

Update from the Trauma and Injury Intelligence Group (TIIG)

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Background

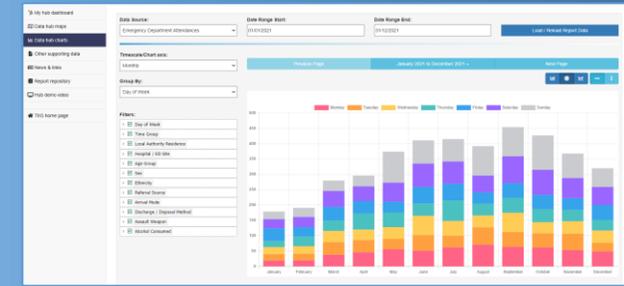
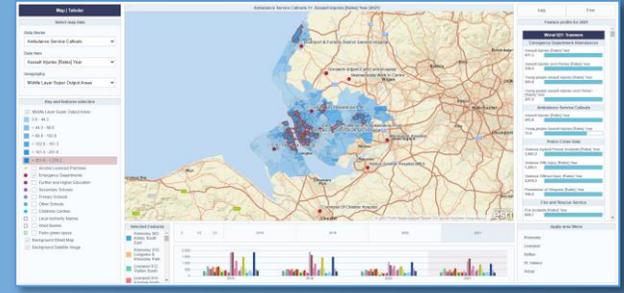
- TIIG established in 2001 by Centre for Public Health (now Public Health Institute).
- Similar to the “Cardiff model” - involves systematic data collection of emergency department (ED) injury attendances. Also receives data from Ambulance and Police
- Key aims:
 - ✓ Monitoring of long-term trends
 - ✓ Assist local partners (e.g. local authority public health teams, licensing authorities, police)
 - ✓ Inform prevention strategies and identify at risk groups



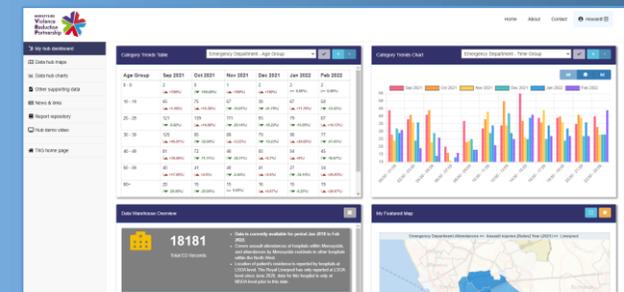
Data collected

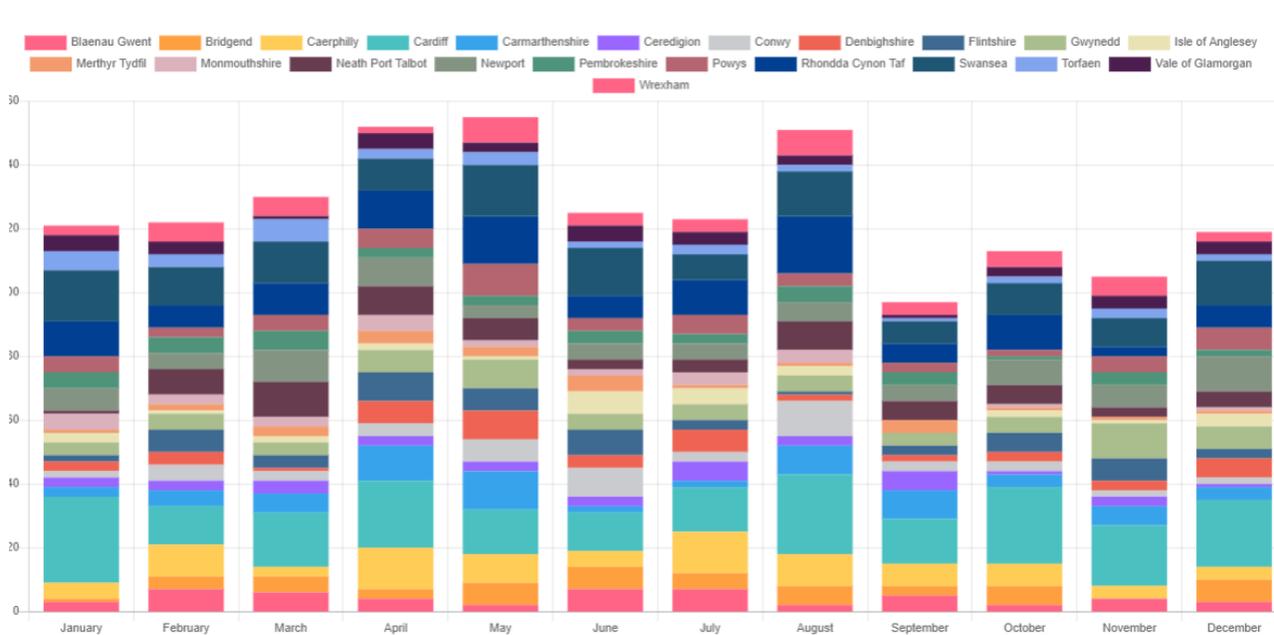
- Injury ED & UTC attendance data received on a monthly basis.
- Data can be shared at a patient level (non-identifiable). Data varies by NHS Trust, but can include:
 - Gender, age, ethnicity, geography of residence
 - Attendance date/time, arrival mode, type of injury, source of referral, location, outcome
 - Incident date/time, whether alcohol had been consumed in previous three hours
 - Specific details relating to assaults





A screenshot of a newsletter page. It features a header with the TIIG logo and the text 'TRAUMA AND INJURY INTELLIGENCE GROUP NEWSLETTER'. Below the header, there are several sections of text, including '18.5 MILLION FOR VIOLENCE', '1.5 MILLION FOR VIOLENCE', and '1.5 MILLION FOR VIOLENCE'. There is also a small bar chart at the bottom of the page.





Map | Tabular

Select map data

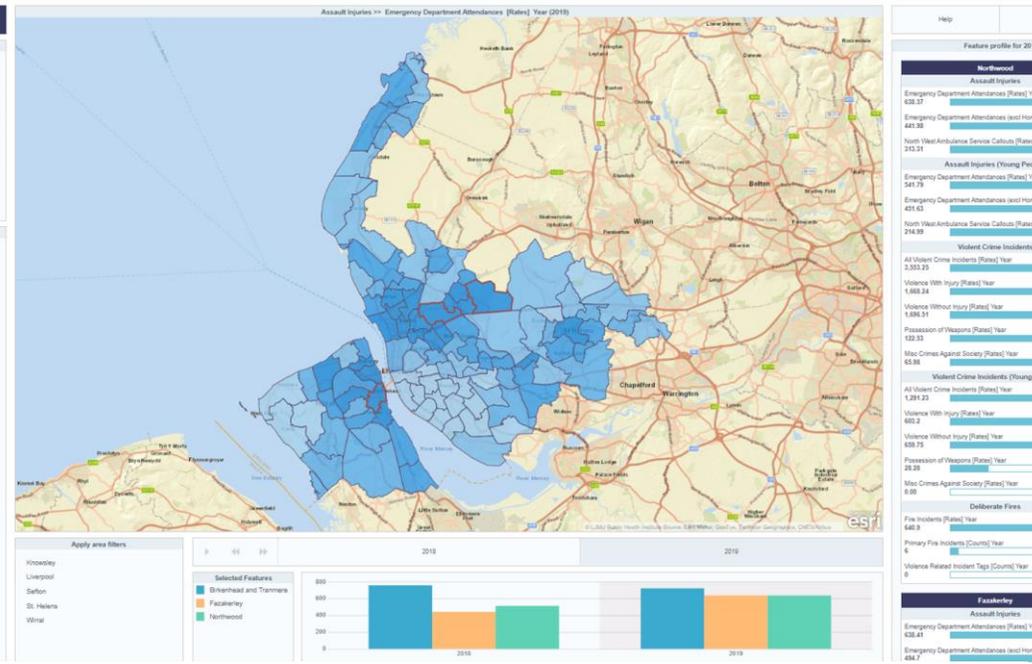
Date theme: Assault Injuries

Data item: Emergency Department Attendances (Rates) Year

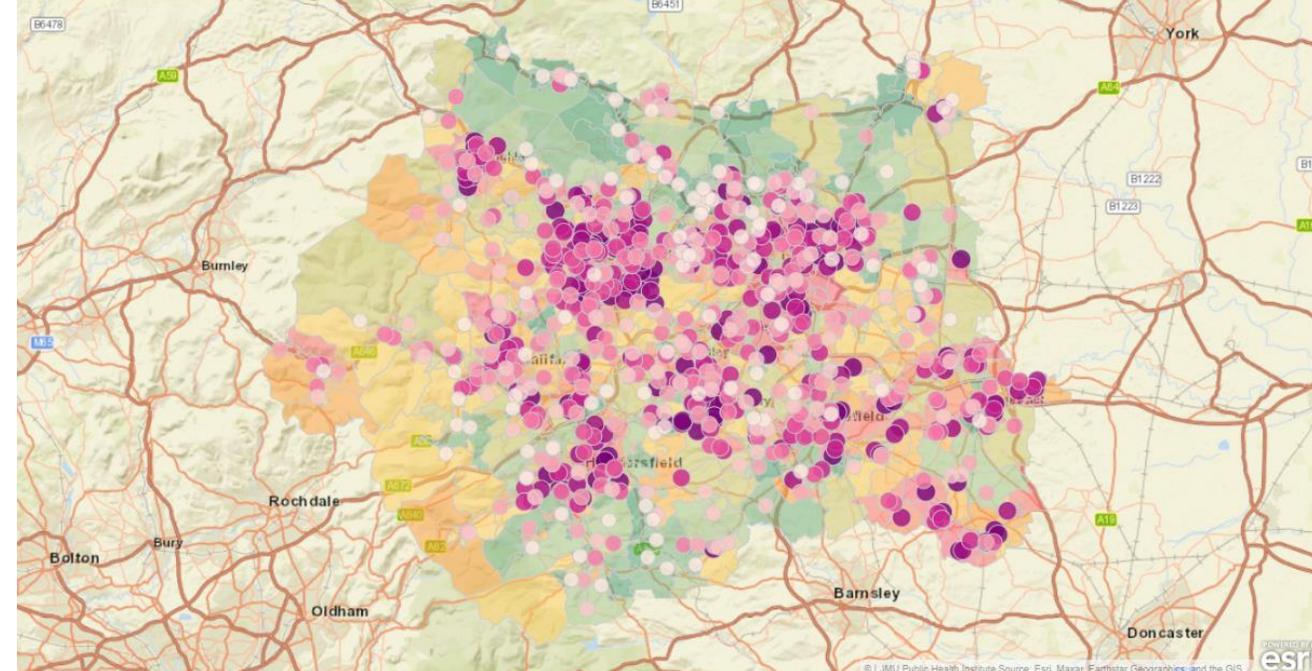
Geography: Ward District Areas

Key and features selection

- Ward District Areas
- 0.00 - 131.65
- > 131.65 - 202.39
- > 202.39 - 287.29
- > 287.29 - 375.06
- > 375.06 - 723.14
- Alcohol Licensed Premises
- Emergency Departments
- Further Higher Education
- Primary Schools
- Other Schools
- Childrens Centres
- Local Authority Names
- Ward Names
- Parks green space
- Background Street Map
- Background Satellite Image



School absence rates >> 2018/2019 Academic year (Persistent absence)



Summary overview 2021-22:

2021/22	Assault by sharp object (ICD10 code - X99)			Young People (Under 25) Assault by sharp object (ICD10 code - X99)			All Violence & Assaults (ICD10 codes - X91-X99; Y00-Y09)			Young People (Under 25) All Violence & Assaults (ICD10 codes - X91-X99; Y00-Y09)		
	Name	Count	Rate	Trend	Count	Rate	Trend	Count	Rate	Trend	Count	Rate
Blaenau Gwent	***	1.43	→	0	0.00	↓	23	32.85	↑	6	31.58	→
Bridgend	***	2.03	→	0	0.00	↓	39	26.43	↑	15	37.04	↑
Caerphilly	***	2.20	→	***	3.86	↑	40	22.01	↓	15	28.98	↓
Cardiff	15	4.06	↓	10	7.75	↑	59	15.98	↓	28	21.69	↓
Carmarthenshire	***	1.58	↓	***	1.98	↑	38	19.99	↑	13	25.70	↓
Ceredigion	0	0.00	↓	0	0.00	↓	15	20.58	↓	***	18.71	↑
Conwy	***	2.54	↓	***	3.45	→	18	15.23	↓	7	24.15	↑
Denbighshire	***	3.10	↑	***	7.57	↑	29	30.00	↑	8	30.29	↑
Flintshire	***	1.91	↓	0	0.00	↓	34	21.68	↑	11	25.29	→
Gwynedd	***	1.60	↑	0	0.00	↓	18	14.38	↑	5	13.62	↓
Isle of Anglesey	***	2.84	↓	***	5.58	↑	11	15.62	→	***	22.32	↓
Merthyr Tydfil	***	1.65	↑	0	0.00	→	17	28.13	↓	***	22.79	↓
Monmouthshire	***	1.05	↓	0	0.00	→	11	11.56	↓	5	21.45	↓
Neath Port Talbot	5	3.46	↑	***	2.51	↓	56	38.78	↓	21	52.68	↑
Newport	***	1.92	↓	0	0.00	↓	45	28.76	↓	16	33.33	↑
Pembrokeshire	***	0.79	↓	***	3.06	↑	20	15.78	↑	10	30.65	↑
Powys	***	0.75	↓	***	3.09	→	17	12.78	↑	5	15.44	↓
Rhondda Cynon Taf	***	1.65	→	***	2.83	↑	60	24.81	↓	21	29.68	↑
Swansea	10	4.06	↓	***	4.00	↓	66	26.77	↓	27	35.97	↑
Vale of Glamorgan	***	0.74	↓	0	0.00	↓	17	12.57	↓	8	21.35	→
Torfaen	***	3.16	→	0	0.00	↓	27	28.47	↑	9	33.63	→
Wrexham	6	4.41	→	***	2.58	↓	36	26.46	↑	7	18.09	↑
Wales	75	2.37	↓	26	2.86	↓	696	21.96	↑	249	27.41	↓

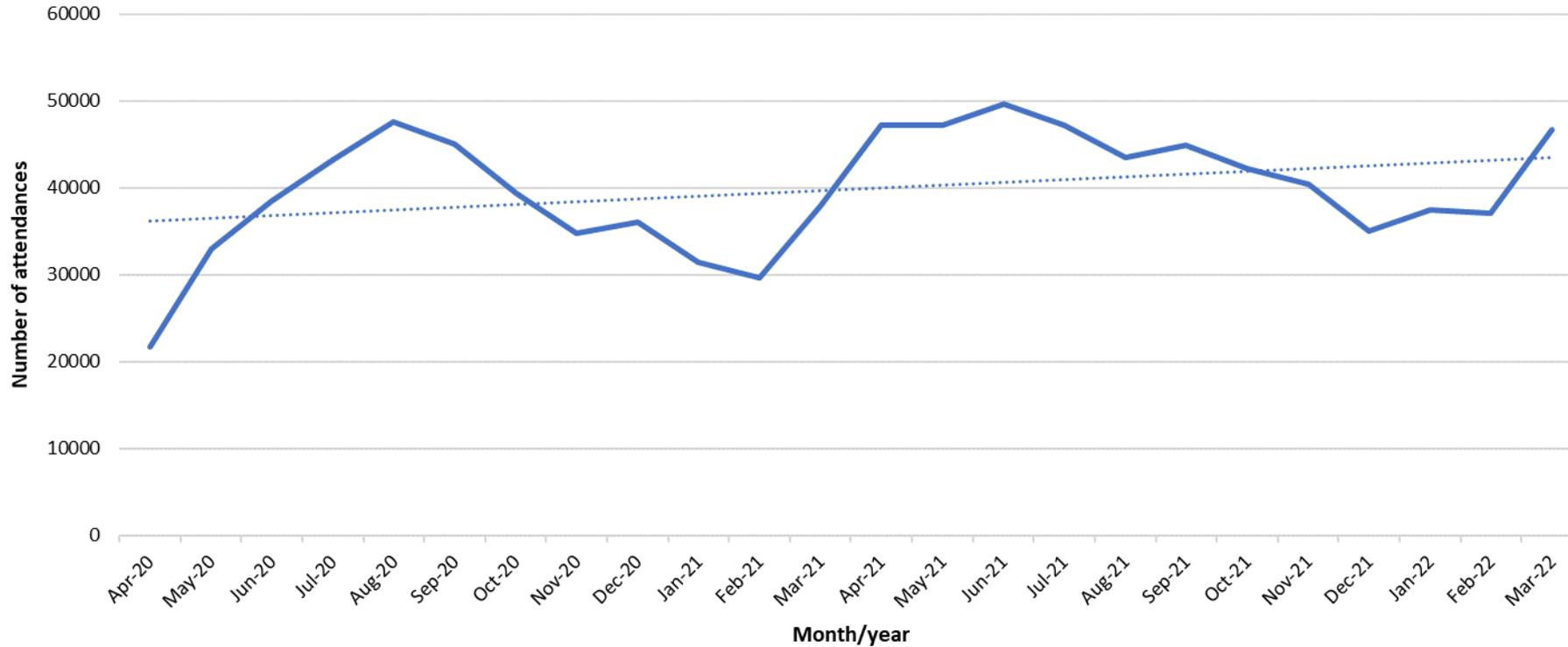
Wales Hospital Admissions for violence by Local Authority area, rates per 100,000 for 2021/22 and a trend comparison to 2020/21 figures.

Impact of TIIG

- TIIG data supported:
 - Local Authority Strategic Needs Assessments on Violence
 - Used to inform problem profile / response strategy / direction of expenditure
 - Used to evidence performance against Home Office success measures
 - Licensing reviews
 - Targeted interventions
 - Culture of data sharing and understanding the value data brings
- Nationally:
 - Advising non commissioned areas on data sharing and use best practice
 - Collaborated with NHS England and Digital
 - OHID A&E violence data collection
 - Steering groups

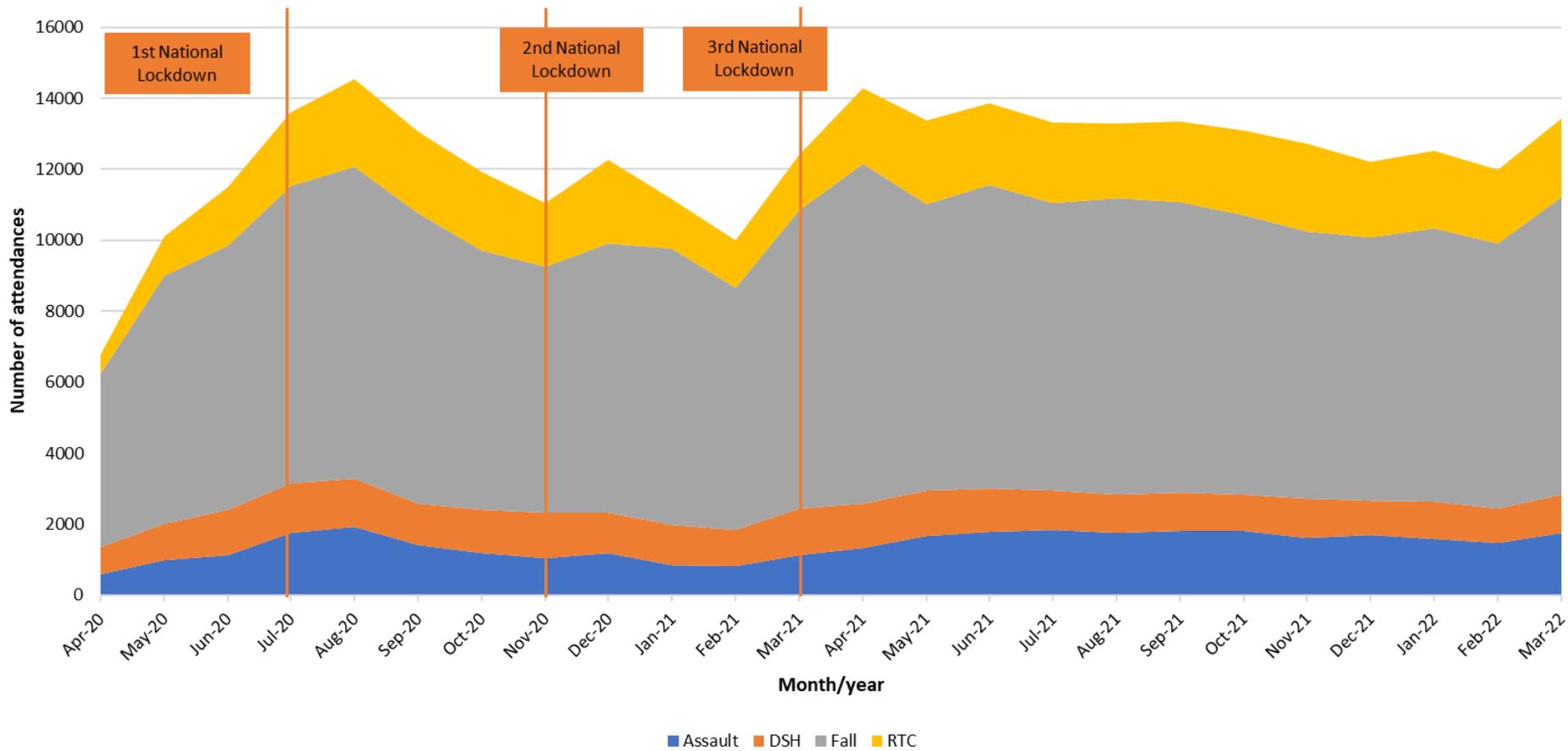


Overall trends



- 18% increase in injury attendances in 21/22 compared to 20/21
- 43% increase for assaults
- 6% decrease for DSH
- 9% increase for falls
- 30% for RTCs

Overall trends



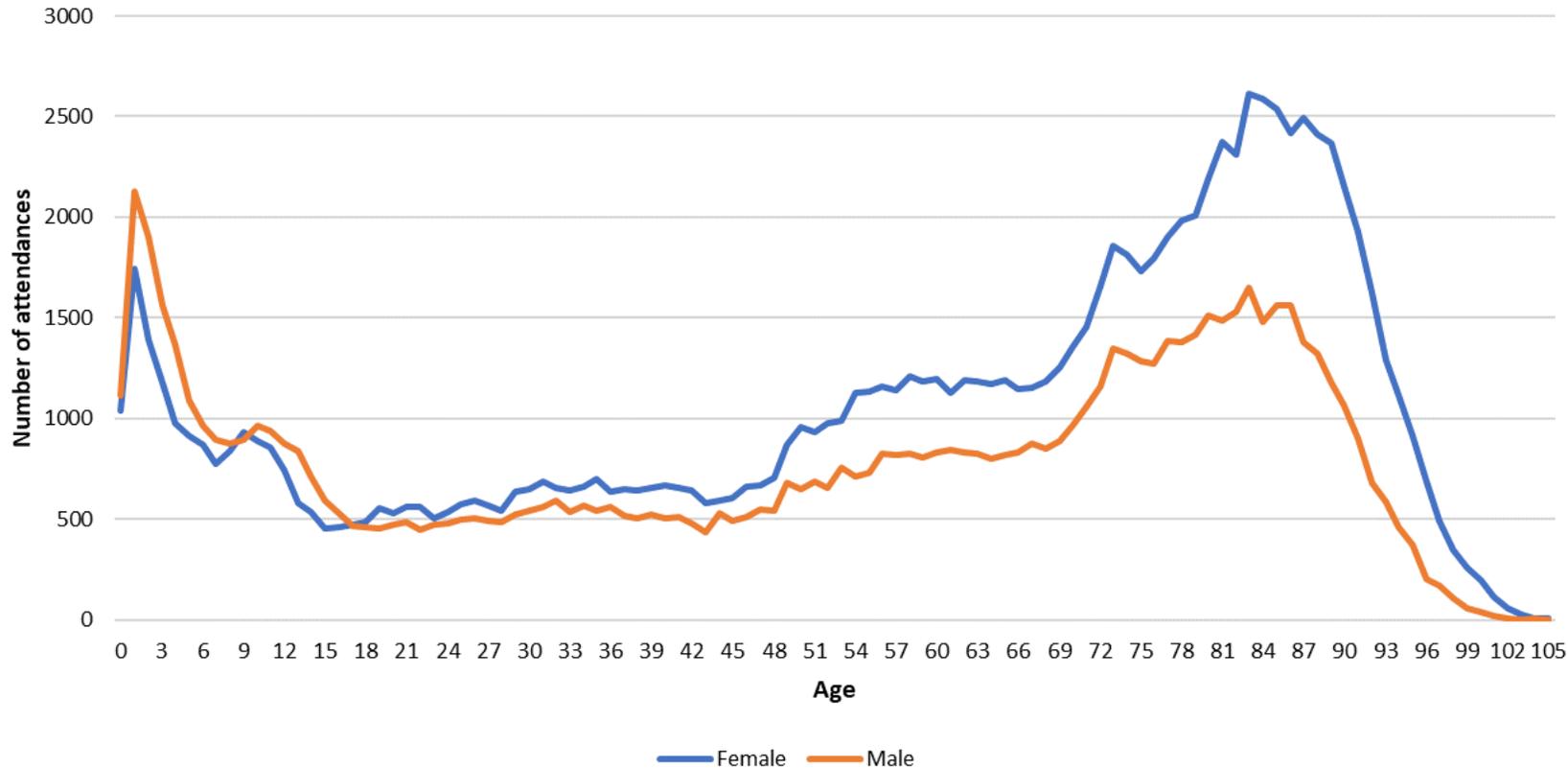
- Attendances overall increased over the last two years
- Decreases/increases in line with lockdowns

A look at falls..

- Falls place a burden on health care services and can cause both physical injuries and also negatively impact mental health through loss of confidence and independence
- Fall hazards in the home are estimated to cost the NHS £435 million a year with the total annual cost of fragility fractures standing at around £1.1 billion.
- Falls are one of the main causes of injury in individuals attending A&E. Whilst anyone can be affected, those aged 65 years and older are at the greatest risk of falling.
- Where an injury type is known (excluding 'other injury' and 'non trauma attendances', falls comprised 34% of injuries during 20/21 and 21/22

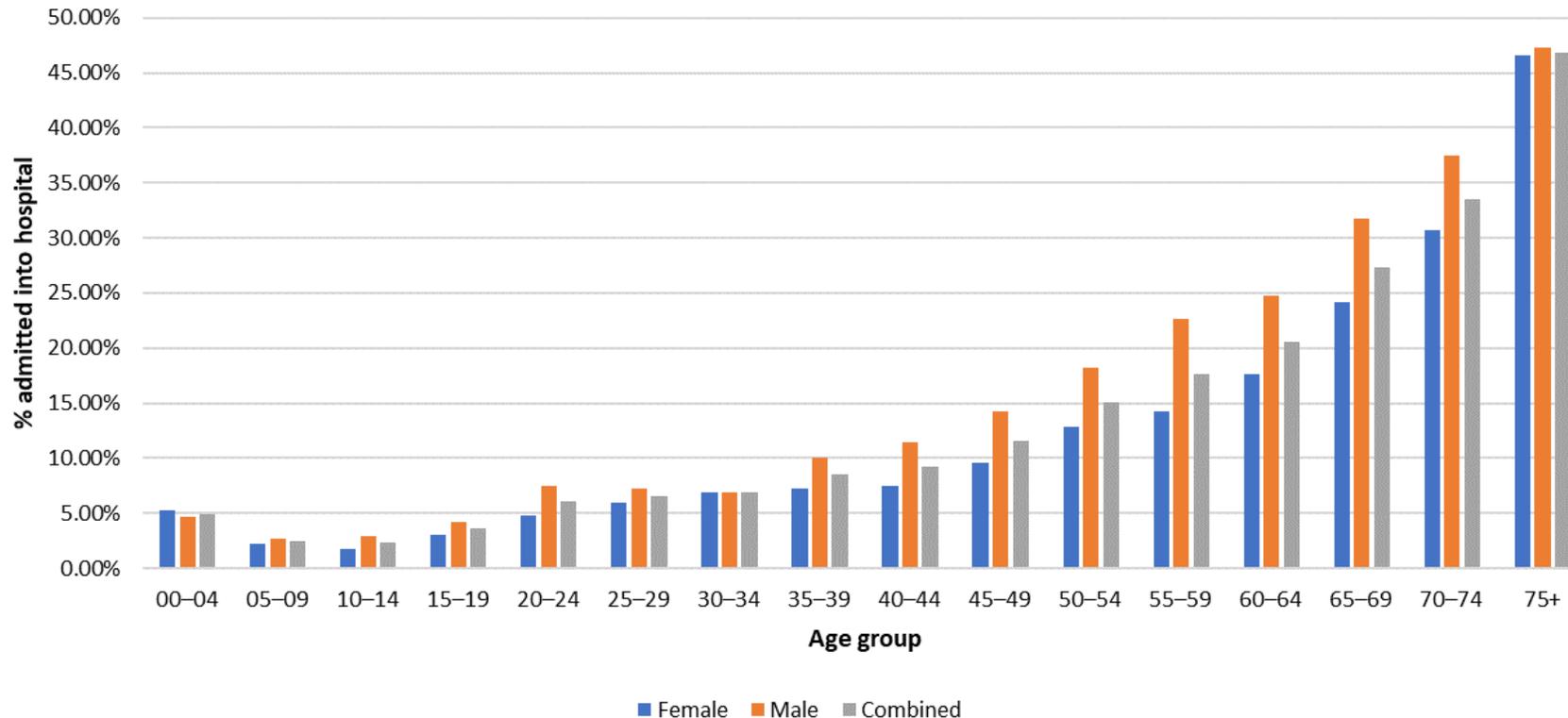


A look at falls...



- Women comprise 57% of falls
- 37% of attendances are aged 75+
- Notable increase in falls attendances from 70+ in both men and women
- 19% of fall attendances arrived by ambulance, 57% self referred and 6% were admitted into hospital
- 63% took place in the home; of those (and where collected, 46% took place in living/dining room and 27% in the bedroom
- Where collected (and where an object was involved) 19% of falls were caused by carpet, 9% by wet floor and 8% by a toy

A look at falls...



- Whilst only 6% of falls were admitted, the proportion steadily increases by age
- By 60+, one in five fall attendees are admitted and this increases to nearly half by 75+
- Whilst women comprise more fall injuries, men are consistently more likely to be admitted into hospital

Difficulties and Challenges

- Data access
 - Governance
- Data quality
 - Patient group definition
 - Consistency
 - Staff turnover
 - Changing IT systems
 - Covid!
- Funding uncertainty



Data quality...



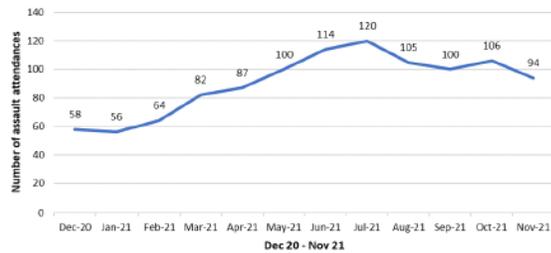
ROYAL PRESTON HOSPITAL ASSAULT DATA COLLECTION

Information Sharing to Tackle Violence (ISTV) involves the collection of core pieces of anonymised information about people who attend A&E following an assault. Data is collected by A&E staff and shared with the police and the Lancashire Violence Reduction Network (VRN) – a recently created multi-agency group that is adopting a public health approach to tackling violence across the Lancashire area.

ISTV consists of:

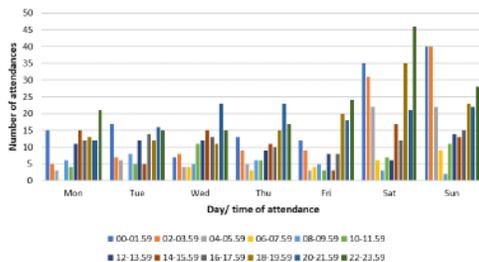
- ✓ Date and time of assault
- ✓ Weapon
- ✓ Location of the assault

Between December 2020 and November 2021, Royal Preston Hospital (including the Urgent Care Centre) treated 1086 patients recorded as victims of assault, an average of 91 per month. Assaults peaked in July 2021 (120), with the lowest numbers seen in January 2021 (56).



DATE AND TIME

Incident date and time was populated for all cases. Assaults peaked on Saturdays (241; 22%) and Sundays (239; 22%) with peak times between 10pm and midnight (166; 15%) and midnight and 2am (139; 13%). Peak overall time was Saturday between 10pm and midnight (46; 4%).



TRAUMA AND INJURY INTELLIGENCE GROUP NEWSLETTER

TACKLING INJURIES AND VIOLENCE SINCE 2001

APRIL 2022

NHS ENGLAND PARTNERSHIP

The Emergency Care Dataset (ECDS) is the national dataset for urgent and emergency care, allowing for more consistent and standardised identification of key injury groups (through injury intent fields) as well as supporting the collection of Information Sharing to Tackle Violence (ISTV) data items. The North West team at NHS England and NHS Improvement, and NHS Digital Data Liaison Service (DLS) have been working with trusts to improve understanding of ECDS, data collection and quality.

This work led to a collaboration between the NHS teams and TIIG to host two workshops with NHS Trusts to improve ECDS collection, but also provide information to trusts on why ECDS and ISTV data collection is important. Whilst this data is pivotal in improving patient care and hospital planning, it also supports wider work taking place by Local Authorities, Public Health, Community Safety Partnerships and police to reduce injuries and violence.

Workshop attendees were asked to rate their knowledge of ECDS, and their understanding of its importance at the start and end of the session. Only 38% of attendees felt extremely or very confident in their knowledge of ECDS pre session, with 40% rating that they understood its importance. These figures jumped to 83% (knowledge) and 86% (understanding) post session. Similarly, those who were not very or not all confident pre session dropped from 35% (knowledge) and 31% (understanding) to 0% for both post session.

We are now planning more workshops with NHS England to expand on this work. If you feel this would be useful for your Trust or you would like to know more about ECDS, please email [DLS](mailto:dls).

TIIG IS EXPANDING

In January 2022, TIIG started a new piece of work with Northumbria Violence Reduction Unit (VRU). This work will follow the TIIG model for data sharing and development of a violence specific data hub for the Northumbria area. Work has started

to identify key dataset for inclusion and establishing data sharing agreements. We would like to welcome Northumbria to TIIG and hope to launch their data hub later in 2022.

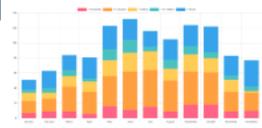
A LOOK AT VAWG

Since 2008 the International Day for the Elimination of Violence against Women has taken place on 25th November each year. This campaign seeks to raise awareness & eliminate Violence Against Women & Girls (VAWG) worldwide.

Domestic abuse is often referred to as a hidden crime that occurs primarily at home. Victims may be afraid to report or disclose domestic abuse, particularly during face-to-face interviews. Furthermore, any figures that are reported often do not consider the full impact of the abuse, beyond physical violence, often not considering, financial, emotional or psychological abuse. For example, statistics on domestic violence rarely consider if coercive and/or controlling behaviour was involved, the levels of fear inflicted, or whether multiple incidents occurred.

We are now into our third year of the COVID-19 pandemic and in times of crisis, domestic abuse cases rise. Data shows that calls to charities such as Refuge increased by 60% between April 2020 and February 2021 in comparison to previous years. Lockdown measures have exacerbated many women's situations, due to being confined and isolated and exposure to physical, emotional and sexual abuse has escalated. This is reflected and highlighted in the increases in women seeking emergency accommodation post lockdown.

In the wake of the shocking murder of Sarah Everard in March 2021, along with other high-profile attacks on women, the Government published 'Tackling Violence Against Women & Girls' in July 2021. This strategy highlights that crimes such as rape, stalking, domestic violence and harassment disproportionately affect women and girls, and seeks to bring about real and lasting change.



Data from TIIG can be used to support with this change by monitoring trends over time, identifying risk factors for VAWG and conducting spatial analysis. If you would like more information, or to access our [data hubs](#) please email jen.germain.

£130 MILLION FOR VRUs

The Government have announced a further £130 million to tackle serious violence across England and Wales. In 2019, 18 VRUs were set up in areas with high levels of violence. VRUs are multi-agency organisations bringing together police, education, health and local councils which take a public health approach to violence and tackle its root causes.

VRU areas have seen 8,000 fewer incidents of violence with injury and 41,000 fewer incidents of violence without injury in comparison to non VRU areas. It is estimated that this has saved £385 million in victim and society related costs.

The government have confirmed funding for VRUs for the next three years. Funding will also include £30 million into the Grip police enforcement programme (high-visibility police foot patrols in areas at serious risk of violence) and additional funding for two new VRU areas: Cleveland and Humberside.

Finally, the government have pledged their support for a new Serious Violence Duty, which will require police, health, local councils and justice bodies to collaborate locally.

For more information, please click [here](#)

MEET THE TEAM



- Mark Whitfield Intelligence and Surveillance Manager
- Jen Germain TIIG Project Lead
- Jane Webster Data Quality Lead
- Petra Collins Data Analyst
- Ann Lincoln Data Analyst
- Howard Reed Intelligence and Surveillance Systems Manager
- Karen Critchley Criminal Justice Project Lead

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	Jan-21	Feb-21	Mar-21	Apr-21
No. assault attendances	31	20	36	64
Assault date	84%	95%	94%	88%
Assault time	84%	95%	89%	83%
Incident location type	100%	100%	100%	100%
Incident location details	52%	55%	92%	52%
Assault weapon	52%	70%	31%	52%
Assault weapon details	52%	70%	31%	52%

Welcome to the Learning Workshop: ECDSv3 CRS data item 'Injury Intent'

The session will commence at 09:00am

Session agenda:

- Welcome/ House Keeping
- Background: ECDS Metrics
- Trauma & Injury Intelligence Group Surveillance System (TIIG)
- Question and Answer
- Summary Overview of Discussions
- CLOSE

Housekeeping and Etiquette:

- ✓ To note: this session will be recorded for sharing post event
- ✓ Please make sure you are on mute and with your camera off
- ✓ Use the 'chat' function to make comments and raise potential questions for the Q&A discussion
- ✓ Questions will be answered either by colleagues on the session today verbally or in the chat. For any questions not covered, we will ensure they are answered and circulated via a FAQ document post event with the learning slide pack.
- ✓ Presentation slides, FAQ and session recording will be circulated following completion of the workshop evaluation
- ✓ Please encourage wider ED MDT colleagues to join for a repeat of this session Thursday 24th March



NHS England and NHS Improvement

Future potential

- Data hub development
 - Area comparisons
 - Other injury types
- Working with/advising new areas
- Academic research
- Continuing to inform national practice

