



Patient Profile Data

31st January 2018

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Introduction

Alder Hey Children's NHS Foundation Trust is committed to creating an environment which is inclusive, supportive and friendly to everyone within our communities, whether patients, parents, carers or staff. A key priority for Alder Hey is providing the best possible experience to our children, young people and families.

The purpose of this report is for the Trust to evidence its commitment to the principles of the NHS Constitution and compliance with the general equality duty across our service functions.

The NHS is founded on a common set of principles and values that bind together the communities and people it serves – patients and public – and the staff who work for it. Seven key principles guide the NHS in all it does. They are underpinned by core NHS values which have been derived from extensive discussions with staff, patients and public. The NHS Constitution establishes the principles and values of the NHS in England (NHS Constitution 2012).

The first of these principles states “The NHS provides a comprehensive service available to all irrespective of gender, race, disability, age, sexual orientation, religion and belief. It has a duty to each and every individual that it serves and must respect their human rights. At the same time, it has a wider social duty to promote equality through the services it provides and to pay particular attention to groups or sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population”.

In addition, the Equality Act 2010 public sector equality duty (s149) states that in the exercise of their functions, public authorities must have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act;
- advance equality of opportunity between people who share a protected characteristic and those who do not;
- Foster good relations between people who share a protected characteristic and those who do not.

This report produces data based on admissions and attendances data that we have available generated from Meditech 6 including **age, ethnicity, religion and belief and gender**.

In regards to **Transgender and Disorders of Sexual Differentiation** at Alder Hey there is a group of children with Disorders of Sexual Differentiation – due to a diverse range of genetic and biochemical disorders. These children

are cared for by a multidisciplinary team consisting of geneticists, endocrinologists, psychologists, specialist nurses, and surgeons. The nature of their conditions is such that sexual identity is sometimes unclear during childhood. These children and their families are cared for in a supportive environment that respects the child's and family's cultural and social background whilst allowing children to make the right choices for themselves as they mature. Information is necessarily treated with extreme sensitivity and, having listened to the children and families we care for we keep this information extremely confidential.

The patient data is from **1 December 2016 to 30 November 2017**.

Summary of findings

The data suggests that the majority of **inpatients are 0-2 years** and the majority of **outpatients are 6-10 years**. The data suggests that the majority of our patients are **males** compared to females and of **White British** ethnicity.

The data suggests that age and gender may influence the likelihood of a child being susceptible to particular health conditions and treatment as detailed in the report.

Demographic Data:

The report is not dissimilar to previous reports, the recommendations remain the same.

Do Not Attend (DNA's):

With some exceptions, the DNA's are in the most socially deprived areas of Liverpool and are the same areas as previously reported.

Languages:

The first 5 languages are the same for telephone and face to face interpretation.

Learning Disability:

There is an expectation that with an acute liaison team on site there will be an increase in the number of children and young people identified as needing reasonable adjustments.

Recommendations:

Sexual orientation: A new information standard published on 5th October 2017 <https://www.england.nhs.uk/about/equality/equality-hub/sexual-orientation-monitoring-information-standard/> provides the categories for recording sexual orientation for young people aged 16+. IM&T, inpatient, outpatient teams need to agree a SOP for implementing this.

Disability or long term health condition: The NHS Data Dictionary codes could be cross referenced with the nursing assessment that records this information; we could then set up the appropriate reports. Some codes could also be cross referenced with reports already produced. Nursing team, IM&T and informatics need to progress this.

Learning Disability: From January 1st 2018 Alder Hey have an acute liaison team that is based on site to support the needs of children, young people and their families as they access acute services. The team will support the identification of need through the agreement of the child and family/ carers to apply a 'special indicator' on the patient record system. Access to reasonable adjustments will be considered proactively when possible to support the child's care. This work forms part of the CCG hosted Liverpool Acute Liaison Network. The network aims to benchmark practice across all acute sites to support standardised, and continuity of care for patients following the original CQUIN.

Gender to include Indeterminate Category: The Disorders of Sex Development (DSD) team need to discuss how best to record this so this can be reported on an annual basis.

Preferred Name: IM&T, inpatient, outpatient and ED staff need to discuss if this could be recorded on the Trust system and used.

Pregnancy: Pregnancy testing is carried out for young people aged 12+ where relevant. We will run a report to identify the number of young people who are/have been pregnant during the data collection period.

Language/Communication Needs: The outpatient team are working with IM&T to produce a standard operating procedure (SOP) to enable them to record if an interpreter is required. Further work is required to implement the Accessible Information Standard (AIS) that is a legal requirement from July 2016 <https://www.england.nhs.uk/ourwork/accessibleinfo/>

The AIS requires that we **record the communication needs** of patients, parents, carers and ensure these needs are met via appointment letters, patient information and booking of interpreters (not including language).

We need to ensure there is a **robust process for booking interpretation and translation services (including languages)**. The Interpretation and Translation Policy is due for review, use of language line services and process will be reviewed. The quality of this provision needs to be monitored.

We need to **improve recording ethnicity and religion or belief** as the number of 'not stated' or 'not known' categories continues to be high. The % of 'not stated' needs to be monitored at divisional level.

We need to ensure that **transgender** patients are aware of the importance of disclosure (if their gender identity differs from sex assigned at birth) when necessary to do so to their clinician and we need to consider how best to record this personal sensitive information. The best way of achieving this will be discussed with relevant stakeholders and commissioners.

This report should be shared with divisions for information and action where relevant.

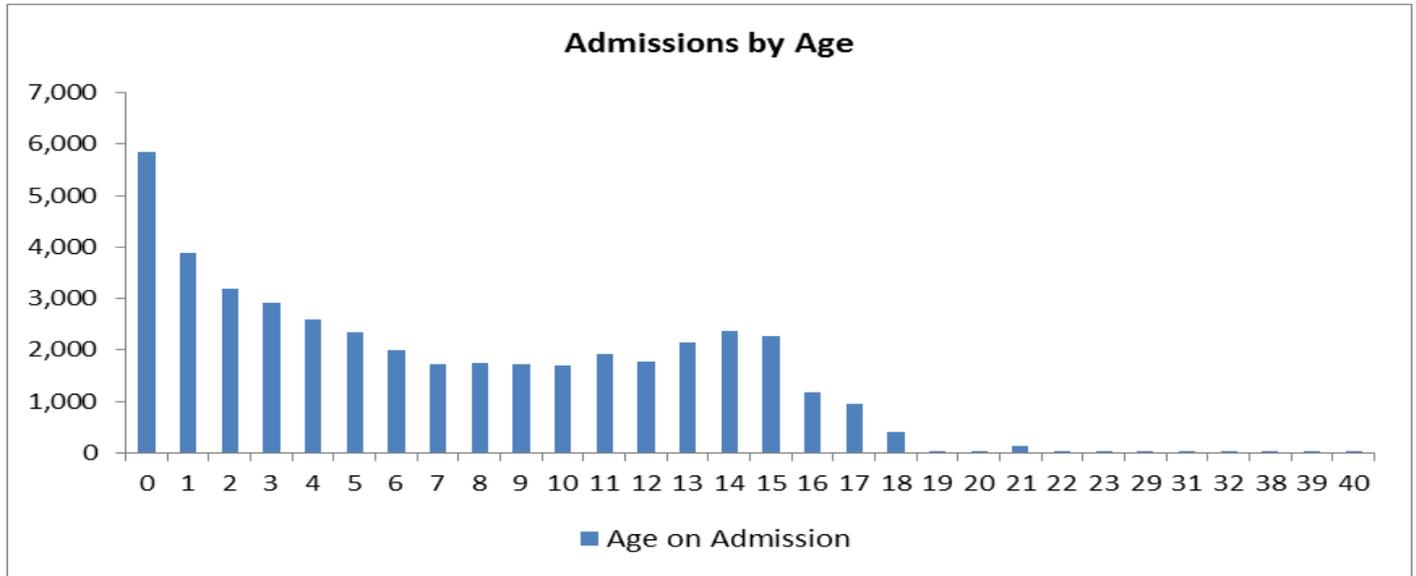
We will continue to support our teams to try to ensure the care we provide is effective and accessible for all. In so doing we will strive to further improve our data collection systems and processes to give us a greater understanding of the requirements of the populations we serve.

An action plan with an executive sponsor and accountable leads should be revised based on the findings and data monitoring priorities identified in this report.

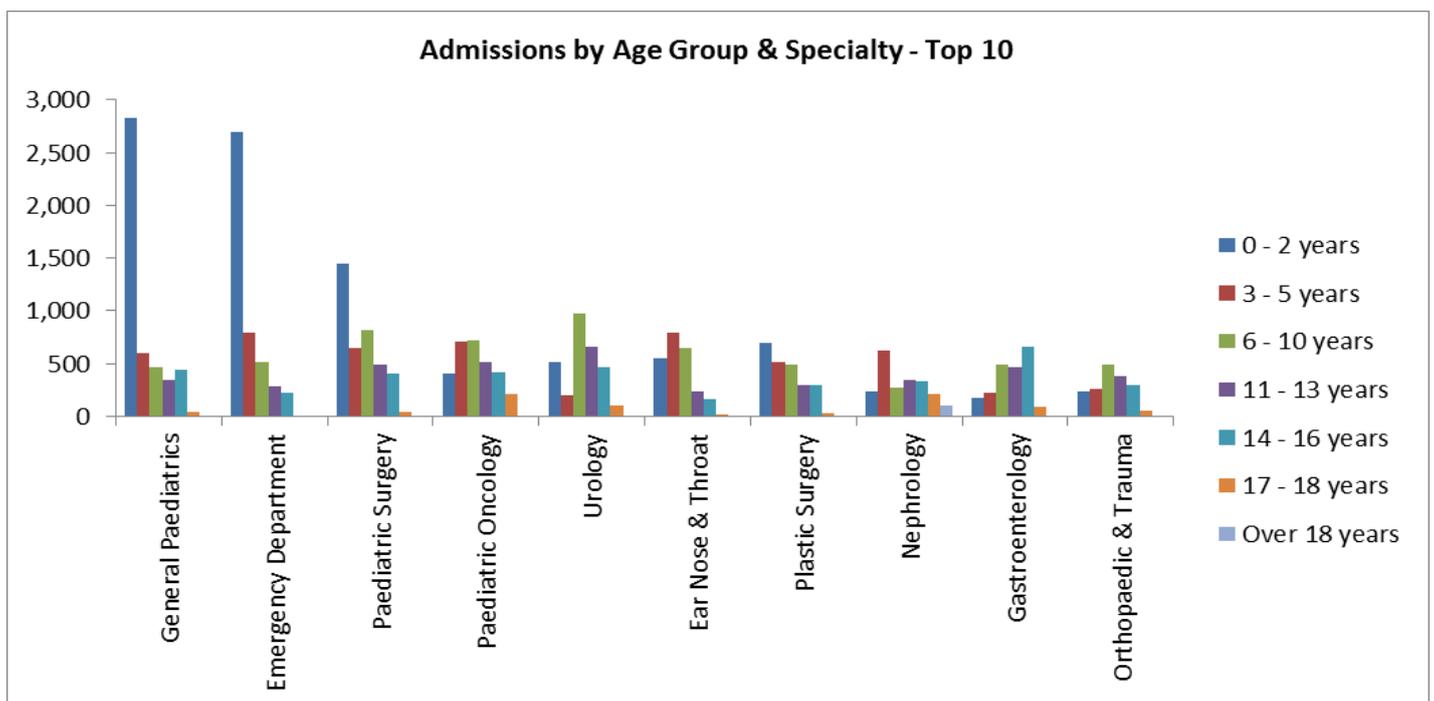
INPATIENT DATA

Admissions by Age

Total number of inpatient admissions was 42,935 (compared to 40,120 last year). The highest inpatient stay is age band 0-2 years followed by 6-10 years, same as last year's report.



Number of Admission	0 - 2 years	3 - 5 years	6 - 10 years	11 - 13 years	14 - 16 years	17 - 18 years	Over 18 years	Total
Total	12923	7873	8902	5831	5811	1400	195	42935

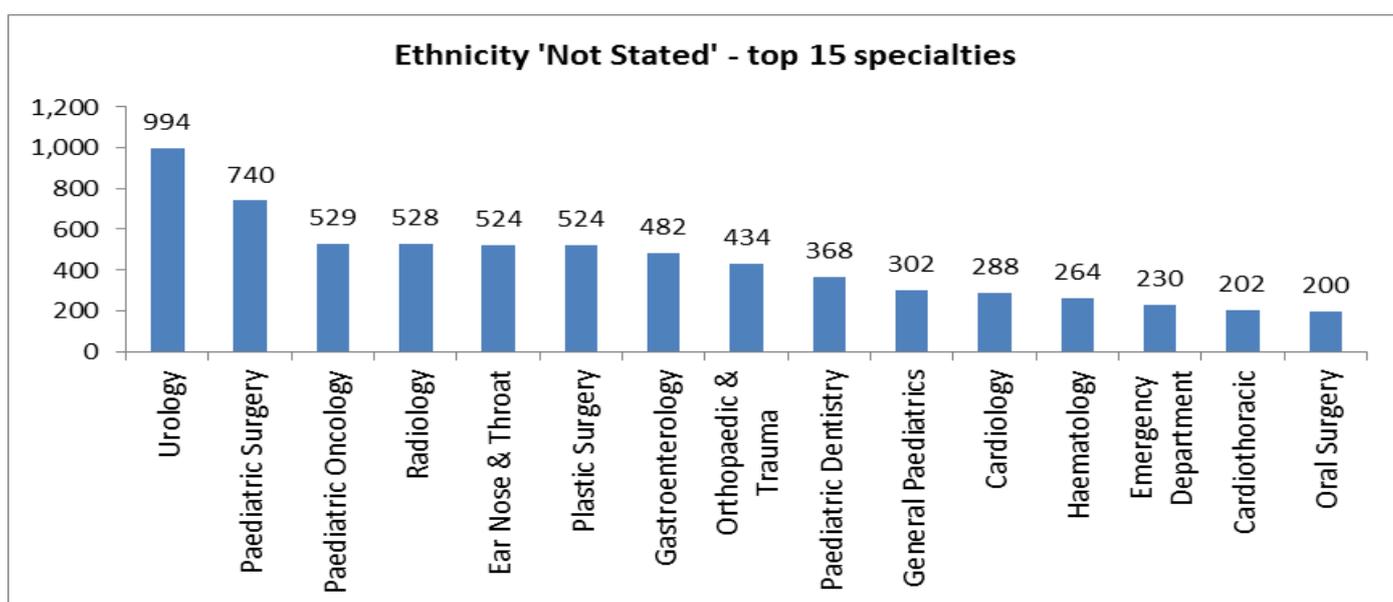


Admissions are significantly higher for age band **0-2 years** in the emergency department, general paediatrics, plastic surgery and paediatric surgery as reported last year. Admissions for Urology, Orthopaedics & Trauma clinics are high for age band **6-10 year** olds as reported last year. Admissions for paediatric oncology and ENT (ear, nose and throat) and nephrology are higher for age band **3-5 year** olds. Gastroenterology is particularly higher for age **14-16 year** olds.

Admissions Ethnicity

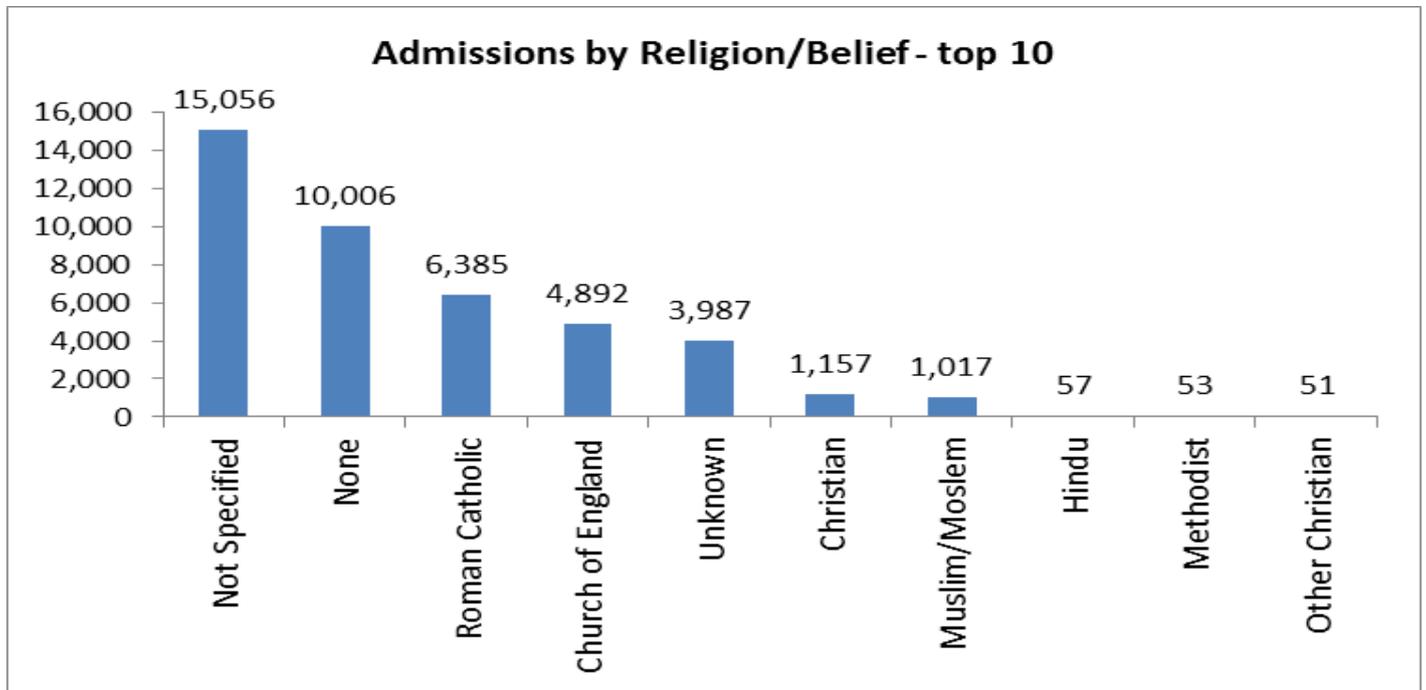
The Ethnicity codes reflect the NHS Data Dictionary. However, as reported in previous years we need to improve recording the ethnicity of inpatients.

NHS Ethnic Origin Description	Total	% of total recorded
British	31709	74%
Not stated	7855	18%
Any other ethnic group	1122	3%
Any other white background	431	1%
African	319	1%
Any other mixed background	212	0%
Pakistani	201	0%
Chinese	199	0%
Any other Asian background	178	0%
Any other Black background	166	0%
White and Black African	111	0%
Irish	106	0%
Indian	99	0%
White and Asian	98	0%
White and Black Caribbean	80	0%
Bangladeshi	44	0%
Caribbean	5	0%
Total	42935	



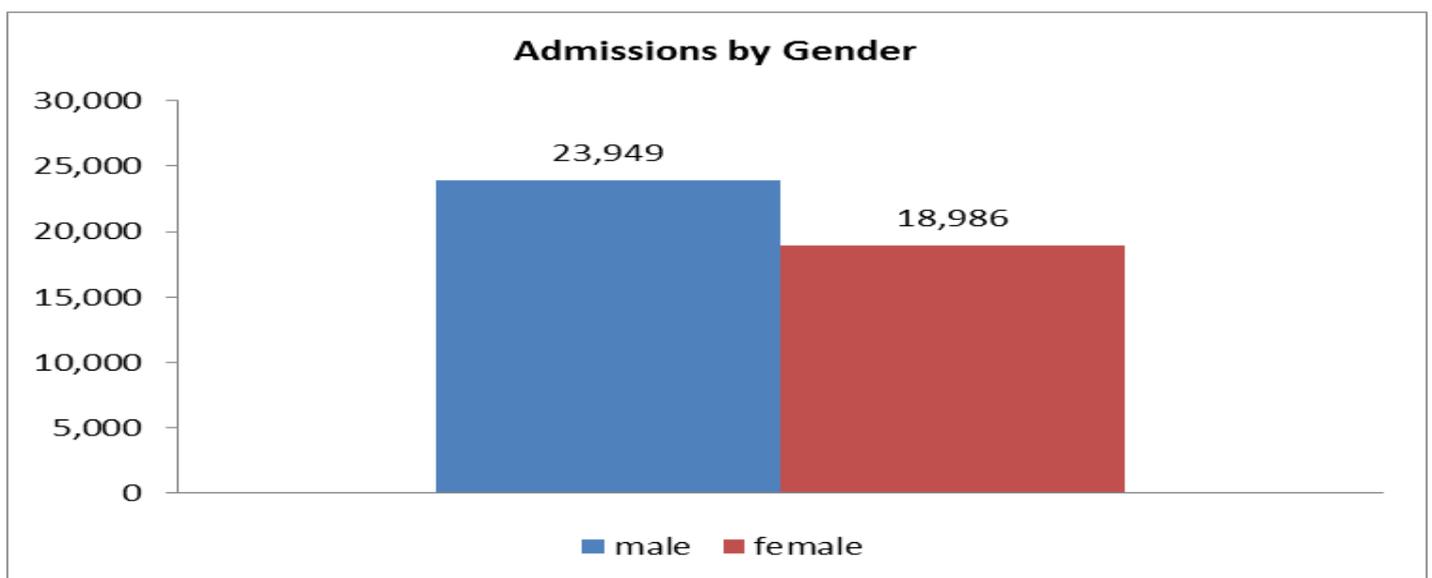
Admissions by Religion and Belief

We need to improve recording religion and belief of inpatients. This is the top 10 reported



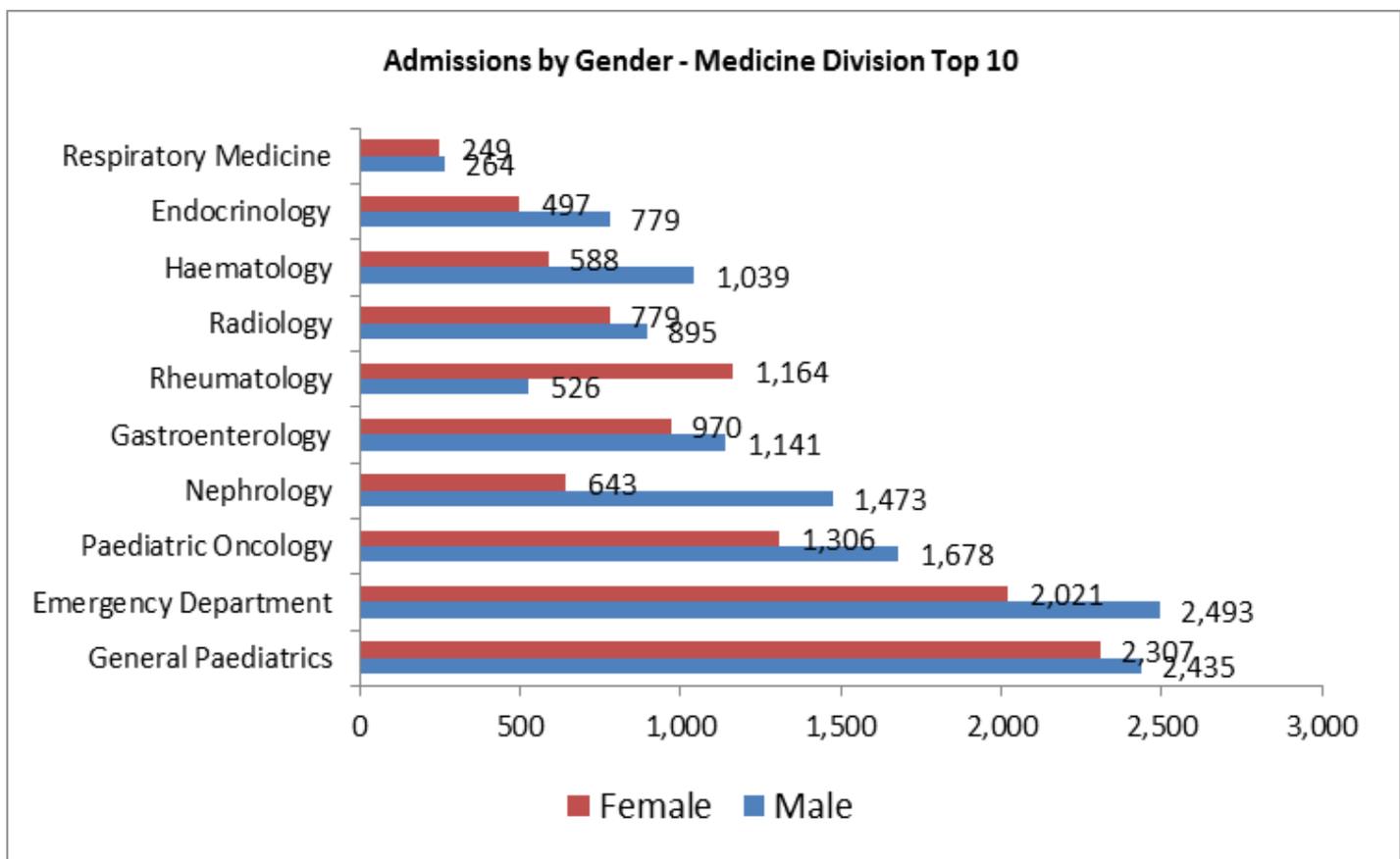
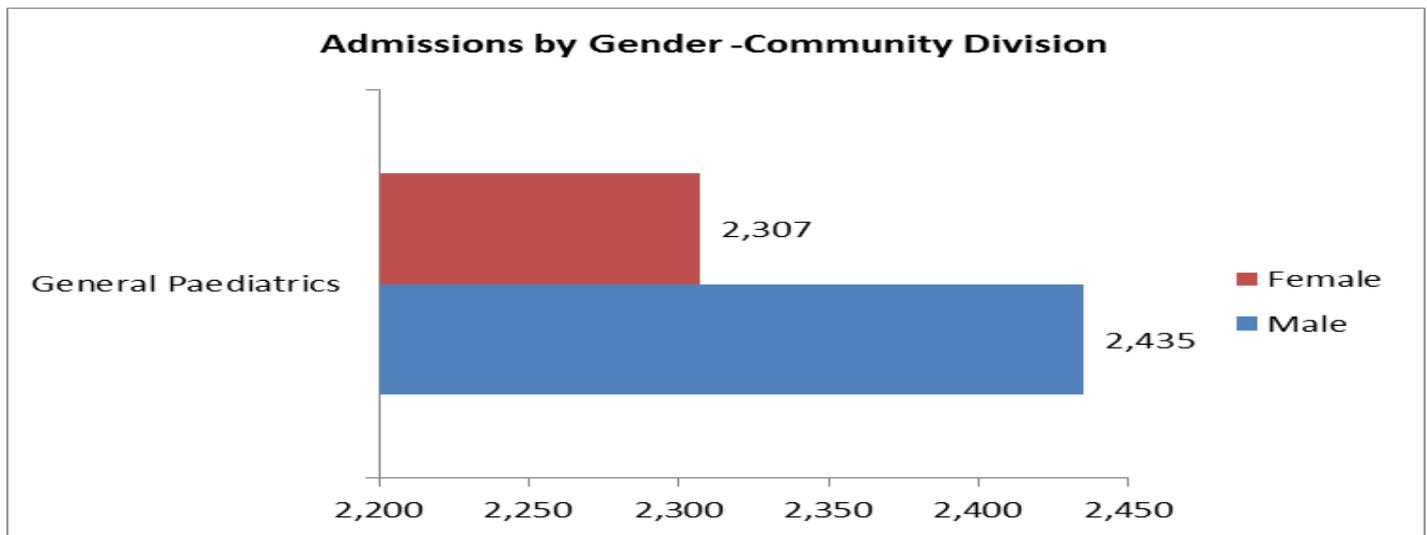
Admissions by Gender

The highest category of admissions is male compared to female.

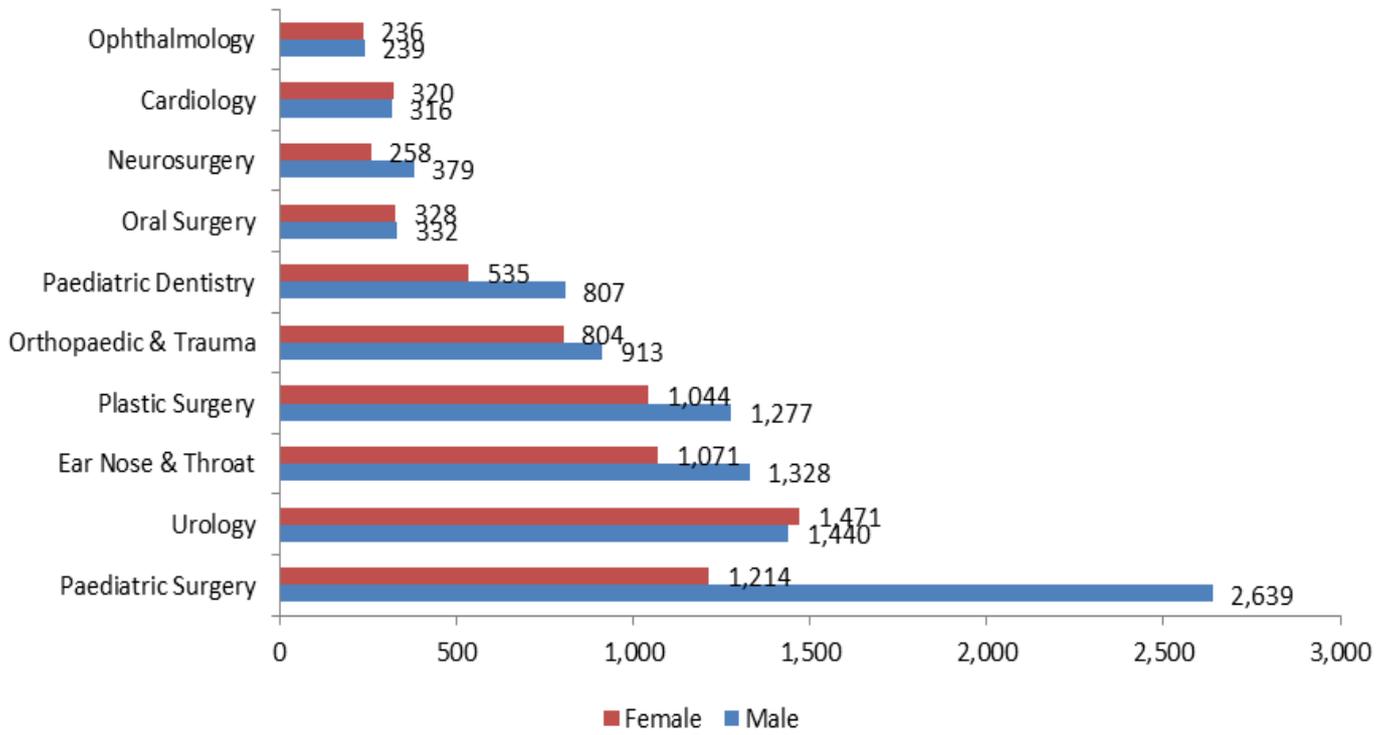


Admissions by Gender & CBU

The following graphs show that the majority of male and female admissions are in general paediatrics, followed by ED, paediatric oncology (Medical CBU) and paediatric surgery (Surgical CBU). There are a significant higher number of **males** compared to females in **paediatric oncology, nephrology, haematology, paediatric surgery** and **ED** and a higher number of **females** compared to males in **rheumatology**.



Admissions by Gender - Surgery Division Top 10

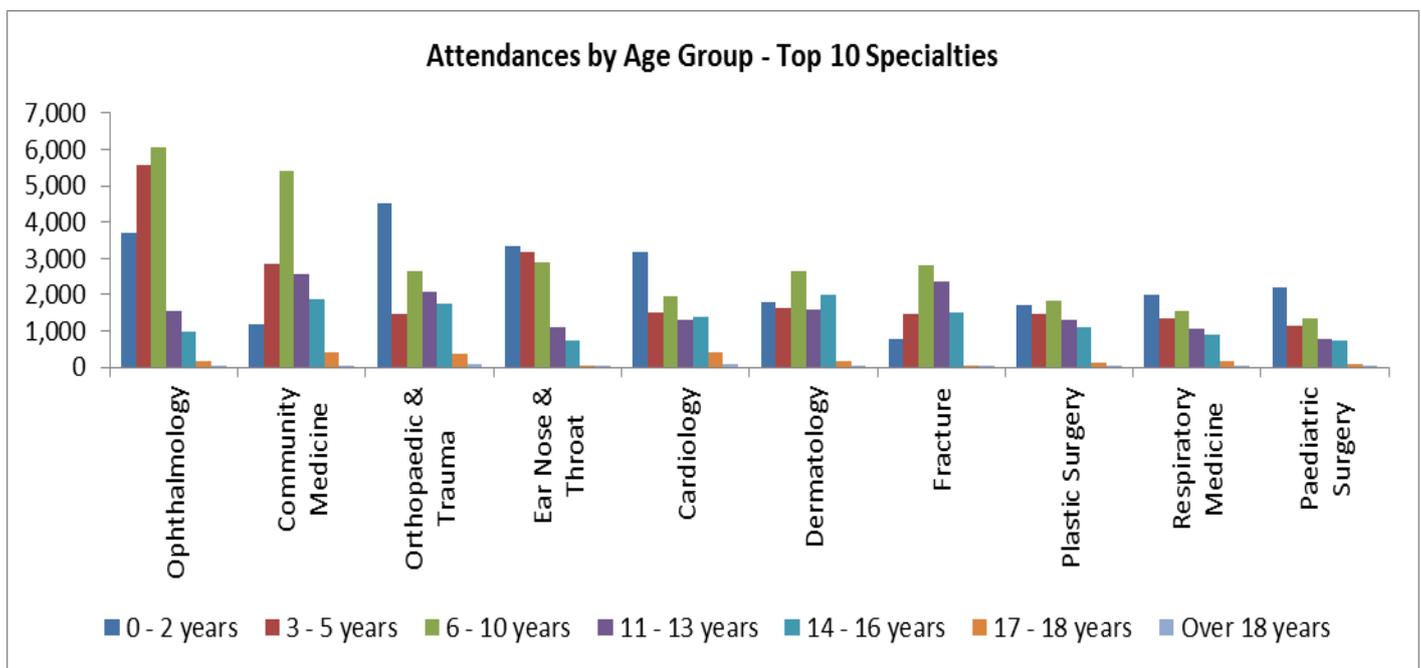


OUTPATIENT DATA

Attendance by age

The total number of outpatient attendances (excluding Child & Adolescent Psychiatry) was 185,101 (compared to 168,724 last year and 151,333 in 2015)

Age Groups	0 - 2 years	3 - 5 years	6 - 10 years	11 - 13 years	14 - 16 years	17 - 18 years	Over 18 years
Number of Attendances	43134	34963	48402	27314	24997	5053	1238



The highest attendance by age band is **6-10 years**, same as last year, with highest attendance as also reported last year in community medicine, ophthalmology. This age group continues to be highest in dermatology and fracture clinics. Different to last year, the highest age group in ENT is no longer 3-5 years but marginally **0-2 years**.

Attendance continues to be significantly higher in orthopaedic & trauma, cardiology, paediatric surgery and respiratory medicine for **0-2 year's** age group.

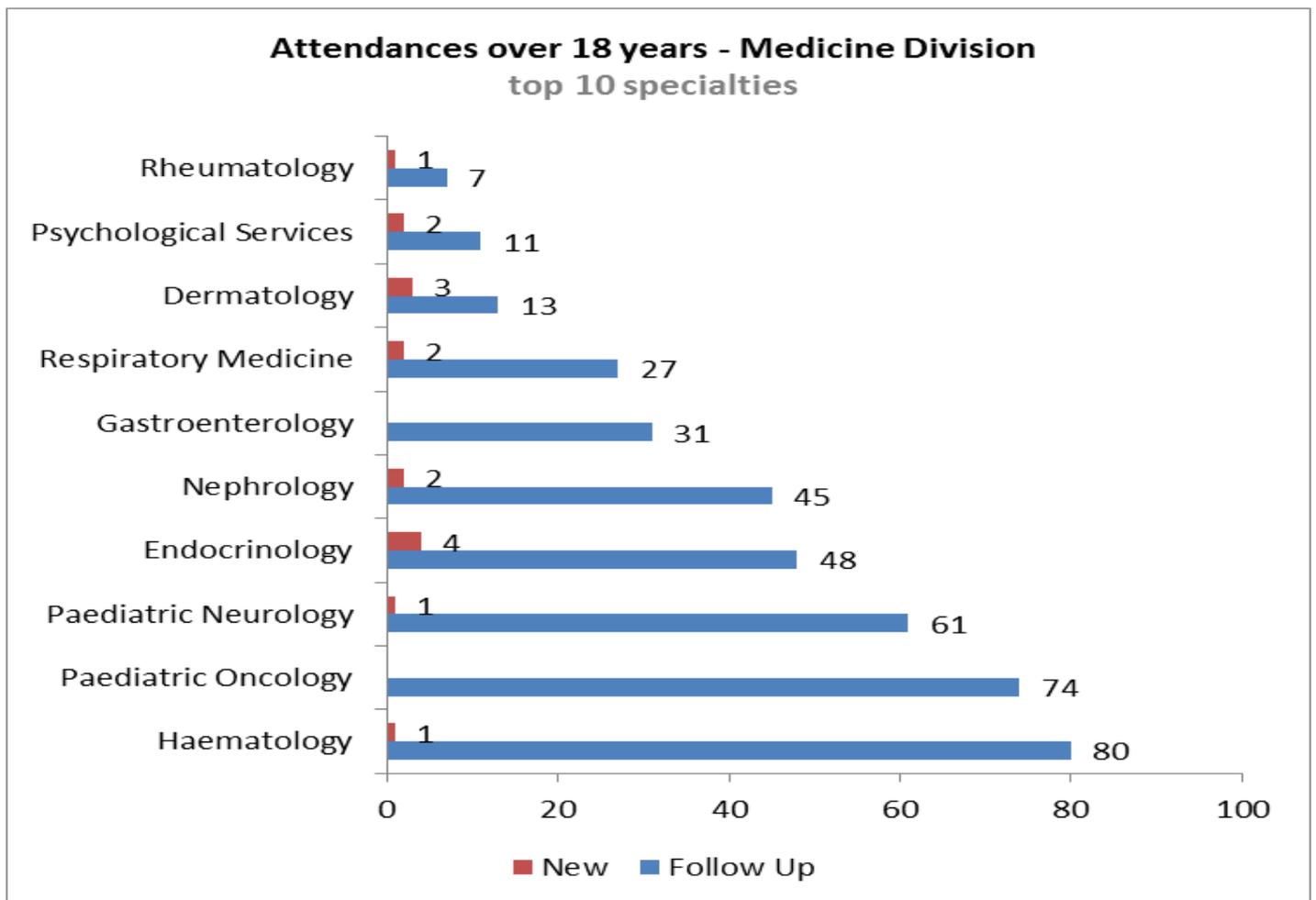
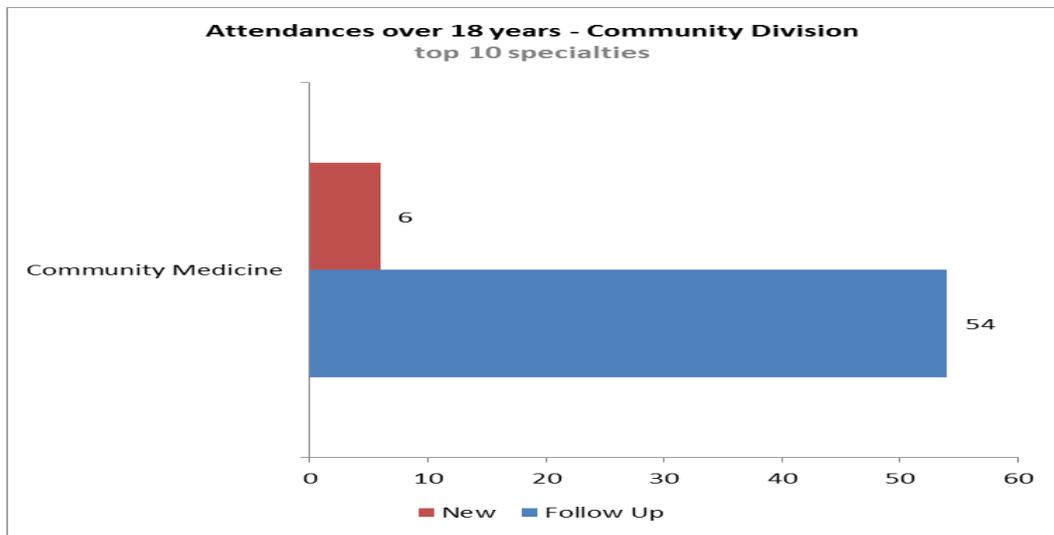
Attendance is significantly higher in ophthalmology, community medicine and dermatology for **6-10 years** old.

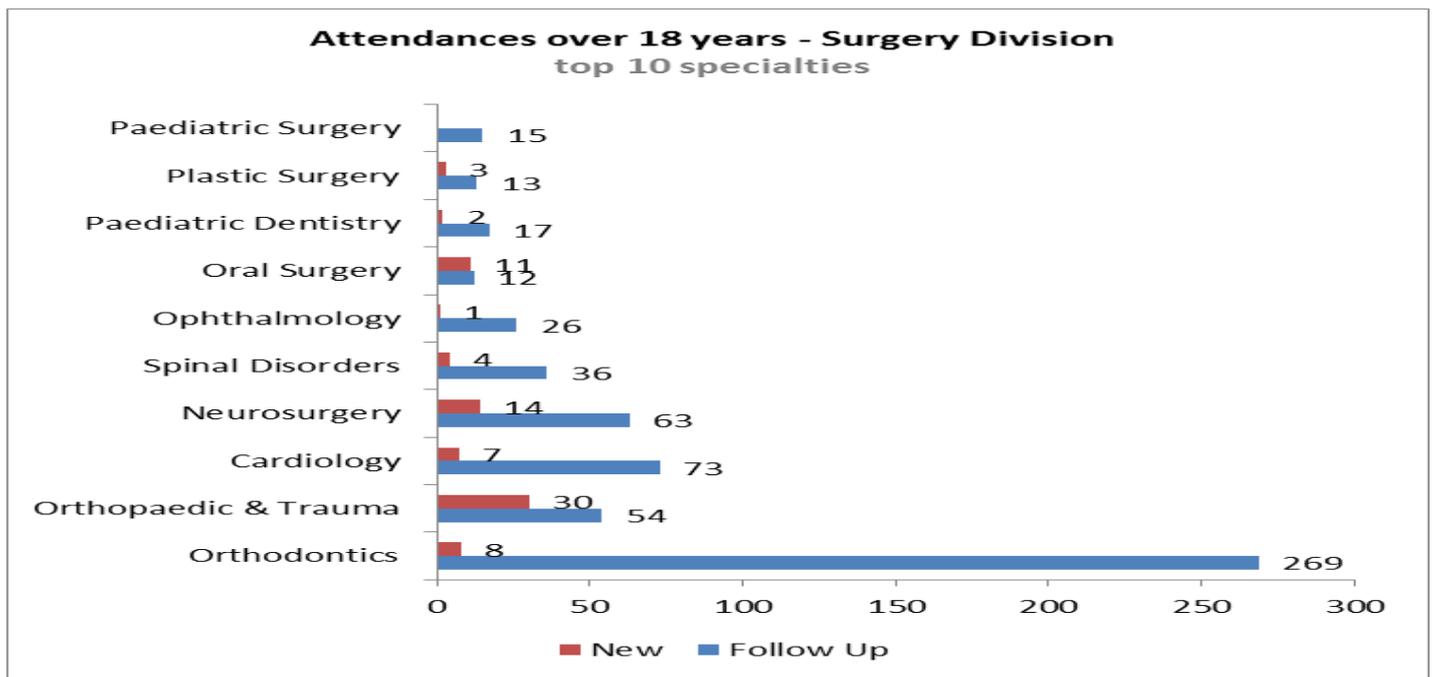
Young People aged **14-16 years** are higher in dermatology and fracture clinics and 11-13 years in fracture clinic also. There are a small number of **17-18 year** olds and these are mainly our cardiology patients and in community medicine.

Age group **3-5 year** olds attendance is higher in ophthalmology, ENT clinics and community medicine.

Over 18 outpatient attendances by CBU

Overall, the CBU having the highest total for attendance by over 18's is Surgery CBU.

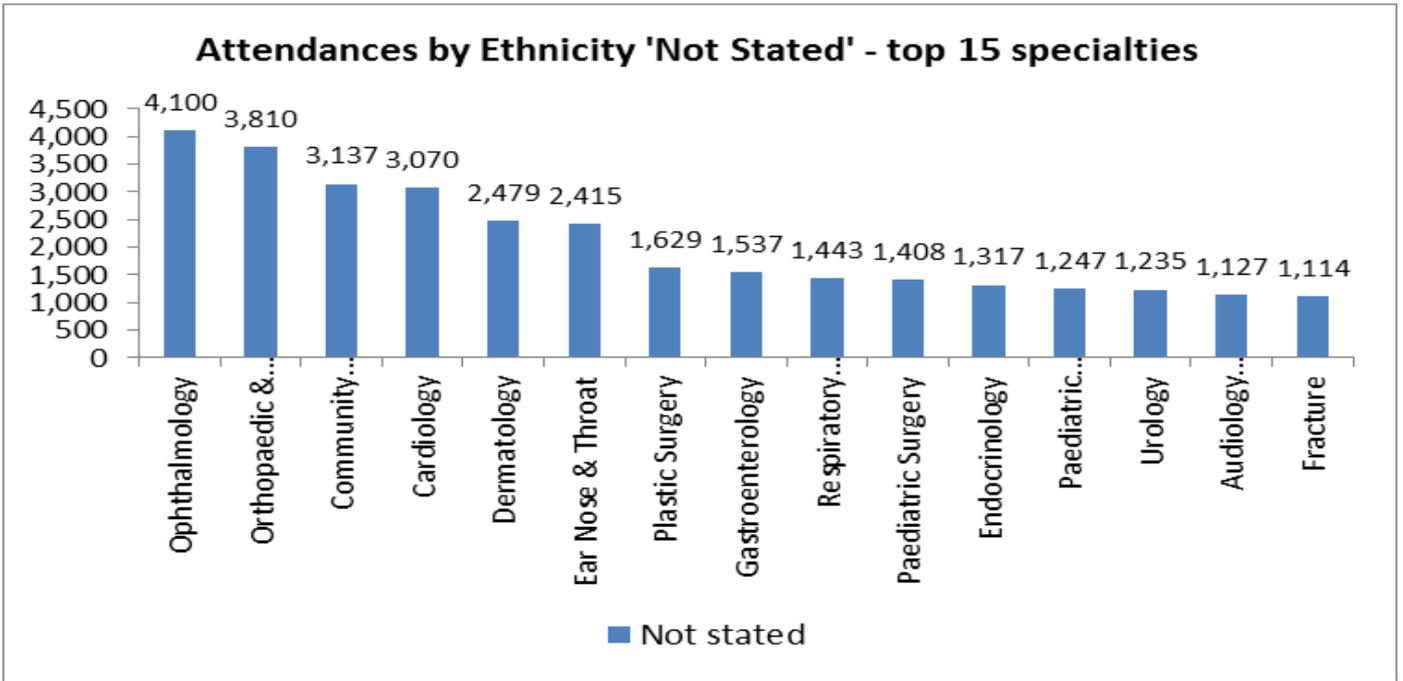




Attendance by Ethnicity

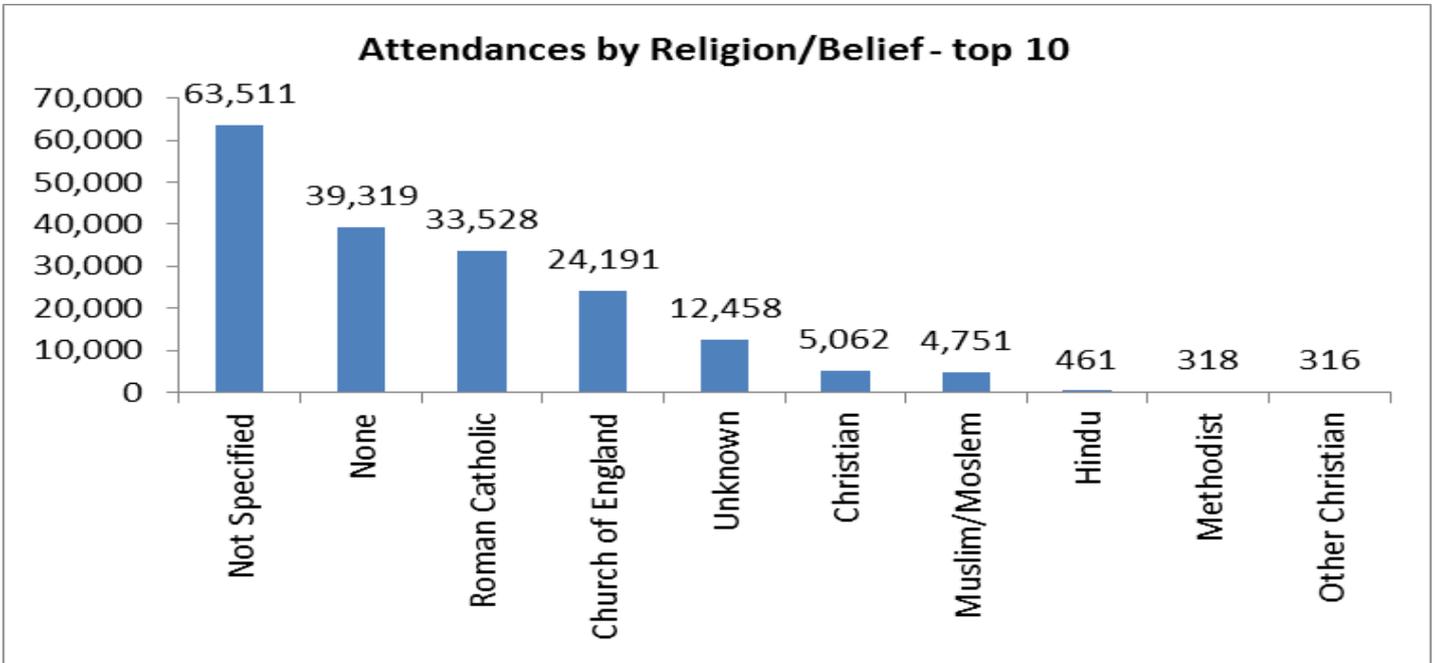
The Ethnicity codes reflect the NHS Data Dictionary. However, we need to improve recording the ethnicity of outpatients. Hopefully, a new process to capture ethnicity at first point of contact in ED and OPD will help in addition to a targeted approach in each of the specialties where there are a higher number of 'not stated'.

Ethnic Origin Description	Total	% of total recorded
British	127885	69%
Not stated	43445	23%
Any other ethnic group	4347	2%
Any other white background	1857	1%
African	1125	1%
Chinese	1107	1%
Any other mixed background	961	1%
Any other Asian background	923	0%
Any other Black background	848	0%
Indian	495	0%
Pakistani	494	0%
White and Black African	446	0%
White and Asian	360	0%
White and Black Caribbean	355	0%
Bangladeshi	219	0%
Irish	167	0%
Caribbean	67	0%
Total	185101	



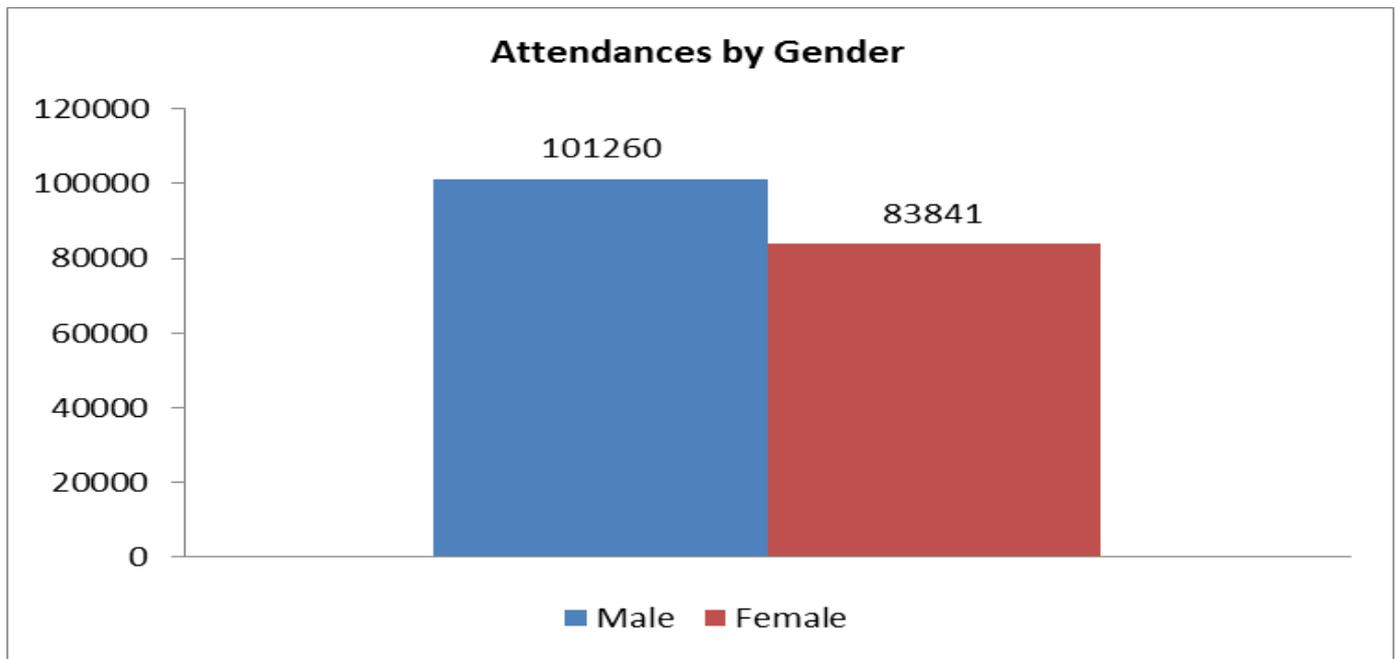
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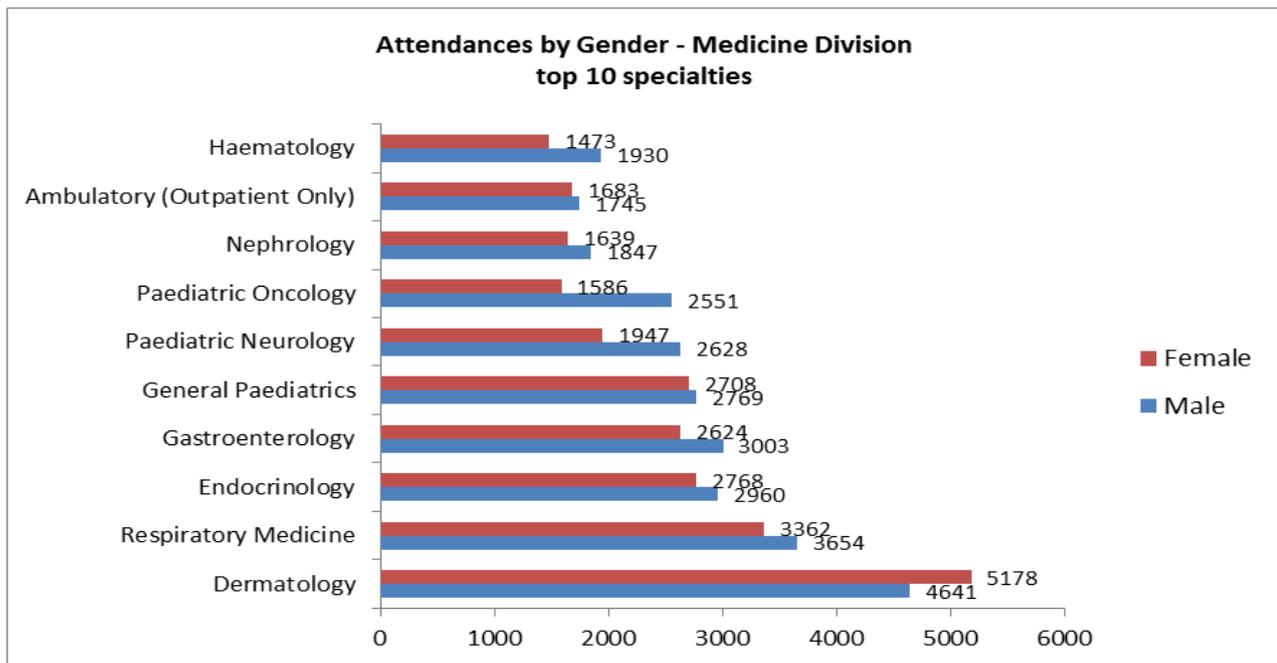
Attendance by gender

Similarly to inpatient data, the highest gender attending is male compared to females.

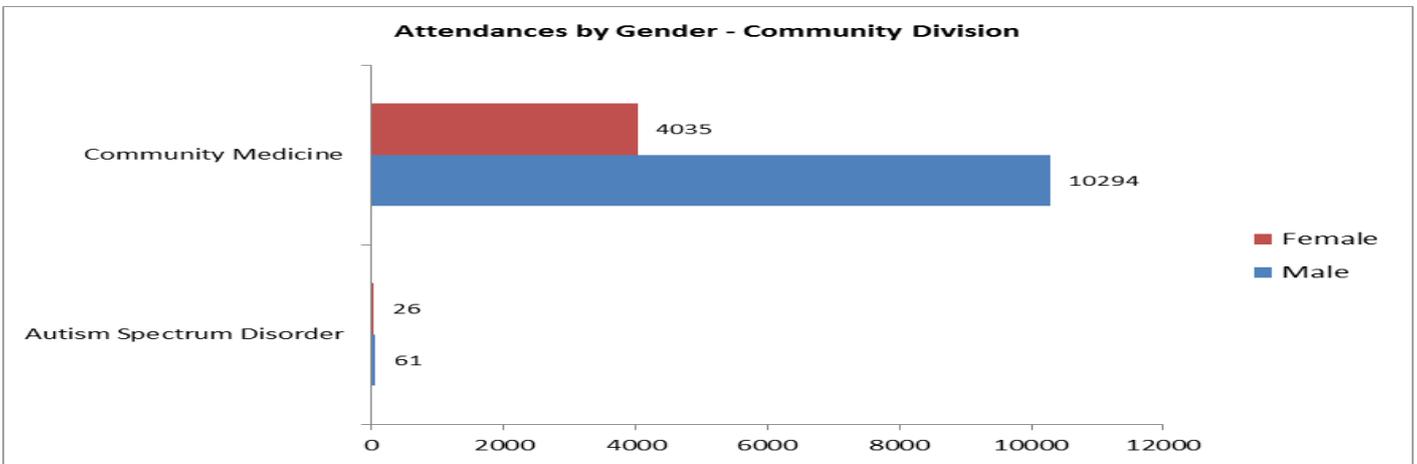
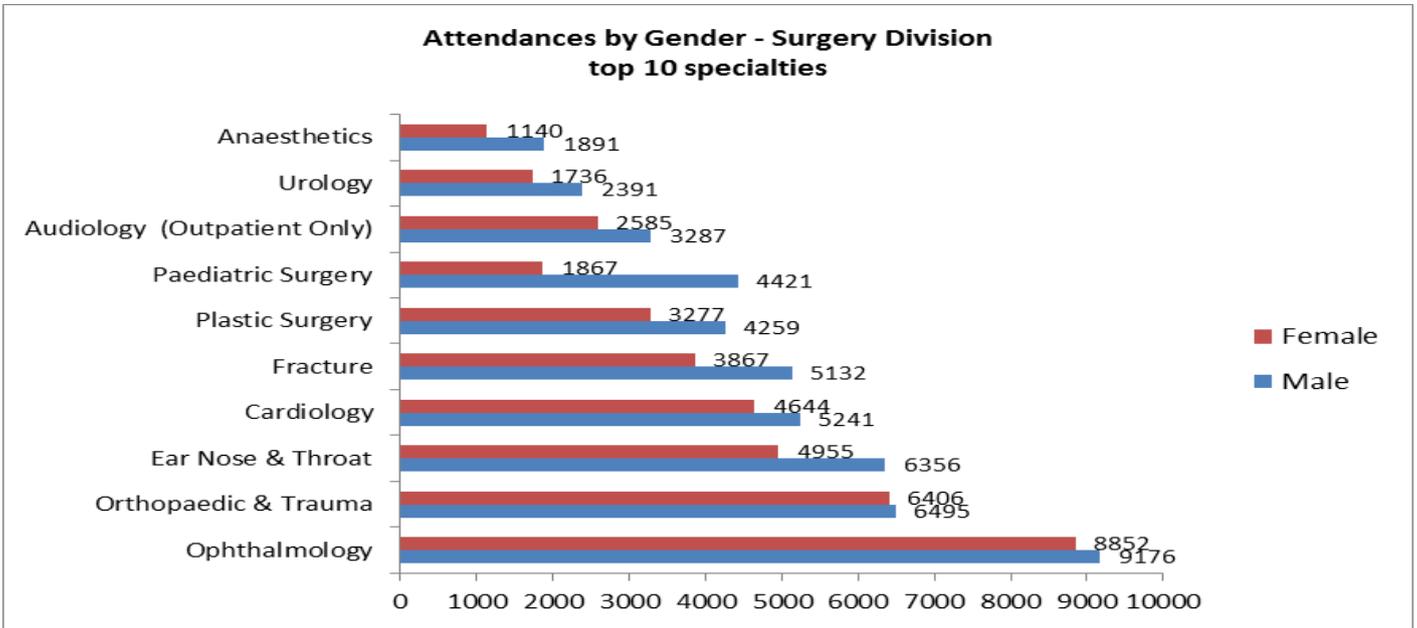


Attendances by Gender & CBU

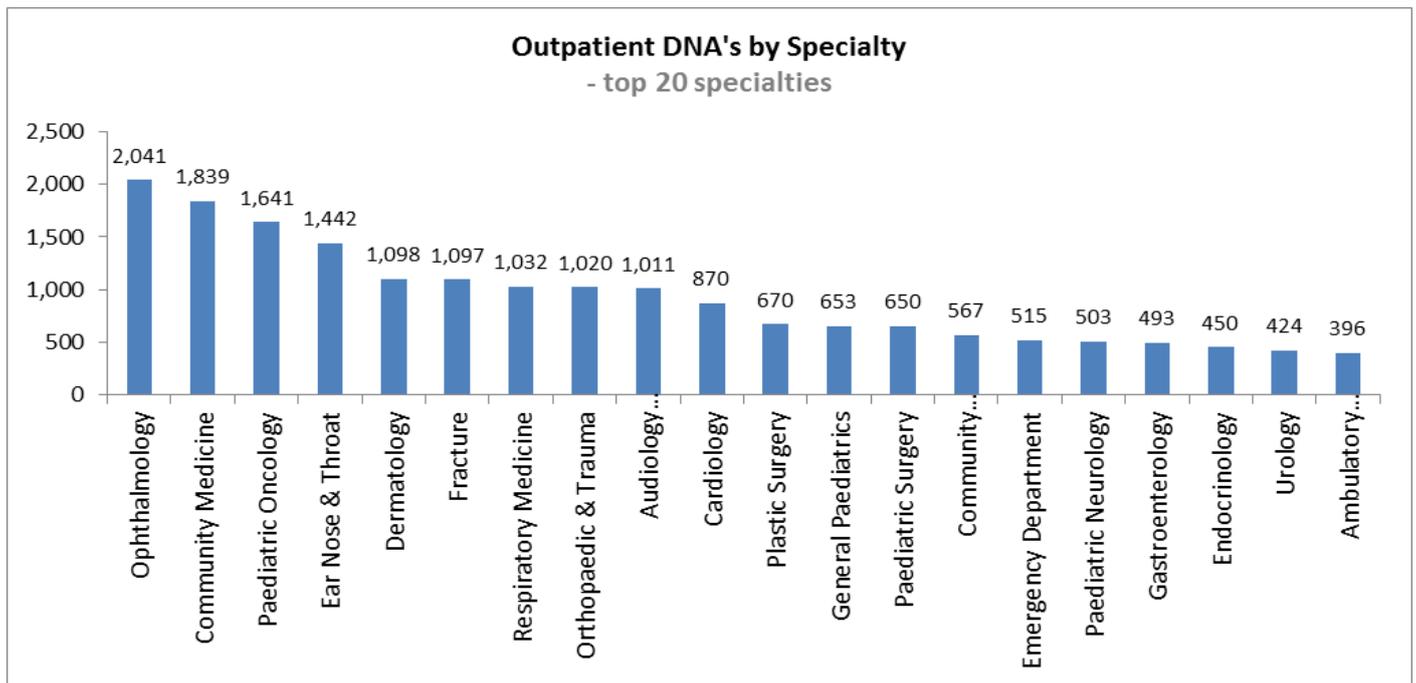
Medicine CBU, there is a higher number of **females** compared to males in **dermatology** (last year the figures were similar). There are also significantly more **males** compared to females in **neurology** and **oncology** as also reported last year. Unlike last year, male and female numbers are similar for respiratory medicine.



Surgery CBU there are more **males** compared to females attending for **ear, nose and throat, audiology** and for **fracture** complaints. There are significantly more males than females in **paediatric surgery**.

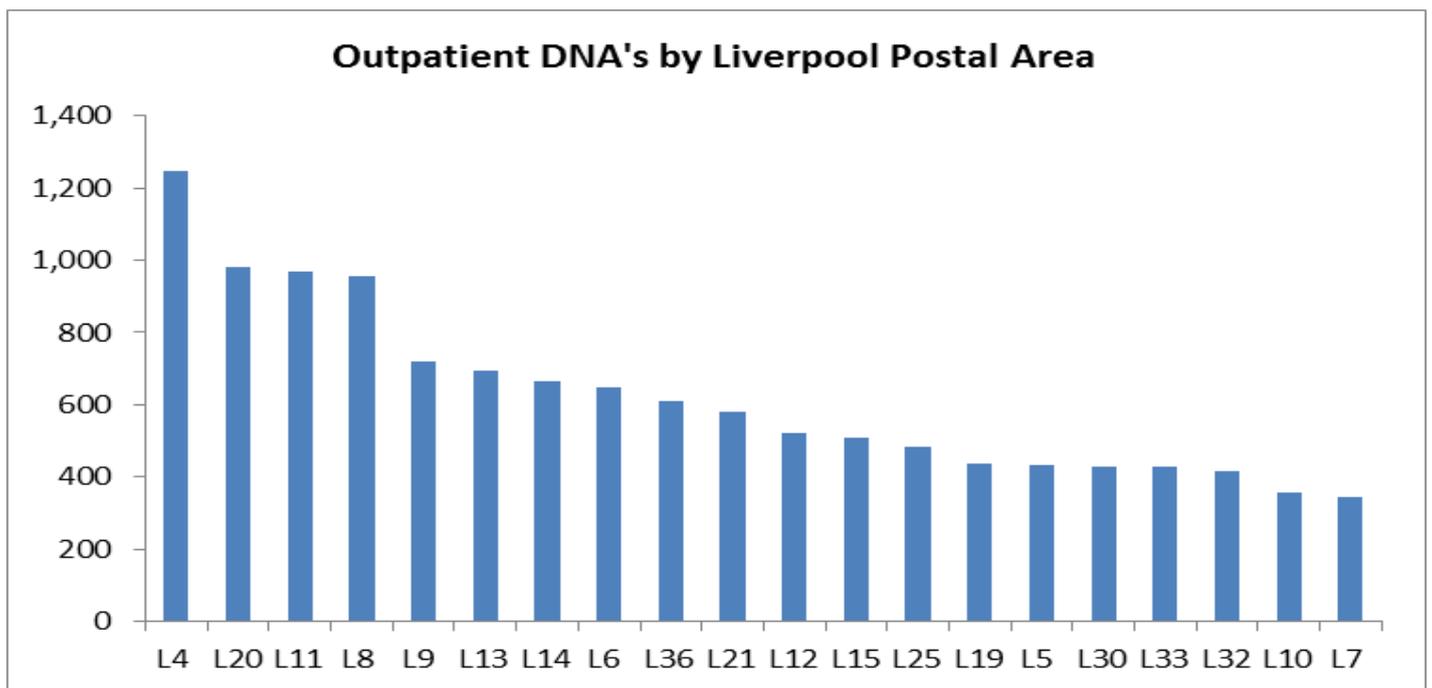


Outpatient DNA's



Outpatient DNA's by Liverpool Postcode

According to information taken from the website <http://www.postcodearea.co.uk/postaltowns/liverpool/> the DNA's indicate areas where a higher percentage is socially made up of a population that is working and non-working class and are regarded overall as being in deprived areas with some exceptions. The top 10 DNA areas have not changed since the previous report.



Top 10 Languages Used by Trust, Source: Language Line

The first 5 languages are the same for telephone and face to face. There is an increase in the number of **Albanian** telephone and **Portuguese** face to face interpretation used compared to the previous year as shown in the table below.

This year

Telephone	Face to Face
Arabic	Arabic
Romanian	Polish
Polish	Mandarin
Mandarin	Cantonese
Cantonese	Romanian
Lithuanian	Slovak
Bulgarian	Urdu
Albanian	Kurdish Sorani
Kurdish	Portuguese
Portuguese	Czech

Last year

Telephone	Face to Face
Arabic	Arabic
Romanian	Polish
Polish	Mandarin
Mandarin	Cantonese
Cantonese	Romanian
Lithuanian	Slovak
Bulgarian	Urdu
Kurdish	Kurdish Sorani
Czech	Czech
Portuguese	Hungarian

Learning Disability/Autistic Spectrum Condition:

Since March 2017 the trust has had the ability to add a special indicator to a patient's notes on the Meditech system for those who have a diagnosis of a learning disability or autistic spectrum condition. This is designed to alert practitioners to the needs of the patient and support access to reasonable adjustments if required. 311 patients/family/carers have been spoken to and have given consent for the indicator to be applied.