TRAUMA AND INJURY INTELLIGENCE GROUP

TIIG NEWSLETTER

PHI Public Health Institute
LIVERPOOL JOHN MOORES UNIVERSITY

TACKLING INJURIES AND VIOLENCE SINCE 2001

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SHAREPOINT ISSUES

We are currently experiencing problem with our SharePoint dropbox. There may be a delay to receiving data, completion rates and data quality reports from us during this period. We are working on a solution and will be in contact when we know more. Whilst we are currently experiencing delays, please know that the data and intelligence provided is still being shared and making a difference. This newsletter provides an overview of the data collected by hospitals and why it remains important.

Newsletter author: Ellie Williamson

INFORMATION SHARING TO TACKLE VIOLENCE (ISTV)

ISTV involves the collection of core pieces of anonymised information about people who attend ED following an assault. The Cardiff Model (ISTV) was pioneered by Professor Jonathon Shepherd after establishing at least half of violent crime which results in ED treatment goes unreported – the model allows these gaps in police knowledge to be filled. Data is collected by ED staff, anonymised and shared with those working to reduce violence locally such as the police, violence reduction units and local authorities. The information collected includes the date and time of assault, the weapon used and the location of the assault. Data sharing and utilisation, and increasing the accuracy of data are considered top priorities to ensure violence reduction units can effectively introduce strategies to reduce serious crime.

SERIOUS VIOLENCE DUTY

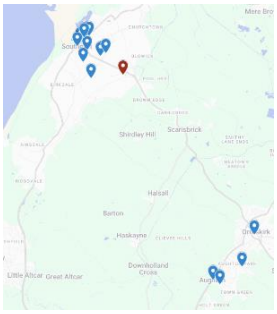
Government statutory guidance of the Police, Crime, Sentencing and Courts Act 2022 requires councils and local services to work together and plan to prevent and reduce serious violence. This is done by sharing information around the kinds of violence which occur, the cause and preparing and implementing a strategy to prevent violence in the area. This means EDs discharge their responsibilities under Serious Violence Duty requiring them to support ISTV measures to support strategic needs and understanding local issues by identifying hotspots.

DATA QUALITY REPORTS

Jane Webster and Ellie Williamson have been producing data quality reports for the hospitals that TIIG work with. The reports outline trends in the completeness of data for the key ISTV fields over a period of time. These are used to identify achievements and highlight issues within the hospitals which is subsequently communicated with staff to work together and improve the data quality.

INCIDENT LOCATION

The incident location information is used to specifically pinpoint hotspot locations in an area. Mappable information is often shown on a map to display these locations in the area. It is important that this information is shared, not only to comply with Serious Violence Duty, but also as it allows for these hotspot areas to be targeted and interventions created, supporting a reduction in violence in these areas.



ASSAULT WEAPON

Between 2018 and 2024, there were 127,897 assault attendances in the North West. Assault weapon information was collected for 55,977 (44%). This information can be used to assess the severity of violence and identify trends, for example, understanding areas where knife crime is higher. Of those where the weapon information has been completed, 1,634 were either firearm (62) or knife (1,537) related assaults. A large proportion (11,300; 11%) of the total assaults between 2018 and 2024 were either admitted to a hospital bed or died in the department. Understanding the discharge status of a patient is another measure used to assess the severity of assaults which occur.

DATE AND TIME

Understanding when the assault occurred and when a patient arrived at hospital is important. Peak times when assaults most commonly occur can be monitored and used to develop interventions to attempt to reduce violence at these times. Comparing the assault date and time against the attendance date and time can be used to see how long individuals wait before attending hospitals, and may also explain why there are peak attendance times which do not align with assault times, for example, if an individual waits until the next morning to go to an ED.

COMPLETION RATES

TIIG creates completion rates based on the data quality and completeness of the core ISTV fields sent from EDs. These are emailed to the respective hospitals and used to understand performance and see where problems and successes are within the data. The Royal College of Emergency Medicine recommend data quality and completeness should be recorded for at least 70% of assault cases, therefore the completion rates which are sent out assess data based off this recommendation.

	Apr-25	May-25	Jun-25
No. Assault attendances	21	21	17
Assault date	71%	86%	82%
Assault time	71%	86%	82%
Incident location type	71%	90%	82%
Incident location details	43%	58%	59%
Assault weapon	71%	71%	76%
Assault weapon details	71%	71%	76%

NEW TIIG PAPER

New research published by LJMU has found that ambulance callouts for assaults increase during weekends, bank holidays and the Christmas/New Year period. Increases were also seen on Halloween, Valentines day and during summer months, with a peak occurring in August. Whilst assaults were significantly lower during Covid-19 national lockdowns, they were significantly higher during local restrictions. This research highlights the utility of using ambulance data in violence surveillance, alongside police and ED data. A second paper exploring ED trends is currently in progress.

MEET THE TEAM

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