96	(22)	57	(13)	442	(8.5)
	U	137	(37)	141	(38)	57	(16)	32	(9)	367	(7.0)
2006 T	otal	2,549	(48.9)	1,384	(26.5)	679	(13.0)	603	(11.6)	5,215	
2007	Α	190	(37)	116	(23)	89	(17)	117	(23)	512	(9.5)
	В	67	(39)	55	(32)	26	(15)	23	(13)	171	(3.2)
	E	772	(56)	314	(23)	147	(11)	150	(11)	1,383	(25.6)
	F	660	(56)	282	(24)	122	(10)	116	(10)	1,180	(21.8)
	Н	113	(39)	94	(32)	45	(15)	40	(14)	292	(5.4)
	J	68	(57)	30	(25)	12	(10)	9	(8)	119	(2.2)
	0	390	(61)	148	(23)	55	(9)	45	(7)	638	(11.8)
	T	111	(29)	137	(36)	67	(17)	70	(18)	385	(7.1)
	U	153	(42)	121	(33)	51	(14)	42	(11)	367	(6.8)
	Z	100	(28)	133	(37)	61	(17)	63	(18)	357	(6.6)
2007 T	otal	2,624	(48.6)	1,430	(26.5)	675	(12.5)	675	(12.5)	5,404	
Grand	Total	7,696	(48.8)	4,162	(26.4)	2,093	(13.3)	1,835	(11.6)	15,786	

Table 4 Admissions by age (<1) by NHS trust, 2005 - 2007

	4 Admissions	<u> </u>	, ,		e Group		าร)				
Year	NHS Trust	<	1	1-	-2	3-	·5	6-	11	То	tal
		n	%	n	%	n	%	n	%	n	%
2005	Α	30	(22)	41	(30)	33	(24)	34	(25)	138	(5.5)
	В	22	(21)	32	(30)	30	(28)	23	(21)	107	(4.2)
	E	334	(40)	175	(21)	158	(19)	166	(20)	833	(33.0)
	F	269	(41)	152	(23)	107	(16)	127	(19)	655	(26.0)
	Н	22	(19)	22	(19)	29	(25)	41	(36)	114	(4.5)
	J	9	(19)	13	(27)	13	(27)	13	(27)	48	(1.9)
	0	152	(42)	72	(20)	74	(20)	65	(18)	363	(14.4)
	T	23	(22)	25	(24)	20	(19)	37	(35)	105	(4.2)
	U	35	(22)	36	(23)	37	(23)	52	(33)	160	(6.3)
2005 T	otal	896	(35.5)	568	(22.5)	501	(19.9)	558	(22.1)	2,523	
2006	Α	43	(26)	43	(26)	26	(16)	54	(33)	166	(6.5)
	В	17	(21)	28	(35)	19	(23)	17	(21)	81	(3.2)
	E	388	(43)	193	(21)	154	(17)	176	(19)	911	(35.7)
	F	247	(42)	121	(21)	91	(16)	126	(22)	585	(23.0)
	Н	20	(20)	20	(20)	22	(22)	38	(38)	100	(3.9)
	J	8	(20)	13	(32)	10	(24)	10	(24)	41	(1.6)
	0	157	(40)	78	(20)	74	(19)	79	(20)	388	(15.2)
	T	16	(11)	40	(29)	38	(27)	46	(33)	140	(5.5)
	U	28	(20)	35	(26)	25	(18)	49	(36)	137	(5.4)
2006 T	otal	924	(36.2)	571	(22.4)	459	(18.0)	595	(23.3)	2,549	
2007	Α	47	(25)	59	(31)	34	(18)	50	(26)	190	(7.2)
	В	14	(21)	22	(33)	12	(18)	19	(28)	67	(2.6)
	E	297	(38)	164	(21)	166	(22)	145	(19)	772	(29.4)
	F	261	(40)	136	(21)	130	(20)	133	(20)	660	(25.2)
	Н	19	(17)	28	(25)	18	(16)	48	(42)	113	(4.3)
	J	21	(31)	20	(29)	15	(22)	12	(18)	68	(2.6)
	0	140	(36)	97	(25)	87	(22)	66	(17)	390	(14.9)
	Т	21	(19)	25	(23)	28	(25)	37	(33)	111	(4.2)
	U	21	(14)	47	(31)	37	(24)	48	(31)	153	(5.8)
	Z	18	(18)	25	(25)	31	(31)	26	(26)	100	(3.8)
2007 T	otal	859	(32.7)	623	(23.7)	558	(21.3)	584	(22.3)	2,624	
Grand	Total	2,679	(34.8)	1,762	(22.9)	1,518	(19.7)	1,737	(22.6)	7,696	

Table 5 Admissions by age (16+) by NHS trust, 2005 - 2007

			•	Age	Group (Yea	rs)				
Year	NHS Trust		16	1	7-20	2	1-25	:	26+	To	otal
		n	%	n	%	n	%	n	%	n	%
2005	Α	4	(80)	1	(20)	0	(0)	0	(0)	5	(7.7)
	В	1	(33)	2	(67)	0	(0)	0	(0)	3	(4.6)
	E	23	(74)	7	(23)	0	(0)	1	(3)	31	(47.7)
	F	5	(56)	3	(33)	0	(0)	1	(11)	9	(13.8)
	Н	2	(67)	1	(33)	0	(0)	0	(0)	3	(4.6)
	J	1	(100)	0	(0)	0	(0)	0	(0)	1	(1.5)
	0	2	(67)	1	(33)	0	(0)	0	(0)	3	(4.6)
	Т	4	(67)	2	(33)	0	(0)	0	(0)	6	(9.2)
	U	2	(50)	2	(50)	0	(0)	0	(0)	4	(6.2)
2005 T	otal	44	(67.7)	19	(29.2)	0	(0.0)	2	(3.1)	65	
2006	Α	5	(100)	0	(0)	0	(0)	0	(0)	5	(6.7)
	В	4	(50)	4	(50)	0	(0)	0	(0)	8	(10.7)
	E	18	(60)	12	(40)	0	(0)	0	(0)	30	(40.0)
	F	10	(71)	4	(29)	0	(0)	0	(0)	14	(18.7)
	Н	5	(71)	2	(29)	0	(0)	0	(0)	7	(9.3)
	J	0	(0)	1	(100)	0	(0)	0	(0)	1	(1.3)
	T	6	(75)	2	(25)	0	(0)	0	(0)	8	(10.7)
	U	1	(50)	1	(50)	0	(0)	0	(0)	2	(2.7)
2006 T	otal	49	(65.3)	26	(34.7)	0	(0.0)	0	(0.0)	75	
2007	Α	8	(67)	4	(33)	0	(0)	0	(0)	12	(12.6)
	В	1	(25)	3	(75)	0	(0)	0	(0)	4	(4.2)
	E	11	(50)	11	(50)	0	(0)	0	(0)	22	(23.2)
	F	16	(59)	11	(41)	0	(0)	0	(0)	27	(28.4)
	Н	1	(50)	1	(50)	0	(0)	0	(0)	2	(2.1)
	0	4	(100)	0	(0)	0	(0)	0	(0)	4	(4.2)
	Т	12	(75)	4	(25)	0	(0)	0	(0)	16	(16.8)
	U	1	(100)	0	(0)	0	(0)	0	(0)	1	(1.1)
	Z	3	(43)	4	(57)	0	(0)	0	(0)	7	(7.4)
2007 T	otal	57	(60.0)	38	(40.0)	0	(0.0)	0	(0.0)	95	
Grand	Total	150	(63.8)	83	(35.3)	0	(0.0)	2	(0.9)	235	

Table 6 Admissions by month and age, 2005 - 2007

	6 Admissi				ge Grou		s)				
Year	Month	<	1	1.	_	5-	•	11-	-15	Tota	al
		n	%	n	%	n	%	n	%	n	%
2005	1	248	(53)	113	(24)	65	(14)	45	(10)	471	(9.1)
	2	184	(46)	132	(33)	44	(11)	36	(9)	396	(7.7)
	3	210	(46)	126	(28)	71	(16)	46	(10)	453	(8.8)
	4	207	(50)	104	(25)	59	(14)	42	(10)	412	(8.0)
	5	192	(48)	102	(26)	70	(18)	34	(9)	398	(7.7)
	6	206	(48)	98	(23)	63	(15)	59	(14)	426	(8.2)
	7	222	(47)	120	(26)	76	(16)	52	(11)	470	(9.1)
	8	189	(47)	101	(25)	68	(17)	44	(11)	402	(7.8)
	9	173	(44)	115	(29)	55	(14)	52	(13)	395	(7.6)
	10	185	(45)	121	(29)	61	(15)	44	(11)	411	(8.0)
	11	234	(51)	110	(24)	69	(15)	50	(11)	463	(9.0)
	12	273	(58)	106	(23)	38	(8)	53	(11)	470	(9.1)
2005 T		2,523	(48.8)	1,348	(26.1)	739	(14.3)	557	(10.8)	5,167	(0)
	Utu.	_,===	(10.0)	1,010	(==::)		()		(10.0)	0,.0.	
2006	1	232	(52)	111	(25)	56	(13)	44	(10)	443	(8.5)
	2	212	(49)	107	(25)	66	(15)	51	(12)	436	(8.4)
	3	216	(49)	122	(27)	57	(13)	49	(11)	444	(8.5)
	4	196	(48)	116	(28)	51	(13)	45	(11)	408	(7.8)
	5	214	(48)	136	(30)	50	(11)	48	(11)	448	(8.6)
	6	205	(49)	101	(24)	57	(14)	55	(13)	418	(8.0)
	7	181	(42)	121	(28)	76	(17)	58	(13)	436	(8.4)
	8	203	(47)	112	(26)	62	(14)	52	(12)	429	(8.2)
	9	206	(48)	110	(26)	55	(13)	54	(13)	425	(8.1)
	10	208	(49)	123	(29)	46	(11)	50	(12)	427	(8.2)
	11	215	(48)	116	(26)	58	(13)	62	(14)	451	(8.6)
	12	261	(58)	109	(24)	45	(10)	35	(8)	450	(8.6)
2006 T		2,549	(48.9)	1,384	(26.5)	679	(13.0)	603	(11.6)	5,215	(0.0)
2000 .	Otal	2,043	(40.0)	1,004	(20.0)	0.0	(10.0)	- 000	(11.0)	0,210	
2007	1	240	(53)	109	(24)	55	(12)	45	(10)	449	(8.3)
	2	194	(49)	106	(27)	46	(12)	49	(12)	395	(7.3)
	3	211	(45)	141	(30)	65	(14)	53	(11)	470	(8.7)
	4	213	(47)	116	(26)	63	(14)	62	(14)	454	(8.4)
	5	235	(49)	130	(27)	53	(11)	60	(13)	478	(8.8)
	6	208	(46)	122	(27)	73	(16)	50	(11)	453	(8.4)
	7	212	(46)	110	(24)	68	(15)	67	(15)	457	(8.5)
	8	172	(44)	114	(29)	48	(12)	58	(15)	392	(7.3)
	9	219	(51)	99	(23)	53	(12)	56	(13)	427	(7.9)
	10	202	(41)	140	(29)	64	(13)	82	(17)	488	(9.0)
	11	261	(53)	134	(27)	47	(9)	55	(11)	497	(9.2)
	12	257	(58)	109	(25)	40	(9)	38	(9)	444	(8.2)
2007 T		2,624	(48.6)	1,430	(26.5)	675	(12.5)	675	(12.5)	5,404	(3.2)
2007 1	otai	2,024	(-0.0)	1,750	(20.0)	0/3	(12.3)	0/3	(12.0)	5,704	
Grand	Total	7,696	(48.8)	4,162	(26.4)	2,093	(13.3)	1,835	(11.6)	15,786	
Granu	ıJlai	1,030	(40.0)	→ , 1∪Z	(20.4)	2,093	(13.3)	1,000	(11.0)	13,100	

Figure 6 Admissions by month and age, 2005 - 2007

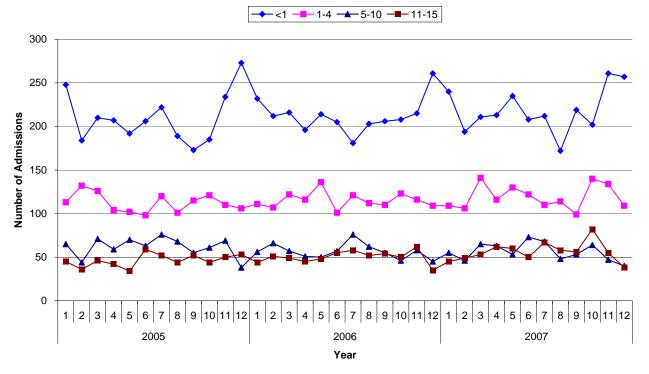


Table 7 Admissions by month and primary diagnostic group, 2005 - 2007

		•										agnostic G															
Year	Month	Blood / lym		Body wall and ca		Cardiova		Endocrine / m		Gastroint		Infection		system	Musculosk		Neurol		Oncolo		Other	Respir		Trauma	Unknov		Total
		n	%	n	%	n	%	n	%	n	%	n %	n	%	n	%	n	%	n '	% n	%	n	%	n %	n '	/6	n %
2005	1	4	(1)	4	(1)	142	(30)	13	(3)	34	(7)	25 (5) 0	(0)	14	(3)	57	(12)	15	(3) 2	6 (6)	128	(27)	7 (1)	2	(0)	471 (9.1)
	2	9	(2)	8	(2)	102	(26)	14	(4)	23	(6)	18 (5			5	(1)	62	(16)	11	(3) 2			(27)	8 (2)		(1)	396 (7.7)
	3	5	(1)	10	(2)	138	(30)	10	(2)	24	(5)	24 (5) 1	(0)	8	(2)	61	(13)	16	(4) 2	2 (5)	115	(25)	16 (4)	3	(1)	453 (8.8)
	4	5	(1)	14	(3)	131	(32)	6	(1)	31	(8)	16 (4) 1	(0)	5	(1)	48	(12)	14	(3) 2	6 (6)	101	(25)	12 (3)	2	(0)	412 (8.0)
	5	9	(2)	7	(2)	124	(31)	7	(2)	34	(9)	14 (4) 3	(1)	9	(2)	59	(15)	20	(5) 1	4 (4)	82	(21)	15 (4)	1	(0)	398 (7.7)
	6	9	(2)	12	(3)	141	(33)	4	(1)	30	(7)	11 (3		(0)	6	(1)	54	(13)	12	(3) 3			(20)	21 (5)	4	(1)	426 (8.2)
	7	4	(1)	13	(3)	168	(36)	9	(2)	34	(7)	24 (5		(0)	7	(1)	54	(11)	15	(3) 2			(20)	19 (4)	3	(1)	470 (9.1)
	8	0	(0)	9	(2)	153	(38)	4	(1)	36	(9)	16 (4		(0)	8	(2)	51	(13)	10	(2) 2			(17)	- (-)		(0)	402 (7.8)
	9	0	(0)	6	(2)	142	(36)	11	(3)	39	(10)	11 (3		(0)	6	(2)	46	(12)	23		0 (3)		(21)	14 (4)		(1)	395 (7.6)
	10	3 6	(1)	8 7	(2)	131	(32)	10	(2)	19	(5)	23 (6		(0)	6	(1)	61	(15)	13	(3) 2			(27)	7 (2)		(0)	411 (8.0) 463 (9.0)
	11 12	5	(1)	2	(2)	143 116	(31) (25)	8 8	(2)	30 20	(6) (4)	16 (3		,	9 7	(2)	54 41	(12)	22 20		5 (3) 5 (3)		(31)	11 (2) 12 (3)		(0)	463 (9.0) 470 (9.1)
2005 T		59	(1.1)	100	(1.9)	1,631	(31.6)	<u>o</u> 104	(2.0)	354	(6.9)	20 (4 218 (4.2		(0.2)	90	(1.7)	648	(12.5)		3.7) 26				162 (3.1)			470 (9.1) 5,167
2000 1	Ottai		(1.1.)	100	(1.0)	1,001	(01.0)	104	(2.0)	004	(0.0)	210 (4.2	, ,	(0.2)	- 30	(1)	040	(12.0)	101 (J., 20	2 (0.1)	1,012	(20.4)	102 (0.1)		,,	,,101
2006	1	4	(1)	7	(2)	137	(31)	13	(3)	24	(5)	25 (6) 1	(0)	10	(2)	54	(12)	22	(5) 1	8 (4)	122	(28)	6 (1)	0	(0)	443 (8.5)
	2	8	(2)	7	(2)	129	(30)	15	(3)	27	(6)	26 (6) 3	(1)	8	(2)	49	(11)	18	(4) 1	8 (4)	117	(27)	9 (2)	2	(0)	436 (8.4)
	3	3	(1)	9	(2)	144	(32)	11	(2)	30	(7)	27 (6		(0)	10	(2)	61	(14)	13	(3) 1			(23)	8 (2)	8	(2)	444 (8.5)
	4	6	(1)	6	(1)	141	(35)	12	(3)	32	(8)	20 (5		(1)	4	(1)	38	(9)	14	(3) 2			(24)	6 (1)		(0)	408 (7.8)
	5	2	(0)	10	(2)	158	(35)	6	(1)	27	(6)	15 (3		(0)	9	(2)	54	(12)	18		9 (4)		(26)	12 (3)		(0)	448 (8.6)
	6	4	(1)	9	(2)	150	(36)	7	(2)	36	(9)	15 (4		(1)	11	(3)	43	(10)	13	(3) 2			(21)	13 (3)		(0)	418 (8.0)
	7	2	(0)	4	(1)	139	(32)	11	(3)	40	(9)	17 (4		(-)	8	(2)	38	(9)	31	(7) 3			(21)	20 (5)		(0)	436 (8.4)
	8	3	(1)	4	(1)	174 149	(41)	16	(4)	30	(7)	22 (5		(0)	9	(2)	43	(10)	16	(4) 1			(15)	25 (6)		(0)	429 (8.2)
	10	0	(0)	11 9	(3)	153	(35)	9 10	(2)	31 28	(7)	15 (4 23 (5		(0)	15 15	(4)	37 38	(9)	22 22	(5) 3 (5) 2			(19)	17 (4)	4	(1)	425 (8.1) 427 (8.2)
	11	9	(2)	5	(1)	138	(30)	9	(2)	34	(7)	16 (4		(1)	5	(1)	47	(10)		(3) 2			(30)	9 (2)	2	(0)	451 (8.6)
	12	4	(1)	8	(2)	106	(24)	14	(3)	31	(7)	18 (4	,	(1)	6	(1)	44	(10)	18	(4) 1			(38)	7 (2)	3	(1)	450 (8.6)
2006 7		47	(0.9)	89	(1.7)	1,718	(32.9)	133	(2.6)	370	(7.1)		/	- /	110	(2.1)	546	(-/		4.2) 26		1,283	1 /	143 (2.7)		0.6) 5	5.215
					\ /	, -	` '		\ -7			,	,	\/		· /			•		· · · · ·		, ,	- \ /	,	二	
2007	1	4	(1)	7	(2)	145	(32)	5	(1)	22	(5)	21 (5		(0)	13	(3)	36	(8)	15	(3) 2			(32)			(1)	449 (8.3)
	2	6	(2)	1	(0)	119	(30)	10	(3)	28	(7)	17 (4	,	(0)	8	(2)	38	(10)	7		3 (3)		(33)	13 (3)		(1)	395 (7.3)
	3	5	(1)	5	(1)	131	(28)	15	(3)	29	(6)	23 (5		(0)	6	(1)	55	(12)	16	(-)	0 (9)		(27)	9 (2)	5	(1)	470 (8.7)
	4	9	(2)	4	(1)	145	(32)	16	(4)	35	(8)	18 (4	,	(0)	7	(2)	48	(11)	17	(4) 2			(23)	18 (4)		(1)	454 (8.4) 478 (8.8)
	5	8	(2)	11 10	(2)	145 126	(30)	11 15	(2)	22 32	(5)	23 (5		(0)	10 11	(2)	45 44	(9)	14 22	(3) 3 (5) 2			(26) (27)	16 (3) 11 (2)	9	(1)	476 (8.6)
	7	6	(1)	5	(1)	161	(35)	18	. ,	22	(5)	19 (4		(0)	10	(2)	49	(11)	16	(4) 2			(22)	19 (4)	3	(1)	457 (8.5)
	8	3	(1)	5	(1)	154	(39)	8	(4)	24	(6)	16 (4		(0)	7	(2)	39	(10)	15	(4) 2			(20)	17 (4)	6	(2)	392 (7.3)
	9	8	(2)	12	(3)	144	(34)	10	(2)	24	(6)	15 (4	,	(0)	7	(2)	36	(8)	16	(4) 2			(26)	12 (3)		(1)	427 (7.9)
	10	7	(1)	6	(1)	161	(33)	12	(2)	19	(4)	25 (5		(0)	18	(4)	50	(10)	13	(3) 2			(27)	21 (4)		(1)	488 (9.0)
	11	7	(1)	7	(1)	149	(30)	12	(2)	23	(5)	17 (3		(0)	10	(2)	33	(7)		(4) 1			(38)	6 (1)		(2)	497 (9.2)
1	12	4	(1)	4	(1)	106	(24)	10	(2)	20	(5)	17 (4		(0)	6	(1)	42	(9)		(3) 2			(43)	8 (2)			444 (8.2)
2007 T		78	(1.4)	77	(1.4)	1,686	(31.2)	142	(2.6)	300	(5.6)			(0.3)	113	(2.1)	515	(9.5)		3.4) 29				160 (3.0)	63 (5,404
		•						•																			
Grand	Total	184	(1.2)	266	(1.7)	5,035	(31.9)	379	(2.4)	1,024	(6.5)	688 (4.4) 47	(0.3)	313	(2.0)	1,709	(10.8)	594 (3.8) 81	8 (5.2)	4,143	(26.2)	465 (2.9)	121 (0.8) 15	786,ذ

Figure 7 Admissions by month and primary diagnostic group, 2005 - 2007

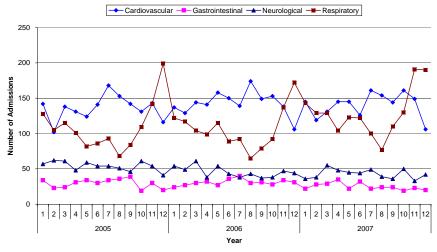


Table 8 Respiratory admissions by month and age, 2005 - 2007

	8 Respirat				Group (•			
Year	Month	<	1	1.			-10	11	-15	To	tal
		n	%	n	%	n	%	n	%	n	%
2005	1	80	(63)	24	(19)	15	(12)	9	(7)	128	(9.8)
	2	51	(49)	43	(41)	4	(4)	7	(7)	105	(8.0)
	3	51	(44)	38	(33)	19	(17)	7	(6)	115	(8.8)
	4	58	(57)	25	(25)	9	(9)	9	(9)	101	(7.7)
	5	39	(48)	30	(37)	9	(11)	4	(5)	82	(6.3)
	6	41	(48)	21	(24)	12	(14)	12	(14)	86	(6.6)
	7	40	(43)	34	(37)	11	(12)	8	(9)	93	(7.1)
	8	33	(49)	20	(29)	9	(13)	6	(9)	68	(5.2)
	9	34	(40)	28	(33)	14	(17)	8	(10)	84	(6.4)
	10	51	(47)	34	(31)	18	(17)	6	(6)	109	(8.3)
	11	79	(56)	44	(31)	13	(9)	6	(4)	142	(10.8)
	12	139	(70)	37	(19)	10	(5)	13	(7)	199	(15.2)
2005 T	otal	696	(53.0)	378	(28.8)	143	(10.9)	95	(7.2)	1,312	
		70	(00)	0.1	(0.5)		()		(0)	100	(0.5)
2006	1	76 50	(62)	31	(25)	8	(7)	7	(6)	122	(9.5)
	2	53	(45)	39	(33)	18	(15)	7	(6)	117	(9.1)
	3	49	(47)	37	(36)	11	(11)	7	(7)	104	(8.1)
	4 5	52	(53)	33	(33)	12	(12)	2	(2)	99	(7.7)
	6	54 50	(47) (56)	42 27	(37)	9	(8)	10	(9)	115 89	(9.0)
	7	36	(39)	33	(30)	14	(7) (15)	9	(7) (10)	92	(6.9)
	8	32	(49)	23	(35)	6	(9)	4	(6)	65	(7.2) (5.1)
	9	37	(47)	24	(30)	10	(13)	8	(10)	79	(6.2)
	10	37	(40)	41	(45)	9	(10)	5	(5)	92	(7.2)
	11	70	(51)	37	(27)	19	(14)	11	(8)	137	(10.7)
	12	108	(63)	43	(25)	13	(8)	8	(5)	172	(13.4)
2006 T		654	(51.0)	410	(32.0)	135	(10.5)	84	(6.5)	1,283	(10.4)
			(0110)		(02.0)		(1010)	<u> </u>	(0.0)	.,	
2007	1	91	(64)	33	(23)	12	(8)	7	(5)	143	(9.2)
	2	64	(50)	41	(32)	16	(12)	8	(6)	129	(8.3)
	3	51	(40)	49	(38)	16	(12)	13	(10)	129	(8.3)
	4	44	(42)	38	(37)	9	(9)	13	(13)	104	(6.7)
	5	55	(45)	41	(33)	11	(9)	16	(13)	123	(7.9)
	6	49	(40)	45	(37)	20	(16)	8	(7)	122	(7.9)
	7	45	(45)	26	(26)	19	(19)	10	(10)	100	(6.5)
	8	28	(36)	33	(43)	10	(13)	6	(8)	77	(5.0)
	9	55	(50)	28	(25)	11	(10)	16	(15)	110	(7.1)
	10	52	(40)	41	(32)	24	(18)	13	(10)	130	(8.4)
	11	113	(59)	56	(29)	12	(6)	10	(5)	191	(12.3)
	12	138	(73)	40	(21)	10	(5)	2	(1)	190	(12.3)
2007 T	otal	785	(50.7)	471	(30.4)	170	(11.0)	122	(7.9)	1,548	
		0.405	/E 4 E`	4.056	(00.1)	115	(40.5)		(= c)	4 4 4 5	
Grand	ıotal	2,135	(51.5)	1,259	(30.4)	448	(10.8)	301	(7.3)	4,143	

Figure 8 Respiratory admissions by month and age, 2005 - 2007

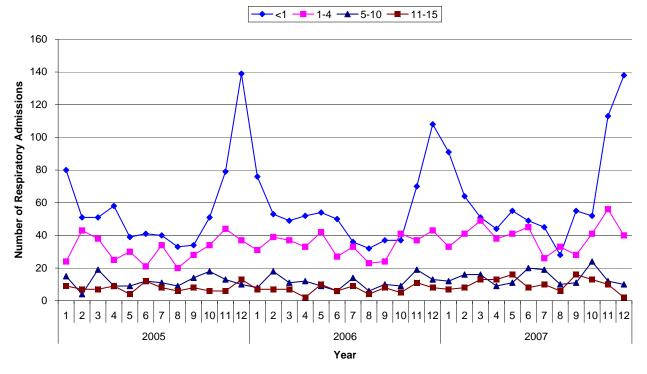


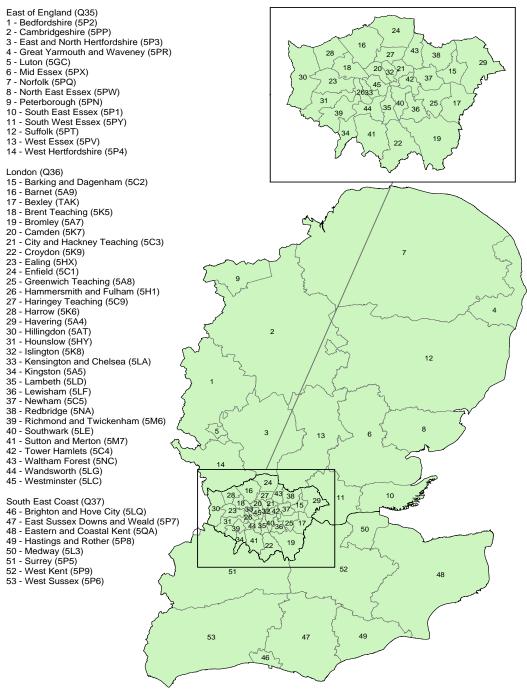
Table 9 Admissions	by month by NHS	trust 2005 - 2007

Table :	9 Admissions	by illolli	прун	no uus	1, 2005	- 2001							M	onth													
Year	NHS Trust	Janu	arv	Febru	ıarv	Mar	ch	Ap	ril	Ma	v	Jur		Jul	v	Aug	ust	Septe	mber	Octo	her	Nover	mber	Decen	nber	Tot	al
		n	%	n	%	n	%	n	%	n	,	n	%	n	, %	n	%	n	%	n	%	n	%	n	%	n	%
			-,-				,,,		,,,				,,,		,,,		,,,		-,-						,,,		,,,
2005	Α	33	(8)	39	(9)	45	(11)	31	(7)	40	(10)	34	(8)	37	(9)	31	(7)	30	(7)	31	(7)	37	(9)	32	(8)	420	(8.1)
	В	32	(14)	20	(9)	13	(6)	22	(9)	23	(10)	11	(5)	16	(7)	8	(3)	20	(9)	23	(10)	24	(10)	20	(9)	232	(4.5)
	E	148	(10)	97	(6)	130	(9)	129	(9)	128	(8)	126	(8)	142	(9)	130	(9)	115	(8)	116	(8)	117	(8)	137	(9)	1,515	(29.3)
	F	95	(8)	92	(8)	103	(9)	88	(8)	72	(6)	96	(9)	103	(9)	87	(8)	85	(8)	75	(7)	110	(10)	117	(10)	1,123	(21.7)
	Н	22	(6)	31	(9)	26	(7)	29	(8)	26	(7)	37	(11)	36	(10)	23	(7)	27	(8)	30	(9)	30	(9)	30	(9)	347	(6.7)
	J	18	(19)	5	(5)	9	(9)	4	(4)	13	(14)	9	(9)	11	(11)	7	(7)	5	(5)	4	(4)	6	(6)	5	(5)	96	(1.9)
	0	56	(9)	42	(7)	38	(6)	45	(7)	37	(6)	56	(9)	65	(11)	61	(10)	50	(8)	60	(10)	56	(9)	47	(8)	613	(11.9)
	T	33	(8)	36	(9)	55	(13)	30	(7)	29	(7)	30	(7)	30	(7)	34	(8)	34	(8)	33	(8)	33	(8)	36	(9)	413	(8.0)
	U	34	(8)	34	(8)	34	(8)	34	(8)	30	(7)	27	(7)	30	(7)	21	(5)	29	(7)	39	(10)	50	(12)	46	(11)	408	(7.9)
2005 T	otal	471	(9.1)	396	(7.7)	453	(8.8)	412	(8.0)	398	(7.7)	426	(8.2)	470	(9.1)	402	(7.8)	395	(7.6)	411	(8.0)	463	(9.0)	470	(9.1)	5,167	
2006	Α	30	(7)	47	(10)	35	(8)	27	(6)	38	(8)	39	(9)	37	(8)	35	(8)	35	(8)	46	(10)	32	(7)	48	(11)	449	(8.6)
	В	15	(7)	26	(12)	23	(10)	13	(6)	19	(8)	17	(8)	15	(7)	22	(10)	21	(9)	12	(5)	26	(12)	17	(8)	226	(4.3)
	E	134	(8)	110	(7)	146	(9)	133	(8)	136	(9)	139	(9)	150	(9)	139	(9)	141	(9)	125	(8)	130	(8)	116	(7)	1,599	(30.7)
	F	100	(9)	104	(10)	89	(8)	91	(8)	87	(8)	84	(8)	81	(7)	78	(7)	86	(8)	85	(8)	88	(8)	114	(10)	1,087	(20.8)
	Н	29	(9)	17	(5)	17	(5)	25	(8)	28	(9)	28	(9)	30	(10)	30	(10)	25	(8)	23	(7)	32	(10)	31	(10)	315	(6.0)
	J	5	(7)	6	(8)	7	(9)	7	(9)	6	(8)	5	(7)	2	(3)	3	(4)	5	(7)	5	(7)	13	(18)	10	(14)	74	(1.4)
	0	54	(8)	45	(7)	47	(7)	50	(8)	64	(10)	55	(8)	52	(8)	72	(11)	53	(8)	65	(10)	60	(9)	39	(6)	656	(12.6)
	T	38	(9)	46	(10)	41	(9)	36	(8)	30	(7)	28	(6)	46	(10)	35	(8)	36	(8)	29	(7)	35	(8)	42	(10)	442	(8.5)
	U	38	(10)	35	(10)	39	(11)	26	(7)	40	(11)	23	(6)	23	(6)	15	(4)	23	(6)	37	(10)	35	(10)	33	(9)	367	(7.0)
2006 T	otai	443	(8.5)	436	(8.4)	444	(8.5)	408	(7.8)	448	(8.6)	418	(8.0)	436	(8.4)	429	(8.2)	425	(8.1)	427	(8.2)	451	(8.6)	450	(8.6)	5,215	
2007	^	47	(0)	41	(0)	47	(0)	49	(10)	11	(0)	35	/ 7 \	37	(7)	50	(10)	35	/ 7 \	45	(0)	41	(0)	41	(0)	512	(0 E)
2007	A B		(9) (15)	17	(8) (10)	19	(9) (11)	18	(11)	44 23	(9) (13)	19	(7)	8	(7)	7	(4)	3	(7)	10	(9) (6)	11	(8) (6)	11	(8)	171	(9.5) (3.2)
	D E	25 107	. ,	93	. ,	118	. ,	113	(8)	118	. ,	128	. ,	133	(5) (10)	84		122	(2)	125	. ,	131	. ,	111	(6)	1,383	(25.6)
	F	107	(8)	92	(7)	98	(9)	87	(7)	101	(9)	93	(9)	100	(8)	98	(6) (8)	84	(9) (7)	115	(9)	121	(9)	86	(8) (7)	1,180	(21.8)
	н	103	(7)	21	(7)	36	(12)	24	(8)	27	(9)	25	(9)	27	(9)	14	(5)	40	(14)	17	(6)	13	(4)	29	(10)	292	(5.4)
	ï	11	(9)	8	(7)	8	(7)	8	(7)	2	(2)	10	(8)	13	(11)	11	(9)	7	(6)	19	(16)	12	(10)	10	(8)	119	(2.2)
	0	68	(11)	54	(8)	42	(7)	61	(10)	62	(10)	43	(7)	51	(8)	47	(7)	53	(8)	53	(8)	59	(9)	45	(7)	638	(11.8)
	T	35	(9)	27	(7)	38	(10)	31	(8)	30	(8)	45	(12)	38	(10)	23	(6)	20	(5)	31	(8)	31	(8)	36	(9)	385	(7.1)
	Ü	32	(9)	31	(8)	33	(9)	26	(7)	33	(9)	22	(6)	26	(7)	27	(7)	27	(7)	30	(8)	39	(11)	41	(11)	367	(6.8)
	Z	0	(0)	11	(3)	31	(9)	37	(10)	38	(11)	33	(9)	24	(7)	31	(9)	36	(10)	43	(12)	39	(11)	34	(10)	357	(6.6)
2007 T	_	449	(8.3)	395	(7.3)	470	(8.7)	454	(8.4)	478	(8.8)	453	(8.4)	457	(8.5)	392	(7.3)	427	(7.9)	488	(9.0)	497	(9.2)	444	(8.2)	5,404	(0.0)
			\)		\				(-11)		(2.0)		\/		(270)		(10)		\	.00	(-10)		,3.2)		(-12)	-,	
Grand	Total	1.363	(8.6)	1.227	(7.8)	1,367	(8.7)	1,274	(8.1)	1,324	(8.4)	1,297	(8.2)	1,363	(8.6)	1,223	(7.7)	1,247	(7.9)	1,326	(8.4)	1,411	(8.9)	1.364	(8.6)	15,786	
O. and		.,500	(0.0)	.,,	()	.,501	(0.7)	.,_,-	(0.1)	.,027	(0.7)	.,_0,	(0.2)	.,500	(0.0)	.,	1,	.,,	()	.,020	(5.7)	.,	(3.5)	.,	(0.0)	. 5,7 00	

Table 10 Admissions by SHA / HB and year, 2005 - 2007

	ns by SHA / HB and year, 2005 - 2				ear				
Country	SHA	20			06		07	Tot	
		n	%	n	%	n	%	n	%
Channel Islands	Guernsey (and Sark)	1	(0.0)	0	(0.0)	0	(0.0)	1	(0.0)
	Jersey	15	(0.3)	2	(0.0)	4	(0.1)	21	(0.1)
Channel Islands To		16	(0.3)	2	(0.0)	4	(0.1)	22	(0.1)
England	East Midlands	61	(1.2)	57	(1.1)	68	(1.3)	186	(1.2)
Liigiailu	East of England	1,090	(21.1)	1,130	(21.7)	1,219	(22.6)		(21.8)
	London	2,253	(43.6)	2,267	(43.5)	2,506	(46.4)	7,026	(44.5)
	North East	6	(0.1)	1	(0.0)	6	(0.1)	-	(0.1)
	North West	23	(0.4)	23	(0.4)	42	(0.8)	88	(0.6)
	South Central	220	(4.3)	210	(4.0)	151	(2.8)		(3.7)
	South East Coast	1,075	(20.8)	1,067	(20.5)	1,018	(18.8)	3,160	(20.0)
	South West	45	(0.9)	51	(1.0)	40	(0.7)	-	(0.9)
	West Midlands	21	(0.4)	29	(0.6)	30	(0.6)	80	(0.5)
	Yorkshire and the Humber	37	(0.7)	29	(0.6)	22	(0.4)		(0.6)
England Total	TOTASINIC UNA UTC TIGHTDE	4,831	(93.5)	4,864	(93.3)	5,102	(94.4)	14,797	(93.7)
Lingiana rotai		7,001	(33.3)	4,004	(33.3)	3,102	(34.4)	14,737	(33.1)
Isle of Man	Isle of Man	0	(0.0)	1	(0.0)	0	(0.0)	1	(0.0)
Isle of Man Total		0	(0.0)	1	(0.0)	0	(0.0)	1	(0.0)
Northern Ireland	Eastern Health Board	3	(0.1)	0	(0.0)	1	(0.0)	4	(0.0)
	Northern Health Board	0	(0.0)	2	(0.0)	1	(0.0)	3	(0.0)
	Southern Health Board	1	(0.0)	7	(0.1)	2	(0.0)		(0.1)
	Western Health Board	1	(0.0)	4	(0.1)	5	(0.1)	10	(0.1)
Northern Ireland To	otal	5	(0.1)	13	(0.2)	9	(0.2)	27	(0.2)
Scotland	Armyll and Chyda	3	(0.1)	1	(0.0)	2	(0.0)	6	(0.0)
Scotiand	Argyll and Clyde		(0.1)		(0.0)	0	(0.0)	1	(0.0)
	Ayrshire & Arran	1	(0.0)	0	(0.0)		(0.0)		(0.0)
	Dumfries and Galloway Fife	0	(0.0)	0	(0.0)	0	(0.0)	4	(0.0)
		0	(0.0)	4	(0.1)		(0.0)	_	(0.0)
	Forth Valley Grampian	5	(0.0)	0 5	(0.0)	0	(0.0)	14	(0.0)
	Greater Glasgow	6	(0.1)	0	(0.1)	6	(0.1)		(0.1) (0.1)
	Highland	2	(0.1)	1	(0.0)	2	(0.1)	5	(0.1)
	Lanarkshire	2	(0.0)	5	(0.0)	4	(0.0)		(0.0)
	Lothian	4	(0.0)	1	(0.0)	0	(0.1)	5	(0.1)
	Tayside	7	(0.1)	2	(0.0)	1	(0.0)		(0.0)
	Western Isles	2	(0.1)	0	(0.0)	0	(0.0)	2	(0.1)
Scotland Total	Western isles	33	(0.6)	19	(0.4)	21	(0.4)	73	(0.5)
		1 33	(0.0)		(0.4)		(0.4)	- 10	(0.0)
Wales	Welsh Health Authorities	23	(0.4)	17	(0.3)	15	(0.3)	55	(0.3)
Wales Total		23	(0.4)	17	(0.3)	15	(0.3)	55	(0.3)
Non-UK / Missing	Non-UK	235	(4.5)	293	(5.6)	244	(4.5)	772	(4.9)
iton ort, missing	Missing	24	(0.5)	6	(0.1)	9	(0.2)	39	(0.2)
Non-UK / Missing T		259	(5.0)	299	(5.7)	253	(4.7)	811	(5.1)
					· /				
Grand Total		5,167		5,215		5,404		15,786	

Figure 10 Map showing PCO boundaries within SHA boundaries



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Note: Part of Berkshire East PCT falls within South East Coast SHA but it is not listed here as it reports to South Central SHA.

Table 10a Admissions showing UK and non-UK status based postal address by year, 2005 - 2007 (Pan Thames and non-Pan Thames admissions

		, ,	Admissio	ons to P	an Than	nes units	3			Ad	missions	to non	-Pan Th	ames ur	nits					Tota	ıl			
Area of Residence	200)5	200)6	200)7	Tota	al	200)5	200	6	200)7	Tota	ıl	200	5	200)6	200	7	Tot	:al
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Pan Thames	4,418	(85.5)	4,464	(85.6)	4,743	(87.8)	13,625	(86.3)	142	(1.6)	137	(1.5)	192	(1.9)	471	(1.7)	4,560	(32.4)	4,601	(32.1)	4,935	(31.9)	14,096	(32.2)
Rest of UK	490	(9.5)	452	(8.7)	408	(7.5)	1,350	(8.6)	8,704	(97.9)	8,934	(98.0)	9,165	(91.2)	26,803	(95.5)	9,194	(65.4)	9,386	(65.5)	9,573	(62.0)	28,153	(64.2)
Non-UK	230	(4.5)	285	(5.5)	228	(4.2)	743	(4.7)	47	(0.5)	32	(0.4)	42	(0.4)	121	(0.4)	277	(2.0)	317	(2.2)	270	(1.7)	864	(2.0)
Missing	29	(0.6)	14	(0.3)	25	(0.5)	68	(0.4)	2	(0.0)	9	(0.1)	649	(6.5)	660	(2.4)	31	(0.2)	23	(0.2)	674	(4.4)	728	(1.7)
Grand Total	5,167		5,215		5,404		15,786		8,895		9,112		10,048		28,055		14,062		14,327		15,452		43,841	

Table 10b Influx and outflux to/from the Pan Thames region by month, 2005 - 2007

Veer Month Adminsions Detriovals Bodie	1
Year Month Admissions Retrievals Bed of Influx Outflux Influx Outflux Influx	•
Influx Outflux Influx Outflux Influx	Outflux
2005 1 59 8 22 3 472	57
2 54 18 16 9 439	52
3 58 11 23 6 426	49
4 56 15 17 5 495	73
5 57 9 21 4 494	71
6 66 9 25 4 475	89
7 85 12 27 8 623	87
8 66 9 20 6 524	56
9 55 17 15 8 404	71
10 52 13 21 10 375	66
11 67 9 17 4 354	78
12 74 12 31 10 441	81
2005 Total 749 142 255 77 5,522	830
, in the second	
2006 1 69 7 19 7 438	30
2 56 13 20 6 356	49
3 63 13 19 4 444	125
4 55 13 20 5 446	40
5 78 14 30 7 428	38
6 72 9 13 3 437	44
7 62 6 15 4 398	25
8 63 10 18 4 448	54
9 68 12 17 4 397	47
10 49 12 16 8 383	34
11 63 11 19 4 428	41
12 53 17 21 10 430	81
2006 Total 751 137 227 66 5,033	608
2007 1 43 12 12 6 399	95
2 64 12 17 6 465	84
3 53 18 18 12 418	124
4 59 20 24 13 503	79
5 58 23 18 10 424	93
6 58 12 26 5 346	62
7 59 22 11 14 407	127
8 46 7 9 3 308	53
9 57 6 11 3 318	23
10 61 12 15 5 454	46
11 54 18 18 14 378	82
12 49 30 23 24 339	167
2007 Total 661 192 202 115 4,759	1,035
Grand Total 2,161 471 684 258 15,314	2,473

Table 10c Influx to the Pan Thames region by NHS trust, 2005 - 2007

Year	Month	Admissions		
i c ai	WIOTILIT	Aumssions	Netrievais	Deu uays
2005	Α	22	10	92
	В	2	0	3
	E	365	121	3,190
	F	111	47	565
	Н	55	17	315
	J	5	0	15
	0	100	4	729
	T	38	10	188
	U	51	46	425
2005 T	otal	749	255	5,522
2006	Α	23	5	183
	В	1	0	2
	E	335	108	2,487
	F	130	44	619
	Н	62	21	571
	J	1	0	2
	0	132	13	817
	T	36	12	133
	U	31	24	219
2006 T	otal	751	227	5,033
2007	Α	23	12	132
	В	1	0	9
	E	312	87	2,447
	F	123	45	765
	Н	49	10	412
	J	0	0	0
	0	92	13	527
	T	23	7	196
	U	33	27	257
	Z	5	1	14
2007 T	otal	661	202	4,759
Grand	Total	2,161	684	15,314

Table 10d Outflux from the Pan Thames region by NHS trust, 2005 - 2007

Year	Month	Admissions		
2005	С	3	1	15
	Ī	1	1	5
	K	1	1	4
	L	1	0	2
	M	4	4	54
	N	8	6	34
	P	1	0	2
	Q	2	0	4
	R	53	32	292
	٧	13	0	60
	W	2	1	12
	X	53	31	346
2005 T		142	77	830
	-			
2006	С	1	0	2
	D	4	3	10
	l	2	1	5
	K	2	0	4
	L	1	1	15
	M	4	3	13
	N	7	4	28
	Р	4	3	22
	Q	1	0	2
	R	58	28	237
	S	2	1	3
	V	10	2	64
	W	1	1	2
	X	38	17	197
	Υ	2	2	4
2006 T	otal	137	66	608
2007	C	1	1	4
	D	1	1	2
	I	0	0	12
	J	0	0	0
	K	4	4	63
	L	1	1	14
	M	5	4	30
	N	17	6	66
	P	4	1	20
	R	81	48	324
	V	20	5	109
	W	6	4	67
	X	49	38	283
	Υ	3	2	41
2007 T	otal	192	115	1,035
Grand	Total	471	258	2,473
		1		_,

Table 11 Admissions by mortality risk group by NHS trust, 2005 - 2007

	I I Adillissions			<u> </u>	-	PIM Gro							
Year	NHS Trust	<1	%	1 - 4	<5%	5 - <	15%	15 - <	<30%	30	%+	Tot	al
		n	%	n	%	n	%	n	%	n	%	n	%
2005	Α	112	(27)	217	(52)	79	(19)	8	(2)	4	(1)	420	(8.1)
	В	73	(31)	124	(53)	27	(12)	6	(3)	2	(1)	232	(4.5)
	E	155	(10)	760	(50)	445	(29)	112	(7)	43	(3)	1,515	(29.3)
	F	45	(4)	581	(52)	393	(35)	79	(7)	25	(2)	1,123	(21.7)
	Н	84	(24)	172	(50)	72	(21)	10	(3)	9	(3)	347	(6.7)
	J	28	(29)	57	(59)	11	(11)	0	(0)	0	(0)	96	(1.9)
	0	75	(12)	451	(74)	70	(11)	15	(2)	2	(0)	613	(11.9)
	T	143	(35)	182	(44)	70	(17)	14	(3)	4	(1)	413	(8.0)
	U	12	(3)	144	(35)	208	(51)	34	(8)	10	(2)	408	(7.9)
2005 T	otal	727	(14.1)	2,688	(52.0)	1,375	(26.6)	278	(5.4)	99	(1.9)	5,167	
2006	Α	101	(22)	234	(52)	99	(22)	13	(3)	2	(0)	449	(8.6)
	В	63	(28)	132	(58)	28	(12)	2	(1)	1	(0)	226	(4.3)
	E	122	(8)	822	(51)	513	(32)	93	(6)	49	(3)	1,599	(30.7)
	F	59	(5)	598	(55)	341	(31)	68	(6)	21	(2)	1,087	(20.8)
	Н	63	(20)	177	(56)	58	(18)	6	(2)	11	(3)	315	(6.0)
	J	21	(28)	37	(50)	14	(19)	1	(1)	1	(1)	74	(1.4)
	0	56	(9)	510	(78)	74	(11)	13	(2)	3	(0)	656	(12.6)
	T	127	(29)	204	(46)	93	(21)	13	(3)	5	(1)	442	(8.5)
	U	12	(3)	115	(31)	180	(49)	46	(13)	14	(4)	367	(7.0)
2006 T	otal	624	(12.0)	2,829	(54.2)	1,400	(26.8)	255	(4.9)	107	(2.1)	5,215	
2007	Α	119	(23)	259	(51)	109	(21)	14	(3)	11	(2)	512	(9.5)
	В	40	(23)	107	(63)	22	(13)	1	(1)	1	(1)	171	(3.2)
	E	150	(11)	758	(55)	352	(25)	93	(7)	30	(2)	1,383	(25.6)
	F	54	(5)	621	(53)	406	(34)	65	(6)	34	(3)	1,180	(21.8)
	Н	81	(28)	132	(45)	63	(22)	11	(4)	5	(2)	292	(5.4)
	J	38	(32)	65	(55)	13	(11)	3	(3)	0	(0)	119	(2.2)
	0	74	(12)	469	(74)	78	(12)	9	(1)	8	(1)	638	(11.8)
	T	107	(28)	177	(46)	73	(19)	18	(5)	10	(3)	385	(7.1)
	U	12	(3)	99	(27)	208	(57)	32	(9)	16	(4)	367	(6.8)
	Z	69	(19)	255	(71)	27	(8)	3	(1)	3	(1)	357	(6.6)
2007 T	otal	744	(13.8)	2,942	(54.4)	1,351	(25.0)	249	(4.6)	118	(2.2)	5,404	
Grand	Total	2,095	(13.3)	8,459	(53.6)	4,126	(26.1)	782	(5.0)	324	(2.1)	15,786	

Table 12 Admissions by admission type and age, 2005 - 2007

			Α	ge Grou	p (Year:	s)				
Admission Type	<	1	1.	-4	5-	10	11-	·15	Tot	al
	n	%	n	%	n	%	n	%	n	%
Planned - following surgery	2,326	(44)	1,544	(29)	748	(14)	640	(12)	5,258	(33.3)
Unplanned - following surgery	433	(54)	159	(20)	121	(15)	90	(11)	803	(5.1)
Planned - other	689	(60)	218	(19)	122	(11)	118	(10)	1,147	(7.3)
Unplanned - other	4,241	(50)	2,237	(26)	1,099	(13)	985	(12)	8,562	(54.2)
Unknown	7	(44)	4	(25)	3	(19)	2	(13)	16	(0.1)
Total	7,696	(48.8)	4,162	(26.4)	2,093	(13.3)	1,835	(11.6)	15,786	

Figure 12 Admissions by admission type, 2005 - 2007

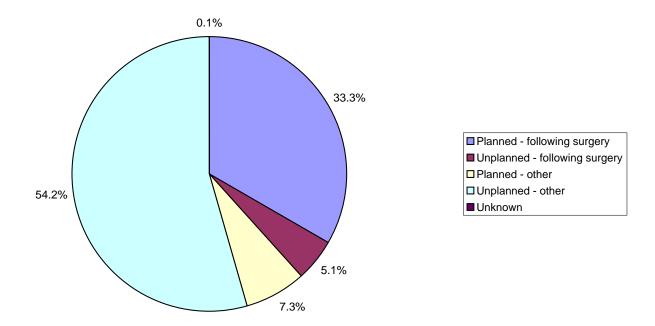


Table 13 Admissions by admission type by NHS trust, 2005 - 2007

Table	10 Admissions	by admission type b	y 14110 trust, 20		Admission Type								
Year	NHS Trust	Planned - following	na suraerv	Unplanned - follow		Planned	- other	Unplanned	l - other	Unkn	own	Tot	al
		n	%	n	%	n	%	n	%	n	%	n	%
2005	Α	129	(31)	35	(8)	11	(3)	245	(58)	0	(0)	420	(8.1)
	В	74	(32)	19	(8)	13	(6)	126	(54)	0	(0)	232	(4.5)
	E	473	(31)	54	(4)	138	(9)	850	(56)	0	(0)	1,515	(29.3)
	F	366	(33)	79	(7)	23	(2)	655	(58)	0	(0)	1,123	(21.7)
	Н	102	(29)	24	(7)	68	(20)	153	(44)	0	(0)	347	(6.7)
	J	32	(33)	7	(7)	9	(9)	48	(50)	0	(0)	96	(1.9)
	0	380	(62)	5	(1)	84	(14)	135	(22)	9	(1)	613	(11.9)
	T	165	(40)	21	(5)	14	(3)	213	(52)	0	(0)	413	(8.0)
	U	14	(3)	7	(2)	5	(1)	380	(93)	2	(0)	408	(7.9)
2005 T	otal	1,735	(33.6)	251	(4.9)	365	(7.1)	2,805	(54.3)	11	(0.2)	5,167	
2006	Α	132	(29)	44	(10)	13	(3)	260	(58)	0	(0)	449	(8.6)
	В	64	(28)	40	(18)	11	(5)	111	(49)	0	(0)	226	(4.3)
	E	481	(30)	95	(6)	95	(6)	928	(58)	0	(0)	1,599	(30.7)
	F	392	(36)	59	(5)	25	(2)	611	(56)	0	(0)	1,087	(20.8)
	H	100	(32)	16	(5)	73	(23)	126	(40)	0	(0)	315	(6.0)
	J	20	(27)	16	(22)	2	(3)	36	(49)	0	(0)	74	(1.4)
	0	423	(64)	3	(0)	115	(18)	115	(18)	0	(0)	656	(12.6)
	T	152	(34)	17	(4)	10	(2)	263	(60)	0	(0)	442	(8.5)
	Ū	22	(6)	8	(2)	4	(1)	333	(91)	0	(0)	367	(7.0)
2006 T	otal	1,786	(34.2)	298	(5.7)	348	(6.7)	2,783	(53.4)	0	(0.0)	5,215	()
		110	(2.1)		(=)		(=)		(0.0)		(0)		
2007	A	110	(21)	37	(7)	28	(5)	337	(66)	0	(0)	512	(9.5)
	В	41	(24)	21	(12)	9	(5)	100	(58)	0	(0)	171	(3.2)
	E	523	(38)	39	(3)	94	(7)	727	(53)	0	(0)	1,383	(25.6)
	F	386	(33)	68	(6)	39	(3)	687	(58)	0	(0)	1,180	(21.8)
	H	87	(30)	11	(4)	61	(21)	133	(46)	0	(0)	292	(5.4)
	J	38	(32)	14	(12)	1	(1)	66	(55)	0	(0)	119	(2.2)
	0	366	(57)	2	(0)	155	(24)	115	(18)	0	(0)	638	(11.8)
	T	121	(31)	30	(8)	13	(3)	221	(57)	0	(0)	385	(7.1)
	-	19	(5)	11	(3)	6	(2)	331	(90)	0	(0)	367	(6.8)
2007 *	U Z Total	46	(13)	21	(6)	28	(8)	257	(72)	5	(1)	357	(6.6)
2007 T	otai	1,737	(32.1)	254	(4.7)	434	(8.0)	2,974	(55.0)	5	(0.1)	5,404	
Grand	Total	5,258	(33.3)	803	(5.1)	1,147	(7.3)	8,562	(54.2)	16	(0.1)	15,786	

Table 14 Admissions by source of admission (admission type 'unplanned - other') by NHS trust, 2005 - 2007

	14 Aumissions				mission S	_							
Year	NHS Trust	Same ho	ospital	Other ho	ospital	C	linic	Ho	me	Unkn	own	То	tal
		n	%	n	%	n	%	n	%	n	%	n	%
2005	Α	119	(49)	126	(51)	0	(0)	0	(0)	0	(0)	245	(8.7)
	В	114	(90)	8	(6)	0	(0)	4	(3)	0	(0)	126	(4.5)
	E	208	(24)	634	(75)	0	(0)	8	(1)	0	(0)	850	(30.3)
	F	105	(16)	550	(84)	0	(0)	0	(0)	0	(0)	655	(23.4)
	Н	78	(51)	75	(49)	0	(0)	0	(0)	0	(0)	153	(5.5)
	J	48	(100)	0	(0)	0	(0)	0	(0)	0	(0)	48	(1.7)
	0	64	(47)	65	(48)	1	(1)	3	(2)	2	(1)	135	(4.8)
	T	98	(46)	113	(53)	0	(0)	2	(1)	0	(0)	213	(7.6)
	U	74	(19)	303	(80)	0	(0)	0	(0)	3	(1)	380	(13.5)
2005 T	otal	908	(32.4)	1,874	(66.8)	1	(0.0)	17	###	5	(0.2)	2,805	
2006	Α	131	(50)	129	(50)	0	(0)	0	(0)	0	(0)	260	(9.3)
	В	100	(90)	8	(7)	0	(0)	3	(3)	0	(0)	111	(4.0)
	E	241	(26)	676	(73)	0	(0)	11	(1)	0	(0)	928	(33.3)
	F	149	(24)	462	(76)	0	(0)	0	(0)	0	(0)	611	(22.0)
	Н	78	(62)	48	(38)	0	(0)	0	(0)	0	(0)	126	(4.5)
	J	34	(94)	2	(6)	0	(0)	0	(0)	0	(0)	36	(1.3)
	0	50	(43)	63	(55)	1	(1)	1	(1)	0	(0)	115	(4.1)
	Т	130	(49)	131	(50)	0	(0)	2	(1)	0	(0)	263	(9.5)
	U	63	(19)	270	(81)	0	(0)	0	(0)	0	(0)	333	(12.0)
2006 T	otal	976	(35.1)	1,789	(64.3)	1	(0.0)	17	###	0	(0.0)	2,783	
2007	Α	160	(47)	176	(52)	0	(0)	1	(0)	0	(0)	337	(11.3)
	В	87	(87)	10	(10)	0	(0)	3	(3)	0	(0)	100	(3.4)
	E	207	(28)	510	(70)	0	(0)	10	(1)	0	(0)	727	(24.4)
	F	137	(20)	550	(80)	0	(0)	0	(0)	0	(0)	687	(23.1)
	Н	76	(57)	57	(43)	0	(0)	0	(0)	0	(0)	133	(4.5)
	J	66	(100)	0	(0)	0	(0)	0	(0)	0	(0)	66	(2.2)
	0	35	(30)	78	(68)	0	(0)	2	(2)	0	(0)	115	(3.9)
	T	93	(42)	125	(57)	1	(0)	2	(1)	0	(0)	221	(7.4)
	U	57	(17)	274	(83)	0	(0)	0	(0)	0	(0)	331	(11.1)
	Z	220	(86)	29	(11)	0	(0)	8	(3)	0	(0)	257	(8.6)
2007 T	otal	1,138	(38.3)	1,809	(60.8)	1	(0.0)	26	###	0	(0.0)	2,974	
Grand	Total	3,022	(35.3)	5,472	(63.9)	3	(0.0)	60	###	5	(0.1)	8,562	

Table 15 Admissions by care area admitted from (admission type 'unplanned - other'; admitted from hospital) by NHS trust, 2005 - 2007

Table	15 Admissions	s by care area au	mitted from (a	idmission type unp	nanneu - otner ; ac	amittea ire	m nospitai) by NHS trust, 2005 - 2007 Care Ar	03										$\overline{}$	
Year	NHS Trust	Accident & er	mergency	HDU (step-up/ste	en-down unit)	ICU / PICI	I / NICH	Other intermediate care area (not ICU / PICU / N		Recovery	v only	Theatre and re	covery	War	d	X-ray, endoscopy, CT scanner or similar		Jnknown	7	otal
. cui	itilo ilust	n	%	n	%	n	%	n %		n	% %	n	%	n	%	n %		n %		%
					,-							-							+	
2005	Α	77	(31)	1	(0)	15	(6)	2	(1)	0	(0)	3	(1)	62	(25)	1	(0)	84 (34	1) 245	(8.8)
	В	79	(65)	0	(0)	1	(1)	0	(0)	0	(0)	4	(3)	37	(30)	1	(1)	0 (0		2 (4.4)
	E	214	(25)	18	(2)	283	(34)	45	(5)	1	(0)	4	(0)	262	(31)	15	(2)	0 (0)) 842	2 (30.3)
	F	10	(2)	16	(2)	108	(16)	0	(0)	0	(0)	27	(4)	253	(39)	6	(1)	235 (36	655	
	Н	57	(37)	3	(2)	6	(4)	13	(8)	0	(0)	1	(1)	68	(44)	5	(3)	0 (0) 153	3 (5.5)
	J	30	(63)	2	(4)	0	(0)	1	(2)	0	(0)	2	(4)	11	(23)	2	(4)	0 (0	J) 48	3 (1.7)
	0	15	(12)	4	(3)	33	(26)	3	(2)	3	(2)	5	(4)	46	(36)		(6)	12 (9	129	
	T	69	(33)	0	(0)	5	(2)	7	(3)	0	(0)	15	(7)	91	(43)	0	(0)	24 (11	1) 211	
	U	169	(45)	12	(3)	18	(5)	1	(0)	1	(0)	17	(5)	106	(28)			53 (14		
2005	otal	720	(25.9)	56	(2.0)	469	(16.9)	72	(2.6)	5	(0.2)	78	(2.8)	936	(33.6)	38 (1	.4) 4	408 (14.7) 2,782	
2006		60	(23)	0	(0)	19	(7)	2	(1)	0	(0)	2	(1)	173	(67)		(0)	4 (2	,	
	В	58	(54)	0	(0)	1	(1)	0	(0)	0	(0)	0	(0)	47	(44)	2	(2)	0 (0	-	(,
	E	213	(23)	16	(2)	336	(37)	63	(7)	0	(0)	19	(2)	261	(28)	9	(1)	0 (0	-/	
	F	24	(4)	15	(2)	76	(12)	1	(0)	0	(0)	19	(3)	286	(47)			186 (30	0) 611	(/
	н	49	(39)	1	(1)	1	(1)	8	(6)	1	(1)	1	(1)	62	(49)		(2)	0 ((126	(4.6)
	J	19	(53)	1	(3)	0	(0)	0 39	(0)	0	(0)	0	(0)	16	(44)		(0)	0 (0		(1.3)
	0	6 72	(5)	5	(4)	10	(9)	39	(35)	1	(1)	6	(5)	42	(37)		(4)		0) 113	` '
	i.	198	(28) (59)	2 13	(1)	3 15	(1)	0	(1)	0	(0)	8	(3)	110 94	(42)		(0) (0)	63 (24		
2006	<u>U</u>	198 699	(25.3)	13 53	(1.9)	461	(5) (16.7)	115	(4.2)	3	(0) (0.1)	13 68	(2.5)		(28) (39.5)		(U) (8)	, ,	2) 2,765	
2006	Otal	699	(25.3)	- 33	(1.9)	401	(16.7)	113	(4.2)	<u> </u>	(0.1)	00	(2.5)	1,091	(39.5)	22 (0	.0) /	255 (9.2	.) 2,765	
2007	Α	80	(24)	0	(0)	13	(4)	2	(1)	0	(0)	1	(0)	239	(71)	1	(0)	0 (()) 336	(11.4)
2007	R	42	(43)	2	(2)	2	(2)	1	(1)	0	(0)	2	(2)	48	(49)		(0)	0 (0		٠ ,
	F	143	(20)	29	(4)	277	(39)	36	(5)	0	(0)	5	(1)	215	(30)		(2)	0 (0	-,	
	F	26	(4)	23	(3)	73	(11)	0	(0)	0	(0)	27	(4)	303	(44)	7		228 (33	,	7 (23.3)
	H	46	(35)	3	(2)	5	(4)	5	(4)	0	(0)	5	(4)	67	(50)	2	(2)	0 (0		
	J	42	(64)	1	(2)	0	(0)	2	(3)	0	(0)	4	(6)	17	(26)	0	(0)		0) 66	(2.2)
	Ô	12	(11)	1	(1)	21	(19)	34	(30)	1	(1)	3	(3)	41	(36)	0	(0)	0 (0	-,	
	T	77	(35)	2	(1)	4	(2)	1	(0)	2	(1)	8	(4)	83	(38)			41 (19		
	U	152	(46)	15	(5)	17	(5)	0	(0)	0	(0)	15	(5)	131	(40)		(0)	1 (0	,	
	Z	129	(52)	1	(0)	5	(2)	3	(1)	0	(0)	8	(3)	101	(41)		(0)	1 (0	-	
2007	otal	749	(25.4)	77	(2.6)	417	(14.1)	84	(2.9)	3	(0.1)	78	(2.6)		(42.2)			271 (9.2		
			,		\/			•			· · ·					, , ,		,	1	
Grand	Total	2,168	(25.5)	186	(2.2)	1,347	(15.9)	271	(3.2)	11	(0.1)	224	(2.6)	3,272	(38.5)	83 (1	.0) 9	932 (11.0) 8,494	
			,		\/		, ,		. ,		. ,		,		,	1.		,		

Table 16 Admissions by primary diagnostic group and age, 2005 - 2007

			Α	ge Grou	p (Year	s)				
Diagnostic Group	<	1	1.	-4	5-	10	11-	·15	Tot	al
	n	%	n	%	n	%	n	%	n	%
Blood / lymphatic	54	(29)	41	(22)	52	(28)	37	(20)	184	(1.2)
Body wall and cavities	232	(87)	25	(9)	9	(3)	0	(0)	266	(1.7)
Cardiovascular	3,252	(65)	1,023	(20)	442	(9)	318	(6)	5,035	(31.9)
Endocrine / metabolic	151	(40)	87	(23)	63	(17)	78	(21)	379	(2.4)
Gastrointestinal	574	(56)	228	(22)	116	(11)	106	(10)	1,024	(6.5)
Infection	264	(38)	219	(32)	112	(16)	93	(14)	688	(4.4)
Multisystem	27	(57)	13	(28)	6	(13)	1	(2)	47	(0.3)
Musculoskeletal	30	(10)	37	(12)	54	(17)	192	(61)	313	(2.0)
Neurological	496	(29)	621	(36)	341	(20)	251	(15)	1,709	(10.8)
Oncology	81	(14)	211	(36)	169	(28)	133	(22)	594	(3.8)
Respiratory	2,135	(52)	1,259	(30)	448	(11)	301	(7)	4,143	(26.2)
Trauma	38	(8)	120	(26)	136	(29)	171	(37)	465	(2.9)
Other	281	(34)	255	(31)	139	(17)	143	(17)	818	(5.2)
Unknown	81	(67)	23	(19)	6	(5)	11	(9)	121	(8.0)
Total	7,696	(48.8)	4,162	(26.4)	2,093	(13.3)	1,835	(11.6)	15,786	

Figure 16 Admissions by primary diagnostic group, 2005 - 2007

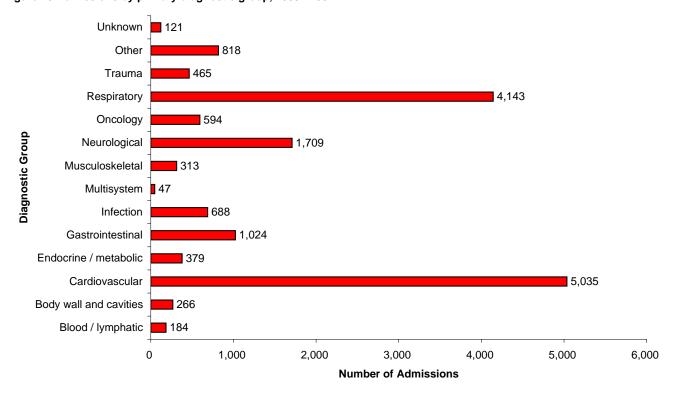


Table 17 Admissions by primary diagnostic group and age (16+), 2005 - 2007

			Age	Group (Yea	rs)				
Diagnostic Group		16	1	7-20	2	1-25	:	26+	To	otal
	n	%	n	%	n	%	n	%	n	%
Blood / lymphatic	2	(33)	4	(67)	0	(0)	0	(0)	6	(2.6)
Cardiovascular	39	(64)	21	(34)	0	(0)	1	(2)	61	(26.0)
Endocrine / metabolic	8	(80)	2	(20)	0	(0)	0	(0)	10	(4.3)
Gastrointestinal	6	(55)	5	(45)	0	(0)	0	(0)	11	(4.7)
Infection	5	(63)	3	(38)	0	(0)	0	(0)	8	(3.4)
Musculoskeletal	29	(59)	20	(41)	0	(0)	0	(0)	49	(20.9)
Neurological	11	(92)	1	(8)	0	(0)	0	(0)	12	(5.1)
Oncology	9	(64)	5	(36)	0	(0)	0	(0)	14	(6.0)
Respiratory	27	(66)	14	(34)	0	(0)	0	(0)	41	(17.4)
Trauma	3	(75)	1	(25)	0	(0)	0	(0)	4	(1.7)
Other	10	(59)	6	(35)	0	(0)	1	(6)	17	(7.2)
Unknown	1	(50)	1	(50)	0	(0)	0	(0)	2	(0.9)
Total	150	(63.8)	83	(35.3)	0	(0.0)	2	(0.9)	235	

Figure 17 Admissions by primary diagnostic group, 2005 - 2007

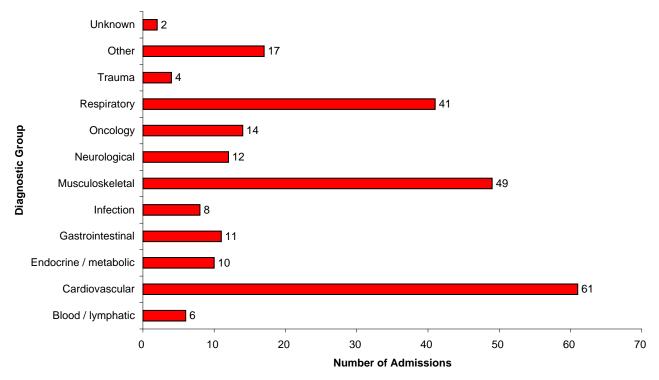


Table 18 Admissions by primary diagnostic group by NHS trust, 2005 - 2007

Table	16 Auiilissiolis	by primary u	lagnostic	group by NHS t	irusi, 2005 - 2	2007					D	iagnost	tic Gro	oun														$\overline{}$	
Year	NHS Trust	Blood / lym	phatic	Body wall and	d cavities	Cardiova	scular	Endocrine / n	netabolic	Gastroint		Infect		Multisy	stem	Musculosi	keletal	Neurol	ogical	Onco	logy	Respir	atory	Trauma	Oth	er	Unknow	a 7	Γotal
		n	. %	ń	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n .	%	n %	n	%	n %	n	%
2005	Α	8	(2)	8	(2)	9	(2)	12	(3)	39	(9)	15	(4)	2	(0)	17	(4)	88	(21)	60	(14)	95	(23)	28 (7)		(9)	1	(0) 42	
	В	0	(0)	16	(7)	5	(2)	6	(3)	48	(21)	20	(9)	0	(0)	3	(1)	33	(14)	3	(1)	82	(35)	6 (3)		(4)	0	(0) 23:	
	E	12	(1)	42	(3)	549	(36)	33	(2)	96	(6)	55	(4)	3	(0)	30	(2)	159	(10)	42	(3)	370	(24)	64 (4)		(4)		(0) 1,51	
	F	4	(0)	12	(1)	529	(47)	19	(2)	12	(1)	46	(4)	1	(0)	27	(2)	127	(11)	1	(0)	276	(25)	18 (2)		(4)		(1) 1,12	,
	Н	9	(3)	5	(1)	2	(1)	13	(4)	75	(22)	15	(4)	0	(0)	1	(0)	68	(20)	12	(3)	53	(15)	23 (7)		(20)		(0) 34	
	J	2	(2)	7	(7)	2	(2)	1	(1)	22	(23)	2	(2)	0	(0)	0	(0)	18	(19)	1	(1)	28	(29)	1 (1)		(9)		(3)	6 (1.9)
	0	0	(0)	3	(0)	513	(84)	1	(0)	7	(1)	6	(1)	0	(0)	3	(0)	4	(1)	3	(0)	61	(10)	0 (0)		(1)	6	(1) 61:	- (,
	T	11	(3)	7	(2)	9	(2)	7	(2)	42	(10)	14	(3)	3	(1)	9	(2)	66	(16)	69	(17)	149	(36)	19 (5)		(2)	0	(0) 41 :	
	U	13	(3)	0	(0)	13	(3)	12	(3)	13	(3)		(11)	0	(0)	0	(0)	85	(21)	0	(0)	198	(49)	3 (1)		(4)	-	(2) 40	- (-,
2005	otal	59	(1.1)	100	(1.9)	1,631	(31.6)	104	(2.0)	354	(6.9)	218	(4.2)	9	(0.2)	90	(1.7)	648	(12.5)	191	(3.7)	1,312	(25.4)	162 (3.1)	262	(5.1)	27 (0	.5) 5,16	7
2006	Α	7	(2)	6	(1)	16	(4)	13	(3)	40	(9)	22	(5)	16	(4)	23	(5)	80	(18)	82	(18)	95	(21)	23 (5)	26	(6)	0	(0) 44	9 (8.6)
	В	2	(1)	5	(2)	7	(3)	11	(5)	39	(17)	14	(6)	2	(1)	2	(1)	30	(13)	2	(1)	73	(32)	8 (4)	31	(14)	0	(0) 22	(4.3)
	E	13	(1)	52	(3)	629	(39)	53	(3)	112	(7)	56	(4)	5	(0)	30	(2)	122	(8)	39	(2)	366	(23)	51 (3)	71	(4)	0	(0) 1,59	
	F	3	(0)	4	(0)	488	(45)	22	(2)	18	(2)	55	(5)	1	(0)	39	(4)	97	(9)	2	(0)	291	(27)	14 (1)	35	(3)	18	(2) 1,08	
	Н	9	(3)	8	(3)	6	(2)	10	(3)	56	(18)	17	(5)	0	(0)	2	(1)	47	(15)	13	(4)	54	(17)	27 (9)	66	(21)	0	(0) 31:	
	J	2	(3)	7	(9)	2	(3)	1	(1)	23	(31)	3	(4)	0	(0)	0	(0)	5	(7)	3	(4)	22	(30)	2 (3)	4	(5)	0	(0) 7	
	0	0	(0)	3	(0)	537	(82)	1	(0)	18	(3)	9	(1)	0	(0)	8	(1)	0	(0)	9	(1)	63	(10)	0 (0)	2	(0)	6	(1) 65	
	T	2	(0)	3	(1)	9	(2)	10	(2)	52	(12)	28	(6)	0	(0)	6	(1)	64	(14)	70	(16)	163	(37)	16 (4)	19	(4)	0	(0) 44	(/
	U	9	(2)	1	(0)	24	(7)	12	(3)	12	(3)		(10)	0	(0)	0	(0)	101	(28)	1	(0)	156	(43)	2 (1)		(2)		(2) 36	
2006	otal	47	(0.9)	89	(1.7)	1,718	(32.9)	133	(2.6)	370	(7.1)	239	(4.6)	24	(0.5)	110	(2.1)	546	(10.5)	221	(4.2)	1,283	(24.6)	143 (2.7)	261	(5.0)	31 (0	.6) 5,21	5
2007	Α	13	(3)	10	(2)	20	(4)	16	(3)	30	(6)	31	(6)	6	(1)	28	(5)	106	(21)	71	(14)	118	(23)	29 (6)	34	(7)	0	(0) 51:	2 (9.5)
	В	2	(1)	7	(4)	5	(3)	10	(6)	25	(15)	9	(5)	1	(1)	2	(1)	18	(11)	2	(1)	69	(40)	7 (4)	12	(7)	2	(1) 17	
	E	5	(0)	42	(3)	629	(45)	37	(3)	82	(6)	40	(3)	6	(0)	27	(2)	85	(6)	39	(3)	312	(23)	45 (3)	34	(2)	0	(0) 1,38	
	F	5	(0)	3	(0)	485	(41)	24	(2)	18	(2)	54	(5)	1	(0)	39	(3)	100	(8)	3	(0)	357	(30)	15 (1)	45	(4)	31	(3) 1,18	
	Н	5	(2)	3	(1)	8	(3)	6	(2)	42	(14)	9	(3)	0	(0)	3	(1)	35	(12)	9	(3)	46	(16)	16 (5)	106	(36)	4	(1) 29:	
	J	4	(3)	6	(5)	3	(3)	6	(5)	31	(26)	4	(3)	0	(0)	0	(0)	10	(8)	1	(1)	41	(34)	1 (1)	12	(10)	0	(0) 11:	9 (2.2)
	0	1	(0)	0	(0)	503	(79)	3	(0)	5	(1)	2	(0)	0	(0)	6	(1)	1	(0)	5	(1)	103	(16)	0 (0)	2	(0)	7	(1) 63	
	T	6	(2)	2	(1)	7	(2)	6	(2)	43	(11)	25	(6)	0	(0)	6	(2)	54	(14)	51	(13)	146	(38)	14 (4)	23	(6)	2	(1) 38	(,
	U	15	(4)	1	(0)	15	(4)	18	(5)	12	(3)	30	(8)	0	(0)	1	(0)	80	(22)	0	(0)	165	(45)	2 (1)		(3)	17	(5) 36	
	Z	22	(6)	3	(1)	11	(3)	16	(4)	12	(3)	27	(8)	0	(0)	1	(0)	26	(7)	1	(0)	191	(54)			(4)	0	(0) 35	
2007	otal	78	(1.4)	77	(1.4)	1,686	(31.2)	142	(2.6)	300	(5.6)	231	(4.3)	14	(0.3)	113	(2.1)	515	(9.5)	182	(3.4)	1,548	(28.6)	160 (3.0)	295	(5.5)	63 (1	.2) 5,40	4
Grand	Total	184	(1.2)	266	(1.7)	5,035	(31.9)	379	(2.4)	1,024	(6.5)	688	(4.4)	47	(0.3)	313	(2.0)	1.709	(10.8)	594	(3.8)	4.143	(26.2)	465 (2.9)	818	(5.2)	121 (0	.8) 15,78	6

Table 19 Admissions by primary diagnostic group (planned - following surgery) by NHS trust, 2005 - 2007

	10 / (411110010110	by primary and		group (pianned -		ou. go. , , , ,		0., 2000 200.			Di	iagnost	tic Gro	пр															
Year	NHS Trust	Blood / lymp	ohatic	Body wall and o	cavities	Cardiova	scular	Endocrine / m	etabolic	Gastroint	testinal	Infec	tion	Multisy	stem	Musculosi	keletal	Neurolo	gical	Oncolog	y R	espirat	tory	Trauma	Other	Unkn	own	Tot	:al
		n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n %	6 I	n	%	n %	n %	n	%	n	%
2005	Α	2	(2)	4	(3)	1	(1)	0	(0)	14	(11)	2	(2)	0	(0)	13	(10)	17	(13)		29)	19	(15)	1 (1)	18 (14		(0)	129	(7.4)
	В	0	(0)	9	(12)	1	(1)	1	(1)	32	(43)	2	(3)	0	(0)	2	(3)	1	(1)		(1)	19	(26)	0 (0)	6 (8		(0)	74	(4.3)
	E	2	(0)	6	(1)	330	(70)	0	(0)	24	(5)	4	(1)	2	(0)	22	(5)	18	(4)		(3)	37	(8)	0 (0)	14 (3		(0)	473	(27.3)
	F	0	(0)	3	(1)	295	(81)	0	(0)	7	(2)	1	(0)	0	(0)	26	(7)	0	(0)		(0)	18	(5)	0 (0)	14 (4		(1)	366	(21.1)
	Н	0	(0)	2	(2)	1	(1)	1	(1)	45	(44)	3	(3)	0	(0)	0	(0)	8	(8)		(7)	4	(4)	0 (0)	31 (30		(0)	102	(5.9)
	J	1	(3)	1	(3)	0	(0)	0	(0)	15	(47)	1	(3)	0	(0)	0	(0)	2	(6)		(0)	4	(13)	0 (0)	5 (16) 3	(9)	32	(1.8)
	0	0	(0)	2	(1)	349	(92)	1	(0)	6	(2)	2	(1)	0	(0)	2	(1)	1	(0)		(1)	11	(3)	0 (0)	1 (0) 3	(1)	380	(21.9)
	T	7	(4)	7	(4)	1	(1)	0	(0)	25	(15)	4	(2)	3	(2)	8	(5)	18	(11)	46 (2	28)	38	(23)	5 (3)	3 (2) 0	(0)	165	(9.5)
	U	3	(21)	0	(0)	1	(7)	0	(0)	4	(29)	1	(7)	0	(0)	0	(0)	1	(7)		(0)	4	(29)	0 (0)	0 (0		(0)	14	(0.8)
2005	Total	15	(0.9)	34	(2.0)	979	(56.4)	3	(0.2)	172	(9.9)	20	(1.2)	5	(0.3)	73	(4.2)	66	(3.8)	108 (6	.2) ′	154	(8.9)	6 (0.3)	92 (5.3) 8	(0.5)	1,735	
2006	Α	1	(1)	2	(2)	1	(1)	2	(2)	13	(10)	2	(2)	4	(3)	16	(12)	17	(13)		39)	11	(8)	4 (3)	8 (6		(0)	132	(7.4)
	В	0	(0)	2	(3)	1	(2)	1	(2)	21	(33)	5	(8)	0	(0)	0	(0)	1	(2)	0	(0)	14	(22)	4 (6)	15 (23) 0	(0)	64	(3.6)
	E	0	(0)	8	(2)	366	(76)	2	(0)	23	(5)	0	(0)	0	(0)	21	(4)	6	(1)		(2)	34	(7)	1 (0)	8 (2		(0)	481	(26.9)
	F	0	(0)	0	(0)	308	(79)	0	(0)	5	(1)	0	(0)	0	(0)	37	(9)	0	(0)	1	(0)	22	(6)	1 (0)	4 (1		(4)	392	(21.9)
	Н	2	(2)	5	(5)	3	(3)	1	(1)	23	(23)	2	(2)	0	(0)	1	(1)	6	(6)		(9)	5	(5)	0 (0)	43 (43		(0)	100	(5.6)
	J	0	(0)	4	(20)	0	(0)	0	(0)	12	(60)	0	(0)	0	(0)	0	(0)	0	(0)	2 (*		0	(0)	0 (0)	2 (10) 0	(0)	20	(1.1)
	0	0	(0)	3	(1)	379	(90)	1	(0)	16	(4)	1	(0)	0	(0)	3	(1)	0	(0)		(2)	11	(3)	0 (0)	1 (0) 0	(0)	423	(23.7)
	Т	1	(1)	2	(1)	0	(0)	0	(0)	33	(22)	1	(1)	0	(0)	3	(2)	19	(13)	48 (3	32)	27	(18)	5 (3)	13 (9) 0	(0)	152	(8.5)
	U	1	(5)	1	(5)	1	(5)	0	(0)	4	(18)	2	(9)	0	(0)	0	(0)	0	(0)		(5)	12	(55)	0 (0)	0 (0		(0)	22	(1.2)
2006	Total	5	(0.3)	27	(1.5)	1,059	(59.3)	7	(0.4)	150	(8.4)	13	(0.7)	4	(0.2)	81	(4.5)	49	(2.7)	132 (7	.4) ′	136	(7.6)	15 (0.8)	94 (5.3) 14	(8.0)	1,786	
2007	Α	0	(0)	2	(2)	1	(1)	0	(0)	8	(7)	3	(3)	3	(3)	23	(21)	14	(13)		35)	10	(9)	1 (1)	7 (6		(0)	110	(6.3)
	В	0	(0)	3	(7)	0	(0)	1	(2)	14	(34)	3	(7)	1	(2)	1	(2)	1	(2)		(0)	10	(24)	0 (0)	5 (12) 2	(5)	41	(2.4)
	E	2	(0)	10	(2)	397	(76)	1	(0)	19	(4)	2	(0)	1	(0)	21	(4)	8	(2)	10	(2)	37	(7)	2 (0)	13 (2		(0)	523	(30.1)
	F	0	(0)	0	(0)	281	(73)	1	(0)	5	(1)	0	(0)	0	(0)	38	(10)	0	(0)		(0)	25	(6)	1 (0)	12 (3		(6)	386	(22.2)
	Н	0	(0)	1	(1)	0	(0)	0	(0)	19	(22)	1	(1)	0	(0)	2	(2)	2	(2)	8	(9)	6	(7)	1 (1)	47 (54) 0	(0)	87	(5.0)
	J	2	(5)	5	(13)	0	(0)	1	(3)	22	(58)	0	(0)	0	(0)	0	(0)	2	(5)	1	(3)	2	(5)	0 (0)	3 (8) 0	(0)	38	(2.2)
	0	0	(0)	0	(0)	328	(90)	1	(0)	3	(1)	1	(0)	0	(0)	2	(1)	0	(0)	5	(1)	24	(7)	0 (0)	0 (0) 2	(1)	366	(21.1)
	T	2	(2)	2	(2)	1	(1)	0	(0)	24	(20)	3	(2)	0	(0)	5	(4)	15	(12)	37 (3	31)	16	(13)	6 (5)	10 (8) 0	(0)	121	(7.0)
	U	2	(11)	1	(5)	0	(0)	0	(0)	4	(21)	1	(5)	0	(0)	0	(0)	1	(5)	0	(0)	7	(37)	0 (0)	1 (5) 2	(11)	19	(1.1)
	Z	2	(4)	2	(4)	0	(0)	1	(2)	5	(11)	3	(7)	0	(0)	0	(0)	1	(2)	1	(2)	23	(50)	3 (7)	5 (11) 0	(0)	46	(2.6)
2007	Total	10	(0.6)	26	(1.5)	1,008	(58.0)	6	(0.3)	123	(7.1)	17	(1.0)	5	(0.3)	92	(5.3)	44	(2.5)	101 (5	.8) ´	160	(9.2)	14 (0.8)	103 (5.9	28	(1.6)	1,737	
																				-						-			
Grand	l Total	30	(0.6)	87	(1.7)	3,046	(57.9)	16	(0.3)	445	(8.5)	50	(1.0)	14	(0.3)	246	(4.7)	159	(3.0)	341 (6	.5) 4	450	(8.6)	35 (0.7)	289 (5.5	50	(1.0)	5,258	

Table 20 Admissions by primary diagnostic group (unplanned - following surgery) by NHS trust, 2005 - 2007

Tubic	20 Adminissions	S by primary u	agnostic	group (unpianne	su - Ioliowii	ig surgery	by Nilo	1 431, 2003 - 2001			Dia	gnost	ic Grou	ıp													\neg	
Year	NHS Trust	Blood / lym	phatic	Body wall and	cavities	Cardiova	scular	Endocrine / m	etabolic	Gastroint	estinal	Infect	tion	Multisy	stem	Musculos	keletal	Neurolo	gical	Oncol	ogy	Respira	atory	Trauma	Other	Unknow	n -	Total
		n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n %	n %	n %	6 n	%
2005	A	0	(0)	1	(3)	2	(6)	0	(0)	8	(23)	1	(3)	0	(0)	0	(0)	11	(31)	3	(9)	5	(14)	1 (3)	. ,	0	(0) 35	,
	В	0	(0)	3	(16)	1	(5)	0	(0)	4	(21)	3	(16)	0	(0)	0	(0)	1	(5)	0	(0)	7	(37)	0 (0)	0 (0)	0	(0) 19	(7.6)
	E	1	(2)	1	(2)	8	(15)	2	(4)	13	(24)	2	(4)	0	(0)	0	(0)	4	(7)	6	(11)	12	(22)	0 (0)	5 (9)		(0) 54	()
	F	0	(0)	3	(4)	65	(82)	0	(0)	1	(1)	1	(1)	0	(0)	0	(0)	0	(0)	1	(1)	/	(9)	0 (0)	1 (1)	0	(0) 79	
	Н	0	(0)	2	(4)	0	(0)	0	(0)	4	(17)	2	(8)	0	(0)	0	(0)	4	(17)	2	(8)	6	(25)	0 (0)		0	(0) 24	
	0	0	(0)	0	(29)	3	(0) (60)	0	(0)	0	(57)	0	(0)	0	(0)	0	(0)	0	(0)	1	(0)	0	(0)	0 (0)	1 (14)		(0) 7	(2.8)
	<u> </u>	0	(0)	0	(0)	2	(10)	0	(0)	8	(0)	0	(0)	0	(0)	1	(0)	1	(0) (5)	2	(10)	5	(24)	0 (0)	. ,	-	(0) 5 (0) 21	(2.0) (8.4)
		0	(0)	0	(0)	0	(0)	0	(0)	5	(71)	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)	2	(29)	0 (0)	. ,		(0) 7	7 (2.8)
2005 1	otal	1	(0.4)	11	(4.4)	81	(32.3)	2	(0.8)	47	(18.7)		(3.6)	0	(0.0)	1	(0.4)	21	(8.4)		(6.0)		(17.9)		17 (6.8)		0.0) 251	
2000	Ottui	· ·	(0.4)		(4.4)		(02.0)		(0.0)		(10.7)		(0.0)		(0.0)	<u> </u>	(0.4)		(0.4)		(0.0)		(11.5)	. (0.4)	17 (0.0)	<u> </u>	.0) 20.	
2006	Α	1	(2)	0	(0)	1	(2)	0	(0)	13	(30)	3	(7)	3	(7)	2	(5)	5	(11)	6	(14)	6	(14)	2 (5)	2 (5)	0	(0) 44	(14.8)
	В	0	(0)	1	(3)	0	(0)	1	(3)	10	(25)	3	(8)	0	(0)	2	(5)	0	(0)	1	(3)	15	(38)	2 (5)		0	(0) 40	(13.4)
	E	1	(1)	3	(3)	18	(19)	3	(3)	19	(20)	3	(3)	0	(0)	3	(3)	7	(7)	7	(7)	21	(22)	1 (1)	9 (9)		(0) 95	` '
	F	1	(2)	0	(0)	48	(81)	1	(2)	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)	8	(14)	0 (0)	0 (0)	1	(2) 59	
	Н	1	(6)	1	(6)	0	(0)	0	(0)	4	(25)	2	(13)	0	(0)	1	(6)	2	(13)	1	(6)	1	(6)	0 (0)	3 (19)	0	(0) 16	(5.4)
	J	1	(6)	3	(19)	0	(0)	1	(6)	6	(38)	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)	4	(25)	1 (6)	0 (0)	0	(0) 16	5 (5.4)
	0	0	(0)	0	(0)	2	(67)	0	(0)	1	(33)	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)	0 (0)	0 (0)	0	(0) 3	3 (1.0)
	Т	0	(0)	1	(6)	2	(12)	0	(0)	6	(35)	1	(6)	0	(0)	0	(0)	1	(6)	2	(12)	3	(18)	0 (0)	1 (6)	0	(0) 17	(,
	U	0	(0)	0	(0)	1	(13)	0	(0)	2	(25)	2	(25)	0	(0)	0	(0)	0	(0)	0	(0)	3	(38)	0 (0)	- (-)	0	(0) 8	3 (2.7)
2006 7	otal	5	(1.7)	9	(3.0)	72	(24.2)	6	(2.0)	61	(20.5)	14	(4.7)	3	(1.0)	8	(2.7)	15	(5.0)	17	(5.7)	61	(20.5)	6 (2.0)	20 (6.7)	1 (0	.3) 298	i
			(=)		(4.4)		(8)	•	(0)		(0.1)		(0)		(0)		(0)		(0)		(0.1)		(1.4)	4 (0)	4 (44)		(0)	- (11.5)
2007	A	2	(5)	5	(14)	0	(0)	0	(0)	9	(24)	0	(0)	0	(0)	1	(3)	1	(3)	9	(24)	5	(14)	1 (3)	()		(0) 37	
	В	0	(0)	0 2	(0)	0 8	(0)	2	(5)	7 5	(33)	1	(5)	0	(0)	0	(0)	0	(0)	0	(0)	9	(43)	2 (10)	(-)		(0) 21 (0) 39	()
	_	1	(3)	0	(5)	52	(21) (76)	0	(5)	0	(13)	4	(10)	1	(3)	0	(3)	2	(3)	0	(0)	0	(13)	0 (0)	2 (5)		(0) 39 (3) 68	(1011)
	r	0	(0)	1		0	(0)	0		4	(36)	0	(0)	0	. ,	0		1	(9)	0	(0)	3	(18)	0 (0)	3 (27)		(0) 11	(4.3)
	1	0	(0)	0	(9)	1	(7)	0	(0)	6	(43)	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)	3	(21)	0 (0)	4 (29)	0	(0) 14	1 (5.5)
	0	0	(0)	0	(0)	2	(100)	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)	0 (0)	. ,		(0) 14	2 (0.8)
	T	0	(0)	0	(0)	0	(0)	1	(3)	13	(43)	3	(10)	0	(0)	0	(0)	2	(7)	0	(0)	7	(23)	1 (3)	3 (10)	-	(0) 30	
	i	0	(0)	0	(0)	2	(18)	0	(0)	3	(27)	1	(9)	0	(0)	0	(0)	0	(0)	0	(0)	4	(36)	0 (0)	- (-)		(9) 11	(4.3)
	7	1	(5)	0	(0)	0	(0)	1	(5)	2	(10)	0	(0)	0	(0)	0	(0)	1	(5)	0	(0)	10	(48)	3 (14)			(0) 21	
2007	otal	5	(2.0)	8	(3.1)	65	(25.6)	5	(2.0)	49	(19.3)	9	(3.5)	2	(0.8)	2	(0.8)	8	(3.1)	13			(22.4)	7 (2.8)		3 (1	.2) 254	
			` '		. ,		. ,		,		. ,				. ,		. ,		. ,		•			,	,	,		
Grand	Total	11	(1.4)	28	(3.5)	218	(27.1)	13	(1.6)	157	(19.6)	32	(4.0)	5	(0.6)	11	(1.4)	44	(5.5)	45	(5.6)	163	(20.3)	14 (1.7)	58 (7.2)	4 (0	.5) 803	í

Table 21 Admissions by primary diagnostic group (planned - other) by NHS trust, 2005 - 2007

Table	- Aumosione	by primary di	agnostic	group (pianned	other) by i	ti io ti ust,	2003 - 200	,,			D	iagnostic	Grou	ıp													Т	$\overline{}$
Year	NHS Trust	Blood / lym	phatic	Body wall and	cavities	Cardiova	scular	Endocrine / m	etabolic	Gastroint	estinal	Infectio	n	Multisys	stem	Musculos	keletal	Neurolo	gical	Oncology	Respi	ratory	Trauma	Oth	er	Unknown	To	tal
		n	%	n	%	n	%	n	%	n	%	n 🤄	%	n	%	n	%	n	%	n %	n	%	n %	n	%	n %	n	%
2005	A	0	(0)	0	(0)	1	(9)	0	(0)	0	(0)	0	(0)	0	(0)	1	(9)	3	(27)	5 (45)		(0)	- (-		(9)	0 (0)	11	(3.0)
	В	0	(0)	1	(8)	0	(0)	0	(0)	5	(38)	1	(8)	0	(0)	1	(8)	0	(0)	0 (0)		(31)	- (-	,	(8)	0 (0)	13	(3.6)
	E	2	(1)	8	(6)	60	(43)	0	(0)	2	(1)	1	(1)	0	(0)	3	(2)	/	(5)	4 (3)	43	(31)		,	(4)	0 (0)		(37.8)
	F	1	(4)	1	(4)	8	(35)	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)	0 (0)	8	(35)	0 (0	,	(17)	1 (4)	,	(6.3)
	H	8	(12)	2	(3)	1	(1)	4	(6)	8	(12)		(3)	0	(0)	0	(0)	12	(18)	1 (1)		(12)) 13	(19)	0 (0)		(18.6)
	J	0	(0)	4	(44)	0	(0)	0	(0)	2	(22)	0	(0)	0	(0)	0	(0)	0	(0)	0 (0)		(11)	- (-		(22)	0 (0)	<u> </u>	(2.5)
	0	0	(0)	0	(0)	63	(75)	0	(0)	0	(0)		(1)	0	(0)	0	(0)	1	(1)	0 (0)		(20)			(2)	0 (0)		(23.0)
	1	1	(7)	0	(0)	0	(0)	0	(0)	0	(0)		(7)	0	(0)	0	(0)	0	(0)	1 (7)		(64)	1 (7		(7)	0 (0)		(3.8)
2005 7	U	0	(0)	0	(0)	101	(20)	0	(0)	0	(0)		20)	0	(0)	0	(0)	0	(0)	0 (0)		(40)			(20)	0 (0)		(1.4)
2005 T	otai	12	(3.3)	16	(4.4)	134	(36.7)	4	(1.1)	17	(4.7)	7 (1	1.9)	0	(0.0)	5	(1.4)	23	(6.3)	11 (3.0)	92	(25.2)	13 (3.6) 30	(8.2)	1 (0.3)) 365	
2006	Α	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)	2	(15)	1	(8)	4	(31)	2 (15)	3	(23)	1 (8) 0	(0)	0 (0)) 13	(3.7)
	B	0	(0)	1	(9)	1	(9)	0	(0)	2	(18)	1	(9)	0	(0)	0	(0)	1	(9)	1 (9)		(27)		,	(9)	0 (0)	11	(3.2)
	F	0	(0)	4	(4)	35	(37)	1	(1)	6	(6)	3	(3)	3	(3)	2	(2)	6	(6)	3 (3)		(24)	1 (1		(8)	0 (0)) 95	(27.3)
	F	0	(0)	1	(4)	5	(20)	0	(0)	4	(16)		(0)	0	(0)	2	(8)	0	(0)	1 (4)		(28)			(20)	0 (0)	25	(7.2)
	Н	5	(7)	2	(3)	1	(1)	2	(3)	19	(26)		(1)	0	(0)	0	(0)	16	(22)	1 (1)		(12)) 10	(14)	0 (0)	73	(21.0)
	J	0	(0)	0	(0)	0	(0)	0	(0)	1	(50)	1 (50)	0	(0)	0	(0)	0	(0)	0 (0)	0	(0)	0 (0) 0	(0)	0 (0)		(0.6)
	0	0	(0)	0	(0)	90	(78)	0	(0)	0	(0)		(1)	0	(0)	2	(2)	0	(0)	1 (1)		(17)			(1)	0 (0)		(33.0)
	T	0	(0)	0	(0)	1	(10)	0	(0)	1	(10)	0	(0)	0	(0)	1	(10)	0	(0)	1 (10)	4	(40)	2 (20) 0	(0)	0 (0)	10	(2.9)
	U	1	(25)	0	(0)	0	(0)	0	(0)	1	(25)	0	(0)	0	(0)	0	(0)	0	(0)	0 (0)	2	(50)	0 (0) 0	(0)	0 (0)		(1.1)
2006 T	otal	6	(1.7)	8	(2.3)	133	(38.2)	3	(0.9)	34	(9.8)	7 (2	2.0)	5	(1.4)	8	(2.3)	27	(7.8)	10 (2.9)	71	(20.4)	11 (3.2	25	(7.2)	0 (0.0)	348	
2007	Α	0	(0)	0	(0)	2	(7)	0	(0)	1	(4)		11)	0	(0)	1	(4)	9	(32)	4 (14)		(18)			(7)	0 (0)		(6.5)
	В	0	(0)	2	(22)	0	(0)	0	(0)	0	(0)		11)	0	(0)	1	(11)	1	(11)	0 (0)		(33)			(11)	0 (0)	<u> </u>	(2.1)
	E	0	(0)	3	(3)	42	(45)	3	(3)	3	(3)	1	(1)	0	(0)	0	(0)	8	(9)	1 (1)		(31)			(4)	0 (0)		(21.7)
	F	0	(0)	1	(3)	18	(46)	0	(0)	1	(3)	1	(3)	0	(0)	0	(0)	1	(3)	0 (0)		(36)	0 (0		(3)	2 (5)	<u></u>	(9.0)
	Н	2	(3)	1	(2)	1	(2)	2	(3)	4	(7)	3	(5)	0	(0)	0	(0)	11	(18)	0 (0)		(3)			(52)	0 (0)		(14.1)
	J	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)	0 (0)		(0)	- (-		(100)	0 (0)	1	(0.2)
	0	0	(0)	0	(0)	104	(67)	2	(1)	2	(1)	1	(1)	0	(0)	2	(1)	0	(0)	0 (0)	40	(26)			(1)	2 (1)	155	(35.7)
	I	1	(8)	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)	1	(8)	2	(15)	1 (8)	6	(46)	1 (8	,	(8)	0 (0)	13	(3.0)
	U	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)		(0)	0	(0)	0	(0)	0	(0)	0 (0)		(100)	0 (0		(0)	0 (0)		(1.4)
2007 T		2	(7)	0	(0)	107	(0)	1	(4)	1	(4)		14)	0	(0)	1	(4)	3	(11)	0 (0)	.0	(46)	3 (11		(0)	<u> </u>) 28	(6.5)
2007 T	otai	5	(1.2)	7	(1.6)	167	(38.5)	8	(1.8)	12	(2.8)	14 (3	3.2)	0	(0.0)	6	(1.4)	35	(8.1)	6 (1.4)	118	(27.2)	8 (1.8) 44 (10.1)	4 (0.9)) 434	\longrightarrow
Grand	Total	23	(2.0)	31	(2.7)	434	(37.8)	15	(1.3)	63	(5.5)	28 (2	2.4)	5	(0.4)	19	(1.7)	85	(7.4)	27 (2.4)	281	(24.5)	32 (2.8) 99	(8.6)	5 (0.4)) 1,147	

Table 22 Admissions by primary diagnostic group (unplanned - other) by NHS trust, 2005 - 2007

				group (unplanne		,	.,					Diagnos	stic Gro	oup																
Year	NHS Trust	Blood / lym	phatic	Body wall and	cavities	Cardiova		Endocrine / m	etabolic	Gastroint		Infec		Multisy	stem	Musculosi		Neurolo		Onco	logy	Respir	atory	Traun		Other	Unkn	own	Tot	
		n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	% г	1 %	n	%	n	%
			(8)		(4)		(0)		(=)		(=)		(=)		(4)		(4)		(0.0)		(0)		(00)		(4.4)			(0)		(2 =)
2005	A	6	(2)	3	(1)	5	(2)	12	(5)	17	(7)		(5)	2	(1)	3	(1)	57	(23)	14	(6)	71	(29)	26	` '	16 (7)		(0)	245	(8.7)
	В	0	(0)	3	(2)	3	(2)	5	(4)	7	(6)		(11)	0	(0)	0	(0)	31	(25)	40	(2)	52	(41)	6	(5)	3 (2)		(0)	126	(4.5)
	-	3	(1)	27 5	(3)	151 161	(18) (25)	31 19	(4)	57 4	(7)		(6)	1	(0)	5	(1)	130 127	(15) (19)	18	(2)	278 243	(33)	61 18	. ,	36 (4) 24 (4)		(0)		(30.3) (23.4)
	r U	3	(0) (1)	0	(0)	0	(25)	8	(3)	18	(12)		(7) (5)	0	(0)	1	(0)	44	(29)	2	(0) (1)	35	(37)	14	(-)	24 (4) 21 (14)		(1)	152	(5.5)
	1	1	(2)	0	(0)	2	(4)	1	(5) (2)	10	(2)	1	(2)	0	(0)	0	(0)	16	(33)	1	(2)	23	(48)	1	(2)	1 (2)		(1)	48	(1.7)
	Ô	0	(0)	1	(1)	90	(67)	0	(0)	1	(1)	3	(2)	0	(0)	1	(1)	2	(1)	0	(0)	31	(23)	0	(0)	3 (2)		(2)	135	(4.8)
	T	3	(1)	0	(0)	6	(3)	7	(3)	9	(4)		(4)	0	(0)	0	(0)	47	(22)	20	(9)	97	(46)	13	(6)	2 (1)		(0)	213	(7.6)
	Ü	10	(3)	0	(0)	11	(3)	12	(3)	4	(1)		(11)	0	(0)	0	(0)	84	(22)	0	(0)	189	(50)	3	(-)	16 (4)	8	(2)		(13.5)
2005 T	otal	31	(1.1)	39	(1.4)	429	(15.3)	95	(3.4)	118	(4.2)	182	(6.5)	4	(0.1)	11	(0.4)	538	(19.2)	57	(2.0)	1,019	(36.3)	142 ((5.1) 1:			(0.6)		(,)
																						-								
2006	Α	5	(2)	4	(2)	14	(5)	11	(4)	14	(5)	17	(7)	7	(3)	4	(2)	54	(21)	23	(9)	75	(29)	16	(6)	16 (6)	0	(0)	260	(9.3)
	В	2	(2)	1	(1)	5	(5)	9	(8)	6	(5)	5	(5)	2	(2)	0	(0)	28	(25)	0	(0)	41	(37)	2	(2)	10 (9)	0	(0)	111	(4.0)
	E	12	(1)	37	(4)	210	(23)	47	(5)	64	(7)		(5)	2	(0)	4	(0)	103	(11)	17	(2)	288	(31)	48	(-)	46 (5)		(0)		(33.3)
	F	2	(0)	3	(0)	127	(21)	21	(3)	9	(1)		(9)	1	(0)	0	(0)	97	(16)	0	(0)	254	(42)	13		26 (4)		(0)	611	(22.0)
	Н	1	(1)	0	(0)	2	(2)	7	(6)	10	(8)		(10)	0	(0)	0	(0)	23	(18)	2	(2)	39	(31)	20	(16)	10 (8)	0	(0)	126	(4.5)
	J	1	(3)	0	(0)	2	(6)	0	(0)	4	(11)	2	(6)	0	(0)	0	(0)	5	(14)	1	(3)	18	(50)	1	(3)	2 (6)	0	(0)	36	(1.3)
	0	0	(0)	0	(0)	66	(57)	0	(0)	1	(1)	7	(6)	0	(0)	3	(3)	0	(0)	0	(0)	32	(28)	0	(0)	0 (0)	6	(5)	115	(4.1)
		7	(0)	0	(0)	6	(2)	10	(4)	12	(5)		(10)	0	(0)	2	(1)	44	(17)	19	(7)	129	(49) (42)	9	(3)	5 (2)		(0)	263	(9.5)
2006 T	U	31	(2) (1.1)	0 45	(0) (1.6)	22 454	(7) (16.3)	12 117	(4) (4.2)	5 125	(2)	31 205	(9)	0 12	(0) (0.4)	0 13	(0) (0.5)	101 455	(30) (16.3)	0	(0) (2.2)	139	(36.5)	2	(1)	7 (2) 22 (4.4)		(0.6)		(12.0)
2006 1	Jiai	31	(1.1)	45	(1.0)	434	(10.3)	117	(4.2)	123	(4.5)	203	(7.4)	12	(0.4)	13	(0.5)	433	(10.3)	02	(2.2)	1,015	(30.3)	111 ((4.0) 12	22 (4.4)	10	(0.6)	2,703	
2007	Α	11	(3)	3	(1)	17	(5)	16	(5)	12	(4)	25	(7)	3	(1)	3	(1)	82	(24)	20	(6)	98	(29)	26	(8)	21 (6)	0	(0)	337	(11.3)
	В	2	(2)	2	(2)	5	(5)	8	(8)	4	(4)		(4)	0	(0)	0	(0)	16	(16)	2	(2)	47	(47)	5	(5)	5 (5)	0	(0)	100	(3.4)
	E	2	(0)	27	(4)	182	(25)	31	(4)	55	(8)	33	(5)	4	(1)	5	(1)	68	(9)	24	(3)	238	(33)	43	(6)	15 (2)	0	(0)	727	(24.4)
	F	4	(1)	2	(0)	134	(20)	23	(3)	12	(2)	53	(8)	0	(0)	1	(0)	97	(14)	2	(0)	309	(45)	14	(2)	31 (5)	5	(1)	687	(23.1)
	Н	3	(2)	0	(0)	7	(5)	4	(3)	15	(11)	5	(4)	0	(0)	1	(1)	21	(16)	1	(1)	36	(27)	12	(9)	24 (18)	4	(3)	133	(4.5)
	J	2	(3)	1	(2)	2	(3)	5	(8)	3	(5)	4	(6)	0	(0)	0	(0)	8	(12)	0	(0)	36	(55)	1	(2)	4 (6)	0	(0)	66	(2.2)
	0	1	(1)	0	(0)	69	(60)	0	(0)	0	(0)	0	(0)	0	(0)	2	(2)	1	(1)	0	(0)	39	(34)	0	(0)	0 (0)	3	(3)	115	(3.9)
	T	3	(1)	0	(0)	6	(3)	5	(2)	6	(3)	19	(9)	0	(0)	0	(0)	35	(16)	13	(6)	117	(53)	6	(3)	9 (4)		(1)	221	(7.4)
	U	13	(4)	0	(0)	13	(4)	18	(5)	5	(2)		(8)	0	(0)	1	(0)	79	(24)	0	(0)	148	(45)	2		10 (3)		(4)		(11.1)
	Z	17	(7)	1	(0)	11	(4)	12	(5)	4	(2)	20	(8)	0	(0)	0	(0)	20	(8)	0	(0)	143	(56)	21	(8)	8 (3)		(0)	257	(8.6)
2007 T	otai	58	(2.0)	36	(1.2)	446	(15.0)	122	(4.1)	116	(3.9)	191	(6.4)	7	(0.2)	13	(0.4)	427	(14.4)	62	(2.1)	1,211	(40.7)	130 ((4.4) 12	27 (4.3)	28	(0.9)	2,974	
Grand	Total	120	(1.4)	120	(1.4)	1,329	(15.5)	334	(3.9)	359	(4.2)	578	(6.8)	23	(0.3)	37	(0.4)	1,420	(16.6)	181	(2.1)	3,245	(37.9)	383 ((4.5) 3	71 (4.3)	62	(0.7)	8,562	

Table 23 Most commonly returned Read Codes for primary reason for admission, 2005 - 2007

Table 20 most commonly retained read codes for primary reason for dumission	ĺ			Sex	(
Primary Diagnosis	Ma	ıle	Fen	nale	Ambig	uous	Unkn	own	Tot	al
	n	%	n	%	n	%	n	%	n	%
Bronchiolitis (XSDOK)	282	(58)	205	(42)	0	(0)	0	(0)	487	(8.6)
Ventricular septal defect (P54)	238	(53)	212	(47)	0	(0)	1	(0)	451	(8.0)
Status epilepticus (X007B)	204	(57)	155	(43)	0	(0)	1	(0)	360	(6.3)
Respiratory failure (XM09V)	202	(57)	152	(43)	0	(0)	0	(0)	354	(6.2)
Sepsis (X70VZ)	165	(50)	168	(50)	0	(0)	0	(0)	333	(5.9)
Tetralogy of Fallot (P52)	207	(63)	118	(36)	0	(0)	4	(1)	329	(5.8)
Hypoplastic left heart syndrome (P67)	209	(69)	94	(31)	0	(0)	0	(0)	303	(5.3)
Pneumonia (X100E)	156	(56)	123	(44)	0	(0)	0	(0)	279	(4.9)
Atrioventricular septal defect & common atriovent junction (X77wc)	124	(48)	132	(51)	0	(0)	2	(1)	258	(4.6)
Discordant ventriculoarterial connection (P51)	169	(73)	62	(27)	0	(0)	0	(0)	231	(4.1)
Congenital heart disease (X77tW)	131	(57)	97	(43)	0	(0)	0	(0)	228	(4.0)
Patent ductus arteriosus (P70)	101	(45)	121	(54)	0	(0)	1	(0)	223	(3.9)
Epileptic seizures - clonic (F2512)	99	(54)	86	(46)	0	(0)	0	(0)	185	(3.3)
Total great vessel transposition (P510.)	100	(56)	77	(43)	0	(0)	1	(1)	178	(3.1)
Respiratory obstruction (XM05Q)	99	(60)	66	(40)	0	(0)	0	(0)	165	(2.9)
Cyanotic congenital heart disease NOS (XE1KK)	86	(58)	62	(42)	0	(0)	0	(0)	148	(2.6)
Acute bronchiolitis due to respiratory syncytial virus (H0615)	82	(57)	60	(42)	1	(1)	0	(0)	143	(2.5)
Atrial septal defect (X77vY)	57	(40)	85	(59)	0	(0)	1	(1)	143	(2.5)
Aortic coarctation (P71)	85	(62)	52	(38)	0	(0)	1	(1)	138	(2.4)
Coarctation of aorta NOS (P71z.)	85	(63)	50	(37)	0	(0)	0	(0)	135	(2.4)
Asthma (H33)	66	(51)	64	(49)	0	(0)	0	(0)	130	(2.3)
Febrile convulsion (XM03I)	74	(62)	45	(38)	0	(0)	0	(0)	119	(2.1)
Neonatal necrotising enterocolitis (Q464.)	64	(54)	54	(46)	0	(0)	0	(0)	118	(2.1)
Acute bronchiolitis (H061.)	61	(52)	56	(48)	0	(0)	0	(0)	117	(2.1)
Gastro-oesophageal reflux disease (X3003)	63	(55)	52	(45)	0	(0)	0	(0)	115	(2.0)
Total	3,209	(56.6)	2,448	(43.2)	1	(0.0)	12	(0.2)	5,670	. ,

Table 24 Most commonly returned Read Codes for primary reason for 'unplanned - following surgery' admissions, 2005 - 200

Table 24 Most commonly returned Read Codes for print	ĺ				ex				,	
Primary Diagnosis	M	lale	Fe	male	Ambig	uous	Unkn	own	To	otal
	n	%	n	%	n	%	n	%	n	%
Hypoplastic left heart syndrome (P67)	28	(82)	6	(18)	0	(0)	0	(0)	34	(11.4)
Patent ductus arteriosus (P70)	17	(61)	11	(39)	0	(0)	0	(0)	28	(9.4)
Ventricular septal defect (P54)	13	(50)	13	(50)	0	(0)	0	(0)	26	(8.7)
Discordant ventriculoarterial connection (P51)	17	(77)	5	(23)	0	(0)	0	(0)	22	(7.4)
Intussusception (J500.)	12	(60)	8	(40)	0	(0)	0	(0)	20	(6.7)
Empyema (XaE01)	4	(27)	11	(73)	0	(0)	0	(0)	15	(5.0)
Appendicitis (Xa9C4)	1	(9)	10	(91)	0	(0)	0	(0)	11	(3.7)
Respiratory failure (XM09V)	8	(73)	3	(27)	0	(0)	0	(0)	11	(3.7)
Respiratory obstruction (XM05Q)	9	(82)	2	(18)	0	(0)	0	(0)	11	(3.7)
Congenital heart disease (X77tW)	5	(50)	5	(50)	0	(0)	0	(0)	10	(3.3)
Hirschsprung's disease (PB30.)	7	(78)	2	(22)	0	(0)	0	(0)	9	(3.0)
Neonatal necrotising enterocolitis (Q464.)	4	(44)	5	(56)	0	(0)	0	(0)	9	(3.0)
Obstruction of intestine (X305B)	6	(67)	3	(33)	0	(0)	0	(0)	9	(3.0)
Pneumonia (X100E)	3	(33)	6	(67)	0	(0)	0	(0)	9	(3.0)
Obstructive sleep apnoea (X0084)	4	(50)	4	(50)	0	(0)	0	(0)	8	(2.7)
Hydrocephalus (X00EG)	4	(50)	4	(50)	0	(0)	0	(0)	8	(2.7)
Pulmonary valve stenosis (X201I)	4	(50)	4	(50)	0	(0)	0	(0)	8	(2.7)
Small bowel obstruction (Xa1hT)	6	(75)	2	(25)	0	(0)	0	(0)	8	(2.7)
Coarctation of aorta NOS (P71z.)	4	(57)	3	(43)	0	(0)	0	(0)	7	(2.3)
Gastro-oesophageal reflux disease (X3003)	2	(33)	4	(67)	0	(0)	0	(0)	6	(2.0)
Inguinal hernia (XE0aW)	2	(33)	4	(67)	0	(0)	0	(0)	6	(2.0)
Pulmonary valve atresia (X77zV)	3	(50)	3	(50)	0	(0)	0	(0)	6	(2.0)
Peritonitis (J55)	6	(100)	0	(0)	0	(0)	0	(0)	6	(2.0)
Subglottic stenosis (X00nG)	4	(67)	2	(33)	0	(0)	0	(0)	6	(2.0)
Sleep apnoea (X0083)	5	(83)	1	(17)	0	(0)	0	(0)	6	(2.0)
Total	178	(59.5)	121	(40.5)	0	(0.0)	0	(0.0)	299	

Table 25 Most commonly returned Read Codes for primary reason for 'unplanned - other' admission, 2005 - 2007

	Ţ,									
Primary Diagnosis	Ma	ale	Fen	nale	Ambig	uous	Unkn	own	To	tal
	n	%	n	%	n	%	n	%	n	%
	272	(50)	222	(10)	•	(0)		(0)		(10.0)
Bronchiolitis (XSDOK)	276	(58)	202	(42)	0	(0)	0	(0)	478	(13.2)
Status epilepticus (X007B)	196	(56)	150	(43)	0	(0)	1	(0)	347	(9.6)
Respiratory failure (XM09V)	179	(57)	137	(43)	0	(0)	0	(0)	316	(8.7)
Sepsis (X70VZ)	150	(49)	154	(51)	0	(0)	0	(0)	304	(8.4)
Pneumonia (X100E)	148	(57)	111	(43)	0	(0)	0	(0)	259	(7.2)
Epileptic seizures - clonic (F2512)	98	(53)	86	(47)	0	(0)	0	(0)	184	(5.1)
Acute bronchiolitis due to respiratory syncytial virus (H0615)	81	(58)	58	(41)	1	(1)	0	(0)	140	(3.9)
Asthma (H33)	65	(51)	63	(49)	0	(0)	0	(0)	128	(3.5)
Febrile convulsion (XM03I)	74	(63)	44	(37)	0	(0)	0	(0)	118	(3.3)
Acute bronchiolitis (H061.)	58	(53)	52	(47)	0	(0)	0	(0)	110	(3.0)
Acute laryngotracheobronchitis (Xa0IW)	73	(67)	36	(33)	0	(0)	0	(0)	109	(3.0)
Diabetic ketoacidosis (C101.)	47	(48)	50	(51)	1	(1)	0	(0)	98	(2.7)
Status asthmaticus (X102D)	61	(62)	37	(38)	0	(0)	0	(0)	98	(2.7)
Neonatal necrotising enterocolitis (Q464.)	52	(56)	41	(44)	0	(0)	0	(0)	93	(2.6)
Respiratory distress (XM07z)	53	(60)	35	(40)	0	(0)	0	(0)	88	(2.4)
Meningococcal septicaemia (A362.)	47	(54)	40	(46)	0	(0)	0	(0)	87	(2.4)
Aspiration pneumonitis (H47)	40	(47)	45	(53)	0	(0)	0	(0)	85	(2.4)
Hypoplastic left heart syndrome (P67)	49	(60)	32	(40)	0	(0)	0	(0)	81	(2.2)
Respiratory obstruction (XM05Q)	48	(62)	30	(38)	0	(0)	0	(0)	78	(2.2)
Injury of head region (XA003)	41	(53)	36	(47)	0	(0)	0	(0)	77	(2.1)
Head injury NOS (XA004)	46	(65)	25	(35)	0	(0)	0	(0)	71	(2.0)
Ventricular septal defect (P54)	37	(52)	34	(48)	0	(0)	0	(0)	71	(2.0)
Supraventricular tachycardia (Xa0k6)	37	(57)	28	(43)	0	(0)	0	(0)	65	(1.8)
Meconium aspiration syndrome (Q3110)	36	(56)	28	(44)	0	(0)	0	(0)	64	(1.8)
Discordant ventriculoarterial connection (P51)	51	(81)	12	(19)	0	(0)	0	(0)	63	(1.7)
Total	2,043	(56.6)	1,566	(43.4)	2	(0.1)	1	(0.0)	3,612	()

Table 26 Retrievals by team type and age, 2005 - 2007

			Age	Group	(Year	s)				
Retrieval Team	<	1	1.	-4	5	-10	11	l - 15	To	tal
	n	%	n	%	n	%	n	%	n	%
Own team	727	(49)	412	(28)	197	(13)	154	(10)	1,490	(24.0)
Other specialist team (PICU)	1,781	(53)	852	(25)	405	(12)	327	(10)	3,365	(54.2)
Other specialist team (non-PICU)	438	(72)	69	(11)	47	(8)	57	(9)	611	(9.8)
Non-specialist team	333	(62)	90	(17)	48	(9)	65	(12)	536	(8.6)
Unknown	100	(48)	65	(31)	29	(14)	16	(8)	210	(3.4)
Total	3,379	(54.4)	1,488	(24.0)	726	(11.7)	619	(10.0)	6,212	

Figure 26 Retrievals by team type, 2005 - 2007

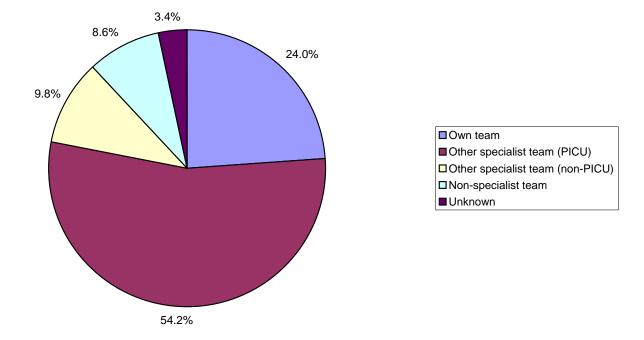


Table 27 'Non-specialist team' retrievals by diagnostic group and age, 2005 - 2007

			Ag	e Group	(Ye	ars)				
Diagnostic Group		<1		1-4	5	-10	1	1-15	To	otal
	n	%	n	%	n	%	n	%	n	%
Blood / lymphatic	2	(67)	0	(0)	0	(0)	1	(33)	3	(0.6)
Body wall and cavities	16	(94)	1	(6)	0	(0)	0	(0)	17	(3.2)
Cardiovascular	119	(79)	13	(9)	7	(5)	11	(7)	150	(28.0)
Endocrine / metabolic	7	(88)	1	(13)	0	(0)	0	(0)	8	(1.5)
Gastrointestinal	30	(65)	7	(15)	5	(11)	4	(9)	46	(8.6)
Infection	5	(36)	2	(14)	3	(21)	4	(29)	14	(2.6)
Multisystem	2	(100)	0	(0)	0	(0)	0	(0)	2	(0.4)
Musculoskeletal	3	(50)	2	(33)	1	(17)	0	(0)	6	(1.1)
Neurological	28	(44)	11	(17)	10	(16)	14	(22)	63	(11.8)
Oncology	3	(16)	11	(58)	3	(16)	2	(11)	19	(3.5)
Respiratory	89	(66)	29	(22)	7	(5)	9	(7)	134	(25.0)
Trauma	4	(10)	8	(19)	11	(26)	19	(45)	42	(7.8)
Other	25	(78)	5	(16)	1	(3)	1	(3)	32	(6.0)
Total	333	(62.1)	90	(16.8)	48	(9.0)	65	(12.1)	536	

Table 28 Retrievals by retrieval type by NHS trust, 2005 - 2007

						Retrieval Team							
Year	NHS Trust	Own	team	Other specialist to	eam (PICU)	Other specialist tea	m (non-PICU)	Non-special	ist team	Unkn	own	То	tal
		n	%	n	%	n	%	n	%	n	%	n	%
2005	Α	29	(22)	55	(43)	45	(35)	0	(0)	0	(0)	129	(6.1
2003	В	1	(10)	1	(10)	45	(40)	4	(40)	0	(0) (0)	10	(0.1
	E	0	(0)	573	(80)	2	(40)	142	(20)	0		717	(33.8
	F	433	(71)	100	(16)	58	(10)	16	(3)	0	(0) (0)	607	(28.6
	H	3	(2)	101	(78)	17	(13)	8	(6)	0		129	(6.1
	1	3	(43)	2	(29)	0	(0)	2	(29)	0	(0) (0)	7	(0.1
	0	4	(43)	42	(45)	5	(5)	1	(1)	42	(45)	94	(4.4
	T	0	(0)	91	(77)	2	(2)	25	(21)	0	(0)	118	(5.6)
	Ü	0	(0)	147	(47)	7	(2)	0	(0)	156	(50)	310	(14.6)
2005 T	•	473	(22.3)	1,112	(52.4)	140	(6.6)	198	(9.3)	198	(9.3)	2,121	(14.0)
	- Ctui	4,0	(22.0)	.,	(02.4)	140	(0.0)		(0.0)		(0.0)	,	
2006	Α	50	(38)	42	(32)	17	(13)	23	(17)	0	(0)	132	(6.5)
	В	2	(20)	4	(40)	3	(30)	1	(10)	0	(0)	10	(0.5)
	E	6	(1)	593	(80)	4	(1)	140	(19)	0	(0)	743	(36.7)
	F	388	(80)	66	(14)	10	(2)	20	(4)	0	(0)	484	(23.9)
	Н	6	(5)	91	(83)	7	(6)	6	(5)	0	(0)	110	(5.4)
	J	0	(0)	0	(0)	2	(100)	0	(0)	0	(0)	2	-
	0	2	(1)	15	(10)	129	(88)	0	(0)	1	(1)	147	(7.3)
	T	0	(0)	118	(91)	1	(1)	11	(8)	0	(0)	130	(6.4)
	U	3	(1)	236	(88)	19	(7)	1	(0)	9	(3)	268	(13.2)
2006 T	otal	457	(22.6)	1,165	(57.5)	192	(9.5)	202	(10.0)	10	(0.5)	2,026	
2007	Α	43	(24)	78	(43)	60	(33)	1	(1)	0	(0)	182	(8.8)
	В	3	(23)	4	(31)	0	(0)	6	(46)	0	(0)	13	(0.6)
	E	9	(2)	438	(78)	3	(1)	109	(19)	0	(0)	559	(27.1)
	F	457	(79)	104	(18)	13	(2)	4	(1)	0	(0)	578	(28.0)
	Н	5	(5)	76	(84)	9	(10)	1	(1)	0	(0)	91	(4.4)
	J	0	(0)	1	(50)	1	(50)	0	(0)	0	(0)	2	` .
	0	0	(0)	4	(2)	182	(98)	0	(0)	0	(0)	186	(9.0)
	T	0	(0)	109	(94)	4	(3)	2	(2)	1	(1)	116	(5.6)
	Ü	9	(3)	262	(95)	3	(1)	1	(0)	0	(0)	275	(13.3)
	Z	34	(54)	12	(19)	4	(6)	12	(19)	1	(2)	63	(3.1)
2007 T	otal	560	(27.1)	1,088	(52.7)	279	(13.5)	136	(6.6)	2	(0.1)	2,065	` '
Grand	Total	1.490	(24.0)	3.365	(54.2)	611	(9.8)	536	(8.6)	210	(3.4)	6.212	

Table 29 Interventions received by NHS trust 2005 - 2007

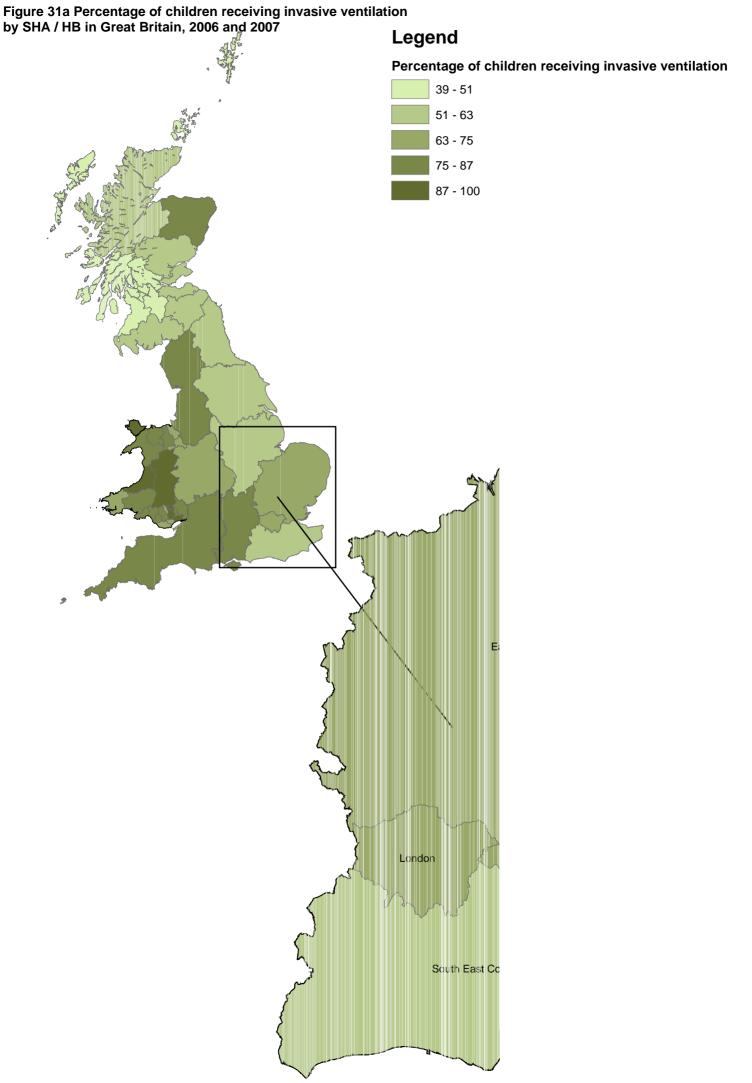
					·		Inte	rvent	ion									1	
Year	NHS Trust	Invasive Ve	ntilation	Non-Invasive V	entilation	Tracheo	stomy	ECI	MO	IV Vasoactiv	e Drugs	L۷	/AD	ICP D	evice	Renal S	upport	Admis	sions
		n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
2005	Α	171	(41)	40	(10)	8	(2)	0	(0)	55	(13)	0	(0)	21	(5)	0	(0)	420	(8.1
2005	В	29	(13)	17	(7)	10	(4)	0	(0)	8	(3)	0	(0)	0	(0)	0	(0)		(4.5
	E	1,308	(86)	174	(11)	43	(3)	44	(3)	746	(49)	2	(0)	59	(4)	63	(4)		(29.3
	_	911	(81)	119	(11)	12	(1)	0	(0)	333	(30)	0	(0)	0	(0)	33	(3)		(21.7
	H	249	(72)	22	(6)	5	(1)	0	. ,	54	(16)	0	(0)	23	(7)	21	(6)		(6.7)
	1	29	(30)	10	(10)	0	(0)	0	(0)	2	(2)	0	(0)	1	(1)	1	(1)		(1.9)
	0	427	(70)	123	(20)	3	(0)	3	(0)	363	(59)	0		0	(0)	24	(4)	613	(11.9)
	T	139	(34)	92	(22)	2	(0)	0	(0)	28	(7)	0	(0)	4	(1)	4	(1)		(8.0)
	Ü	285	(70)	93	(23)	11	(3)	0	(0)	111	(27)	0	(0)	2	(0)	6	(1)		(7.9)
2005 T	•	3,548	(68.7)	690	(13.4)	94	(1.8)		###	1.700	(32.9)	2	(0.0)	110	(2.1)	152	(2.9)		(7.9)
2003 1	IOIAI	3,346	(00.7)	690	(13.4)	94	(1.0)	41	###	1,700	(32.9)		(0.0)	110	(2.1)	132	(2.9)	3,107	
2006	Α	180	(40)	34	(8)	10	(2)	0	(0)	50	(11)	0	(0)	21	(5)	2	(0)	449	(8.6)
	В	14	(6)	35	(15)	3	(1)	0	(0)	1	(0)	0	(0)	1	(0)	0	(0)	226	(4.3)
	E	1,403	(88)	148	(9)	43	(3)	57	(4)	771	(48)	2	(0)	57	(4)	80	(5)	1,599	(30.7)
	F	859	(79)	108	(10)	14	(1)	1	(0)	352	(32)	0	(0)	0	(0)	42	(4)	1,087	(20.8)
	Н	230	(73)	29	(9)	6	(2)	0	(0)	59	(19)	0	(0)	10	(3)	23	(7)		(6.0)
	J	25	(34)	7	(9)	0	(0)	0	(0)	5	(7)	0	(0)	0	(0)	0	(0)	74	(1.4)
	0	473	(72)	146	(22)	2	(0)	3	(0)	379	(58)	0	(0)	0	(0)	25	(4)	656	(12.6)
	T	179	(40)	120	(27)	0	(0)	0	(0)	33	(7)	0	(0)	9	(2)	2	(0)		(8.5)
	U	285	(78)	87	(24)	8	(2)	0	(0)	100	(27)	0	(0)	1	(0)	6	(2)		(7.0)
2006 T	Total	3,648	(70.0)	714	(13.7)	86	(1.6)	61	###	1,750	(33.6)	2	(0.0)	99	(1.9)	180	(3.5)	5,215	
2007	Α	201	(39)	30	(6)	9	(2)	2	(0)	60	(12)	0	(0)	13	(3)	2	(0)	512	(9.5)
_00.	В	17	(10)	34	(20)	2	(1)	1	(1)	5	(3)	0	(0)	0	(0)	0	(0)		(3.2)
	E	1,174	(85)	111	(8)	56	(4)	49	(4)	689	(50)		(1)	47	(3)	59	(4)		(25.6)
	F	938	(79)	101	(9)	13	(1)	0	(0)	378	(32)	0	(0)	0	(0)	32	(3)		(21.8)
	Н	135	(46)	11	(4)	3	(1)	1	(0)	20	(7)	0	(0)	7	(2)	9	(3)		(5.4)
	J	22	(18)	15	(13)	0	(0)	0		0	(0)	0	(0)	0	(0)	0	(0)		(2.2)
	0	425	(67)	139	(22)	3	(0)	1	(0)	311	(49)	0	(0)	1	(0)	22	(3)		(11.8)
	T	167	(43)	85	(22)	1	(0)	0	(0)	44	(11)	0	(0)	12	(3)	6	(2)	385	(7.1)
	Ü	292	(80)	77	(21)	4	(1)	0		92	(25)	0	(0)	1	(0)	11	(3)		(6.8)
	Z	47	(13)	70	(20)	7	(2)	2	(1)	5	(1)	1	(0)	0	(0)	2	(1)		(6.6)
2007 1		3,418	(63.2)	673	(12.5)	98	(1.8)		###	1,604	(29.7)	12	(0.2)	81	(1.5)	143	(2.6)		
Grand	l Total	10,614	(67.2)	2,077	(13.2)	278	(1.8)	164	###	5,054	(32.0)	16	(0.1)	290	(1.8)	475	(3.0)	15,786	

Table 30 Admissions by ventilation status and age, 2005 - 2007

			Α	ge Grou	p (Year	s)				
Ventilation Status	<	1	1-	-4	5-	10	11-	15	Tot	al
	n	%	n	%	n	%	n	%	n	%
Invasive only	4,646	(50)	2,516	(27)	1,159	(12)	953	(10)	9,274	(58.7)
Non-invasive only	411	(56)	161	(22)	85	(12)	80	(11)	737	(4.7)
Both	925	(69)	215	(16)	94	(7)	106	(8)	1,340	(8.5)
Neither	1,705	(39)	1,254	(29)	751	(17)	686	(16)	4,396	(27.8)
Unknown	9	(23)	16	(41)	4	(10)	10	(26)	39	(0.2)
Total	7,696	(48.8)	4,162	(26.4)	2,093	(13.3)	1,835	(11.6)	15,786	

Table 31 Admissions by ventilation status by NHS trust, 2005 - 2007

				•	Ventilat	ion Stat	us						
Year	NHS Trust	Invasiv	e only	Non-invasi	ve only	Bo	th	Nei	ther	Unkr	own	Tot	:al
		n	%	n	%	n	%	n	%	n	%	n	%
2005	Α	150	(36)	19	(5)	21	(5)	230	(55)	0	(0)	420	(8.1)
	В	25	(11)	13	(6)	4	(2)	190	(82)	0	(0)	232	(4.5)
	E	1,175	(78)	41	(3)	133	(9)	166	(11)	0	(0)	1,515	(29.3)
	F	822	(73)	30	(3)	89	(8)	182	(16)	0	(0)	1,123	(21.7)
	Н	236	(68)	9	(3)	13	(4)	73	(21)	16	(5)	347	(6.7)
	J	27	(28)	8	(8)	2	(2)	59	(61)	0	(0)	96	(1.9)
	0	332	(54)	28	(5)	95	(15)	158	(26)	0	(0)	613	(11.9)
	T	105	(25)	58	(14)	34	(8)	216	(52)	0	(0)	413	(8.0)
	U	219	(54)	27	(7)	66	(16)	96	(24)	0	(0)	408	(7.9)
2005 T	otal	3,091	(59.8)	233	(4.5)	457	(8.8)	1,370	(26.5)	16	(0.3)	5,167	
2006	Α	163	(36)	17	(4)	17	(4)	252	(56)	0	(0)	449	(8.6)
	В	8	(4)	29	(13)	6	(3)	183	(81)	0	(0)	226	(4.3)
	E	1,289	(81)	34	(2)	114	(7)	162	(10)	0	(0)	1,599	(30.7)
	F	773	(71)	22	(2)	86	(8)	206	(19)	0	(0)	1,087	(20.8)
	Н	208	(66)	7	(2)	22	(7)	70	(22)	8	(3)	315	(6.0)
	J	22	(30)	4	(5)	3	(4)	45	(61)	0	(0)	74	(1.4)
	0	363	(55)	36	(5)	110	(17)	147	(22)	0	(0)	656	(12.6)
	Т	126	(29)	67	(15)	53	(12)	196	(44)	0	(0)	442	(8.5)
	U	222	(60)	24	(7)	63	(17)	58	(16)	0	(0)	367	(7.0)
2006 T	otal	3,174	(60.9)	240	(4.6)	474	(9.1)	1,319	(25.3)	8	(0.2)	5,215	
2007	Α	180	(35)	9	(2)	21	(4)	302	(59)	0	(0)	512	(9.5)
	В	9	(5)	26	(15)	8	(5)	128	(75)	0	(0)	171	(3.2)
	E	1,095	(79)	32	(2)	79	(6)	177	(13)	0	(0)	1,383	(25.6)
	F	855	(72)	18	(2)	83	(7)	224	(19)	0	(0)	1,180	(21.8)
	Н	129	(44)	5	(2)	6	(2)	144	(49)	8	(3)	292	(5.4)
	J	18	(15)	11	(9)	4	(3)	86	(72)	0	(0)	119	(2.2)
	0	330	(52)	44	(7)	95	(15)	169	(26)	0	(0)	638	(11.8)
	T	121	(31)	39	(10)	46	(12)	179	(46)	0	(0)	385	(7.1)
	U	234	(64)	19	(5)	58	(16)	56	(15)	0	(0)	367	(6.8)
	Z	38	(11)	61	(17)	9	(3)	242	(68)	7	(2)	357	(6.6)
2007 T	otal	3,009	(55.7)	264	(4.9)	409	(7.6)	1,707	(31.6)	15	(0.3) 5,404		
			(=0 =:			1.0.10	/a =:		(0= s:		(2.5)	4====	
Grand	Iotal	9,274	(58.7)	737	(4.7)	1,340	(8.5)	4,396	(27.8)	39	(0.2)	15,786	



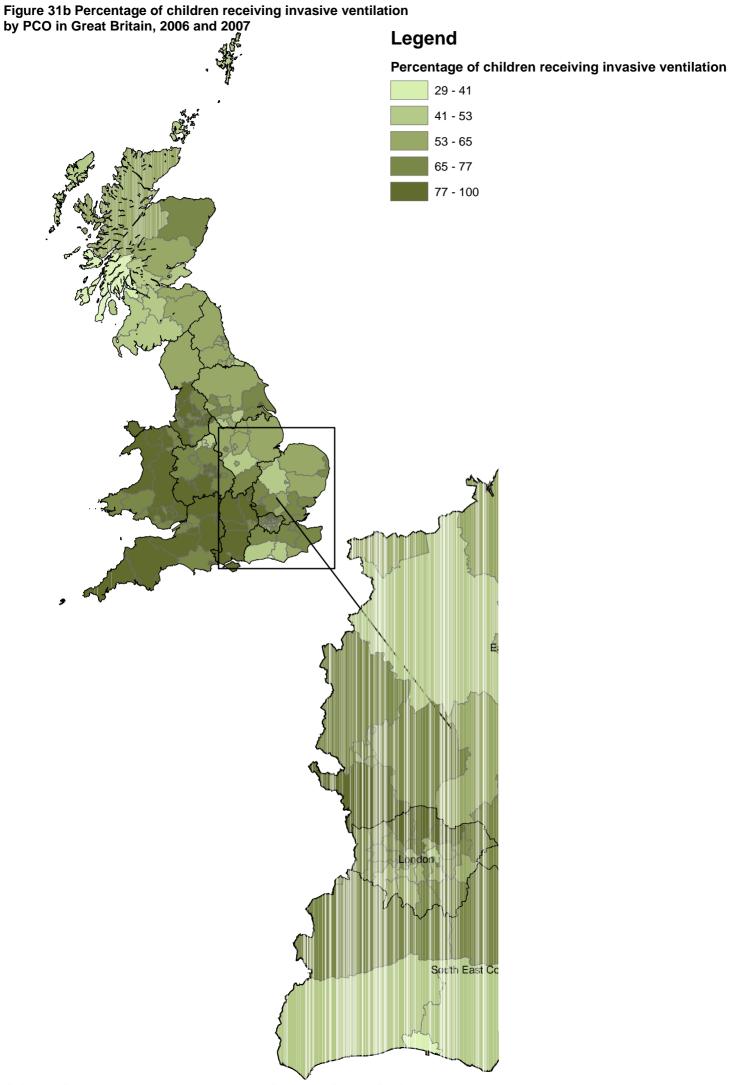


Table 32 Bed days by age and sex, 2005 - 2007

			•	Sex						
Age (Years)	Ma	le	Fem	ale	Ambig	uous	Unkn	own	Tot	al
	n	%	n	%	n	%	n	%	n	%
0	29,560	(59)	20,479	(41)	10	(0)	62	(0)	50,111	(56.9)
1	5,205	(56)	4,079	(44)	4	(0)	13	(0)	9,301	(10.6)
2	2,407	(53)	2,154	(47)	0	(0)	6	(0)	4,567	(5.2)
3	2,354	(63)	1,373	(37)	0	(0)	2	(0)	3,729	(4.2)
4	1,144	(57)	846	(43)	0	(0)	0	(0)	1,990	(2.3)
5	1,104	(56)	856	(43)	0	(0)	9	(0)	1,969	(2.2)
6	694	(51)	662	(49)	0	(0)	3	(0)	1,359	(1.5)
7	779	(43)	1,021	(57)	0	(0)	0	(0)	1,800	(2.0)
8	763	(59)	531	(41)	1	(0)	0	(0)	1,295	(1.5)
9	879	(47)	976	(53)	0	(0)	0	(0)	1,855	(2.1)
10	749	(49)	770	(51)	0	(0)	0	(0)	1,519	(1.7)
11	600	(49)	629	(51)	0	(0)	0	(0)	1,229	(1.4)
12	940	(53)	828	(47)	0	(0)	0	(0)	1,768	(2.0)
13	983	(50)	975	(50)	0	(0)	4	(0)	1,962	(2.2)
14	933	(50)	932	(50)	0	(0)	0	(0)	1,865	(2.1)
15	804	(46)	926	(54)	0	(0)	0	(0)	1,730	(2.0)
Total	49,898	(56.7)	38,037	(43.2)	15	(0.0)	99	(0.1)	88,049	

Figure 32 Bed days by age and sex, 2005 - 2007

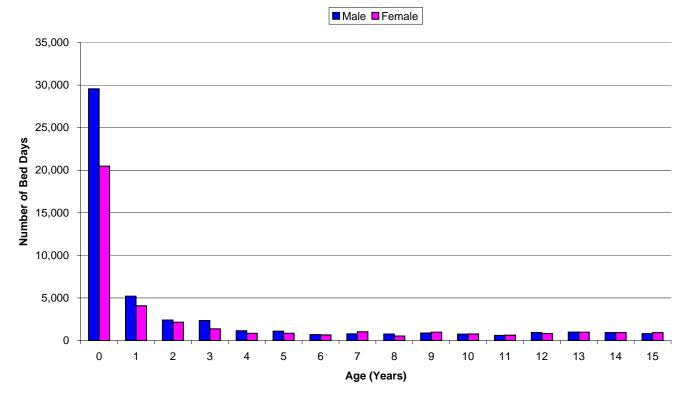


Table 33 Bed days by age by NHS trust, 2005 - 2007

				Ag	e Group	(Years))				
Year	NHS Trust	<1		1-4	4	5-	10	11-	·15	Tot	al
		n	%	n	%	n	%	n	%	n	%
2005	Α	731	(38)	379	(20)	611	(32)	207	(11)	1,928	(6.6)
	В	215	(37)	144	(25)	52	(9)	163	(28)	574	(2.0)
	E	6,419	(60)	2,251	(21)	1,239	(12)	821	(8)	10,730	(36.7)
	F	3,385	(63)	1,208	(23)	453	(8)	295	(6)	5,341	(18.3)
	Н	790	(44)	477	(27)	202	(11)	327	(18)	1,796	(6.1)
	J	101	(52)	50	(26)	23	(12)	22	(11)	196	(0.7)
	0	3,278	(75)	525	(12)	249	(6)	294	(7)	4,346	(14.9)
	T	441	(26)	602	(35)	354	(21)	299	(18)	1,696	(5.8)
	U	1,260	(48)	853	(32)	390	(15)	131	(5)	2,634	(9.0)
2005 T	otal	16,620	(56.8)	6,489	(22.2)	3,573	(12.2)	2,559	(8.8)	29,241	
2006	Α	732	(35)	436	(21)	647	(31)	289	(14)	2,104	(7.4)
	В	211	(38)	97	(17)	69	(12)	182	(33)	559	(2.0)
	E	7,014	(66)	1,820	(17)	954	(9)	871	(8)	10,659	(37.2)
	F	3,102	(61)	1,155	(23)	343	(7)	512	(10)	5,112	(17.9)
	Н	750	(44)	572	(34)	207	(12)	167	(10)	1,696	(5.9)
	J	101	(64)	37	(23)	9	(6)	11	(7)	158	(0.6)
	0	2,754	(69)	799	(20)	302	(8)	142	(4)	3,997	(14.0)
	T	696	(35)	569	(28)	400	(20)	352	(17)	2,017	(7.0)
	U	1,096	(47)	696	(30)	354	(15)	175	(8)	2,321	(8.1)
2006 T	otal	16,456	(57.5)	6,181	(21.6)	3,285	(11.5)	2,701	(9.4)	28,623	
2007	Α	994	(43)	489	(21)	271	(12)	569	(24)	2,323	(7.7)
	В	256	(51)	99	(20)	72	(14)	73	(15)	500	(1.7)
	E	5,865	(63)	1,884	(20)	772	(8)	778	(8)	9,299	(30.8)
	F	3,630	(63)	1,229	(21)	400	(7)	539	(9)	5,798	(19.2)
	Н	639	(37)	470	(28)	352	(21)	248	(15)	1,709	(5.7)
	J	123	(47)	67	(26)	22	(8)	48	(18)	260	(0.9)
	0	3,196	(76)	618	(15)	197	(5)	197	(5)	4,208	(13.9)
	T	696	(33)	729	(34)	307	(14)	403	(19)	2,135	(7.1)
	U	1,038	(40)	929	(36)	358	(14)	270	(10)	2,595	(8.6)
	Z	598	(44)	403	(30)	188	(14)	169	(12)	1,358	(4.5)
2007 T	otal	17,035	(56.4)	6,917	(22.9)	2,939	(9.7)	3,294	(10.9)	30,185	
Grand	Total	50,111	(56.9)	19,587	(22.2)	9,797	(11.1)	8,554	(9.7)	88,049	

Table 34 Bed census by month, 2005 - 2007

	0.200.0	Number i	
Year	Month	Median	IQR
			·
2005	1	72	68-75
	2	75	70-78
	3	72	70-76
	4	70	66-75
	5	71	63-75
	6	63	59-65
	7	65	61-72
	8	64	58-70
	9	57	55-62
	10	59	55-62
	11	68	60-72
	12	70	66-75
2006	1	64	60-67
	2	71	68-73
	3	71	67-74
	4	63	58-67
	5	57	53-63
	6	61	54-64
	7	59	57-64
	8	62	60-65
	9	64	60-68
	10	64	59-67
	11	70	68-76
	12	72	70-74
2007	1	68	63-73
	2	75	69.5-78
	3	70	66-72
	4	67	64-73
	5	64	62-69
	6	73	70-76
	7	68	62-73
	8	57	55-61
	9	64	58-67
	10	70	64-74
	11	77	73-79
	12	75	68-79

Figure 34 Bed census by month, 2005 - 2007

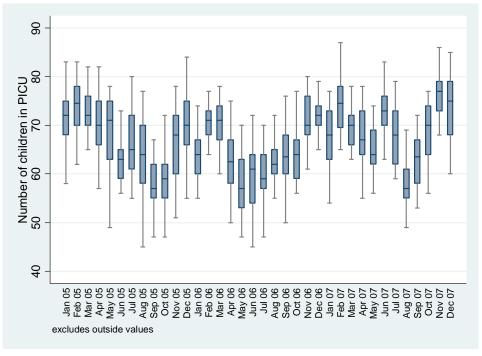


Table 35 Bed census by <u>NHS trust, 2005 - 2</u>007

Table	35 Bed censu	us by NHS tru	st, 2005 - 2
		Number i	
Year	NHS Trust	Median	IQR
2005	Α	4	3-5
	В	1	0-1
	E	26	24-28
	F	12	10-14
	Н	4	3-5
	J	0	0-0
	0	10	9-11
	T	4	3-5
	U	6	5-8
	Z	0	0-0
2006	Α	5	4-5
	В	1	0-2
	E	25	23-27
	F	11	9-13
	Н	4	3-5
	J	0	0-0
	0	9	8-11
	T	5	3-6
	U	5	4-7
	Z	0	0-0
2007	Α	5	4-6
	В	1	0-2
	E	22	20-24
	F	13	11-15
	Н	4	3-5
	J	0	0-1
	0	10	9-11
	T	5	4-6
	U	6	5-7
	Z	3	2-4

Figure 35a Bed census by NHS trust, 2005

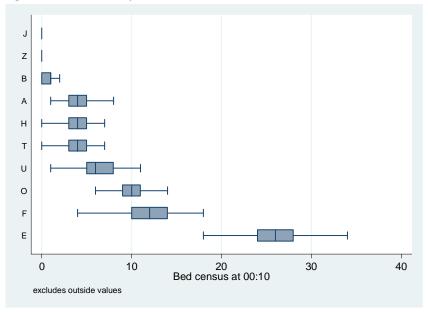


Figure 35b Bed census by NHS trust, 2006

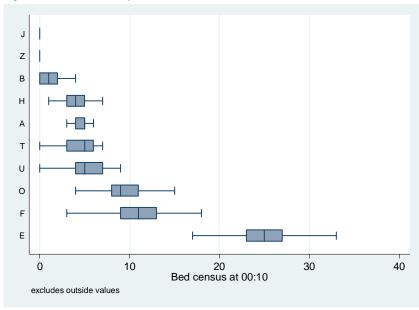


Figure 35c Bed census by NHS trust, 2007

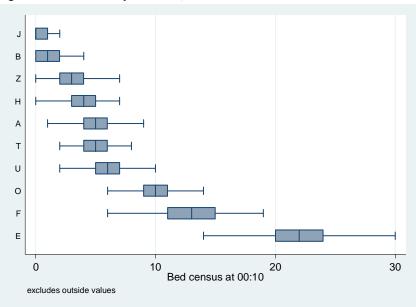
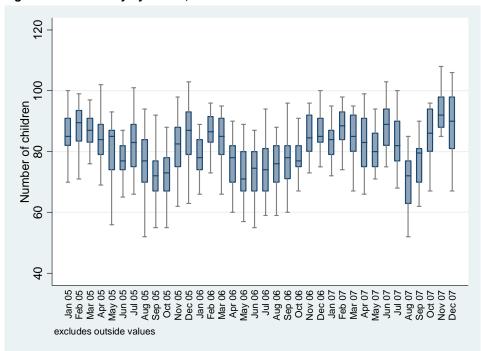


Table 36 Bed activity by month, 2005 - 2007

1 44.010 0 4		Bed Activ	
Year	Month	Median	ÌQR
		1	
2005	1	85	82-91
	2	90	83.5-93.5
	3	87	83-91
	4	84	79-89
	5	85	74-87
	6	77	74-82
	7	83	75-89
	8	77	70-84
	9	72	67-77
	10	73	67-78
	11	83	75-88
	12	87	79-93
2006	1	78	74-84
	2	87	83-91.5
	3	85	79-91
	4	78	70-82
	5	71	67-80
	6	75	67-80
	7	74	67-81
	8	76	70-82
	9	78	71-82
	10	77	75-82
	11	85	80-92
	12	85	83-91
0007	4	0.4	70.07
2007	1	84	79-87
	2	89	84-93
	3	85	80-92
	4 5	83	75-91
	6	80	75-86
	7	89 82	82-94 77-90
	8	72	63-77
	9	80	70-81
	10	86	80-94
	11	92	88-98
	12	90	81-98

Figure 36 Bed activity by month, 2005 - 2007



Year NHS Trust 2005 A	Bed Activit Median 5 2 30	IQR 4-6
	5 2	4-6
2005 A	2	
2005 A	2	
<u>B</u>	30	1-2
E		28-32
F	15	12-17
Н	5	4-6
J	0	0-1
0	12	10-13
T	5	4-6
U	7	6-9
Z	0	0-0
2006 A	6	5-7
В	1	1-2
E	29	28-32
F	14	12-17
H	5	4-6
J	0	0-1
0	11	9-13
T	6	5-7
U	7	5-8
Z	0	0-0
2007 A	6	5-8
В	1	0-2
E	26	23-29
F	16	14-19
Н	5	4-6
J	1	0-1
0	12	10-13
T	6	5-7
U	7	6-8
Z	4	3-5

Figure 37a Bed activity by NHS trust, 2005

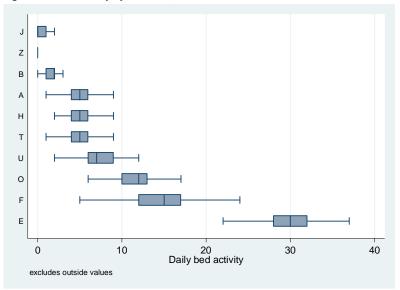


Figure 37b Bed activity by NHS trust, 2006

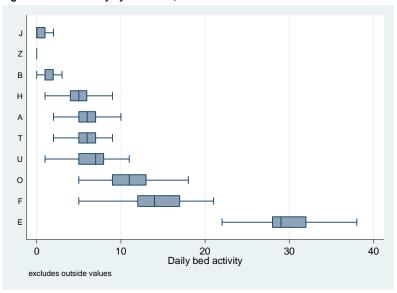


Figure 37c Bed activity by NHS trust, 2007

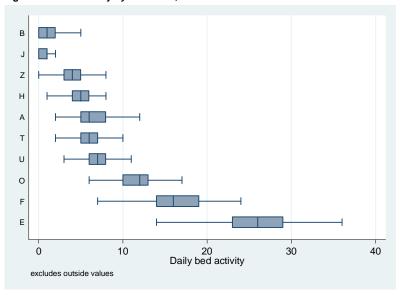


Table 38 Length of stay by age and NHS trust, 2005 - 2007

	38 Length of					up (Years)		
Year	NHS Trust	<1		1-4		5-10	Ó	11-1	15
		Median	IQR	Median	IQR	Median	IQR	Median	IQR
2005	Α	3	2-5	2	2-4	2	2-4	2	2-3
	В	2	1-3	2	1-2.5	2	1-2	2	1-3
	E	5	3-8	3	2-6	3	2-5	3	2-7
	F	4	2-6	3	2-4	3	2-4	2	2-3.5
	Н	3	2-5	2	2-4	2	2-4.5	3	2-6
	J	2	1-2	2	1-2.5	2	1-2	2	1-3
	0	4	2-8	3	2-4	2	2-3	2	2-3.5
	T	2	2-5	2	2-3	2	2-4	2	2-4
	U	4	2-8	3	2-6	3	2-4	2	2-4
2006	Α	3	2-6	2	2-3	2	2-5	2.5	2-4
	В	2	1-3	2	1-2	2	1-2	2	1-3
	E	5	3-8	3	2-6	3	2-7	3	2-6
	F	4	3-6	3	2-4	2	2-4	2	2-3
	Н	3	2-9	2	2-6	2	2-4	2	2-4
	J	2	1-3	2	1-2	1	1-2	2	2-2
	0	4	2-7	3	2-6	2	2-3	2	2-3
	T	3	2-6	2	2-4	3	2-4	3	2-6
	U	5	3-7	3	2-6	3	2-5	3	2-6
2007	Α	3	2-6	2	2-4	2	2-3	2	2-4
	В	2	2-3	1	1-2	2	2-3	3	2-3
	E	5	3-8	3	2-6	3	2-7	3	2-6
	F	4	3-6	3	2-4	2	2-3	2	2-3
	Н	3	2-6	2	2-4	3	2-6	2.5	2-10.5
	J	2	1-2	2	1-2	2	1-2	2	2-2
	0	4	2-8	3	2-4	2	2-3	2	2-3
	T	3	2-7	2	2-5	2	2-3	3	2-6
	U	5	3-9	4	2-8	3	2-7	3	2-8
	Z	3	2-5	2	2-3	2	2-3	2	2-3

Table 39 Length of stay by primary diagnostic group and NHS trust, 2005 - 2007

												Diagr	nostic Grou	ір														
NHS Trust	Blood / ly	mphatic	Body wall an	d cavities	Cardiova	ascular	Endocrine / ı	metabolic	Gastroin	testinal	Infecti	on	Multisys	stem	Musculos	skeletal	Neurolo	gical	Oncole	ogy	Respira	atory	Trauma		Other	•	Unknov	νn
	Median	IQR	Median	IQR	Median	IQR	Median	IQR	Median	IQR	Median	IQR	Median	IQR	Median	IQR	Median	IQR	Median	IQR	Median	IQR	Median I	QR	Median	IQR	Median	IQR
Α	2	1-3	3	1.5-4	2	2-4	3	2-4	2	2-3	3	2-5	2	2-7	2	2-3	2	2-4	2	2-3	4	2-7	3 2	-4.5	2	2-4	1	1-1
В	1.5	1-2.5	1	1-2	1	1-2	2	2-2	2	2-3	2	1-2	2	2-2	1	1-2	2	1-2	1	1-3	2	1-3	1	1-2	2	1-2	1.5	1-2
E	4.5	3-9	5	3-9	4	2-7	4	2-8	5	2-10	4	2-7	3.5	1-5	2	2-3	3	2-5	3	2-7	5	3-9	3.5	2-7	3	2-5	0	0-0
F	4	2.5-7	2	1-4	3	2-5	2	2-3	2	1-4.5	4	2-6	5	3-12	2	2-2	2	2-4	2	2-2	4	2-6	2	2-3	2	2-3	4	2-7
Н	2	1-3	2	1-2.5	4.5	2-11	4	2-6	3	2-6	4	2-7	0	0-0	2.5	2-4	3	2-5	2	2-3	3	2-8	2	2-5	2	2-3	2	1-6
J	2	1.5-2	2	1-2	1	1-2	1	1-2.5	2	2-3	2	1-2	0	0-0	0	0-0	2	1-2	2	1-2	2	1-2	1.5 1	-2.5	2	1-2	3	2-4
0	2	2-2	6.5	3-12	3	2-6	2	2-4	3	2-14	3	2-9	0	0-0	3	2-14	6	2-7	2	2-3	4	2-9	0	0-0	2	1-3	3	2-13
T	2	2-3	2	2-2.5	2	1-2	3	2-5	2	2-3	3	2-7	2	2-2	3	2-4	2	2-3.5	2	2-3	4	2-7	2	2-3	2	2-2	5.5	4-7
U	2	2-4	2.5	2-3	4	2-6	3	2-6	3	2-5	6	4-10	0	0-0	69	69-69	2	2-3	1	1-1	5	3-9	2	2-8	2	2-3	6.5	4-18
Z	2	2-3	2	1-3	2	1-8	3	2-3.5	2	2-3	3	2-5	0	0-0	3	3-3	2	1-3	1	1-1	2	2-4	2	2-3	2	1-4.5	0	0-0

				<u> </u>	-				LOS	Group	1								
Year	NHS Trust	<	:1h	1h to	<4h	4h to	<12h	12h to	<24h	1d to	<3d	3d to	<7d	70	+t	Unkr	nown	Tot	al
		n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
2005	Α	2	(0)	13	(3)	47	(11)	96	(23)	150	(36)	72	(17)	40	(10)	0	(0)	420	(8.1)
	В	1	(0)	20	(9)	70	(30)	50	(22)	72	(31)	14	(6)	5	(2)	0	(0)	232	(4.5)
	E	0	(0)	24	(2)	69	(5)	190	(13)	484	(32)	417	(28)	331	(22)	0	(0)	1,515	(29.3)
	F	1	(0)	22	(2)	70	(6)	182	(16)	437	(39)	291	(26)	120	(11)	0	(0)	1,123	(21.7)
	Н	0	(0)	13	(4)	40	(12)	76	(22)	112	(32)	54	(16)	52	(15)	0	(0)	347	(6.7)
	J	1	(1)	6	(6)	30	(31)	27	(28)	25	(26)	7	(7)	0	(0)	0	(0)	96	(1.9)
	0	1	(0)	17	(3)	35	(6)	94	(15)	229	(37)	128	(21)	109	(18)	0	(0)	613	(11.9)
	T	0	(0)	15	(4)	35	(8)	100	(24)	162	(39)	63	(15)	38	(9)	0	(0)	413	(8.0)
	Ü	1	(0)	5	(1)	34	(8)	65	(16)	131	(32)	101	(25)	71	(17)	0	(0)	408	(7.9)
2005 T	-	7	(0.1)	135	(2.6)	430	(8.3)	880	(17.0)	1,802	(34.9)	1,147	(22.2)	766	(14.8)	0	(0.0)	5,167	(1.0)
2006	A	1	(0)	21	(5)	50	(11)	102	(23)	140	(31)	85	(19)	50	(11)	0	(0)	449	(8.6)
	В	0	(0)	25	(11)	63	(28)	47	(21)	68	(30)	14	(6)	9	(4)	0	(0)	226	(4.3)
	E	3	(0)	29	(2)	87	(5)	207	(13)	507	(32)	392	(25)	374	(23)	0	(0)	1,599	(30.7)
	F	1	(0)	17	(2)	51	(5)	170	(16)	435	(40)	290	(27)	123	(11)	0	(0)	1,087	(20.8)
	Н	0	(0)	17	(5)	39	(12)	69	(22)	86	(27)	48	(15)	56	(18)	0	(0)	315	(6.0)
	J	1	(1)	6	(8)	16	(22)	27	(36)	21	(28)	2	(3)	1	(1)	0	(0)	74	(1.4)
	0	1	(0)	16	(2)	30	(5)	113	(17)	235	(36)	145	(22)	116	(18)	0	(0)	656	(12.6)
	T	1	(0)	14	(3)	27	(6)	103	(23)	152	(34)	88	(20)	57	(13)	0	(0)	442	(8.5)
	U	0	(0)	3	(1)	26	(7)	64	(17)	111	(30)	95	(26)	68	(19)	0	(0)	367	(7.0)
2006 T	otal	8	(0.2)	148	(2.8)	389	(7.5)	902	(17.3)	1,755	(33.7)	1,159	(22.2)	854	(16.4)	0	(0.0)	5,215	
2007	Α	0	(0)	10	(2)	46	(9)	121	(24)	185	(36)	93	(18)	57	(11)	0	(0)	512	(9.5)
	В	0	(0)	13	(8)	40	(23)	38	(22)	57	(33)	18	(11)	5	(3)	0	(0)	171	(3.2)
	E	3	(0)	17	(1)	80	(6)	136	(10)	436	(32)	411	(30)	300	(22)	0	(0)	1,383	(25.6)
	F	3	(0)	16	(1)	60	(5)	161	(14)	491	(42)	317	(27)	132	(11)	0	(0)	1,180	(21.8)
	Н	1	(0)	14	(5)	32	(11)	65	(22)	88	(30)	39	(13)	53	(18)	0	(0)	292	(5.4)
	J	1	(1)	18	(15)	22	(18)	43	(36)	31	(26)	2	(2)	2	(2)	0	(0)	119	(2.2)
	0	5	(1)	18	(3)	36	(6)	90	(14)	239	(37)	134	(21)	116	(18)	0	(0)	638	(11.8)
	T	2	(1)	8	(2)	36	(9)	98	(25)	114	(30)	62	(16)	65	(17)	0	(0)	385	(7.1)
	U	0	(0)	1	(0)	15	(4)	46	(13)	110	(30)	97	(26)	95	(26)	3	(1)	367	(6.8)
	Z	0	(0)	6	(2)	48	(13)	81	(23)	138	(39)	59	(17)	25	(7)	0	(0)	357	(6.6)
2007 T	otal	15	(0.3)	121	(2.2)	415	(7.7)	879	(16.3)	1,889	(35.0)	1,232	(22.8)	850	(15.7)	3	(0.1)	5,404	_ (- 7)
Crond	Total	30	(0.2)	404	(2.6)	1,234	(7.0)	2 664	(46.0)	E 440	(24 F)	3,538	(22 A)	2.470	(15.6)	3	(0.0)	15,786	
Grand	rotar	30	(0.2)	404	(2.6)	1,234	(7.8)	2,661	(16.9)	3,446	(34.3)	ა,ეაგ	(22.4)	2,470	(15.0)	3	(0.0)	13,786	

Table 40a Admissions by length of stay (days) by NHS trust, 2005 - 2007

	tua Aumissioi		<u> </u>			oup (day					
Year	NHS Trust	<1	4d	14d to		28d to		900	1+	Tot	al
		n	%	n	%	n	%	n	%	n	%
2005	Α	402	(96)	9	(2)	8	(2)	1	(0)	420	(8.1)
	В	230	(99)	1	(0)	1	(0)	0	(0)	232	(4.5)
	E	1,385	(91)	88	(6)	36	(2)	6	(0)	1,515	(29.3)
	F	1,080	(96)	33	(3)	9	(1)	1	(0)	1,123	(21.7)
	Н	330	(95)	12	(3)	4	(1)	1	(0)	347	(6.7)
	J	96	(100)	0	(0)	0	(0)	0	(0)	96	(1.9)
	0	567	(92)	23	(4)	21	(3)	2	(0)	613	(11.9)
	T	397	(96)	12	(3)	4	(1)	0	(0)	413	(8.0)
	U	381	(93)	19	(5)	7	(2)	1	(0)	408	(7.9)
2005 T	otal	4,868	(94.2)	197	(3.8)	90	(1.7)	12	(0.2)	5,167	
2006	Α	435	(97)	11	(2)	1	(0)	2	(0)	449	(8.6)
	В	222	(98)	3	(1)	1	(0)	0	(0)	226	(4.3)
	E	1,472	(92)	95	(6)	28	(2)	4	(0)	1,599	(30.7)
	F	1,049	(97)	25	(2)	12	(1)	1	(0)	1,087	(20.8)
	Н	294	(93)	13	(4)	8	(3)	0	(0)	315	(6.0)
	J	73	(99)	1	(1)	0	(0)	0	(0)	74	(1.4)
	0	609	(93)	30	(5)	17	(3)	0	(0)	656	(12.6)
	T	423	(96)	16	(4)	3	(1)	0	(0)	442	(8.5)
	U	337	(92)	20	(5)	8	(2)	2	(1)	367	(7.0)
2006 T	otal	4,914	(94.2)	214	(4.1)	78	(1.5)	9	(0.2)	5,215	
2007	Α	500	(98)	8	(2)	2	(0)	2	(0)	512	(9.5)
	В	169	(99)	0	(0)	2	(1)	0	(0)	171	(3.2)
	E	1,267	(92)	77	(6)	37	(3)	2	(0)	1,383	(25.6)
	F	1,139	(97)	32	(3)	7	(1)	2	(0)	1,180	(21.8)
	Н	264	(90)	16	(5)	12	(4)	0	(0)	292	(5.4)
	J	118	(99)	0	(0)	1	(1)	0	(0)	119	(2.2)
	0	584	(92)	33	(5)	19	(3)	2	(0)	638	(11.8)
	T	357	(93)	15	(4)	13	(3)	0	(0)	385	(7.1)
	U	339	(92)	21	(6)	6	(2)	1	(0)	367	(6.8)
	Z	351	(98)	1	(0)	4	(1)	1	(0)	357	(6.6)
2007 T	otal	5,088	(94.2)	203	(3.8)	103	(1.9)	10	(0.2)	5,404	
Grand	Total	#####	(94.2)	614	(3.9)	271	(1.7)	31	(0.2)	15,786	

Table 40b Total invasive ventilation days by length of stay (days) by NHS trust, 2005 - 2007

		LOS Group (days)							105 - 2007		
Year	NHS Trust	<14	1d	14d to	<28d	28d to	<90d	90	d+	Tot	al
		n	%	n	%	n	%	n	%	n	%
2005	Α	673	(46)	199	(14)	539	(37)	48	(3)	1,459	(4.9)
	В	29	(100)	0	(0)	0	(0)	0	(0)	29	-
	E	5,051	(32)	2,183	(14)	3,233	(20)	5,417	(34)	15,884	(53.0)
	F	2,017	(63)	623	(19)	469	(15)	90	(3)	3,199	(10.7)
	Н	846	(79)	189	(18)	42	(4)	0	(0)	1,077	(3.6)
	J	36	(100)	0	(0)	0	(0)	0	(0)	36	(0.1)
	0	1,184	(23)	480	(9)	1,548	(31)	1,845	(36)	5,057	(16.9)
	Т	474	(39)	380	(31)	375	(31)	0	(0)	1,229	(4.1)
	U	1,043	(52)	441	(22)	422	(21)	112	(6)	2,018	(6.7)
2005 T	otal	11,353	(37.9)	4,495	(15.0)	6,628	(22.1)	7,512	(25.1)	29,988	
2006	Α	647	(43)	281	(19)	109	(7)	456	(31)	1,493	(6.0)
	В	14	(100)	0	(0)	0	(0)	0	(0)	14	-
	E	5,746	(46)	2,123	(17)	1,954	(16)	2,665	(21)	12,488	(50.6)
	F	2,094	(72)	473	(16)	346	(12)	13	(0)	2,926	(11.9)
	Н	752	(62)	164	(14)	292	(24)	0	(0)	1,208	(4.9)
	J	30	(94)	2	(6)	0	(0)	0	(0)	32	(0.1)
	0	1,164	(40)	462	(16)	1,253	(44)	0	(0)	2,879	(11.7)
	T	727	(57)	314	(25)	240	(19)	0	(0)	1,281	(5.2)
	U	855	(36)	360	(15)	732	(31)	415	(18)	2,362	(9.6)
2006 T	otal	12,029	(48.7)	4,179	(16.9)	4,926	(20.0)	3,549	(14.4)	24,683	
2007	Α	783	(35)	116	(5)	116	(5)	1,205	(54)	2,220	(8.6)
	В	32	(100)	0	(0)	0	(0)	0	(0)	32	(0.1)
	E	4,896	(46)	1,750	(17)	2,779	(26)	1,170	(11)	10,595	(41.0)
	F	2,343	(64)	639	(17)	110	(3)	577	(16)	3,669	(14.2)
	Н	333	(100)	0	(0)	0	(0)	0	(0)	333	(1.3)
	J	26	(100)	0	(0)	0	(0)	0	(0)	26	(0.1)
	0	1,213	(31)	510	(13)	854	(22)	1,326	(34)	3,903	(15.1)
	T	704	(40)	253	(14)	797	(45)	0	(0)	1,754	(6.8)
	U	1,324	(42)	558	(17)	229	(7)	1,078	(34)	3,189	(12.3)
	Z	92	(89)	0	(0)	3	(3)	8	(8)	103	(0.4)
2007 T	otal	11,746	(45.5)	3,826	(14.8)	4,888	(18.9)	5,364	(20.8)	25,824	
		,				·		·			
Grand	Total	35,128	(43.6)	12,500	(15.5)	16,442	(20.4)	16,425	(20.4)	80,495	

Table 40c Mean invasive ventilation days by length of stay (days) by NHS trust, 2005 - 2007

	40c Mean Inva			oup (days)	, , ,	<i>y - y - y</i>
Year	NHS Trust	<14d			90d+	Total
2005	Α	4	12	34	8	7
	В	1	0	0	0	1
	E	4	16	36	143	10
	F	2	12	21	15	3
	Н	3	17	11	0	4
	J	1	0	0	0	1
	0	3	15	32	71	10
	T	3	17	38	0	7
	U	4	15	26	16	6
2005 T	otal	3	15	32	91	7
2006	Α	4	18	36	30	7
	В	1	0	0	0	1
	E	4	15	30	99	7
	F	2	12	16	13	3
	Н	3	14	24	0	5
	J	1	2	0	0	1
	0	2	11	29	0	5
	T	4	15	27	0	6
	U	3	14	37	59	7
2006 T	otal	3	14	28	71	6
2007	Δ.	4	10	23	101	
2007	A B	2	10		121 0	9
	E	4	15	33	98	2 7
	F	2	13		36	3
	Н	3	0	0	0	3
	J	1	0	0		ა 1
	0	3	10	20	0 111	7
	T	4				
	U	4	13	28	100	8
			16	23	108	9
2007 T	Z	2	0	1	2	2
2007 T	otal	3	13	26	84	6
Grand	Total	3	14	29	83	6

Table 40d Admissions by length of stay (days) by primary diagnostic group, 2005 - 2007

				LC	S Group	(days)					
Year	NHS Trust		<14d	14d to <2	8d	28d to	<90d	90d+		Tot	al
		n	%	n	%	n	%	n	%	n	%
2005	Blood / lymphatic	58	(98)	1	(2)	0	(0)	0	(0)	59	(9.1)
_000	Body wall and cavities	93	(93)	5	(5)	2	(2)	0	(0)	100	(15.4)
	Cardiovascular	1,537	(94)	54	(3)	35	(2)	5	(0)	1,631	(251.7)
	Endocrine / metabolic	99	(95)	1	(1)	3	(3)	1	(1)	104	(16.0)
	Gastrointestinal	334	(94)	13	(4)	5	(1)	2	(1)	354	(54.6)
	Infection	197	(90)	17	(8)	4	(2)	0	(0)	218	(33.6)
	Multisystem	8	(89)	1	(11)	0	(0)	0	(0)	9	(1.4)
	Musculoskeletal	88	(98)	2	(2)	0	(0)	0	(0)	90	(13.9)
	Neurological	634	(98)	9	(1)	4	(1)	1	(0)	648	(100.0)
	Oncology	178	(93)	7	(4)	5	(3)	1	(1)	191	(29.5)
	Other	248	(95)	10	(4)	4	(2)	0	(0)	262	(40.4)
	Respiratory	1,217	(93)	69	(5)	24	(2)	2	(0)	1,312	(202.5)
	Trauma	153	(94)	5	(3)	4	(2)	0	(0)	162	(25.0)
	Unknown	24	(89)	3	(11)	0	(0)	0	(0)	27	(4.2)
2005 T		4,868	(94.2)	197	(3.8)	90	(1.7)	12	(0.2)	5,167	(4.2)
	- Cital	1,000	(02)		(0.0)				(0.2)	0,101	
2006	Blood / lymphatic	46	(98)	0	(0)	1	(2)	0	(0)	47	(8.6)
	Body wall and cavities	84	(94)	5	(6)	0	(0)	0	(0)	89	(16.3)
	Cardiovascular	1,627	(95)	63	(4)	27	(2)	1	(0)	1,718	(314.7)
	Endocrine / metabolic	126	(95)	7	(5)	0	(0)	0	(0)	133	(24.4)
	Gastrointestinal	339	(92)	20	(5)	11	(3)	0	(0)	370	(67.8)
	Infection	215	(90)	16	(7)	8	(3)	0	(0)	239	(43.8)
	Multisystem	22	(92)	1	(4)	0	(0)	1	(4)	24	(4.4)
	Musculoskeletal	107	(97)	1	(1)	0	(0)	2	(2)	110	(20.1)
	Neurological	530	(97)	14	(3)	2	(0)	0	(0)	546	(100.0)
	Oncology	215	(97)	4	(2)	1	(0)	1	(0)	221	(34.1)
	Other	253	(97)	4	(2)	4	(2)	0	(0)	261	(40.3)
	Respiratory	1,186	(92)	73	(6)	20	(2)	4	(0)	1,283	(198.0)
	Trauma	139	(97)	3	(2)	1	(1)	0	(0)	143	(22.1)
	Unknown	25	(81)	3	(10)	3	(10)	0	(0)	31	(4.8)
2006 T	Total	4,914	(94.2)	214	(4.1)	78	(1.5)	9	(0.2)	5,215	
0007	DI 1/1 1 C	7.1	(05)		(5)	•	(0)	•	(0)		(40.0)
2007	Blood / lymphatic	74	(95)	4	(5)	0	(0)	0	(0)	78 77	(42.9)
	Body wall and cavities	74	(96)	2	(3)	1	(1)	0	(0)	77	(42.3)
	Cardiovascular	1,585	(94)	67	(4)	32	(2)	2	(0)	1,686	(926.4)
	Endocrine / metabolic	134	(94)	6	(4)	2	(1)	0	(0)	142	(78.0)
	Gastrointestinal	281	(94)	9	(3)	10	(3)	0	(0)	300	(164.8)
	Infection	220	(95)	8	(3)	3	(1)	0	(0)	231	(126.9)
	Multisystem	14	(100)	0	(0)	0	(0)	0	(0)	14	(7.7)
	Musculoskeletal	109	(96)	1	(1)	2	(2)	1	(1)	113	(62.1)
	Neurological	502	(97)	9	(2)	3	(1)	1	(0)	515	(283.0)
	Oncology	176	(97)	4	(2)	2	(1)	0	(0)	182	(100.0)
	Other	280	(95)	9	(3)	6	(2)	0	(0)	295	(45.5)
	Respiratory	1,431	(92)	71 5	(5)	42	(3)	4	(0)	1,548	(238.9)
	Trauma	154	(96)		(3)	0	(0)	1	(1)	160	(24.7)
2007 T	Unknown	54 5,088	(86) (94.2)	8 203	(13) (3.8)	0 103	(0) (1.9)	1 10	(2) (0.2)	5,404	(9.7)
2001 I	Ulai	5,000	(94.2)	203	(3.0)	103	(1.9)	10	(0.2)	5,404	
Grand	Total	#####	(94.2)	614	(3.9)	271	(1.7)	31	(0.2)	15,786	
			(==)		\-· - /		,,		\-'-'	, • • •	

Table 40e Total invasive ventilation days by length of stay (days) by primary diagnostic group, 2005 - 2007

					S Group						
Year	NHS Trust		<14d	14d to <		28d t	o <90d	90 d		To	
		n	%	n	%	n	%	n	%	n	%
2005	Blood / lymphatic	79	(77)	24	(23)	0	(0)	0	(0)	103	(6.1
	Body wall and cavities	276	(47)	125	(21)	192	(32)	0	(0)	593	(34.9
	Cardiovascular	3,556	(35)	1,136	(11)	2,648	(26)	2,858	(28)	10,198	(599.9
	Endocrine / metabolic	212	(15)	28	(2)	180	(13)	972	(70)	1,392	(81.9
	Gastrointestinal	651	(36)	327	(18)	502	(27)	352	(19)	1,832	(107.8
	Infection	610	(53)	416	(36)	132	(11)	0	(0)	1,158	(68.1
	Multisystem	13	(33)	26	(67)	0	(0)	0	(0)	39	(2.3
	Musculoskeletal	101	(72)	39	(28)	0	(0)	0	(0)	140	(8.2
	Neurological	1,258	(74)	183	(11)	211	(12)	48	(3)	1,700	(100.0
	Oncology	196	(15)	206	(15)	381	(28)	560	(42)	1,343	(79.0
	Other	401	(38)	204	(19)	449	(43)	0	(0)	1,054	(62.0
	Respiratory	3,542	(46)	1,601	(21)	1,642	(21)	912	(12)	7,697	(452.8
	Trauma	410	(16)	111	(4)	291	(11)	1,810	(69)	2,622	(154.2
	Unknown	48	(41)	69	(59)	0	(0)	0	(0)	117	(6.9
2005 T		11,353	(37.9)	4,495	(15.0)	6,628	(22.1)	7,512	(25.1)	29,988	(
			•	·				· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	
2006	Blood / lymphatic	142	(96)	0	(0)	6	(4)	0	(0)	148	(10.8
	Body wall and cavities	278	(67)	135	(33)	0	(0)	0	(0)	413	(30.1
	Cardiovascular	4,066	(53)	1,226	(16)	2,109	(27)	310	(4)	7,711	(562.4
	Endocrine / metabolic	311	(42)	109	(15)	0	(0)	324	(44)	744	(54.3
	Gastrointestinal	604	(41)	353	(24)	509	(35)	0	(0)	1,466	(106.9
	Infection	597	(39)	321	(21)	597	(39)	0	(0)	1,515	(110.5
	Multisystem	18	(21)	0	(0)	0	(0)	68	(79)	86	(6.3)
	Musculoskeletal	160	(29)	23	(4)	0	(0)	377	(67)	560	(40.8)
	Neurological	1,042	(76)	204	(15)	69	(5)	56	(4)	1,371	(100.0
	Oncology	254	(30)	140	(16)	131	(15)	332	(39)	857	(50.4
	Other	346	(46)	120	(16)	292	(39)	0	(0)	758	(44.6
	Respiratory	3,749	(45)	1,421	(17)	1,122	(13)	2,082	(25)	8,374	(492.6)
	Trauma	363	(76)	62	(13)	54	(11)	0	(0)	479	(28.2)
	Unknown	99	(49)	65	(32)	37	(18)	0	(0)	201	(11.8
2006 T	otal	12,029	(48.7)	4,179	(16.9)	4,926	(20.0)	3,549	(14.4)	24,683	
2007	Blood / lymphatic	61	(76)	19	(24)	0	(0)	0	(0)	80	(21.1
-00.	Body wall and cavities	232	(68)	43	(13)	68	(20)	0	(0)	343	(90.5
	Cardiovascular	3,900	(53)	1,226	(17)	1,786	(24)	446	(6)	7,358	(1941.4)
	Endocrine / metabolic	210	(50)	130	(31)	84	(20)	0	(0)	424	(111.9)
	Gastrointestinal	512	(55)	133	(14)	283	(30)	0	(0)	928	(244.9)
	Infection	570	(63)	177	(20)	159	(18)	0	(0)	906	(239.1)
	Multisystem	19	(100)	0	(0)	0	(0)	0	(0)	19	(5.0)
	Musculoskeletal	156	(11)	0	(0)	115	(8)	1,118	(80)	1,389	(366.5
	Neurological	916	(59)	160	(10)	194	(12)	290	(19)	1,560	(411.6)
	Oncology	216	(57)	33	(9)	130	(34)	0	(0)	379	(100.0
	Other	245	(62)	47	(12)	104	(26)	0	(0)	396	(23.3)
	Respiratory	4,178	(44)	1,569	(17)	1,960	(21)	1,760	(19)	9,467	(556.9)
	Trauma	350	(29)	120	(10)	0	(0)	735	(61)	1,205	(70.9
	Unknown	181	(13)	169	(12)	5	(0)	1,015	(74)	1,370	(80.6
2007 T		11,746	(45.5)	3,826	(14.8)	4,888	(18.9)	5,364	(20.8)	25,824	,
Grand	Total	35,128	(43.6)	12,500	(15.5)	16,442	(20.4)	16,425	(20.4)	80,495	

Table 40f Mean invasive ventilation days by length of stay (days) by primary diagnostic group, 2005 - 2007

			LOS Group	(dayss)		
Year	NHS Trust	<14d	•	` • •	90d+	Total
0005	District Co.	4	10	•	0	
2005	Blood / lymphatic	4	12	0	0	5
	Body wall and cavities	4	16	24	0	7
	Cardiovascular	3	14	31	62	6
	Endocrine / metabolic	4	14	30	162	21
	Gastrointestinal	3	16	42	88	8
	Infection	4	16	17	0	6
	Multisystem	3	13	0	0	7
	Musculoskeletal	2	13	0	0	2
	Neurological	3	14	23	8	3
	Oncology	3	21	38	112	14
	Other	3	15	45	0	6
	Respiratory	4	15	34	83	8
	Trauma	3	16	29	362	16
	Unknown	3	14	0	0	5
2005 T	otal	3	15	32	91	7
					<u> </u>	•
2006	Blood / lymphatic	6	0	3	0	6
	Body wall and cavities	4	17	0	0	6
	Cardiovascular	3	13	31	44	5
	Endocrine / metabolic	4	16	0	162	8
	Gastrointestinal	3	14	25	0	7
	Infection	4	15	33	0	8
	Multisystem	2	0	0	17	7
	Musculoskeletal	2	8	0	54	6
	Neurological	2	13	12	8	3
	Oncology	3	18	22	83	8
	Other	3	17	42		5
					0	
	Respiratory	4	14	29	110	8
	Trauma	3	16	27	0	4
	Unknown	4	13	9	0	6
2006 T	otal	3	14	28	71	6
2007	Blood / lymphotic	3	6	0	0	3
2007	Blood / lymphatic			0	0	_
	Body wall and cavities	4	14	34	0	6
	Cardiovascular	3	12	26	45	5
	Endocrine / metabolic	3	19	21	0	6
	Gastrointestinal	4	17	24	0	6
	Infection	4	16	32	0	6
	Multisystem	3	0	0	0	3
	Musculoskeletal	2	0	38	140	18
	Neurological	3	11	32	58	4
	Oncology	4	7	33	0	6
	Other	2	16	21	0	3
	Respiratory	4	15	25	61	8
	Trauma	3	15	0	147	9
	Unknown	4	13	5	145	21
2007 T		3	13	26	84	6
		3				

Table 41 Admissions by unit discharge status and age, 2005 - 2007

			Α	ge Grou	p (Year:	s)				
Unit discharge Status	<	1	1.	-4	5 -	10	11-	·15	Tot	al
	n	%	n	%	n	%	n	%	n	%
Alive	7,269	(48)	4,004	(27)	2,009	(13)	1,750	(12)	15,032	(95.2)
Dead	427	(57)	158	(21)	84	(11)	85	(11)	754	(4.8)
Total	7,696	(48.8)	4,162	(26.4)	2,093	(13.3)	1,835	(11.6)	15,786	_

Table 42 Admissions by unit discharge status and age (<1), 2005 - 2007

			Ag	je Group	(Month	าร)				
Unit discharge Status	<	1	1-2		-	3-5		11	То	tal
	n	%	n	%	n	%	n	%	n	%
Alive	2,483	(34)	1,685	(23)	1,444	(20)	1,657	(23)	7,269	(94.5)
Dead	196	(46)	77	(18)	74	(17)	80	(19)	427	(5.5)
Total	2,679	(34.8)	1,762	(22.9)	1,518	(19.7)	1,737	(22.6)	7,696	

Table 43 Admissions by unit discharge status and sex, 2005 - 2007

				Sex	(
Unit discharge Status	Ma	ile	Fen	nale	Ambig	uous	Unkn	own	Tot	al
	n	%	n	%	n	%	n	%	n	%
Alive	8,520	(57)	6,484	(43)	6	(0)	22	(0)	15,032	(95.2)
Dead	397	(53)	357	(47)	0	(0)	0	(0)	754	(4.8)
Total	8,917	(56.5)	6,841	(43.3)	6	(0.0)	22	(0.1)	15,786	

Table 44 Admissions by unit discharge status and sex (age <1), 2005 - 2007

		Sex								
Unit discharge Status	Ma	Male		nale	Ambiguous		Unknown		То	tal
	n	%	n	%	n	%	n	%	n	%
Alive	4,285	(59)	2,968	(41)	3	(0)	13	(0)	7,269	(94.5)
Dead	234	(55)	193	(45)	0	(0)	0	(0)	427	(5.5)
Total	4,519	(58.7)	3,161	(41.1)	3	(0.0)	13	(0.2)	7,696	

Table 45 Admissions by unit discharge status by NHS trust, 2005 - 2007

			Unit Di	schar	ge Stat	us			
Year	NHS Trust	Aliv	/e	De	ad	Unkn	own	Tot	al
		n	%	n	%	n	%	n	%
2005	Α	411	(98)	9	(2)	0	(0)	420	(8.1)
	В	231	(100)	1	(0)	0	(0)	232	(4.5)
	E	1,409	(93)	106	(7)	0	(0)	1,515	(29.3)
	F	1,071	(95)	52	(5)	0	(0)	1,123	(21.7)
	Н	325	(94)	22	(6)	0	(0)	347	(6.7)
	J	95	(99)	1	(1)	0	(0)	96	(1.9)
	0	598	(98)	15	(2)	0	(0)	613	(11.9)
	Т	398	(96)	15	(4)	0	(0)	413	(8.0)
	U	385	(94)	23	(6)	0	(0)	408	(7.9)
2005 T	otal	4,923	(95.3)	244	(4.7)	0	(0.0)	5,167	
2006	Α	442	(98)	7	(2)	0	(0)	449	(8.6)
	В	224	(99)	2	(1)	0	(0)	226	(4.3)
	E	1,479	(92)	120	(8)	0	(0)	1,599	(30.7)
	F	1,039	(96)	48	(4)	0	(0)	1,087	(20.8)
	Н	284	(90)	31	(10)	0	(0)	315	(6.0)
	J	72	(97)	2	(3)	0	(0)	74	(1.4)
	0	638	(97)	18	(3)	0	(0)	656	(12.6)
	T	427	(97)	15	(3)	0	(0)	442	(8.5)
	U	339	(92)	28	(8)	0	(0)	367	(7.0)
2006 T	otal	4,944	(94.8)	271	(5.2)	0	(0.0)	5,215	
2007	Α	492	(96)	20	(4)	0	(0)	512	(9.5)
	В	167	(98)	4	(2)	0	(0)	171	(3.2)
	E	1,303	(94)	80	(6)	0	(0)	1,383	(25.6)
	F	1,131	(96)	49	(4)	0	(0)	1,180	(21.8)
	Н	266	(91)	26	(9)	0	(0)	292	(5.4)
	J	119	(100)	0	(0)	0	(0)	119	(2.2)
	0	615	(96)	23	(4)	0	(0)	638	(11.8)
	Т	376	(98)	9	(2)	0	(0)	385	(7.1)
	U	344	(94)	23	(6)	0	(0)	367	(6.8)
	Z	352	(99)	5	(1)	0	(0)	357	(6.6)
2007 T	otal	5,165	(95.6)	239	(4.4)	0	(0.0)	5,404	
								·	
Grand	Total	15,032	(95.2)	754	(4.8)	0	(0.0)	15,786	

Table 46 Admissions by unit discharge destination and age, 2005 - 2007

			Α	ge Grou	p (Year	s)				
Discharge Destination	<	1	1.	-4	5-	10	11-	·15	Tot	al
	n	%	n	%	n	%	n	%	n	%
Normal residence	110	(22)	196	(40)	105	(21)	82	(17)	493	(3.3)
Hospice	11	(58)	2	(11)	2	(11)	4	(21)	19	(0.1)
Same hospital	5,548	(48)	3,060	(26)	1,598	(14)	1,402	(12)	11,608	(77.2)
Other hospital	1,505	(55)	693	(25)	284	(10)	240	(9)	2,722	(18.1)
Unknown	95	(50)	53	(28)	20	(11)	22	(12)	190	(1.3)
Total	7,269	(48.4)	4,004	(26.6)	2,009	(13.4)	1,750	(11.6)	15,032	

Table 47 Standardised mortality ratios by trust, 2005

			Standa	ardised l	Mortali	ty Ratio			
	Number of	Unadjusted (95% CI) Adjusted (95%							
NHS Trust	Admissions	SMR	Lower	Upper	SMR	Lower	Upper		
Α	425	0.49	0.24	0.90	0.61	0.29	1.10		
В	235	0.09	0.00	0.49	0.14	0.00	0.76		
E	1,546	1.49	1.23	1.78	1.04	0.86	1.24		
F	1,132	0.96	0.72	1.25	0.67	0.51	0.88		
Н	350	1.38	0.88	2.03	1.25	0.80	1.85		
J	97	0.22	0.01	1.17	0.40	0.01	2.17		
0	616	0.51	0.29	0.83	0.72	0.40	1.17		
Т	419	0.75	0.42	1.22	0.93	0.53	1.52		
U	412	1.17	0.75	1.73	0.70	0.45	1.04		

Figure 47a PICU Standardised mortality ratios by NHS trust with 99.9% control limits, 2005: unadjusted

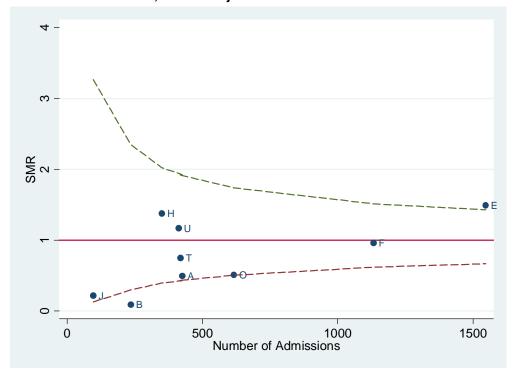


Figure 47b PICU Standardised mortality ratios by NHS trust with 99.9% control limits, 2005: risk adjusted (PIM)

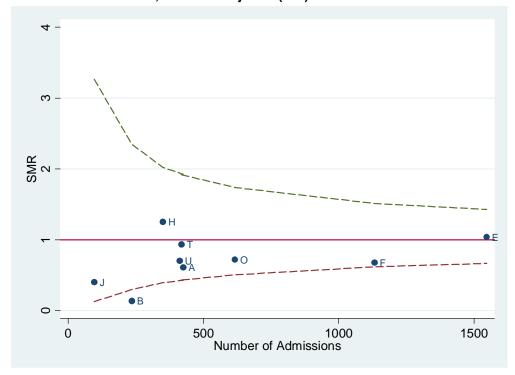


Table 48 Standardised mortality ratios by trust, 2006

			Stan	dardised	d Mortali	ty Ratio				
	Number of	Unad	ljusted (9	5% CI)	95% CI)	PIM2 A	djusted (9	5% CI)		
NHS Trust	Admissions	SMR	Lower	Upper	Upper SMR Lower Upper				Lower	Upper
A	45.4	0.00	0.40	0.04	0.00	0.40	0.00	0.50	0.00	1.10
A	454	0.30	0.12	0.61	0.39	0.16	0.80	0.58	0.23	1.19
В	234	0.16	0.02	0.59	0.32	0.04	1.14	0.45	0.05	1.59
E	1,629	1.44	1.20	1.71	1.09	0.91	1.29	1.00	0.83	1.18
F	1,101	0.84	0.62	1.10	0.68	0.50	0.89	0.60	0.44	0.79
Н	322	1.91	1.33	2.64	1.85	1.28	2.55	1.20	0.83	1.66
J	75	0.51	0.06	1.79	0.69	0.08	2.41	0.96	0.12	3.36
0	656	0.53	0.31	0.83	0.78	0.47	1.23	0.67	0.40	1.05
Т	450	0.68	0.39	1.10	0.84	0.49	1.36	1.24	0.71	1.99
U	369	1.46	0.98	2.07	0.81	0.55	1.16	0.88	0.59	1.26

Figure 48a PICU Standardised mortality ratios by NHS trust with 99.9% control limits, 2006: unadjusted

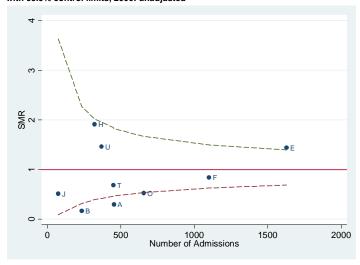


Figure 48b PICU Standardised mortality ratios by NHS trust with 99.9% control limits, 2006: risk adjusted (PIM)

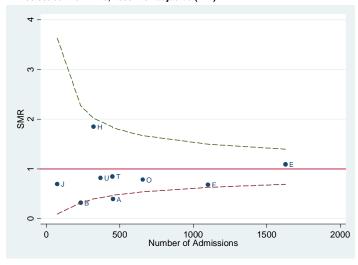


Figure 48c PICU Standardised mortality ratios by NHS trust with 99.9% control limits, 2006: risk adjusted (PIM2)

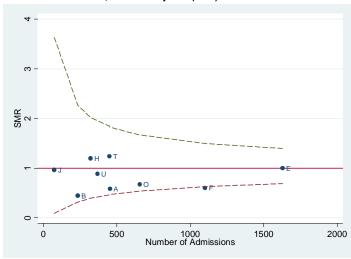


Table 49 Standardised mortality ratios by trust, 2007

			Stan	dardised	l Mortal	ity Ratio				
	Number of	Unad	ljusted (9	5% CI)	PIM A	djusted (9	95% CI)	PIM2 A	djusted (9	5% CI)
NHS Trust	Admissions	SMR	Lower	Upper	SMR	Lower	Upper	SMR	Lower	Upper
Α	524	0.91	0.57	1.37	0.83	0.52	1.25	0.97	0.61	1.47
В	175	0.65	0.21	1.48	0.97	0.32	2.21	1.54	0.50	3.53
E	1,405	1.29	1.03	1.59	0.95	0.76	1.18	0.83	0.66	1.03
F	1,207	0.94	0.70	1.23	0.62	0.46	0.81	0.56	0.42	0.74
Н	294	2.00	1.33	2.87	1.72	1.14	2.47	1.42	0.94	2.04
J	119	0.00	0.00	0.69	0.00	0.00	1.03	0.00	0.00	1.24
0	642	0.81	0.52	1.21	1.03	0.66	1.53	0.96	0.61	1.42
Т	401	0.51	0.23	0.95	0.44	0.20	0.82	0.70	0.32	1.32
U	368	1.48	0.96	2.16	0.68	0.44	1.00	0.66	0.43	0.97
Z	364	0.31	0.10	0.72	0.49	0.16	1.14	0.72	0.23	1.67

Figure 49a PICU Standardised mortality ratios by NHS trust with 99.9% control limits, 2007: unadjusted

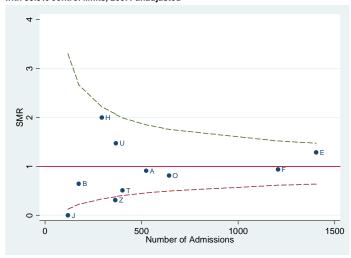


Figure 49b PICU Standardised mortality ratios by NHS trust with 99.9% control limits, 2007: risk adjusted (PIM)

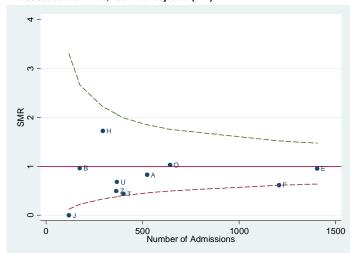


Figure 49c PICU Standardised mortality ratios by NHS trust with 99.9% control limits, 2007: risk adjusted (PIM2)

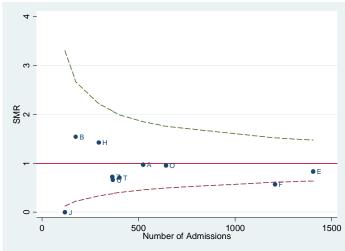


Table 50 Standardised mortality ratios combined by trust, 2005 - 2007

			Stand	ardised l	Mortali	ty Ratio		
	Number of	Unad	ljusted (9	5% CI)	Adjusted (95% CI)			
NHS Trust	Admissions	SMR	Lower	Upper	SMR	Lower	Upper	
Α	1,403	0.57	0.40	0.77	0.64	0.45	0.87	
В	644	0.26	0.11	0.51	0.43	0.18	0.84	
E	4,580	1.42	1.27	1.58	1.03	0.93	1.15	
F	3,440	0.91	0.77	1.06	0.66	0.56	0.77	
Н	966	1.75	1.40	2.15	1.59	1.28	1.96	
J	291	0.22	0.04	0.62	0.34	0.07	0.97	
0	1,914	0.61	0.46	0.79	0.84	0.64	1.09	
Т	1,270	0.66	0.47	0.89	0.72	0.52	0.97	
U	1,149	1.36	1.08	1.69	0.73	0.58	0.91	
Z	364	0.29	0.09	0.66	0.49	0.16	1.14	

Figure 50a PICU Standardised mortality ratios by NHS trust with 99.9% control limits, 2005 - 2007 combined: unadjusted

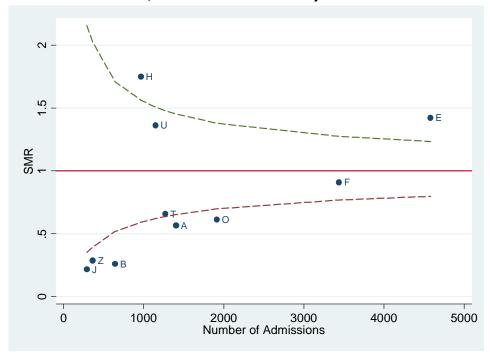


Figure 50b PICU Standardised mortality ratios by NHS trust with 99.9% control limits, 2005 - 2007 combined: risk adjusted (PIM)

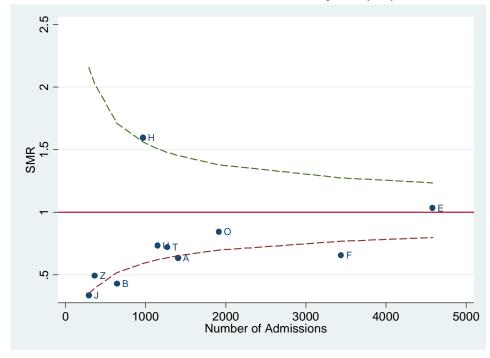


Figure 50c Risk adjusted mortality (PIM) by SHA / HB in Great Britain, 2005 - 2007



Table 51 Admissions by follow-up status and age, 2005 - 2007

			A	ge Grou	p (Year:	s)				
Follow-Up Status	<1		1-4		5-10		11-15		Total	
-	n	%	n	%	n	%	n	%	n	%
Alive	1,210	(49)	656	(26)	311	(13)	304	(12)	2,481	(15.7)
Dead	161	(69)	41	(18)	15	(6)	17	(7)	234	(1.5)
Unknown	6,325	(48)	3,465	(27)	1,767	(14)	1,514	(12)	13,071	(82.8)
Total	7,696	(48.8)	4,162	(26.4)	2,093	(13.3)	1,835	(11.6)	15,786	

Table 52 Admissions by follow-up status and age (<1), 2005 - 2007

		Age Group (Months)								
Follow-Up Status	<	<1		1-2		3-5		11	Total	
-	n	%	n	%	n	%	n	%	n	%
Alive	374	(31)	304	(25)	254	(21)	278	(23)	1,210	(15.7)
Dead	80	(50)	30	(19)	34	(21)	17	(11)	161	(2.1)
Unknown	2,225	(35)	1,428	(23)	1,230	(19)	1,442	(23)	6,325	(82.2)
Total	2,679	(34.8)	1,762	(22.9)	1,518	(19.7)	1,737	(22.6)	7,696	

Table 53 Admissions by follow-up status and sex, 2005 - 2007

	Sex									
Follow-Up Status	Male		Female		Ambiguous		Unknown		Total	
	n	%	n	%	n	%	n	%	n	%
Alive	1,436	(58)	1,032	(42)	1	(0)	12	(0)	2,481	(15.7)
Dead	121	(52)	113	(48)	0	(0)	0	(0)	234	(1.5)
Unknown	7,360	(56)	5,696	(44)	5	(0)	10	(0)	13,071	(82.8)
Total	8,917	(56.5)	6,841	(43.3)	6	(0.0)	22	(0.1)	15,786	

Table 54 Admissions by follow-up status and sex (age<1), 2005 - 2007

		Sex								
Follow-Up Status	Male		Female		Ambiguous		Unknown		Total	
-	n	%	n	%	n	%	n	%	n	%
Alive	730	(60)	471	(39)	1	(0)	8	(1)	1,210	(15.7)
Dead	91	(57)	70	(43)	0	(0)	0	(0)	161	(2.1)
Unknown	3,698	(58)	2,620	(41)	2	(0)	5	(0)	6,325	(82.2)
Total	4,519	(58.7)	3,161	(41.1)	3	(0.0)	13	(0.2)	7,696	

Table 55 Admissions by follow-up status by NHS trust, 2005 - 2007

	55 Admissions				Up Stat			-	
Year	NHS Trust	Ali			ad	Unkn	own	Tot	al
		n	%	n	%	n	%	n	%
2005	Α	32	(8)	1	(0)	387	(92)	420	(8.1)
	В	201	(87)	3	(1)	28	(12)	232	(4.5)
	E	0	(0)	0	(0)	1,515	(100)	1,515	(29.3)
	F	8	(1)	73	(7)	1,042	(93)	1,123	(21.7)
	Н	19	(5)	0	(0)	328	(95)	347	(6.7)
	J	72	(75)	4	(4)	20	(21)	96	(1.9)
	0	478	(78)	2	(0)	133	(22)	613	(11.9)
	T	0	(0)	0	(0)	413	(100)	413	(8.0)
	U	0	(0)	0	(0)	408	(100)	408	(7.9)
2005 T	otal	810	(15.7)	83	(1.6)	4,274	(82.7)	5,167	
2006	Α	4	(1)	1	(0)	444	(99)	449	(8.6)
	В	199	(88)	2	(1)	25	(11)	226	(4.3)
	E	0	(0)	0	(0)	1,599	(100)	1,599	(30.7)
	F	678	(62)	71	(7)	338	(31)	1,087	(20.8)
	Н	5	(2)	1	(0)	309	(98)	315	(6.0)
	J	64	(86)	1	(1)	9	(12)	74	(1.4)
	0	0	(0)	0	(0)	656	(100)	656	(12.6)
	T	0	(0)	0	(0)	442	(100)	442	(8.5)
	U	46	(13)	4	(1)	317	(86)	367	(7.0)
2006 T	otal	996	(19.1)	80	(1.5)	4,139	(79.4)	5,215	
2007	Α	0	(0)	0	(0)	512	(100)	512	(9.5)
2007	B	140	(82)	5	(3)	26	(100)	171	(3.2)
	E	0	(0)	0	(0)	1,383	(100)	1,383	(25.6)
	F	208	(18)	62	(5)	910	(77)	1,180	(21.8)
	H	3	(1)	0	(0)	289	(99)	292	(5.4)
	J	108	(91)	4	(3)	7	(6)	119	(2.2)
	0	0	(0)	0	(0)	638	(100)	638	(11.8)
	T	1	(0)	0	(0)	384	(100)	385	(7.1)
	U	0	(0)	0	(0)	367	(100)	367	(6.8)
	Z	215	(60)	0	(0)	142	(40)	357	(6.6)
2007 T	otal	675	(12.5)	71	(1.3)	4,658	(86.2)	5,404	(: 0)
	_								
Grand	Total	2,481	(15.7)	234	(1.5)	13,071	(82.8)	15,786	

Table 56 Re-Admissions by NHS trust and source of previous admission, 2005 - 2007

		S	ource of P	revious Ad	mission			
NHS Trust	Same NHS	S Trust	Other NH	IS Trust	No Previous	Admission	Tot	al
	n	%	n	%	n	%	n	%
Α	280	(20)	34	(2)	1,067	(77)	1,381	(8.7)
В	151	(24)	39	(6)	439	(70)	629	(4.0)
E	1,172	(26)	344	(8)	2,981	(66)	4,497	(28.5)
F	1,027	(30)	216	(6)	2,147	(63)	3,390	(21.5)
Н	244	(26)	77	(8)	633	(66)	954	(6.0)
J	23	(8)	26	(9)	240	(83)	289	(1.8)
0	621	(33)	88	(5)	1,198	(63)	1,907	(12.1)
T	297	(24)	99	(8)	844	(68)	1,240	(7.9)
U	135	(12)	116	(10)	891	(78)	1,142	(7.2)
Z	66	(18)	37	(10)	254	(71)	357	(2.3)
Total	4,016	(25.4)	1,076	(6.8)	10,694	(67.7)	15,786	

Table 57 Number of admissions of individual children by their NHS trust of first admission, 2005 - 2007

							ber o	f Admis	sions	3								
NHS Trust	1		2	_	;	3		4	;	5		6		7	8	8+	Tot	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Α	885	(79)	142	(13)	56	(5)	19	(2)	12	(1)	1	(0)	1	(0)	4	(0)	1,120	(9.7)
В	356	(75)	71	(15)	17	(4)	9	(2)	6	(1)	3	(1)	2	(0)	9	(2)	473	(4.1)
С	0	(0)	1	(20)	2	(40)	2	(40)	0	(0)	0	(0)	0	(0)	0	(0)	5	-
D	0	(0)	1	(10)	1	(10)	3	(30)	2	(20)	0	(0)	2	(20)	1	(10)	10	-
E	2,356	(74)	494	(15)	183	(6)	82	(3)	31	(1)	18	(1)	11	(0)	18	(1)	3,193	(27.7)
F	1,576	(68)	411	(18)	164	(7)	83	(4)	46	(2)	15	(1)	8	(0)	20	(1)	2,323	(20.1)
G	0	(0)	1	(50)	0	(0)	1	(50)	0	(0)	0	(0)	0	(0)	0	(0)	2	-
Н	493	(75)	91	(14)	44	(7)	15	(2)	6	(1)	2	(0)	4	(1)	4	(1)	659	(5.7)
I	0	(0)	3	(30)	4	(40)	1	(10)	1	(10)	1	(10)	0	(0)	0	(0)	10	-
J	193	(76)	37	(15)	15	(6)	3	(1)	4	(2)	0	(0)	0	(0)	2	(1)	254	(2.2)
K	0	(0)	0	(0)	0	(0)	1	(100)	0	(0)	0	(0)	0	(0)	0	(0)	1	-
L	0	(0)	2	(50)	0	(0)	1	(25)	0	(0)	0	(0)	0	(0)	1	(25)	4	-
M	0	(0)	1	(33)	0	(0)	1	(33)	0	(0)	1	(33)	0	(0)	0	(0)	3	-
N	0	(0)	15	(54)	7	(25)	3	(11)	1	(4)	0	(0)	0	(0)	2	(7)	28	(0.2)
0	835	(65)	275	(21)	94	(7)	46	(4)	29	(2)	6	(0)	3	(0)	5	(0)	1,293	(11.2)
P	0	(0)	6	(32)	6	(32)	4	(21)	1	(5)	1	(5)	0	(0)	1	(5)	19	(0.2)
Q	0	(0)	0	(0)	0	(0)	1	(50)	0	(0)	0	(0)	1	(50)	0	(0)	2	-
R	0	(0)	6	(21)	6	(21)	8	(29)	3	(11)	1	(4)	1	(4)	3	(11)	28	(0.2)
Т	696	(79)	105	(12)	44	(5)	13	(1)	5	(1)	3	(0)	2	(0)	11	(1)	879	(7.6)
U	765	(83)	104	(11)	31	(3)	15	(2)	2	(0)	1	(0)	1	(0)	5	(1)	924	(8.0)
V	0	(0)	4	(40)	3	(30)	0	(0)	1	(10)	1	(10)	0	(0)	1	(10)	10	-
W	0	(0)	11	(61)	4	(22)	2	(11)	1	(6)	0	(0)	0	(0)	0	(0)	18	(0.2)
X	0	(0)	4	(27)	5	(33)	2	(13)	2	(13)	1	(7)	0	(0)	1	(7)	15	(0.1)
Υ	0	(0)	1	(50)	0	(0)	1	(50)	0	(0)	0	(0)	0	(0)	0	(0)	2	-
Z	216	(85)	20	(8)	9	(4)	5	(2)	2	(1)	0	(0)	0	(0)	2	(1)	254	(2.2)
Total	8,371	(72.6)	1,806	(15.7)	695	(6.0)	321	(2.8)	155	(1.3)	55	(0.5)	36	(0.3)	90	(8.0)	11,529	

Table 58 Number of individual children by NHS trust and diagnostic group of first admission, 2005 - 2007

			•				•			Di	agnos	tic Gro	up																
NHS Trust	Blood / lyn	nphatic	Body wall an	d cavities	Cardiova	scular	Endocrine / n	netabolic	Gastroint	estinal	Infed	ction	Multisy	stem	Musculosk	reletal	Neurol	ogical	Onco	logy	Respir	atory	Trau	ma	Other	Mi	ssing	Tota	al
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	% r	· %	n	%	n	%
																													
Α	21	(2)	21	(2)	30	(3)	38	(3)	97	(9)	58	(5)	11	(1)	57	(5)	207	(18)	159	(14)	264	(24)	75	(7) 8	31 (7) 1	(0)	1,120	(9.7) (4.1)
В	4	(1)	23	(5)	11	(2)	25	(5)	81	(17)	34	(7)	0	(0)	5	(1)	54	(11)	6	(1)	168	(36)	18	(4)	2 (9) 2	(0)	473	(4.1)
С	0	(0)	0	(0)	1	(20)	0	(0)	0	(0)	1	(20)	0	(0)	0	(0)	0	(0)	0	(0)	3	(60)	0	(0)	0 (O) C	(0)	5	-
D	0	(0)	0	(0)	4	(40)	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)	1	(10)	0	(0)	5	(50)	0	(0)	0 (0) 0	(0)	10	-
E	23	(1)	102	(3)	1,307	(41)	94	(3)	213	(7)	104	(3)	7	(0)	71	(2)	293	(9)	95	(3)	624		152	(5) 10		3) 0	(0)	3,193	(27.7)
F	8	(0)	15	(1)	944	(41)	56	(2)	34	(1)	131	(6)	2	(0)	93	(4)	249	(11)	6	(0)	625	(27)	44	(2))5 (·	4) 21	(1)	2,323	(20.1)
G	0	(0)	0	(0)	1	(50)	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)	1	(50)	0	(0)	0	(0)	0 (0) 0	(0)	2	
Н	12	(2)	15	(2)	10	(2)	22	(3)	116	(18)	28	(4)	0	(0)	4	(1)	115	(17)	23	(3)	89	(14)	65	(10) 15	7 (2	4) 3	(0)	659	(5.7)
I	0	(0)	0	(0)	6	(60)	1	(10)	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)	3	(30)	0	(0)	0 (0) 0	(0)	10	-
J	8	(3)	19	(7)	6	(2)	8	(3)	65	(26)	8	(3)	0	(0)	0	(0)	27	(11)	5	(2)	81	(32)	4	(2) 2	2 (9) 1	(0)	254	(2.2)
K	0	(0)	0	(0)	1	(100)	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)	0 (0) 0	(0)	1	-
L	0	(0)	0	(0)	1	(25)	1	(25)	0	(0)	0	(0)	0	(0)	0	(0)	1	(25)	0	(0)	1	(25)	0	(0)	0 (0) 0	(0)	4	-
M	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)	1	(33)	0	(0)	2	(67)	0	(0)	0 (0) 0	(0)	3	-
N	1	(4)	0	(0)	16	(57)	0	(0)	1	(4)	0	(0)	0	(0)	0	(0)	1	(4)	1	(4)	8	(29)	0	(0)	0 (0) 0	(0)	28	(0.2)
0	1	(0)	0	(0)	1,109	(86)	4	(0)	9	(1)	8	(1)	0	(0)	9	(1)	2	(0)	11	(1)	125	(10)	0	(0)	6 (0) 9	(1)	1,293	(11.2)
P	0	(0)	0	(0)	12	(63)	0	(0)	1	(5)	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)	5	(26)	0	(0)	1 (5) 0	(0)	19	(0.2)
Q	0	(0)	0	(0)	1	(50)	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)	1	(50)	0	(0)	0	(0)	0	(0)	0 (0) 0	(0)	2	-
R	0	(0)	0	(0)	10	(36)	0	(0)	5	(18)	1	(4)	0	(0)	0	(0)	1	(4)	1	(4)	10	(36)	0	(0)	0 (0) 0	(0)	28	(0.2)
T	20	(2)	11	(1)	15	(2)	20	(2)	113	(13)	42	(5)	0	(0)	13	(1)	138	(16)	139	(16)	282	(32)	45	(5)	1 (5) 0	(0)	879	(7.6) (8.0)
U	28	(3)	1	(0)	46	(5)	37	(4)	26	(3)	101	(11)	0	(0)	0	(0)	228	(25)	1	(0)	395	(43)	8	(1)	3 (4) 20	(2)	924	(8.0)
V	0	(0)	0	(0)	5	(50)	0	(0)	1	(10)	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)	3	(30)	1	(10)	0 (0) 0	(0)	10	-
W	0	(0)	0	(0)	14	(78)	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)	1	(6)	3	(17)	0	(0)	0 (0) 0	(0)	18	(0.2)
Х	0	(0)	2	(13)	5	(33)	0	(0)	2	(13)	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)	5	(33)	0	(0)	1 (7) 0	(0)	15	(0.1)
Υ	0	(0)	0	(0)	0	(0)	0	(0)	1	(50)	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)	1	(50)	0	(0)	0 (0) 0	(0)	2	-
Z	16	(6)	3	(1)	7	(3)	14	(6)	9	(4)	17	(7)	0	(0)	0	(0)	19	(7)	1	(0)	126	(50)	27	(11)	5 (6) 0	(0)	254	(2.2)
Total	142	(1.2)	212	(1.8)	3,562	(30.9)	320	(2.8)	774	(6.7)	533	(4.6)	20	(0.2)	252	(2.2)	1,338	(11.6)	450	(3.9)	2,828	(24.5)	439	(3.8) 60	2 (5.:	2) 57	(0.5)	11,529	

Table 59 Individual child admissions by diagnostic group and readmission status, 2005 - 2007

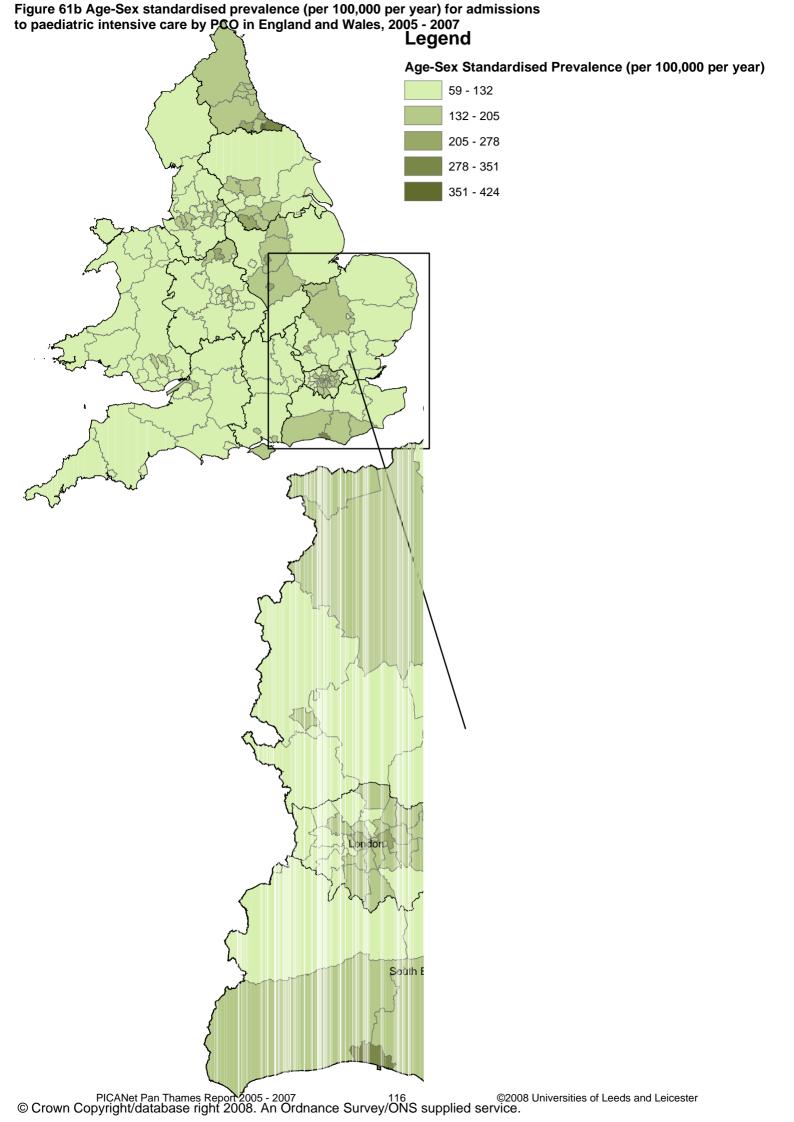
			Number	of Admiss	ions			
Diagnostic Group	Sin	gle	Multiple (1 trust)	Multiple (2	+ trusts)	Tot	al
	n	%	n	%	n	%	n	%
Blood / lymphatic	100	(70)	31	(22)	11	(8)	142	(1.2)
Body wall and cavities	165	(78)	32	(15)	15	(7)	212	(1.8)
Cardiovascular	2,243	(63)	1,082	(30)	237	(7)	3,562	(30.9)
Endocrine / metabolic	265	(83)	29	(9)	26	(8)	320	(2.8)
Gastrointestinal	556	(72)	166	(21)	52	(7)	774	(6.7)
Infection	450	(84)	47	(9)	36	(7)	533	(4.6)
Missing	30	(53)	22	(39)	5	(9)	57	(0.5)
Multisystem	11	(55)	7	(35)	2	(10)	20	(0.2)
Musculoskeletal	204	(81)	38	(15)	10	(4)	252	(2.2)
Neurological	1,047	(78)	177	(13)	114	(9)	1,338	(11.6)
Oncology	316	(70)	111	(25)	23	(5)	450	(3.9)
Other	472	(78)	95	(16)	35	(6)	602	(5.2)
Respiratory	2,104	(74)	395	(14)	329	(12)	2,828	(24.5)
Trauma	408	(93)	19	(4)	12	(3)	439	(3.8)
Total	8,371	(72.6)	2,251	(19.5)	907	(7.9)	11,529	

Table 60 Age specific prevalence (per 100,000 per year) for admissior to paediatric intensive care in the Pan Thames region, 2005 - 2007

						Pre	valence F	Rates			
Sex	Age Group	Population	20	005 (95%	CI)	20	06 (95%	CI)	20	07 (95%	CI)
	(Years)	(2001 Census)	Rate	Lower	Upper	Rate	Lower	Upper	Rate	Lower	Upper
Male	<1	102,980	1,288	1,219	1,357	1,294	1,225	1,364	1,326	1,256	1,395
	1-4	430,040	145	133	156	163	151	175	170	158	183
	5-10	651,897	51	46	56	51	46	57	53	48	59
	11-15	531,557	53	47	59	51	45	57	60	54	67
Female	<1	98,892	918	859	978	901	842	960	1,032	969	1,095
	1-4	411,191	133	121	144	127	117	138	137	125	148
	5-10	622,531	50	44	56	44	39	49	43	38	48
	11-15	506,380	43	37	49	53	47	60	63	56	70
Total		3,355,468	135	132	139	137	133	141	147	143	151

Table 61 Age-sex standardised prevalence (per 100,000 per year) for admissions to paediatric intensive care by SHA in the Pan Thames region, 2005 - 200

			Prevalence												
Country	SHA / HB	Population	2	005 (95%	CI)	2	006 (95%	CI)	2	007 (95%	CI)	2005	- 2007 (9	95% CI)	
		(2001 Census)	Rate	Lower	Upper	Rate	Lower	Upper	Rate	Lower	Upper	Rate	Lower	Upper	
England	East of England	1,083,270	110	103	116	113	107	120	124	117	131	116	112	119	
	London	1,451,005	148	142	154	149	143	155	166	160	173	154	151	158	
	South East Coast	821,193	146	137	154	145	137	154	141	132	149	144	139	149	
Total		3,355,468	135	132	139	137	133	141	147	143	151	140	138	142	



APPENDIX A PARTICIPATING NHS TRUSTS AND HOSPITAL CHARACTERISTICS

NHS Trust	Participating Hospital	Unit / Ward	Number of ITU beds	Number of HDU beds	Type of unit
Barts and the London NHS Trust	Barts and The London Children's Hospital	PCCU	2 ventilated beds	4	General
Birmingham Children's Hospital NHS Trust	Birmingham Children's Hospital	PICU	19	0	General & Cardiac
Brighton & Sussex University Hospitals NHS Trust	The Royal Alexandra Children's Hospital	L8 PICU	1.5 ¹	8 ²	General
Cambridge University Hospitals NHS Foundation Trust	Addenbrooke's Hospital	PICU	6	2	General
Cardiff & Vale NHS Trust	University Hospital of Wales	PICU	7	0	General
Central Manchester & Manchester Children's University Hospitals NHS Trust	Royal Manchester Children's Hospital	PICU	15	0	General
Great Ormond Street Hospital for Children	Great Ormond Street Hospital for Children	CCCU	14-16 ³	0	Cardiac
NHS Trust	Great Ormond Street Hospital for Children	PICU & NICU	21	0	General & Neonatal Unit
Guy's & St. Thomas' NHS Foundation Trust	Evelina Children's Hospital	PICU	15	0	General & Cardiac
Hull & East Yorkshire Hospitals NHS Trust	Hull Royal Infirmary	PICU beds on AITU	0	4 ⁴	Adult ICU providing General PICU
King's College Hospital NHS Trust	King's College Hospital	PICU	6 ⁵	0	General & Hepatic & Neurosurgical
Londo Torobio e Honoitele NUO Terret	Leeds General Infirmary	Wards 2 & 4	17 ⁶	0	General & Cardiac
Leeds Teaching Hospitals NHS Trust	St. James's University Hospital	PICU	17 ⁶	0	General
	Newcastle General Hospital	PICU	10 ⁷	6 ⁷	General
Newcastle Upon Tyne Hospitals NHS Foundation Trust	Royal Victoria Infirmary	Ward 3	10	O	Surgical ICU
	Freeman Hospital	PICU Freeman	7 ⁸	0	Cardiothoracic surgery & ECMO
NHS Lothian – University Hospitals Division	Royal Hospital for Sick Children, Edinburgh	PICU	7 ⁹	6 ⁹	General
NHS Greater Glasgow and Clyde – Women and Children's Division	Royal Hospital for Sick Children, Yorkhill	PICU	16 ¹⁰	6 ¹⁰	General, Cardiac & ECMO
Oxford Radcliffe Hospitals NHS Trust	The John Radcliffe Hospital	PICU	7	2 ¹¹	General & Cardiac
Nottingham University Hospitals NHS Trust	Queen's Medical Centre	PICU	6	4	General (plus regional neurosurgical, spinal and cleft lip & palate services)

NHS Trust	Participating Hospital	Unit / Ward	Number of ITU beds	Number of HDU beds	Type of unit
Royal Brompton & Harefield NHS Trust	Royal Brompton Hospital	PICU	10	4	Cardiac & Respiratory
Royal Liverpool Children's NHS Trust	Royal Liverpool Children's Hospital	PICU	21	0	General & Cardiac
Oberffeld Obildeeds NUIO Feed detice Treet	Sheffield Children's Hospital	PICU	9	2	General
Sheffield Children's NHS Foundation Trust	Sheffield Children's Hospital	Neonatal Surgical Unit	2	0	Neonatal Surgical Unit
Southampton University Hospitals NHS Trust	Southampton General Hospital	PICU	10 ¹²	0	General & Cardiac
South Tees Hospitals NHS Trust	James Cook University Hospital	PICU	4	0	General
St. George's Healthcare NHS Trust	St. George's Hospital	PICU	5	0	General & Neurosurgical
St. Mary's NHS Trust	St. Mary's Hospital	PICU	8	2	General
The Lewisham Hospital NHS Trust	University Hospital, Lewisham	PICU	1	2 ¹³	General & Surgery
The Royal Group of Hospitals and Dental Hospital HSS Trust	Royal Belfast Hospital for Sick Children	PICU	7 ¹⁴	0	General
United Bristol Healthcare NHS Trust	Bristol Royal Hospital for Children	PICU	14 ¹⁵	0	General & Cardiac
University Hospitals of Leicester NHS Trust	Leicester Royal Infirmary	CICU	6	2	General
Oniversity Hospitals of Leftester NHO Hust	Glenfield Hospital	PICU	5	0	Cardiac, General & ECMO
University Hospital of North Staffordshire NHS Trust	University Hospital of North Staffordshire	PICU	6	1	General

- Capacity for 3 beds, 1.5 funded. HDU is a separate unit.
- The actual figure depends on the number of ECMO patients and HDU patients.
- With capacity to ventilate two patients on the Adult ICU.
- A new unit opens in April 2008, which will ultimately house 8 PICU beds and 8 HDU beds (the latter to be phased in gradually).
- Nurses / beds used flexibly across the sites. 6
- Total bed numbers split between two hospital sites.
- From March 2008, this unit will have 8 PICU beds (possibly increasing to 10 by the end of the year).

- This change in bed complement (ie from 6 to 7 beds) was effective as of 1st November 2007. ITU/HDU beds used flexibly (e.g. ITU 7 + HDU 6; 9 ITU + 4 HDU; 11 ITU + 2 HDU).
- 11
- Beds used flexibly between areas.

 HDU will increase to 4 beds in February 2008 in a separate unit.

 The 10th bed opened Jan/Feb 2008 and a further bed will be opening in summer 2008.

 Flexed by a further 2 beds to support winter pressures. 12
- 13
- The unit is anaesthetist-led and only admits patients under 15 years. A total of 7 ITU/HDU beds are used flexibly depending on demand.
- This change in bed complement (ie from 13 to 14 beds) was effective as of 1st April 2007.

APPENDIX B CLINICAL ADVISORY GROUP MEMBERSHIP

Name	Position	NHS Trust / Hospital	Period served
Dr Paul Baines	Consultant in Paediatric Intensive Care	Royal Liverpool Children's NHS Trust Alder Hey Hospital	2002 - present
Ms Corenna Bowers	Sister	Cardiff & Vale NHS Trust University Hospital of Wales	2002 - 2004
Dr Anthony Chisakuta	Lead Clinician	The Royal Group of Hospitals & Dental Hospital HSS Trust Royal Belfast Hospital for Sick Children	2008 - present
Dr Peter Davis	Consultant in Paediatric Intensive Care	United Bristol Healthcare NHS Trust Bristol Royal Hospital for Children	2006 - present
Dr Andrew Durward	Consultant in Paediatric Intensive Care	Guy's & St Thomas' NHS Foundation Trust Evelina Children's Hospital	2002 - present
Ms Georgina Gymer	Research Nurse	Nottingham University Hospitals NHS Trust Queen's Medical Centre	2005 - 2006
Dr James Fraser	Consultant in Paediatric Intensive Care	United Bristol Healthcare NHS Trust Bristol Royal Hospital for Children	2002 – 2006
Dr Hilary Klonin	Consultant in Paediatric Intensive Care	Hull & East Yorkshire Hospitals NHS Trust Hull Royal Infirmary	2002 - present
Ms Christine Mackerness	Sister	Newcastle Upon Tyne Hospitals NHS Foundation Trust Newcastle General Hospital	2002 - present
Ms Tina McClelland	Audit Sister	Royal Liverpool Children's NHS Trust Alder Hey Hospital	2006 - present
Dr Jillian McFadzean	Consultant in Paediatric Intensive Care	NHS Lothian – University Hospitals Division Edinburgh Royal Hospital for Sick Children	2005 - present
Ms Victoria McLaughlin	Audit Nurse	Central Manchester & Manchester Children's University Hospitals NHS Trust Royal Manchester Children's Hospital	2002 - 2007
Dr Roddy O'Donnell	Consultant in Paediatric Intensive Care	Cambridge University Hospitals NHS Foundation Trust Addenbrooke's Hospital	2002 - present
Ms Geralyn Oldham	Information Support Manager	Great Ormond Street Hospital for Children NHS Trust Great Ormond Street Hospital for Sick Children	2002 - present
Dr Gale Pearson (Chair)	Consultant in Paediatric Intensive Care	Birmingham Children's Hospital NHS Trust Birmingham Children's Hospital	2002 - present
Dr Damian Pryor	Consultant in Paediatric Intensive Care	Cardiff & Vale NHS Trust University Hospital of Wales	2002 - 2004
Ms Chloe Rishton	CHiP Nurse	Central Manchester & Manchester Children's University Hospitals NHS Trust Royal Manchester Children's Hospital	2008 - present
Dr Allan Wardhaugh	Consultant in Paediatric Intensive Care	Cardiff & Vale NHS Trust University Hospital of Wales	2004 - present
Ms Debbie White	Sister	Cambridge University Hospitals NHS Foundation Trust Addenbrooke's Hospital	2002 - present

APPENDIX C STEERING GROUP MEMBERSHIP

Name	Position	Organisation	Representation	Period Served
Mrs Pamela Barnes	Chair of Action for Sick Children	Action for Sick Children	Lay Member	2002 - present
Professor Nick Black (Chair)	Head of Health Services Research Unit	London School of Hygiene and Tropical Medicine	Health Services Research / Public Health	2002 - 2007
Mr William Booth	Clinical Nurse Manager	United Bristol Healthcare NHS Trust Bristol Royal Hospital for Children PICU	Royal College of Nursing	2002 - present
Ms Bev Botting	Child Health and Pregnancy Statistics	Office for National Statistics	Office for National Statistics (data protection)	2002 - 2003
Dr Jean Chapple	Consultant in Perinatal Epidemiology / Public Health	Westminster Primary Care Trust	PICNET founder	2002 - 2006
Dr Bill Chaudhry	Consultant Paediatrician	Newcastle Upon Tyne Hospitals NHS Trust Newcastle General Hospital PICU	Clinical IT	2002 - 2003
Dr Mark Darowski	Consultant Paediatric Anaesthetist	Leeds Teaching Hospitals NHS Trust Leeds General Infirmary PICU	Royal College of Anaesthetists	2002 - present
Mr Noel Durkin	Department of Health	Child Health Services Directorate	Department of Health	2002 - present
Dr Ian Jenkins	Consultant in Paediatric Intensive Care	United Bristol Healthcare NHS Trust Bristol Royal Hospital for Children PICU	Paediatric Intensive Care Society	2006 - present
Dr Steve Kerr	Consultant in Paediatric Intensive Care	Royal Liverpool Children's NHS Trust Alder Hey Hospital PICU	Chair of PICS	2003 - present
Ms Helen Laing	Clinical Audit	Healthcare Commission	Healthcare Commission	2004 - 2006
Mr Ian Langfield	Audit Co-ordinator	National Assembly of Wales	National Assembly of Wales	2002 - 2003
Dr Michael Marsh	Consultant in Paediatric Intensive Care	Southampton University Hospitals NHS Trust Southampton General Hospital PICU	Royal College of Paediatrics and Child Health	2002 - present
Dr Jillian McFadzean / Ms Laura Reekie	Consultant in Anaesthesia & Intensive Care / PA	NHS Lothian – University Hospitals Division Edinburgh Royal Hospital for Sick Children	Edinburgh Royal Hospital for Sick Children	2005 - present
Dr Roddy McFaul	Medical Advisor	Child Health Services Directorate	Department of Health	2002 - 2003
Dr Kevin Morris	Consultant in Paediatric Intensive Care	Birmingham Children's Hospital NHS Trust Birmingham Children's Hospital PICU	Clinical Lead for the West Midlands Medicines for Children Local Research Network	2006 - present
Professor Jon Nicholl	Director of Medical Care Research Unit	School of Health and Related Research University of Sheffield	Health Services Research / Statistics	2002 - 2006
Dr Gale Pearson	Consultant in Paediatric Intensive Care	Birmingham Children's Hospital NHS Trust Birmingham Children's Hospital PICU	Chair of PICANet CAG	2002 - present

Name	Position	Organisation	Representation	Period Served
Ms Tanya Ralph	Nursing Research Lead	Sheffield Children's NHS Foundation Trust Sheffield Children's Hospital PICU	PICS	2002 - 2006
Dr Kathy Rowan (on sabbatical 2004 -, represented by Lucy Scott)	Director	ICNARC	Intensive Care National Audit & Research Centre	2002 - present
Mr Stuart Rowe	PCT Commissioner	Commissioning Department Hammersmith & Fulham PCT	PCT Commissioner (Pan-Thames)	2003 - present
Ms Dominique Sammut	Audit Co-ordinator	Health Commission Wales	Health Commission Wales	2003 - present
Dr Jennifer Smith	Medical Advisor	Office Project Team	Commission for Health Improvement	2002 - 2004
Dr Charles Stack	Consultant in Paediatric Intensive Care	Sheffield Children's NHS Foundation Trust Sheffield Children's Hospital PICU	PICS	2002 - 2006
Professor Stuart Tanner	Medical Advisor in Paediatrics and Child Health	Child Health Services Directorate Department of Health	Department of Health	2003 - 2006
Dr Robert Tasker	Lecturer in Paediatrics	Department of Paediatrics University of Cambridge Clinical School	PICS SG	2004 - present
Dr Edward Wozniak	Medical Advisor in Paediatrics and Child Health	Child Health Services Directorate Department of Health	Department of Health	2006 - present

APPENDIX D DATA/INFORMATION REQUESTS RECEIVED TO DATE

Request date	Name	Position & Place of work	Information requested	Status
06/07/2004	Tom Blyth	Clinical Research Fellow	ASTHMA STUDY	Completed
		Department of Paediatric Allergy, St Mary's Hospital, London	For each month of the study (starting September 2003) the number of children admitted with asthma for each hospital participating in the study, their ages, whether they were ventilated (and if so for how long) and the length of PICU admission. The hospitals involved are – Bristol, Southampton, Guys, Georges, GOS, Brompton, St Mary's, Leicester, Cambridge, Manchester, Alder Hey, Cardiff, Sheffield, Nottingham*, North Staffs*.	
			(* - final approval to recruit not yet obtained). I would also be interested in knowing a list of all PICUs on PICANet so I can see if I could approach any other units.	
24/09/2004	Mark Darowski	Clinical Director, Leeds Teaching Hospitals Trust	LEEDS SMRs 1. SMR for each of the 3 elements of our service (as up-to-date as possible).	Completed
			2. If the data suggest that SJUH PICU has a high SMR, please can I have an SMR (with CI) for oncology patients admitted to SJUH as compared to a national aggregate score for oncology patients.	
04/10/2004	Charles Stack	Director ICU, Sheffield Children's Hospital	PREVALENCE RATES OF ADMISSION Prevalence rate of admissions per 1000 children per year in PICANet recording area for the last full year.	Completed
06/10/2004	Simon Nadel	Consultant in Paediatric Intensive	RSV STUDY	Completed
		Care, St Mary's Hospital London	Number of children admitted to UK PICUs with a diagnosis of acute viral bronchiolitis, and/or (if possible) a diagnosis of RSV infection.	
18/11/2004	Andrew Magnay	Consultant in Paediatric Intensive Care, University of North Staffordshire NHS Trust	NORTH STAFFS ADMISSIONS Quarterly or 4 monthly report by fiscal year time frames of the following population data, specifically, patients admitted to PICU, University Hospital of North Staffordshire:	Completed
			1. Number of Admissions by PCT during report time window. 2.a. Number of episodes which completed (=discharge or death) during the report time window by PCT, and b. Number of days of PICU care associated with these discharges/ deaths by PCT; 3. Number of admissions by Health authority; 4. a. Number of episodes which completed (=discharge or death) during the report time window by Health Authority and b. Number of days of PICU care associated with these discharges / deaths by Health Authority	
30/11/2004	Ulf Theilen	Locum Consultant, Royal Hospital for Sick Children, Edinburgh	PERTUSSIS Number of admissions to PICUs in 2003 and 2004 with diagnosis pertussis Number of deaths of these children Of these children, age at time of death Use of inotropes (yes/no)	Completed
07/12/2004	Mark Campbell	SHO, Anaesthetics, Derriford Hospital, Plymouth	Level of max, mean airway pressure (if available). TEENAGERS IN PICU Epidemiology of critical care in teenagers:- A) % and numbers of admissions of 13 to 19 year olds (inclusive) B) diagnostic case-mix by broad category C) male:female ratio D) length of stay and invasive or non-invasive ventilation (mean, median and IQR please) E) outcome F) Could we have the same figures for those admitted from another hospital or from an intensive care unit	Rejected
23/12/2004	Roz Jones	Specialised Services Commissioning Manager, Specialised Services	NORTH WEST RSV Number and length of stay in days of children with bronchiolitis, RSV-positive bronchiolitis and RSV-negative infection in children admitted to Royal Liverpool Children's	Completed
10/01/2005	Peter Davis	Specialised Services Consultant Paediatric Intensivist, Bristol Royal Hospital for Children	Hospital and Royal Manchester Children's Hospital for the period of March 2003 and February 2004 BURNS STUDY All children admitted to PICUs in UK with burns.	Completed (without unit identification)
			Breakdown of numbers per unit, with identification of units if possible	
			First portion of postcode to identify geographical location of home address of all PICU burn admissions	

Request date	Name	Position & Place of work	Information requested	Status
	Andrew Gill	Senior Casemix Consultant NHS	NHSIA STUDY	PICANet has written a
		Information Authority		software utility to enable
				PICUs to provide data
				from local PICANet
			Full PICANet dataset	databases for the HRG
				study. PICANet
				continues to provide
				support to the PCC
				Expert Working Group in
				the development of
				HRGs for paediatric
				intensive care.
19/04/2005	Sophie Lusby	Project Manager - Children's	NORTH EAST LONDON REQUEST	Completed
13/04/2000	Copine Eddby	Services	No. III East Establish (East Establish East Establish East Establish East Establish East Establish East Establish (East Establish East Establish East Establish East Establish East Establish (East Establish East Establish East Establish East Establish East Establish East Establish (East Establish East Establish Establish East Establish Establish Establish (East Establish Establish Establish Establish Establish Establish Establish Establish (East Establish Establish Establish Establish Establish Establish Establish Establish (East Establish Establish Establish Establish Establish Establish Establish Establish (East Establish Establish Establish Establish Establish Establish Establish Establish (East Establish Establish Establish Establish Establish Establish Establish Establish (East Establish Establish Establish Establish Establish Establish Establish (East Establish Establish Establish Establish Establish Establish (East Establish (East Establish (Ea	Completed
		Barts and the London NHS Trust	For North East London residents ONLY, for 2003/4 and 2004/5 as far as possible and all queries split by period:	
			How many children treated in PIC?	
			Numbers/percentages by sex	
			Numbers/percentages by age, splitting the ages into under 28 days, under 1 year, under 2 years, and above	
			What were the diagnoses of these children on admission? (numbers/percentages of different diagnoses)	
			And of these please specify single/multi system failure (numbers/percentages of either)	
			Length of stay, in hours	
			Length of intubation, in hours (if not intubated please specify also)	
			Name of treating PIC (numbers and percentages)	
			LESS IMPORTANTLY BUT STILL REQUISITE:	
			Numbers by age, as above, but also 2-5 yrs, 5-10, 10 and above	
			Retrieval/Transfer – type	
			Other reasons for admission	
			Co-morbidities	
			Discharge destination	
			Diagnosis on discharge	
			Any information on readmission	
29/05/2005	Simon Nadel	Consultant in Paediatric Intensive	 SEPSIS STUDY	Pending
23/03/2000	Olinoir radei	Care, St Mary's Hospital, London	GET 510 51 651	1 chaing
		,,,	#The numbers of children admitted to PICUs with a primary or secondary diagnosis of sepsis.	
			Is this community or nosocomially acquired?	
			What is the proportion of underlying co-morbidity?	
			What is the age spread?	
			Do you have information about aetiology (ie infecting organisms)?	
			How many children with "other" diagnoses (ie respiratory / neurological) have a primary infectious cause of PICU admission?	
			What is the outcome?	
13/06/2005	Stuart Rowe	Lead Commissioner - Pan Thames,	PAN THAMES COMMISSIONERS' REQUEST	Completed
		Hammersmith and Fulham PCT	All data will relate to residents with a postcode in the Pan Thames region and will cover the periods 2003/4 (April – March) and 2004/5 (April – March).	
			DATA BY YEAR AND BY SHA	
			PICU admissions by month	
			PICU admissions by gender	
			PICU admissions by age:	
			Age groups: ≤28 days, 29 days to <1 year, 1 to <2 years, 2 to <5 years, 5 to <10 years, 10 years plus.	
			PICU admissions by diagnosis on admission.	
			Diagnostic groups: Accidents & poisoning, Blood/lymphatic, Cardiovascular, Congenital, Endocrine/metabolic, Gastrointestinal, Infection, Musculoskeletal, Neurological,	
			Oncology, Perinatal, Respiratory, Trauma, Urological, Other.	
			PICU admissions by intervention received:	
			Invasive ventilation, Non-invasive ventilation, ECMO, IV vasoactive drug therapy, LVAD, ICP device, Renal support.	
			PICU admissions by length of stay	
			In hours: <1, 1 to <4, 4 to <12, 12 to <24, 24 plus.	
			In days: <1, 1 to <3, 3 to <7, 7 to <14, 14 to <28, 28 plus. PICU admissions by days of invasive ventilation	

Request date	e Name	Position & Place of work	Information requested	Status
			In days: <1, 1 to 2, 3 to 5, 6 to 10, 11 plus.	
			PICU admissions by unit discharge status	
			Status: Alive or dead.	
			PICU admissions by unit discharge destination	
			Destination groups: Home, Same hospital, Other hospital.	
			Number of retrievals by team type Team type: Own team, Other specialist team (PICU), Other specialist team (non-PICU), Non-specialist team.	
			The above can all be done by month for an aggregated Pan Thames dataset.	
			UNIT LEVEL DATA BY YEAR AND BY PCT	
			PICU admissions by treating unit (*anonymised until agreement received).	
			*Responsibility of Pan Thames to gain agreement from lead clinician.	
			The above can all be done by month for an aggregated Pan Thames dataset.	
13/06/2005	Stuart Rowe	Lead Commissioner - Pan Thames,	SUPPLEMENTARY REQUEST:	Completed
		Hammersmith and Fulham PCT		
		nammersmun and Fulliam PCT	All data will relate to residents with a postcode in the Pan Thames region and will cover the periods 2003/4 (April – March) and 2004/5 (April – March).	
			DATA BY YEAR AND BY SHA	
			Number of retrievals by primary diagnostic group	
			Diagnostic groups: Accidents & poisoning, Blood/lymphatic, Cardiovascular, Congenital, Endocrine/metabolic, Gastrointestinal, Infection, Musculoskeletal, Neurological,	
			Oncology, Perinatal, Respiratory, Trauma, Urological, Other	
			? More details for neurological	
			LTV patients	
			? Define LTV	
			? Data	
			?Ethnicity / Mortality / Illness severity	
21/06/2005	Noel Durkin	Child Health Services Directorate.	CASELOAD PRESSURES	Completed
21/00/2000	140CI BUIKIII	Department of Health	Department of Health provided their draft 'National Paediatric Intensive Care Capacity Stocktake' proforma and requested PICANet completed the data fields where	Completed
		2 oparament or ribatar	possible. (Data was requested for 2001 - 2005).	
			Current bed numbers by unit (separated by High Dependency and Intensive Care).	
			2. Number of these beds which are currently fully staffed and at what WTE per bed.	
			3. Information on current workload by unit (including number of patients admitted and their average length of stay.	
			4. Any information on refusals.	
			5. Number of retrievals by unit.	
			6. Average bed occupancy by unit and further separated by High Dependency and Intensive Care.	
29/07/2005	Duncan Macrae	PICU Director, Royal Brompton	GLYCAEMIA CONTROL INTERVENTION TRIAL	Completed
		Hospital	Numbers of admissions of children invasively ventilated	
			Numbers given inotropes	
			Whether they received cardiac surgery or not	
			Length of stay	
03/08/2005	Kevin Morris	Consultant in PICU.	Mortality at discharge. WEST MIDLANDS BURNS	Completed
03/00/2003	Kevili MOITIS	Birmingham Children's Hospital	WEST MIDLANDS BURNS Numbers, severity (%), length of stay, mortality (and time to death).	Completed
		Consultant in PICU,	Notinests, severity (%), length of stay, mortality (and time to death). NEURO MONITORING NEURO MONITORING	Completed
16/08/2005	Kevin Morris			Completed
16/08/2005	Kevin Morris		Information about children admitted to PICU with a diagnosis of meningitis or encephalitis and the use of neuro-monitoring in these patients eg ICP monitoring	
16/08/2005 22/08/2005		Birmingham Children's Hospital	Information about children admitted to PICU with a diagnosis of meningitis or encephalitis and the use of neuro-monitoring in these patients eg ICP monitoring SOUTHAMPTON RESPIRATORY	Completed
	Iain MacIntosh	Birmingham Children's Hospital Consultant in PICU,	SOUTHAMPTON RESPIRATORY	Completed
16/08/2005 22/08/2005		Birmingham Children's Hospital		Completed
		Birmingham Children's Hospital Consultant in PICU,	SOUTHAMPTON RESPIRATORY Number of patients admitted with a respiratory diagnosis. This information divided into bronchiolitis / asthma / pneumonia.	Completed
22/08/2005	lain MacIntosh	Birmingham Children's Hospital Consultant in PICU, Southampton General Hospital	SOUTHAMPTON RESPIRATORY Number of patients admitted with a respiratory diagnosis. This information divided into bronchiolitis / asthma / pneumonia. We need to then divide the patients into those over one year old and those under one year old	·
		Birmingham Children's Hospital Consultant in PICU,	SOUTHAMPTON RESPIRATORY Number of patients admitted with a respiratory diagnosis. This information divided into bronchiolitis / asthma / pneumonia.	Completed

Request date	Name	Position & Place of work	Information requested	Status
			Casenote number	
			Name	
			DOB	
			Admission date	
			Discharge status	
			Discharge date Non-invasive ventilation	
			Number of days of non-invasive ventilation	
			Invasive ventilation	
			Number of days of invasive ventilation (if applicable)	
			Tracheostomy	
			Primary diagnosis	
10/10/2005	Sophie Lusby	Project Manager - Children's	SUPPLEMENTARY REQUEST	Completed
		Services		
		Barts and the London NHS Trust	Supplementary data to that in the report recently provided.	
			Split LOS into <24 hrs, 24 to <48 hrs, 48 hrs plus Look at number of days ventilated	
			Look at fluinger of days ventilated Look at fluinger of days ventilated	
20/10/2005	Zoey Taylor	Audit Clerk, University Hospital of	Lour at ulayingsis	Completed
20/10/2000	Zocy raylor	Wales	Number of patients admitted to Cardiff's PICU with a diagnosis of meningococcal disease (by month / age / admission source).	Completed
26/10/2005	Peter Davis	Consultant Paediatric Intensivist,	BRISTOL CPR	Completed
20/10/2000	l cici bavis	Bristol Royal Hospital for Children	Numbers of both in-hospital and out-of hospital arrests for 2003-4 admitted to PICU, their ages, admission diagnosis and their ultimate outcome (survival / non-survival).	Completed
		Shotor respair respiration estimates	Also their pupillary reaction.	
11/11/2005	Mark Darowski	Clinical Director, Leeds Teaching	LEEDS BED PLANNING STUDY	Completed
		Hospitals Trust		
			Data request from SOAPS for PICU data	
			1. Commissioned beds per head of population under age 16 by geographical area. Within this, we need to make an allowance for the cardiac work that comes into	
			Leeds from North Trent.	
			2. Patient flows.	
			a. For each PCT within our area, identify all patients requiring PIC care and the units in which they received it.	
			b. For all patients admitted to Leeds/Hull PICU, identify source PCT. 3. Beds days. Total beds occupied per annum and on each day, aggregated by PCT and by commissioning area.	
			s. beus days. Total beus occupied per annum and on leach day, aggregated by For and by commissioning area. a. Excluding long term ventilated patients (at various levels), therefore excluding patients who have been ventilated for	
			a. Excluding this term verificated patients (at various levers), meleticle excluding patients wito have been verificated to: [i. > 3/12]	
			i. > o/12 ii. > 6/12	
			iii > 9/12	
			b. Excluding high dependency patients (those who have never been ventilated during their PICU stay)	
			Calculate funded beds per 100,000 population.	
			Calculate funded beds per 100,000 population, weighted for socio-economic deprivation.	
			Calculate number of beds required to meet 90% and 95% of demand as calculated in 3 above and then excluding LTV patients (at each level) and HD patients.	
			Calculate on how many days predicted bed requirements are not sufficient to meet demand at each level, and how many patients would have failed to be admitted.	
			Plot number of children on PICU by day against max number of commissioned beds, nationally and for each commissioning region. Plan services Plan services Plan	
			Services	
01/12/2005	Tim Martland	Consultant Paediatric Neurologist,	STATUS EPILEPTICUS STUDY	Rejected
		Royal Manchester Children's		·
		Hospital	PICANet data for children admitted with Status epilepticus (please specify)	
			Treatment used for status epilepticus (possibly use custom fields section of database).	
06/12/2005	Corinne Camilleri-Ferrante	Consultant in Public Health	TRENT BED OCCUPANCY	Completed
		Medicine, TrentCOM	More information on the bed days in Nottingham (QMC), Sheffield and Leicester, particularly the split in Sheffield between PIC and neonatal surgery beds.	
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Request date	Name	Position & Place of work	Information requested	Status
			The data as they currently appear do not seem logical and I understand that might be the problem.	
08/12/2005	Parviz Habibi	Consultant, St Mary's Hospital	BRONCHIOLITIS - MORTALITY Annual death rate from bronchiolitis 2004	Completed
08/12/2005	Nadeem Moghal	Consultant Paediatric Intensive	Armai deam rate nom bioricinomis 2004 RENAL FAILURE	Completed
00/12/2003	Nadeem Wognai	Care, Nephrology, RVI Newcastle		Completed
12/01/2006	Nour Hassan	Clinical Fellow, Newcastle General		Completed
		Hospital	The following information on oncology admissions to NGH and the RVI:	
			Non-invasive ventilation: Yes/No	
			(if yes, number of days)	
			Invasive ventilation: Yes/No (if yes, number of days)	
			Inotropes: Yes/No	
16/01/2006	Sian Thomas	Project Manager, Welsh Assemby	WELSH TBI	Completed
		Government	Admissions to PICU (outside Cardiff) with a Welsh postcode, aged under 16 years with a primary diagnosis of traumatic brain injury.	
			Time period: June 2003 – May 2005	
01/03/2006	James Fraser	Consultant in Paediatric Intensive	PICU ACTIVITY	Completed
01/00/2000	ounics i rusci	Care, Bristol Children's Hospital	The number of admissions and number of bed days by PCT	Completed
			(a) for Bristol admissions and	
			(b) for all PICU admissions	
05/00/0000	0 " 1 1	5:1::1::08	NEL PATERITO AT INV	
05/06/2006	Cornelia Junghans	Epidemiologist & Research Fellow, Prognostic Epidemiology Group,	NEL PATIENTS STUDY	Completed
		UCL Medical School	For all patients in the NEL sector:	
		OOE Wedical College	Not currently in the manual but discussed with Roger Parslow:	
			1. Individual Townsend score	
			2. Ethnicity obtained by name programme	
			3. Age in months	
			4. Survival in months	
			5. Primary diagnosis by diagnostic group	
			Data directly from the database:	
			1. ADDATE	
			2. ADTIME	
			3. SEX	
			4. ADTYPE	
			5. GEST 6. MULT	
			0. MOLT 7. SOURCEAD	
			8. PREVICUAD	
			9. CAREAREAAD	
			10. RETRIEVAL	
			11. RETRIEVALBY	
			12. OTHDIAGNOTES 13. OTHDIAG	
			13. OPPROCNOTES	
			15. OPPROC	
			16. COMNOTES	
			17. COMDIAG	
			18. PRECEDCPR	
			19. PRECEHOSPCARDARR 20. CARDIOMYOCARDITIS	
			ZU. CARDIACBYP	
			22. SEVCOMBIMMUNE	
			23. SPONTCEREBHAEM	
			24. HIV	
			25. LIVERFAIL	
			26. LEUKLYMPH1ST	
l	I		27. NEUROGENDIS	I

Request date	Name Name	Position & Place of work	Information requested	Status
			28. HYPOPLAS	
			29. ELECTIVEAD	
			30. PRIMREASON	
			31. INTUBATION	
			32. HEADBOX	
			33. MECHVENT	
			34. CPAPFIRSTHR	
			35. INVVENT	
			36. INVVENTDAY	
			37. NONINVVENT	
			38. NONINVVENTDAY	
			39. INTITRACHEOSTOMY	
			40. VASOACTIVE	
			41. LVAD	
			42. ICPVD	
			42. ICPROLT	
			44. RENALSUPPORT	
			45. RENALHAEMFIL	
			46. RENALHAEMDIA	
			47. RENALPLASFILT	
			48. RENALPLASEXCH	
			49. RENALPERIDIA	
			50. UNITDISSTATUS	
			51. DISPALCARE	
			52. UNITDISDATE	
			53. UNITDISTIME	
			54. UNITDISDEST	
			55. UNITDISDESTHOSP	
			56. COMMENTS	
07/00/0000		NA L : A BIOLO :		B :
07/06/2006	James McLean	Matron, Leicester PICU Services	CICU ADMISSIONS	Rejected
			land the state of	
			All admissions to LRI CICU, with breakdown of level of dependency	
00/00/0000	C C	Daniti Managar Danatarat of	COSTINGS	Delegated
08/06/2006	Samy Subramaniam	Deputy Manager, Department of	COSTINGS	Rejected
		Health, Wellington House		
			Costs / episodes information relating to Paediatric Intensive care. It will be helpful, if you would provide a child's care episodes, relevant costs and other information	
26/06/2006				
	Jonathan Round	Consultant St George's Hospital	ONCOLOGY STUDY	Completed
20/00/2000	Jonathan Round	Consultant, St George's Hospital	ONCOLOGY STUDY	Completed
20/00/2000	Jonathan Round	Consultant, St George's Hospital PICU, Tooting		Completed
20/00/2000	Jonathan Round		Raw data on all patients admitted to PICU's in the UK with oncology coding. Data required on: age, sex, oncology diagnosis, and where in treatment (may not be in	Completed
20/00/2000	Jonathan Round		Raw data on all patients admitted to PICU's in the UK with oncology coding. Data required on: age, sex, oncology diagnosis, and where in treatment (may not be in picanet dataset), if had bone marrow transplant, other diagnoses, PIM data at admission, if ever ventilated (invasive or non-invasive) or received inotropes, outcome,	Completed
		PICU, Tooting	Raw data on all patients admitted to PICU's in the UK with oncology coding. Data required on: age, sex, oncology diagnosis, and where in treatment (may not be in picanet dataset), if had bone marrow transplant, other diagnoses, PIM data at admission, if ever ventilated (invasive or non-invasive) or received inotropes, outcome, LOS and status at 30 days. I also need source of admission, planned/unplanned and post surgery.	·
27/06/2006	Peter Davis	PICU, Tooting Consultant Paediatric Intensivist,	Raw data on all patients admitted to PICU's in the UK with oncology coding. Data required on: age, sex, oncology diagnosis, and where in treatment (may not be in picanet dataset), if had bone marrow transplant, other diagnoses, PIM data at admission, if ever ventilated (invasive or non-invasive) or received inotropes, outcome, LOS and status at 30 days. I also need source of admission, planned/unplanned and post surgery. SOUTHWEST AUDIT OF CRITICALLY ILL CHILDREN	Completed
		PICU, Tooting	Raw data on all patients admitted to PICU's in the UK with oncology coding. Data required on: age, sex, oncology diagnosis, and where in treatment (may not be in picanet dataset), if had bone marrow transplant, other diagnoses, PIM data at admission, if ever ventilated (invasive or non-invasive) or received inotropes, outcome, LOS and status at 30 days. I also need source of admission, planned/unplanned and post surgery. SOUTHWEST AUDIT OF CRITICALLY ILL CHILDREN All children admitted from April 2003 – March 2006 with a postcode starting with one of the following (BA, BS, EX, GL, PL, SN, TA, TQ, TR) to a unit other than Bristol	·
		PICU, Tooting Consultant Paediatric Intensivist,	Raw data on all patients admitted to PICU's in the UK with oncology coding. Data required on: age, sex, oncology diagnosis, and where in treatment (may not be in picanet dataset), if had bone marrow transplant, other diagnoses, PIM data at admission, if ever ventilated (invasive or non-invasive) or received inotropes, outcome, LOS and status at 30 days. I also need source of admission, planned/unplanned and post surgery. SOUTHWEST AUDIT OF CRITICALLY ILL CHILDREN All children admitted from April 2003 – March 2006 with a postcode starting with one of the following (BA, BS, EX, GL, PL, SN, TA, TQ, TR) to a unit other than Bristol Royal Hospital for Children.	
		PICU, Tooting Consultant Paediatric Intensivist,	Raw data on all patients admitted to PICU's in the UK with oncology coding. Data required on: age, sex, oncology diagnosis, and where in treatment (may not be in picanet dataset), if had bone marrow transplant, other diagnoses, PIM data at admission, if ever ventilated (invasive or non-invasive) or received inotropes, outcome, LOS and status at 30 days. I also need source of admission, planned/unplanned and post surgery. SOUTHWEST AUDIT OF CRITICALLY ILL CHILDREN All children admitted from April 2003 – March 2006 with a postcode starting with one of the following (BA, BS, EX, GL, PL, SN, TA, TQ, TR) to a unit other than Bristol Royal Hospital for Children. Information required:	·
		PICU, Tooting Consultant Paediatric Intensivist,	Raw data on all patients admitted to PICU's in the UK with oncology coding. Data required on: age, sex, oncology diagnosis, and where in treatment (may not be in picanet dataset), if had bone marrow transplant, other diagnoses, PIM data at admission, if ever ventilated (invasive or non-invasive) or received inotropes, outcome, LOS and status at 30 days. I also need source of admission, planned/unplanned and post surgery. SOUTHWEST AUDIT OF CRITICALLY ILL CHILDREN All children admitted from April 2003 – March 2006 with a postcode starting with one of the following (BA, BS, EX, GL, PL, SN, TA, TQ, TR) to a unit other than Bristol Royal Hospital for Children. Information required: PICU (NHS Trust) admitted (code);	Rejected Completed
		PICU, Tooting Consultant Paediatric Intensivist,	Raw data on all patients admitted to PICU's in the UK with oncology coding. Data required on: age, sex, oncology diagnosis, and where in treatment (may not be in picanet dataset), if had bone marrow transplant, other diagnoses, PIM data at admission, if ever ventilated (invasive or non-invasive) or received inotropes, outcome, LOS and status at 30 days. I also need source of admission, planned/unplanned and post surgery. SOUTHWEST AUDIT OF CRITICALLY ILL CHILDREN All children admitted from April 2003 – March 2006 with a postcode starting with one of the following (BA, BS, EX, GL, PL, SN, TA, TQ, TR) to a unit other than Bristol Royal Hospital for Children. Information required: PICU (NHS Trust) admitted (code); First 3-4 characters of postcode (e.g. BS16);	·
		PICU, Tooting Consultant Paediatric Intensivist,	Raw data on all patients admitted to PICU's in the UK with oncology coding. Data required on: age, sex, oncology diagnosis, and where in treatment (may not be in picanet dataset), if had bone marrow transplant, other diagnoses, PIM data at admission, if ever ventilated (invasive or non-invasive) or received inotropes, outcome, LOS and status at 30 days. I also need source of admission, planned/unplanned and post surgery. SOUTHWEST AUDIT OF CRITICALLY ILL CHILDREN All children admitted from April 2003 – March 2006 with a postcode starting with one of the following (BA, BS, EX, GL, PL, SN, TA, TQ, TR) to a unit other than Bristol Royal Hospital for Children. Information required: PICU (NHS Trust) admitted (code); First 3-4 characters of postcode (e.g. BS16); Date of admission;	·
		PICU, Tooting Consultant Paediatric Intensivist,	Raw data on all patients admitted to PICU's in the UK with oncology coding. Data required on: age, sex, oncology diagnosis, and where in treatment (may not be in picanet dataset), if had bone marrow transplant, other diagnoses, PIM data at admission, if ever ventilated (invasive or non-invasive) or received inotropes, outcome, LOS and status at 30 days. I also need source of admission, planned/unplanned and post surgery. SOUTHWEST AUDIT OF CRITICALLY ILL CHILDREN All children admitted from April 2003 – March 2006 with a postcode starting with one of the following (BA, BS, EX, GL, PL, SN, TA, TQ, TR) to a unit other than Bristol Royal Hospital for Children. Information required: PICU (NHS Trust) admitted (code); First 3-4 characters of postcode (e.g. BS16); Date of admission; Age;	·
		PICU, Tooting Consultant Paediatric Intensivist,	Raw data on all patients admitted to PICU's in the UK with oncology coding. Data required on: age, sex, oncology diagnosis, and where in treatment (may not be in picanet dataset), if had bone marrow transplant, other diagnoses, PIM data at admission, if ever ventilated (invasive or non-invasive) or received inotropes, outcome, LOS and status at 30 days. I also need source of admission, planned/unplanned and post surgery. SOUTHWEST AUDIT OF CRITICALLY ILL CHILDREN All children admitted from April 2003 – March 2006 with a postcode starting with one of the following (BA, BS, EX, GL, PL, SN, TA, TQ, TR) to a unit other than Bristol Royal Hospital for Children. Information required: PICU (NHS Trust) admitted (code); First 3-4 characters of postcode (e.g. BS16); Date of admission;	·
		PICU, Tooting Consultant Paediatric Intensivist,	Raw data on all patients admitted to PICU's in the UK with oncology coding. Data required on: age, sex, oncology diagnosis, and where in treatment (may not be in picanet dataset), if had bone marrow transplant, other diagnoses, PIM data at admission, if ever ventilated (invasive or non-invasive) or received inotropes, outcome, LOS and status at 30 days. I also need source of admission, planned/unplanned and post surgery. SOUTHWEST AUDIT OF CRITICALLY ILL CHILDREN All children admitted from April 2003 – March 2006 with a postcode starting with one of the following (BA, BS, EX, GL, PL, SN, TA, TQ, TR) to a unit other than Bristol Royal Hospital for Children. Information required: PICU (NHS Trust) admitted (code); First 3-4 characters of postcode (e.g. BS16); Date of admission; Age;	·
		PICU, Tooting Consultant Paediatric Intensivist,	Raw data on all patients admitted to PICU's in the UK with oncology coding. Data required on: age, sex, oncology diagnosis, and where in treatment (may not be in picanet dataset), if had bone marrow transplant, other diagnoses, PIM data at admission, if ever ventilated (invasive or non-invasive) or received inotropes, outcome, LOS and status at 30 days. I also need source of admission, planned/unplanned and post surgery. SOUTHWEST AUDIT OF CRITICALLY ILL CHILDREN All children admitted from April 2003 – March 2006 with a postcode starting with one of the following (BA, BS, EX, GL, PL, SN, TA, TQ, TR) to a unit other than Bristol Royal Hospital for Children. Information required: PICU (NHS Trust) admitted (code); First 3-4 characters of postcode (e.g. BS16); Date of admission; Age; Elective or non-elective admission;	·
		PICU, Tooting Consultant Paediatric Intensivist,	Raw data on all patients admitted to PICU's in the UK with oncology coding. Data required on: age, sex, oncology diagnosis, and where in treatment (may not be in picanet dataset), if had bone marrow transplant, other diagnoses, PIM data at admission, if ever ventilated (invasive or non-invasive) or received inotropes, outcome, LOS and status at 30 days. I also need source of admission, planned/unplanned and post surgery. SOUTHWEST AUDIT OF CRITICALLY ILL CHILDREN All children admitted from April 2003 – March 2006 with a postcode starting with one of the following (BA, BS, EX, GL, PL, SN, TA, TQ, TR) to a unit other than Bristol Royal Hospital for Children. Information required: PICU (NHS Trust) admitted (code); First 3-4 characters of postcode (e.g. BS16); Date of admission; Age; Elective or non-elective admission; Retrieval type (if appropriate);	·
		PICU, Tooting Consultant Paediatric Intensivist,	Raw data on all patients admitted to PICU's in the UK with oncology coding. Data required on: age, sex, oncology diagnosis, and where in treatment (may not be in picanet dataset), if had bone marrow transplant, other diagnoses, PIM data at admission, if ever ventilated (invasive or non-invasive) or received inotropes, outcome, LOS and status at 30 days. I also need source of admission, planned/unplanned and post surgery. SOUTHWEST AUDIT OF CRITICALLY ILL CHILDREN All children admitted from April 2003 – March 2006 with a postcode starting with one of the following (BA, BS, EX, GL, PL, SN, TA, TQ, TR) to a unit other than Bristol Royal Hospital for Children. Information required: PICU (NHS Trust) admitted (code); First 3-4 characters of postcode (e.g. BS16); Date of admission; Age; Elective or non-elective admission; Retrieval type (if appropriate); Primary diagnosis (+ read code);	·
27/06/2006	Peter Davis	PICU, Tooting Consultant Paediatric Intensivist, Bristol Royal Hospital for Children	Raw data on all patients admitted to PICU's in the UK with oncology coding. Data required on: age, sex, oncology diagnosis, and where in treatment (may not be in picanet dataset), if had bone marrow transplant, other diagnoses, PIM data at admission, if ever ventilated (invasive or non-invasive) or received inotropes, outcome, LOS and status at 30 days. I also need source of admission, planned/unplanned and post surgery. SOUTHWEST AUDIT OF CRITICALLY ILL CHILDREN All children admitted from April 2003 – March 2006 with a postcode starting with one of the following (BA, BS, EX, GL, PL, SN, TA, TQ, TR) to a unit other than Bristol Royal Hospital for Children. Information required: PICU (NHS Trust) admitted (code); First 3-4 characters of postcode (e.g. BS16); Date of admission; Age; Elective or non-elective admission; Retrieval type (if appropriate); Primary diagnosis (+ read code); Length of stay; Discharge outcome	Completed
		PICU, Tooting Consultant Paediatric Intensivist,	Raw data on all patients admitted to PICU's in the UK with oncology coding. Data required on: age, sex, oncology diagnosis, and where in treatment (may not be in picanet dataset), if had bone marrow transplant, other diagnoses, PIM data at admission, if ever ventilated (invasive or non-invasive) or received inotropes, outcome, LOS and status at 30 days. I also need source of admission, planned/unplanned and post surgery. SOUTHWEST AUDIT OF CRITICALLY ILL CHILDREN All children admitted from April 2003 – March 2006 with a postcode starting with one of the following (BA, BS, EX, GL, PL, SN, TA, TQ, TR) to a unit other than Bristol Royal Hospital for Children. Information required: PICU (NHS Trust) admitted (code); First 3-4 characters of postcode (e.g. BS16); Date of admission; Age; Elective or non-elective admission; Retrieval type (if appropriate); Primary diagnosis (+ read code); Length of stay;	·

Request date	Name	Position & Place of work	Information requested	Status
			Total deaths, ventilation rate, mortality rate and PIM predicted SMR by year (2003, 2004, 2005)	
			 Exclude patients who were dead on admission Look at whether the SMRs might be related to missing PIM data: reanalyze SMR (across the years 2003/04/05) in three groups 1) all patients 2) those where one or 	
			more of the PIM physiological variables are missing (PaO2 Bxs, systolic BP) 3) those where all the PIM physiological variables are missing (PaO2 Bxs, systolic BP)	
			4. Also start to look at whether the SMRs might be related to the case-mix seen at Alder Hey.	
0/07/2006	David Pedley		LEVEL OF CARE	Rejected
		James Cook University Hospital	I need information on the level of care in each PICU in England and Wales. In particular I need to establish which units are staffed by full time intensivists and the access to neurosurgical advise / expertise.	
			I was hoping to use levels of care defined by Rosenberg et als in the following paper.	
			Rosenberg etal (Guidelines and levels of care for pediatric intensive care units) Crit Care Med 2004 vol.32 no10.	
			If this is not the classification used by your database is there a UK equivalent and could you supply these criteria?	
01/08/2006	Heather Titcombe	Specialist Commissioner for	SOUTH WEST	Completed
		Children's Tertiary Services, Jubilee House, South Central SHA, Oxford		
		(host South West SHA)	The total number of bed days and the percentage paediatric specialty split, for the following hospitals, using the DH Clinical Terminology Coding System: United Bristol Hospital Trust	
		,	- Bristol Royal Infirmary	
			- Oxford Radcliffe	
			- Southampton General	
			2. How many children are refused admission to the hospitals outlined above, what is the reason for the refusal and if possible where did the child then end up?	
17/08/2006	Noel Durkin	Department of Health	CARDIAC	Completed
			Essentially we are looking for the following data	
			- activity by cardiac procedure code	
			- broken down by new PCT (if possible) but more importantly by known paediatric cardiac centre	
			- broken down also by age groups	
			(Neonates [1-30 days], infants [31 -365 days], children [1 -16], adult [16+]) - in a form which will enable us to look at patient flows to known centres, including for specific conditions	
			- most recent data available 2004 and 2005 (and 2006 if available).	
19/09/2006	Richard Appleton & Tim Martland	Consultant Paediatric Neurologists	REFRACTORY CONVULSIVE STATUS EPILEPTICUS	Pending
	Iviartiariu		PICANet data to 'flag-up' all children admitted with a diagnosis of 'seizure', 'fit', convulsion or 'status epilepticus' to the PICU. This will use the current field on the	
			standard PICANet data collection sheet. From this population, only data on those children who are still convulsing and who require antiepileptic treatment on admission	
			or within 24 hours of admission to PICU will subsequently be collected. All data will be anonymous. It is hoped that these data will be collected by a medical or nursing	
			member of each participating PICU - using a proforma that will have been devised by RA and TM. This will (hopefully) ensure that ethical approval will not be required.	
03/10/2006	Charles Stack/ Jo Knutton	ICU Director/Audit Nurse, PICU,	SHEFFIELD OCCUPANCY/IV	Completed
		Sheffield Children's Hospital	Total number of calendar days that patients received invasive ventilation on our unit between 01.01.05 (including those already occupying a bed) and the 31.012.05 (inclusive)	
			AND	
			The total number of calendar days that patients were occupying beds, again from 01.01.05 until 31.12.05 inclusive.	
			i.e. a way of calculating the number of days each patient was admitted to give a grand overall number of days, hence if a patient was discharged and another one	
			admitted in to that bed it would count as 2 separate days.	
05/10/2006	David Cremonesini	Respiratory Paeds SpR, John	ЕМРУЕМА	Pending
		Radcliffe Hospital, Oxford	haddened of amounts in abilities admitted to DICU in UK augusts a seet upger since DICANet started	
09/10/2006	Reinout Mildner	Consultant Paediatric Intensivist.	Incidence of empyema in children admitted to PICU in UK over the past years since PICANet started BIRMINGHAM DATA	Completed
00/10/2000	Tromout immunoi	Birmingham Children's Hospital		Completed
			For as many years as you have data available:	
			Bed days at BCH for children with WM postcode Interventions at BCH children with WM postcode	
			2. Interventions at Bort unitinet with vivi postcode 3. PIM data at BCH children with a WM postcode 4. Interventions at Bort unitinet with a WM postcode 5. Interventions at Bort unitinet with a WM postcode	
			The article had for any DIOU	
			Then again but for any PICU 4. Bed days at any PICU for children with WM postcode	

Request date	Name	Position & Place of work	Information requested	Status
			Interventions at any PICU children with WM postcode PIM data at any PICU children with a WM postcode	
09/10/2006	Reinout Mildner	Consultant Paediatric Intensivist, Birmingham Children's Hospital	WEST MIDLANDS PATIENTS ADMISSIONS OUTSIDE WM For as many years as you have available: Any acute admissions to any UK PICU outside the West Midlands region of patients with a West Midlands postcode. We require number of admissions with date and time of admission. If it is possible to provide primary diagnosis and referring hospital in the West Midlands this would	Completed
22/11/2006	David Inwald	Consultant in PICU, St Mary's	help. ST MARY'S ADMISSIONS	Completed
		Hospital	Admissions 1. Total Admissions (November 05- November 06) 2. Totl intubated 3. Percentage with an endothracheal tube receiving ventilation 4. for up to 6 hours 5. more than 6 hours up to 12 hours 6. More than 12 hours 7. Total retrieved 8. Total presenting from A&E 9. Total post-surgery by specially 10. Total numbers according to types of medical conditions 11. Breakdown of patient numbers according to age 2. A Preterm - please give numbers and specific gestational ages 2. 31 days to one year 3. 1 year to 2 years 4. > 1 year to 2 years 5. 2 years to 5 years 9. > 5 years to 10 years 1. 10 years to 15 years 1. 10 years to 15 years 1. 15 years to 15 years 1. 15 years to 18 years 1. 18 years 1. 18 years 1. Mortality (fotal number) 1. Mortality (percentage of total admission)	
27/11/2006	Robert Tasker & Mike Sharland	Consultant PICU, Addenbrooke's & Consultant in Paediatric Infectious Disease, St George's	BACTERAEMIA Admission information PIM data Interventions Discharge information Ethnic category	Pending
30/11/2006	Melanie Maxwell	Consultant in Public Health Medicine, Wirral NHS Trust	NORTH WEST DATA All data requested relate to 2003-2005, annual data for each of the two units (Royal Manchester Children's Hospital and Royal Liverpool Children's Hospital) and the UK average if possible: The median age with the interquartile ranges The data are very skewed and there are concerns that changing patterns are being obscured. The total bed days by month There are concerns expressed that admission numbers alone do not reflect how busy the units are and we need to explore fluctuations over time in occupancy. PIMs score - numbers in score group by age group numbers in score group by admission type numbers in score group by discharge status There appears to be a significant difference to this between the two units that we would like to explore further. LOS data - mean, median and ranges by age group and admission type	Completed

Request date	Name	Position & Place of work	Information requested	Status
			We have the mean for 2005 and in planning terms it is useful to have this information. However, we recognise that the data are very skewed by Long Term Ventilator patients. We also need to explore the impact of the changing casemix of the units. Discharge status by admission type To further explore the changes in crude death rate over time	
			Diagnostic group by admission type To further explore the differences in casemix between the two units	
			For 2003-2005, annually can you state:	
			How many North West residents were admitted to a unit outside the North West? Numbers	
			Total bed days Admissions by Diagnostic groups Admissions by region (or unit)	
			How many non North - West residents were admitted to one of the North West Units? Numbers	
			Total bed days Admissions by Diagnostic groups Admissions by region (or unit)	
			These data will provide some information about flows of patients in and out of the Region and will help to identify some unmet need.	
			We also wish to explore whether children with spinal muscular atrophy using PIC services are increasing. Would it be possible for you to search on this diagnosis to examine national trends (as far back as possible) as well as our two local services? The data would be: Numbers of admissions by year Total bed days by year	
			Discharge status Numbers of readmissions (using 2003 as the base population, how many times have people been readmitted in the next 2 years i.e. a 2*2 table number of readmissions within 2 years (1.2.3 etc) by number of patients.	
16/04/2007	Michelle Milner	Network Manager / Lead Nurse Paediatric Critical Care Network,	OUT OF REGION TRANSFERS	Completed
		Leeds PCT	Ideally, I require information on all out of region transfers by PCT to Leeds and Sheffield by date, time of transfer, and type of transfer. However, this will not be possible as it has the potential to identify individual patients. Therefore my adjusted request is as follows:-	
			Please supply me with information on transfers from within the Yorkshire and the Humber region, grouped into Sheffield patients and Leeds patients.	
			Sheffield patients being the following PCT's:- Barnsley, Sheffield West, North Sheffield, Sheffield South West, South East Sheffield, Rotherham, Doncaster West, Doncaster Central, Doncaster East, North Lincolnshire, North East Lincolnshire	
			Leeds patients from the following PCT's: Hambleton and Richmondshire, Craven Harrogate and Rural District, Scarborough Whitby and Ryedale, Selby and York, Yorkshire Wolds and Coast, East Yorkshire, Western Hull Teaching, Eastern Hull Teaching, Airedale, Bradford South and West, North Bradford, Bradford City Teaching, Calderdale, Leeds North West, Leeds West, Leeds North East, East Leeds, South Leeds, Huddersfield Central, South Huddersfield, North Kirklees, Wakefield West, Eastern Wakefield).	
			Please supply this information by date of transfer, time of transfer, care area, retrieval (Y or N) retrieved by (own team other specialist team etc), and admitting PICU.	
			Please note:- I already have the information on children transferred from Leeds PICU to Sheffield PICU and Sheffield PICU to Leeds (Supplied by the individual PICU's) therefore please exclude these patients from the information supplied.	
16/04/2007	Padmanabhan Ramnarayan	Consultant in Paediatric Intensive Care & Retrieval, PICS Informatics	READ CODES	Completed
		Special Interest Group and Study Group Lead	Read-coded terms recorded as part of the PICANet dataset, i.e. diagnoses, procedures, other co-morbid conditions, interventions and complications. Patient-identifiable information is not required. We are seeking data from a 2-year period 2004-2006.	
18/04/2007	Jonathan Round	Consultant, St George's Hospital	ONCOLOGY	Completed
		PICU, Tooting	January 2003 to December 2006 data on PICU patients with a primary oncology diagnosis.	
			All information on these patients except name. DOB needed to match with DOB from oncology datasets at a later stage.	

Request date	Name	Position & Place of work	Information requested	Status
18/04/2007	Mark Peters	Clinical Unit Chair, P/NICU, Great Ormond Street Hospital.	a) RESPIRATORY FAILURE	Completed
		Official Greek Hospital.	Age / gestation / LOS / outcome / PIM score and diagnostic coding for all cases of respiratory failure	
			b) SUPPLEMENTARY INFORMATION	
			Can you provide gender data on these same cases and can you rerun the query with any diagnostic code that inlcudes 'influenza'	
10/05/2007	Peter Davis	Consultant Paediatric Intensivist, Bristol Royal Hospital for Children	SWACIC UPDATE 2007	Completed
		Bristor Royal Prospital for Official	For period April 2003 – March 2006:	
			1. A breakdown by PCT for numbers of admissions to Bristol per PCT only including those PCTs from the South West (i.e not all our South Wales admissions etc.)	
			2. A breakdown by diagnostic groups of admissions to Bristol for the South West PCTs.	
			3. If possible a breakdown by both diagnostic group & PCT of admissions to Bristol from South West PCTs.	
			4. PIM breakdown and adjusted SMR for admissions to Bristol from South West PCTs.	
21/05/2007	David Inwald	Consultant in PICU, St Mary's Hospital	ST. MARY'S DATA	Completed
		Поорша	Numbers of children admitted to St Mary's PICU receiving invasive ventilation, non-invasive ventilation, both or neither by primary care organization between 01/04/2006 and 31/03/2007. Also required, total number of occupied bed days in each category and total bed days measured to a fraction of a day. In addition, number of invasive ventilation days and non-invasive ventilation days by PCO (this may differ from OBD as length of stay longer than duration of ventilation	
06/06/2007	Elizabeth Bream	Specialist Registrar in Public Health, Scottish Executive Health Department, Edinburgh	BURNS Numbers of children treated in PICU for burn injuries in England. Time period 2004, 2005, 2006 if possible. Numbers by age band if possible. Outcome (i.e. survival) if possible. Length of stay if possible.	Completed
06/06/2007	Paul Chumas	Consultant paediatric neurosurgeon, Leeds General Infirmary	NEUROLOGICAL 1) Number of children and ventilation status of those admitted to PICU with head injuries (we'll give breakdown of invasive/non-invasive etc) 2) Number of children admitted with head injuries who have an ICP bolt 3) Number of children admitted to adult ICU with head injuries (we have limited data for 2004/2005 for England)- may not be able to identify it as head injury but just 'neurological' 4) Number of children admitted to PICU with CNS tumour and ventilation status 5) Number of children admitted to PICU with Hydrocephalous and ventilation status Information from all UK & Eire if possible	Completed
11/06/2007	Paul Baines	Consultant PICU, Royal Liverpool Children's Hospital	For all children admitted to PICU and ventilated for at least 2 days (could I have it for all children who are ventilated as well):- 1) Numbers split by (anonymised) units 2) Age/sex overall 3) VFDs overall at 30 days (summary stats - mean min etc + grouped) 4) LOS overall (summary stats - mean min etc + grouped) 5) Duration of ventilation (although linked to VFDs) 6) ICU Mortality (died yes/no) 7) Inotropes (yes/no in stay) 8) Diagnostic group overall	Completed
05/07/2007	Shane Tibby	Consultant PICU, Evelina Children's Hospital, Guy's & St Thomas' NHS Foundation Trust	RESPIRATORY ADMISSIONS All respiratory admissions to PICU including the differentiation between RSV and non-RSV bronchiolitis, for the period 2004 – 2006. If possible, this would ideally include data from early 2007 (up until March), to encompass the most recent RSV season.	Completed

Request date	Name	Position & Place of work	Information requested	Status
			We would like these data to include the length of PICU stay, length of ventilation and mortality.	
05/07/2007	Peter Wilson	Director PICU, Southampton University Hospital NHS Trust	WESSEX CHILDREN TREATED OUTSIDE SOUTHAMPTON	Completed
		Oniversity Prospital Wile Prost	All children admitted to PICU other than Southampton for the period Apr 2003- Mar 2007 in financial years.	
			Children who come from PCT's from the attached sheet (covering the Wessex region): Intubated during admission, which PICU, what diagnostic group per hospital, length of stay	
26/07/2007	Gavin Rudge	Data scientist, University of Birmingham	WEST MIDLANDS ADMISSIONS	Completed
		g	Counts of all admissions to neo-natal intensive care or paediatric intensive care, of all children resident in the Government Office Region of the West Midlands, under two years old at date of admission for the latest three whole financial year for which data are available.	
02/08/2007	Padmanabhan Ramnarayan	Consultant in Paediatric Intensive Care & Retrieval, GOSH/CATS	RETRIEVALS	Completed
		Care & Retrieval, GOSH/CATS	Demographic details (age, gender, ethnic origin codes, SHA), distance to nearest PICU, clinical details (admitting PICU, date of admission and discharge, admission details, retrieved status, retrieval details, PIM score, bed occupancy, interventions on PICU, discharge outcome, 30 day follow up if available)	
			Data will be necessary for the period of January 2004 to December 2006.	
20/08/2007	Phil Wilson	Retrieval Coordinator,	WEST MIDLANDS	Completed
		Birmingham Children's Hospital	No. of patients from the following PCTs admitted to BCH, UHNS, UHL & 'out of region' PICUs. Names of OOR PICUs not needed.	
			Pan Birmingham	
			Black Country Coventry and Warwickshire	
			Herefordshire	
			Worcestershire Shropshire	
			ontopsnie Telford & Wrekin	
			Stoke-On-Trent	
			North Staffordshire	
29/08/2007	Dawn Coleby	Research Associate, University of	South Staffordshire VENTILATOR ASSOCIATED PNEUMONIA	Completed
		Leicester		•
			To identify (numbers of) children that have been admitted to each of the 12 participating PICUs since 1 st March 2007, who are aged less than 12 months at admission, and have been mechanically (and invasively) ventilated at some point on the PICU. NHS numbers, DOB, gender and admission date of the patients would be helpful.	
19/09/2007	Esse Menson	Consultant PID, Evelina Children's	VARICELLA	Completed
		Hospital, London	Numbers of all cases of varicella-associated admissions or referrals to PICUs in UK, this year & past 5 years – or as far back as data goes.	
			Data by child's place of residence (PCT or SHA) would be great.	
04/10/2007	Dawn Coleby	Research Associate, University of Leicester	UK PICU STAFFING STUDY	Completed
		Leicestei	For each of the 12 participating units, the total number of unplanned admissions and the total number of accepted transfers/retrievals (for financial year 2005).	
08/10/2007	Kate Brown	Consultant Intensivist, Great Ormond Street Hospital	24 HOUR STUDY	Completed
			A list of children who died within 24 hours of admission to a UK PICU. No patient or unit identifier is required.	
			The list to contain: the PIM score, the primary diagnosis, date and time of admission, date and time of death. The data is requested over the longest possible / feasible time period.	
02/11/2007	Tamsin Ford	Senior clinical lecturer in child and	SELF HARM	Completed
		adolescent psychiatry, Peninsula Medical School, Exeter	I would like to know how many children were admitted to PICU in 2004-2006 with deliberate self harm by any method. If possible I would like to know about kids whose	
			primary diagnosis may relate to the injury sustained (ie head injury or poisoning) but where deliberate self harm was suspected.	

Request date	Name	Position & Place of work	Information requested	Status
05/11/2007	Lucy Robin	SpR Paediatrics, St James	BRADFORD	Completed
		University Hospital, Leeds	All admissions of patients age 0 – 16 years from the Bradford District to any PICU from November 2002 – 2006. For each admission I need the following information:	
			age, ethnicity, gender, deprivation score (townsend score) and reason for admission. I also need survival figures. Ethnicity figures to be defined by NamPeChan and by	
			Sangra as comparison.	
			As comparison, I will need available national data for PICU admissions, to include age, ethnicity, gender, reason for admission, and survival.	
15/11/2007	Dominique Sammut	Assistant Commissioner, Health Commission Wales	SCOLIOSIS REPAIR	Pending
			Number of admissions to each PIC following scoliosis repair. 2004, 2005, 2006 breakdown.	
20/11/2007	Tony Dinning	Managar Trant Dandintria Critical	Then for these figures to be broken down further to Welsh and non-Welsh patients. OUT OF NETWORK TRANSFERS	Completed
30/11/2007	Tony Dinning	Manager, Trent Paediatric Critical Care Network, Nottingham City	OUT OF NETWORK TRANSFERS	Completed
		PCT, Nottingham,	April 2006 to September 2007	
			A breakdown per Network PCT of admissions to PICU outside of Network. To include primary diagnosis to exclude appropriate clinical transfer for	
			Lincolnshire Teaching PCT Nottingham City PCT	
			Nottinghamshire County Teaching PCT	
			Derbyshire County PCT	
04/12/2007	Ranjit Khular	Commissioning Manager, West	Derbyshire City PCT ACTIVITY	Completed
- 11 - 12 - 12 - 1		Midlands Specialised		
		Commissioning Team	Activity information on all PIC services nationally accessed by residents of the 17 West Midlands PCTs, on a monthly basis	
10/01/2008	Saul Faust	Senior Lecturer in Paediatric	MENINGOCOCCAL	Completed
		Infectious Diseases, Southampton University	Current data available that we could quote as a "personal communication" that indicate the approximate current meningococcal disease mortality across the combined	
		Offiversity	UIT PICU network.	
			DD has suggested the numbers of admissions and deaths by year appland and say for 2004 2006 inclusive (2 whole years) evaluating September which reunds ideal	
			RP has suggested "the numbers of admissions and deaths by year, ageband and sex for 2004-2006 inclusive (3 whole years), excluding Scotland" – which sounds ideal.	
14/01/2008	Peter Phillips	Solution Architect – Cerner Millennium	DATASETS	Completed
		Millerittiatti	I am working on the national programme for IT London and South ern cluster projects. We are looking at reporting requiremnts for our clinical teams (critical care) and	
			need to design our system to allow trusts to provide PICANet submissions where appt. Please could you forward the current datasets required by trusts to complete,	
05/04/0000	0		showing the eresponse code values required by PICAnet.	0 1/1
25/01/2008	Stuart Rowe	Lead Commissioner - Pan Thames, Hammersmith and Fulham PCT	PAN THAMES	Completed
			Admissions, bed days and retrievals for:	
			I) Non-Pan Thames residents to Pan Thames units	
			I) NOTE THAT I HARDES DESIGNED FOR THAT I HARDES UNITS II) PAN THAT IS TO PART I HARDES UNITS III) PAN THAT IS TO PART I HARDES UNITS III) PAN THAT I HARDES PROBLEMENT TO PART I HARDES UNITS III) PAN THAT I HARDES TO PART I HARDES UNITS III) PART I HARDES TO PART I HARDES UNITS III) PART I HARDES TO PART I HARDES UNITS III) PART I HARDES TO PART I HARDES UNITS III) PART I HARDES TO PART I HARDES UNITS III) PART I HARDES TO PART I HARDES UNITS III) PART I HARDES TO PART I HARDES UNITS III) PART I HARDES TO PART I HARDES UNITS III) PART I HARDES TO PART I HARDES UNITS III) PART I HARDES UNITS IIII PART I	
05/02/2008	Quen Mok	Consultant Intensivist, Great	HEAD INJURIES	Completed
		Ormond Street Hospital		
13/02/2008	Alison Oliver	Regional Education Nurse	Numbers of patients admitted with moderate and/or severe traumatic brain injury/head injury per year to each PICANET unit in the last 5 years. ACCIDENTAL EXTUBATIONS	Pending
15/52/2000	, moori Olivei	Regional Education Nuise	New Prince Land State Control of the	i Griding
			I am currently auditing our rate of accidental extubations. Two study periods are complete and I would like to benchmark with other units throughout the UK	
26/02/2008	Claire Westrop	Specialist Registrar – Birmingham	REVIEW OF NEONATES UNDERGOING RENAL REPLACEMENT	Pending
		Childrens Hospital	Retrospective case note review of neonates undergoing continuous renal replacement therapy. Look at indications, practical aspects, complications and Survival data.	
			Potentially largest single centre collection of neonates undergoing CVVH worldwide.	
22/03/2008	Barney Scholefield	Specialist Registrar	HYPOTHERMIA THERAPY	Completed
			To investigate the feasibility of a trial into the use of hypothermia therapy following Paediatric cardiac arrest. The aims of this study would include investigating potential	

Request date	Name	Position & Place of work	Information requested	Status
03/04/2008	Shazia Adalat	SpR Paediatric Nephrology	TSS	Pending
0.4/0.4/0.000	D (1 0)11 1	D ((0): 15:1	To define the incidence of TSS due to staphylococcal or streptococcal organisms in children in the UK and identify any geographic variation	0 1
04/04/2008	Ruth Gilbert	Professor of Clinical Epidemiology	PICU ADMISSIONS ACROSS 9 LARGEST PICU'S	Completed
			Numbers of PICU admissions in 2006 for 9 of the largest PICUs, according to duration of stay, operative status, source of patient and diagnostic group. We will use the	
			information to help design a randomized controlled trial of impregnated central venous catheters to prevent bacteraemia in children admitted to PICU. We need to have a	
			break-down of patient groups according to duration of stay in order to estimate the sample size available. We will use estimates of baseline risk of bacteraemia in relation	
			to duration of stay to estimate sample size according to patient group	
08/04/2008	David Inwald	Consultant	SEPSIS	Completed
			Audit of current UK management of community acquired paediatric sepsis	
30/04/2008	Ann Tonks	Project Manager – West Midlands	INFANT DEATHS	Completed
		Perinatal Institute	To estimate ascertainment of infant deaths to West Midlands occurring outside the West Midlands.	
27/04/2008	Cormac Breatnach	Clinical Fellow – Childrens acute	To estimate assertainment or in main deaths to west wildlands occurring outside the west wildlands. MULTIPLE ACUTE TRANSFERS	Pending
27/04/2008	Comac Breamach	transport service	MOLTIFIE ACOTE TRANSFERS	rending
			To assess the characteristics and outcome of patients requiring multiple acute transfers	
19/05/2008	Shane Tibby	Consultant	RESPIRATORY ADMISSIONS	Completed
l .				·
			All respiratory admissions to PICU including the differentiation between RSV and non-RSV bronchiolitis, for the period 2004 – 2008. If possible, this would ideally include	
			data from early 2008 (up until March), to encompass the most recent RSV season. We would like these data to include the length of PICU stay, length of ventilation and	
			mortality. This study is in collaboration with Dr Mike Sharland (St George's Hospital).	
29/04/2008	Elizabeth Draper	Research Professor	UK STAFFING STUDY	Completed
			We request the following care process and patient outcome data for 12 participating units, as defined in the study protocol.	
			For all patients admitted to the 12 participating units, during the time period 1st March 2007 – 29th February 2008 we require the following data items:	
			. o. an panello dalline de la la 12 partoparing anno, dannig in o uno poned for material 2001.	
			Sex	
			PICANet Site identifier	
			PICANet Patient Identifier – to match re-admissions.	
			Mortality: Status at PICU discharge. Status 30 days after discharge.	
			Destination: Destination at discharge. Destination at discharge to a unit within the same hospital. Length of stay: Date and time of admission. Date and time of discharge, or date and time of death.	
			Admissions: Admission type, Unplanned admission. Previous ICU admission. Calculated admission number within time period (1st March 2007 – 29th February 2008)	
			Ventilation: Type Invasive and/or mechanical. Start date and end date of ventilation.	
			PIM and PIM2 variables (including PIM-associated diagnosis or reason for admission) and PIM2 score.	
			UK PICOS-derived PIM index .	
			PICANet-coded categorized diagnosis/physiological conditions for admission (up to 3 maximum)	
			Diagnostic/Medical conditions.	
			Physiological status at admission. Text fields and "read" field coding for first 3 listed conditions	
			TOTAL HOLD BITCH TOTAL HOLD COUNTY OF THE CHEST CONTINUES IN	
31/05/2008	Janet McClean	Junior Sister	LONG TERM VENTILATED CHILDREN	Pending
			All admissions to LRI CICU with breakdown of level of dependency	3
09/06/2008	Paul Baxter	Lecturer in Statistics	MORTALITY STUDY	Completed
			No desirate at PION to the entiring of factor	
			All admission to all PICUs that participated for the full 3 year period between January 2003 – December 2005. For each admission we required information on diagnoses and outcome.	
			alia valconie.	
			Data to calculate Paediatric Index of Mortality (PIM) for each admission is also required so that mortality adjustment can be made.	
26/06/2008	Ravi Agarwal	Consultant Neonatal Paediatrician	RESPIRATORY MORBIDITY IN INFANTS WITH CHRONIC LUNG DISEASE	Pending
			Incidence (and total number) of PICU admission with RSV bronchiolitis in a 12 months period (most recent data please)	



The Paediatric Intensive Care Audit Network Data Collection Form



	Date of admission
Admission number	to your unit / 20 / 20
NHS number	Time of admission
Case note number	to your unit (hh:mm)
Address (or affix patient sticker here if required)	Type of admission Planned – following surgery to your unit Inplanned – following surgery
Padiess (or aims patient sticker nere ir required)	Onplanted Tollowing dargery
	Planned – other
	Unplanned
	Previous ICU CU
Postorile Time Time	admission (during PICU
Postcode	current hospital stay)
Ethnic category and code (see back of form)	□ None
	☐ Not known
Family name	Source of admission Same hospital
	Other hospital
Second family name	Clinic
family name	Home
First name	Retrieval / transfer
	No
Date of birth / / /	
(dd/mm/yyyy)	Retrieved / Own team
If DOB is estimated Estimated	transferred by
(or missing or partly anonymised) Anonymised	Other specialist team (F100)
□ Not known	Other specialist team (non-PICU)
Gestational age	☐ Non-specialist team
at delivery (If weeks	☐ Not known
age < 2 years)	Care area admitted from (includes transfers in)
Sex Male	X-ray, endoscopy, CT scanner or similar
Female	Recovery only
Ambiguous	☐ HDU (step up / step down unit)
☐ Not known	Other intermediate care area (not ICU / PICU / NICU)
	☐ ICU / PICU / NICU
Birth order of Multiplicity	☐ Ward
	☐ Theatre and recovery
GP Practice Code	☐ A&E
Diagnoses and procedures	
Primary diagnosis for this admission:	
Other reasons for this admission:	
Other reasons for this administration.	
Operations or procedures performed during this admission	:
Co-morbidity:	
CO-morbidity.	

Please record	ventions If all interventions given on each day of admission using a cro	Admission date: ess⊠	I													
	tions given, choose 'No defined critical care activity'.	Dav	0	1	2	3	4	5	6	7	8	9	10	11	12	13
Basic	No defined critical care activity	Code 99	Ü	Ė	Ĺ	Ü	Ť	Г	П	Ó	П	Ĭ	Π̈́	Ť	12	
Dasic	Continuous ECG monitoring	50							\Box	Н		\exists	\sqcap	+		
	Continuous pulse oximetry	73														
Airway	Invasive ventilation via endotracheal tube	51							\Box			$\overline{}$		\exists		
and	Invasive ventilation via tracheostomy tube	52							\Box		П	\exists		\forall		_
ventilatory	Non-invasive ventilatory support	53														
	Advanced ventilatory support (jet ventilation)	56							Ш				Ш			
	Advanced ventilatory support (oscillatory ventilation)	56							\vdash	L		Ы	\vdash	\dashv		
	Nasopharyngeal airway Tracheostomy cared for by nursing staff	55	-						+	H	H	Н	Н	\dashv		
	Supplemental oxygen therapy (irrespective of ventilatory si		-						+		H	\dashv	H	\dashv		_
	Upper airway obstruction requiring nebulised adrenaline (e								П		П	\Box	П	\exists		_
	Apnoea requiring intervention (>3 in 24 hours or need for b															
	Acute severe asthma requiring IV bronchodilator therapy or continuous nebuliser 59													丄		
Cardio-	Arterial line monitoring	60												\Box		
vascular	External pacing	61							Ш							
	Central venous pressure monitoring	62						_	\coprod	\vdash	\sqcup		Н	\dashv		
	Continuous infusion of inotrope, vasodilator or prostagland Bolus IV fluids (>80 ml/kg/day) in addition to maintenance		-					\vdash	\vdash	\vdash	\dashv	\vdash	\dashv	\dashv		_
	Cardio-pulmonary resuscitation	64	-					\vdash	\forall		Н	\dashv	\forall	\dashv		_
	Extracorporeal membrane oxygenation (ECMO)	65							\Box		П	\exists		\forall		
	Ventricular assist device (VAD)	65														
	Aortic balloon pump	65							Ш				Ш			
Renal	Peritoneal dialysis	05							\Box					П		_
	Haemofiltration	16												\Box		
	Haemodialysis	66							Ш		Ш	\vdash	\vdash	\dashv		
	Plasma filtration Plasma exchange	67	-						+	H		\vdash	H	\dashv		_
	•								ㅡ		Н	_	버	 		_
Neuro- logical	ICP-intracranial pressure monitoring Intraventricular catheter or external ventricular drain	68 69														
Metabolic	Diabetic ketoacidosis (DKA) requiring continuous infusion of	of insulin 70														
Other	Exchange transfusion Intravenous thrombolysis	04 71											\Box	\exists		
	Extracorporeal liver support using molecular absorbent rec	circulating system (MARS) 72							\forall		П	\exists	П	\forall		_
	Patient nursed in single occupancy cubicle (state reason for	or isolation below†) †74														
High cost	Medical gases Band 1 - nitric oxide	X841												П		
drugs	Surfactant	TBC														
1	ents nursed in a single occupancy cubicle, please state or isolation:	reason for isolation														
PIM/PIM2	2 – Reason for admission	PIM/PIM2 – Medical	His	sto	ry											
Tick if this	s is an elective admission	Is evidence available t		ISS	ess	s p	as	t m	ıedi	ica	ıl hi	isto	ory	?		
		(If Yes, tick all that appl								_						
									ICU							
Main reas	son for this PICU admission		_						DUT			pita	ıl.			
☐ Non	e of those below			-	•				yoca							
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│ │ □ Bror	nchiolitis								syn							
									na at							
☐ Croι									son				adn	niss	sio	1)
│	tructive sleep apnoea						_		rdiad							
☐ Rec	overy from surgery								l ha			ıag	е			
☐ Diab	petic ketoacidosis								sorc							
		\ _							al de							
I			ıma	n Ir	nmı	unc	de	ficie	ency	y Vi	irus	(H	IV)			

Day 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34	35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55					
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70						
04						
71						
174						
X841 TBC						
Did the child have a tracheostomy performed during this admission?	Is the child on a clinical trial? Yes No Name of clinical trial:					
Yes No	Name of chinical trial.					
PIM/PIM2 – Physiology	State first measurement recorded in defined time period					
This section applies to measurements recorded between the	Systolic blood pressure mmHa					
first face-to-face contact with your unit doctor until one hour after admission to your unit	Systolic blood pressure ± mmHg					
Blood gas in Yes No No No	Base excess (arterial/capillary)					
Arterial PaO ₂ kPa OR mmHg	Pupil reaction Both fixed and dilated					
FiO ₂ *	☐ Other reaction ☐ Not known					
	Did the child receive any of the following during the first					
Intubation* Yes No	hour after admission to your unit? Mechanical ventilation Yes No N/K					
Headbox* ☐ Yes ☐ No	CPAP (include mask, nasal,					
* As recorded at the time of the above PaO_2 sample	negative pressure) Yes No N/K					

Discharge information	Custom or user-de	efined fields	
Status at discharge from your unit	Field name	Value	
☐ Alive ☐ Dead ☐ Discharged for palliative care			
Date of discharge (dd/mm/yyyy) / 20			
Time of discharge (hh:mm)			
Date of death (dd/mm/yyyy) / 20			
Time of death (hh:mm)			
Destination following discharge from your unit			
☐ Normal residence ☐ ICU			
☐ Hospice ☐ PICU			
☐ Same hospital ☐ NICU			
Other hospital HDU			
SCBU			
	Comments		
(U Other	Comments		
Follow-up 30 days post-discharge from your unit			
Status Alive Dead Not known			
Date of death (dd/mm/yyyy)			
Location			
□ Normal residence □ ICU			
Hospice PICU			
☐ Same hospital ☐ NICU ☐ HDU			
☐ Other hospital ☐ HDU ☐ SCBU			
Ward	Standard NHS eth	nic categories	
Other	Ethnic category	· ·	Code
<u> </u>	White	British	A
Growth measurements (if required by unit)		Irish Any other White background	B C
Growth measurements (ii required by utilit)	Mixed	White & Black Caribbean White & Black African	D E
Height cm		White & Asian	F
	Anima C Anima D W. I	Any other mixed background	G
Weight kg	Asian & Asian British	Indian Pakistani	H J
Abdominal		Bangladeshi Any other Asian background	K L
circumference - cm	Black or black British	Caribbean	M
		African Any other Black background	N P
Form completed by	Other ethnic groups	Chinese	R
i omi completed by		Any other ethnic group	S
	Not stated	Not stated	Z
Outside			
Queries An emailed query to picanet@leeds.ac.uk will reach every PICA	Net team member, or yo	ou can contact us individually:	

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APPENDIX F INFORMATION LEAFLET

What does PICANet do?

PICANet collects information on all children who are admitted to a paediatric (children's) intensive care unit. 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 ill, so that intensive care services can be better planned for and provided.

How is PICANet funded?

At present, several healthcare commissioners, the Department of Health and the Royal Hospital for Sick Children, Edinburgh pay for this project.

What information is needed?

PICANet collects exactly the same information on all children cared for in paediatric intensive care units.

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.

How is information collected?

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

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 a safe room. Noone 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 will the information be used for?

We use the information to help us write reports and to decide what research on children's intensive care needs to be done.

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 are also about to link up with the Office of National Statistics, so that we can see how your child's health is, after they have left the intensive care unit.

What have we found out so far?

During the past few years, we have shown that about 15,000 children are admitted to paediatric intensive care units in England/Wales and Edinburgh. 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 on your child included in PICANet, please tell the nurse or doctor caring for your child. Your decision will not alter the care your child receives in this, or any other hospital.

Where can I get more information? If you have any questions about PICANet

you can:

- ask your child's nurse or doctor for more information
- visit the PICANet website (see below)
- email PICANet (see below)
- contact a member of the PICANet team on one of the telephone numbers below

PICANet contact information:

Website: www.picanet.org.uk
Email: picanet@leeds.ac.uk

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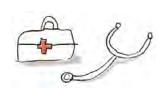
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Paediatric Intensive Care Audit Network

Information leaflet for parents, families and guardians of children admitted to paediatric intensive



Drawn by Zoe aged 8.

Version 4.0 Aug 2006

APPENDIX G DATA VALIDATION REPORT

The Royal Hospital

Key to clinical code errors

Value(s):

READ code followed by READ code description followed by the text recorded in the unit notes e.g. XSDOK- Bronchiolitis [respiratory distress]

Example errors:

- A) (no code) (no description) [(no notes)], this means nothing has been supplied.
- B) X44vY [ASD], this means an invalid READ code and no READ code description have been supplied.
- C) 00000 [abdominal tumour resection], this means no READ code and no READ code description have been supplied.

Admission number 200421	Casenote number 233X	Admitted on 12/02/2004	PICANet ID 450
Reason	Variable(s)	Value(s)	Comment
Missing primary reason	Primary reason for admission	(No code) - (No desription) [(No notes)]	Must have a primary reason for admission recorded
Admission number 200462	Casenote number 433RX	Admitted on 15/04/2004	PICANet ID 552
Reason	Variable(s)	Value(s)	Comment
Missing value	Intubation	•	
Missing value	Number of days intubated		
Admission number 200479	Casenote number 756X	Admitted on 01/05/2004	PICANet ID 660
Reason	Variable(s)	Value(s)	Comment
Incorrect concept domain	Primary reason for admission	X20UN - Nissen fundoplication [Nissen fundoplication]	Primary reason must be a disorder
Missing value	Follow-up status		
Admission number 2004111	Casenote number 999X	Admitted on 16/12/2004	PICANet ID 1273
Reason	Variable(s)	Value(s)	Comment
Incongruent value	Hospital location	Normal residence / Ward	Discharge destination not hospital but hospital location recorded
Logic error	Admission date / Discharge date	12/03/2003 / 10/03/2003	Please check dates; cannot be discharged before admitted
Missing value	Unit discharge status	Not known	Status at discharge from your unit expected (Alive or Dead)

APPENDIX H MONTHLY ADMISSIONS REPORT

Admissions		SITEID																															
Year	Month	1	2	3	4	5	6	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	31	32	33	Total
2005	1	73	33	55	34	24	79	38	35	91	150	95	22	56	33	36	18	64	19	20	31	20	28	17	6	50	24	5	43	34			1233
	2	73	20	64	39	31	81	35	30	87	98	92	31	42	36	35	5	40	13	17	27	29	36	29	8	59	24	1	48	37			1168
	3	92	13	60	45	22	68	58	45	77	133	103	27	39	55	34	9	64	18	24	32	24	26	25	5	46	24	9	39	42			1258
	4	74	22	56	31	24	72	43	39	86	132	89	29	45	31	34	5	53	18	24	23	18	26	19	7	58	16	2	49	33			1159
	5	81	23	60	40	20	68	58	30	100	129	73	26	37	29	30	13	44	14	23	20	18	26	28	6	57	24	4	34	29			1144
	6	78	12	71	34	24	69	36	31	101	127	97	38	58	31	27	9	35	9	31	35	22	36	30	8	55	21	5	40	35			1205
	7	75	16	60	39	25	74	32	30	79	153	103	36	65	31	30	11	55	8	26	27	26	29	16	7	53	22	4	41	27			1200
	8	66	9	59	32	16	54	46	32	75	134	88	23	61	35	21	7	44	12	26	27	22	26	24	7	61	24	6	36	47			1120
	9	85	20	59	31	20	66	48	29	78	115	85	27	50	34	30	5	55	20	32	18	28	34	30	10	71	23	2	40	40			1185
	10	63	23	60	31	20	76	33	36	91	119	75	30	60	34	39	4	45	11	25	23	16	36	26	11	61	23	3	33	37			1145
	11	77	24	58	37	23	76	33	36	96	117	113	31	56	34	50	6	48	19	28	30	24	31	31	9	63	32	4	61	28			1275
	12	84	20	53	32	25	88	43	26	73	139	119	30	47	36	46	5	50	24	36	21	33	23	22	5	54	35	5	51	37			1262
2005 Total		921	235	715	425	274	871	503	399	1034	1546	1132	350	616	419	412	97	597	185	312	314	280	357	297	89	688	292	50	515	426			14354
2006	1	92	15	66	30	37	77	44	34	108	137	103	29	54	39	38	5	68	16	27	27	41	42	29	12	70	28	4	31	32		$\overline{}$	1335
2000	2	68	29	51	47	30	80	28	35	104	113	103	18	45	46	35	6	59	12	22	31	27	33	21	4	59	19	7	48	35			1216
	3	68	23	66	35	30	80	42	33	116	152	89	17	47	41	39	7	49	17	27	40	27	40	22	7	67	26	4	41	48			1301
	4	88	13	52	27	18	65	49	33	83	134	91	25	50	36	27	7	46	17	32	33	26	41	22	7	51	31	4	40	39			1187
	5	90	19	57	39	25	80	51	29	90	138	88	28	64	31	40	7	49	19	25	22	28	36	17	11	64	19	2	30	38			1236
	6	79	17	58	40	20	65	52	31	101	142	84	28	55	31	23	5	37	19	15	40	25	25	26	7	62	27	3	43	33			1193
	7	99	15	54	37	21	80	42	27	88	154	84	32	53	46	24	2	50	15	20	20	21	37	19	5	46	21	2	29	29			1172
	8	106	23	50	35	22	65	48	22	82	140	79	30	72	36	15	3	42	13	19	32	14	34	23	11	49	25	2	26	38			1156
	9	82	22	53	36	21	63	46	24	70	143	88	26	53	37	23	5	47	17	16	30	32	31	23	8	53	30	3	28	25			1135
	10	92	14	45	48	26	88	61	28	78	128	86	26	65	30	37	5	46	14	23	25	19	36	29	5	59	32	Ū	47	39			1231
	11	101	27	53	32	29	78	42	35	101	132	90	32	60	35	35	13	51	14	22	30	26	35	27	6	57	28	2	41	39			1273
	12	99	17	54	48	30	108	25	35	98	116	115	31	39	42	33	10	41	17	28	25	21	31	18	7	55	32	3	33	35			1246
2006 Total		1064	234	659	454		929	530	366	1119	1629	1101		657	450	369	75	585	190	276		307	421	276	90		318	36	437	430			14681
2007	1	96	25	55	48	34	78	32	37	90	111	107	20	68	36	32	11	58	18	37	20	22	43	27	3	71	31	4	41	38			1293
	2	76	17	58	41	29	79	26	31	84	94	97	21	54	27	31	8	66	14	30	35	17	43	15	4	59	34	3	32	36	12		1173
	3	99	20	55	47	28	81	32	29	84	120	100	36	42	38	33	8	43	17	18	38	20	44	25	7	69	31	3	43	48	32		1291
	4	84	18	63	50	24	75	30	35	79	114	88	24	61	34	26	8	43	16	25	16	21	32	25	8	47	33		53	42			1290
	5	84	24	50	46	21	85	41	36	99	120	102	27	63	33	33	2	55	15	21	33	25	33	25	9	58	34	6	52	41			1393
	6	92	19	54	35	32	70	36	23	86	128	95	25	43	47	22	10	50	22	25	25	25	33	31	7	54	23	5	41	41			1309
	7	88	9	55	40	29	88	31	30	90	137	103	27	52	40	26	13	56	22	22	30	22	20	36	3	73	26	5	58	29			1347
	8	98	7	51	51	20	70	27	31	94	86	102	15	47	26	28	11	60	10	32	25	23	16	26	12	74	26	4	42	37			1268
	9	103	3	50	36	22	71	29	31	83	125	87	40	54	20	27	7	38	13	20	30	26	22	26	10	45	21	4	39	32			1211
	10	110	10	62	46	29	71	39	27	103	126	115	17	53	32	30	19	54	13	33	41	24	23	29	8	70	41	3	46	41			1417
	11	112	11	77	42	32	85	27	22	99	131	124	13	59	31	39	12	67	16	25	43	23	30	23	5	68	39	3	38	44			1459
	12	116	12	68	42	25	65	32	32	95	113	87	29	46	37	41	10	61	18	30	29	31	21	26	9	69	37	5	53	34	-		1355
2007 Total		1158	175	698	524	325	918	382	364	1086	1405	1207	294	642	401	368	119	651	194	318	365	279	360	314	85	757	376	45	538	463	364	530 1	15806
Total		3143	644	2072	1403	908	2718	1415	1129	3239	4580	3440	966	1915	1270	1149	291	1833	569	906	1034	866	1138	887	264	2137	986	131	1490	1319	364	630 4	44836

APPENDIX I DATA STATUS REPORT

Data status report

November 2002 - July 2008

SITEID	Last imported	ExportID	Admissions	First admission	Most recent admission	Missing value	Out of range I	nvalid value	Logic violation	Incongruity	Check value	nvalid code	Uncoded reason	Total
1	05/06/2008	34	5833	01/11/2002	03/06/2008	432	28	1	16	74	4	47		602
2	28/02/2008	239	1160	02/01/2003	25/02/2008	27					1	1		29
3	12/05/2008	111	3839	02/11/2002	30/04/2008	68					6	1	26	101
4	27/06/2008	411	2412	02/03/2003	22/06/2008	14			1		1	60		76
5	26/06/2008	204	1656	04/11/2002	25/06/2008					1	1			54
6	05/06/2008	84	5064	01/11/2002	01/06/2008	56	1				1			58
8	14/04/2008	174	2740	01/11/2002	06/04/2008	328	1	1	12	3				345
9	12/05/2008			01/11/2002	08/05/2008				2		3			65
10	25/06/2008	163		02/11/2002	28/04/2008	19	1		1		1			22
11	23/04/2008	85	7993	16/01/2003	07/04/2008									0
12	28/05/2008	18	5500	01/03/2003	24/12/2007	107	9	6	4	69	4	47		246
13	10/06/2008			01/03/2003	05/06/2008				1	3		4	3	14
14	14/04/2008			01/03/2003	13/03/2008				1	6	11	1	1	101
15	15/05/2008				30/04/2008						3	3		118
16	05/06/2008			01/03/2003			14				2			112
17	30/05/2008	110	510		21/05/2008		1							98
18	10/06/2008			01/11/2002			1		8	1	3			1559
19	19/06/2008			01/11/2002	13/06/2008	5								5
20	13/06/2008				18/05/2008					1				1
21	30/05/2008	83	1796		29/02/2008						3			35
22	30/05/2008	104	1532	02/11/2002	17/05/2008					1	1			560
23	17/06/2008								3		3			145
24	11/02/2008			01/11/2002	31/12/2007		2		2		1			9
25	05/06/2008				01/04/2008							5		5
26	27/06/2008			01/11/2002	23/06/2008						5	1		255
27	30/05/2008			01/11/2002	08/05/2008		1							13
28	17/03/2008			01/11/2002	22/02/2008									17
29	26/06/2008	229		01/11/2002	25/06/2008							1		154
31	13/06/2008				12/06/2008							9		77
32	07/03/2008			13/02/2007	31/01/2008				1		4			26
33	23/06/2008	11		02/04/2007	21/12/2007				1	1	4			36
			78127			4376	69	8	53	160	62	180	30	4938

Last imported: the date on which the data was most recently exported

ExportID: the ID of the most recent export (this increments with each export)

Total admissions: the number of admissions during the time period of this report

First admission: the earliest admission date included in this report

Most recent admission: the latest admission date included in this report

Missing value: value missing when required

Out of range: value outside normal ranges (as specified in the manual)

Invalid value value not valid (e.g. wrongly enumerated code)

Logic violation: illogical values supplied (e.g. a discharge date before an admission date)

Incongruity: value supplied when not required (e.g. a retrieval team specified when the patient was not retrieved)

Check value: value requiring confirmation Invalid code: invalid Read Code supplied Uncoded reason: no Read Code supplied

Total: total number of errors

APPENDIX J POLICY FOR UNITS FALLING OUTSIDE THE CONTROL LIMITS

PICANet policy on PICUs lying outside the control limits of the mortality ratio funnel plots (PICANet November 2005)

J.1 Background – mortality ratios and funnel plots

PICANet is required by the Department of Health to report on the mortality outcomes of all children admitted for paediatric intensive care. The PICANet Clinical Advisory Group and Steering Group recommended that the mortality outcomes from each PICU be adjusted for the illness severity of the child at admission using the Paediatric Index of Mortality (PIM). PICANet reports the unadjusted mortality outcome from all PICUs and a mortality ratio based on the ratio of observed mortality in each PICU to the expected mortality calculated using PIM. From 2005, revised coefficients for PIM have been used derived from the recently completed United Kingdom Paediatric Intensive Care Outcome Study. PIM23 has been used for risk-adjustment in this report for 2006 only and will be used in future reports as the data become available.

Earlier work published by members of PICANet team⁴ has highlighted the problems of attempting to rank PICUs on their annual mortality, whether unadjusted or adjusted. PICANet, however, has also recognised the need to identify units which appear to have outcomes very different to other units. Consequently, PICANet has published a funnel plot of the observed to expected mortality ratio of individual PICUs. The funnel plots are constructed in such a way that there is an approximately 5% chance of a PICU falling outside the control limits, if the distribution of the mortality ratios is random.

The mortality ratio is calculated for each PICU by dividing the expected number of deaths calculated using the published PIM algorithm by the observed number of deaths for each PICU. The mortality ratio is then plotted on the y-axis against the number of admissions to the PICU on the x-axis. In order to satisfy the condition that if the overall distribution of the mortality ratios is random there exists an approximately 5% chance of a PICU falling outside the control limits, then the upper and lower control limits constructed at an individual PICU level must represent not 95% confidence intervals, but 99.9% confidence intervals around a mortality ratio of 1 by number of admissions.⁵ This is analogous to increasing the confidence interval (or significance level) when correcting for multiple comparisons in data containing numerous groups.

J.2 Data outliers

- A PICU whose mortality ratio lies outside of these control limits will be identified as having returned data that is markedly different to the other PICUs.
- It is important to note that a PICU lying outside the control limits is not sufficient evidence to suggest a PICU has either markedly higher or markedly lower mortality than the other PICUs, it merely indicates that the data they have returned is different to that of other PICUs.
- For those PICUs that do lie outside the control limits, the principals of clinical governance should apply:
 - PICANet will raise the issue with the lead clinician of the PICU and the Trust Chief Executive
 - PICANet will work with the PICU and the Trust, following the plan below until the issue is resolved.

In these circumstances, PICANet will:

- i) Review the data to investigate whether there are data driven reasons for a PICU lying outside of the control limits (it is known that risk-adjustment tools can be unreliable when a PICU has a particularly high proportion of patients at either end of the bounds of the tool.)
- ii) Review the data quality of the PICU. The quality of the data is the PICUs' responsibility. PICANet will provide feedback from PICU visits and central validation procedures. PICUs will be expected to check the quality of individual data items.
- iii) Plot the data quality indicators over time to identify whether the anomaly can be traced to a certain data collection period.
- iv) Plot the mortality ratio over time to identify whether the anomaly can be traced to a certain data collection period.
- v) Plot the observed mortality over time to identify whether the anomaly can be traced to a certain data collection period.
- vi) Plot the expected mortality over time to identify whether the anomaly can be traced to a certain data collection period.
- vii) Investigate the primary reason for admission to the PICU. If the PICU has a markedly high proportion of some primary reason of admission to the PICU compared with other PICUs this may suggest further refinements to the risk-adjustment method are required.
- viii) Produce a brief summary report of the above to be forwarded to the lead clinician and Chief Executive at the PICU concerned, together with an invitation to meet in person to review the data with the PICANet team.

Where reference is made to the Chief Executive, it is accepted that they may be represented by their clinical governance lead.

NOTE: Excess mortality in particular sub-groups of patients or associated with other aspects of service provision may be identified using different statistical methods. The process outlined above will be implemented wherever anomalous results/outliers are identified.

J.3 References

- 1) Parry GJ, Gould CR, McCabe CJ, Tarnow-Mordi WO. Annual league tables of hospital mortality in neonatal intensive care: A longitudinal study. BMJ 1998; 316:1931-1935.
- 2) Brady AR, Harrison D, Black S, Jones S, Rowan K, Pearson G, Ratcliffe J, Parry GJ, on behalf of the UK PICOS Study Group. Assessment and Optimization of Mortality Prediction Tools for Admissions to Pediatric Intensive Care in the United Kingdom. Pediatrics 2006; 117: 733-742.
- 3) Shann F, Slater A, Pearson G. PIM 2: a revised version of the Paediatric Index of mortality. Intensive Care Med 2003; 29:278-285
- 4) Shann F, Pearson G, Slater A, Wilkinson K, Paediatric index of mortality (PIM): a mortality prediction model for children in intensive care. Intensive Care Med 1997; 23:201-207
- 5) Spiegelhalter D. Funnel plots for institutional comparison. Qual. Saf. Health Care, Dec 2002; 11: 390- 391.

APPENDIX K PUBLICATIONS/PRESENTATIONS

Presentations

Meeting/Conference	Venue	Date	Presentation Title	PICANet Team Attendees
PICANet AGM	London	24/06/2004	Presentation of National report	PICANet Team
PICS SG	Cambridge University	09/09/2004	PICANet: How can it be used for research and audit?	Nicky Davey, Sam Jones, Roger Parslow & Krish Thiru
Pan Thames Report Update: Commissioning Consortium	London	06/05/2005	PICANet: Update on Pan Thames data quality for commissioning	Krish Thiru & Sam Jones
PICANet AGM	London	24/05/2005	Presentation of National report	PICANet team
PICANet AGM	Perinatal Institute, Birmingham	29/06/2006	Presentation of the National Report	PICANet Team
Pan Thames Commissioners Meeting	London	28/07/2006	Pan Thames PICANet Report 2004-2005	Krish Thiru, Tricia McKinney
Paediatric Intensive Care Society Scientific Meeting	Glasgow	16 & 17/11/2006	PICU Health Informatics	K Thiru
PICANet AGM	Leeds University Business School	04/07/2007	Presentation of the National Report	PICANet Team

Abstracts

Abstract	Title	Authors
European Society for Paediatric and Neonatal Intensive Care (ESPNIC) annual conference, 15-17 September 2005, Antwerp (oral presentation)	Mortality, deprivation and ethnicity of critically ill children in England and Wales: preliminary findings from the Paediatric Intensive Care Audit Network (PICANet)	Parslow RC, Tasker RC, Chater T, Davey N, Draper ES, Jones S, Parry GJ, Thiru K & McKinney PA.
5 th World Congress on Pediatric Critical Care, 24-28 June 2007, Geneva, Switzerland (poster presentation)	Collecting national data for clinical audit: The Paediatric Intensive Care Audit Network in Great Britain	Parslow RC, McKinney PA, Draper ES, Thiru K
5 th World Congress on Pediatric Critical Care, 24-28 June 2007, Geneva, Switzerland (poster presentation)	Clinical information system utilisation in paediatric intensive care: A UK perspective	Ramnarayan P, Thiru K, Rowe S on behalf of Pan Thames Health Informatics Group
The 15th Annual Public Health Forum, Edinburgh International Conference Centre, 28-29 March 2007, Edinburgh, UK (poster presentation)	Using Data to Inform Commissioning of Paediatric Intensive Care	Sidhu S, Rowe S & Thiru K
PICS SG Meeting, 19 – 21 November 2008, Cardiff (poster presentation)	Clinical Information Systems in UK PICs: Opportunities and Challenges.	Thiru K, Ramnarayan P, Mador RL, Rowe S.
Information Technology and Communication in Health (ITCH): Revolutionizing Healthcare with Informatics: From Research to practice, Victoria, Canada 19 -21 Feb 2009 (poster presentation)	Understanding the Workflow of Pediatric Intensive Care Nurses Prior to the Introduction of a Critical Care Information System	Rebecca L. Mador, Dr. Nicola T. Shaw, Damon Mayes, Prof. Johanna I. Westbrook, Nerida Creswick, Dr. Krish Thiru, and Micaela Brown

APPENDIX L GLOSSARY

The following abbreviations / terms are used within the text of this report:

A&E Accident and Emergency Department

AIC Adult Intensive Care

AICU Adult Intensive Care Unit

ANZPICS Australian and New Zealand Paediatric Intensive Care Registry

CAG Clinical Advisory Group

CATS Children's Acute Transfer Service

CT3 Clinical Terms 3

ECMO Extra corporeal membrane oxygenation

ENB English National Board

GB Great Britain

GOSH Great Ormond Street Hospital

HB Health Board

HQIP Healthcare Quality Improvement Partnership

IC Information Centre for health and social care

ICNARC Intensive Care National Audit & Research Centre

ICP device Intracranial pressure device

Invasive ventilation Any method of ventilation delivered via an endotracheal tube,

laryngeal mask or tracheotomy tube

IQR Interquartile Range

IV vasoactive therapy Intravenous drug therapy to support blood pressure and heart

rate

LVAD Left ventricular assist device to support cardiac function

NPfIT National Programme for Information Technology

NSPD National Statistics Postcode Directory

NHS National Health Service

NHSIA National Health Service Information Authority

NHSnet A secure wide area network connecting NHS organisations

which enables units to transfer data electronically to PICANet

Non-invasive ventilation Any method of ventilation NOT given via an endotracheal tube,

laryngeal mask or tracheostomy tube

PbR Payment by Results

PCCEWG Paediatric Critical Care Expert Working Group

PCCMDS Paediatric Critical Care Minimum Dataset

PCO Primary Care Organisations

PIAG Patient Information Advisory Group

PIC Paediatric Intensive Care

PICANet Paediatric Intensive Care Audit Network

PICNET Paediatric Intensive Care Network
PICS Paediatric Intensive Care Society

PICS SG Paediatric Intensive Care Society Study Group

PICU Paediatric Intensive Care Unit
PIM Paediatric Index of Mortality

PIM 2 Paediatric Index of Mortality version 2

READ Codes Clinical terminology used to describe clinical conditions,

symptoms and observations

RSV Respiratory syncytial virus

SCT See SNOMED CT®

SHO Senior House Officer

SG Steering Group

SNOMED CT® SNOMED CT® is a clinical terminology - the Systematised

Nomenclature of Medicine. It is a common computerised language that will be used by all computers in the NHS to facilitate communications between healthcare professionals in

clear and unambiguous terms

SMR Standardised mortality ratio
SHA Strategic Health Authority

SWACIC South West Audit of Critically III Children

UK PICOS United Kingdom Paediatric Intensive Care Outcome Study



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