



**TIIG**  
INJURY SURVEILLANCE IN THE NORTH WEST OF ENGLAND

**Trauma and Injury Intelligence Group Injury  
Surveillance System in the North West**

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# Background

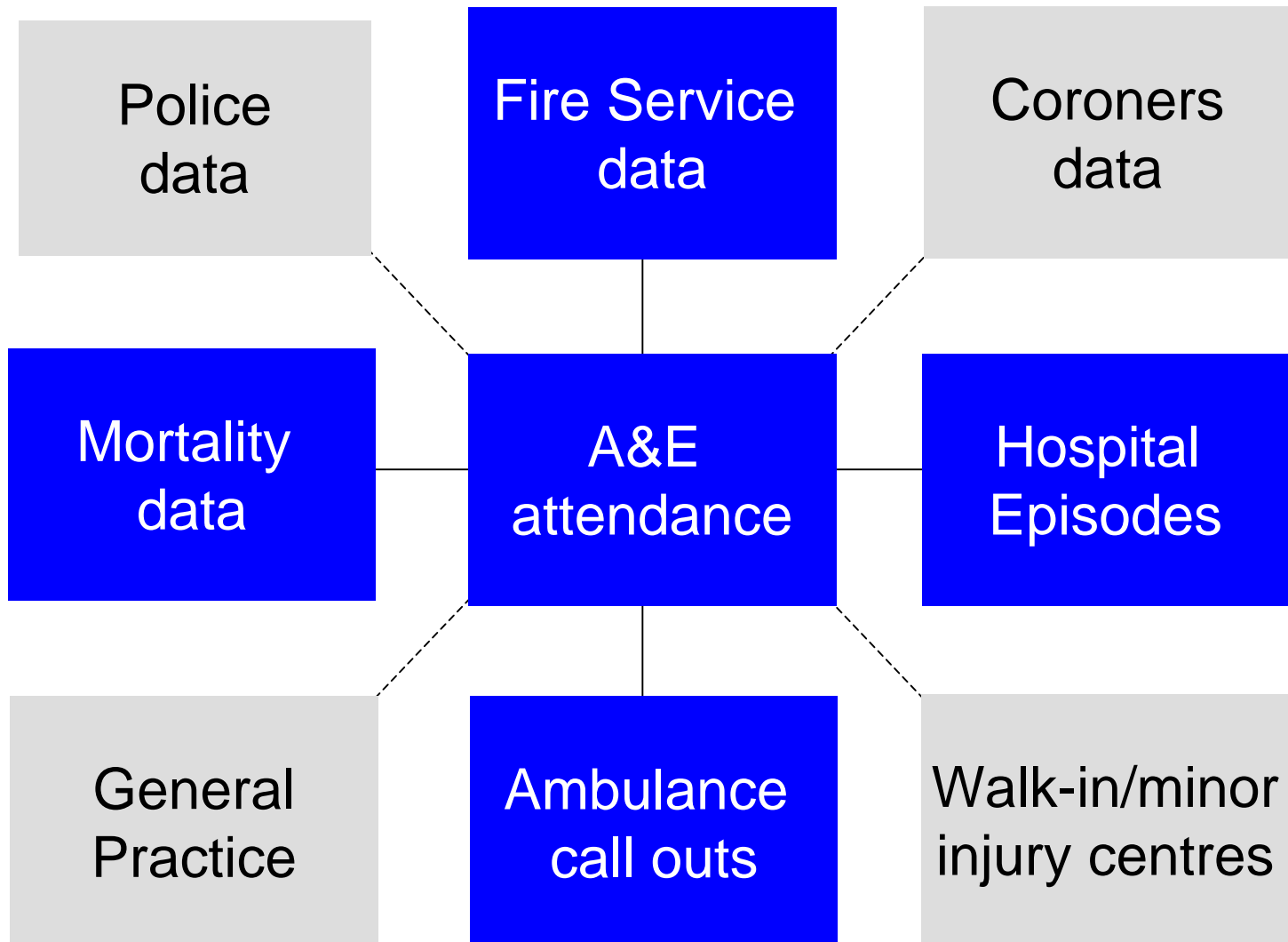
- Centre for Public Health, LJMU (2003)
- Local partnership between:
  - Health Services, Ambulance Service, Police, Fire Service, Universities
- Injury surveillance system
  - Intentional/unintentional
- Informing injury prevention strategies
- Focus: AED data sharing and violence/injury prevention
- Funding: local health services/ CDRPs
- Brings together a variety of data sources with focus on Accident and Emergency.

# Purpose

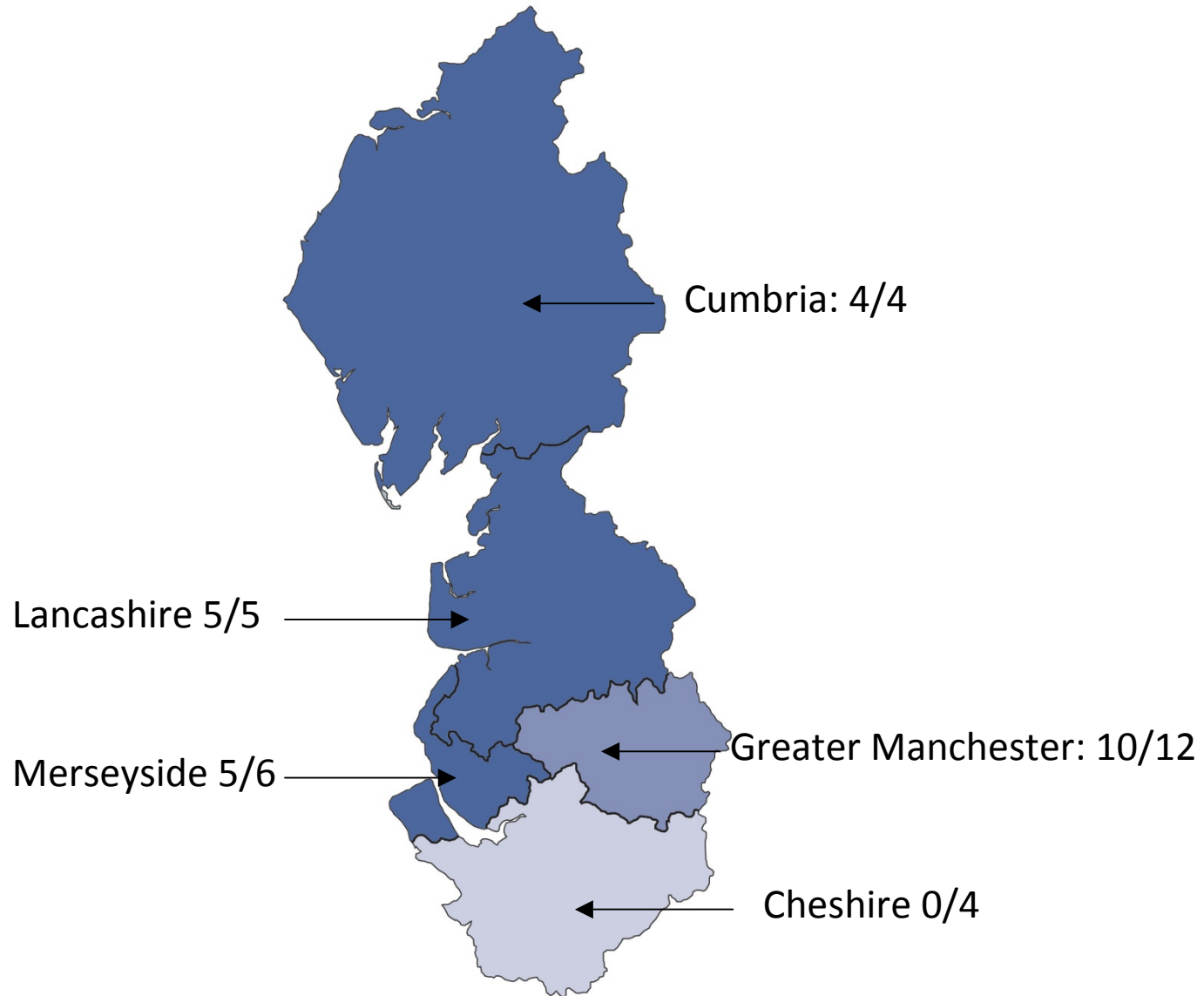
- Enabling the identification and monitoring of trends in intentional and unintentional injuries
- Assisting local partners (e.g. health services) on injury intelligence;
- Identifying at risk groups;
- Informing injury prevention strategies through needs assessment;
- Providing a more sophisticated evaluation of the impact of interventions; and,
- Providing the opportunity to benchmark.



# Injury datasets



# TIIG coverage



# Process

- Establish data sharing protocols
  - TIIG / PCTs
- Set up routine data transfer systems
- Conduct situational analysis / develop strategy
- Develop data sets based on local requirements
  - Additional assault information
  - Falls as a patient group
  - Specific location of incidents in the home
- Support AED staff
- Develop reporting systems
- Promote data usage and partnership working
- Feedback



# Reports



This bulletin provides a breakdown of all trauma<sup>1</sup> attendances at Arrowe Park Accident and Emergency department (AED) between August 2008 and July 2009.

Figure 1 illustrates the number of trauma attendances by month. Trauma attendance peaked in June (n=3,522), with December (n=2,592) having the fewest number.

**Figure 1: Total number of trauma attendances by month, August 2008 to July 2009**

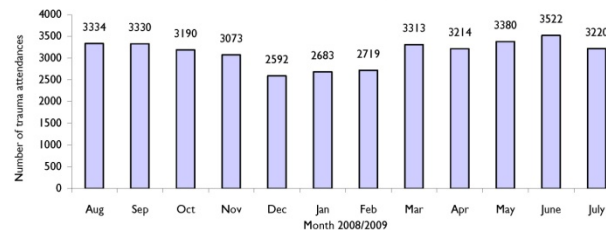
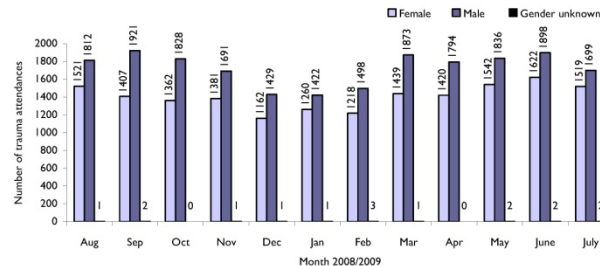


Figure 2 illustrates trauma attendances by gender. For all months there were more male (55%) trauma attendances than female presenting at Arrowe Park AED.

**Figure 2: Gender of trauma attendances by month, August 2008 to July 2009**



## Introduction

Injuries place a large burden on individuals, families, communities and public services, including health and criminal justice agencies. In Cumbria there are approximately 200 deaths from injuries each year and over 7,500 hospital admissions (1). In order to reduce injuries across Cumbria and associated impacts, local agencies need to understand which injuries are most widespread across their communities and who is most at risk. Such evidence is crucial to ensuring appropriate injury prevention initiatives are implemented where they are needed most. Using data collected by the Trauma and Injury Intelligence Group<sup>1</sup> (TIIG) this report aims to: provide an overview of the incidence and demography of unintentional and intentional injuries in Cumbria; identify at risk groups and areas; and assess availability, accessibility and quality of injury data sources. This is the first in a series of injury factsheets, and provides an overview of unintentional and intentional injuries in Cumbria. Future factsheets will provide a more comprehensive understanding of the burden of specific injury types in Cumbria, including violence, road traffic injuries (RTIs) and childhood injuries.

## Box 1: Injury definition

The World Health Organization defines injuries as "the physical damage that results when a human body is suddenly subjected to energy in amounts that exceed the threshold of physiological tolerance – or else the result of a lack of one or more vital elements, such as oxygen" (2).

## Background

Injuries can be split into two distinct categories, those that are unintentional such as falls and those that are intentional such as assaults (Box 1).

Unintentional injuries accounted for around 12,000 deaths in England and Wales in 2007 (3). There were also over 600,000 hospital admissions in England for unintentional injuries in 2007/08 (4). Intentional injuries also make a large contribution to injury burden. There are over 2.1 million incidents of violence against adults each year (5) and over 4,000 deaths from self-harm in England and Wales (3). Self-harm and assaults were also responsible for around 100,000 and 43,000 hospital admissions in

<sup>1</sup> The Trauma and Injury Intelligence Group (TIIG) collects data from emergency services, including AEDs, across parts of the North West of England. This allows TIIG to analyse the extent of unintentional and intentional injuries, demography of patients and identify at risk groups, to support the development, implementation and evaluation of injury prevention initiatives.



# TIIG

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## Publications

This page contains monthly reports for each AED within the North West and a number of area wide themed reports. Please use the drop down menu to select the county you are interested in.

Select an area:

Cumbria

## Cumbria

### [Unintentional and intentional injuries in Cumbria - July 2009](#)

Provides an overview of the incidence and demography of unintentional and intentional injuries in Cumbria: identifying at risk groups and areas, and assesses availability, accessibility and quality of injury data sources.

### [Situational analysis of accident and emergency department data collection in Cumbria - December 2008](#)

The situational analysis describes the progress of the Trauma and Injury Intelligence Group (TIIG) Cumbria project to date; accident and emergency department (AED) data collection systems and procedures; the type of data collected and its quality; AED injury levels in Cumbria and the future direction of the TIIG Cumbria project.

## North Cumbria University Hospitals NHS Trust

[NCUHNT Monthly Bulletin - July 2008 to June 2009](#)

[NCUHNT Monthly Bulletin - April 2008 to March 2009](#)

[NCUHNT monthly bulletin - April 2007 to March 2008](#)

[NCUHNT Monthly Bulletin - April 2006 to March 2007](#)

## University Hospitals of Morecombe Bay NHS Trust

[UHMBNT Monthly Bulletin - April 2008 to March 2009](#)

[UHMBNT Monthly Bulletin - April 2007 to March 2008](#)

[UHMBNT Monthly Bulletin - April 2006 to March 2007](#)



London, 21st-24th September 2010

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# AED data

- Key data items
  - Date / time of attendance
  - Gender
  - Age
  - Area of residence
  - Arrival method
  - Referral method
  - Injury group
  - Location of incident
  - Disposal method



- Data developments
  - Location of injury in the home
  - Falls injury category
  - Alcohol consumption
  - Last drink location
  - Assault details:
    - Location of assault
    - Number of attackers
    - Gender of attackers
    - Relationship with attacker
    - Weapon used
    - Reported to the police
    - Attacker consumed alcohol

Monthly basis  
(6 week time lag)

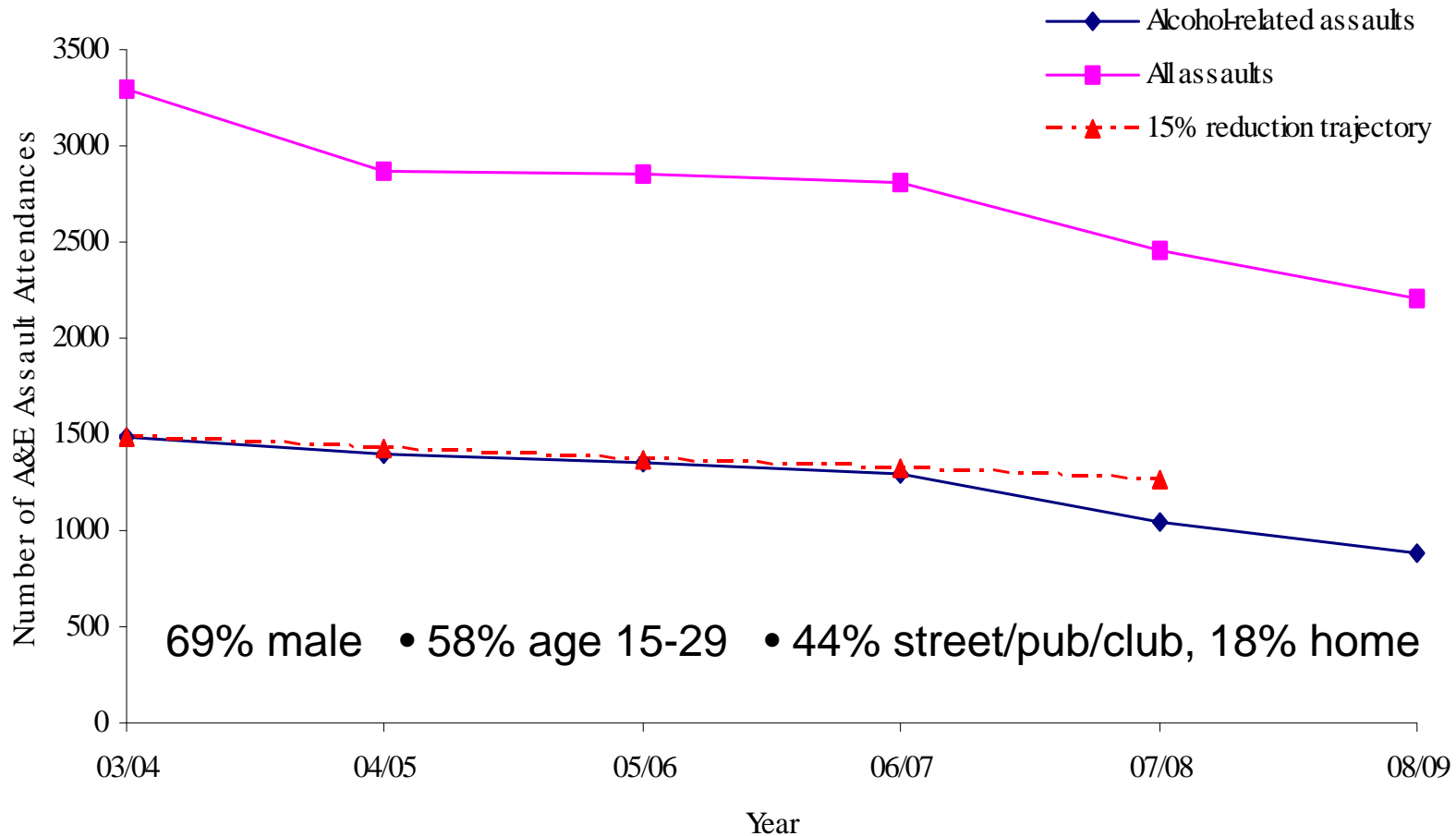
# Wirral



# AED assault Trends

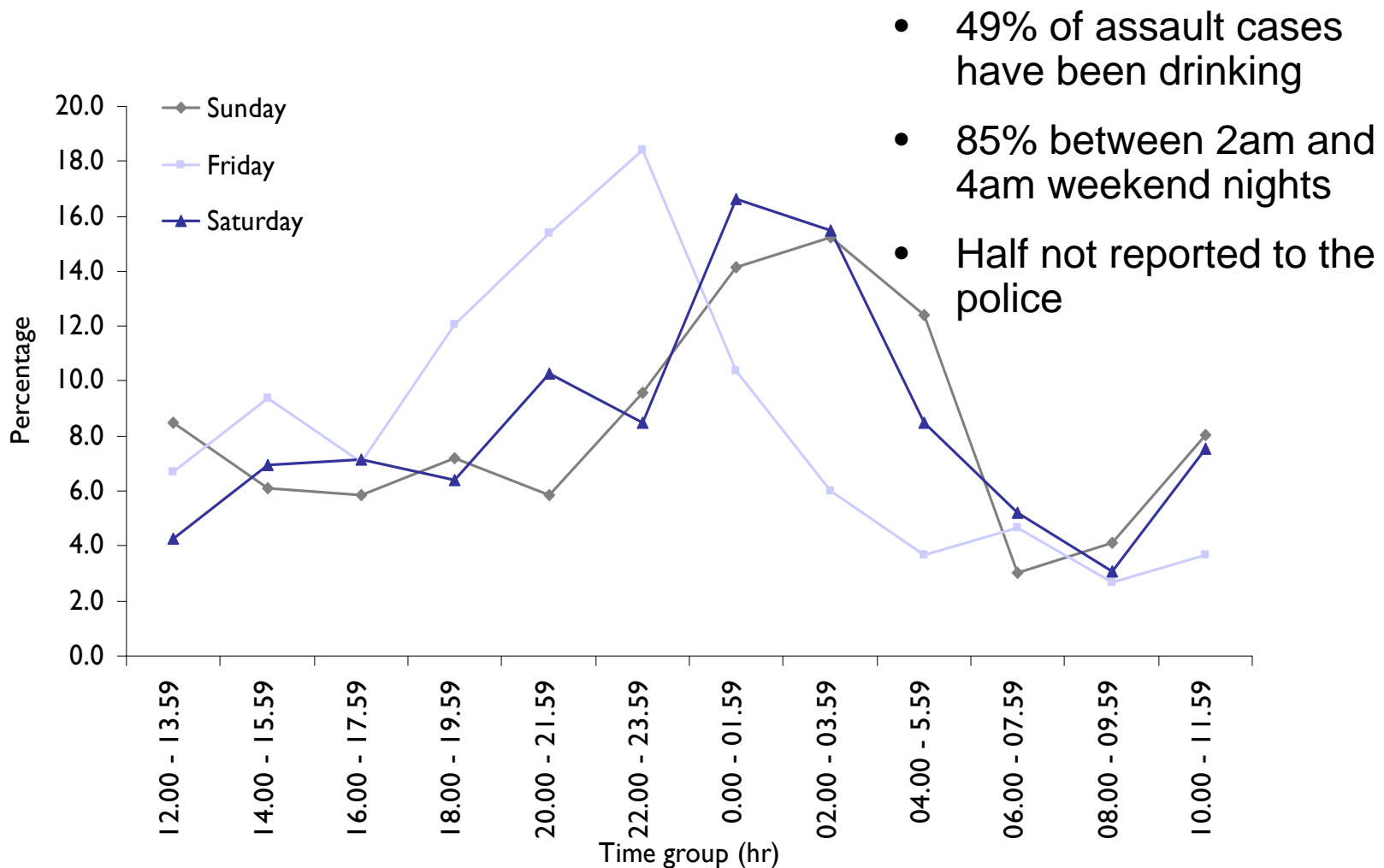
## Arrowe Park, Wirral: 03/04 - 08/09

03/04 = 3,299      08/09 = 2,200 (6% of all trauma attendances)

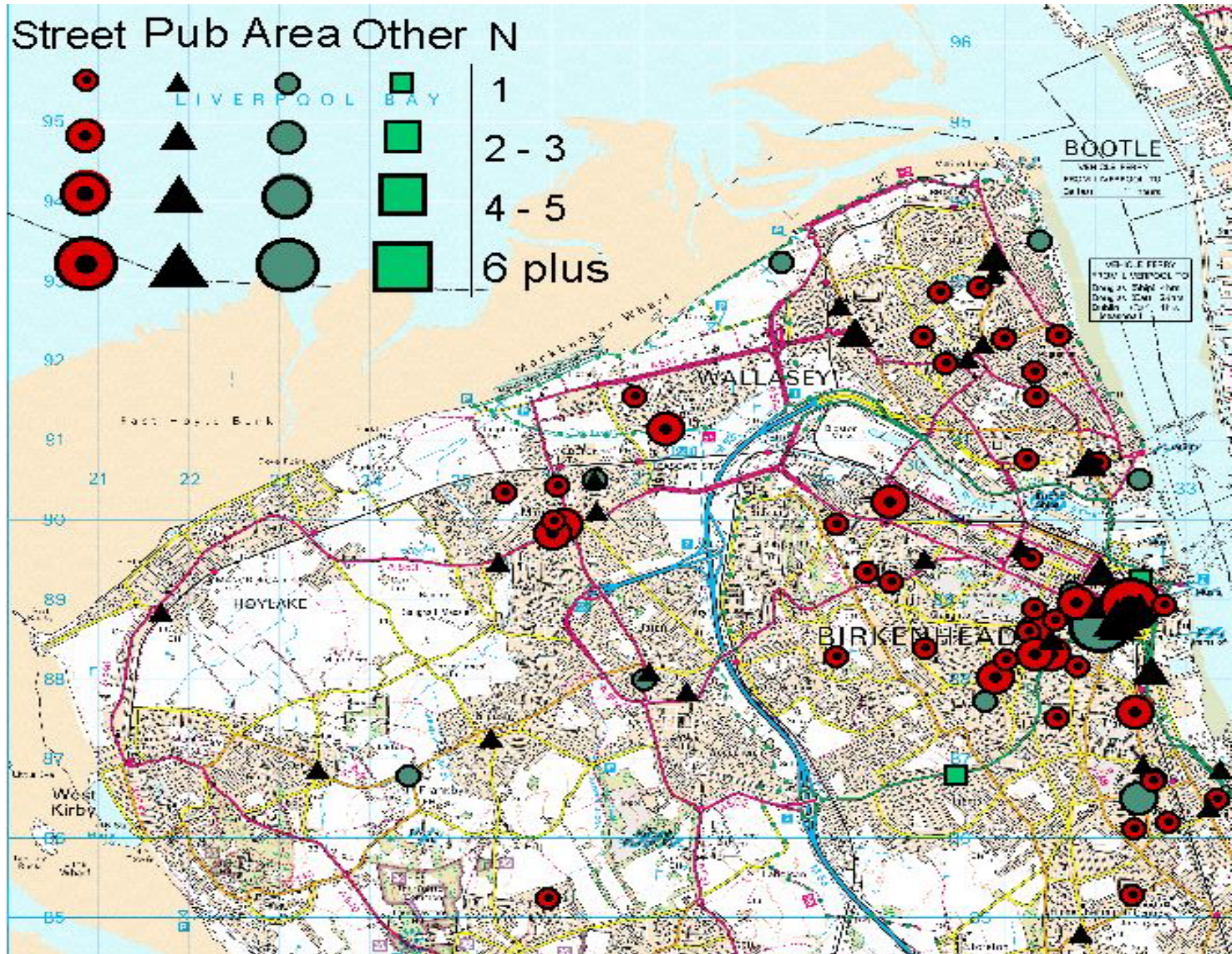


# Time and date

## All assault attendances, 2008/09



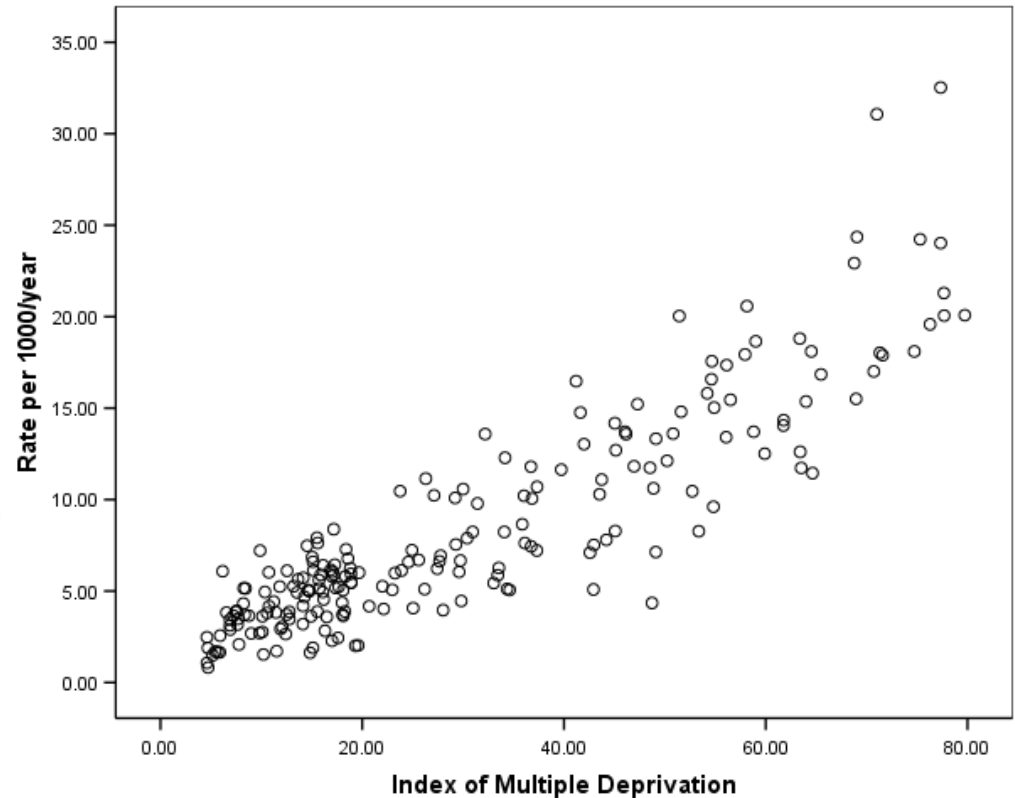
# Location



# Residence

Violence occurs in Town and City Centres  
yet perpetrators and victims live elsewhere

Assault  
Presentation to  
Accident &  
Emergency by  
Deprivation of



# How is TIIG data used?

- Tackling Knives Action Programme: TIIG systems currently being used in the collection assault information for strategic enforcement.
- CALM (Campaign Against Living Miserably) has used data from local A&E departments to target their advertising campaigns at high risk communities across Wirral.
- Monitor impact of 'THINK 21' campaign
- Best Bar None
- Wirral Sure Start
  - Target interventions (e.g. bath thermometers, safety gates)/ monitor progress



# Limitations

- Turnover of staff within A&E and information departments
- Data quality
- Implementing new questions to be asked in A&E departments
- Implementation of a national A&E IT system
- Timing of data retrieval
- Agencies understanding what data is available through TIIG

Good communication and feedback

# Contact details



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