WELSH INFORMATION STANDARDS BOARD

DSC Notice:	DSCN 2026 / 12
Date of Issue:	8th May 2026

Welsh Health Circular/Official Letter: None **Sponsor:** Dr Seema Srivastava, Executive Medical Director, Aneurin Bevan University Health Board **Implementation Date:** 31st March 2026	**Subject:** Paediatric Sitrep – Retirement

DATA STANDARDS CHANGE NOTICE

A Data Standards Change Notice (DSCN) is an information mandate for a new or revised information standard.

This DSCN was approved by the Welsh Information Standards Board (WISB) at its meeting on 19th March 2026.

WISB Reference: ISRN 2025 / 027

Summary:
To retire the formal collection of information pertaining Paediatric Sitrep Aggregate Proforma

Data sets / returns affected:

NA

Please address enquiries about this Data Standards Change Notice to the Data Standards Team in Digital Health and Care Wales

E-mail: data.standards@wales.nhs.uk

The Welsh Information Standards Board is responsible for appraising information standards. Submission documents and WISB Outcomes relating to the approval of this standard can be found at:

https://nhswales365.sharepoint.com/sites/DHC_DST/Lists/Information%20Standards%20Assurance%20Submission%20Log/AllItems.aspx

DATA STANDARDS CHANGE NOTICE

Introduction

As part of a review of aggregate proformas within the NHS Wales Data Dictionary, it has been determined that the Paediatric SITREP Aggregate Proforma is now obsolete. A new Respiratory SITREP has since been developed as part of the Unscheduled Care Dashboard, incorporating data on COVID, RSV, and Flu, which replaces both the Adult and Paediatric SITREPs.

Description of Change

To retire the formal collection of information pertaining Paediatric Sitrep Aggregate Proforma

Data Dictionary Version

The current release: version 4.25 of the NHS Wales Data Dictionary will be the final version published on the existing platform.

The NHS Wales Data Dictionary will be moved to a new and improved platform.
In the interim, please visit DHCW Data Standards to access notice publications or contact data.standards@wales.nhs.uk

Actions Required

Local Health Boards / Trust:

- To cease the formal submission of the Paediatric Sitrep Aggregate Proforma

Action for the Welsh Government Delivery & Performance Division:

- To cease the formal reporting of the Paediatric Sitrep Aggregate Proforma

Appendix A: Table reflecting areas that are impacted as a result of this DSCN

The following table shows where there are changes to the scope and/or definitions of applicable data sets, data items, terms and other associated areas that are linked with the changes documented within this DSCN.

Each data definition type is listed in alphabetical order and is shown in the sequence in which it appears in this DSCN.

Data Definition Type	Name	New/Retired /Changed	Page Number
Aggregate Proforma	Paediatric Sitrep Aggregate Proforma	Retired	4

Appendix B: Highlighted changes to be made to the NHS Wales Data Dictionary

Changes to the NHS Wales Data Dictionary are detailed below, with new text being highlighted in **blue** and deletions are shown with a ~~**strikethrough.**~~ The text shaded in **grey** shows existing text copied from the NHS Wales Data Dictionary.

Paediatric Bed State Sitrep Retired

Valid from: 27th January 2022

Valid to: 31st March 2026

Change History	-
DSCN 2022 / 07	Paediatric Sitrep

Return Submission Details
Information Requirements

Return submission details (Retired)

A paediatric sitrep to sit alongside the existing adult COVID-19 sitrep to provide system wide capacity data across all NHS organisations. The paediatric sitrep is to be collected on a daily basis and used to monitor system pressure and aid decision of provision of mutual aid and system response.

This data collection encompasses acute paediatric services including general paediatric and critical care units, comprising paediatric critical care units/beds (at all levels), special care baby units and neonatal units. The standard applies to all sites operating these services

Data should be collected and submitted by all health boards that fall within scope, and at site level, i.e. one submission for each site operating paediatric / neonatal services. The data collection proforma can be found here:

Paeds data template live v2.2.xlsm

Data is to be submitted to Digital Health and Care Wales (DHCW), via the process described below, to collate and forward to Welsh Government and relevant NHS bodies.

The deadline for submissions is 11.30 each day, based on an 11am snapshot position. Note that this is a strict deadline to ensure the data can be processed and extracted for reporting to Welsh Government by 12pm. Submissions will therefore be accepted between 11.30am and 12pm.

Data is to be collected each day of the week, including weekends. Data collected on Saturdays and Sundays is reported to Welsh Government on the following Monday. Weekend data can either be submitted to DHCW on the day collected or on the following Monday. Data for Bank Holidays is usually reported to Welsh Government on the following working day, but please refer to direct communications from DHCW and Welsh Government for latest details of current expectations.

Please use the enclosed proforma for data collection, and submit to DHCW in accordance with the process described as follows:

Open the most recent version of the paeds data template. If prompted, open as read only and Enable Content.

The form is defaulted to today's date. If you are submitting data for a previous date or a resubmission of today’s data, please select the check box next to the Update Date column.

Once you have completed the form please save it locally before submitting it to DHCW

via the portal using the link below:

https://forms.office.com/Pages/ResponsePage.aspx?id=uChWuyjjgkCoVkM8ntyPrm78VGNfyJBFu_zxWGTclPxUN0IwMUVPT09KS1JITlkyMlZWWTQ2NkUwMC4u

Information Requirements Retired

1. Capacity (based on the type of commissioned bed) Retired Capacity should reflect the commissioned number of beds at the census time each day
1.1 Paediatric critical care - commissioned capacity
The commissioned number of critical care beds, whether vacant, occupied or closed (see below for definition of closed beds). Critical care beds are staffed based on the following nurse to child ratios: • Level 3 - 1:1 • Level 2 - 1:2
1.2 General acute paediatrics - commissioned capacity
The number of commissioned general acute paediatric ward and assessment unit beds, whether vacant, occupied or closed (see below for definition of closed beds). Ward beds occupied by patients requiring enhanced care are staffed based on the following nurse to child ratio: • Level 1 – 1:3 or 1:4 dependent on patient mix
1.3 Neonatal - commissioned capacity
The number of commissioned neonatal care beds, whether vacant, occupied or closed (see below for definition of closed beds). Neonatal cots should be staffed based on the following nurse to baby ratios: • Intensive Care 1:1 • High Dependency 1:2 • Special Care 1:4

2. Occupancy (based on level of care provided) Retired
2.1 Paediatric critical care - Level 3
Number of beds occupied by patients receiving advanced critical care through invasive ventilation.
2.2 Paediatric critical care - Level 2 intermediate critical care (HDU level 2)

Number of beds occupied by patients receiving intermediate critical care through • Care of tracheostomy • Non-invasive ventilation (CPAP/BiPAP) • Long term ventilation via a tracheostomy

2.3 Paediatric critical care - Temporary Level 2/3 beds outside critical care unit
Number of beds occupied by patients receiving intermediate/advanced critical care in other settings, e.g. patients intubated in theatre or holding area.
2.4 Level 1 basic enhanced care (HDU level 1)
Number of beds occupied by patients receiving basic enhanced care through • Oxygen therapy plus continuous pulse oximetry plus ECG monitoring • Nasal high flow therapy
2.5 General medical/surgical paediatrics
Number of beds occupied by patients receiving non-critical care treatment on a general medical/surgical paediatric ward.
2.6 Paediatric assessment unit
Number of beds occupied by patients receiving non-critical care treatment on a paediatric assessment unit.
2.7 Neonatal intensive care
Number of cots occupied by babies receiving intensive care. Neonatal intensive care is care provided for babies who are the most unwell or unstable and have the greatest needs in relation to staff skills and staff to patient ratios. This includes any day where a baby receives any form of mechanical respiratory support via a tracheal tube, both non-invasive ventilation (e.g. nasal Continuous Positive Airway Pressure (CPAP), SIPAP, Bilevel Positive Airway Pressure (BIPAP), nasal high flow) AND Parenteral Nutrition (PN), day of surgery (including laser therapy for retinopathy of prematurity (ROP)) and on day of death or any conditions listed as per BAPM categories of care.
2.8 Neonatal intensive care stabilisation
Number of stabilisation cots occupied by babies receiving intensive care as per the definition of neonatal intensive care above.
2.9 Neonatal high dependency
Number of cots occupied by babies receiving high dependency care. High Dependency care is provided for babies who require skilled staff but where the ratio of nurse to patient is less than intensive care. This care takes place in a neonatal unit where a baby does not fulfil the criteria for intensive care but receives any form of non invasive respiratory support (e.g. nasal, CPAP, SIPAP (infant flow system with multiple modalities), BIPAP, nasal High Flow, parenteral nutrition orcontinuous treatment of their condition as per BAPM categories of care.
2.10 Neonatal special care

Number of cots occupied by babies receiving special care. Special Care is provided for babies who require additional care delivered by the neonatal service but do not require either intensive or high dependency care. It includes babies receiving oxygen via low flow nasal cannula, feeding by nasogastric tube, jejunal tube, or gastrostomy, continuous physiological monitoring, care of stoma, presence of an intra-venous (IV) cannula, receiving phototherapy or special observation or physiological variables at least 4 hourly.

3. Additional definitions Retired
3.1 Additional capacity
The number of additional beds that can be staffed and made available (excluding those reported as part of current capacity). This should change dynamically in line with local response plans, e.g. beds available from 24 hours onwards today that are subsequently made available should move to current capacity.
3.2 Total potential capacity
Calculated field: (total commissioned beds) + (additional beds that can be staffed from 24 hours onwards) This denotes the total potential additional capacity available in addition to current capacity.
3.3 Beds occupied by CAMHS, eating disorders and safeguarding patients
Of the total number of beds occupied, the number occupied by patients requiring additional nursing support for: • CAMHS • Eating disorder • Safeguarding
3.4 Delayed transfers of care
The number of delayed transfers of care >4 hours after the reported time fully ready for discharge (or step down/up to next level of care).
3.5 Closed and flexed beds
The number of beds closed or flexed for any reason including staffing. As well as for reporting the number of closed beds, this section should also be used to illustrate where acuity of casemix necessitates changes to the numbers of beds at each level of care from the commissioned baseline, e.g. if a bed is flexed from level 3 to level 2, the number of closed beds at level 3 should be increased, and the number closed at level 2 decreased, even if that means reporting a negative value. Note that any paediatric beds occupied by adults should also be reported as closed as these will be reported on the adult sitrep.
3.6 Vacant beds

Calculated field: (total commissioned beds) - (total occupied) - (closed beds) Note that, when beds are flexed from the commissioned baseline, the number of vacant beds may show a negative value, e.g., where a patient requires level 3 care at a site where there are no commissioned level 3 beds, and bed occupancy is therefore greater than the commissioned capacity.
3.7 % Occupancy
Calculated field: (total occupied) / [(total commissioned beds) - (closed beds)]
3.8 Escalation status
The escalation status values for the unit/ward, as defined by NHS Wales Operational Pressure Escalation Levels (OPEL). This column should be completed for all *relevant* rows for the hospital, i.e. if each row constitutes a separate unit, complete for each row, otherwise complete total row. Both the escalation status and staff declaration category should be supplied in the same cell, e.g. 1A, 3.1B, etc. Please see link to OPEL sheet below for details of the applicable values.
https://dhcw.nhs.wales/information-services/information-standards/data-standards/data-standards-files/all-wales-paediatric-opel-levels-october-2021-pdf/
3.9 Staff shortfall
The number of staff short of agreed establishment. This complements the escalation status staffing category with additional details of staffing pressures.
3.10 Supporting information
A free text comments box for any further information to support the submission, e.g., reasons for changes in capacity, closed beds, or DToCs, as well as any additional capacity, such as stabilisation cots. Please use this column freely to provide as relevant much information as possible, up to 500 characters. Note that supporting information must be supplied when any cell in the relevant row turns red to denote that it requires validation.