



Paediatric Intensive Care Audit Network

Annual Report 2021







Appendices

Data Collection Period January 2018 – December 2020















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A Additional Information

Background

PICANet was established in 2002 with funding from the Department of Health and started collecting data from English and Welsh paediatric intensive care units in November 2002. The PICUs at the Royal Hospital for Sick Children, Edinburgh and the Royal Hospital for Children, Glasgow started submitting data in December 2004 and March 2007 respectively. The Royal Belfast Hospital for Sick Children joined in April 2008 and Children's Health, Ireland, Crumlin and Children's Health, Ireland, Temple Street, both based in Dublin, have submitted anonymised data to PICANet since 2009 and 2010, respectively. The Harley Street Clinic PICU started contributing data in September 2010, and the PICU at the Portland Hospital from October 2013, allowing both these non-NHS units to compare their performance against the national benchmark provided by PICANet. The Harley Street Clinic PICU permanently closed in March 2020.

A full list of participating PICUs can be found in Appendix B.

Governance

PICANet continues to receive support from the NHS Health Research Authority Confidentiality Advisory Group (NHS HRA CAG) (formerly the NIGB) to collect personally identifiable data without consent on infants and children admitted to paediatric intensive care.

See https://www.hra.nhs.uk/planning-and-improving-research/application-summaries/confidentiality-advisory-group-registers/

Ethics approval has been granted by the Trent Medical Research Ethics Committee, ref. 18/EM/0267.

PICANet supports transparency in its data processing and has patient information sheets and posters on display in PICUs and issues a Privacy Notice and Fair Processing Statement on its website outlining the legal basis for processing of data under the General Data Protection Regulations (May 2018). Details can be found at https://www.picanet.org.uk/.

PICANet receives support and advice from a Clinical Advisory Group (CAG) drawing on the expertise of doctors and nurses working within the speciality and a Steering Group (SG), whose membership includes Health Services Researchers, representatives from the Royal Colleges of Paediatrics and Child Health, Nursing and Anaesthetics, a lay member and commissioners. Appendices C and D provide a full list of CAG and SG members. Additional support from the clinical community is provided through the UK Paediatric Intensive Care Society.

Commissioning

The following organisations commission paediatric intensive care in the UK:

- England: NHS England Specialised Services
- Wales: Welsh Health Specialised Service Committee (WHSSC)
- Scotland: National Services Division of NHS National Services Scotland
- Northern Ireland: Health and Social Care Board

In the Republic of Ireland, Children's Health Ireland, Crumlin and Children's Health Ireland, Temple Street are both voluntary hospitals, funded by the Health Service Executive.

Methods

Basic methodology

Most critically ill children who need complex clinical care and life support are treated in Paediatric Intensive Care Units (PICUs). These children may have had complex surgery, an accident or a severe infection and may arrive in the PICU from an operating theatre, emergency department or from a hospital ward. In some cases they may have been transferred from another hospital and, rarely, admitted directly from home.

PICANet is an audit that collects personal, organisational and clinical data on all children with a clinically determined need for paediatric intensive care in the UK and Ireland, to compare outcomes and activity between PICUs and specialist transport organisations and also between health regions and nations.

Data are stored on a secure database. Each organisation is able to view and download their own data and reports on their data quality and activity as well as comparative national data. An annual report is produced each autumn that includes a summary of what has happened to children admitted to PICU including why they were admitted, where they were admitted from, how long they stayed, what treatments they received and their outcome at the time of discharge. Comparisons between PICUs are made to assess how well they perform against established clinical standards and guidelines.

In addition to the annual report, PICANet provides technical and statistical support for the use of its data for local audit and research, regional and national commissioning, national and international research and to provide baseline information for clinical intervention trials.

Participating organisations and data submission

PICANet has collected data from all PICUs in England and Wales since 2002. The two PICUs in Scotland, one from Northern Ireland and two from the Republic of Ireland, along with two non-NHS units based in London have joined PICANet at different times so that coverage is now for the whole of the UK and the Republic of Ireland. During the reporting period there were 32 PICUs and 12 specialist transport organisations submitting data to PICANet.

Data are submitted by individual PICUs prospectively, using our secure web-based data collection application with real-time online validation reporting, systematic monthly validation review by our research nurse and regular on-site validation visits. Data submission can involve direct entry of patient data or an upload of a data file from an existing clinical information system. PICANet provides full documentation on data definitions, which have been developed in collaboration with our Clinical Advisory Group, as well as technical specifications for IT and database professionals. In addition, standardised data collection forms are supplied to all organisations where there is no in-house provision for data collection.

Data collected

PICANet collects three core datasets:

Admission data contains demographic details of each child including their name*, date of birth**, NHS/CHI number, address* and ethnic group; it also records where children are admitted from, their date of admission and clinical diagnoses, some physiological parameters on admission including blood gases, blood pressure, medical history and ventilation status. Data on outcome and discharge details are included. The medical interventions received on each day by each child are recorded as part of the audit and to help NHS organisations in England to supply information on the cost of their activity.

Referral data for all children where clinicians agree a paediatric intensive care bed and/or paediatric intensive care transport is required includes details of the referring hospital, demographic details of the child, grade of the referring doctor or nurse, the outcome of the referral, the transport team involved and the destination PICU.

Transport data for all children transported to a PICU from their original admitting hospital or who are transported by a specialist PIC transport service but are not admitted to a PICU includes patient details as

well as information about their presenting physiology. Details of the composition of the transport team, journey times, any interventions carried out and critical incidents are also recorded.

Additional data collection takes place to understand more about staffing on PICU:

Staffing data are collected each year in November to monitor staffing levels within PICUs as well as the PICS standards relating to staffing requirements.

- * Not collected for data from Northern Ireland or the Republic of Ireland
- ** Limited to month and year for Northern Ireland

Analytical techniques

Statistical techniques used include simple cross tabulations, the calculation of crude and risk-adjusted SMRs and 95% confidence intervals; the construction of crude and risk-adjusted funnel plots of SMRs; and local provision of Risk Adjusted Resetting Sequential Probability Ratio Test (RA-RSPRT) plots to assess real-time performance related to in-PICU mortality. Risk-adjusted SMRs were calculated using the latest version of the Paediatric Index of Mortality (PIM3)¹ recalibrated based on data within the current reporting period.

Assessing case ascertainment, data quality and validation

PICANet Web allows PICU staff to obtain reports on their own data to check monthly admissions totals. In addition, during validation visits by the PICANet research nurse a cross check is carried out against records held on PICU (such as admission books, or in-house data collection systems) and PICANet Web. These checks allow us to assess case ascertainment and the on-site validation visits are a core element of our data quality assurance process. PICANet were unable to carry out validation visit in 2020 due to the COVID-19 pandemic.

Data are validated online via PICANet Web using logic and range checks as well as flagging missing data items. The Modulus 11 algorithm is used to validate the NHS number based on a check digit – this is a standard method of ensuring the NHS number is a true NHS number and improves our ability to trace patients through the PICANet database and in linked healthcare data.

Collaborative working supporting policy, commissioning, research and clinical trials

PICANet has become established as the definitive source of data on paediatric intensive care activity in the UK and Ireland. Its data have been used to plan PIC services, model demand, assess interventions and outcomes and provide data to underpin research to facilitate the development of new standards for critical care provision for children. PICANet has provided baseline data for the development of the IKID, SANDWICH and FEVER trials, all of which have been funded and will make use of the routinely collected PICANet data using the custom data download facility. This allows local control over the data. We are also working closely with a number of other funded studies, including DEPICT, FIRST-ABC, GIRFT, LAUNCHES-QI, Neuro-PACK, OCEANIC, OXY-PICU, PERMIT, and PICNIC. PICANet have also supported the NHS response to the pandemic by providing key data to inform the modelling of bed occupancy rates.

Small number policy

Publication of PICANet data is subject to scrutiny of small numbers. When small numbers of admissions are involved, other data items may become identifiable i.e. a living individual may be identified from the

¹ Straney, L., et al., *Paediatric Index of Mortality 3: An Updated Model for Predicting Mortality in Pediatric Intensive Care.* Pediatric Critical Care Medicine, 2013. **14**(7): p. 673-681.

data. This is still the case in aggregated data where small groups of individuals are presented. These are reviewed and in some cases, categories are combined or cells anonymised where necessary.

Outlier policy

When unusual performance is detected following routine or bespoke analysis, which suggests that a PICU is an outlier, PICANet follow the established procedure outlined in our <u>outlier policy</u>, which relates specifically to assessment of risk-adjusted mortality.

Historically there have been three specific occasions where PICUs have been identified as outliers with excess risk-adjusted mortality throughout the reporting period. In two of these cases this was attributable to data quality issues and when corrected, the outliers fell within normal limits. In one case this was not attributable to data quality and resulted in internal and external reviews.

Links with the clinical community, patients and their families

PICANet has until recently had an active PICU Families Group comprising both Lay representatives (parents of children who are currently or have previously received paediatric intensive care) and a multidisciplinary group of health professionals including Family Liaison Sisters, critical care nurses, audit staff, PIC consultants and members of the PICANet team. Availability of Lay representatives has become difficult over recent years and so we are developing a Lay stakeholder group encompassing any PIC or disease specific support group that deals with parent or child PIC related issues to feed into the future development of PICANet. In addition, we have a standing lay representative on our Steering Group and work closely with the charity Well Child. To date, all communications we have had from patients/parents have been very positive, supporting PICANet and its work and requesting further information.

PICANet has the support of the Paediatric Intensive Care Society and the associated PICS Study Group, the PICANet Clinical Advisory Group and the Clinical Reference group which oversees Paediatric Critical Care and PCC transport.

B Participating Organisation & Unit Characteristics 2020

NHS Trust / Organisation	Participating Hospital	Unit / Ward ¹	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	30	0	General including cardiac, liver, neurosurgical, ECLS, ENT, oncology, metabolic and spinal
Cambridge University Hospitals NHS Foundation Trust	Addenbrooke's Hospital	PICU	9	4	General
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	15	12	General
		CICU	19	0	Cardiac
Great Ormond Street Hospital for Children NHS Trust	Great Ormond Street Hospital for Children	PICU	19	0	General
		NICU	9	0	Neonatal
Guy's & St. Thomas' NHS Foundation Trust	Evelina London Children's Hospital	PICU	19	0	General & Cardiac
USE (Hoolth Sonico Executive)	Children's Health Ireland at Temple Street, Dublin	PICU	9	0	General
HSE (Health Service Executive)	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	Great North Children's Hospital	PICU	11	2	General & Surgical ICU
Foundation Trust	Freeman Hospital	CICU	12	0	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	17	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 ¹	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	0	6 ³	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	4	General
Belfast Health and Social Care Trust	Royal Belfast Hospital for Sick Children	PICU	12 ⁴	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	Leicester Royal Infirmary	CICU	6 ²	0	General
Trust	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	9	9	General

1. Cardiac Intensive Care Unit (CICU), Neonatal Intensive Care Unit (NICU), Paediatric Critical Care Unit (PCCU), Paediatric Intensive Care Unit (PICU)

IC/ HD beds are used flexibly if required.
 The James Cook University Hospital, Middlesbrough were redesignated as a Level II unit in 2019.
 PICU Royal Belfast Hospital for Sick Children routinely admit children up to 14 years of age.

For a list of all participating organisations including transport services please see our website. A list of included units and PIC / centralised Transport Services contributing data for this reporting period is published in the front of the PICANet Annual Report Tables and Figures 2020

The above information was recorded in November 2019.

C Clinical Advisory Group Membership 2018 - 2020

Name	Position	NHS Trust / Hospital	Period served
Dr Peter Davis (Chair to 2020)	Consultant in Paediatric Intensive Care	University Hospitals Bristol NHS Foundation Trust Bristol Royal Hospital for Children	2006 - Ongoing
Kathryn Claydon-Smith (representing Transport Organisations)	Clinical Research Nurse Specialist	North West and North Wales Paediatric Transport Service (NWTS)	2009 - Ongoing
Dr Rachel Agbeko	Paediatric Intensivist	Newcastle upon Tyne Hospitals NHS Foundation Trust Great North Children's Hospital	2012 - Ongoing
Dr John Alexander	Consultant in Paediatric Intensive Care	University Hospitals of North Midlands NHS Trust Royal Stoke University Hospital	2012 - Ongoing
Dr John Pappachan	Anaesthetics and Paediatric Intensive Care Medicine	University Hospitals Southampton NHS Foundation Trust Southampton Children's Hospital	2012 - Ongoing
Dr Padmanabhan Ramnarayan (representing Transport Organisations)	Consultant	Great Ormond Street Hospital NHS Trust	2012 - Ongoing
Lesley Molony	Information Officer	Southampton Universities Hospital NHS Trust Southampton Children's Hospital	2013 - Ongoing
Simon Chiles	Advanced Nurse Practitioner	University Hospitals of Leicester NHS Trust Glenfield Hospital	2014 - Ongoing
Dr Mark Terris (representing Northern Ireland)	Consultant Anaesthetist	Belfast Health and Social Care Trust Royal Belfast Hospital for Sick Children	2014 - Ongoing
Judith Gray (representing Nursing)	Sister	Newcastle upon Tyne Hospitals NHS Foundation Trust Newcastle Freeman Hospital	2015 - Ongoing
Dr Alistair Turner (representing Scotland)	Consultant in Paediatric Intensive Care	NHS Greater Glasgow and Clyde Royal Hospital for Children, Glasgow	2016 - Ongoing
Dr Hari Krishnan	Consultant Paediatric Intensivist	Birmingham Women's and Children's NHS Foundation Trust Birmingham Children's Hospital	2018 - Ongoing
Prof Mark Peters (Chair from 2020)	Clinical Unit Chair	Great Ormond Street Hospital for Children NHS Trust Great Ormond Street Hospital for Children	2018 - Ongoing
Dr Sara Ali	Consultant in Paediatric Intensive Care	Cardiff University Hospital, Noah's Ark Children's Hospital of Wales	2020 - Ongoing
Dr Andrew Nyman	Consultant in Paediatric Intensive care	Guy's and St Thomas' Foundation Trust Evelina Children's Hospital, South Thames Retrieval service (STRS)	2019 - Ongoing
Dr Roddy O'Donnell	Consultant in Paediatric Intensive Care	Cambridge University Hospitals NHS Foundation Trust Addenbrooke's Hospital	2002 - 2020

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 - 2019
Dr Peter Wilson	PICU Consultant	University Hospitals Southampton NHS Foundation Trust Southampton Children's Hospital	2011 - 2019
Dr Andrew Durward	Consultant in Paediatric Intensive Care	Guy's & St Thomas' NHS Foundation Trust Evelina Children's Hospital	2002 - 2018
Dr Hilary Klonin	Consultant in Paediatric Intensive Care	Hull & East Yorkshire Hospitals NHS Trust Hull Royal Infirmary	2002 - 2018
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 Paula Lister	Consultant Paediatric Intensivist	Great Ormond Street Hospital for Children NHS Trust Great Ormond Street Hospital for Sick Children	2012 - 2018
Dr Adrian Plunkett	Consultant Paediatric Intensivist	Birmingham Children's Hospital NHS Trust Birmingham Children's Hospital	2012 - 2018

Ongoing relates to as at 31st December 2020. The above membership covers the period of 2018-2020.

D Steering Group Membership 2018 - 2020

Name	Position	Organisation	Representation	Period Served
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 - Ongoing
Dr Jillian McFadzean	Clinical Lead	NHS Lothian, Royal Hospital for Sick Children, Edinburgh	Scotland	2005 - Ongoing
Dr Peter Davis	Consultant in Paediatric Intensive Care	University Hospitals Bristol NHS Foundation Trust Bristol Royal Hospital for Children	Chair of PICANet Clinical Advisory Group	2011 - Ongoing
Lucy Wheeler	Parent	N/A	Parents and Carers Representation	2011 - Ongoing
Dr Mark Terris	Consultant Anaesthetist	Belfast Health and Social Care Trust Royal Belfast Hospital for Sick Children	Northern Ireland	2012 - Ongoing
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 - Ongoing
Rachel Lundy	Senior Commissioning Manager	NHS England & NHS Improvement	National Commissioner for Paediatric Intensive Care Clinical Reference Group	0.0
Dr Barney Scholefield	Consultant Intensivist	Birmingham Childrens Hospital	Chair of Paediatric Intensive Care Study Group	2016 - Ongoing
Louise Dewsbury	Senior Nurse	Guy's and St Thomas' NHS Foundation Trust Evelina London Children's Hospital	PICS Nurse Managers Group	2017 - Ongoing
Andrew Fleming	National Clinical Audit Manager	Intensive Care National Audit & Research Centre (ICNARC)	Intensive Care National Audit & Research Centre (ICNARC)	2017 - Ongoing
Sasha Hewitt	Associate Director for Quality and Development and Data Protection Officer	Healthcare Quality Improvement Partnership (HQIP)	Commissioning and funding body (England)	2017 - Ongoing

Name	Position	Organisation	Representation	Period Served
Sam Harper	HQIP PICANet Project Manager	Healthcare Quality Improvement Partnership (HQIP)	Commissioning and funding body (England)	2018 - Ongoing
James Fraser	Consultant Paediatrician	University Hospitals Bristol NHS Foundation Trust Bristol Royal Hospital for Children	Paediatric Intensive Care Society President (2019 -)	2019 - Ongoing
Peter-Marc Fortune	Consultant Paediatric Intensivist Associate Clinical Head	Manchester University NHS Foundation Trust Royal Manchester Children's Hospital	Paediatric Intensive Care Society President (2016-2019)	2016 - 2019
Christopher Coslett	Directorate Manager for Cardiothoracic Services and Critical Care	University Hospital of Wales	Wales	2016 - 2018
Vivien Seagrove	HQIP PICANet Project Manager	Healthcare Quality Improvement Partnership	Commissioning and funding body (England)	2017 - 2018

Ongoing relates to as at 31st December 2020. The above membership covers the period of 2018-2020.

E Data Collection Form – Admission 2020



Admission

Tick if patient is not eligible for number

Unknown

Family name	NHS/CHI/H&C number
First name	
Address	Date of birth (dd/mm/yyy
Postcode	Indicate if date of birth is
	Sex
22/22 22	

		🔲 Male	Female	Ambiguous	🗌 Unknown
Ethnic category U White British White Irish White other (specify below) Mixed White and Black Caribbean Mixed White and Black African Mixed White and Asian Mixed White and Asian Asian Indian Asian Pakistani Other ethnic category	Asian Bangladeshi Asian other (specify below) Black Caribbean Black African Black other (specify below) Chinese Other (specify below) Not stated (declined) Unknown	Gestational wee Birth order of GP practice	Multiplicity	ry (if patient is unde	r 2 years old)

Anonymised

Admission details	Ni Contraction and and an		
Admission defails Date and time of admission to unit (dd/mm/yyyy) / / Admission number Admission number Type of admission to unit Planned – following surgery Unplanned – following surgery Planned – other	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? No		
Planned – other Unplanned – other Previous ICU admission (during current hospital stay) ICU PICU NICU NICU None	Yes No Type of transport team Other specialist team PICU Other specialist team Centralised transport service (PIC) Non-specialist team Transport team Unknown Transport team Visit team		
Unknown	Collection unit		
Contact us · picanet@leeds.ac.uk · 0113 343 8125	For forms, dataset manuals and quidance, go to		

For more contact details, go to	For forms, dataset manuals and guidance, go to
www.picanet.org.uk/contact-us	www.picanet.org.uk/data-collection

PICANet Admission data collection form · Version 10.0.1 · August 2020 · Copyright @ 2020 Universities of Leeds and Leicester

PIM	r
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.	Systolic blood pressure mmHg
Elective admission	SpO ₂ (via pulse oximetry) FiO ₂ (at the time SpO ₂ measured,
Tick if this is an elective admission	% ──→ .
	Blood gas measured?
Main reason for PICU admission	Yes No
Asthma	Arterial PaO ₂ Arterial PaO ₂
Bronchiolitis	
Croup Bypass cardiac procedure	KPa OR mmHg
Obstructive sleep apnoea Non-bypass cardiac procedure	FiO ₂
Recovery from surgery Elective liver transplant	
Diabetic ketoacidosis	
Seizure disorder	Intubation? At the time of arterial
Other (none of the above)	Yes No PaO2 sample
Is evidence available to assess past medical history?	Headbox?
Yes No	Yes No
If yes, tick all that apply	Base excess (specify source)
Cardiac arrest before ICU admission	mmol/I — Capillary
Cardiac arrest OUT of hospital	
Cardiomyopathy or myocarditis	Lactate (specify source)
Severe combined immune deficiency	mmol/I — Capillary
Hypoplastic left heart syndrome	
Leukaemia or lymphoma after first induction	Mechanical ventilation?
Liver failure main reason for ICU admission	
Acute NEC main reason for ICU admission	CPAP?
Spontaneous cerebral haemorrhage	
Neurodegenerative disorder	Pupil reaction Both fixed and dilated
Human Immunodeficiency Virus (HIV)	Other reaction
Bone marrow transplant recipient	
Primary diagnosis for this admission Other reasons for this admission	
Operations and procedures performed during and prior to thi	s admission
Co-morbidity	
Was a tracheostomy performed during this admission?	
PICANet Admission data collection form · Version 10.0.1 · August 2020 · Copyright © 2020 Universit	ies of Leeds and Leicester Page 2 of 4

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unless other															
	wise specified.														
i no interver	ntions given, select No defined critical care activity.		٠												
		Day	0	1	2	3	4	5	6	7	8	9	10 1	11	21
Basic	No defined critical care activity	ode 99	П			1		-					1	T	Т
buolo	Continuous ECG monitoring	50				1						-2		+	+
	Continuous pulse oximetry	73			- 8	- 3			8	8	2	- 3	8		
Airman	Invasive ventilation via endotracheal tube	51		=		-	H	=		-		-		Ť	÷
Airway and	Invasive ventilation via tracheostomy tube	52		-		1				÷				+	+
ventilatory	Non-invasive ventilatory support	53		-		-				+			-	+	+
	Advanced ventilatory support (jet ventilation)	56		- 1		- 2		-		+	Č.		3	+	+
	Advanced ventilatory support (oscillatory ventilation)	56	1		- 5	3		5	2		5	-	- 3	2	
	Nasopharyngeal airway			-	- 2	- 3			5	8	8		- 2	1	+
	Tracheostomy cared for by nursing staff	13		-	- 2	-3		-	5	8	8		- 2		
	Supplemental oxygen therapy (irrespective of ventilatory state)	09		-	- 9	- 2			2			2002		1	+
			225	-	- 2	3	5 - 2	61	8	<u>6 -</u>	-	205	2	2	+
	High flow nasal cannula therapy (record maximum daily flow in l/min)	88						_							
	Upper airway obstruction requiring nebulised adrenaline (epinephrine)	57								I.					
	Apnoea requiring intervention (>3 in 24 hours or need for bag-mask ventilation)	58)		1					T
	Acute severe asthma requiring IV bronchodilator therapy or continuous nebuliser	59								Î.					T
	Unplanned extubation (record number of unplanned extubations)	90				5				Ī	Ì			ĺ	
Cardio-	Arterial line monitoring	60			- 2	- 3		2 1	5		8	 	- 21	a a	3
vascular	External pacing	61		-	- 2	- 22				Î		302			+
ruooutur	Central venous pressure monitoring	62		-	- 2	- 3	5	-		1				1	+
	Continuous infusion of inotrope, vasodilator or prostaglandin	06	-	-		-		-		1	<u></u>		-20	t	+
	Bolus IV fluids (>80 ml/kg/day) in addition to maintenance IV fluids	63			- 1			-	-	-	<u> </u>		- 20	+	+
	Cardio-pulmonary resuscitation	64	\vdash	-		-		-		1				+	+
	Extracorporeal membrane oxygenation (ECMO)	65		-		1	-			1		***	-	+	+
	Ventricular assist device (VAD)	65		- 20		- 2				+	Č.		- 30	+	+
	Aortic balloon pump	65		-	- 5	- 3	2 - 3	5	1	8	5	502	- 2		-
	Arrhythmia requiring intravenous anti-arrhythmic therapy	94	8		-2	- 8		5	5		8	882	- 23		
		0.5		_		_				-		_	_	-	-
Renal	Peritoneal dialysis	05		3	- 2	- 3	5-3	81	<u>.</u>	8	2	225	- 2	-	-
	Haemofiltration	16			- 2	3		ç,		-	<u>.</u>		20	+	+
	Haemodialysis	66 67		_						Ļ				+	+
	Plasma filtration	67	-	_	-		_			-			_	+	+
	Plasma exchange	07		_		-		_		-					4
Neuro-	ICP-intracranial pressure monitoring	68	-			- 9				1	<u> </u>		- 64	T	Т
logical	Intraventricular catheter or external ventricular drain	69	500		- 6	3	2	5	3		5	552	- 2	-	
	Status epilepticus requiring treatment with continuous infusion of anti-epileptic dr	ugs 97			- 8	- 8			8	1	8		- 3	8	
	Reduced conscious level (GCS ≤ 12) AND hourly (or more frequent) GCS monito	ring 95				_				<u> </u>					
Analgesia/	Epidural catheter in situ	85		-		-		-			T	1	T	T	T
sedation	Continuous intravenous infusion of a sedative agent	96								Î.		- 20			
Metabolic	Diabetic ketoacidosis (DKA) requiring continuous infusion of insulin	70						8		t			1	Í	Ì
Other	Exchange transfusion	04	П			- 1		-		-				T	Т
	Intravenous thrombolysis	71	500	+	- 5	3		5		1	5	308	- 3	+	+
	Extracorporeal liver support using molecular absorbent recirculating system (MAI		1			- 3	1	5		-	5	5.2	- 2	+	+
	Patient nursed in single occupancy cubicle (state reason for isolation below)	74			- 2	- 8		8	5		8	343			+
				=		- 20				<u>.</u>			- 22	+	7
High cost	Medical gases Band 1 - nitric oxide	X841	l				L							1	- 21

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

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Clinical trial (if required by your unit)	Follow-up 30 days post-discharge from your unit
Is the patient on a clinical trial? Yes (specify name of trial) No	Status Alive Dead Unknown
Name of trial	Date of death (dd/mm/yyyy)
Growth measurements (if required by your unit)	
Height . cm	Normal residence Same hospital Hospice Other hospital
Weight kg	
Abdominal circumference	U Ward
cm	C Other
Discharge information	Comments
Status at discharge from your unit	
Date and time of discharge (dd/mm/yyyy hh:mm) Image: Image of the second seco	
ر If alive at discharge	
Discharged for palliative care?	
Destination following discharge from your unit	
Normal residence Same hospital ICU Hospice Other hospital PICU NICU HDU SCBU Ward Other	
	Customised data collection (for local use)
_ If dead at discharge	
Date and time of death (dd/mm/yyyy hh:mm) / / 20 : :	
Mode of death	
Treatment withdrawn	
Treatment limitation	
Brain stem death Failed cardiopulmonary resuscitation	
Transplant donor?	
│ No │ Yes – solid organs only	
Yes-tissues only	
Yes-both solid organs and tissues	
	n
	Form completed by
PICANet Admission data collection form Version 10.0.1 · August 2020 · Copyright © 2020 Universitie	es of Leeds and Leicester Page 4 of 4

F Data Collection Form – Referral 2020



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)	T			
Family name	NHS/CHI/H&C number			
First name				
	Date of birth (dd/mm/yyyy)			
Postcode				
	Indicate if date of birth is Estimated Anonymised Unknown			
	Sex Female Ambiguous Unknown			
Referral details (complete only when clinicians agree that t	he 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	Was the patient receiving invasive ventilation (by ET tube, laryngeal mask or tracheostomy) at time of referral call?			
	No – not indicated			
Referral number	No - advised to intubate			
	Unknown			
	Outcome of this referral event			
Referring unit (from where the patient was transferred)	Record the outcomes for both transport and admission; if either not requested of your organisation, tick "not requested"			
Referring area	Transport outcome			
X-ray/endoscopy/CT scanner ICU	Accepted for PIC transport			
Recovery only PICU	Refused – no transport team available			
HDU (step up/step down unit) NICU	Refused - time critical transfer			
Other intermediate care area Ward	Refused – out of scope of care			
Theatre and recovery A&E	PIC transport not requested			
Other transport service	Admission outcome			
Referring speciality	Accepted for PICU admission			
	Refused – no staffed bed available			
	Refused – out of scope of care			
Grade of referring doctor or nurse	PICU admission not requested			
Consultant / Associate Specialist / Staff Grade	Transport team			
□ ST 4 - 8				
□ ST 1-3				
□ F1/F2	Destination unit (or location)			
GP GP				
Nurse practitioner	If transport and/or admission outcome is refused, record the			
Nurse	name of the transport team and/or destination unit who refused			
Unknown	this referral.			
Comments	Form completed by			
	Contact us · picanet@leeds.ac.uk · 0113 343 8125			
	For more contact details, go to			
	www.picanet.org.uk/contact-us			
	For forms, dataset manuals and guidance, go to www.picanet.org.uk/data-collection			

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G Data Collection Form – Transport 2020

Patient details (or hospital label) Family name	NHS/CH	II/H&C numb	ber
			Tick if patient is no eligible for number
irst name	Case n	ote number /	(destination PICU)
inst hund			
Address	Date of	birth (dd/mn	n/yyyy)
		/ /	
	Indicate	e if date of bi	irth is
ostcode	Estin	nated	Anonymised Unknown
	Sex		ala 🔲 Ambiauaua 💭 Hakaauua
	Male	E Fem	ale 🗌 Ambiguous 🗌 Unknown
ransport details	a.		201
ate and time accepted for transport	Collection area	ANS 10-001253400 /	Transport classification
////20	X-ray/endoscopy/CT scanner	19 SEC.	Planned
ransport number	Recovery only	PICU	Unplanned
	HDU (step up/step down unit		Outcome of this transport event
	Other intermediate care area		Patient transported Not transported – condition improved
ype of transport team	Theatre and recovery Other transport service	□ A&E	Not transported – condition improved
] PICU			Not transported – other reason
Centralised transport service (PIC)	Collection unit (or location)		Patient died before transport team arrive
Transport team from neonates		8	Patient died while transport team presen
Other specialist team	Most senior member of med	lical staff	Patient died during transit
] Non-specialist team	present at collection unit		
ransport team	Consultant/Associate Special	list/Staff Grade	
	🔲 ST 4 – 8		
rade of clinical team leader	□ ST 1 – 3		
Consultant/Associate Specialist/Staff Grade	None None		
] ST 4 – 8	Did a medical technician ac	company	Ward
] ST 1 – 3	the patient?		Theatre
Nurse practitioner	Yes No		Other transport service
peciality of clinical team leader	Did a parent accompany the	patient?	Normal residence
0	Yes		
rade of most senior nurse	No – parent not present		Destination unit (or (section)
]5 🗌 6 🗌 7 🗌 8	No – parent declined to acco	19999 3	Destination unit (or location)
Nurse not present	No – parent not permitted to a	accompany	
ritical incidents			
lentify all critical incidents while transp	ort team in attendance (tick al	ll that apply)	Environment feilure er insemnetikiliku
No critical incidents	Loss of medical gas supply		Equipment failure or incompatibility impacting on patient care
Accidental extubation	Loss of all IV access		Other critical incident (specify)
Required intubation in transit	Cardiac arrest		6
Complete ventilator failure	Medication administration erro	or	<u> </u>
omments	Form	completed	by
	Conta	ct us ∙ pica	net@leeds.ac.uk · 0113 343 8125
		ore contact de	
		picanet.org.ul	k/contact-us nanuals and guidance, go to

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Transport times		
BASE TO COLLECTION UNIT	PATIENT JOURNEY	DESTINATION UNIT TO BASE
Tick if this section of the trip is not applicable	Tick if this section of the trip is not applicable	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	Mode of transport (tick all that apply) Dedicated ambulance RRV Taxi Other ambulance Air + Other	Mode of transport (tick all that apply) Dedicated ambulance RRV Taxi Other ambulance Air + Other
Depart base (dd/mm/yyyy hh:mm) / / 20	Depart collection unit (or location)	Depart destination unit (or location) ///2/0
Arrive base airport A	Arrive collection airport ////20///20////////////////////////	Arrive destination airport ///20//20//20//20//20//20//20//20//20//
Unpressurised fixed-wing Pressurised fixed-wing Other helicopter Other helicopter	Aircraft type Unpressurised fixed-wing Pressurised fixed-wing Other helicopter	All craft type Unpressurised fixed-wing Pressurised fixed-wing Other helicopter
→ Takeoff base airport	Takeoff collection airport	Takeoff destination airport
→ Land collection airport	→ Land destination airport	→ Land base airport
		Depart base airport // //2 0 //
Arrive collection unit (or location)	Arrive destination unit (or location)	Arrive base
Blue light or siren used or requested?	Blue light or siren used or requested?	Blue light or siren used or requested?
Organisational delay	Organisational delay None Team out Staffing Vehicle	Organisational delay
Vehicle incident None Vehicle accident Vehicle breakdown	Vehicle incident None Vehicle accident Vehicle breakdown	Vehicle incident None Vehicle accident Vehicle breakdown
Interventions (retrievals only)	PIM (retrievals only)	94
Interventions by local team prior to	This applies to observations recorded in	Systolic blood pressure
arrival of transport team (tick all that	the first hour after first face-to-face	mmHg (at time SpO
Primary intubation apply)	contact with transport team doctor	(at time SpO ₂
Re-intubation	Elective admission	SpO ₂ FiO ₂ measured)
Other airway	Tick if this is an elective admission	%
Non-invasive ventilation High flow nasal cannula therapy	Main reason for admission	
Primary central venous access	Asthma E Russes	Blood gas measured?
Additional central venous access	Bronchiolitis Bypass cardiac proc.	Yes No
Arterial access	Croup Non-bypass	Arterial PaO ₂ or Arterial PaO ₂
Inotrope or vasopressorinfusion	Obstructive sleep apnoea Cardiac proc.	kPa mmHg
Prostaglandin infusion	Elective	
Primary intraosseus access Additional intraosseus access	Recovery from surgery	
Chest drain insertion	Diabetic ketoacidosis	
CP monitoring	Seizure disorder	Intubation? At the time of
ECMO	Other (none of the above)	□ Yes □ No □ PaO₂ sample
Interventions while transport team in attendance (tick all that apply)	Is evidence available to assess past medical history?	Headbox?
Primary intubation	Yes No	Base excess
Re-intubation	If yes, tick all that apply	mmol/t► □ Capillary
Other airway	Cardiac arrest before admission	
Non-invasive ventilation	Cardiac arrest OUT of hospital	
High flow nasal cannula therapy Primary central venous access	Cardiomyopathy or myocarditis	mmol/I-> Capillary
Additional central venous access	Severe combined immune deficiency	Mochanical ventilation?
Arterial access	Hypoplastic left heart syndrome	Mechanical ventilation?
Inotrope or vasopressor infusion	Leukaemia or lymphoma after first induction Liver failure main reason for ICU admission	
Prostaglandin infusion	Acute NEC main reason for ICU admission	
Primary intraosseus access	Spontaneous cerebral haemorrhage	Yes No
Additional intraosseus access	opontaneous cerebramaemormage	Pupil reaction
	Neurodegenerative disorder	Roth fixed and dilated
Chest drain insertion	Neurodegenerative disorder	Both fixed and dilated Other reaction
Chest drain insertion ICP monitoring ECMO	Neurodegenerative disorder Human Immunodeficiency Virus (HIV) Bone marrow transplant recipient	Both fixed and dilated Other reaction Unknown

H PICANet Information Leaflets for Families and Carers

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,** Lyn Palmer, on

0116 252 5475

Or write to Lyn at:

slp60@leicester.ac.uk

Or by post at:

PICANet Department of Health Sciences College of Life Sciences George Davies Centre for Medicine University of Leicester University Road Leicester, LE1 7RH



Principal investigators:

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Dr Richard Feltbower PICANet School of Medicine University of Leeds LIDA, Worsley Building Leeds, LS2 9JT

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www.picanet.org.uk

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Paediatric Intensive Care Audit Network



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

What does PICANet do?

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

Why is PICANet important?

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

How is PICANet funded?

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

How is information collected?

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

What information is needed?

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

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

What will the information be used for?

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

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

Will the information be safe?

We send all information in a very safe way and keep it stored confidentially on a main computer, which is kept in a secure room. No-one can see the information, unless it is their job to do so. There is no way at all that your child can be identified in any of our reports. Please see the <u>PICANet Privacy and Fair Processing</u> <u>statement</u> available on our Policies page of the PICANet website-<u>www.picanet.org.uk</u>.

What have we found out so far?

During the past few years, we have shown that over 19,000 children are admitted to the paediatric intensive care service in the United Kingdom and Ireland each year. Almost half of these children are less than one year old. This type of information is useful, because it helps the hospitals and the people who plan health services to know what to expect and to be better prepared.

Does my child have to be included?

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



I PICANet Information Leaflet for Children

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

Talk to your nurse or doctor

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

Visit our website at www.picanet.org.uk

Or

Call our Research Nurse, Lyn Palmer on

0116 252 5475

Or write to Lyn at:

slp60@leicester.ac.uk

Or by post at:

PICANet Department of Health Sciences College of Life Sciences George Davies Centre for Medicine University of Leicester University Road Leicester, LE1 7RH



Principal investigators:

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www.picanet.org.uk

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UNIVERSITY OF LEICESTER





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?

Doctc 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. Please see the <u>PICANet Privacy and Fair Processing</u> <u>statement</u> available on our Policies page of the PICANet website- <u>www.picanet.org.uk</u>

Do I have to be included?

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



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

J PICANet Privacy and Fair Processing Statement

PICANet Patient Privacy Notice and Fair Processing Statement.

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

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 <u>HRA website</u> (the references are: 21/CAG/0090 (non-research) and 21/CAG/0098 (research)). 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 data from Northern Ireland or the Republic of Ireland.

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: <u>http://www.hqip.org.uk/national-programmes/a-z-of-nca/audits-and-data-gov-uk/</u>.

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.

Please note that your child's anonymised information will remain in the PICANet national clinical audit database for non-research purposes.

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 Professor of Epidemiology School of Medicine University of Leeds Clarendon Way LS2 9JT, UK Tel +44 (0)113 343 4841

Elizabeth S Draper Professor of Perinatal & Paediatric Epidemiology Department of Health Sciences College of Life Sciences University of Leicester George Davies Centre University Road, Leicester LE1 7RH, UK

Email: picanet@leeds.ac.uk

Who is responsible for the data?

NHS England is joint Data Controller with Healthcare Quality Improvement Partnership for data collected in English NHS PICUs and transport teams.

Healthcare Quality Improvement Partnership

Healthcare Quality Improvement Partnership Ltd. 27A Harley Place London W1G 8LZ (Charity Reg No. 1127049)

Data Protection Officer: Sasha Hewitt (E: <u>data.protection@hqip.org.uk</u>) Data controller registration number provided by the Information Commissioner's Office: Z1780946

The NHS Commissioning Board (NHS England) NHS England London Skipton House 80 London Road

Data Protection Officer: Carol Mitchell (E: <u>england.dpo@nhs.net</u>) Data controller registration number provided by the Information Commissioner's Office: Z2950066

The University of Leeds and the University of Leicester are joint data processors for the data collected in English NHS PICUs and transport teams.

London

SE1 6LH

The joint Data Controllers and Data Processors for data collected in all private PICUs and PICUs and transport teams in Scotland, Wales, Northern Ireland and the Republic of Ireland are:

University of Leeds Leeds LS2 9JT Data Protection Officer: Alice Temple T: +44(0) 113 34 37641 E: a.c.temple@leeds.ac.uk

Data controller registration number provided by the Information Commissioner's Office: Z553814X

University of Leicester

University Road Leicester, LE1 7RH Data Protection Officer: Parmjit Gill T: +44(0)116 229 7945 E: pg170@le.ac.uk

Data controller registration number provided by the Information Commissioner's Office: Z6551415

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.

Κ	Data	Validation	Form

Ы	Net AA	PICANet Admission data validation au	dit
	PICU name	Visited by	Date of visit
			/ / 20
_	Variable	Visit value	Discrepancy
Event	Case note number		
	Event ID		
Admission details	Date of admission		
	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]		
	Collection unit [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 2.1 · 20 February 2018

	Variable	Visit value	Discrepancy
PIM (continued)	Systolic blood pressure	mmHg ± 5 mmHg is acceptable	
W (con	Blood gas measured	□ Yes □ No	
Ы	Arterial PaO ₂		
	FiO ₂		
	Intubation	☐ Yes ☐ No	
	Headbox	□ Yes □ No	
	Base excess	mmoVI	
	Base excess source	Arterial Capillary Venous	
	Lactate		
	Lactate source	☐ Arterial ☐ Capillary ☐ Venous	
	Mechanical ventilation	□ Yes □ No	
	СРАР	□ Yes □ No	
	Pupil reaction	Both fixed and dilated Other reaction Unknown	
Diagnoses	Primary diagnosis for this admission		
aily interventions	Invasive ventilation days	Start date Stop date / / / / / 2 0 / / 2 0 / / 2 0 / / 2 0 / / 2 0 / / 2 0 / / 2 0 / / 2 0 / / 2 0 / / 2 0 / / 2 0 / / 2 0 / / 2 0 / / 2 0 / / 2 0 / / 2 0 / / 0 / / 2 0 / / 2 0 / / 2 0 / / 2 0 / / 1 / 2 0 / / 2 0 / / 2 0 / / 2	
Daily	Non-invasive ventilation days	Start date Stop date / / / / / / / 20 / / / 20 / / / 20 / / 20 / / / 20 / / 20 / / 20 / / 20 / / 20 / / 20 / / 20 / / 20 / / 20 / / 20 / / / 20 / / 20 / / / 20 / / / 20 / / / 20 /	
	High flow nasal cannula therapy days	Start date Stop date /	
Discharge	Date of discharge		
Disc	Time of discharge	± 30 minutes is acceptable	

L 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

Rule ID

Rule Title

3072 Status at 30 days post-discharge from your unit

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 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 Message

Missing value

M Publications, Abstracts & Presentations 2018-2020

M1 Publications

Journal	Title	Authors
	Children with life-limiting conditions in paediatric intensive care units: a national cohort, data linkage study	Fraser, L.K., & Parslow, R.
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.
	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 III Child	Westrope, C.A., Fleming, S., Kapetanstrataki, M., Parslow, R.C, & Morris, K.P.
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., & Ladhanil S.N.
doi:10.1097/CCM.000000000002369	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.
	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.
311 doi: 10.1097/PCC.000000000001506	Interhospital Transport of Critically III 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.
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.
	Characteristics of adolescents requiring intensive care in the	Wood D, Goodwin S, Pappachan J, et al.

Journal	Title	Authors
	United Kingdom: A retrospective cohort study.	
Palliative Medicine. 2018;32(2):337-346. doi:10.1177/0269216317709711	Changing place of death in children who died after discharge from paediatric intensive care units: A national, data linkage study	Fraser LK, Fleming S, Parslow R.
Acta Medica Lituanica (2019); 26(1), 64-71 doi: 10.6001/actamedica.v26i1.3957		Veģeris, I., Daukšte, I., Bārzdiņa, A., Parslow R. C., Balmaks, R.
Journal of Clinical Virology (2019); 112, 15-19 doi: 10.1016/j.jcv.2019.01.006.		Barr, R., McGalliard, R., Drysdale, S. B.
Critical Care 23, 69 (2019). https://doi.org/10.1186/s13054-019-2354-4		Peters, M.J., Woolfall, K., Khan, I. et al.
BMJ Open 2019;9:e031630. doi: 10.1136/bmjopen- 2019-031630	Children (SANDWICH): protocol	Blackwood B, Agus A, Boyle R On behalf of the Paediatric Intensive Care Society Study Group (PICS- SG), et al
Pediatric Critical Care Medicine: March 2019 - Volume 20 - Issue 3 - p 223-232 doi: 10.1097/PCC.000000000001805	Patterns of Use of Heated Humidified High-Flow Nasal Cannula Therapy in PICUs in the United Kingdom and Republic of Ireland*	Morris, Jenny V. MSc ¹ ; Kapetanstrataki, Melpo PhD ¹ ; Parslow, Roger C. PhD ¹ ; Davis, Peter J. FRCPCH ² ; Ramnarayan, Padmanabhan FRCPCH ^{3,4}
Archives of Disease in Childhood 2019;104:962-966	paediatric intensive care retrieval	King M, Ramnarayan P, Seaton SE on behalf of the DEPICT Study Group, et al
BMJ Open 2019;9:e028000. doi: 10.1136/bmjopen- 2018-028000		Ramnarayan P, Evans R, Draper ES DEPICT Study Investigators, et al
Intensive Care Med 45, 1272–1274 (2019). https://doi.org/10.1007/s00134-019-05714-x	Doing more of less: what registry data tell us about death in PICU.	Brick, T., Parslow, R.C.
Archives of Disease in Childhood (2020). Published online: 06 October 2020. doi: 10.1136/archdischild-2020-319396	Tracheostomy trends in paediatric intensive care.	Powell, J., Buckley, H.L., Agbeko, R., et al.
BMC Pediatrics 20, 301 (2020). https://doi.org/10.1186/s12887-020-02195-6	Does time taken by paediatric critical care transport teams to reach the bedside of critically ill children affect survival? A retrospective cohort study from England and Wales	Seaton, S.E., Ramnarayan, P., Davies, P. et al.

Journal	Title	Authors
BMJ Open. 2020 Sep 25;10(9):e037517. doi: 10.1136/bmjopen-2020-037517. PMID: 32978195; PMCID: PMC7520830.	NEUROlogical Prognosis After Cardiac Arrest in Kids (NEUROPACK) study: protocol for a prospective multicentre clinical prediction model derivation and validation study in children after cardiac arrest.	Scholefield BR, Martin J, Penny- Thomas K, Evans S, Kool M, Parslow R, Feltbower R, Draper ES, Hiley V, Sitch AJ, Kanthimathinathan HK, Morris KP, Smith F; NEUROPACK Investigators for the Paediatric Intensive Care Society-Study Group (PICS-SG).
Health Technology Assessment 2020;24(23). doi: 10.3310/hta24230	Routine gastric residual volume measurement to guide enteral feeding in mechanically ventilated infants and children: the GASTRIC feasibility study	Tume LN, Woolfall K, Arch B, Roper L, Deja E, Jones AP, et al.
BMJ Open 2020;10:e033208. doi: 10.1136/bmjopen- 2019-033208	How, in what contexts, and why do quality dashboards lead to improvements in care quality in acute hospitals? Protocol for a realist feasibility evaluation	Randell R, Alvarado N, McVey L, et al
Intensive Care Med 46, 1953–1955 (2020). https://doi.org/10.1007/s00134-020-06149-5	Impact on 30-day survival of time taken by a critical care transport team to reach the bedside of critically ill children	Seaton, S.E., Ramnarayan, P., Pagel, C. et al.
BMJ Open 2020;10:e038974. doi: 10.1136/bmjopen- 2020-038974	Study protocol for a multicentre longitudinal mixed methods study to explore the Outcomes of ChildrEn and fAmilies in the first year after paediatric Intensive Care: the OCEANIC study	Manning JC, Latour JM, Curley MA for the OCEANIC Study Investigators, et al

M2 Abstracts

IVIZ ADSTRACTS		
Published Abstracts	Title	Authors
9 th 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
9 th 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
Pediatric Critical Care Medicine: June 2018 - Volume 19 - Issue 6S - p 152-153 doi: 10.1097/01.pcc.0000537804.18110.fa	Abstract P-347: THE RELATIONSHIP BETWEEN LACTATE, BASE EXCESS AND MORTALITY IN PAEDIATRIC INTENSIVE CARE	Kapetanstrataki, M. ¹ ; Morris, K. ² ; Wilkins, B. ³ ; Slater, A. ⁴ ; Ward, V. ³ ; Straney, L. ⁵ ; Parslow, R.C. ¹
Pediatric Critical Care Medicine: June 2018 - Volume 19 - Issue 6S - p 152 doi: 10.1097/01.pcc.0000537803.79992.b3	Abstract P-346: IMPROVING MORTALITY PREDICTION USING ACID/BASE PARAMETERS IN PIM2	Kapetanstrataki, M. ¹ ; Morris, K. ² ; Wilkins, B. ³ ; Slater, A. ⁴ ; Ward, V. ³ ; Straney, L. ⁵ ; Parslow, R.C. ¹
Pediatric Critical Care Medicine: June 2018 - Volume 19 - Issue 6S - p 161 doi: 10.1097/01.pcc.0000537829.51558.47	Abstract P-372: ESTABLISHMENT OF PAEDIATRIC INTENSIVE CARE REGISTRY IN LATVIA	Veģeris, I. ¹ ; Daukste, I. ¹ ; Barzdina, A. ¹ ; Parslow, R. ² ; Balmaks, R. ¹
8 th Congress of the European Academy of Paediatric Societies 2020, Virtual 16 -19 October 2020	Epidemiology of cardiopulmonary resuscitation in critically ill children admitted to Paediatric Intensive Care Units across England.	Mustafa, K., Buckley, H., Feltbower, R., et al.
Archives of Disease in Childhood; London Vol. 105, Iss. Suppl 1, (Oct 2020): A99-A99. DOI:10.1136/archdischild-2020-rcpch.235	G272 Intensive care admissions in children with down syndrome: trends in incidence and outcome	Rapaport, B; Marder, E; Smyth, A R; Parslow, R C; Vyas, H; et al.
Accepted Abstracts	Title	Authors
World Federation of Pediatric Intensive and Critical Care Society 2020, Mexico.	units in England	Buckley, H., Plunkett, A., Morris, K., et al.
World Federation of Pediatric Intensive and Critical Care Society 2020, Virtual.	Epidemiology of cardiopulmonary resuscitation in critically ill children admitted to Paediatric Intensive Care Units across England	Mustafa, K., <u>Buckley,</u> <u>H.</u> , Feltbower, R., et al.

M3 Presentations and Posters

Meeting/Conference	Venue	Date	Presentation/Poster Title	PICANet Team Attendees
9th Congress of the World	Singapore	9-13/06/2018	The Relationship Between	Melpo Kapetanstrataki
Federation of Pediatric			Lactate, Base Excess and	
Intensivist & Critical Care			Mortality in Paediatric	
Societies			Intensive Care	
9th Congress of the World	Singapore	9-13/06/2018	Improving Mortality	Melpo Kapetanstrataki
Federation of Pediatric			Prediction Using Acid/Base	
Intensivist & Critical Care			Parameters in PIM2	
Societies				

N Staffing Study Data Collection Forms



Medical Log A

- Medical Log A

 Please complete at 12 noon on Wednesday 04/11/2020
 - See notes for completion overleaf

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

PLEASE COMPLETE:-	Site ID	Please scan and return the
Hospital		completed form by email to Lyn Palmer PICANet Research Nurse
Unit		email: <u>slp60@leicester.ac.uk</u>
Form completed by: (print name)		by <u>Monday 30/11/2020</u>
(print name)		AND then return the completed
Contact tel. no:		forms in the FREEPOST envelope supplied to the address
Email address:		overleaf.

PICANet Staffing Study 2020/Medical Daily Log A v1.5_01.10.2020



PICU Staffing Study

November 2020

HOW TO FILL IN THE Medical Log

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

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

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

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

COUNTING STAFF

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

Count the number of staff who are on the medical rota for PICU, on-call and able to attend the hospital within 30 minutes but not physically present on the PICU or on retrieval at the specified time.

SICKNESS

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

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

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

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

If you have any additional queries please contact: Caroline Lamming email:crl4@leicester.ac.uk or Lyn Palmer email: <u>slp60@leicester.ac.uk</u>

Please scan and return this completed form by email to slp60@leicester.ac.uk by MONDAY 30th November 2020. Then using the FREEPOST envelope supplied, please return the completed forms to-

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

PICANet Staffing Study 2020/Medical Daily Log A v1.5_01.10.2020



Medical Log B

• Please complete at 12 midnight on Wednesday 04/11/2020

• See notes for completion overleaf

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

PLEASE COMPLETE:-	Site ID
Hospital	
Unit	
Form completed by: (print name)	
Contact tel. no:	
Email address:	

Please scan and return the completed form by email to Lyn Palmer PICANet Research Nurse email: <u>slp60@leicester.ac.uk</u> by <u>Monday 30/11/2020</u>

AND then return the completed forms in the *FREEPOST envelope supplied* to the address overleaf.

PICANet Staffing Study 2020/Medical Daily Log B v1.5_01.10.2020



November 2020

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 email:crl4@leicester.ac.uk or Lyn Palmer email: slp60@leicester.ac.uk

Please scan and return this completed form by email to slp60@leicester.ac.uk by MONDAY 30th November 2020. Then using the FREEPOST envelope supplied, please return the completed forms to-

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

PICANet Staffing Study 2020/Medical Daily Log B v1.5_01.10.2020



Medical Log C

Please complete at 12 noon on Sunday 08/11/2020

See notes for completion overleaf

		12 noon								
	Grades of Me	No. of persons on duty and present	No of persons on call	No. of persons off sick						
	Primary	Consultant Paediatric	Paediatricians							
	clinical responsibility	Intensivists	Anaesthetists							
Consultant	to PICU*	Non-PICM of	consultants							
Consultant	Clinical	Consultant Paediatric	Paediatricians							
	availability but not primary	Intensivists	Anaesthetists							
	responsibility**	Non-PICM o	consultants							
Associate spe	cialist/staff									
Senior train	ee - ST 4-8 or equ	ivalent								
Junior train	ee – ST 1-3 or equ	uvalent								
Foundation	Year 1-2									
ANP on the r	nedical rota									
-	sistant on the med	lical rota								
Any other staff	State speciality		& Grade							
working on the medical	1.									
rota at	2.									
time	specified time 3.									

PLEASE COMPLETE:-	Site ID
Hospital	
Unit	
Form completed by: (print name)	
Contact tel. no:	
Email address:	

Please scan and return the completed form by email to Lyn Palmer PICANet Research Nurse email: <u>slp60@leicester.ac.uk</u> by <u>Monday 30/11/2020</u>

AND then return the completed forms in the *FREEPOST envelope supplied* to the address overleaf.

PICANet Staffing Study 2020/Medical Daily Log C v1.5_01.10.2020



November 2020

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 email:crl4@leicester.ac.uk or Lyn Palmer email: slp60@leicester.ac.uk

Please scan and return this completed form by email to slp60@leicester.ac.uk by MONDAY 30th November 2020. Then using the FREEPOST envelope supplied, please return the completed forms to-

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

PICANet Staffing Study 2020/Medical Daily Log C v1.5_01.10.2020



Medical Log D

- Please complete at 12 midnight on Sunday 08/11/2020
- See notes for completion overleaf

		12 midnight								
	Grades of Me	No. of persons on duty and present	No of persons on call	No. of persons off sick						
	Primary	Consultant Paediatric	Paediatricians							
Consultant	clinical responsibility	Intensivists	Anaesthetists							
	to PICU*	Non-PICM o	consultants							
	Clinical	Consultant Paediatric	Paediatricians							
	availability but not primary	Intensivists	Anaesthetists							
	responsibility**	Non-PICM o	consultants							
Associate spe	cialist/staff									
Senior traine	ee - ST 4-8 or equ	ivalent								
Junior train	ee – ST 1-3 or equ	ivalent								
Foundation	Year 1-2									
ANP on the r	nedical rota									
-	sistant on the med	lical rota								
Any other staff	State speciality		& Grade							
working on the medical	1.									
rota at	2.									
time	specified time 3.									

PLEASE COMPLETE:-	Site ID
Hospital	
Unit	
Form completed by: (print name)	
Contact tel. no:	
Email address:	

Please scan and return the completed form by email to Lyn Palmer PICANet Research Nurse email: <u>slp60@leicester.ac.uk</u> by <u>Monday 30/11/2020</u>

AND then return the completed forms in the *FREEPOST envelope supplied* to the address overleaf.

PICANet Staffing Study 2020/Medical Daily Log D v1.5_01.10.2020



November 2020

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 email:crl4@leicester.ac.uk or Lyn Palmer email: slp60@leicester.ac.uk

Please scan and return this completed form by email to slp60@leicester.ac.uk by MONDAY 30th November 2020. Then using the FREEPOST envelope supplied, please return the completed forms to-

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

PICANet Staffing Study 2020/Medical Daily Log D v1.5_01.10.2020

WEEK COMMENCING 2nd November 2020



.

PICU Staffing Study 2020

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)							

Wedical	Establis	hment	Informat	ion:

. .

Part 1a

...

			Number of	staff in post		of vacant osts	DCC PAs	per week of fu in post	unded staff	DCC PAs per week of funded vacant posts			
				ICU	Transport	ICU	Transport	ICU	Transport	Other clinical care	ICU	Transport	Other clinical care
		Deediatrisians	substantive										
grade	Consultant	Paediatricians	locum										
Consultant grade	Paediatric Intensivists		substantive										
Const			locum										
	Non DICM cor	substantive											
	Non-PICM consultants		locum										
	Associate specialists/staff	substantive											
	grade		locum										

Medical establishment information Part 1b

			Number of	staff in post	Number of	vacant posts	Combined total WTE of medical establishment in post			otal WTE of t posts
			ICU	Transport	ICU	Transport	ICU	Transport	ICU	Transport
	ST 4-8	Paediatrics								
	UK training scheme	Anaesthesia								
a		Other [please specify]								
Training grade	ST 4-8 equivalent,	not on UK training scheme								
Traini		Paediatrics								
	ST 1-3 UK training scheme	Anaesthesia								
	scheme	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 pe medical rota	er week on		1
			ICU	Transport	ICU	Transport	ICU	Transport		
taff	ANPs on medical establishment									
Other staff	Physician Associate	25								

Part 2 Trainee Rota

1. Are the trainees on a full shift r	ota? [tick yes or no]	YES	NO						
Definition: Shifts are usually of eight to 1.	3 hours' duration and the doctors on duty a	re expected to s	pend 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 p	ourposes of banding								
		1							
If not on a full shift rota, what rota pattern are the trainees on?		Please tick app	propriate box						
in not on a fun sint rota, what rota patt	Partial shift		YES	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-complian	nce with New Deal regulations)								

If you have any additional queries please contact: Caroline Lamming email: crl4@leicester.ac.uk or Lyn Palmer email: slp60@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 30th November 2020 to:

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



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:

- 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 email:crl4@leicester.ac.uk or Lyn Palmer email: slp60@leicester.ac.uk

Please return in FREEPOST envelope to:-

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

by Monday 30/11/2020



Nursing & Occupancy Log A

Please complete at 12 noon on Wednesday 04.11.2020 Please see notes for completion overleaf

Bands of Nurses, Nursing Assistants/ Associates	1 No. on duty at 12 noon	2 No. with PIC qualifi cation	3 No. of nurses with other intensive care qualifi cation e.g. AIC NIC	4 No. of registered children's nurses	5 No. of registered nurses with recognised paediatric specific course	6&7 No. with Paediatric Resus & Life Support competencies Basic Advanced		8 No. of persons off sick	9 No. on duty available for retrieval
Band 2									
Band 3									
Band 4									
Band 5									
Band 6									
Band 7									
Band 8									
Other please sp i.e. record Agen	ecify details cy or Bank i	- incl. Trust ba	nk & BAND OF	STAFF					
1.									
2.									
3.									

Additional information	Number of beds on PICU	No. of funded		No. of Beds		Reason for closure i.e. sickness, infection,
to be collected at 12 noon.		beds	Open & occupied	Open & empty	Closed	staff shortage
	IC designated					
	HD designated					

	Total number of children in the unit.	No. receiving Level III care		o. receiving Level II care	No. receiving Level I care	
PLEASE COMPLETE:- Hospital		Site ID	_		nd return the rm by email to Lyn Net Research Nurse	
Unit _				email: <u>slp60</u> @	@leicester.ac.uk	
Form completed by (print name) Contact tel. no:	r			by <u>Monday</u> AND then re forms in the	turn the completed	

forms in the FREEPOST envelope supplied to the address overleaf.

PICANet Staffing Study 2020/Nursing Daily Log A v2.0_01.10.2020

Email address:



November 2020

HOW TO FILL IN THE NURSING AND OCCUPANCY LOG

This form applies to the designated paediatric intensive care unit in your hospital. Only count HDU if located in the same unit and staffed by the PICU shift staffing roster. The form collects information on both *STAFF and skill mix* and *OCCUPANCY and illness severity* by actual counts on the unit at the time specified (noon and midnight) EVERY section of the form should be completed by the nurse in charge of the unit at the time and date specified Please complete every column, insert zero if no staff at this grade

COUNTING STAFF - DIFFERENT GROUPS OF STAFF

NURSING STAFF

Only count the qualified nurses and nursing assistants/associates (with appropriate competencies) included in the establishment to deliver clinical care to patients. EXCLUDE administrative, data and IT staff, housekeepers, Advanced Practice Practitioner's (APP's) and Trainee APP's unless the APP's are working in a nursing role.

1. The <u>overall total number</u> of nurses and nursing assistants/associates (with appropriate competencies) on duty <u>at this time</u> to deliver clinical care. Include any nurses in training but only if not supernumerary.

2. The number of nurses with a paediatric intensive care qualification on duty <u>at this time</u> 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 nurses with other intensive care qualifications currently in post. Include all specialist nurses with appropriate level competencies in adult and neonatal intensive care assessed through a validated accredited education and training programme.

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

5. The number of registered nurses who have completed a recognised paediatric specific course currently in post to deliver clinical care. Include all nurses who have completed an in-house course moderated through PICS.

6. The number of nurses on duty <u>at this time</u> with valid Basic Life Support or equivalent mandatory training.

7. The number of nurses on duty <u>at this time</u> with valid Advanced Paediatric Resuscitation training or equivalent. e.g. APLS or EPLS.

8. <u>SICKNESS</u> - count the number of staff who were rostered for duty but off sick at specified time.

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

NOTE only count YOUR CLINICAL NURSE MANAGER for example, if on the unit at noon or midnight giving clinical care.

COUNTING INFANTS/CHILDREN - DIFFERENT GROUPS OF CHILDREN

Count the overall total children on your unit <u>at this time</u>. INCLUDE any children being retrieved in or transferred out from your unit at this time <u>by nursing staff from your shift roster</u>. 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 email:crl4@leicester.ac.uk or Lyn Palmer email: slp60@leicester.ac.uk

Please scan and return this completed form by email to slp60@leicester.ac.uk by MONDAY 30th November 2020. Then using the FREEPOST envelope supplied, please return the completed forms to-

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

PICANet Staffing Study 2020/Nursing Daily Log A v2.0_01.10.2020



Nursing & Occupancy Log B

Please complete at 12 midnight on Wednesday 04/11/2020

Please see notes for completion overleaf

Bands of Nurses, Nursing Assistants/ Associates	l No. on duty at 12 midnight	2 No. with PIC qualifi cation	3 No. of nurses with other intensive care qualifi cation <i>e.g. AIC</i> <i>NIC</i>	4 No. of registered children's nurses	5 No. of registered nurses with recognised paediatric specific course	Resus Sup	27 Paediatric & Life port tencies Advanced	8 No. of persons off sick	9 No. on duty available for retrieval
Band 2									
Band 3									
Band 4									
Band 5									
Band 6									
Band 7									
Band 8									
Other please sp i.e. record Agen	ecify details- icy or Bank inc	:l. Trust bank &	BAND OF STA	FF					
1.									
2.									
3.									

Additional information to be collected	Number of beds on PICU	No. of funded beds	Open & occupied	No. of Beds Open & empty	Closed	Reason for closure i.e. sickness, infection, staff shortage
at 12	IC designated					
midnight.	HD designated					

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

PLEASE COMPLETE:-	Site ID
Hospital	
Unit	
Form completed by: (print name) Contact tel. no:	
Email address:	

Please scan and return the
completed form by email to Lyn
Palmer PICANet Research Nurse
email: <u>slp60@leicester.ac.uk</u>
by Monday 30/11/2020

AND then return the completed forms in the *FREEPOST envelope supplied* to the address overleaf.

PICANet Staffing Study 2020/Nursing Daily Log B v2.0_01.10.2020



November 2020

HOW TO FILL IN THE NURSING AND OCCUPANCY LOG

This form applies to the designated paediatric intensive care unit in your hospital. Only count HDU if located in the same unit and staffed by the PICU shift staffing roster. The form collects information on both *STAFF and skill mix* and *OCCUPANCY and illness severity* by actual counts on the unit at the time specified (noon and midnight) EVERY section of the form should be completed by the nurse in charge of the unit at the time and date specified Please complete every column, insert zero if no staff at this grade

COUNTING STAFF - DIFFERENT GROUPS OF STAFF

NURSING STAFF

Only count the qualified nurses, nursing assistants/associates (with appropriate competencies) included in the establishment to deliver clinical care to patients. EXCLUDE administrative, data and IT staff, housekeepers, Advanced Practice Practitioner's (APP's) and Trainee APP's unless the APP's are working in a nursing role.

1. The <u>overall total number</u> of nurses and nursing assistants/associates (with appropriate competencies) on duty <u>at this time</u> to deliver clinical care. Include any nurses in training but only if not supernumerary.

 The number of nurses with a paediatric intensive care qualification on duty <u>at this time</u> 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 nurses with other intensive care qualifications currently in post. Include all specialist nurses with appropriate level competencies in adult and neonatal intensive care assessed through a validated accredited education and training programme.

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

5. The number of registered nurses who have completed a recognised paediatric specific course currently in post to deliver clinical care. Include all nurses who have completed an in-house course moderated through PICS.

6. The number of nurses on duty <u>at this time</u> with valid Basic Life Support or equivalent mandatory training.
7. The number of nurses on duty <u>at this time</u> with valid Advanced Paediatric Resuscitation training or equivalent. e.g. APLS or EPLS.

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

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

NOTE only count YOUR CLINICAL NURSE MANAGER for example, if on the unit at noon or midnight giving clinical care.

COUNTING INFANTS/CHILDREN - DIFFERENT GROUPS OF CHILDREN

Count the overall total children on your unit <u>at this time</u>. INCLUDE any children being retrieved in or transferred out from your unit at this time <u>by nursing staff from your shift roster</u>. 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 email:crl4@leicester.ac.uk or Lyn Palmer email: <u>slp60@leicester.ac.uk</u>

Please scan and return this completed form by email to slp60@leicester.ac.uk by MONDAY 30th November 2020. Then using the FREEPOST envelope supplied, please return the completed forms to-

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

PICANet Staffing Study 2020/Nursing Daily Log B v2.0_01.10.2020

Nursing & Occupancy Log C



Please complete at 12 noon on Sunday 08/11/2020

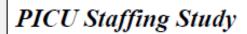
Please see notes for completion overleaf

Bands of Nurses, Nursing Assistants/ Associates	l No. on duty at l2 noon	2 No. with PIC qualifi cation	3 No. of nurses with other intensive care qualifi cation <i>e.g. AIC</i> <i>NIC</i>	4 No. of registered children's nurses	5 No. of registered nurses with recognised paediatric specific course	Sup	8 No. of persons off sick	9 No. on duty available for retrieval
Band 2								
Band 3								
Band 4								
Band 5								
Band 6								
Band 7								
Band 8								
Other please sp i.e. Record Agen	ecify details- acy or Bank inc	i. Trust bank &	BAND OF STA	FF				
1.								
2.								
3.]	

Additional information to be collected	Number of beds on PICU	No. of funded beds	Open & occupied	No. of Beds Open & empty	Closed	Reason for closure i.e. sickness, infection, staff shortage
at 12 noon.	IC designated					
	HD designated					

	Total number of children in the unit.	No. receiving Level III care		receiving vel II care	No. receiving Level I care	
PLEASE COMPLETE:	-	Site ID	_	Please scan a		
Hospital					rm by email to Lyn Net Research Nurse	
Unit					@leicester.ac.uk	
Form completed by (print name) Contact tel. no:	y:			by <u>Monday</u> AND then re forms in the J	turn the completed	
Email address:				envelope sup	plied to the address	

PICANet Staffing Study 2020/Nursing Daily Log C v2.0_01.10.2020



November 2020

how to fill in the Nursing and Occupancy Log

This form applies to the designated paediatric intensive care unit in your hospital. Only count HDU if located in the same unit and staffed by the PICU shift staffing roster. The form collects information on both *STAFF and skill mix* and *OCCUPANCY and illness severity* by actual counts on the unit at the time specified (noon and midnight) EVERY section of the form should be completed by the nurse in charge of the unit at the time and date specified Please complete every column, insert zero if no staff at this grade

COUNTING STAFF - DIFFERENT GROUPS OF STAFF

NURSING STAFF

Only count the qualified nurses, nursing assistants/associates (with appropriate competencies) included in the establishment to deliver clinical care to patients. EXCLUDE administrative, data and IT staff, housekeepers, Advanced Practice Practitioner's (APP's) and Trainee APP's unless the APP's are working in a nursing role.

1. The <u>overall total number</u> of nurses and nursing assistants/associates (with appropriate competencies) on duty <u>at this time</u> to deliver clinical care. Include any nurses in training but only if not supernumerary.

2. The number of nurses with a paediatric intensive care qualification on duty <u>at this time</u> 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 nurses with other intensive care qualifications currently in post. Include all specialist nurses with appropriate level competencies in adult and neonatal intensive care assessed through a validated accredited education and training programme.

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

5. The number of registered nurses who have completed a recognised paediatric specific course currently in post to deliver clinical care. Include all nurses who have completed an in-house course moderated through PICS.

6. The number of nurses on duty at this time with valid Basic Life Support or equivalent mandatory training.

7. The number of nurses on duty <u>at this time</u> with valid Advanced Paediatric Resuscitation training or equivalent. e.g. APLS or EPLS.

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

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

NOTE only count YOUR CLINICAL NURSE MANAGER for example, if on the unit at noon or midnight giving clinical care.

COUNTING INFANTS/CHILDREN - DIFFERENT GROUPS OF CHILDREN

Count the overall total children on your unit <u>at this time</u>. INCLUDE any children being retrieved in or transferred out from your unit at this time <u>by nursing staff from your shift roster</u>. 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 email:crl4@leicester.ac.uk or Lyn Palmer email: <u>slp60@leicester.ac.uk</u>

Please scan and return this completed form by email to slp60@leicester.ac.uk by MONDAY 30th November 2020. Then using the FREEPOST envelope supplied, please return the completed forms to-

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

PICANet Staffing Study 2020/Nursing Daily Log C v2.0_01.10.2020

Nursing & Occupancy Log D



Please complete at **12 midnight** on **Sunday 08/11/2020** Please see notes for completion overleaf

Bands of Nurses, Nursing Assistants/ Associates	1 No. on duty at 12 midnight	2 No. with PIC qualifi cation	3 No. of nurses with other intensive care qualifi cation <i>e.g. AIC</i> <i>NIC</i>	4 No. of registered children's nurses	5 No. of registered nurses with recognised paediatric specific course	No. with I Resus Sup	&7 Paediatric & Life port tencies Advanced	8 No. of persons off sick	9 No. on duty available for retrieval
Band 2									
Band 3									
Band 4									
Band 5									
Band 6									
Band 7									
Band 8									
Other please sp i.e. Record Agen	ecify details- ncy or Bank inc	i. Trust bank &	BAND OF STA	FF					
1.								1	
2.								1	
3.									

Additional information to be collected	Number of beds on PICU	No. of funded beds] Open & occupied	No. of Beds Open & empty	Closed	Reason for closure i.e. sickness, infection, staff shortage
at 12	IC designated					
midnight.	HD designated					

	Total number of children in the unit.	No. receiving Level III care		receiving vel II care	No. receiving Level I care	
PLEASE COMPLETE:	-	Site ID	_		ind return the	
Hospital					orm by email to Lyn Net Research Nurse	
Unit					@leicester.ac.uk	
Form completed by (print name) Contact tel. no:	y:			AND then re forms in the		
Email address:				envelope sup overleaf.	plied to the address	

PICANet Staffing Study 2020/Nursing Daily Log D v2.0_01.10.2020



November 2020

How TO FILL IN THE Nursing and Occupancy Log

This form applies to the designated paediatric intensive care unit in your hospital. Only count HDU if located in the same unit and staffed by the PICU shift staffing roster. The form collects information on both *STAFF and skill mix* and *OCCUPANCY and illness severity* by actual counts on the unit at the time specified (noon and midnight) EVERY section of the form should be completed by the nurse in charge of the unit at the time and date specified Please complete every column, insert zero if no staff at this grade

COUNTING STAFF - DIFFERENT GROUPS OF STAFF

NURSING STAFF

Only count the qualified nurses, nursing assistants/associates (with appropriate competencies) included in the establishment to deliver clinical care to patients. EXCLUDE administrative, data and IT staff, housekeepers, Advanced Practice Practitioner's (APP's) and Trainee APP's unless the APP's are working in a nursing role.

1. The <u>overall total number</u> of nurses and nursing assistants/associates (with appropriate competencies) on duty <u>at this time</u> to deliver clinical care. Include any nurses in training but only if not supernumerary.

 The number of nurses with a paediatric intensive care qualification on duty <u>at this time</u> 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 nurses with other intensive care qualifications currently in post. Include all specialist nurses with appropriate level competencies in adult and neonatal intensive care assessed through a validated accredited education and training programme.

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

5. The number of registered nurses who have completed a recognised paediatric specific course currently in post to deliver clinical care. Include all nurses who have completed an in-house course moderated through PICS.

The number of nurses on duty <u>at this time</u> with valid Basic Life Support or equivalent mandatory training.
 The number of nurses on duty <u>at this time</u> with valid Advanced Paediatric Resuscitation training or equivalent. e.g. APLS or EPLS.

8. <u>SICKNESS</u> - count the number of staff who were rostered for duty but off sick at specified time.

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

NOTE only count YOUR CLINICAL NURSE MANAGER for example, if on the unit at noon or midnight giving clinical care.

COUNTING INFANTS/CHILDREN - DIFFERENT GROUPS OF CHILDREN

Count the overall total children on your unit <u>at this time</u>. INCLUDE any children being retrieved in or transferred out from your unit at this time <u>by nursing staff from your shift roster</u>. 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 *email:* crl4@leicester.ac.uk or Lyn Palmer *email:* <u>slp60@leicester.ac.uk</u>

Please scan and return this completed form by email to slp60@leicester.ac.uk by MONDAY 30th November 2020. Then using the FREEPOST envelope supplied, please return the completed forms to-

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



A study of occupancy & nurse staffing provision

Please complete every column, insert zero if no staff at this grade

PLEASE COMPLETE:-

Form completed by:

Hospital

(print name)

Unit

Site ID

Nursing Establishment and Staffing Information

- Please see attached instructions
- Complete part 1 and 2

Part 1 Nurse Establishment Information

3 5 1 2 4 б 7 8 9 10 Funded No. of actual No. of No. of nurses No. of registered No. with No. with Actual No. of nurses, No. of Valid Basic Bands of Nursing Vacancies in persons nurses with with other nurses nursing Valid registered Nurses, establishment Nurse currently paediatric intensive care with RSCN or assistants / Paediatric Advanced nurses less Nursing W.T.E. establishment intensive care qualification degree/diploma associates with Resuscitation Paediatric than 2 years in post Assistants/ W.T.E. qualification recognised by recognised and Life Resuscitation qualified. (record in e.g. AIC Associates whole or NIC NMC in children's paediatric Support and Life branch of nursing specific course Competencies Support numbers) Competencies Band 2 Band 3 Band 4 Band 5 Band 6 Band 7 Band 8 Other: Include other nursing staff who work regularly with PIC and have a Trust bank contract 2 Record BAND

Complete Part 2 overleaf

PICANet Staffing Study 2020 Nursing Establishment& Staffing Info v 1.9_01.10.2020

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PICANet Annual Report Appendices 2021

Part 2 Dedicated Roles

	Does your unit ha	oes your unit have the following persons in post: Circle res		response	Record the band and W.T.E of persons in post to deliver this role.
1	Family Suppor	t Nurses and Assistants	Yes	No	
2		raining, education and fessional development of staff	Yes	No	
3		amilies of children with complex nent needs going home.	Yes	No	
4	Advanced Paee	diatric Resuscitation Trainers	Yes	No	
5		ordinator responsible for discharge of children with needs	Yes	No If NO tick one box below:	
	Who has responsibility	a) Named PIC nurse			
	for discharge	b) Named PIC team			
	planning?	 c) Specialist team providing ca specific condition i.e. long term 			
		d) Hospital wide discharge pla	nning team		

If you have any additional queries please contact the PICANet Research Nurses: Caroline Lamming email: <u>crl4@leicester.ac.uk</u> or Lyn Palmer email: <u>slp60@leicester.ac.uk</u>

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

Please scan and return this completed form by email to <u>slp60@leicester.ac.uk</u> by MONDAY 30th November 2020 Then using the FREEPOST envelope supplied, please return the completed forms to-

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

PICANet Staffing Study 2020 Nursing Establishment& Staffing Info v 1.9_01.10.2020

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 high dependency if located in the same unit and staffed by the PICU shift staffing roster. The form collects information about the *qualified nurses and nursing assistants/associates* and the *skill mix* required to allow the PICU to admit and care for sick children.

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 qualified nurses, nursing assistants/associates (with appropriate competencies) included in the establishment to deliver clinical care to patients. EXCLUDE administrative, data and IT staff, housekeepers, Advanced Practice Practitioner's (APP's) and Trainee APP's.

- 1. The current combined, whole time equivalent, funded nursing establishment of persons working at this grade to deliver clinical care. Include all clinical nursing staff, nursing assistants/associates, any link nurses employed to give clinical care, any learners or nurses in training but only if not supernumerary.
- 2. The actual, 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. Record in whole numbers.
- 4. The number of nurses with a paediatric intensive care qualification currently in post. Include all specialist nurses in PIC with appropriate level competencies in paediatric critical care assessed through a validated accredited education and training programme. Record in whole numbers.
- 5. The number of nurses with other intensive care qualifications currently in post. Include all specialist nurses with appropriate level competencies in neonatal and adult intensive care assessed through a validated accredited education and training programme. Record in whole numbers.
- 6. The number of registered children's nurses currently in post to deliver clinical care. Include all nurses with an RSCN or degree or diploma in children's branch nursing recognised by the NMC. Record in whole numbers.
- 7. The number of nurses, nursing assistants/associates who have completed a recognised paediatric specific course of the appropriate level, currently in post to deliver clinical care. Include all nurses, nursing assistants/associates who have completed an in-house course moderated through PICS. Record in whole numbers.
- 8. The number of nurses currently in post with valid Basic Life Support or equivalent mandatory training. Record in whole numbers.
- 9. The number of nurses currently in post with valid Advanced Paediatric Resuscitation training e.g. APLS or EPLS or equivalent. Record in whole numbers.
- 10. The number of registered nurses who qualified within the previous two years. Record in whole numbers.

Please retain a photocopy of the completed form.

PICANet Staffing Study 2020 Nursing Establishment& Staffing Info v 1.9_01.10.2020

Please scan and return the completed form by email to Lyn Palmer PICANet Research Nurse email: <u>slp60@leicester.ac.uk</u> by **Monday 30/11/2020**

AND then return the completed forms in the *FREEPOST* envelope supplied



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 email <u>crl4@leicester.ac.uk</u> or Lyn Palmer email <u>slp60@leicester.ac.uk</u>

	_		
l. 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	Please scan and i		
Unit	completed form Palmer PICANet	by email to Lyn t Research Nurse	
Form completed by:	email: <u>slp60@le</u> by Monday 30/	icester.ac.uk	
Tel no:	AND then return		
Email address	forms in the FREEPOST envelope supplied.		
	envelope supplie	u.	

PICANet Staffing Study 2020 Other Professionals Survey Form v2.0_01.10.2020

WEEK COMMENCING

2nd November 2020



PICU Staffing Study 2020 Republic of Ireland ONLY

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

Medical Establishment Information:

Part 1a

Consultant grade

Number of staff Number of Combined W.T.E of staff currently Combined total W.T.E of in post vacant posts in post vacant posts Other Other clinical ICU clinical ICU Transport ICU Transport ICU Transport Transport care care substantive Paediatricians Consultant locum Paediatric Intensivists substantive Anaesthetists locum substantive Non-PICM consultants locum substantive Associate specialists/staff grade locum

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

Medical establishment information

Part 1b

			Number of	staff in post	Number of	vacant posts	medical esta	total WTE of ablishment in ost		otal W.T.E of t posts
			ICU	Transport	ICU	Transport	ICU	Transport	ICU	Transport
	CT A O	Paediatrics								
	ST 4-8 UK training scheme	Anaesthesia								
a		Other [please specify]								
Training grade	ST 4-8 equivalent, not on UK training scheme									
Traini	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 p medical rota	er week on		
			ICU	Transport	ICU	Transport	ICU	Transport		
taff	ANPs on medical e	stablishment								
Other staff	Physician Associate	es								

Part 2 Trainee Rota

1. Are the trainees on a full shift	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 rate, what rate not	ttorn are the trainees on?	Please tick app	propriate box				
If not on a full shift rota, what rota pattern are the trainees on?		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-complia							

If you have any additional queries please contact: Caroline Lamming email: crl4@leicester.ac.uk or Lyn Palmer email: slp60@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 30th November 2020 to:

FREEPOST RTHJ-ZYYG-BXRT PICANet (0593),

F.A.O: Lyn Palmer, PICANet Research Nurse University of Leicester,

Dept. of Health Sciences, University Road, LEICESTER, LE1 7RH



HOW TO FILL IN THE Medical Establishment Part 1 and 2 (Republic of Ireland only)

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

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

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

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

For consultant specialist staff:

- 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. The overall total number of staff (persons) on your PICU currently in post at this grade and the number of vacancies.
- 3. The combined whole time equivalents of staff currently in post at this grade and of vacant posts i.e. a doctor working half time will be 0.5 WTE.
- 4. If high dependency is located in the same unit and staffed by the PICU shift staffing roster record all WTE's as *ICU*. If high dependency is outside PICU and patient admission event data is not submitted to PICANet record WTE's as *Other clinical care*. This will also include general paediatric cover.
- 5. For PICU Consultants with allocated shifts for PIC transport record the WTE's as Transport.
- 6. Some consultants may be employed across 2 units or divisions (e.g. anaesthesia and PICU). WTE'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 email:crl4@leicester.ac.uk Or Lyn Palmer email: slp60@leicester.ac.uk Please scan and then return in *FREEPOST envelope* to:-

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

by Monday 30/11/2020

PICANet COVID-19/PIMS-TS Staffing Survey

This PICANet survey aims to capture the impact that COVID-19/PIMS-TS has had on the services provided by your PICU, specifically: change of use of the PICU, relocation of PICU, and movement of PICU based staff i.e. medical staff, qualified nurses, and clinical nursing assistants and associates.

As there were separate waves within the pandemic we have created separate sections for you to capture what happened in each. If you were not affected by particular waves then you will be able to state this. Guideline dates for the waves will be provided on each section.

As the survey covers different members of the multidisciplinary team, please designate one person responsible to co-ordinate and submit the completed survey. There are between 8-14 sections in total and it should take around 15 minutes to complete once you have all the information to hand. Please note that there is not the facility to add information and save, so please complete all sections of the form before reaching the end and pressing submit. We have provided a PDF hard copy for you to print and then obtain the information required before submitting the survey. Each PICU should complete the survey once. Please submit before 28/06/2021.

There are some free text sections in the survey for any comments you may have. Take care not to not include any personal data, e.g. staff names.

For any queries relating to the completion of the survey, contact Dr Lyn Palmer: slp60@leicester.ac.uk (mailto:slp60@leicester.ac.uk)

Start by entering your details below.

* Required

Start

1. Hospital Name (please spell out in full) *

2. Your Name and Role *

3. Your Email Address *

So we can contact you if we have any queries about your responses.

1st Wave - Bed Capacity

General guideline dates for this wave: 23rd March 2020 - End of June 2020.

4. Did your PICU accept any adult patients during 1st wave? *

Yes

O No

5. When were adult patients accepted during 1st wave (describe dates)? *

6. What mixture of patients did your PICU have during 1st wave? *

Adult patients only

A mixture of adult and paediatrics

Other combination (specify in next question)

7. Specify Other combination of patient type your PICU had during 1st wave (if ticked Other above): *

8. How many beds were open to Adult Patients overall during 1st wave?

(enter 0 if none)

The value must be a number

9. How many beds were open to Paediatric Patients overall during 1st wave? (enter 0 if none)

The value must be a number

 How many paediatric beds were closed during 1st wave? (enter 0 if none)

The value must be a number

11. Reason for bed closures during 1st wave (tick all that apply):

Increased adult intake

Staff redeployment

Staff sickness

Other (specify in next question)

N/A - no bed closures

12. Specify Other reasons for bed closure during 1st wave (if ticked Other above):

13. How many extra beds were opened in your unit during 1st wave? (enter 0 if none)

The value must be a number

1st Wave - Skill Mix	1st Wave - Relocation of PICU
General guideline dates for this wave: 23 rd March 2020 - End of June 2020	General guideline dates for this wave: 23rd March 2020 - End of June 2020
 14. Who cared for any adult patients in your unit during 1st wave? * Adult ICU Staff PICU Staff Mixture of Adult ICU and PICU Staff 	16. Did the children in your PICU relocate to another area during 1st wave? * Yes No
 Adult non ICU Staff Children's (non PICU) Staff Other (specify in next question) N/A - No adult patients 	17. Where were children relocated to during 1st wave? * Within the same hospital Another hospital within the same Trust Other (specify in next question)
15. Who else cared for adult patients during 1st wave (if ticked Other above):	18. Specify Other area children relocated to during 1st wave:

1st Wave - Staff Movement

23. How many of each staff type were relocated during 1st wave?

General guideline dates for this wave: 23rd March 2020 - End of June 2020

19. Did your PICU staff get relocated to other areas within	your Trust during 1st wave? *
---	-------------------------------

O Yes

O No

20. Where were PICU staff relocated to during 1st wave? (tick all that apply) *

Another PICU within the Trust

Children's Ward

Adult ICU

Other (specify in next question)

21. Specify Other area staff relocated to during 1st wave (if ticked Other above):

	1-2	3-4	5+	N/A - not relocated
Consultant	0	0	\bigcirc	\bigcirc
Associate Specialist / Staff Grade	0	0	0	0
ST 4-8	0	0	0	\bigcirc
ST 1-3	0	0	0	\bigcirc
Foundation Year 1-2	0	0	0	0
ANP	0	0	\bigcirc	\bigcirc
Band 8 Nurse	0	0	0	\bigcirc
Band 7 Nurse	0	0	0	\bigcirc
Band 6 Nurse	0	0	\bigcirc	\bigcirc
Band 5 Nurse	0	0	0	\bigcirc
Band 4 Nurse	0	0	0	\bigcirc
Band 3 Nurse	0	0	\bigcirc	\bigcirc
Band 2 Nurse	0	0	0	\bigcirc

22. Which staff were relocated during 1st wave? *

Medical Staff

O Nursing Staff

O Both Medical and Nursing

2nd Wave - Bed Capacity

General guideline dates for this wave: 5th Nov 2020 - 20th Dec 2020.

24. Was your unit affected by a 2nd wave? *

O Yes

O No

25. Did your PICU accept any adult patients during 2nd wave? *

O Yes

O No

26. When were adult patients accepted during 2nd wave (describe dates)? *

29. How many beds were open to Adult Patients overall during 2nd wave? (enter 0 if none)

The value must be a number

30. How many beds were open to Paediatric Patients overall during 2nd wave? (enter 0 if none)

The value must be a number

31. How many paediatric beds were closed during 2nd wave? (enter 0 if none)

The value must be a number

27. What mixture of patients did your PICU have during 2nd wave: *

Adult patients only

A mixture of adult and paediatrics

Other combination (specify in next question)

28. Specify Other combination of patient type your PICU had during 2nd wave (if ticked Other above): *

32. Reason for bed closures during 2nd wave (tick all that apply):

Increased adult intake

Staff redeployment

Staff sickness

Other (specify in next question)

N/A - no bed closures

33. Specify Other reasons for bed closure during 2nd wave (if ticked Other above):

34. How many extra beds were opened in your unit during 2nd wave? (enter 0 if none)

The value must be a number

2nd Wave - Skill Mix

General guideline dates for this wave: 5th Nov 2020 - 20th Dec 2020

35. Who cared for any adult patients in your unit during 2nd wave? *

O Adult ICU Staff

O PICU Staff

O Mixture of Adult ICU and PICU Staff

Adult non ICU Staff

O Children's (non PICU) Staff

Other (specify in next question)

O N/A - No adult patients

36. Specify who else cared for your adult patients during 2nd wave (if ticked Other above):

2nd Wave - Relocation of PICU	2nd Wave - Staff Movement
General guideline dates for this wave: 5th Nov 2020 - 20th Dec 2020	General guideline dates for this wave: 5th Nov 2020 - 20th Dec 2020
37. Did the children in your PICU relocate to another area during 2nd wave? *	40. Did your PICU staff get relocated to other areas within your Trust during 2nd wave? *
○ Yes	○ Yes
O No	○ No
38. Where were children relocated to during 2nd wave? *	41. Where were staff relocated to during 2nd wave? (tick all that apply) *
Within the same hospital	Another PICU within the Trust
Another hospital within the same Trust	Children's Ward
Other (specify in next question)	Adult ICU
	Other (specify in next question)
39. Specify Other area children relocated to during 2nd wave:	
	42. Specify Other area staff relocated to during 2nd wave (if Other ticked above):

43. Which staff were relocated during 2nd wave? *

Medical Staff

O Nursing Staff

O Both Medical and Nursing

44. How many of each staff type were relocated during 2nd wave?

	1-2	3-4	5+	N/A - not relocated
Consultant	0	0	0	0
Associate Specialist / Staff Grade	0	0	0	0
ST 4-8	\bigcirc	0	0	\bigcirc
ST 1-3	\bigcirc	0	0	\bigcirc
Foundation Year 1-2	\bigcirc	0	0	\bigcirc
ANP	\bigcirc	0	0	\bigcirc
Band 8 Nurse	\bigcirc	0	0	\bigcirc
Band 7 Nurse	\bigcirc	0	0	\bigcirc
Band 6 Nurse	\bigcirc	0	0	\bigcirc
Band 5 Nurse	\bigcirc	0	0	\bigcirc
Band 4 Nurse	0	0	0	0
Band 3 Nurse	0	0	0	0
Band 2 Nurse	\bigcirc	0	0	\circ

3rd Wave - Bed Capacity

General guideline dates for this wave: 6th Jan 2021 - end Apr 2021.

45. Was your unit affected by a 3rd wave? *

O Yes

O No

46. Did your PICU accept any adult patients during 3rd wave? *

O Yes

O No

47. When were adult patients accepted during 3rd wave (describe dates)? *

48. What mixture of patients did your PICU have during 3rd wave: *

Adult patients only

A mixture of adult and paediatrics

Other combination (specify in next question)

49. Specify Other combination of patient type your PICU had during 3rd wave: *

50. How many beds were open to Adult Patients overall during 3rd wave?

(enter 0 if none)

The value must be a number

51. How many beds were open to Paediatric Patients overall during 3rd wave? (enter 0 if none)

The value must be a number

52. How many paediatric beds were closed during 3rd wave?

(enter 0 if none)

The value must be a number

53. Reason for bed closures during 3rd wave (tick all that apply):

Increased adult intake

Staff redeployment

Staff sickness

Other (specify in next question)

N/A - no bed closures

54. Specify Other reasons for bed closure during 3rd wave (if ticked Other above):

5/27/2021

69

5/27/2021

55. How many extra beds were opened in your unit during 3rd wave? (enter 0 if none)

The value must be a number

3rd Wave - Skill Mix	3rd Wave - Relocation of PICU
General guideline dates for this wave: 6th Jan 2021 - end Apr 2021	General guideline dates for this wave: 6th Jan 2021 - end Apr 2021
56. Who cared for any adult patients in your unit during 3rd wave? *	58. Did the children in your PICU relocate to another area during 3rd wave? \star
Adult ICU Staff	○ Yes
O PICU Staff	○ No
Mixture of Adult ICU and PICU Staff	
Adult non ICU Staff	59. Where were children relocated to during 3rd wave? *
Children's (non PICU) Staff	Within the same hospital
Other (specify in next question)	Another hospital within the same Trust
N/A - No adult patients	Other (specify in next question)

57. Who else cared for adult patients during 3rd wave (if ticked Other above):

60. Specify Other area children relocated to during 3rd wave (if ticked Other above):

3rd Wave - Staff Movement

65. How many of each staff type were relocated during 3rd wave?

General guideline dates for this wave: 6th Jan 2021 - end Apr 2021

61. Did your PICU staff get relocated to other areas within your Trust during 3rd wave? *

O Yes

O No

62. Where were staff relocated to during 3rd wave? (tick all that apply) *

Another PICU within the Trust

Children's Ward

Adult ICU

Other (specify in next question)

63. Specify Other area staff relocated to during 3rd wave (if ticked Other above):

	1-2	3-4	5+	N/A - not relocated
Consultant	\bigcirc	0	\bigcirc	0
As sociate Specialist / Staff Grade	0	0	0	0
ST 4-8	\bigcirc	0	\bigcirc	0
ST 1-3	\bigcirc	0	\bigcirc	0
Foundation Year 1-2	\bigcirc	0	0	0
ANP	\bigcirc	0	0	0
Band 8 Nurse	\bigcirc	0	\bigcirc	0
Band 7 Nurse	0	0	\bigcirc	0
Band 6 Nurse	0	0	\bigcirc	0
Band 5 Nurse	\bigcirc	0	\bigcirc	0
Band 4 Nurse	0	0	0	0
Band 3 Nurse	\bigcirc	0	\bigcirc	0
Band 2 Nurse	0	0	0	0

64. Which staff were relocated during 3rd wave? *

O Medical Staff

O Nursing Staff

O Both Medical and Nursing

Further Comments

66. Feel free to add any further comments you may have here:

Take care not to not include any personal data, e.g. staff names.

This content is neither created nor endorsed by Microsoft. The data you submit will be sent to the form owner.

Microsoft Forms

O Data Access Requests Fulfilled January 2020-December 2020

Reference number	Name, Position and Place of work/study:	Data Request:	Level of Request
P033 HQIP 315	Barney Scholefield Clinical Scientist and PIC Consultant Birmingham Children's Hospital	NETPACK 2 & NETPACK 3 Targeted Temperature Management AUDIT	De-identified Individual Level Data
P015 HQIP 301	Simon Drysdale Consultant of Paediatric Infectious Diseases St George's Hospital	Human Metapneumovirus in PICU Admissions in the UK 2014-18	De-identified Individual Level Data
P049 IS043	Kate Brown Consultant Paediatric Intensivist PICS and NHS England	COVID-19 London - bed activity planning	Summary information
P050 IS066	Antonia Helen Cooper Clinical Policy Lead, National Clinical Policy team, Specialised Commissioning NHS England	COVID-19, Immunosuppressed patient calculation	Summary information
P053 IS046	Joe Brierly Consultant in Critical Care Great Ormond Street Hospital	Hyper inflammatory diagnoses within PICU	Summary information
P051 IS045	Kate Brown Consultant Paediatric Intensivist PICS and NHS England	Planning COVID-19 response within UK PICUs	Summary information

Reference number	Name, Position and Place of work/study:	Data Request:	Level of Request
P024 HQIP 299	Sally Cavanagh Clinical Information Manager NHS England	Paediatric Critical Care and Specialist Surgery in Children Service Review/ GIRFT Paediatric Critical Care Improvement Programme	De-identified Individual Level Data
P055 IS067	Michael Marsh Medical Director of Specialist Services London NHS England	Suicides: To establish whether COVID-19 and restrictions imposed to limit the virus' impact have caused an increase in suicide attempts within children and young people in the UK	Summary Data
P061 IS054	Padmanabham Ramnaryaran Paediatric Intensivist and Transport Lead CATS	Adults in PICU	Summary Data
P059 IS065	Peter Davis Chair of NHS England PICC Reference Group NHS England	Elective Surgery and Winter Planning	Summary Data

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

www.picanet.org.uk

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