Paediatric Intensive Care Audit Network

Annual Report 2019

Appendices

Data collection period
January 2016–December 2018

HQIP — Healthcare Quality Improvement Partnership

PICANet

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CONTENTS

A. PARTICIPATING ORGANISATION & UNIT CHARACTERISTICS

NHS Trust / Organisation	Participating Hospital	Unit / Ward	Number of IC beds	Number of HD beds	Type of unit
Barts Health NHS Trust	The Royal London Hospital	PCCU	2	4	General
Birmingham Women's and Children's Hospital NHS Foundation Trust	Birmingham Children's Hospital	PICU	29	0	General including cardiac, liver, neurosurgical, ECLS, ENT, oncology, metabolic and spinal
Cambridge University Hospitals NHS Foundation Trust	Addenbrooke's Hospital	PICU	9[1]	4[1]	General
Cardiff & Vale University Health Board	The Noah's Ark Children's Hospital for Wales	PCCU	6	4	General
Manchester University NHS Foundation Trust	Royal Manchester Children's Hospital	PICU	17	12[4]	General
Great Ormond Street Hospital for Children NHS Trust	Great Ormond Street Hospital for Children	CCCU	21	0	Cardiac
		PICU & NICU	27	0	General & Neonatal
Guy's & St. Thomas' NHS Foundation Trust	Evelina London Children's Hospital	PICU	19	0	General & Cardiac
HSE (Health Service Executive)	Children's Health Ireland at Temple Street, Dublin	PICU	9	0	General
	Children's Health Ireland at Crumlin, Dublin	PICU	18	5	General & Cardiac
King's College Hospital NHS Foundation Trust	King's College Hospital	PICU	7	8	General, Hepatic & Neurosurgical
The Leeds Teaching Hospitals NHS Trust	Leeds General Infirmary	PICU	16	0	General & Cardiac
Newcastle upon Tyne Hospitals NHS Foundation Trust	Great North Children's Hospital	PICU	11	2	General & Surgical ICU
	Freeman Hospital	CICU	12	2	Cardiothoracic surgery, heart failure, ECMO & ENT
NHS Lothian	Royal Hospital for Sick Children, Edinburgh	PICU	10	9	General, Neurosurgical & Spinal
NHS Greater Glasgow and Clyde	Royal Hospital for Children, Glasgow	PICU	19	3	General, Neurosurgical Cardiac & ECMO
Oxford University Hospitals NHS Foundation Trust	The John Radcliffe Hospital	PCCU	8	9	General including neurosurgical, craniofacial and major trauma

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

1. PICU Addenbrooke's Hospital in temporary location in November 2018 with beds reduced to 10 IC.
2. IC/ HD beds are used flexibly if required.
3. PICU Royal Belfast Hospital for Sick Children routinely admit children up to 14 years of age.
4. Royal Manchester Children's Hospital started collecting HD (level 2) data in January 2018
For a full up to date list of participating organisations including transport organisations please see our website. A list of includes units and CTS for this report period is published in the front of the Tables and Figures 2019
The above information was recorded in November 2018.

B. CLINICAL ADVISORY GROUP MEMBERSHIP

NAME	POSITION	NHS TRUST / HOSPITAL	PERIOD SERVED
DR RACHEL AGBEKO	PAEDIATRIC INTENSIVIST	NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST GREAT NORTH CHILDREN'S HOSPITAL	2012 - PRESENT
DR JOHN ALEXANDER	CONSULTANT IN PAEDIATRIC INTENSIVE CARE	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST ROYAL STOKE UNIVERSITY HOSPITAL	2012 - PRESENT
SIMON CHILES	ADVANCED NURSE PRACTITIONER	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST GLENFIELD HOSPITAL	2014 - PRESENT
KATHRYN CLAYDON - SMITH	CLINICAL RESEARCH NURSE SPECIALIST	NORTH WEST AND NORTH WALES PAEDIATRIC TRANSPORT SERVICE (NWTS)	2009 - PRESENT
DR PETER DAVIS (CHAIR)	CONSULTANT IN PAEDIATRIC INTENSIVE CARE	UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION 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 - 2018
JUDITH GRAY	SISTER	NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST NEWCASTLE FREEMAN HOSPITAL	2015 - PRESENT
DR HILARY KLONIN	CONSULTANT IN PAEDIATRIC INTENSIVE CARE	HULL & EAST YORKSHIRE HOSPITALS NHS TRUST HULL ROYAL INFIRMARY	2002 - 2018
DR HARI KRISHNAN	COUNSULTANT PAEDIATRIC INTENSIVIST	BIRMINGHAM WOMEN'S AND CHILDREN'S NHS FOUNDATION TRUST BIRMINGHAM CHILDREN'S HOSPITAL	2018 - PRESENT
DR PAULA LISTER	CONSULTANT PAEDIATRIC INTENSIVIST	GREAT ORMOND STREET HOSPITAL FOR CHILDREN NHS TRUST GREAT ORMOND STREET HOSPITAL FOR SICK CHILDREN	2012 - 2018
LESLEY MOLONY	INFORMATION OFFICER	SOUTHAMPTON UNIVERSITIES HOSPITAL NHS TRUST SOUTHAMPTON CHILDREN'S HOSPITAL	2013 - PRESENT
DR RODDY O'DONNELL	CONSULTANT IN PAEDIATRIC INTENSIVE CARE	CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST ADDENBROOKE'S HOSPITAL	2002 - PRESENT
DR JOHN PAPPACHAN	ANAESTHETICS AND PAEDIATRIC INTENSIVE CARE MEDICINE	UNIVERSITY HOSPITALS SOUTHAMPTON NHS FOUNDATION TRUST SOUTHAMPTON CHILDREN'S HOSPITAL	2012 - PRESENT
PROF MARK PETERS	CLINICAL UNIT CHAIR	GREAT ORMOND STREET HOSPITAL FOR CHILDREN NHS TRUST GREAT ORMOND STREET HOSPITAL FOR CHILDREN	2018 - PRESENT
DR ADRIAN PLUNKETT	CONSULTANT PAEDIATRIC INTENSIVIST	BIRMINGHAM CHILDREN'S HOSPITAL NHS TRUST BIRMINGHAM CHILDREN'S HOSPITAL	2012 - 2018
DR PADMANABHAN RAMNARAYAN (REPRESENTING TRANSPORT ORGANISATIONS)	CONSULTANT	GREAT ORMOND STREET HOSPITAL NHS TRUST CHILDREN'S ACUTE TRANSPORT SERVICE	2012 - PRESENT
DR MARK TERRIS (REPRESENTING NORTHERN IRELAND)	CONSULTANT ANAESTHETIST	BELFAST HEALTH AND SOCIAL CARE TRUST ROYAL BELFAST HOSPITAL FOR SICK CHILDREN	2014 - PRESENT

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

Membership recorded above is the membership spanning the reporting period 2016-2018

C. STEERING GROUP MEMBERSHIP

NAME	POSITION	ORGANISATION	REPRESENTATION	PERIOD SERVED
CHRISTOPHER COSLETT	DIRECTORATE MANAGER FOR CARDIOTHORACIC SERVICES AND CRITICAL CARE	UNIVERSITY HOSPITAL OF WALES	WALES	2016 - 2018
DR PETER DAVIS	CONSULTANT IN PAEDIATRIC INTENSIVE CARE	UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST BRISTOL ROYAL HOSPITAL FOR CHILDREN	CHAIR OF PICANET CAG	2011 - PRESENT
LOUISE DEWSBURY	SENIOR NURSE	GUY'S AND ST THOMAS' NHS FOUNDATION TRUST EVELINA LONDON CHILDREN'S HOSPITAL	PICS NURSE MANAGERS GROUP	2017 - PRESENT
ANDREW FLEMING	NATIONAL CLINICAL AUDIT MANAGER	INTENSIVE CARE NATIONAL AUDIT & RESEARCH CENTRE (ICNARC)	INTENSIVE CARE NATIONAL AUDIT & RESEARCH CENTRE (ICNARC)	2017 - PRESENT
PETER-MARC FORTUNE	CONSULTANT PAEDIATRIC INTENSIVIST ASSOCIATE CLINICAL HEAD	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST ROYAL MANCHESTER CHILDREN'S HOSPITAL	PAEDIATRIC INTENSIVE CARE SOCIETY PRESIDENT (OCTOBER 2016)	2016 - PRESENT
SAM HARPER	HQIP PICANET PROJECT MANAGER	HEALTHCARE QUALITY IMPROVEMENT PARTNERSHIP (HQIP)	COMMISSIONING AND FUNDING BODY (ENGLAND)	2018- PRESENT
SASHA HEWITT	ASSOCIATE DIRECTOR FOR QUALITY AND DEVELOPMENT	HEALTHCARE QUALITY IMPROVEMENT PARTNERSHIP (HQIP)	COMMISSIONING AND FUNDING BODY (ENGLAND)	2017 - PRESENT
TASNEEM HOOSAIN	HQIP PICANET PROJECT MANAGER	HEALTHCARE QUALITY IMPROVEMENT PARTNERSHIP (HQIP)	COMMISSIONING AND FUNDING BODY (ENGLAND)	2015 - 2017
RACHEL LUNDY	SENIOR COMMISSIONING MANAGER	NHS ENGLAND & NHS IMPROVEMENT	NATIONAL COMMISSIONER FOR PAEDIATRIC INTENSIVE CARE CLINICAL REFERENCE GROUP	2016 - PRESENT
DR MICHAEL MARSH (CHAIR)	REGIONAL MEDICAL DIRECTOR & CCIO HIGHER LEVEL RESPONSIBLE OFFICER SOUTH WEST REGION	NHS ENGLAND & NHS IMPROVEMENT	ROYAL COLLEGE OF PAEDIATRICS AND CHILD HEALTH NATIONAL COMMISSIONER FOR PAEDIATRIC INTENSIVE CARE CLINICAL REFERENCE GROUP	2002 - PRESENT
DR JILLIAN MCFADZEAN	CLINICAL LEAD	NHS LOTHIAN ROYAL HOSPITAL FOR SICK CHILDREN, EDINBURGH	SCOTLAND	2005 - PRESENT

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

Membership recorded above is the membership spanning the reporting period 2016-2018

D.   DATA COLLECTION FORM – ADMISSION

PICA Net — Paediatric Intensive Care Audit Network · Data Collection Form   **Admission**

Patient details *(or hospital label)*

Family name

First name

Address

Postcode

NHS/CHI/H&C number
☐ Tick if patient is not eligible for number

Case note number

Date of birth *(dd/mm/yyyy)*
[ ] / [ ] / [   ]

Indicate if date of birth is
☐ Estimated   ☐ Anonymised   ☐ Unknown

Sex
☐ Male   ☐ Female   ☐ Ambiguous   ☐ Unknown

Ethnic category
☐ White British
☐ White Irish
☐ White other *(specify below)*
☐ Mixed White and Black Caribbean
☐ Mixed White and Black African
☐ Mixed White and Asian
☐ Mixed other *(specify below)*
☐ Asian Indian
☐ Asian Pakistani

☐ Asian Bangladeshi
☐ Asian other *(specify below)*
☐ Black Caribbean
☐ Black African
☐ Black other *(specify below)*
☐ Chinese
☐ Other *(specify below)*
☐ Not stated (declined)
☐ Unknown

Other ethnic category

Gestational age at delivery *(if patient is under 2 years old)*
[ ] weeks

Birth order   Multiplicity
[ ] of [ ]

GP practice code

Admission details

Date and time of admission to unit *(dd/mm/yyyy)*
[ ] / [ ] / 2 0 [ ]   [ ] : [ ]

Admission number

Type of admission to unit
☐ Planned – following surgery
☐ Unplanned – following surgery
☐ Planned – other
☐ Unplanned – other

Previous ICU admission *(during current hospital stay)*
☐ ICU
☐ PICU
☐ NICU
☐ None
☐ Unknown

Source of admission
☐ Same hospital   ☐ Clinic
☐ Other hospital   ☐ Home

Care area admitted from *(includes transfers in)*
☐ X-ray / endoscopy / CT scanner   ☐ ICU / PICU / NICU
☐ Recovery only   ☐ Ward
☐ HDU (step up/step down unit)   ☐ Theatre and recovery
☐ Other intermediate care area   ☐ A & E

Retrieval / transfer?
☐ Yes →   ☐ No

Type of transport team
☐ PICU   ☐ Other specialist team
☐ Centralised transport service (PIC)   ☐ Non-specialist team
☐ Transport team from neonates   ☐ Unknown

Transport team

Collection unit

Contact us · picanet@leeds.ac.uk

General enquiries	Data collection queries	For dataset manuals and guidance, go to
0113 343 8125	0116 252 5414	www.picanet.org.uk/Documentation/Guidance/

www.picanet.org.uk

PICANet Admission data collection form · Version 9.4 · October 2017 · Copyright © 2017 Universities of Leeds and Leicester

PIM2/PIM3

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

Elective admission

☐ Tick if this is an elective admission

Main reason for PICU admission

☐ Asthma

☐ Bronchiolitis

☐ Croup

☐ Obstructive sleep apnoea

☐ Recovery from surgery →   ☐ Bypass cardiac procedure
☐ Non-bypass cardiac procedure
☐ Elective liver transplant
☐ Other procedure

☐ Diabetic ketoacidosis

☐ Seizure disorder

☐ Other (none of the above)

Is evidence available to assess past medical history?

☐ Yes   ☐ No

If yes, tick all that apply

☐ Cardiac arrest before ICU admission

  └→ ☐ Cardiac arrest OUT of hospital

☐ Cardiomyopathy or myocarditis

☐ Severe combined immune deficiency

☐ Hypoplastic left heart syndrome

☐ Leukaemia or lymphoma after first induction

☐ Liver failure main reason for ICU admission

☐ Acute NEC main reason for ICU admission

☐ Spontaneous cerebral haemorrhage

☐ Neurodegenerative disorder

☐ Human Immunodeficiency Virus (HIV)

☐ Bone marrow transplant recipient

Systolic blood pressure

☐☐☐ mmHg

Blood gas measured?

☐ Yes   ☐ No

Arterial PaO_2   **Arterial PaO_2**

☐☐ . ☐ kPa   OR   ☐☐☐ mmHg

FiO_2

☐ . ☐☐

Intubation?

☐ Yes   ☐ No

Headbox?   *At the time of arterial PaO_2 sample*

☐ Yes   ☐ No

Base excess *(specify source)*

☐☐ . ☐ mmol/l →   ☐ Arterial
☐ Capillary
☐ Venous

Lactate *(specify source)*

☐☐ . ☐ mmol/l →   ☐ Arterial
☐ Capillary
☐ Venous

Mechanical ventilation?

☐ Yes   ☐ No

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

☐ Yes   ☐ No

Pupil reaction

☐ Both fixed and dilated

☐ Other reaction

☐ Unknown

Diagnoses and procedures

Primary diagnosis for this admission

_____

Other reasons for this admission

_____

Operations and procedures performed during and prior to this admission

_____

Co-morbidity

_____

Was a tracheostomy performed during this admission?

☐ Yes   ☐ No

Daily interventions

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

Admission date: _____

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

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

_____

Clinical trial (if required by your unit)

Is the patient on a clinical trial?
☐ Yes *(specify name of trial)* ☐ No

Name of trial

Growth measurements (if required by your unit)

Height
☐☐☐ . ☐ cm

Weight
☐☐☐ . ☐☐☐ kg

Abdominal circumference
☐☐☐ . ☐ cm

Discharge information

Status at discharge from your unit
☐ Alive ☐ Dead

Discharged for palliative care?
☐ Yes ☐ No

Date and time of discharge *(dd/mm/yyyy hh:mm)*
☐☐ / ☐☐ / 2 0 ☐☐ ☐☐ : ☐☐

Date and time of death *(dd/mm/yyyy hh:mm)*
☐☐ / ☐☐ / 2 0 ☐☐ ☐☐ : ☐☐

Destination following discharge from your unit
☐ Normal residence ☐ Same hospital ⟶ ☐ ICU
☐ Hospice ☐ Other hospital   ☐ PICU
                                  ☐ NICU
                                  ☐ HDU
                                  ☐ SCBU
                                  ☐ Ward
                                  ☐ Other

Follow-up 30 days post-discharge from your unit

Status
☐ Alive ☐ Dead ☐ Unknown

Date of death *(dd/mm/yyyy)*
☐☐ / ☐☐ / 2 0 ☐☐

Location
☐ Normal residence ☐ Same hospital ⟶ ☐ ICU
☐ Hospice ☐ Other hospital   ☐ PICU
                                  ☐ NICU
                                  ☐ HDU
                                  ☐ SCBU
                                  ☐ Ward
                                  ☐ Other

Comments

Form completed by

Customised data collection (for local use)

E.   DATA COLLECTION FORM – REFERRAL

PICA Net | Paediatric Intensive Care Audit Network · Data Collection Form | **Referral**

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

Patient details (or hospital label)

Family name

First name

Postcode

NHS/CHI/H&C number

☐ Tick if patient is not eligible for number

Date of birth (dd/mm/yyyy)

Indicate if date of birth is
☐ Estimated   ☐ Anonymised   ☐ Unknown

Sex
☐ Male   ☐ Female   ☐ Ambiguous   ☐ Unknown

Referral details (complete only when clinicians agree that the patient requires PIC transport and/or a PICU bed)

Date and time when clinicians agreed that the patient required PIC transport and/or a PICU bed

☐☐ / ☐☐ / 2 0 ☐☐   ☐☐ : ☐☐

Referral number

Referring unit (from where the patient was transferred)

Referring area
☐ X-ray/endoscopy/CT scanner   ☐ ICU
☐ Recovery only   ☐ PICU
☐ HDU (step up/step down unit)   ☐ NICU
☐ Other intermediate care area   ☐ Ward
☐ Theatre and recovery   ☐ A & E
☐ Other transport service

Referring speciality

Grade of referring doctor or nurse
☐ Consultant / Associate Specialist / Staff Grade
☐ ST 4 – 8
☐ ST 1 – 3
☐ F1 / F2
☐ GP
☐ Nurse practitioner
☐ Nurse
☐ Unknown

Was the patient receiving invasive ventilation (by ET tube, laryngeal mask or tracheostomy) at time of referral call?
☐ Yes
☐ No – not indicated
☐ No – advised to intubate
☐ Unknown

Outcome of this referral event
Record the outcomes for **both** transport and admission; if either not requested of your organisation, tick "not requested"

Transport outcome
☐ Accepted for PIC transport
☐ Refused – no transport team available
☐ Refused – time critical transfer
☐ Refused – out of scope of care
☐ PIC transport not requested

Admission outcome
☐ Accepted for PICU admission
☐ Refused – no staffed bed available
☐ Refused – out of scope of care
☐ PICU admission not requested

Transport team

Destination unit (or location)

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

Comments

Form completed by

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General enquiries   Data collection queries
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F. DATA COLLECTION FORM – TRANSPORT

PICANet · Paediatric Intensive Care Audit Network · Data Collection Form · **Transport**

Patient details (or hospital label)

Family name

First name

Address

Postcode

NHS/CHI/H&C number

☐ Tick if patient is not eligible for number

Case note number (destination PICU)

Date of birth (dd/mm/yyyy)

Indicate if date of birth is
☐ Estimated　☐ Anonymised　☐ Unknown

Sex
☐ Male　☐ Female　☐ Ambiguous　☐ Unknown

Transport details

Date and time accepted for transport
／　／2 0　　：

Transport number

Type of transport team
☐ PICU
☐ Centralised transport service (PIC)
☐ Transport team from neonates
☐ Other specialist team
☐ Non-specialist team

Transport team

Grade of clinical team leader
☐ Consultant/Associate Specialist/Staff Grade
☐ ST 4 – 8
☐ ST 1 – 3
☐ Nurse practitioner

Speciality of clinical team leader

Grade of most senior nurse
☐ 5　☐ 6　☐ 7　☐ 8
☐ Nurse not present

Collection area
☐ X-ray/endoscopy/CT scanner　☐ ICU
☐ Recovery only　☐ PICU
☐ HDU (step up/step down unit)　☐ NICU
☐ Other intermediate care area　☐ Ward
☐ Theatre and recovery　☐ A & E
☐ Other transport service

Collection unit (or location)

Most senior member of medical staff present at collection unit
☐ Consultant/Associate Specialist/Staff Grade
☐ ST 4 – 8
☐ ST 1 – 3
☐ None

Did a medical technician accompany the patient?
☐ Yes　☐ No

Did a parent accompany the patient?
☐ Yes
☐ No – parent not present
☐ No – parent declined to accompany
☐ No – parent not permitted to accompany

Transport classification
☐ Planned
☐ Unplanned

Outcome of this transport event
☐ Patient transported
☐ Not transported – condition improved
☐ Not transported – condition deteriorated
☐ Not transported – other reason
☐ Patient died before transport team arrived
☐ Patient died while transport team present
☐ Patient died during transit

Destination type
☐ PICU
☐ NICU
☐ ICU
☐ HDU
☐ Ward
☐ Theatre
☐ Other transport service
☐ Normal residence
☐ Hospice

Destination unit (or location)

Critical incidents

Identify all critical incidents while transport team in attendance (tick all that apply)
☐ No critical incidents
☐ Accidental extubation
☐ Required intubation in transit
☐ Complete ventilator failure
☐ Loss of medical gas supply
☐ Loss of all IV access
☐ Cardiac arrest
☐ Medication administration error
☐ Equipment failure or incompatibility impacting on patient care
☐ Other critical incident (specify)

Comments

Form completed by

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Transport times

BASE TO COLLECTION UNIT
☐ Tick if this section of the trip is not applicable

Mode of transport *(tick all that apply)*
☐ Dedicated ambulance   ☐ RRV   ☐ Taxi
☐ Other ambulance   ☐ Air ✈   ☐ Other

Depart base *(dd/mm/yyyy hh:mm)*
☐☐/☐☐/2 0☐☐ ☐☐:☐☐

✈ **Arrive base airport**
☐☐/☐☐/2 0☐☐ ☐☐:☐☐

✈ **Aircraft type**
☐ Unpressurised fixed-wing   ☐ Dedicated helicopter
☐ Pressurised fixed-wing   ☐ Other helicopter

✈ **Takeoff base airport**
☐☐/☐☐/2 0☐☐ ☐☐:☐☐

✈ **Land collection airport**
☐☐/☐☐/2 0☐☐ ☐☐:☐☐

✈ **Depart collection airport**
☐☐/☐☐/2 0☐☐ ☐☐:☐☐

Arrive collection unit *(or location)*
☐☐/☐☐/2 0☐☐ ☐☐:☐☐

Blue light or siren used or requested
☐ Yes   ☐ No

Organisational delay
☐ None   ☐ Team out   ☐ Staffing   ☐ Vehicle

Vehicle incident
☐ None   ☐ Vehicle accident   ☐ Vehicle breakdown

PATIENT JOURNEY
☐ Tick if this section of the trip is not applicable

Mode of transport *(tick all that apply)*
☐ Dedicated ambulance   ☐ RRV   ☐ Taxi
☐ Other ambulance   ☐ Air ✈   ☐ Other

Depart collection unit *(or location)*
☐☐/☐☐/2 0☐☐ ☐☐:☐☐

✈ **Arrive collection airport**
☐☐/☐☐/2 0☐☐ ☐☐:☐☐

✈ **Aircraft type**
☐ Unpressurised fixed-wing   ☐ Dedicated helicopter
☐ Pressurised fixed-wing   ☐ Other helicopter

✈ **Takeoff collection airport**
☐☐/☐☐/2 0☐☐ ☐☐:☐☐

✈ **Land destination airport**
☐☐/☐☐/2 0☐☐ ☐☐:☐☐

✈ **Depart destination airport**
☐☐/☐☐/2 0☐☐ ☐☐:☐☐

Arrive destination unit *(or location)*
☐☐/☐☐/2 0☐☐ ☐☐:☐☐

Blue light or siren used or requested
☐ Yes   ☐ No

Organisational delay
☐ None   ☐ Team out   ☐ Staffing   ☐ Vehicle

Vehicle incident
☐ None   ☐ Vehicle accident   ☐ Vehicle breakdown

DESTINATION UNIT TO BASE
☐ Tick if this section of the trip is not applicable

Mode of transport *(tick all that apply)*
☐ Dedicated ambulance   ☐ RRV   ☐ Taxi
☐ Other ambulance   ☐ Air ✈   ☐ Other

Depart destination unit *(or location)*
☐☐/☐☐/2 0☐☐ ☐☐:☐☐

✈ **Arrive destination airport**
☐☐/☐☐/2 0☐☐ ☐☐:☐☐

✈ **Aircraft type**
☐ Unpressurised fixed-wing   ☐ Dedicated helicopter
☐ Pressurised fixed-wing   ☐ Other helicopter

✈ **Takeoff destination airport**
☐☐/☐☐/2 0☐☐ ☐☐:☐☐

✈ **Land base airport**
☐☐/☐☐/2 0☐☐ ☐☐:☐☐

✈ **Depart base airport**
☐☐/☐☐/2 0☐☐ ☐☐:☐☐

Arrive base
☐☐/☐☐/2 0☐☐ ☐☐:☐☐

Blue light or siren used or requested
☐ Yes   ☐ No

Organisational delay
☐ None   ☐ Team busy   ☐ Staffing   ☐ Vehicle

Vehicle incident
☐ None   ☐ Vehicle accident   ☐ Vehicle breakdown

Interventions *(retrievals only)*

Interventions by local team prior to arrival of transport team *(tick all that apply)*
☐ Primary intubation
☐ Re-intubation
☐ Other airway
☐ Non-invasive ventilation
☐ High flow nasal cannula therapy
☐ Primary central venous access
☐ Additional central venous access
☐ Arterial access
☐ Inotrope or vasopressor infusion
☐ Prostaglandin infusion
☐ Primary intraosseus access
☐ Additional intraosseus access
☐ Chest drain insertion
☐ ICP monitoring
☐ ECMO

Interventions while transport team in attendance *(tick all that apply)*
☐ Primary intubation
☐ Re-intubation
☐ Other airway
☐ Non-invasive ventilation
☐ High flow nasal cannula therapy
☐ Primary central venous access
☐ Additional central venous access
☐ Arterial access
☐ Inotrope or vasopressor infusion
☐ Prostaglandin infusion
☐ Primary intraosseus access
☐ Additional intraosseus access
☐ Chest drain insertion
☐ ICP monitoring
☐ ECMO

PIM2/PIM3 *(retrievals only)*

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

Elective admission
☐ Tick if this is an elective admission

Main reason for admission
☐ Asthma
☐ Bronchiolitis
☐ Croup
☐ Obstructive sleep apnoea
☐ Recovery from surgery →
☐ Diabetic ketoacidosis
☐ Seizure disorder
☐ Other (none of the above)

☐ Bypass cardiac proc.
☐ Non-bypass cardiac proc.
☐ Elective liver transpl't
☐ Other procedure

Is evidence available to assess past medical history?
☐ Yes   ☐ No

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

Systolic blood pressure
☐☐☐ mmHg

Blood gas measured
☐ Yes   ☐ No

Arterial PaO$_2$ or **Arterial PaO$_2$**
☐☐.☐ kPa   ☐☐☐ mmHg

FiO$_2$
☐.☐☐

Intubation
☐ Yes   ☐ No

Headbox
☐ Yes   ☐ No

At the time of PaO$_2$ sample

Base excess
☐☐☐.☐ mmol/l →
☐ Arterial
☐ Capillary
☐ Venous

Lactate
☐☐.☐ mmol/l →
☐ Arterial
☐ Capillary
☐ Venous

Mechanical ventilation
☐ Yes   ☐ No

CPAP
☐ Yes   ☐ No

Pupil reaction
☐ Both fixed and dilated
☐ Other reaction
☐ Unknown

---

*These forms in appendices D, E and F refer to latest versions used during the reporting period. Regular reviews and updates may alter these in the future.

G. INFORMATION LEAFLET – FAMILIES AND CARERS

HQIP
Healthcare Quality
Improvement Partnership

Principal investigators:

Professor Elizabeth Draper
PICANet
Department of Health Sciences,
College of Medicine, Biological Sciences and Psychology,
University of Leicester, Centre for Medicine,
University Road, Leicester, LE1 7RH, UK

0116 252 5468

Dr Roger Parslow
PICANet
Division of Epidemiology & Biostatistics
School of Medicine
University of Leeds
8.49 Worsley Building
Leeds, LS2 9JT

0113 343 4856

www.picanet.org.uk

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

Talk to the **Doctors and Nurses**

Email **picanet@leeds.ac.uk**

Visit our website at
www.picanet.org.uk

Or

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

0116 252 5414

Or write to Caroline at:

crl4@leicester.ac.uk

Or by post at:

**PICANet
Department of Health Sciences,
College of Medicine, Biological Sciences and Psychology,
University of Leicester, Centre for Medicine,
University Road, Leicester, LE1 7RH, UK**

PICANet

Paediatric Intensive Care Audit Network

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

UNIVERSITY OF LEICESTER

UNIVERSITY OF LEEDS

What does PICANet do?

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

Why is PICANet important?

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

How is PICANet funded?

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

How is information collected?

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

What information is needed?

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

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

What will the information be used for?

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

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

Will the information be safe?

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

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

What have we found out so far?

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

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

Does my child have to be included?

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

H. INFORMATION LEAFLET – CHILDREN

HQIP
Healthcare Quality
Improvement Partnership

Principal investigators:

Professor Elizabeth Draper
PICANet
Department of Health Sciences,
College of Medicine, Biological Sciences and
Psychology,
University of Leicester, Centre for Medicine,
University Road, Leicester, LE1 7RH, UK

0116 252 5468

Dr Roger Parslow
PICANet
Division of Epidemiology & Biostatistics
School of Medicine
University of Leeds
8.49 Worsley Building
Leeds, LS2 9JT

0113 343 4856

www.picanet.org.uk

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

Talk to your **nurse or doctor**

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

Visit our website at
www.picanet.org.uk

Or

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

0116 252 5414

Or write to Caroline at:

crl4@leicester.ac.uk

Or by post at:

**PICANet
Department of Health Sciences,
College of Medicine, Biological Sciences and
Psychology,
University of Leicester, Centre for Medicine,
University Road, Leicester, LE1 7RH, UK**

PICANet

**Paediatric Intensive Care
Audit Network**

Information leaflet for children
admitted to paediatric intensive care.

What is a paediatric intensive care unit?

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

What is PICANet?

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

What does PICANet do?

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

Why is PICANet important?

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

What information is needed?

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

How is information collected?

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

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

What happens to my information?

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

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

Will the information be safe?

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

Do I have to be included?

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

*Parents and Carer and Children's information leaflets are also available for Welsh and Irish patients and families.

I.   PICANet Privacy and Fair Processing Statement

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

What data are being collected?

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

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

What are the data being used for?

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

Where are the data held and for how long?

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

Sharing data with other organisations

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

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

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

If you do not want information that would identify you or the child you care for included in PICANet, please tell the nurse or doctor in the paediatric intensive care unit. Alternatively, you can contact PICANet by telephone or email (details provided below) and we will ensure that your personal identifiers are taken off the database. You are free to request this at any time and any decision request removal of your or your child's identifiers will not alter the care you receive in this or any other hospital. You also have the right to request access to and to request to rectify information held about you or the child you care for.

Richard Feltbower

Senior Lecturer in Epidemiology

Leeds Institute of Cardiovascular and Metabolic Medicine

School of Medicine

University of Leeds

Clarendon Way

LS2 9JT, UK

Tel +44 (0)113 343 4841

Email: picanet@leeds.ac.uk

Elizabeth S Draper
Professor of Perinatal & Paediatric Epidemiology

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

George Davies Centre

University Road, Leicester

LE1 7RH, UK

Who is responsible for the data?

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

Healthcare Quality Improvement Partnership
6th Floor, 45 Moorfields,
London,
EC2Y 9AE
(Charity Reg No. 1127049)
Data Protection Officer: Sasha Hewitt (E: data.protection@hqip.org.uk)
Data controller registration number provided by the Information Commissioner's Office: Z1780946

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

University of Leeds
Leeds
LS2 9JT
Data Protection Officer: David Wardle (T: +44(0)113 343 4452, E: d.wardle@adm.leeds.ac.uk)
Data controller registration number provided by the Information Commissioner's Office: Z553814X

Who processes the data?

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

University of Leeds
Leeds
LS2 9JT
Data Protection Officer: David Wardle
T: +44(0)113 343 4452
E: d.wardle@adm.leeds.ac.uk
Leicester, LE1 7RH

University of Leicester
University Road
Data Protection Officer: Parmjit Gill
T: +44(0)116 229 7945
E: pg170@le.ac.uk

What is the legal basis for processing the data?

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

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

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

* General Data Protection Regulation:
Article 6 (1) (e) processing is necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in the controller.
Article 9 (2) (i) processing is necessary for reasons of public interest in the area of public health, such as protecting against serious cross-border threats to health or ensuring high standards of quality and safety of health care and of medicinal products or medical devices, on the basis of Union or Member State law which provides for suitable and specific measures to safeguard the rights and freedoms of the data subject, in particular professional secrecy.

J. DATA VALIDATION FORM

PICANet Admission data validation audit

PICU name	Visited by	Date of visit
		☐☐ / ☐☐ / 2 0 ☐☐

Variable	Visit value	Discrepancy
Event		
Case note number	☐☐☐☐☐☐☐☐	
Event ID	☐☐☐☐☐☐☐☐	
Admission details		
Date of admission	☐☐ / ☐☐ / 2 0 ☐	
Time of admission	☐☐ : ☐☐ ± 30 minutes is acceptable	
Type of admission to unit	☐ Planned – following surgery ☐ Unplanned – following surgery ☐ Planned – other ☐ Unplanned – other	
Previous ICU admission	☐ ICU ☐ PICU ☐ NICU ☐ None ☐ Unknown	
Care area admitted from	☐ X-ray / endoscopy / CT scanner ☐ Recovery only ☐ HDU (step up / step down unit) ☐ Other intermediate care area ☐ ICU / PICU / NICU ☐ Ward ☐ Theatre and recovery ☐ A & E	
Retrieval / transfer	☐ Yes ☐ No	
Type of transport team	☐ PICU ☐ Centralised transport service (PIC) ☐ Transport team from neonates ☐ Other specialist team ☐ Other non-specialist team ☐ Unknown	
Transport team [name]		
PIM		
Elective admission	☐ Yes [Ticked] ☐ No [Unticked]	
Main reason for admission	☐ Asthma ☐ Bronchiolitis ☐ Croup ☐ Obstructive sleep apnoea ☐ Recovery from surgery ☐ Diabetic ketoacidosis ☐ Seizure disorder ☐ Other (none of the above)	
Surgical procedure	☐ Bypass cardiac procedure ☐ Non-bypass cardiac procedure ☐ Elective liver transplant ☐ Other procedure	

Continued over...

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

Variable	Visit value	Discrepancy

PIM (continued)

Variable	Visit value	Discrepancy
Systolic blood pressure	☐☐☐ mmHg ± 5 mmHg is acceptable	
Blood gas measured	☐ Yes ☐ No	
Arterial PaO$_2$	☐☐ . ☐☐ kPa OR ☐☐☐ mmHg	
FiO$_2$	☐ . ☐☐	
Intubation	☐ Yes ☐ No	
Headbox	☐ Yes ☐ No	
Base excess	☐☐☐ . ☐ mmol/l	
Base excess source	☐ Arterial ☐ Capillary ☐ Venous	
Lactate	☐☐ . ☐☐ mmol/l	
Lactate source	☐ Arterial ☐ Capillary ☐ Venous	
Mechanical ventilation	☐ Yes ☐ No	
CPAP	☐ Yes ☐ No	
Pupil reaction	☐ Both fixed and dilated ☐ Other reaction ☐ Unknown	

Diagnoses

Variable	Visit value	Discrepancy
Primary diagnosis for this admission		

Daily interventions

Variable	Visit value	Discrepancy
Invasive ventilation days	☐☐☐ Start date ☐☐ / ☐☐ / 2 0 ☐☐ Stop date ☐☐ / ☐☐ / 2 0 ☐☐	
Non-invasive ventilation days	☐☐☐ Start date ☐☐ / ☐☐ / 2 0 ☐☐ Stop date ☐☐ / ☐☐ / 2 0 ☐☐	
High flow nasal cannula therapy days	☐☐☐ Start date ☐☐ / ☐☐ / 2 0 ☐☐ Stop date ☐☐ / ☐☐ / 2 0 ☐☐	

Discharge

Variable	Visit value	Discrepancy
Date of discharge	☐☐ / ☐☐ / 2 0 ☐☐	
Time of discharge	☐☐ : ☐☐ ± 30 minutes is acceptable	

K. DATA VALIDATION REPORT

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

Validation Report Core Dataset
London General Hospital

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

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

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

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

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

L. PUBLICATIONS, ABSTRACTS & PRESENTATIONS 2016-2018

PUBLICATIONS

JOURNAL	TITLE	AUTHORS
ARCH DIS CHILD. 2017 FEB;102(2):131-138. DOI: 10.1136/ARCHDISCHILD-2016-310800. EPUB 2016 SEP 28.	HOW MANY CHILDREN AND YOUNG PEOPLE WITH LIFE-LIMITING CONDITIONS ARE CLINICALLY UNSTABLE? A NATIONAL DATA LINKAGE STUDY.	JARVIS, S., PARSLOW, R.C., CARRAGHER, P., BERESFORD, B., FRASER, L.K.
ARCHIVES OF DISEASE IN CHILDHOOD (2016). 101 (9): 798-802.	IS IT TAKING LONGER TO DIE IN PAEDIATRIC INTENSIVE CARE IN ENGLAND AND WALES?	PLUNKETT, A., & PARSLOW, R. C.
JOURNAL OF THE AMERICAN HEART ASSOCIATION (2016). 5 (5): E003369.	DEATH AND EMERGENCY READMISSION OF INFANTS DISCHARGED AFTER INTERVENTIONS FOR CONGENITAL HEART DISEASE: A NATIONAL STUDY OF 7643 INFANTS TO INFORM SERVICE IMPROVEMENT.	CROWE, S., RIDOUT, D.A., KNOWLES, R., TREGAY, J., WRAY, J., BARRON, D.J., CUNNINGHAM, D., PARSLOW, R.C., UTLEY, M., FRANKLIN, R., BULL, C., BROWN, K.L.
PLOS ONE (2016). 11 (3): E0151348	GENERALISABILITY AND COST-IMPACT OF ANTIBIOTIC-IMPREGNATED CENTRAL VENOUS CATHETERS FOR REDUCING RISK OF BLOODSTREAM INFECTION IN PAEDIATRIC INTENSIVE CARE UNITS IN ENGLAND.	HARRON, K., MOK, Q., HUGHES, D., MULLER-PEBODY, B., PARSLOW, R., RAMNARAYAN, P., & GILBERT, R.
ARCHIVES OF DISEASE IN CHILDHOOD (2016). 101 (2): 140-146.	ADMISSION TO HOSPITAL FOR BRONCHIOLITIS IN ENGLAND: TRENDS OVER FIVE DECADES, GEOGRAPHICAL VARIATION AND ASSOCIATION WITH PERINATAL CHARACTERISTICS AND SUBSEQUENT ASTHMA.	GREEN, C.A, YEATES, D., GOLDACRE, A., SANDE, C., PARSLOW, R.C., MCSHANE, P., POLLARD, A.J., GOLDACRE, M.J.
EUROPEAN JOURNAL OF PAEDIATRICS (2016); 175(11), 1545	CURRENT INTENSIVE CARE MANAGEMENT FOR ADOLESCENTS IN THE UNITED KINGDOM: A RETROSPECTIVE COHORT STUDY	WOOD, D., GOODWIN, S., DAVIS, P., PAPPACHAN, J., PARSLOW, R., HARRISON, D., & RAMNARAYAN, P.
PALLIATIVE MEDICINE (2017); 32(2), 337-346	CHANGING PLACE OF DEATH IN CHILDREN WHO DIED AFTER DISCHARGE FROM PAEDIATRIC INTENSIVE CARE UNITS: A NATIONAL, DATA LINKAGE STUDY.	FRASER, L. K., FLEMING, S., & PARSLOW, R.
ARCHIVES OF DISEASE IN CHILDHOOD (2017); 102:496-502.	ETHNIC AND SOCIOECONOMIC VARIATION IN INCIDENCE OF CONGENITAL HEART DEFECTS.	KNOWLES, R.L., RIDOUT, D., CROWE, S., ET AL
JAMA PEDIATRICS (2017); 171(7), 678-686	ASSOCIATION OF SHORT ANTENATAL CORTICOSTEROID ADMINISTRATION-TO-BIRTH INTERVALS WITH SURVIVAL AND MORBIDITY AMONG VERY PRETERM INFANTS RESULTS FROM THE EPICE COHORT.	NORMAN, M., PIEDVACHE, A., BORCH, K., HUUSOM, L. D., BONAMY, A. -K. E., HOWELL, E. A., DRAPER, E.S., ZEITLIN, J.

Journal	Title	Authors
J Pediatr Hematol Oncol. (2017) May;39(4):293-295. doi: 10.1097/MPH.0000000000000772.	Vocal Cord Palsy in Children With Cancer: A 10-Year Analysis of UK Pediatric Intensive Care Admissions	Capsomidis, A., Hall, A., Daya, H., Round, J., Lancaster, D., Bate, J.
Archives of Disease in Childhood (2018); 103:540-547	Children with life-limiting conditions in paediatric intensive care units: a national cohort, data linkage study	Fraser, L.K., & Parslow, R.
BMJ Open Respiratory Research (2018) 5 (1): e000297.	Impact of the introduction of a universal childhood influenza vaccination programme on influenza-related admissions to paediatric intensive care units in England	Hardelid, P., Kapetanstrataki, M., Norman, L., Fleming, S.J., Lister, P., Gilbert, R., & Parslow, R.C.
Respiratory Medicine (2018). 137: 23-29	Characteristics and mortality risk of children with life-threatening influenza infection admitted to paediatric intensive care in England 2003-2015	Hardelid, P., Kapetanstrataki, M., Norman, L., Fleming, S.J., Lister, P., Gilbert, R., & Parslow, R.C.
Pediatric Critical Care Medicine (2018). 19 (3): 210-217	Renal Replacement Therapy in the Critically Ill Child	Westrope, C.A., Fleming, S., Kapetanstrataki, M., Parslow, R.C, & Morris, K.P.
Pediatric Infectious Disease Journal (2018). 36 (3): 339-342.	Intensive Care Admissions for Children With Enterovirus and Human Parechovirus Infections in the United Kingdom and The Republic of Ireland,2010-2014	Braccio S., Kapetanstrataki M., Sharland M., & Ladhani S.N.
Critical Care Medicine (2018), 45(6), 1045-1053. doi:10.1097/CCM.0000000000002369	Outcomes for Children Receiving Non-invasive Ventilation as the First-Line Mode of Mechanical Ventilation at Intensive Care Admission: A Propensity Score-Matched Cohort Study.	Morris, J. V., Ramnarayan, P., Parslow, R. C., & Fleming, S. J.
BMJ-British Medical Journal, (2018) 361, k1936	Rising infant mortality rates in England and Wales-we need to understand gestation specific mortality	Davis, P. J., Fenton, A. C., Stutchfield, C. J., & Draper, E. S.
Pediatric critical care medicine, (2018); 19(6) e300-311	Interhospital Transport of Critically Ill Children to PICUs in the United Kingdom and Republic of Ireland: Analysis of an International Dataset.	Ramnarayan, P., Dimitriades, K., Freeburn, L., Kashyap, A., Dixon, M., Barry, P. W., Draper, E. S
Archives of Disease in Childhood, (2018); 103(4), 341-345	Increasing admissions to paediatric intensive care units in England and Wales: more than just rising a birth rate.	Davis, P., Stutchfield, C., Evans, T. A., & Draper, E.

ABSTRACTS

ABSTRACT	TITLE	AUTHORS
SURVIVAL ANALYSIS FOR JUNIOR RESEARCHERS CONFERENCE, 13-14 APRIL 2016	SURVIVAL IN PAEDIATRIC INTENSIVE CARE UNITS (PICU) AND BEYOND, ENGLAND AND WALES, 2004 -2014	KAPETANSTRATAKI M, FLEMING SJ, PARSLOW RC
9TH CONGRESS OF THE WORLD FEDERATION OF PEDIATRIC INTENSIVE & CRITICAL CARE SOCIETIES 9-13 JUNE 2018	USE OF CONTINUOUS RENAL REPLACEMENT THERAPY BY PAEDIATRIC INTENSIVE CARE UNITS IN THE UK AND THE REPUBLIC OF IRELAND	WESTROPE, C.; KAPETANSTRATAKI, M.; PARSLOW, R.; MORRIS
9TH CONGRESS OF THE WORLD FEDERATION OF PEDIATRIC INTENSIVE & CRITICAL CARE SOCIETIES 9-13 JUNE 2018	PROGNOSTIC FACTORS FOR SURVIVAL POST CARDIAC ARREST IN KIDS THE NETPACK-2 AUDIT. PEDIATRIC CRITICAL CARE MEDICINE	EVANS, S.; MARTIN, J.; KAPETANSTRATAKI, M.; PARSLOW, R.C.; SCHOLEFIELD

PRESENTATIONS AND POSTERS

MEETING/CONFERENCE	VENUE	DATE	PRESENTATION/POSTER TITLE	PICANET TEAM ATTENDEES
ANNUAL TIPNET MEETING	MILAN	10/2016	PICANET – NATIONAL PIC AUDIT IN THE UK	LIZ DRAPER
PICANET AGM	BIRMINGHAM	02/11/2016	PRESENTATION ON NATIONAL REPORT	ROGER PARSLOW, MELPO KAPETANSTRATAKI
PAEDIATRIC CRITICAL CARE NETWORK ANNUAL CONFERENCE	ALDER HEY, LIVERPOOL	08/03/2017	IS MORTALITY A USEFUL MEASURE OF PICU OUTCOME?	ROGER PARSLOW
9TH CONGRESS OF THE WORLD FEDERATION OF PEDIATRIC INTENSIVIST &CRITICAL CARE SOCIETIES	SINGAPORE	9-13/06/2018	THE RELATIONSHIP BETWEEN LACTATE, BASE EXCESS AND MORTALITY IN PAEDIATRIC INTENSIVE CARE	MELPO KAPETANSTRATAKI
9TH CONGRESS OF THE WORLD FEDERATION OF PEDIATRIC INTENSIVIST &CRITICAL CARE SOCIETIES	SINGAPORE	9-13/06/2018	IMPROVING MORTALITY PREDICTION USING ACID/BASE PARAMETERS IN PIM2	MELPO KAPETANSTRATAKI

M. STAFFING STUDY DATA COLLECTION FORMS

| WEEK COMMENCING – 19th November 2018 | **PICU Staffing Study 2018**
A study of occupancy & nurse staffing provision
Nursing Establishment and staffing Information
• Please see attached instructions
• Complete part 1 and 2
• Please complete every column, insert zero if no staff at this grade | *PLEASE COMPLETE:-*   Site ID_____
Hospital   _____
Unit   _____
Form completed by:

_____
(print name) |

Part 1 Nurse Establishment Information

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

Complete Part 2 overleaf

PICANet Staffing Study 2018 Nursing Establishment& Staffing Info v 1.7. 18.10.2018

Part 2 Dedicated Roles

Does your unit have the following persons in post:	*Please tick appropriate box below*				No. in post
1. Family Care Sister	YES		NO		*Number*
2. Educator for training, education and continuing professional development of staff	YES		NO		*Number*
3. Educator for families of children with complex and/or equipment needs going home	YES		NO		
4. Discharge co-ordinator responsible for managing the discharge of children with complex care needs	YES		NO		
					If NO tick one box below:
Who has responsibility for discharge planning?	a) Named PIC nurse				
	b) Named PIC team				
	c) Specialist team providing care for specific condition i.e. long term ventilation				
	d) Hospital wide discharge planning team				

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

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

Using the FREEPOST envelope supplied, please return the completed forms by **Monday 3rd December 2018** to:
FREEPOST RTHJ-ZYYG-BXRT PICANet (0593), F.A.O: Caroline Lamming, PICANet Research Nurse, University of Leicester, Dept. of Health Sciences, University Road, LEICESTER, LE1 7RH.

PICU Staffing Study 2018

Week commencing 19th November 2018

HOW TO FILL IN THE Nursing Establishment and Staffing Information Form

This form applies to the **designated paediatric intensive care unit** and where applicable **the PICU based retrieval service in your hospital**
Only count HDU if located in the same unit and staffed by the PICU shift staffing roster. The form collects information on both *STAFF and skill mix.*

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

COUNTING STAFF - DIFFERENT GROUPS OF STAFF

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

1. **The current combined, whole time equivalent, funded nursing establishment of persons working at this grade to give clinical care.** Include all clinical nursing staff, any link nurses employed to give clinical care, any learners or nurses in training **but only if not supernumerary.**

2. **The current, whole time equivalent, vacancies in nurse establishment at the specified grade.**

3. **The overall total number of (persons) on your PICU currently in post at this grade.**

4. **The number of nurses with appropriate level competencies in paediatric critical care currently in post.** Include all specialist nurses in PIC with critical appropriate level competencies in paediatric critical care assessed through a validated accredited education and training programme.

5. **The number of registered children's nurses currently in post to give clinical care**. Include all nurses with an RSCN or degree or diploma in children's branch nursing recognised by the NMC.

6. **The number of nurses currently in post with valid Basic Life Support or equivalent mandatory training.**

7. **The number of nurses currently in post with valid Advanced Paediatric Resuscitation training e.g. APLS or EPLS or equivalent**

If you have any additional queries please contact:

Caroline Lamming tel: 0116 252 5414 or email:crl4@leicester.ac.uk

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

Please return in *FREEPOST envelope* to:-
FREEPOST RTHJ-ZYYG-BXRT
PICANet (0593),
F.A.O: Caroline Lamming, PICANet Research Nurse
University of Leicester, Dept. of Health Sciences,
University Road, LEICESTER, LE1 7RH
by Monday 03/12/2018

PICANet Staffing Study 2018 Nursing Establishment& Staffing Info v 1.7. 18.10.2018

PICU Staffing Study 2018

A study of occupancy, nursing and medical staffing provision

Medical Establishment Information

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

PLEASE COMPLETE:-   Site ID_____

Hospital   _____

Unit   _____

Form completed by: _____

(print name)

Medical Establishment Information:

Part 1a

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

PICANet Staffing Study 2018 Medical Establishment v 1.3 22.10.2018

Medical establishment information
Part 1b

			Number of staff in post		Number of vacant posts		Combined total WTE of medical establishment in post		Combined total WTE of vacant posts	
			ICU	Transport	ICU	Transport	ICU	Transport	ICU	Transport
Training grade	ST 4-8 UK training scheme	Paediatrics								
		Anaesthesia								
		Other [please specify]								
	ST 4-8 equivalent, not on UK training scheme									
	ST 1-3 UK training scheme	Paediatrics								
		Anaesthesia								
		Other [please specify]								
	ST 1-3 equivalent, not on UK training scheme									
	Foundation year 1-2									

			Number of staff in post		Number of vacant posts		Total hours per week on medical rota			
			ICU	Transport	ICU	Transport	ICU	Transport		
Other staff	ANPs on medical establishment									
	Physician Associates									

Part 2 Trainee Rota

1. Are the trainees on a full shift rota? [tick yes or no]	YES	NO

Definition: Shifts are usually of eight to 13 hours' duration and the doctors on duty are expected to spend virtually all of the duty period, except for natural breaks, working or being immediately available for work. Any working arrangement that does not allow four hours' continuous rest overnight on more than 75% of occasions is of full-shift intensity. All hours in the shift are counted as actual work for the purposes of banding

If not on a full shift rota, what rota pattern are the trainees on?	Please tick appropriate box			
	Partial shift	YES	On call	YES

2. What banding supplements do the trainee posts attract?		Please tick appropriate box	
Band 1 (40 -48 hours/week)	**A** - most antisocial hours		
	B - moderate antisocial hours		
	C - least antisocial hours -		
Band 2 (48-56 hours/week)	**A** - most antisocial hours		
	B - least antisocial hours		
Band 3 (>56 hours/week or non-compliance with New Deal regulations)			

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

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

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

Using the FREEPOST envelope supplied, please return the completed forms by **MONDAY 3rd DECEMBER 2018** to:

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

PICU Staffing Study 2018

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HOW TO FILL IN THE Medical Establishment Part 1 and 2

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

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

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

For consultant specialist staff:

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

For trainee medical staff:

UK training schemes include those managed by the GMC.

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

PICANet Staffing Study 2018 Medical Establishment v 1.3 22.10.2018

PICA Net

PICU Staffing Study 2018
A study of occupancy, nursing and medical staffing provision

Advanced Practice Practitioner (APP) Establishment Information

PLEASE COMPLETE:-	Site ID_____
Hospital	_____
Unit	_____
Form completed by:	
(print name)	_____

- Please see instructions overleaf
- Please complete every column, insert zero if no staff at this grade
- If your unit DOES NOT employ Advanced Practice Practitioners

please tick this box ☐ and return the form

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

Additional information:-		*(Please tick appropriate box)*			Please return in *FREEPOST envelope supplied* to:-
Do you include the w.t.e. for the A.P.P.s in your calculation for the number of qualified nurses per funded bed? (please tick box)		YES	NO		FREEPOST RTHJ-ZYYG-BXRT PICANet (0593), F.A.O: Caroline Lamming, PICANet Research Nurse University of Leicester, Dept. of Health Sciences, University Road, LEICESTER, LE1 7RH
Any additional comments:					**By Monday 03/12/2018**

PICA
Net

HOW TO COMPLETE THE Advanced Practice Practitioner Establishment Form

This form applies to the **designated paediatric intensive care unit** in your hospital. **Only count HDU** if located in the same unit and staffed by the PICU shift staffing roster. The form collects information on both *STAFF and skill mix.*

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

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

COUNTING STAFF - DIFFERENT GROUPS OF STAFF

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

1. **The current combined, whole time equivalent, funded establishment of persons working at this grade to give clinical care.** Include APPs who are qualified and those in training **but only if not supernumerary.**

2. **The overall total number of persons on your PICU currently in post at this grade.**

3. **The combined whole time equivalents of staff currently in post at this grade i.e. an APP employed part time may be 0.5 wte.**

4. **The number of APPs who have attained a Master's degree.**

5. **The number of APPs currently in training.**

6. **Proportion of w.t.e's attributed to the nursing or medical rota.**

7. **Identifies whether APPs are included in the nursing or medical establishment, insert N(nursing) or M(medical) or both if applicable.**

8. **The number of APPs currently in post with valid Advanced Paediatric Life Support, European Paediatric Life Support or equivalent.**

If you have any additional queries please contact: *Caroline Lamming tel: 0116 252 5414 or email:crl4@leicester.ac.uk*
You are advised to retain a photocopy of the completed form.

Using the FREEPOST envelope supplied, please return the completed forms by MONDAY 3rd DECEMBER 2018:-

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

PICU Staffing Study 2018
A study of occupancy & nursing and medical staffing provision

Other Professionals Survey Form

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

1. Type of Staff	2. With time allocated/available to work on your unit.	3. On call 24hr / 7 day Access
Do you have the following staff available at least 5 days per week?		
Pharmacist - with competencies in paediatric critical care		
Paediatric Physiotherapist		
Dietetic staff		
Play - Appropriately qualified staff to provide support for play and distraction during procedures available **EVERY DAY – Sunday to Saturday incl.**		
Psychological Support for Families		
Psychological Support for Staff		
Health Care Scientist or other technical support for the management of equipment.		
Operating Department Practitioner or equivalent with competences in assisting with advanced airway interventions.		
Any other staff group working on PICU:		
1.		
2.		

Please tick the boxes below if your PICU has the following support services available:-		
5. Type of Service	6. Access to service in hospital	7. Time dedicated to PICU
Interfaith and spiritual support		
Social Workers		
Interpreters		
Bereavement Support		
Patient Advice and Advocacy Service		
Dedicated PICANet Data Collection staff		

Site ID _____ Hospital _____

Unit _____

Form completed by: _____

Tel no: _____

Email address _____

Please return in *FREEPOST envelope* to:-

FREEPOST RTHJ-ZYYG-BXRT
PICANet (0593),
F.A.O: Caroline Lamming, PICANet Research Nurse
University of Leicester, Dept. of Health Sciences, University Road,
LEICESTER, LE1 7RH
by Monday 03/12/2018

PICANet Staffing Study 2018 Other Professionals Survey Form v1.8_19.10.2018

Nursing & Occupancy Log A

PICANet

- Please complete at **12 noon** on **Wednesday 21/11/2018**
- Please see notes for completion overleaf

Bands of Nursing staff	No. on duty at 12 noon	Total no. with PIC competencies	No. of registered children's nurses	No. with Paediatric Resus & Life support competencies		No. of persons off sick	No. on duty available for retrieval
				Basic	Advanced		
Band 2 - 3							
Band 4							
Band 5							
Band 6							
Band 7							
Band 8							
Band 9							
Other please specify details- *i.e. Agency / Bank incl. band*							
1.							
2.							
3.							

Additional information to be collected at 12 noon.

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

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

PLEASE COMPLETE:- Site ID _____

Hospital _____

Unit _____

Form completed by: _____
(print name)
Contact tel. no: _____

Email address: _____

Please return in *FREEPOST envelope* to:-

FREEPOST RTHJ-ZYYG-BXRT
PICANet (0593),
F.A.O: Caroline Lamming, PICANet Research Nurse
University of Leicester, Dept. of Health Sciences,
University Road, LEICESTER, LE1 7RH
by Monday 03/12/2018

Nursing & Occupancy Log B

PICA Net

- Please complete at **12 midnight** on **Wednesday 21/11/2018**
- Please see notes for completion overleaf

Bands of Nursing staff	No. on duty at 12 midnight	Total no. with PIC competencies	No. of registered children's nurses	No. with Paediatric Resus & Life support competencies		No. of persons off sick	No. on duty available for retrieval
				Basic	**Advanced**		
Band 2 - 3							
Band 4							
Band 5							
Band 6							
Band 7							
Band 8							
Band 9							
Other please specify details- *i.e. Agency / Bank incl. band*							
1.							
2.							
3.							

Additional information to be collected at 12 midnight.

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

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

PLEASE COMPLETE:- Site ID _____

Hospital _____

Unit _____

Form completed by: _____
(print name)
Contact tel. no: _____

Email address: _____

Please return in *FREEPOST envelope* to:-

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

by Monday 03/12/2018

Nursing & Occupancy Log C

PICA Net

- Please complete at **12 noon** on **Sunday 25/11/2018**

- Please see notes for completion overleaf

Bands of Nursing staff	No. on duty at 12 midnight	Total no. with PIC competencies	No. of registered children's nurses	No. with Paediatric Resus & Life support competencies		No. of persons off sick	No. on duty available for retrieval
				Basic	Advanced		
Band 2 - 3							
Band 4							
Band 5							
Band 6							
Band 7							
Band 8							
Band 9							
Other please specify details- *i.e. Agency / Bank incl. band*							
1.							
2.							
3.							

Additional information to be collected at 12 noon.

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

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

PLEASE COMPLETE:- Site ID _____ Hospital _____ Unit _____ Form completed by: _____ *(print name)* Contact tel. no: _____ Email address: _____	Please return in *FREEPOST envelope* to:- FREEPOST RTHJ-ZYYG-BXRT PICANet (0593), F.A.O: Caroline Lamming, PICANet Research Nurse University of Leicester, Dept. of Health Sciences, University Road, LEICESTER, LE1 7RH **by Monday 03/12/2018**

PICANet Staffing Study 2018/Nursing Daily Log C v1.9_13.11.2018

Nursing & Occupancy Log D

PICA Net

- Please complete at **12 midnight** on **Sunday 25/11/2018**
- Please see notes for completion overleaf

Bands of Nursing staff	No. on duty at 12 midnight	Total no. with PIC competencies	No. of registered children's nurses	No. with Paediatric Resus & Life support competencies		No. of persons off sick	No. on duty available for retrieval
				Basic	Advanced		
Band 2 - 3							
Band 4							
Band 5							
Band 6							
Band 7							
Band 8							
Band 9							
Other please specify details- *i.e. Agency / Bank incl. band*							
1.							
2.							
3.							

Additional information to be collected at 12 midnight.

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

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

PLEASE COMPLETE:- Site ID _____

Hospital _____

Unit _____

Form completed by: _____
(print name)
Contact tel. no: _____

Email address: _____

Please return in *FREEPOST envelope* to:-

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

by Monday 03/12/2018

PICANet Staffing Study 2018/Nursing Daily Log D v1.8_19.10.2018

PICU Staffing Study
November 2018

HOW TO FILL IN THE *Nursing and Occupancy Log*

This form applies to the **designated paediatric intensive care unit** in your hospital. **Only count HDU** if located in the same unit and staffed by the PICU shift staffing roster. The form collects information on both *STAFF and skill mix* and *OCCUPANCY and illness severity* by actual **counts on the unit at the time specified (noon and midnight)**

EVERY section of the form should be completed by the nurse in charge of the unit at the time and date specified
Please complete every column, insert zero if no staff at this grade

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COUNTING STAFF - DIFFERENT GROUPS OF STAFF

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

1. The overall total number of nurses and non registered health care staff on duty at this time to give clinical care. Include all clinical nursing staff, any link nurse present giving clinical care and non registered health care staff, any learners or nurses in training **but only if not supernumerary.**

2. **The number of nurses with appropriate level competencies in paediatric critical care on duty at this time to give clinical care.** Include all specialist nurses in PIC with appropriate level competencies in paediatric critical care assessed through a validated accredited education and training programme.

3. **The number of registered children's nurses on duty at this time to give clinical care.** Include all nurses with an RSCN or degree or diploma in children's branch nursing recognised by the NMC.

4. **The number of nurses on duty at this time with valid Basic Paediatric Resuscitation training or equivalent.**

5. **The number of nurses on duty at this time with valid Advanced Paediatric Resuscitation training or equivalent. e.g. APLS or EPLS.**

5. **SICKNESS** - count the number of staff who were rostered for duty but off sick at specified time.

6. **The number of nurses on duty and available for retrieval. Only complete where the retrieval service is integrated into the PICU** and nurses(s) have clinical duties required for retrieval.

7. **NOTE only count YOUR CLINICAL NURSE MANAGER for example, if on the unit at noon or midnight giving clinical care (includes on ward round).**

COUNTING INFANTS/CHILDREN – DIFFERENT GROUPS OF CHILDREN

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

Using the FREEPOST envelope supplied, please return the completed forms by **Monday 3rd December 2018** to:
FREEPOST RTHJ-ZYYG-BXRT PICANet (0593),
F.A.O: Caroline Lamming, PICANet Research Nurse,
University of Leicester, Dept. of Health Sciences, University Road, LEICESTER, LE1 7RH.

PICANet Staffing Study 2018/Nursing Daily Log D v1.8_19.10.2018

Medical Log A

PICA
Net

- Please complete at **12 noon** on **Wednesday 21/11/2018**

- See notes for completion overleaf

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

PLEASE COMPLETE:-   Site ID _____

Hospital   _____

Unit   _____

Form completed by: _____
(print name)

Contact tel. no: _____

Email address: _____

PICANet Staffing Study 2018/Medical Daily Log A v1.3_11.09.2018

Medical Log B

PICA Net

- Please complete at **12 midnight** on **Wed 21/11/2018**
- See notes for completion overleaf

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

PLEASE COMPLETE:-   Site ID _____

Hospital   _____

Unit   _____

Form completed by: _____
(print name)

Contact tel. no: _____

Email address: _____

Please return in *FREEPOST envelope* to:-

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

by Monday 03/12/2018

PICA Net

Medical Log C

- Please complete at **12 noon** on **Sunday 25/11/2018**

- See notes for completion overleaf

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

PLEASE COMPLETE:-   Site ID _____

Hospital   _____

Unit   _____

Form completed by: _____
(print name)

Contact tel. no: _____

Email address: _____

Please return in *FREEPOST envelope* to:-

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

by Monday 03/12/2018

Medical Log D

PICA Net

- Please complete at **12 midnight** on **Sunday 25/11/2018**
- See notes for completion overleaf

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

PLEASE COMPLETE:-   Site ID _____

Hospital   _____

Unit   _____

Form completed by: _____
(print name)

Contact tel. no: _____

Email address: _____

Please return in *FREEPOST envelope* to:-

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

by Monday 03/12/2018

PICU Staffing Study

November 2018

HOW TO FILL IN THE Medical Log

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

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

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

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

COUNTING STAFF

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

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

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

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

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

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

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

Using the FREEPOST envelope supplied, please return the completed forms by **Monday 3rd December 2018** to:
FREEPOST RTHJ-ZYYG-BXRT PICANet (0593), F.A.O: Caroline Lamming, PICANet Research Nurse, University of Leicester, Dept. of Health Sciences, University Road, LEICESTER, LE1 7RH.

N. Data Access Requests Fulfilled January 2018-December 2018

Reference number	Name, Position and Place of work/study:	Data Request:	Level of Request
IS008	Ruth Gilbert, Professor of Clinical Epidemiology, University College London	Volume of High Dependency Care in Hospitals with and without a paediatric intensive care unit in England between 2008 and 2016	Information Request
HQIP250	Bronagh Blackwood, Professor in Critical Care, CI of SANDWICH trial, Queen's University Belfast	SANDWICH; Sedation AND Weaning in CHildren: SANDWICH Trial	Data Request
HQIP235NCA	Kevin Morris, EWG Chair, Birmingham Women and Children's Hospital	To understand the volume of ECLS and VAD activity happening across English PICUs (expressed as number of patients and number of bed-days) and to understand the co-interventions that occur with ECLS VAD i.e. the complexity of the care provided (using the list of interventions that impact on HRG categorisation). This information will help to inform HRG EWG discussions about how best to describe ECLS and VAD in HRG terms.	Information Request
IS04	David Inwald, PICU Consultant, Imperial College Healthcare NHS Trust, London	Investigating feasibility of a clinical trial "standard vs permissive targets for blood pressure in critically ill children"	Information Request
HQIP232	Helen Campbell, Senior Clinical Scientist, Public Health England	Investigating the impact of the recent changes to the maternal pertussis immunisation programme using PICANET data, 2006-2017	Data Request

Reference number	Name, Position and Place of work/study:	Data Request:	Level of Request
HQIP216	Daniel Lumsden, Consultant Paediatric Neurologist, Evelina London Children's Hospital	Admissions to Paediatric Intensive Care in Children and Young People due to Dystonia	Data Request
HQIP196	Rebecca Mitting PICM Grid Trainee ST7, Imperial College Healthcare NHS Trust	Variations in duration of mechanical ventilation for infants with bronchiolitis by unit in the United Kingdom	Data Request
HQIP175	Mark Russell, ST6 PICU Grid Trainee, Birmingham Children's Hospital	Inhaled Nitric Oxide (INO) use in Paediatric Intensive Care	Data Request
HQIP184	Ahmed Osman, PICU Registrar, University Hospital Southampton NHS Foundation Trust	Changes in the burden of obesity-related conditions presenting to paediatric intensive care	Data Request

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

University of Leeds

Richard Feltbower
Hannah Buckley
Lee Norman
Sophie Butler
Victoria Hiley

r.g.feltbower@leeds.ac.uk
0113 343 4841

PICANet
Level 11, Worsley Building
School of Medicine
University of Leeds
Clarendon Way
Leeds
LS2 9JT

University of Leicester

Elizabeth Draper
Caroline Lamming
Martin Perkins
Tracy Harris
Lyn Palmer
Sarah Seaton

msn@leicester.ac.uk
0116 252 5414

PICANet
Department of Health Sciences
University of Leicester
George Davies Centre
University Road
Leicester
LE1 7RH

PICS Paediatric Intensive Care Society