



Trauma and Injury Intelligence Group

Situation Analysis

August 2004

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1. Introduction

Accidental injury is responsible for 10,000 deaths per year in England and is the leading cause of death among children aged 0–14 years. In addition, there are millions of non-fatal accidents each year. The estimated cost to the NHS in England of injury in 2000/1 (including poisoning and intentional injury) was £2.2 billion (Department of Health, 2002¹). Children, older people and the most disadvantaged groups in society appear to be at greatest risk of acquiring an injury (Department of Health, 2002). In the White Paper '*Saving Lives: Our Healthier Nation*' the government made injury prevention a priority. Their target was to reduce the death rates from accidents by at least one fifth and to reduce the rate of serious injury from accidents by at least one tenth by 2010 – saving up to 12,000 lives. However, a lack of readily available data on intentional and unintentional injuries has meant the extent and causes of injury cannot be established. The Trauma and Injury Intelligence Group (TIIG) was established to look at access to quality and reliable injury information across Merseyside and Cheshire. A major element of TIIG is the establishment of an Injury Surveillance System for Cheshire and Merseyside. To do this TIIG aims to collect injury data for Cheshire and Merseyside Accident and Emergency departments, along with Ambulance, Fire and Police services.

This report sets out a situation analysis of the data available and currently collected by TIIG, up to August 2004. The report details data contributors, data quality, reporting techniques and future progress for TIIG.

¹ Department of Health, 2002. Preventing Accidental Injury - Priorities for Action. Crown Copyright

2. Status Report

Accident and Emergency data is currently collected from three hospitals within Merseyside: - Arrowe Park, Alder Hey and Aintree (See Table 1) and negotiations are currently taking place with Royal Liverpool Hospital to arrange data collection.

A new TIIG analyst (Zara Anderson) has been appointed and a new protocol for the exchange and use of data will be distributed and signed with the above four hospitals throughout August and September 2004 (see appendix 1).

Table 1 Status report (Contributing trusts)				
Hospital	Arrowe Park	Alder Hey	Aintree	Royal Liverpool
Contributing data	Yes	Yes	Yes	Links established. Awaiting protocol
Link person	Carl Hancox 0151 678 5111 Carl.Hancox@whnt.nhs.uk	Alistair Leinster 0151 252 5245 alistair.leinster@rlch-tr.nhs.uk	Phil Beckett 0151 529 2087 PHIL.BECKETT@aht.nwest.nhs.uk	Vinny Stevens Vinny.Stevens@rlbuht.nhs.uk
Last meeting	20.08.04 Carl Hancox and Chris Young	Meeting to be arranged for September	Meeting to be arranged for September	26.08.04 Vinny Stevens and Mandy Pencliff
Minimum dataset held for: -	01.01.2002 to 30.11.03. (Still require Dec – April 2004). 01.04.04 to 30.06.04. Assault data included.	01.01.2002 to 30.04.04 Assault data not included	01.01.2002 to 30.04.04 Assault data included	Assault data only, being held by Vinny Stevens from 01.01.2002 to date, pending.
Quality assurance	In house checking completed by Carl Hancox	Much improved monthly checks completed by TIIG funded staff to end of March 2004	Built in checks within new data management system and ongoing checks by Phil Becketts Team.	Vinny Stevens monitors data quality issues as part of his core duties within the hospital data
Protocol signed (date)	Protocol in process of being signed	Meeting to be arranged for September	Meeting to be arranged for September	Protocol in process of being signed
Data transfer	Monthly	Monthly	Monthly	Monthly
Reporting back to providers	Monthly reports (Preliminary date for April 2004 report = September 2004)	Monthly reports (Preliminary date TBA)	Monthly reports (Preliminary date TBA)	Monthly reports (Preliminary date for April 2004 report = October 2004)

Next steps

Accident and Emergency departments at Southport and Ormskirk, and Whiston Hospitals will be approached and invited to contribute to TIIG. These hospitals have been selected as they both have prior experience of collecting Accident and Emergency data for monitoring and research purposes and previous contacts between the two hospitals and TIIG have already been made.

Negotiations to sign the following hospitals are still to be made:

- Warrington
- Halton
- Leighton
- Macclesfield
- Countess of Chester

Other sources of injury data still to be obtained include:

- Minor Injury/ walk in centres
- Ambulance
- Police
- Fire
- Primary Care Trusts
- Health and Safety Executive
- Local Authorities

3. Accident and Emergency data collection

Each contributing Accident and Emergency department is provided with a minimum data set. Completion of the TIIG minimum data set (see appendix 2) is voluntary and the three hospitals do not strictly follow the recommended TIIG data set, although they do collect a number of the recommended TIIG minimum data set fields.

Tables 2 – 4 show the current TIIG fields collected at Arrowe Park, Alder Hey and Aintree, with missing responses and completion rate of fields.

3.1 Arrowe Park

TIIG data	Data received (with variable name)	Comments	Completion (estimated %)
Date of Presentation	Yes ARRIVAL_DATE		100
Time of Presentation/Triage?	Yes ARRIVAL_DATE		100
Postcode (Sector)	Yes POSTCODE		100
Sex/ Gender	Yes S		100
Age	Yes DOB	Only age required	100
Ethnicity	No		0
Unique ID (audit purposes) NB-Not NHS Number	No		0
A&E Arrival Mode	Yes ARRIVAL_MODE		100
A&E Attendance Category	No AE_ATTEND_CATEGORY	(Not calculated at Arrowe Park. REAATTEND_EPISODE_NO used as proxy for this field)	100
Source of referral to A&E	Yes CDS_INITIATOR_LITERAL		100
Date of Incident	No		0
Approx Time of Incident	No		0
Incident Cause	No		0
Accident type	Yes 1) HAS_INCIDENT_TYPE_LITERAL 2) CDS_PT_GROUP_LITERAL	Accident type can be drawn from these two fields. However the following TIIG responses are missing: - Drown/immersion, Electrical injury, Fall, Fall - from height, Poisoning, Burn, Non fire burn or scald, Other fire related injury, Other transport related injury (Non road traffic),	1) 67 (56% unknown) 2) 100 (28% unknown)
Where did the incident happen?	Yes CDS_INCIDENT_LOC_TYPE_LITERAL	Missing responses: Storage/other service premises, Bar/pub, Airport, Public building	72 (43% unknown)
If home, was this your home? (or someone else's?)	No		0

Whilst undertaking paid Employment?	No		Not collected. Although collected if accident was at work	0
Was there an appliance or product involved? e.g. Cooker, pan, door.	Yes	ACCIDENT_PREVENTION		Unknown
Was intoxication (by drink or drugs) a factor in the incident?	Yes	ALCOHOL_INVOLVED		100 (12% unknown)
How many people attacked you?	Yes	NO_OF_ATTACKER		100
Gender of the attacker(s)?	No			0
Have been assaulted by the attacker(s) before?	No			0
Relationship with the attacker?	No			0
With what were you attacked?	No			0
What was the motive for the attack?	No			0
Has this been reported to a police officer?	No			0
Do you believe that your attacker was under the influence of an intoxicating substance (legal or otherwise)?	No			0
Disposal of Patient from A&E	Yes	DISPOSAL	Missing responses: - Died in A+E, Brought in dead, transferred too, Referred too.	100
Diagnosis Scheme in Use	No			0
Diagnosis First	Yes	DIAGNOSIS_1		100
Diagnosis Second	Yes	DIAGNOSIS_2		100
Diagnosis Third)	No			

The majority of fields from the TIIG core data set are complete. However, a high percentage of responses to the following fields are unknown:

- Accident Type (CDS_PT_GROUP_LITERAL and HAS_INCIDENT_TYPE_LITERAL)
- Where did the incident happen? (CDS_INCIDENT_LOC_TYPE_LITERAL)

Reasons for this high rate of unknown responses need to be explored. It may be that there is insufficient time at Accident and Emergency to establish the answer to these questions, or that the available responses do not encompass all potential responses, and therefore a new response may need to be added. It has also been suggested that the use of bank staff (nurses), who are not used to working with

Arrowe Park's Accident and Emergency computer system, may have led to the high percentage of unknown responses. If this is the case, it may be useful to provide a small training manual for bank staff, detailing how to use the computer system and the importance of filling in all fields accurately.

Although voluntary, following the TIIG minimum core data set will ensure routine monitoring of intentional and unintentional injuries across Merseyside. A number of TIIG fields are not currently collected at Arrowe Park due to numerous reasons. Required TIIG fields have been prioritised below to enable data providers to identify TIIG missing fields that are considered high priority for inclusion in future TIIG reporting. Reporting on these fields would enable more analysis to be conducted that would provide useful and informative data to Arrowe Park, other NHS and partners in the Wirral and TIIG.

Require fields

High priority

- Incident cause
- Has this been reported to a police officer
- Ethnicity
- Event ref Unique ID

Second priority

- Date of incident
- Approx time of incident
- A+E attendance category
- If home, was it your home
- Relationship with the attacker

Lower priority

- Gender of attackers
- Have you been assaulted by the attacker(s) before
- What was the motive for the attack
- Do you believe that your attacker was under the influence of an intoxicating substance
- Diagnosis scheme in use
- Whilst undertaking paid employment
- With what were you attacked

- Diagnosis third

3.2 Alder Hey

Table 3 Alder Hey data fields (Sample data: Jan 2002 - Nov 2003)			
TIIG Fields	Data received (with variable name)	Comments	Completion rate (%)
Date of Presentation	Yes	Attendance Date	100
Time of Presentation/Triage?	Yes	Attendance Time	100
Postcode (Sector)	Yes	Postcode	Dec 2003 - April 2004 does not have postcode
Sex/ Gender	Yes	Sex	100
Age	Yes	Age	100
Ethnicity	Yes	Ethnic	Unknown. Codes description required
Unique ID (audit purposes) NB-Not NHS Number	Yes	Hospital ID	100
A&E Arrival Mode	Yes	Transport	97% (4% unknown)
A&E Attendance Category	No		0
Source of referral to A&E	Yes	Refsource	100 (less than 1% unknown)
Date of Incident	Yes	Occurdate	100
Approx Time of Incident	Yes	Occurtime	100
Incident Cause	No		0
Accident type	Unknown	Possibly PTGroup	May be PTGroup. Code descriptions required
Where did the incident happen?	Yes	Accident place	Unknown. Codes description required
If home, was this your home? (or someone else's?)	No		0
Whilst undertaking paid Employment?	No		0
Was there an appliance or product involved? e.g. Cooker, pan, door.	No		0
Was intoxication (by drink or drugs) a factor in the incident?	No		0
How many people attacked you?	No		0
Gender of the attacker(s)?	No		0
Have been assaulted by the attacker(s) before?	No		0
Relationship with the attacker?	No		0
With what were you attacked?	No		0
What was the motive for the attack?	No		0
Has this been reported to a police officer?	No		0

Do you believe that your attacker was under the influence of an intoxicating substance (legal or otherwise)?	No			0
Disposal of Patient from A&E	Yes	Disposal method	Unknown. Codes description required	Unknown
Diagnosis Scheme in Use	No			0
Diagnosis First	Yes	Diagnosis	Unknown. Codes description required	Unknown
Diagnosis Second	No			0
Diagnosis Third)	No			0

Over half (59%) of responses for accident location are unknown. Reasons for this high rate of unknown responses need to be explored.

Although the sample here (January 2002 to November 2003) includes postcode, this field is not included within the December 2003 to April 2004 data. Full postcode is not required for TIIG purposes, however, postcode sector is. This will be discussed in a meeting with Alder Hey representatives. The lack of assault data will also be explored, as Alder Hey have previously collected this data manually.

Missing TIIG fields have been prioritised below: -

Required fields

High priority

- Accident type (*may be PTGroup field*)
- Incident cause
- Was there an appliance or product involved?
- Postcode sector
- Has this been reported to a police officer?

Second priority

- Was intoxication (by drink or drugs) a factor in the incident?
- How many people attacked you?
- Gender of attackers?
- Have you been assaulted by the attacker(s) before?
- Relationship with the attacker?
- What was the motive of the attack?

- Do you believe that your attacker was under the influence of an intoxicating substance?
- A+E attendance category
- If home, was it your home?
- Diagnosis scheme in use
- Whilst undertaking paid employment?
- With what were you attacked?
- Diagnosis two
- Diagnosis three

3.3 Aintree

TIIG Fields	Data received (with variable name)		Comments	Completion rate (%)
Date of Presentation	Yes	Arrival Date		100
Time of Presentation(/Triage?)	Yes	Arrival Time		100
Postcode (Sector)	Yes	Post Code		100
Sex/Gender	Yes	Sex		100
Age	Yes	DOB	Only age required	100
Ethnicity	No			0
Unique ID (audit purposes) NB-Not NHS Number	Yes	EventRef		100
A&E Arrival Mode	Yes	Arrival Mode		100 (less than 1% unknown)
A&E Attendance Category	No			0
Source of referral to A&E	Yes	Source Referral		100(less than 1% unknown)
Date of Incident	Yes	Incident Date		97
Approx Time of Incident	Yes	Incident Time		3
Incident Cause	No			0
Accident type	Yes	Injury Group	Missing responses: - Drowning/Immersion, Electrical Injury, Fall - from height, Fireworks injury, Non-drowning Asphyxia, Poisoning, Non Fire burn or scald, Other fire related injury, Other transport accident (Non-road traffic)	97 (78% unknown)
Where did the incident happen?	Yes	Incident Location	Missing responses: - Street or road, Public transport, Retail/Storage/other service premises, Pub/club, Nightclub/Disco, green space/park, Recreational/Sports Area, Waterway/Sea, Airport	97 (9% unknown)
If home, was this your home? (or someone else's?)	No			0
Whilst undertaking paid Employment?	No			0
Was there an appliance or product involved? e.g. Cooker, pan, door.	No			0
Was intoxication (by drink or drugs) a factor in the incident?	No			0
How many people attacked you?	No			0
Gender of the attacker(s)?	No			0

Have you been assaulted by the attacker(s) before?	No			0
Relationship with the attacker?	No			0
With what were you attacked?	No			0
What was the motive for the attack?	No			0
Has this been reported to a police officer?	No			0
Do you believe that your attacker was under the influence of an intoxicating substance (legal or otherwise)?	No			0
Disposal of Patient from A&E	Yes	Disposal method		100 (23% unknown)
Diagnosis Scheme in Use	No			0
Diagnosis First	No			0
Diagnosis Second	No			0
Diagnosis Third	No			0

Nearly eight in ten (78%) responses to injury group are unknown. As with other fields with a high-unknown response rate, reasons for this need to be explored. This will be raised in a meeting with Aintree representatives.

Missing TIIG fields have been prioritised below.

Required fields

High priority

- Incident cause
- Ethnicity
- Was intoxication (by drink or drugs) a factor in the incident?
- Has this been reported to a police officer?

Second priority

- How many people attacked you?
- Gender of attackers?
- Have you been assaulted by the attackers before?
- Relationship with the attacker?
- With what were you attacked?
- What was the motive of the attack?
- Do you believe that your attacker was under the influence of an intoxicating substance?
- Was there an appliance/product involved?

- A+E attendance category
- If home, was it your home?
- Whilst undertaking paid employment?
- Diagnosis scheme in use
- Diagnosis first
- Diagnosis second
- Diagnosis third

3.4 Royal Liverpool

Accident and Emergency data for Royal Liverpool is currently held with Vinny Stevens at the hospital. A meeting has been held between Royal Liverpool and TIIG to discuss the TIIG minimum core data set and an agreement has been made to contribute data to TIIG. Royal Liverpool has now received a copy of the new data sharing protocol and signatures are pending.

Table 5 shows the data fields previously shared with TIIG

Table 5 Royal Liverpool data fields				
TIIG Fields	Data received (with variable name)		Comments	Completion rate (%)
Date of Presentation	Yes	Enter Date		Unknown
Time of Presentation(/Triage?)	Yes	Time		Unknown
Postcode (Sector)				Unknown
Sex/Gender	Yes	Sex		Unknown
Age	Yes	Age		Unknown
Ethnicity	Yes	Ethnic Origin		Unknown
Unique ID (audit purposes) NB-Not NHS Number	No			Unknown
A&E Arrival Mode	No			Unknown
A&E Attendance Category	No			Unknown
Source of referral to A&E	No			Unknown
Date of Incident	No			Unknown
Approx Time of Incident	No			Unknown
Incident Cause	No			Unknown
Accident type	No			Unknown
Where did the incident happen?	Yes	Where	Missing responses: - Public transport, Retail, storage or other retail premises, Green space/Park, Recreational/Sports area, waterway/sea, airport, Education, Public building,	Unknown

If home, was this your home? (or someone else's?)	No			Unknown
Whilst undertaking paid Employment?	No			Unknown
Was there an appliance or product involved? eg Cooker, pan, door.	No			Unknown
Was intoxication (by drink or drugs) a factor in the incident?	No			Unknown
How many people attacked you?	Yes	How many attackers		Unknown
Gender of the attacker(s)?	Yes	Gender of attackers		Unknown
Have been assaulted by the attacker(s) before?	No			Unknown
Relationship with the attacker?	Yes	Relationship with attacker	Missing responses: - Other	Unknown
With what were you attacked?	Yes	Attacked with		Unknown
What was the motive for the attack?	No			Unknown
Has this been reported to a police officer?	Yes	Informed Police	Missing responses: - I intend to report the incident, Not answered	Unknown
Do you believe that your attacker was under the influence of an intoxicating substance (legal or otherwise)?	No			Unknown
Disposal of Patient from A&E	No			Unknown
Diagnosis Scheme in Use	No			Unknown
Diagnosis First	No			Unknown
Diagnosis Second	No			Unknown
Diagnosis Third)	No			Unknown

Required fields

Table 5 above shows the data previously shared with TIIG. This data is derived from an assault patient questionnaire, collected at Royal Liverpool Hospital. Until data is received, we are unable to ascertain completion rates and identify priority fields.

Confidentiality

All data collected for TIIG purposes will be password protected, and stored in a locked and alarmed office within the University. If required, data can be stored on the University computer system, which is secure and password protected. Data will be stored indefinitely, but will be archived periodically and stored on CD-ROM. CD-ROMs will be stored in a locked cabinet within a locked and alarmed office within the University.

4 Reports

Monthly report

Monthly reports for all contributors will be rolled out from September 2004. The first report will detail the analysis of data for April 2004. It will also include data quality issues and suggestions on how to improve the data they are collecting. Further monthly reports will be in the form of a smaller bulletin, identifying key data and trends. Although there will initially be a backlog, it is intended that contributors will receive a monthly report one month after TIIG have received a monthly download of Accident and Emergency data.

Quarterly report

The quarterly reports will bring together data from all contributors, identifying trends and key areas for development. Each quarterly report will also focus on one theme. Older people and falls, Children and Inequalities, Transport, Alcohol, and Fire and Burns have been selected as the five themes. Themed discussion groups engaging key stakeholders, focusing on these areas will be held to discuss the format of the themed section of the quarterly report.

Annual report

The TIIG analyst will contribute data to an annual report written by the TIIG steering group. This will be a short report showing progress over the previous year and recommendations for TIIG developments. The primary audience will be executive level staff at the organisations providing funding for TIIG.

CDRP report

In the future when data quality has improved regular reports to Crime Disorder Reduction Partnerships and Joint Action Groups will be developed, focusing on intentional injury and assault.

Newsletter

It has been suggested that a newsletter aimed at Accident and Emergency workers detailing outcomes from TIIG data, such as police operations would be a good way of showing nurses how their data collection is being used. Suggestions such as this will be collated and will be taken forward at a later date.

5 Future progress – Work programme for TIIG analyst (August 2004 – January 2005)

Milestones	Details	Completion Date
1. Situational analysis of TIIG systems	Document current position of TIIG surveillance system	End August
2. Database set up for TIIG extracts	Develop database for receiving monthly extracts of data from three existing providers (Arrowe Park, Alder Hey, Aintree)	End August
3. Providers signed up to new TIIG protocol	Arrowe Park, Alder Hey and Aintree Royal Liverpool	August September
4. Support provided to data providers	Set up a meeting for all current TIIG providers for the purposes of sharing experience and providing support Respond to ad hoc technical/ analytical queries from data providers.	End December/Ongoing Ongoing
5. Data quality analysis and advice provided	Develop routines for checking data quality Provide regular feedback reports on a standard set of data quality indicators	September Ongoing
6. Sign up non participating trusts	Work with non participating A&E providers in Merseyside to enable them to join the programme (Royal, Whiston, Southport & Ormskirk)	October – November
7. More data providers contributing to system	Make contacts with Cheshire A&E providers to gauge interest in roll-out Develop work with other Merseyside providers already partially contributing to TIIG (Mersey Regional Ambulance, Merseyside Police, Merseyside Fire) Make contact with other Cheshire providers (Fire and Police)	January 2005 January 2005 January 2005

8. Data providers receive monthly reports	Develop standard reporting mechanisms for all current providers Data quality (see above)	End September
9. Quarterly reports using multi-provider data/themed reports	Develop the standard content of quarterly reports Contribute analysis to themed discussion groups Develop reports based on recommendations from discussion groups Develop mechanisms for ongoing process of production	January 2005 November 2004 January 2005 Ongoing
10. CDRP reports	Develop standard reports on assaults and intentional injury for dissemination to Merseyside CDRPs and JAG	To be ascertained
11. TIIG annual report	Contribute analysis and interpretation for a report for feedback to funders and dissemination regionally and nationally	Ongoing
12. TIIG steering group receive regular update	Provide status report on providers for each meeting Examples of reports etc shared with steering group	Quarterly
13. Surveillance system outputs developed for access via the internet	Work with NWPFO colleagues to set up a TIIG web page Initial discussions on uploading standard reports for access via the web	To be ascertained

Confidential

Appendix 1



PROTOCOL FOR EXCHANGE AND USE OF MULTIPLE DATA SETS IN SUPPORT OF SERVICE DEVELOPMENT

This protocol sets out an agreement for the exchange and use of data between the Trauma and Injury Intelligence Group (TIIG) and the providers of data to the TIIG. The protocol is designed as a generic form that reflects the needs of the provider, and the TIIG group, in particular with respect to how data protection, patient confidentiality, and Caldicott principles will be observed at all times.

The remit of the TIIG group is to deliver data to inform the development and planning of prevention strategies, the targeting of operational programmes, and monitoring and evaluation in the field of intentional and unintentional injuries across Cheshire and Merseyside. By working towards this objective, the group hopes to deliver trauma and injury data from across Cheshire and Merseyside with a degree of consistency and comparability. The TIIG group reports to the Cheshire and Merseyside Partnerships for Health (ChaMPs) Public Health Intelligence and Knowledge Management Group.

Sources of data include Accident and Emergency Departments, and the Emergency Services. The group also aims to pro-actively seek additional sources of accident and injury related data. The Injury Information Systems Development Project, which is in progress, has the remit of improving the systems by which data is captured, procured, collated, analysed, interpreted and disseminated.

The following partners are actively involved in the group:

- Primary Care Trusts (PCTs)
- Cheshire & Merseyside Strategic Health Authority
- Health Protection Agency North West
- Centre for Public Health, Liverpool John Moores University
- Environmental Criminology Research Unit (ECRU), University of Liverpool
- Department of Public Health, University of Liverpool
- Safer Merseyside Partnership (SMP)
- Mersey Regional Ambulance Service (MRAS)
- Cheshire and Merseyside Fire Services
- Cheshire and Merseyside Police forces

Although these agencies are partners of the group, all disaggregate data will be held exclusively by the undersigned and only aggregate data analysis outputs will be disseminated to the wider TIIG partners. Those listed below as representatives of TIIG will manage and analyse the data, and will only provide data to the partners in the form presented in the dissemination protocol, for the purposes of setting strategies, and bidding for, implementing, and monitoring interventions.

The requested data fields are attached to this form as Appendix One. The requested data has been selected so as to ensure patient anonymity. For example, age has been requested as a proxy for Date of Birth; a unique identifier will be generated other than the NHS number in order that auditing can take place whilst protecting anonymity.

It is for these reasons that TIIG propose that although there will not be any patient identifiable data exchange it is necessary to confirm this and for all parties to sign the agreement and protocol outlined below. This document sets out a list of standards under which the data will be procured, used, and stored.

It is possible that named personnel will change during TIIG's lifetime, and this will result in amended copies of this form being issued. If there are changes to named personnel within the organisation contributing data, TIIG should be informed as soon as possible.

This protocol will be reviewed on an annual basis.

Details Of Organisation Requesting Data:

TRAUMA AND INJURY INTELLIGENCE GROUP (TIIG)

Group Hosted / Managed by:

Dr John Reid
Chair of TIIG Group
c/o Cheshire & Merseyside HPU
Moorgate Point, Knowsley
Liverpool
Merseyside,

Linda Turner
Lead Commissioner for TIIG
c/o South Sefton PCT
2nd Floor Burlington House
Crosby Road North, Waterloo
Merseyside, L22 0QB

In Partnership With:

Centre for Public Health
Liverpool John Moores University
8 Marybone
Liverpool, L3 2AP

Executive Personnel: Data Procurement, Management, and Analysis

Zara Anderson
Public Health Information Officer (address as above)
(0151) 231 5868
z.a.anderson@livjm.ac.uk

Information Requested

Anonymised Trauma and Injury related data as specified in Appendix One

Justification

To inform the development and planning of prevention strategies, the targeting of operational programmes, and the monitoring and evaluation of projects to reduce intentional and unintentional injuries in Merseyside.

Transfer of data

Data is to be transferred by email on a monthly basis using the Microsoft Excel sheet supplied. TIIG do not feel that encryption is required for the transfer of data as patient identifiable data is not included (see Appendix One), although they are willing to discuss this with the Caldicott Guardian of each supplier of data if required.

Information Sharing

Data will only be disseminated in line with the TIIG data dissemination protocol. Initially, it is likely that this will only be to those partners listed above. However, TIIG believe that other agencies may wish to use data from the group. In this instance, the purpose will be considered, and the data will be supplied if deemed appropriate. Further details are set out in the TIIG data dissemination protocol.

Information Storage

Data will be password protected, and stored in a locked and alarmed office within the University. If required, data can be stored on the University computer system, which is secure and password protected.

Retention of Information

Data will be stored indefinitely, but will be archived periodically and stored on CD-ROM. CD-ROMs will be stored in a locked cabinet within the locked and alarmed office within the University.

TIIG PROTOCOL AGREEMENT

Full name and address of participating organisation

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Signatures on behalf of participating organisation

Name_____	Name_____
Signature_____	Signature_____
Caldicott Guardian	Information Manager
Date _____	Date _____

Signatures on behalf of TIIG

John Reid Chair of TIIG Group	Linda Turner Lead Commissioner for TIIG
Signature_____	Signature_____
Zara Anderson Public Health Information Officer	
Signature_____	

Copies of completed form to be held by organisation supplying information and by TIIG Representative

Appendix 1 TIIG core data set

Category	Field No.	Field Heading	Possible Responses (level 1)	Possible Responses (level 2)
Personal	1	Date of Presentation		
	2	Time of Presentation(/Triage?)		
	3	Postcode (Sector)	From Postcode Sector File (eg L25 4)	
	4	Sex/Gender	As A&E CDS Type	
	5	Age		
	6	Ethnicity	As (Admitted Patient Care) CDS Type	
	7	Unique ID (audit purposes) NB-Not NHS Number		
Linkage	8	A&E Arrival Mode	As A&E CDS Type	
	9	A&E Attendance Category	As A&E CDS Type	
	10	Source of referral to A&E	As A&E CDS Type	
Incident	11	Date of Incident		
	12	Approx Time of Incident		
	13	Incident Cause	Unintentional Injury (Accident) Intentional Injury/Assault Intentional Injury - Self (Self Harm)	
	14	Accident Type	Drowning/immersion Electrical Injury Fall Fall - from height Fireworks Injury Non-drowning Asphyxia Poisoning RTA Burn Non fire burn or scald injury Other Fire related injury Other Transport Accident (Non-road traffic) Sports Unknown/Not Specified Other	
	15	Where did the incident happen?	Street or Road Public Transport Retail/Storage/other service premises Bar/Pub Nightclub/Disco Green space/Park Recreation/Sports area Waterway/Sea Airport Work Premises Education Public Building - unspecified Home	<i>Free text</i> Name: <i>Free text</i> Name: <i>Free text</i> Name: <i>Free text</i> School - Name (from list) Other - <i>Free Text</i> Bathroom

Confidential

	<p>25 What was the motive for the attack?</p> <p>26 Has this been reported to a police officer?</p> <p>27 Do you believe that your attacker was under the influence of an intoxicating substance (legal or otherwise)?</p>	<p>Theft</p> <p>Sexual</p> <p>Racial</p> <p>Domestic</p> <p>Other</p> <p>Not Answered</p> <p>Y</p> <p>N</p> <p>I Intend to Report the Incident</p> <p>Not Answered</p> <p>Y</p> <p>N</p> <p>Don't Know</p> <p>Not Answered</p>	<p><i>Free Text</i></p>
<p>Consequences</p>	<p>28 Disposal of Patient from A&E</p> <p>29 Diagnosis Scheme in Use</p> <p>30 Diagnosis First</p> <p>31 Diagnosis Second</p> <p>32 (Diagnosis Third)</p>	<p>Died in A&E</p> <p>Brought in Dead</p> <p>Transferred to...</p> <p>Referred to...</p> <p>Discharged</p> <p>As A&E CDS Type</p> <p>As A&E CDS Type</p> <p>As A&E CDS Type</p>	